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SUPPORTING PORTUGAL'S IMPLEMENTATION OF THE EUROPEAN CHILD GUARANTEE

GOVERNANCE, MONITORING AND DATA DEVELOPMENT

CENTRE ON WELL-BEING, INCLUSION, SUSTAINABILITY AND EQUAL OPPORTUNITY (WISE)

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Supporting Portugal's implementation of the European Child Guarantee

Governance, monitoring and data development

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Foreword

Through implementing the European Child Guarantee (ECG), Portugal has reinforced its efforts to combat child poverty and social exclusion. The country achieved significant progress in reducing rates of poverty and social exclusion in the second half of the last decade. Nevertheless, the risk of poverty and social exclusion remains high, especially for children and young people.

In this context, Portugal's National Coordination Unit for the Child Guarantee requested the support of European Commission's Reform and Investment Task Force (SG REFORM) to develop structural tools to successfully implement the European Child Guarantee. This support was provided under the EU flagship programme Youth FIRST: Supporting children and youth wellbeing, education, training, social protection and labour prospects. Part of this assistance was an assessment of Portugal's policy monitoring, data capacity and governance arrangements, as they relate to implementing the Child Guarantee and child and youth policy more broadly. This assessment sought to identify where Portugal should focus its efforts to lay a strong path for successfully implementing the ECG. It informed the project's guidance material and capacity building activities.

This paper was prepared by the Child Well-being Unit in the OECD's centre for Well-being, Inclusion, Sustainability and Equal Opportunities (WISE) and the Public Management and Budgeting Division of the Directorate for Public Governance. It was developed under the leadership of Romina Boarini (Director, OECD WISE Centre) and the supervision of Olivier Thévenon (Head of the Child Well-being Unit, OECD WISE Centre) and Stéphane Jacobzone (Senior Adviser, Public Management and Budgeting).

The recommendations contained in Chapter 2 were developed by Gráinne Dirwan and Olivier Thévenon (OECD WISE Centre), and Amanda Moreno and Stéphane Jacobzone (OECD Public Governance Directorate). The assessment, which is contained in the report annexes, was developed as followed: Annex B was co-authored by Horacio Levy (OECD WISE Centre) and Amanda Moreno (OECD Public Governance Directorate); Annex A was authored by Amanda Moreno and Annex C, D and E were authored by Horacio Levy. The whole document was edited by Gráinne Dirwan (OECD WISE Centre) and benefited from comments and suggestions from Carrie Exton (Senior Counsellor, OECD WISE Centre). Anne-Lise Faron (OECD WISE Centre) prepared the manuscript for publication, and Martine Zaïda (OECD WISE Centre) provided valuable support and advice on communication and publication.

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Executive Summary

The European Commission adopted the European Child Guarantee (ECG) in 2021 to ensure that children at risk of poverty or social exclusion have access to the most basic of rights, like healthcare and education. The ECG aims to break the cycle of poverty and social exclusion across generations through ensuring effective and free access for these children to a set of key services as well as to healthy nutrition and good quality housing. Successful implementation of the ECG is key to the achievement of Principle 11 of the European Pillar of Social Rights.

To implement the ECG, Portugal has developed a National Action Plan 2022-2030 (PAGPI) that contains a rich set of measures aimed at tackling the drivers of child poverty and at removing the barriers to accessing key services. The PAGPI interacts with various policy plans and programmes designed to combat poverty, promote children's rights, ensure decent work and enhance the role of young people in the labour market, support child and youth health – including mental health – and advance migrant integration and anti-discrimination efforts. It aims to mobilise resources, coordinate public policy instruments, and address territorial disparities. At the heart of the country's approach is a strong emphasis on multilevel governance to address territorial inequalities and to tailor interventions to local population needs. Portugal's efforts go in the direction of the European Commission's requirement to adopt an integrated and enabling framework to tackle social exclusion.

Strong coordination and monitoring are key governance aspects for effective implementation of the ECG in Portugal. The Unit for the National Coordination of the Child Guarantee coordinates and monitors the implementation of the ECG from inside the Ministry of Labour, Solidarity and Social Security (MLSSS). Though the National Coordination is supported by an intersectoral technical monitoring committee, there remains scope to further strengthen high-level representation and oversight beyond the MLSSS to enable decision-making grounded in a whole-of-government perspective. To drive local implementation of the ECG, Portugal is creating Local Child Guarantee Units within the long-established Local Social Action Council structure of the Social Network, at the municipal level. These Local Units aim to play a critical role in integrating children's services and strengthening consideration of the ECG target groups in the municipal social diagnoses and development plans. However, the rapid growth in their creation creates an urgent need for community-based management structures to enhance coordination, provide training and facilitate regular interactions.

Effective monitoring supports better policy implementation by helping policy makers to track progress and to demonstrate impact. The PAGPI's monitoring framework follows a hierarchical and connected structure that aims to resemble that of a results chain. However, its structure is overly complex and does not track policy implementation in a consistent way. Its structure would benefit from simplification to provide a clearer basis for monitoring and also make the action plan more understandable to all stakeholders. The monitoring system would benefit from organising the indicators according to their content in line with the components of a results chain, i.e., Outputs, Outcomes, and Goal/Impacts.

When compared with the common European monitoring framework for the ECG, the PAGPI follows a similar structure but has a greater number of indicator groups to cover its broader set of policy areas. The European ECG indicators provide a high-level overview while the PAGPI ones paint a more detailed picture

to address national specificities. When indicator content is the same, issues exist with differences in indicator definitions and specification. As a general principle and for efficiency purposes, when there are no data quality issues (e.g., more detailed national data sources are available), the PAGPI indicators should be aligned with those from the common European ECG monitoring framework. Alternative data sources and definitions would then be used only for indicators that add more quality or information to those available in the European ECG monitoring framework.

Greater alignment of the monitoring systems for the PAGPI with those of the connected national strategies could make more relevant and more consistent information for monitoring the PAGPI available as well as reducing data collection burden. Though the monitoring frameworks are broadly similar in structure, the connected strategies identify goals to set headline targets and associate on average a greater number of policy measures to each operational objective which bridges their strategic objectives more effectively to other components. The connected strategies rely on a large number of potentially relevant indicators. Of the 670 monitoring indicators that were identified, most identify a target group of the ECG and do not distinguish children's socio-economic background. For monitoring the PAGPI, most of these indicators would need to be adjusted, ideally to provide children's poverty or socio exclusion status, or an alternative proxy variable. A first step here is exploring with national data producers whether they have this information or could start collecting it.

The new Local Units lack access to comparable indicators as well as the experience of using relevant data. The Local Units use indicators based on very different definitions of ECG concepts. Crucially there are no data to identify children living in poverty at the municipal level. Nonetheless, there is a strong potential for peer learning, reflected in the diversity of indicators the Local Units use, while the National Coordination is making progress to improve the quality of information collected on the barriers facing the vulnerable children in accessing services.

1 Overview

This technical report elaborates a set of key recommendations to support Portugal in developing structural tools to successfully implement the European Child Guarantee. These five recommendations focus specifically on the areas of governance, policy monitoring and data development. Each recommendation consists of a number of activities or a set of advice to be implemented (Table 1).

The recommendations are grounded in the main findings of the OECD analysis, which can be found in the report annex. The recommendations also draw on learning from other project activities, including the international peer learning workshops and capacity building workshops, the latter of which was held in-person in Portugal in June 2025 with representatives from Local Units and national entities in attendance.

Table 1. Set of recommendations and related actions

Recommendation	Actions	
1. Strengthen governance of child and youth policy at the national level	I.	Define the supporting governance structure for the Single Strategy and related frameworks
	II.	Disseminate evidence and data to support informed policy making for children and young people
2. Strengthen community-based management and peer learning practices in the Local Units	I.	Establish regional groups within the intermunicipal communities to foster vertical coordination
	II.	Establish a National Network of Child Guarantee Local Units to facilitate knowledge exchange to support the implementation of the ECG
	III.	Share good practice examples of using data and evidence on children in need in the social diagnoses
	IV.	Create a web portal for the National Network of Child Guarantee Local Units
3. Strengthen current indicator set for monitoring the ECG National Action Plan	I.	Strengthen alignment of indicators across connected national strategies
	II.	Reduce the size of the indicator set
	III.	Organise indicators according to components of a results chain
	IV.	Streamline the child poverty indicators
	V.	Better align indicators with the European Child Guarantee monitoring framework
	VI.	Explore with data producers the ability to develop further indicators on children in need and their access to services
4. Work in partnership with the Local Units to improve the quality of information on children in need	I.	Organise workshops with the Local Units to build capacity to develop comparable indicators on children in need
	II.	Codevelop a prefilled template of a minimum set of indicators for monitoring the ECG at the local level
	III.	Continue to advance the standardised template for individual social monitoring
	IV.	Validate with the Local Units information collected by the individual social monitoring matrix
	V.	Consider the feasibility of developing a digital reporting tool
5. Simplify the structure of the ECG National Action Plan	I.	Reduce number of goals and refocus on overall impact of the ECG
	II.	Reformulate the description of the pillars in a more concise and clear manner
	III.	Define strategic objectives that are attainable and backed by right mechanisms and resources
	IV.	Reduce number of operational objectives and widen their scope
	V.	Make policy measures clearer and more actionable

The OECD assisted Portugal under the European Commission's Technical Support Instrument to develop structural tools to implement the European Child Guarantee (ECG). This assistance was provided under the EU flagship programme Youth FIRST: Supporting children and youth wellbeing, education, training, social protection and labour prospects.

Through implementing the European Child Guarantee, Portugal has reinforced its efforts to combat child poverty and social exclusion (Box 1). Portugal introduced a series of measures to increase financial supports to families on the lowest incomes, including the new Child Guarantee Benefit, which targets children in extreme poverty. Budget 2024 increased rates of the Family Benefit for families from the first to the fourth family benefit income levels,[1] resulting in an increase of EUR 264 per year for all income levels. The family benefit amount was increased by 50% for single-parent families. Portugal introduced access to free ECEC as well as defined criteria for increasing the allocation of free ECEC placements to children in need below three years of age, who include children with a disability, those involved in the child protection system or from a single-parent household. Thirty percent of placements under the free ECEC scheme are earmarked for children in receipt of the ECG benefit.

Portugal renewed different structural programmes within the scope of the European Social Fund Plus that aim to contribute directly to combating poverty and social exclusion among children under a local approach. Namely, the Priority Intervention Educational Territories programme (TEIP) addressing early school leaving and educational disengagement in areas with the highest level of deprivation; the 5th Generation of Local Social Development Contracts, which includes a specific axis to combat child poverty, fully aligned with the ECG with a view to developing local projects to combat child poverty; as well as the 9th generation of the Escolhas Program, with the mission to promote social inclusion and integration, equal opportunities in education and employment, the development of skills, critical and creative thinking, the appreciation of the educational power of the arts and sport, the fight against social discrimination, civic participation and the strengthening of social cohesion and is aimed at all children and young people, particularly those from contexts of greater socioeconomic vulnerability (MLSSS, 2024[1]).

Portugal's approach to implementing the ECG reflects its commitment to strengthening cooperation between different entities to deliver impact for children in need. Portugal pursues an integrated social intervention model approach to adapt interventions to meet local needs and specificities. Across the country, Child Guarantee Local Units are being created at the municipal level to implement the ECG. Municipalities have demonstrated a strong commitment to implementing the ECG, with the number of Local Units reaching 129 by the end of 2024 alone (MLSSS, 2024[1]).

Box 1. Overview of the European Child Guarantee

The Council of the European Commission adopted the Recommendation for the European Child Guarantee in 2021. The objective of the European Child Guarantee is to prevent and combat social exclusion by guaranteeing that children in need have free and effective access to a set of key services:

- Early childhood education and care
- Education and school-based activities
- At least one healthy meal each school day
- Healthcare

As well as effective access to:

- Healthy nutrition
- Adequate housing

'Effective access' means that services are readily available, affordable, accessible, of good quality, provided in a timely manner and where the potential users are aware of their existence, as well as of entitlements to use them. "Effective and free access" means that services are also provided free of charge, either by organising and providing such services or by adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access.

The Child Guarantee defines children in need as persons under the age of 18 who are at risk of poverty or social exclusion. This This refers to children living in households at risk of poverty, or experiencing severe material and social deprivation, or with very low work intensity, inline the Eurostat statistical definition of at-risk of poverty or social exclusion. Member states are asked take into account the specific needs of children from disadvantaged backgrounds, such as those experiencing homelessness, disabilities, with precarious family situations, migrant, minority racial or ethnic backgrounds or those in alternative care.

In order to implement the Recommendation, the Member States have nominated their Child Guarantee Coordinators and prepared national action plans, which cover the period until 2030. The Social Protection Committee of the European Commission has established a common monitoring framework to assess progress with implementation of child guarantee.

Source: (Council of the European Union, 2021[2]), Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee.

2 Recommendations

This chapter contains the six recommendations made by the OECD to support Portugal in developing structural tools to successfully implement the European Child Guarantee (ECG). The recommendations are motivated by the OECD analysis, which can be found in the report annex. Each recommendation consists of a number of activities or a set of advice to be implemented

Table 2. List of recommendations

Recommendations
1) Strengthen governance of child and youth policy at the national level
2) Strengthen community-based management and peer learning practices in the Local Units
3) Strengthen current indicator set for monitoring the ECG National Action Plan
4) Work in partnership with the Local Units to improve the quality of information on children in need
5) Simplify the structure of the ECG National Action Plan

Recommendation 1: Strengthen governance of child and youth policy at the national level

This recommendation revolves around strengthening the governance of child and youth policy at the national level. It suggests measures to improve the integration of the European Child Guarantee National Action Plan (PAGPI) with connected national strategies and proposes a governance structure to promote a more comprehensive and stronger cross-government agenda on child and youth well-being.

Motivation

The OECD analysis emphasised the role of effective governance to achieve the successful implementation of the Child Guarantee in Portugal. The implementation of the ECG is managed by the Ministry of Labour, Solidarity and Social Security (MTSSS), through the European Child Guarantee National Coordination Unit. The ECG National Coordination comprises of a coordinator and a technical team that is responsible for the strategic and technical coordination of the ECG. The National Coordination relies on the support of a Technical Monitoring Committee (CTAGI), which is a cross-government committee that provides strategic and technical coordination to the ECG. Ministers responsible for areas relevant to the Child Guarantee must appoint a representative to the CTAGI.

The OECD analysis highlighted opportunities to enhance coordination between the PAGPI and connected strategies. For example, there is a need to explore aligning reporting activities of the PAGPI and connected strategies to support reporting for the ECG. As it stands, the different strategies use separate systems for registering and consolidating information and it was essential to develop a protocol to help minimise repeat requests to line ministries and data producers for the same information (Annex A).

The OECD analysis also found that the CTAGI's effectiveness is limited. First, the appointment process for CTAGI members would benefit from clear guidance specifying levels of seniority and technical expertise. As a result, its membership consists of a mix of political appointees (government advisors) and technical appointees (public administrators) at different levels. Since the CTAGI is not structured as an Interministerial Committee and does not require high-level appointments. This structure limits its potential effectiveness as a cross-governmental policy forum Annex A).

Second, during the course of the TSI project, domestic policy changes have reshaped the national governance landscape concerning children and young people. In February 2025, the Portuguese government approved the Single Strategy for the Rights of Children and Young People 2025-2035 (EUDCJ)[2]. This new framework was enacted with a view of ensuring the continuity of measures defined in the Strategy for the Rights of Children 2021-2024, the implementation of the Child Guarantee Action Plan 2022-2030, and the alignment with Strategic Axis 1 of the National Strategy for Combating Poverty 2021-2030. In doing so, the EUDCJ seeks to promote the coordination and coherence of public policies aimed at supporting, promoting and protecting the rights of children and young people, which is a very much welcomed and identified as potentially useful in the OECD analysis. Portugal, in anticipation of the new Single Strategy for the Rights of Children and Young People did not appoint new members to the CTAGI in the past year. Consequently, the CTAGI has not been in a position to provide effective cross-governmental support to the ECG. Even before these changes, plenary meetings did not have a regular periodicity maintained, occurring primarily at critical junctures of construction, evaluation or monitoring. The usual coordination consisted of bilateral exchanges and consultations with different sectors and stakeholders, scheduled according to the specific topics under consideration.

Identify and leverage synergies in child and youth-related policy frameworks

The policy landscape for children and young people is relatively complex in Portugal, reflected by the number of strategies dealing with relevant issues. The Child Guarantee Action Plan (PAGPI) serves as a central framework for tackling child poverty, designed to consolidate efforts from sector-specific plans and strategies, including education, nutrition, health and housing. This approach satisfies the Recommendation for the European Child Guarantee, which requests member states to submit an action plan that incorporates existing policy actions and measures to support children in need (Council of the European Union, 2021[3]).

Beyond the PAGPI, other frameworks, such as the National Strategy to Combat Poverty (ENCP) and the National Strategy for Children's Rights (ENDC),[3] look to join up cross-governmental action on the child policy agenda. To note, in the second quarter of 2025 Portugal launched the Single Strategy for the Rights of Children and Young People, which integrated and replaced the ENDC. The OECD undertook in October 2024 a detailed cross-referencing of the measures/activities present in the action plans across these three frameworks. This analysis served as a basis for internal discussions within the ECG National Coordination and with government stakeholders to better understand how the existing frameworks interconnect, either in a complementary or overlapping manner. The exercise uncovered significant synergies among the plans: 51 activities outlined in the Action Plan of the National Strategy for Children's Rights (PAENCP) relate in some manner – either complementary or similar – to one or more of the 88 measures in the PAGPI, while there is an overlap of 23 measures between the PAGPI and PAENDC (Table 3).

Table 3. Overview of the cross-referencing exercise between PAGPI's measures with other relevant strategies

Action Plan of the National Strategy to Combat Poverty (PAENCP)			Action Plan of the National Strategy for Children's Rights (PAENDC)		
Complementary	Similar	Total	Complementary	Similar	Total
28	23	51	8	15	23

Note: Table present an overview of the cross-referencing exercise only. The complete cross-referencing exercise is available on Excel format and is available on request from the author.

Given that the mapping exercise has been completed and the Single Strategy for the Rights of Children and Young People (EUDCJ) has been approved, the focus should now shift to ensure that implementation can maximise the benefits. According to the EUDCJ, the Child Guarantee Action Plan (PAGPI) is framed under Priority Area 4 "Zero tolerance policy towards child and youth poverty and social exclusion". However, the ECG is, by nature, a holistic action plan that spans multiple areas related to child well-being and access to basic services. As such, its measures are also closely linked to the other seven strategic priority areas of the EUDCJ. It is therefore important to gain further clarity on how the implementation of all of these measures will be monitored across the different priority areas under the leadership of the ECG National Coordination.

Activities aimed at leveraging synergies are also crucial during the (re)planning of strategies and action plans. There is an opportunity to better engage the ECG National Coordination, as well as the teams involved in the broader EUDCJ framework, in the planning processes of future strategic cycles. This involvement would help ensure that government departments design and plan projects and policies that are well aligned with the EUDCJ's priority areas and action lines.

Define the supporting governance structure for the Single Strategy and related frameworks

The Council of Ministers Resolution No. 34/2025, which approves the Single Strategy for the Rights of Children and Young People, calls for the implementation of a multilevel governance model centred on the child or young person. This governance model should be based on national principles and guidelines, be able to coordinate action at the local level, and ensure the necessary resources for the effective implementation. The legislation, which will clarify how this multilevel governance will be structured, is pending.

To drive a cross-governmental policy-making agenda for child and youth well-being, there is scope to consider the possibility of **creating a broad political coordination body for child well-being, such as an interministerial committee or conference.** This could involve collaboration with the ECG National Coordination and key teams covered by the EUDCJ – such as the National Commission for the Promotion of the Rights and Protection of Children and Young People (CNPDPCJ) and the team responsible for the National Strategy for Combating Poverty. This national forum should ideally involve **high-level representatives from relevant Ministries, as well as representatives from child-related frameworks and regional bodies**. This broad coordination body could take a role in monitoring the proposed single and integrated Strategy. Around half of OECD countries with an integrated plan for child well-being give oversight of the plan to an inter-ministerial committee or a committee that also includes experts and civil society. The role played by theses interministerial committees are often strategic. For example, Chile requires its Inter-ministerial Committee for Social Development and Family to approve the implementation plan for its integrated plan. This committee comprises of the highest political authorities that hold portfolios related to child and adolescent issues. Chile describes this approval process as very effective for ensuring that government ministries and agencies have shared objectives for child well-being (Dirwan and Thévenon, 2023[4]).

It is important that the coordination body provides a dedicated space for comprehensive discussions on child and youth policy agendas as this is key for facilitating a common understanding of priorities and ensure a high level of commitments at all levels of government administration. The coordination body should include ministries that are not typically focused on child well-being. Estonia found that including in its Prevention Council ministries that do not have a strong child well-being mandate gives greater visibility to child issues within these ministries. Such coordination body also helps ensure that, even when not specifically aimed at children, certain policies in various government sectors still consider their impact on children. Additionally, it facilitates a shared understanding of child-related issues across governmental domains, which is essential for coordinating action on cross-cutting issues across ministries and agencies.

An interministerial conference or committee could facilitate **vertical coordination with subnational entities** – through CCDRs representatives, for instance – thereby improving policy coherence and regional alignment, considering local needs and contexts. In Spain, the Sectoral Conference on Childhood and Adolescence is responsible for facilitating discussions and establishing agreements on the distribution and use of central funding to finance initiatives for children and adolescents across its autonomous regions and cities (Box 2).

The models adopted by OECD countries for setting up cross-governmental platforms on child issues offer a diverse array of options that can inspire Portuguese authorities. For instance, the Spanish Sectoral Conference provides a collaborative framework where high-level representatives from key ministries, including the Minister of Youth and Children and Director-Generals from other ministries, as well as heads of Regional Ministries (Autonomous Communities), convene. This conference helps to steer strategic commitments and foster a transversal understanding across government, although it does not assume direct oversight for any specific plan or strategy. The Spanish model of a high-level conference that exercises consultative, decision-making, coordination and cooperation functions to reach agreements and recommendations on common issues could serve as a valuable reference in Portugal for the future (see more in Box 2).

Conversely, if a more technical aspect coupled with high-level oversight is desirable, the Prevention Council in Estonia might serve as a starting point for inspiration. This Council, which is marked by a high degree of commitment with the direct participation of Ministers, serve as well as a central agent for monitoring all state-level strategies and action plans, such as the Welfare Strategy, the Convention on the Rights of the Child and the Estonian Child Guarantee (see Box 2). In Italy the National Observatory for Childhood and Adolescence integrates technical staff and adopts a hands-on approach. The Observatory not only supports the coordination and monitoring of specific action plans like the Italian Child Guarantee but also prepares the National Action Plan for the Protection of the Rights and Development of Childhood and Adolescence every two years.

If following the path of setting up a National Conference, the Portuguese authorities, in partnership with key stakeholders as the ECG National Coordination should think about an **engagement strategy.** Discussions at these meetings could address broad challenges within the child and youth services landscape, including data quality and workforce capacities at the local level, thereby ensuring a holistic and integrated approach to child welfare.

Box 2. Mechanisms for cross-governmental coordination on child and youth policies

Spain: Sectoral Conference on Childhood and Adolescence

In Spain, policy planning and delivery is largely decentralised to the subnational level through the Autonomous Communities. The Sectoral Conference on Childhood and Adolescence, set up in 2021, functions act as the main coordination mechanism between national and regional levels. It in enhancing cooperation, coordination and collaboration among public administrations concerned with the rights of children and adolescents and aims to achieve coherence and integration in policies taken on the matter.

The Conference is structured into three bodies: the Plenary; the Sectoral Commission on Childhood and Adolescence, serving as a general support and advisory body; and the Working Groups, which may be permanent or temporary, aimed at carrying out specific technical tasks. The Plenary is chaired by the Ministry of Youth and Children and brings together at least biannually Autonomous Communities, local authorities and representatives from multiple ministries, each at least holding the rank of Director General, involved in child and adolescent affairs, such as the Ministries of Inclusion, Social Security and Migration, Health, Equality, Justice, Interior, Foreign Affairs, EU Cooperation, and Education and Vocational Training. Each Autonomous Community sends a representative who is the head of a Regional Ministry (*Consejería*) with decision-making authority and expertise in child and adolescent policies. A representative from the Spanish Federation of Municipalities and Provinces is also present at meetings.

Discussions can pivot to address technical informational topics, such as assessing the effectiveness of the State Pact against Child Poverty, overseeing the contingency plans for migrant children and evaluating resource distribution, as well as more specialised projects and initiatives like ensuring safety in digital environments. At least twelve agreements have been reached by the Conference through its coordination mechanism to distribute and employ central funding to finance initiatives for children and adolescents across regions. These agreements serve to harmonise practices and create joint agreements on the implementation of initiatives, from their planning to their implementation, to their monitoring and evaluation (OECD, 2024[5]).

Estonia: Prevention Council

Established in 2022 under the Child Protection Act, the Prevention Council is a government committee that includes direct participation from State Ministers such as the Minister of Social Protection, Minister of Culture, Minister of Education and Research, Minister of Justice, Minister of the Interior, and Minister of Finance. This structure highlights the high-level commitment given to the child agenda in the country and allows ministries that are not typically focused on child-related areas to collaborate and work together effectively. Additionally, the Prevention Council directly incorporates representatives from local authorities, NGOs specialised in childcare and youth organisations.

Functions include strengthening and enhancing the organisation of child protection at the national level, including prioritising the protection of rights of children and welfare of children, defining short- and long-term child and family policy goals and making appropriate political choices. Among other things, it is important for the council to have an overview of child welfare reforms, draft amendments to acts and long-term plans of ministries and to review the recommendations to the state submitted by the UN Committee on the Rights of the Child and to co-ordinate the activities related therewith.

The introduction of the European Commission's Child Guarantee Recommendation offered Estonia an opportunity to situate the governance of the ECG and its action plan within the Council's structure. The potential to establish specific working sub-groups, such as the child welfare working group, composed of specialists is a feature that facilitates the essential tasks of monitoring and reviewing the ECG Action

Plan. Other national frameworks as the Welfare Strategy and the Convention on the Rights of the Child are already monitored through the Prevention Council.

Italy: National Observatory for Childhood and Adolescence

Established by Law 451/1997, the Observatory operates under the oversight of the Department for Family Policies at the Presidency of the Council of Ministers and is a key institution to oversee and coordinate policies related to children and adolescents.

The Observatory includes 50 members coming from various administrative levels (national, regional, local) and sectors including social partners, major institutional bodies and experts in child and adolescent welfare. This body is tasked with the development and coordination of strategic actions for protecting the rights and promoting the development of young people. Key activities include the preparation of the National Action Plan for the Rights and Development of Children, which is revised biennially, supporting the Child Guarantee Coordination in the implementation and monitoring of the ECG Action Plan, and the Biennial Report on the Condition of Childhood in Italy. These documents play a crucial role in setting priorities and directing the cooperative efforts aimed at improving child welfare across the country.

Source: (Ministry of Youth and Children, 2024[6]; OECD, 2024[5]), Estonia's presentation at the Third International Workshop for Supporting the Implementation of the Child Guarantee in Portugal; (Government of Italy, 2025[7]), Italy's presentation at the Third International Workshop for Supporting the Implementation of the Child Guarantee in Portugal.

Disseminate research and evidence and data to support informed policymaking for child and young people well-being

Mobilising high quality evidence is fundamental in motivating decision makers to invest political, capital and financial resources into child well-being policies. Such evidence production and mobilisation does not happen in a vacuum: it requires require the coordination of various actors, expertise, access to data and research materials, synthesis of policy priorities and constraints to experts, and the translation of technical materials in a manner understandable to policymakers.

In Portugal, entities like ProChild – Collaborative Lab already fulfil the role of knowledge brokers, alongside research institutes and centres (e.g., University of Lisbon, CESIS – Centre for Social Intervention Studies, CRC-W – Católica Research Centre for Psychological, Family and Social Well-being) directly engaged in evidence production. Thus, the ECG need not centralise research efforts but rather **enhance its role in disseminating evidence, information and data that aligns with the ECG agenda**.

The ECG National Coordination has already taken steps in this direction. The launch of the Child Guarantee website serves as the basis for streamlining information to citizens, internal actors (e.g., central and local governments, Local Units) and external (e.g., researches, NGOs). The website clearly explains the structure of the ECG, outlines the competencies, provides an overview of Local Units, and details the main areas of intervention in the PAGPI, including key measures. The webpage also features a "News and Events" section, which includes clippings from newspaper articles about the ECG, as well as information on past and upcoming events of interest. In terms of sharing relevant information, the webpage includes a section called "Publications" where links to studies, annual reports, statistics reports, webinar, surveys, strategic documents (e.g., action plans and social charts) are available.

Several OECD countries, including Italy and Spain, host national observatories to consolidate extensive datasets and research findings (see Box 2 and Box 3). These structures are of a broader scope, designed to gather information on various areas related to child and youth policy fields that might not be an immediate concern of the ECG, such as digital security and violence against children. If desirable, Portugal could develop a similar approach, centralising existing resources, information repositories and digital hubs

from different organisations into one unified platform. This type of initiative would need to be developed at the ministerial level, rather than through the Child Guarantee, although its support could be relevant. Establishing a central hub for data and research dissemination could lead to more coordinated and comprehensive child welfare policies and practices, significantly enhancing the scope and impact of government initiatives and creating a clearinghouse of information. This could further benefit relationships at the local level.

Practices observed from the Spanish Observatory can enhance the ECG website. For instance, categorising publications by type can improves communication with target audiences and help the Local Units find information. The Spanish Observatory organises publications into categories such as statistics, studies and research, work group reports, annual reports, strategic action plans, action protocols, technical documents and other publications. Additionally, the "Childhood in Data" initiative under the Observatory features a virtual dashboard organised across seven subareas – education, health and safety, material well-being, family and social environment, leisure and free time and subjective well-being – allowing outcome indicators to be filtered by year. Some indicators are presented disaggregated by region or age group. Another interesting approach comes from Ireland's "What Works" initiative. Though about much more than making research easily available, the initiative includes a clearing house for evidence-based prevention and early intervention programmes that indicates whether the programme has been evaluated in the Irish context (see Box 3).

Box 3. Practices to promote research and evidence-based child and youth policymaking

Spain: The Childhood Observatory and Childhood in Data

The Childhood Observatory in Spain, headed until 2024 by the State Secretary of the Ministry of Social Rights and Agenda 2030, was built on a centralised and shared information system designed to monitor the well-being and quality of life of children and adolescents, as well as the public policies that affect them. Although it is no longer being updated, the website presents a valuable structure that could serve as inspiration.

In addition to hosting an online data hub – which organises academic research, statistics, technical documents and action plans – the platform is complemented by the Childhood in Data initiative. This virtual dashboard provides a comprehensive overview of child well-being indicators, structured around seven sub-areas: education, health and safety, material well-being, family and social environment, leisure and free time, and subjective well-being. Users can filter indicators by year, and some data is disaggregated by region or age group.

Ireland: What Works

What Works is a cross-cutting initiative under the Department of Children, Equality, Disability, Integration and Youth which aims to embed and enhance prevention and early intervention in child and young people policy, service provision and practice. What Works has four strands of focus: i) data to improve access and use of data and information by aligning and developing what current exists; ii) evidence to actively supports the use of learning from prevention and early intervention initiatives and research; iii) professional development and capacity building to enhance the capacity and skills development of policymakers, providers and practitioners in the appraisal and application of evidence informed approaches; and to iv) align, enhance and sustain quality in prevention and early intervention as it relates to the development and delivery of policy, provision and practice.

What Works recently launched an evidence hub, which provides information on prevention and early intervention programmes that have been evaluated. The evidence hub is the first tool of its kind in Ireland and was developed in conjunction with What Works for Early Intervention and Children's Social

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Care (now renamed to Foundations, the national What Works Centre for Children & Families). Featured programmes are listed under the 5 National Outcomes for Children and Young People developed under Better Outcome, Brighter Futures. Of the 123 programmes included in the evidence hub, 56 are currently provided in Ireland and most have been evaluated in the Irish context.

Users can filter publications by keywords, evidence rating (robustness of the program evidence), cost rating (categorising delivery costs by range), outcomes, age groups, classifications (targeted selective, targeted indicated or universal), delivery models (group, individual, online or app, home visiting or promotion-plus) and main settings (with several options available, including community centres, children's centres or early-years settings, in-patient health settings, etc.). The What Works webpage also has a direct link to the project "Outcomes for Children National Data & Information Hub", a centralised platform created by Tusla and the DCEDIY hosting an agreed set of for indicators for children and young people sourced from relevant published reports.

Source: (Government of Spain, 2021[8]) (Government of Spain, 2021[9]) (DCEDIY, 2020[10]) (National Child and Family Hubs Network, 2024[11]) (Government of Italy, 2025[7]).

Recommendation 2: Strengthen community-based management and peer learning practices in the Local Units

This recommendation centres on building capacity to support the growth and training needs of the growing number of ECG Local Units. It consists of a number of activities aimed at establishing a community-based model for managing the Local Units. The implementation of these activities is expected to take time and to be realised over the medium term.

Motivation

Portugal created a new subgroup, the ECG Local Units, within the existing Social Network Program to implement the ECG at the municipal level. The number of Local Units has quickly grown, almost doubling from 71 in early 2024 to 129 by the end of the same year. The OECD analysis underlined that this rapid expansion has resulted in substantial differences in how well the Local Units understand their roles and functions. Additionally, the rapid expansion poses a significant challenge to the ECG National Coordination, which is responsible for coordinating and monitoring all of the Local Units. A greater emphasis on community-based management structures, as communities of practice, would help support the rapid growth of the Local Units.

There is growing consensus that valuing local knowledge, experience and capacities is pivotal for local actor agency in framing, designing, delivering, learning and accountability (OECD, 2024[12]). The OECD analysis indicated a significant unmet demand for peer learning and peer sharing at the local level. Community-based management would also satisfy the interest from the Local Units to interact regularly and to share best practices.

Establish regional groups within the intermunicipal communities to foster vertical coordination

The ECG National Coordination should continue to explore **establishing regional groups within each of the country's 23 Intermunicipal Communities (CIMs).**[4] This approach holds the potential to facilitate more efficient coordination across neighbouring Local Units while reducing the resources demands associated with individually coordinating numerous Local Units. By serving as **primary contact points for**

the ECG National Coordination, these regional groups would help to facilitate interactions. To date, the National Coordination has signed a commitment with 3 CIMs.

It is necessary to establish **cooperation agreements between the CIMS, clearly outlining the purpose, roles and requirements** of the regional groups. These agreements can include provisions such as appointing one spokesperson per Local Unit to represent their territory within the regional group – preferably mid-management or front-line staff involved in implementation. Including a defined meeting calendar and a standing agenda further ensures consistent coordination and structured follow-up.

Meetings between the ECG National Coordination and the regional groups could focus on:

- Assessing the progress of Local Units within a given regional group.
- Disseminate operational information and updates affecting the Child Guarantee.

While internal regional groups meetings can be held to:

- Prepare supporting material to be presented to the ECG National Coordination during bilateral meeting;
- Share experiences and discuss common local challenges;
- Improve coherence in social action activities and planning processes, for instance, enhancing cohesion in service delivery across groups of municipalities and the formulation of local social diagnostics.

Establish a National Network of Child Guarantee Local Units to facilitate knowledge exchange to support the implementation of the ECG

To broaden cooperation and knowledge exchange on implementing the ECG it is proposed to **create a National Network of ECG Local Units.** The network should come **under the leadership of the ECG National Coordination**. This Network would serve as a structured platform to improve vertical and horizontal coordination, bringing all Local Units together with national stakeholders involved in the child wellbeing policy field.

A direct line of communication among the Local Units in this expanded format helps facilitate knowledge-sharing beyond regional connections and fosters a sense of inclusion and ownership – critical for sustaining engagement and building capacity over time. In the absence of this connection, there is a risk of fragmentation and inconsistent implementation.

Although the participation of all individuals involved in Local Units is desirable, it is not practical to conduct meetings and capacity-building activities with such a large audience. To address this, it is suggested that the **representatives appointed to the regional groups also serve as spokespersons for the network**, taking advantage of the fact that these individuals are likely to be actively engaged in the objectives of the Child Guarantee and already have established ties with the ECG National Coordination through their interactions within the regional groups.

To support regular dialogue and provide implementation support, the National Coordinator could organise recurring biannual or annual meetings of the network. If financial resources available, the option for organising in-person meetings could be envisaged on a yearly basis. But given the geographic spread of Local Units and the logistical and financial challenges of bringing all representatives together in person, virtual plenary meetings could be held. These sessions would be shorter and designed for streamlined information-sharing and capacity-building tailored to a digital environment (see Table 4 for session ideas for both in-person and virtual meetings).

Table 4. Session ideas for the National Network meetings

Meeting format	Session Title	Session topics
In-person or virtual	National Vision and Objectives	• Update from the National Coordinator of the Child Guarantee • Overview of national priorities and Expectations for the network
In-person or virtual	Best Practice Presentations	• Presentation from selected Local Units and Child Guarantee Intermunicipal Cooperation Forums • Lessons learned, successes and challenges faced
In-person	Roundtable Discussions: Local Policies and Monitoring	• Small cross-regional group discussions on local policy implementation • Sharing insights on the monitoring and impact of Child Guarantee measures • Focus on common challenges and potential solutions
In-person or virtual	Update on National Policy Discussions	• Summary of ongoing national policy developments • How Local Units can engage with and influence policy revisions
In-person or virtual	Capacity Building Workshop	• Training on key themes such as data collection, indicator development and workforce capacity • Discussion on aligning local practices with national standards and objectives
In-person	Networking Session	• Informal networking and opportunity for one-on-one discussions

Taking inspiration from Scotland (Box 4), the network could host additional *ad hoc* sessions focused on specific issues to enhance peer learning discussions outside of the network's regular meetings. These sessions would provide a dynamic forum to explore ideas, share local best practices and review the Child Guarantee Action Plan's measures and objectives, ensuring they align effectively with the diverse local realities and challenges across Portugal. These could be joined by different member from the Local Units depending on the content of the session, ensuring the flexibility of the network as a tool to maintain contact with its members in a fitting manner for the evolving needs of the Child Guarantee.

Box 4. Community-based platforms for child service cooperation and exchanges

Scotland: Children's Services Planning Strategic Leads Network

In Scotland, the Children's Services Planning Strategic Leads Network is a key governance tool that promotes collaboration between and across Children's Services Planning Partnerships (CSPPs), Scottish Government and key stakeholders, with an aim of strengthening the development, delivery and accountability of Children's Services Planning arrangements.

The Network facilitates a supportive forum through which Network members:

- Connect to share knowledge, resources and reflect on learning
- Showcase and share good practice to support scale and spread
- Influence and inform national policy, legislation and priority action
- Identify need, and progress national/ local action to address policy priorities and respond to emergent needs of children, young people and families
- Embed approaches which support prevention and early intervention and in line with the statutory aims of Children's Services Planning
- Identify and contribute to improvement activity as this relates to Children's Services Planning, working collaboratively to find solutions
- Proactively contribute and provide constructive challenge to the development of national/ local strategic approaches to improve outcomes for children, young people and families

- Play a key role supporting post-pandemic recovery arrangements, highlighting relevant information which informs national/local action required to address the needs of children, young people and families in vulnerable situations.

The Network meets quarterly, with additional "pop-up" sessions on specific topics to facilitate policy discussion, share best practices and address challenges such as post-pandemic recovery and family wellbeing. These meetings are conducted in a hybrid format to encourage broad participation and engagement from various stakeholders, including government policy leads, local CSPPs Strategic Leads and representatives from the third sector.

The Network enhances local and national connectivity by supporting collective CSPP governance and engaging with national stakeholder forums on child and family wellbeing. It facilitates peer learning across members, showcases successful practices and shares improvement approaches. As a result, the network not only drives local improvements but also shapes national policy and practice, integrating insights from local delivery into the development of strategies that reflect both strengths and challenges.

To ensure data-driven decision-making, CSPPs collect feedback from stakeholders through surveys, consultations and focus groups, with the Strategic Leads Network further supporting this by highlighting effective local approaches and promoting continuous learning across Scotland.

Source: (Scottish Government, 2022[13]; OMSSA, 2022[14]; OMSSA, 2025[15]).

Some OECD countries have Communities of Practice (CoPs) within their community-based platforms for child service cooperation and exchanges, to nurture (Box 5). In the multidisciplinary area of child wellbeing, the CoP is a promising instrument which could be nurtured to strengthen the Network and maintain a high level of engagement by the Local Units.

Box 5. What are Communities of Practice?

Communities of Practice are groups of peers who share a concern or a passion for something they do and learn how to do it better as they interact regularly (Wenger, 1998[16]). Three key elements are required to ensure a Community of Practice exists:

1. **Domain** – A shared area of interest or competence.
2. **Community** – A network of individuals who interact regularly, engage in joint activities, exchange ideas, and build relationships.
3. **Practice** – A shared set of resources, tools, knowledge, and problem-solving approaches developed through real-world application.

Figure 1. The elements of a Community of Practice

Source: Adapted from (NSCSW, n.d.[17]).

Expert organisations in OECD countries such as Australia and Canada have been actively involved in establishing Communities of Practice and have developed practical resources and guidelines to support this work. For example, the Australian Research Alliance for Children and Youth (ARACY) has published A Quick Guide to Establishing a Community of Practice, providing structured guidance on how to design and sustain CoPs in the field of child well-being. Similarly, the Alberta Regional Professional Development Consortia (ARPDC) developed an extensive virtual platform, Creating Communities of Practice, offering practical tools on how to get started, foster participation, build knowledge and share results within a CoP. They also host specific project's website to help broaden access to the knowledge and practices developed by each CoP.

Source: (ARPDC, 2016[18]) (ARACY, 2021[19]).

In terms of the ECG in Portugal, CoPs could take on different forms depending on their purpose, such as:

- Helping Communities – Forums for members to support each other with daily implementation challenges.
- Best Practice Communities – Groups focused on developing, sharing, and refining guidance, strategies, or protocols.
- Knowledge Stewarding Communities – Dedicated to organising and curating knowledge for broader dissemination across the Network.
- Innovation Communities – Spaces to co-create new approaches, tools, or interventions that respond to emerging needs.

A Community of Practice within the National Network on best practice could help in piloting, disseminating the learning and resources created in Recommendation 4, for instance. The ECG National Coordination could ensure that the action plan for fostering collaboration in developing comparable information on children, which is to be developed under Recommendation 4, is reflected in a domain of a CoP and can be later spread broadly to all Local Units through the plenary meetings of the Network.

Each CoP would ideally have a convenor or facilitator, ideally a member from the ECG National Coordination, and a core group of active members from interested Local Units (regardless with they serve as the focal point for the network or not), as well as peripheral participants who engage more occasionally but still benefit from shared outputs. These CoPs could operate through a mix of online collaboration platforms, virtual meetings as well as in-person meetings – whenever feasible. Experiences in Alberta (Canada) show that face-to-face meetings at the start of CoPs for K–12 educators were consistently seen as the most valuable activity. These sessions helped participants identify shared interests, align goals, clarify key concepts and explore the tools and technologies used throughout the project (ARPDC, 2016[18]).

Share good practice examples of using data on children in need in the social diagnoses

To improve the quality of information in the social diagnosis, the proposed National Network of Child Guarantee Local Units could review a sample of social diagnoses to identify good practice examples of using data and evidence. Good practice examples could cover using a collection of relevant indicators to describe children in need, and approaches to analysing the data.

The activity could be developed under the programme of work that the National Network will undertake. This activity should only be considered after the Local Units have gained some experience in completing the social diagnoses on children. i.e., after the next cycle of social diagnoses have been completed as it is expected by this point that every Local Unit will have produced a social diagnosis that addresses children in need.

To make this process transparent and consistent, some type of criteria would need to be established for assessing the social diagnoses. Scotland undertakes the practice of reviewing all children services plans against set criteria (Box 6). To note, Scotland and Portugal's social diagnoses are different. Scotland's social diagnoses focus exclusively on children and families and there is a requirement for multiple agencies to produce the assessment together.

The National Network could establish these criteria, drawing on the Local Units' input. Consideration could be given, as much as possible, to these criteria elevating other activities in this project, for example building capacities of the Local Units to engage with children. Consideration could also be given to identifying any additional benefits of using these criteria. Such benefits could include encouraging research partnerships and data sharing and engaging with children and families to collect their views and feedback.

Box 6. Scotland: Reviewing children service plans to support peer learning

Scotland has issued criteria upon which all of its children service plans are reviewed. These criteria are comprehensive and relate to the content, format and process of developing the plans. Scotland produces a summary report which presents all children service plans' performance against these criteria and highlights good practice examples.

Scotland puts forward two criteria on the use of evidence for the social diagnosis section of the service plan: i) having a robust evidence-based joint strategic needs assessment of the current population of the children and young people in its area; ii) and an analysis of quantitative and qualitative evidence and data relating to both service performance and child wellbeing.

Scotland has elaborated, based on learning from these review exercises, what constitutes as a good diagnostic. The plans include evidence of progress being made in the local area against national and local objectives to improve outcomes for all children and young people. This also includes a summary review of the previous Children's Services Plan (2017-2020) and findings from self-evaluation, audit and inspection on service performance. The aim of drawing on collaborative use of data and evidence

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> is to enable the Children's Services Plan to demonstrate improved outcomes and successes, alongside identifying areas where further action and/or development was needed.
>
> Source: (Scottish Government, 2022[13]), Improving outcomes for children, young people and families: review of Children's Services Plans and strategic engagement activity.

Create an interactive web portal for the National Network of Child Guarantee Local Units

It is important to foster knowledge exchange and facilitate information sharing through a range of digital instruments to support the proposed National Network of Child Guarantee Local Units to facilitate continuous engagement. For these purposes, a reserved area has already been created within the Child Guarantee website, with some content already available, incorporating a community enabled password-protected area to ensure exclusive access and enhanced security for registered users. This effort by the ECG National Coordination, in partnership with the Informatics Institute (II, I.P.), aligns with the goal of streamlining communication and providing access to valuable resources, including technical and operational documents, best practices, case studies and training materials, apart from any important material developed at national level.

It is important that this web portal functions as a common work tool. A dashboard feature could be introduced to visualise data and metrics related to the Child Guarantee, offering stakeholders actionable insights and helping track progress effectively. Backed by discussion during the TSI project, work is currently underway to develop these features within the Child Guarantee website.

The examples of virtual hubs presented in Box 4 and the case of the Ontario's Network Portal (Box 7) serve as potential kick-starters. To promote active participation and ownership, all Local Unit should be encouraged to contribute to and engage with the hub through a community management approach. This would strengthen collaboration and ensure that diverse perspectives are reflected in the ongoing implementation process. Further inspiration could be drawn from the portal developed for Ontario's Children's Services Network, which includes a discussions forum and a dedicated function to request information from Network members.

Box 7. Ontario: Children's Services Network

Since 1998, Ontario is the only jurisdiction in Canada where municipal levels of government are responsible for social services. This responsibility is facilitated through 47 Service System Managers, consisting of Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs) in northern regions without regional municipalities. These managers oversee the planning, management and co-funding of core social services including income support, childcare, early years services and social housing.

The Ontario Municipal Social Services Association (OMSSA) plays a crucial role in supporting, connecting and advocating for these managers, ensuring that they can effectively deliver optimal human services outcomes for communities across Ontario.

One of OMSSA's key initiatives is the Children's Services Network (CSN), a strategic forum dedicated to capacity building, sharing best practices and influencing policy and programme delivery. The CSN aids OMSSA members by identifying emerging issues and trends, promoting professional development and offering essential advice to ensure integrated service delivery.

The CSN operates under a structured governance model. The chair, appointed by the OMSSA Board of Directors, leads the network. The network is open to mid-management and front-line staff from CMSM

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and DSSAB members, with provisions for non-member partners and agencies to join. Meetings are held at least three times a year, providing a non-decision-making but influential advisory role.

To support the continuous engagement of its members, OMSSA has developed a Network Portal that includes:

- Resource Library: A centralised repository of materials such as reports, toolkits and best practice examples, accessible to all members.
- Discussion Forums: An interactive space where network members can pose questions, share experiences and exchange knowledge with peers across the sector.
- Requests for Information: A dedicated communication system enabling members to seek assistance or information from fellow network participants on specific topics.
- Member Surveys: Regular surveys that collect feedback from network members on emerging issues and developments, ensuring that the local perspectives are incorporated into broader discussions and strategies.

Source: (OMSSA, 2025[15]; OMSSA, 2022[14]).

Recommendation 3: Strengthen current indicator set for monitoring the implementation of the ECG National Action Plan

The project initially aimed to establish a clear set of indicators for consistently monitoring the implementation of the ECG at both national and local levels, supported by a well-structured digital monitoring system. However, achieving this goal requires foundational steps that have not been yet fully realised. These include strengthening the alignment of indicators across the various strategies contributing to the implementation of the ECG, and working with the Local Units to develop a shared understanding of what is both necessary and feasible to monitor in terms of population needs and policy implementation at the local level. Recommendations 3 and 4 contains practical actions to support progress toward realising these goals.

Recommendation 3 consists of advice on how to strengthen the current indicator set for monitoring the ECG National Action Plan (PAGPI). The advice deals with reorganising the indicators, improving indicator selection and strengthening the coverage of children in need. It is hoped that implementing this recommendation will contribute to more relevant information being available for monitoring the ECG.

This recommendation is relevant to activities under Recommendation 4. It is suggested that the ECG National Coordination consider this recommendation in parallel with the other recommendation to see where efficiencies can be made.

Motivation

The OECD analysis highlighted a number of issues with the current indicator set for monitoring the PAGPI. First, there is a need to improve the consistency of indicators used for monitoring the ECG and connected strategies and programmes. Connected national strategies use a large number of indicators that are potentially relevant for monitoring the ECG, although many of these indicators would need to be adjusted to fully comply with the ECG. Second, the indicator set contains too many indicators. Too many indicators will potentially make the monitoring system difficult to manage. Third, there is a lack of clarity regarding the focus of indicators, and whether they primarily monitor policy outputs or outcomes. This lack of clarity is further compounded by the fact that the monitoring indicators are scattered within the strategic objectives without a clear association to specific policy measures. Fourth, the relevance of the selected indicators on

child poverty could be sharpen. Fifth, the indicator set does not contain enough indicators providing information on children in need's access to key services (Annex C, Annex D).

Strengthen alignment of indicators across connected national strategies

The ECG National Coordination should coordinate with other national strategies whenever using similar indicators to avoid duplication and inconsistences in the data collection and analysis. When strategies share goals or measures, ideally the same indicators should be used to measure progress.

The OECD analysis identified that connected strategies use a high number of indicators that are potentially relevant to monitoring the ECG. Table 5 summarises information on indicators from the connected strategies, by relevance to the ECG and the PAGPI as well as by target population, indicator content and measurement unit. Overall, there are 670 potentially relevant indicators, representing nearly half of the total number of indicators. The vast majority of these indicators refer to access to services. Most indicators target children with one of the six specific disadvantages outlined in the EU Recommendation, in particular children from migrant or minority background, in precarious family situations and with disabilities. However, many indicators do not distinguish the socio-economic background of children. Only 35 indicators refer to children in poverty or social exclusion.

Table 5. Classification of indicators from other national strategies and programmes that may be relevant to the PAGPI

Group	Sub-Group	Total	ENCP	ENDC	PNPAS	Escola+	ENICC	ENIPD	PNPSO	PNCRD	ENIND
All indicators		1584	336	153	25	45	132	206	25	300	362
Indicators related to PAGPI		670	167	108	15	42	52	38	13	141	94
Area[1]	Art. 5. Identify children in need	35	21	0	0	0	6	6	0	2	0
	Art. 4. Access to services	635	146	108	15	42	46	32	13	139	94
Strategic Objective[2]	S01 employment	67	27	0	0	0	0	0	0	31	9
	S02 qualification	49	23	0	0	0	0	0	0	20	6
	S03 social protection	8	5	2	0	0	0	0	0	1	0
	S04 social action	8	3	1	0	0	0	0	0	4	0
	S05 early childhood	12	4	3	0	1	0	0	0	2	2
	S06 education	211	27	29	0	41	5	26	0	45	38
	S07 health	78	25	11	0	0	9	2	13	14	4
	S08 food	19	3	1	15	0	0	0	0	0	0
	S09 housing	38	14	0	0	0	4	2	0	18	0
	S10 alternative care	34	5	10	0	0	0	0	0	6	13
	S11 immigration/minorities	44	3	7	0	0	34	0	0	0	0
	S12 discrimination	79	13	44	0	0	0	0	0	0	22
	Other	23	15	0	0	0	0	8	0	0	0
Targeted population[3]	a) Children in need	35	31	4	0	0	0	0	0	0	0
	b) Specific disadvantages	377	35	68	0	2	52	38	0	141	41
	ba) homelessness	5	4	0	0	0	0	0	0	0	1

Group	Sub-Group	Total	ENCP	ENDC	PNPAS	Escola+	ENICC	ENIPD	PNPSO	PNCRD	ENIND
	bb) disability	42	3	0	0	0	0	38	0	0	1
	bc) mental health	18	11	7	0	0	0	0	0	0	0
	bd) migrant/minority	237	9	12	0	2	52	0	0	141	21
	be) alternative care	4	3	1	0	0	0	0	0	0	0
	bf) precarious situations	71	5	48	0	0	0	0	0	0	18
	c) all children	155	25	36	12	40	0	0	11	0	31
	d) adults	71	54	0	0	0	0	0	0	0	17
	e) the entire population	32	22	0	3	0	0	0	2	0	5
Content	a) Implementation	166	41	22	0	0	17	24	0	52	10
	b) Result	504	126	86	15	42	35	14	13	89	84
Type of result	a) Output	316	51	61	0	18	24	14	4	76	68
	b) Outcome	121	48	25	4	13	11	0	3	11	6
	c) Impact	67	27	0	11	11	0	0	6	2	10
Unit of assessment	a) child	106	28	23	12	11	9	0	9	6	8
	b) individual	68	44	1	3	0	1	0	0	11	8
	c) household	3	2	1	0	0	0	0	0	0	0
	d) professionals	44	4	7	0	13	3	2	0	3	12
	e) admin	280	46	54	0	18	22	12	4	69	55
	f) other	2	1	0	0	0	0	0	0	0	1

Note: The following acronyms are used for the connected strategies: National Strategy to Combat Poverty (ENCP); the National Strategy for the Rights of the Child (ENDC); the National Programme or the Promotion of Healthy Eating (PNPAS); Plan School + (Escola +); the National Strategy for the Integration of Roma Communities (ENICC); the National Strategy for the Inclusion of People with Disabilities (ENIPD); the National Programme for the Promotion of Oral Health (PNPSO), the National Plan to Combat Racism and Discrimination (PNCRD); and the National Strategy for Equality and Non-discrimination (ENIND).
To note, the Single Strategy for the Rights of Children and Young People was not in place at the time when the OECD analysis was conducted.
Source: OECD analysis.

The ECG National Coordination could use the following project outputs to help identify relevant indicators:

- Excel cataloguing the relevant indicators in the connected national strategies
- Excel mapping measures across the PAGPI, the National Strategy to Combat Poverty (ENCP) and the National Strategy on the Rights of the Child (ENDC)

Some national strategies are currently revising their indicator sets, providing the ECG National Coordination with the ideal opportunity to ask for the needs of ECG to be taken into account when gathering information on children in need. The ECG National Coordination has already started to engage the coordinators in this direction. It is important that the ECG National Coordination focuses first on aligning indicators in the most relevant strategies (i.e., the Single Strategy for the Rights of Children and Young People which integrates and replaces the ENDC and the ENCP), followed by strategies that produce their own data (e.g. homeless and Roma strategies).

The ECG National Coordination could focus on aligning indicators for the goals of the PAGPI. The PAGPI's goals represent the key outcomes of the ECG and are important aspects of the connected strategies. Better alignment of indicators would ensure that information used to report progress on key outcomes is consistent. The National Coordination does not need to focus on aligning indicators for goals or targets set by national government, specifically the child poverty target. Both the PAGPI and the ENDC contain this target, although the ENDC has not yet identified an indicator. Since this target is based on the number

of AROPE children using EU- SILC data, it can be assumed that the target can only be measured using the EU-SILC data (i.e. the same data source). Relevant indicators for aligning may be those covering material deprivation and participation rates in ECEC, as these provide very important information to the ECG.

The ECG National Coordination could explore aligning indicators on the availability of and access to services in the Single Strategy for the Rights of Children and Young People and ENCP. Better alignment of the indicators would improve the consistency of information on policy implementation. The below examples highlight shared policy measures where the indicators are not well aligned in the ENDC and the ENCP.

- Progress in creation of Local Units within framework of local social networks. Indicators refer to number of pilot projects or the number of signed protocols.
- Improvements to mental health services. Indicators refer to creation new places or population coverage
- Expansion of foster care. The PAGPI has no indicators, while the ENDC and ENCP use indicators focused on the number of children in foster and the number of foster carers.
- Promote the participation of children and young people in artistic and cultural activities. The PAGPI has no indicator. The ENCP and the ENDC have specific indicators measuring access, such as the number of tickets, children involved, guided school visits, etc.,

Reduce the overall number of indicators

The PAGPI has seven transversal indicators and 62 monitoring indicators. There are a number of practical options for reducing the overall size of the current indicator set.

The first option is **merging indicators that provide information on the same subject** into a single indicator. This single indicator can then be broken down into different components or population groups. The European framework tends to take this approach where some indicators are broken down into different many components.

Merging indicator can make information easier to comprehend and to ensure consistency in the information shared with non-expert audience. Merging maybe possible for some of the indicators on child poverty and material deprivation. For example, the indicators measuring the at-risk of poverty rate for children (migrant background) and at-risk poverty rate according to household composition (for families with children). First, the definitions of poverty used in these indicators needs to be checked to confirm that they are the same. Migrant background then would be used as on the household characteristics when breaking down poverty rates to identify groups at higher risk.

The second option is **eliminating indicators that provide duplicate or less relevant information**. Some indicators present information that is the same or at least very similar to what is provided by other indicators. For example, the two indicators measuring childhood obesity cover similar age groups. The indicator set contains a number of indicators on access to quality pre-school education, some of which are arguable not very relevant to the ECG as they do not distinguish children in need. One example of such is the indicator on the number of children enrolled in preschool education by type of establishment. It is important that any decision to eliminate indicators is balanced by an assessment of the quality of information provided by the remaining indicators.

Organise indicators by components of a results chain

The OECD analysis highlighted that the content of PAGPI's components is not always consistent and some parts overlap. To summarise, the PAGPI contains the following components:

- **35 Goals** (*Metas* in Portuguese) to assess the "evolution of children's and young people's living conditions" (Coordenação Nacional Garantia para a Infância, 2023[14]) and include monitoring indicators with **starting points** and **final targets**. For example, "To ensure the attendance of pre-school education for all children from the age of 3", with starting point of 92.8% in 2019/20 and final target of 96%.

- **7 Transversal indicators** to assess the "overall impact" of the Child Guarantee in terms of the general objectives of the European Recommendation on Child Guarantee. These include data of the risks of poverty and/or material deprivation for different population groups. For example, "At-risk-of-poverty rate after social transfers"

- **62 Monitoring indicators** to assess trends associated with specific of policy actions as grouped under a particular Strategic Objective. For example, "Children up to 3 years old, in formal childcare or education by age group, for 25 hours or more, for risk of poverty or social exclusion"

- **Targets for the 72 measures.** The Child Guarantee PAGPI specifies targets for most of its measures, however the content of these targets are not explicitly defined. In some cases, the content of the target may be deducted. For example, for measure "14. Expanding the response capacity of crèches to meet the needs of demand", the target is "5,586 New places", which may be assumed as new crèche places. In some cases, the deduction is less clear. For example, Measure 33A "Promote the generalisation of sports practice through the implementation of the National 'Sport for All' Programme" has targets of 650 by 2024 and 800 by 2025, but it is unclear what these numbers represent.

It is recommended **to organise indicators according to their content**, in line with the components of a results chain, **i.e., Outputs, Outcomes, and Goal/Impacts** (Table 6). It is also recommended to have a category of indicators (i.e., transversal indicators) to identify and characterise children in need,[5] in line the with the ECG recommendation. To assist with this activity, the OECD produced a table categorising indicators by content type (see Table 6).

- **Transversal indicators** would remain the same class of indicator; however the indicators would focus on the identification and characterisation of children in need only.

- **Goal indicators** are a new category of indicator. As discussed in Recommendation 2**, Goals** should be reduced in number and redesigned around capturing the overall results of the PAGPI. Once this work is completed, ideally one indicator should be identified for each Goal. These indicators should be strongly connected to outcomes influenced by the programmes coming under the ECG.

- **Implementation indicators** would complement the current targets for measures by explicitly defining what exactly the output of the measure is.

- **Result indicators** would replace the current monitoring indicators. To make these indicators complementary and policy relevant, they should correspond to operational objectives instead of strategic objectives. Furthermore, the content of these indicators should focus on policy outcomes with a scope that is directly related to the policies within the operational objective.

Table 6. Proposed new categorisation of indicators for monitoring the ECG

Indicator	Content	Example Indicator
Transversal indicators	Identification and characterization of children in need	Number of children at risk of poverty or social exclusion with disabilities
Goal indicators	Overall Impact Longer-term and higher-level effect of the outcomes of the Child Guarantee, including intended/unintended and positive/negative effects of external factors and circumstances that are beyond policy measures	Variation of the child poverty rate (as part of the Goal of Halving monetary poverty among children)
Implementation indicators	Outputs from policy measures Measures the products and services that result from an intervention (policy measure), they act as the means to achieve a policy objective (outcome) but are not the outcomes themselves.	No. of new pre-school places created
Result indicators	Outcomes associated to Operational Objectives. Measures the short- and medium-term direct effect resulting from policies implemented within the operational objective.	Share of children at pre-school age effectively attending pre-school

Note: Elaborated by the OECD based on information available in the Portuguese Child Guarantee PAGPI 2022-2030.

Streamline indicators on child poverty

A key goal of the ECG is to reduce child poverty and mitigate its impact through guaranteeing free or effective access to essential services. To achieve this, it is crucial to monitor trends in child poverty and its links to other child outcomes, allowing policies to better target children in need. This requires robust child poverty indicators to identify the most at-risk groups, assess whether the situation of vulnerable children is improving or deteriorating, and capture the multidimensional nature of poverty.

The indicator set of the PAGPI contains more than 20 indicators related to measuring the risk of poverty, social exclusion or deprivation in the child and general population (Table 7). The listed indicators vary in terms of the aspects of poverty they address (such as income poverty, material deprivation, or both) and how they are measured (whether at the child or household level – highlighted in grey in Table 7), either globally or disaggregated by socio-demographic characteristics of households. However, the abundance of indicators complicates interpretation and leads to the dissemination of statistics based on different calculation methods, making it harder for stakeholders to establish a common understanding. To enhance their relevance, these indicators should be streamlined, retaining only the most relevant ones for monitoring the Child Guarantee and adding new indicators to the core set only when their added value is clearly justified.

Table 7. Complete list of indicators measuring poverty and material deprivation

Indicator	Data source
Income Poverty Indicators	
1 - At-risk-of-poverty rate for children (<18 years)	EU-SILC
2 - At-risk-of-poverty rate for children, by age group	EU-SILC
3 - At-risk-of-poverty rate for children (0 to 17 years old), according to their parents' country of birth	EU-SILC
4 - At-risk-of-poverty rate for children and young people (0-17 years) in households with very low labour intensity	EU-SILC
5 - Impact of social transfers (excluding pensions) on child poverty (<18)	EU-SILC
6 - Number of children covered by the "Childhood Guarantee" allowance supplement	ISS/II I.P.
7- Poverty intensity (0-17 years)	ICOR INE
8 - At-risk-of-poverty rate according to household composition	EU-SILC
9 - At-risk-of-poverty rate for families with children	EU-SILC
10 - At-risk-of-work poverty rate (18 years and over)	EU-SILC
11 - At-risk-of-poverty rate for households with at least one dependent child, by labour intensity	EU-SILC

Indicator	Data source
12 - At-risk-of-poverty rate after social transfers	EU-SILC
13 - Housing cost burden rate of households with children and young people (0-17) (all households with children vs. group of families at risk of poverty)	EU-SILC
14 - Poverty intensity of families with children	ICOR + Calculations Source report
15 - Severity of poverty among families with children	ICOR + Calculations Source report
Material & Social Deprivation Indicators	
16 - Rate of material and social deprivation (<18 years), by age group	EU-SILC
17 - Child-specific material deprivation rate, by age (<16)	EU-SILC
18 - Rate of severe material deprivation for children (0 - 17 years), by their parents' level of education	EU-SILC
19 - Percentage of the population unable to afford a meat or fish meal (or vegetarian equivalent) at least every 2 days	EU-SILC
At Risk of Poverty or Social Exclusion (AROPE) Indicators	
20 - At-risk-of-poverty or social exclusion rate for children, according to age group	EU-SILC
21 - People at risk of poverty, material deprivation, household labour intensity, by age and sex - intersections of EU poverty target indicators for 2030	EU-SILC
22 - At-risk-of-poverty and social exclusion rate for foreigners in Portugal	EU-SILC

Note: Table lists indicators from the indicator set for measuring income poverty, material and social deprivation and AROPE situation.
Source: (Coordenação Nacional Garantia para a Infância, 2023[20]), Coordenação Nacional Garantia para a Infância.

The streamlined child poverty indicators should provide information that can:

Prioritise monitoring using specific and policy amenable indicators

To ensure clear and relevant use in policy monitoring, indicators must be **specific**, clearly and simply defining what is being measured[6]. Additionally, they must be **policy amenable**[7] by using metrics that are sensitive to and can be influenced by policy interventions, thereby aiding in evaluating policy effectiveness and guiding decision-making.

To best meet these two criteria, it may be more effective to use indicators that focus on a specific dimension of child poverty, rather than an aggregate that combines multiple dimensions. In Europe, the AROPE child poverty rate is an aggregate indicator that measures the proportion of children experiencing at least one of the following: at-risk-of-income poverty, severe material deprivation, or living in households with very low work intensity. While this type of aggregate indicator is useful at international level as it provides a broad overview of the child poverty risk and allows for easy comparison across EU countries, it is less useful for monitoring national policies. This is because combining different dimensions into a single measure makes it difficult to identify which dimension is the most significant. Therefore, developing separate indicators for each dimension of poverty may be more beneficial. Additionally, as each dimension may be influenced by different policy instruments, it is important to distinguish them in order to enable prioritisation across relevant policy levers.

In Table 7, most indicators focus on a well-defined aspect of child poverty, specifically income poverty or material and social deprivation. However, the bottom part of Table 6 provides indicators that combine both elements, namely income poverty and material (or social) deprivation into single indicators to provide a broader view of the population at risk of poverty – whether due to low income or deprivation – acknowledging that these two dimensions, while related, are not completely overlapping. However, a limitation of using such global "at-risk-of-poverty" measure is that its evolution depends on the combined effects of multiple policies, making it less responsive to specific interventions. For instance, the "at Risk of Poverty or Social Exclusion (AROPE)" rate will remain unchanged if income poverty declines but material and social deprivation stays the same. In contrast, separate indicators for these two elements allow for a clearer assessment of trends and the impact of policies that may target one or both dimensions.

Use children as the same reference unit consistently across all poverty indicators

Currently, some poverty indicators use the household (or the adult population) as the reference unit to assess poverty risks (i.e., measuring the proportion of households with children in poverty), while others take children as the reference unit (measuring the proportion of children in poverty); Estimated poverty rates will vary between these two approaches, depending on how children are distributed across households. This can create confusion if poverty statistics in assessment reports are not well aligned. Using children as the reference unit is considered good practice, as they are the primary focus of the ECG. In practice, this involve prioritising the indicators not highlighted in grey among those listed in Table 6.

> Identify which groups of children are most at risk, including the target population of the ECG, by disaggregating child poverty indicators by household composition, labour market situation of parents and, where possible, other family background characteristics.

Not all children face the same risk of poverty, as risk is influenced by various factors. Household structure plays a significant role: single-parent households are generally more vulnerable than two-parent families, and larger families face greater financial strain than those with fewer children. The age of children also impacts cost of children and poverty risk, as their needs and the availability of public goods and services can help ease the financial burden on households evolve over time. Additionally, parental employment status and, for working parents, the intensity of their employment are key determinants poverty risks. Additionally, families with a migrant background may face precarious social and employment conditions, increasing their likelihood of poverty. Family living arrangements also play a role – especially when children from previous unions reside in another household, which can involve child-related expenses.

The EU-SILC survey (Inquérito às Condições de Vida e Rendimento" (ICOR)) is the primary source to estimate child poverty indicators at the national level. Using these data to improve the information on children in need should be explored. The sample size of households with children may be too limited to disaggregate these indicators by some household or family background characteristics, or to accurately calculate poverty rates for all groups covered by the ECG. For instance, children from migrant families or those with disabilities are not sufficiently covered to obtain reliable poverty rate estimates for these groups. In the absence of dedicated surveys or data sources specifically covering them, one solution could be to oversample these groups in future survey waves to obtain reliable poverty indicators and assess their living conditions more comprehensively.

Inform whether the situation of the most vulnerable is improving or worsening.

The poverty rate provides a snapshot of the proportion of children affected by poverty, but its impact differs depending on whether the situation is temporary or persistent. Persistent poverty is more likely to have a severe effect on children's material well-being, as it becomes harder for parents to prioritise their children's needs in the same way they might when poverty is only temporary. For this reason, several OECD countries – such as New Zealand (Box 8) – include measures of persistent poverty among their indicators to monitor the impact of their child poverty reduction strategies. An indicator on **persistent poverty** would also enable the assessment of the need to strengthen action to help children cope with long-term exposure to poverty compared to those experiencing more episodic poverty.

The poverty rate is a relative measure of poverty, meaning that individuals are considered poor if their income falls below a certain threshold – conventionally set at 60% of median disposable income, adjusted for family composition. This threshold changes annually based on income distribution within the population. If the poverty line rises over time due to overall income growth, the poverty rate, including child poverty, may remain stable or even increase, even if the economic situation of those classified as poor improves. To measure whether the situation of the poor is improving, one can include an indicator of the "anchored" child poverty rate that is based on a poverty line fixed at some given income level, such as the median equivalised income in a past year, adjusted for inflation. This gives some indication of the changes in

"absolute poverty" over time and helps track the proportion of children whose living standards surpass a certain minimum as the ECG is implemented.

Inform levers to address income poverty

In Portugal, as in other OECD countries, housing prices have increased significantly since the mid-2010s, and housing expenditures represent a growing share of household budgets. In 2022, 34% of the population in the lowest income quintile spent more than 40% of their disposable income on mortgage or rent – a higher share than the EU average of 23%. These costs limit the portion of the budget available to cover other household needs, including those of children, and impact the risk of poverty after accounting for housing expenses. For this reason, several OECD countries assess the risk of poverty both before and after accounting for housing costs (see the case of New Zealand in Box 8). This approach helps quantify the impact of housing expenses on poverty and provides insight into how housing aid should be prioritised in efforts to combat poverty among families and children, as well as how other forms of assistance should be allocated.

Measuring the impact of income support through the tax and benefit system on the child poverty rate provides valuable insights into whether support needs to be strengthened. While not all financial aid is specifically designed to reduce child poverty, it can still have an indirect impact. Figure 2 shows that Portugal is among the OECD countries where income transfers have the weakest impact on child poverty.

When assessing the impact of income support on child poverty, it is crucial to consider all relevant transfers, including tax reductions for low-income households and/or families with children, as well as social benefits. However, indicators (5) and (12) in Table 6 appear to measure only the effect of social transfers, without accounting for the impact of income tax reductions. It is suggested to explore the feasibility of developing an indicator that measures the overall impact of taxes and transfers on child poverty.

Figure 2. In Portugal income transfers have a weak impact on child poverty, compared to other OECD countries

Child relative income poverty rates (%), before and after tax and transfer, 0- to 17-year-olds, 2020 or latest available
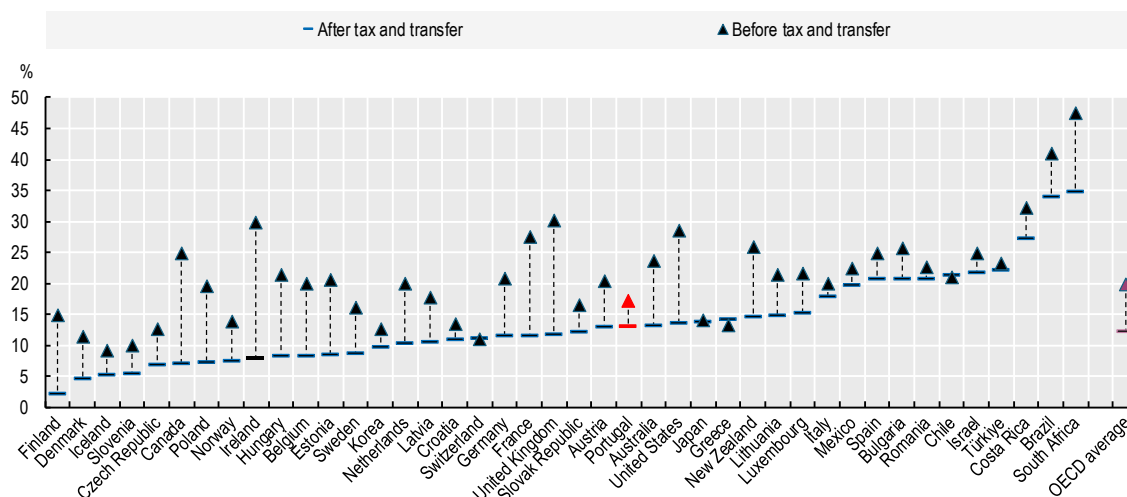
Note: Data are based on equivalised household income, i.e. income adjusted for household size. The poverty threshold is set at 50% of median income in each country. Children are defined as 0-17-year-olds. Data refer to 2020 except for Brazil (2016), Chile, Iceland and South Africa (2017), Ireland, Italy, Japan and Poland (2018), Austria, Belgium, the Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Israel, Lithuania, Luxembourg, Portugal, the Slovak Republic, Slovenia, Spain, Switzerland, Türkiye, Bulgaria, Croatia and Romania (2019), and Costa Rica and the United States (2021).
Source: OECD, *OECD Income Distribution Database*, https://www.oecd.org/en/data/datasets/income-and-wealth-distribution-database.html.

The streamlined child poverty indicators should provide information on the multidimensional nature of poverty and on progress in meeting any child poverty-related targets.

Box 8. Child Poverty measures, targets and indicators in New Zealand

In New Zealand, the legislation establishes a balanced suite of measures to measure and report on child poverty. The measures will track progress towards the targets, allow some international comparison, and provide a good picture of the impact of policy decisions on the lives of children.

There are four primary measures of poverty and hardship for which the Government must set targets:

- Low income before housing costs (below 50% of median income, moving line)
- Low income after housing costs (below 50% of median income, fixed line)
- A measure of material hardship (reflecting the proportion of children living in households with hardship rates below a standard threshold)
- A measure of poverty persistence (currently being developed, reflecting the proportion of children living in households experiencing poverty over several years, based on at least one of the measures above).

In addition to the primary indicators, the Act outlines six supplementary measures. These measures serve two key purposes: enabling further international comparison and monitoring trends across varying levels of severity. The six measures are as follows:

- Proportion of children in low-income families: Based on a poverty line set at 50% of median equivalised disposable household income after housing costs (AHC) for the financial year.

- Measures of low income before and after housing costs: Based on an income threshold set at 60% of median equivalised disposable household income.

- Measures of low income before and after housing costs: Based on a poverty line set at 40% of median equivalised disposable household income after housing costs for the financial year.

- Measure of severe material hardship.

- Measure of "low income and hardship": Conceptually similar to the definition of consistent poverty in Ireland, this measure assesses the proportion of children in households with less than 60% of median equivalised disposable household income after housing costs for the financial year and experiencing material hardship.

The Act requires the Government to set and review targets for child poverty reduction based on the primary measures. The Act requires 10-year targets to be set, as well as 3-year intermediate targets that support the 10-year long-term targets.

The Government officially set its long-term targets for the three primary measures for which data is available, along with the first three-year targets (for 2018/19 to 2020/21). The second set of three-year targets (for 2021/22 to 2023/24) was set in June 2021.

The longer-term targets seek to at least halve child poverty within ten years. By 2027/28, the Government aims to reduce the proportion of children in:

- low-income households on the before housing costs primary measure from 16.5 percent of children to 5 percent – a reduction of around 120 000 children.

- low-income households on the after-housing costs primary measure from 22.8 percent of children to 10 percent – a reduction of around 130 000 children.

- material hardship from 13.3 percent of children to 6 percent – a reduction of around 80 000 children.

The 2021 set of three-year intermediate targets states that by 2023/24, the Government aims to reduce the proportion of children in poverty.

- low-income households on the before-housing-costs measure to 10 percent

- low-income households on the after-housing costs measure to 15 percent

- material hardship to 9 percent.

Source: (MSD, 2024[21]), Child Wellbeing and Poverty Reduction - Ministry of Social Development.

Measure children's material deprivation for the "child-specific material deprivation rate"

Measuring children's material and social deprivation is crucial, as reducing this phenomenon is a core goal of the ECG. Moreover, material deprivation and income poverty are distinct concepts, with no strict overlap between them. As shown in Figure 3, a significant proportion of children experience material deprivation despite not being classified as income poor.

By and large, in Portugal most a large share of children experiencing child specific material deprivation don't come from income poor households. In 2021, out of the 15% of children experiencing child specific material deprivation, only 6% are income poor while 9% are non-income poor. In other words, non-income poor children make up 61% of all materially deprived children in Portugal (Figure 3).

The PAGPI includes various indicators to assess children's exposure to material deprivation (Table 6). Prioritising the Child-Specific Material Deprivation Rate (CSMDR) is advisable, as it directly focuses on children and incorporates elements essential to their well-being and development.[8] In contrast, other measures may not use children as the primary unit of reference or may lack child-specific items in their design.

Beyond tracking income poverty and material deprivation separately, it may also be valuable to measure the proportion of children who experience material deprivation despite not being classified as income poor (as illustrated in Figure 3). This information may reveal the need for targeted actions to address material deprivation among families who do not fall under the traditional poverty threshold but still require support.

Figure 3. In Portugal most materially deprived children live in households with income above the poverty line

Percentage of children experiencing relative income poverty and/or child specific material deprivation, 1- to 15-year-olds, European countries, 2021
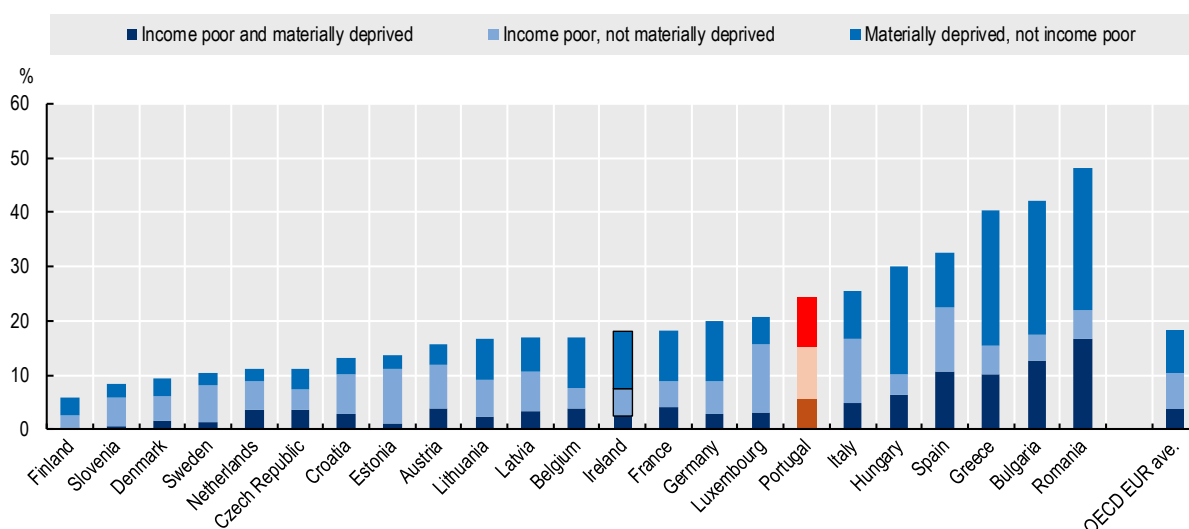
Note: "Income poverty" refers to children (1- to 15-year-olds) with equivalised household disposable incomes (i.e., an income after taxes and transfers, adjusted for household size) below the poverty threshold (50% of median disposable income). "Child specific material deprivation" is defined and measured in line with the Eurostat definition. Under the Eurostat definition, a child is classified as experiencing "child specific material deprivation" if they suffer from an enforced lack of at least three of 17 items, including items relating to food and nutrition, clothing and footwear, social activities, leisure activities, and household-level items such as an internet connection at home and access to a car for private use. No data for Iceland, Norway, Poland, the Slovak Republic, and Switzerland.
Source: OECD Secretariat calculations based on the European Union Statistics on Income and Living Conditions (EU-SILC) survey 2021 (preliminary release).

An obvious limitation of the existing poverty indicators is that they are based on a population sample in EU SILC data, which is a household surveys and does not include some child population groups who are known to be at higher risk of poverty, such as children in homeless families who are 'roofless'; and children living in residential care. These are important gaps to be filled for monitoring the European Child Guarantee. The pilot project collecting data on children in need from the individual social monitoring assessment has the potential to fill some of these data gaps. The data collection will identify groups of children who are known to be at higher risk of poverty, including those experiencing severe housing deprivation, with a disability, or from an ethnic minority background (e.g., Roma) and document the forms of material deprivation they may experience. It will be important that the ECG National Coordination

explores the reliability of these data with the Local Units to understand how well the material situation of the children in need are captured (see Recommendation 6).

Better align with indicators in the European Child Guarantee monitoring framework

Obvious differences exist between the European and Portuguese monitoring frameworks, reflecting their different purposes. The European Child Guarantee (ECG) framework provides an overview of childhood socio-economic disadvantage and free or effective access to key services to facilitate cross-country comparisons. National frameworks need to go further into the detail to address national specificities, and in case of Portugal, to monitor territorial differences. The European Framework is limited to internationally harmonised survey data (e.g., EU-SILC), while national frameworks can draw on national survey and administrative data sources.

The PAGPI contains more than twice as many indicators as the ECG monitoring framework (69 and 32 indicators, respectively). Out of the 69 PAGPI indicators, 29 are based on EU data, mainly from the EU-SILC (21), as well as from other sources from Eurostat and the European Commission. Similarly, 21 of the 32 ECG indicators are based on data from EU-SILC and seven from other EU data sources. Despite this, strictly speaking, only two PAGPI and ECG indicators are fully aligned in terms of definition and specification (see Table 8). These indicators are the "share of AROPE children" (based on EU-SILC data) and "number of children in alternative care", which is based on data from the project DataCare by UNICEF and Eurochild.

Table 8. Degree of alignment and divergence between indicators in the EU and Portuguese Frameworks

ECG	PAGPI	Definition correspondence
1.1. Number and share of children at risk of poverty or social exclusion (AROPE)	4 - Rate of children at risk of poverty or social exclusion, by age group	Equal
1.5. Share of children (<18) AROPE with at least one parent born outside the EU	62 - At-risk-of-poverty rate for children (0 to 17 years), according to parents' country of birth	Similar with different benchmark ECG: AROPE PAGPI: AROP
1.3. Relative median at-risk-of-poverty gap for children	17- Poverty intensity (0-17 years)	Similar with different calculation ECG: median PAGPI: mean
1.1. Number and share of children at risk of poverty or social exclusion (AROPE)	3 - At-risk-of-poverty rate for families with children	Similar with different unit ECG: child PAGPI: family
7.3. Share of children (<18) AROPE living in an overcrowded household	63 - Percentage of the population living in overcrowded accommodation (population of Portuguese nationality vs. population of foreign nationality)	Similar with different target population ECG: children PAGPI: all population
1.2. Share of children (<18) AROPE, broken down by components (monetary poverty, severe material and social deprivation, living in [quasi-] jobless households)	7 - Specific material deprivation rate for children, by age (<16)	Similar with different age limit and material deprivation ECG: <18 severe material deprivation PAGPI: <16 child-specific material deprivation
4.2. Share of children (<16) AROPE who suffer from the enforced lack of access to one meal with meat, chicken or fish (or a vegetarian equivalent)	50 - Percentage of the population unable to afford a meat or fish meal (or vegetarian equivalent) at least every 2 days	Similar with different age limit and measure ECG: <16, at least once a day PAGPI: <18, at least every two days
6.4. Share of children (11, 13, 15 years old) who are overweight or obese by gender and family affluence	48 - Proportion of overweight children (pre-obesity and obesity) aged 6 to 8;	Similar with different data and age group ECG: age 11/13/15, HBSC

ECG	PAGPI	Definition correspondence
		PAGPI: age 6-8, COSI
2.2. Age at which there is a legal entitlement to ECEC free of charge and guaranteed place	25 - Number of children aged 0-3 covered by free childcare;	Different data and content ECG: statutory information PAGPI: administrative data
3.5. EU average share of early school leavers, broken down by sex, and by parental education attainment	32 - Early school leavers in education and training rate	Different data and content ECG: EU average, Eurostat PAGPI: Portuguese students, National Statistics Institute
3.6. Number of students (aged 15) per teacher in schools, by schools' socioeconomic profile	33 - Average number of students per teacher, by study cycle	Different data and population ECG: age 15, PISA PAGPI: all students, administrative data
1.2. Share of children (<18) AROPE, broken down by components (monetary poverty, severe material and social deprivation, living in [quasi-] jobless households)	6 - Rate of material and social deprivation (<18 years), by age group 13 - Severe material deprivation rate for children (0 - 17 years), by their parents' level of education 10 - At-risk-of-poverty rate for children and young people (0-17 years) in households with very low labour intensity	Similar with different break-down ECG: break-down by component PAGPI: separate indicators by component
1.8. Number of children in alternative care, by care type (residential care, formal family-based care, other forms of alternative care)	58 - Number of children in residential care 59 - Number of children in formal family-type care 60 - Number of children in other types of alternative care	Similar with different break-down ECG: break-down by type of care PAGPI: separate indicators by type of care

Note: Numbering beside each indicator corresponds to the numbers assigned to each of the indicators in Annex C Table:C.6.

As a general rule, when no data quality issues exist, the National Plan's indicators should align with those in the European framework. Alternative data sources and definitions should be mainly used to improve data quality or information provided in the European framework. For example, the ECG indicator based on AROP (Relative median at-risk-of-poverty gap for children) differs from equivalent one in the PAGPI (poverty intensity for children),[9] which is calculated based on the mean instead of the median poverty gap.

The first option is **extending indicator coverage from AROP to AROPE children,** ensuring that indicators provide a breakdown for AROPE children at a minimum (where it is relevant).[10] Most ECG framework are based on AROPE, in line with the definition of children in need contained in the ECG Recommendation, whereas most PAGPI indicators are based on AROP. Adjusting the PAGPI's indicators to identify AROPE children is possible when the data source is EU-SILC. For instance, the current indicators on ECEC participation and population living in crowded accommodation area based on EU-SILC and could be adjusted to identify AROPE children.

The second option is **prioritising the child as the measurement unit**. Several of the PAGPI's indicators are at the household or population level, when the equivalent indicator in the European framework focuses on the child. Using the child as the measurement unit across indicators is preferrable as it makes indicators easier to define and compare. It also avoids issues arising from different definitions of household or families. The child as the unit of measure is also better than the others at capturing household circumstances.

The third option is **extending age coverage of children from 16 to 18 years of age**. Extending age coverage would bring indicator definitions in line with the ECG's definition of children in need as persons under the age of 18 years who are at risk of poverty or social exclusion. Sometimes extending age coverage may imply changing data sources. For example, the PAGPI contains an indicator on access to nutrition, which is based on EU-SILC rolling module covering 0-16-year-olds only. The equivalent ECG indicator uses data from the annual in EU-SILC survey covering 0-17-year-olds (indicator 4.2). To note, the wording of the survey questions is slightly different but meaningfully so, asking about difficulty to access to protein every day or every second day.[11]

Explore with data producers the ability to develop further indicators on children in need and their access to services

The OECD analysis highlighted a need for further indicators providing information on. children in need and specific disadvantaged groups (Article 5) and their access to key services (Article 4).

A key challenge in monitoring the implementation of the Child Guarantee is accurately identifying children in need, including the specific groups it aims to support - such as children in poverty, homeless children, children with disabilities, those with a migrant or minority background (including Roma), children in institutional care, and those in precarious family situations. The ICOR (EU-SILC) survey of private households does not provide statistics for these groups because they are either excluded from the survey (e.g., homeless children, Roma, or children in institutions) or are present in numbers too small to generate reliable data on their characteristics, unmet needs and access to services – such as in the case of migrant or disabled children. For these population groups, local authorities, service providers or NGOs may collect data, which may vary in representativeness. Identifying potential data sources and understanding their scope and limits can leverage the expertise developed in other strategies, such as the homeless strategy and the Roma strategy.

Effective monitoring to support the implementation of measures that enhance access to services requires the capacity to assess the number of children in need who receive aid and services, identify any unmet needs, and track how disparities in access evolve based on children's socio-economic status. Ultimately, one may seek to evaluate the influence of benefits and service support on child and family-related outcomes.

Deepening measurements of children's take-up of benefits and services

Measuring the extent to which children access the benefits and essential services they need is crucial for assessing the implementation of the Child Guarantee and ensuring that the adopted measures effectively reach and benefit the target groups. However, current indicators often do not provide information on access to services that specifically identifies children in need, with some exceptions.[12]

Assessing whether children receive the services they need involves two key aspects. The first is evaluating whether eligible children and families are effectively accessing the implemented measures. The second is identifying broader "unmet needs" – i.e. the number of children requiring support who remain uncovered by existing measures.

Measuring the take-up rates of existing measures is essential for evaluating their effectiveness and ensuring they reach their intended beneficiaries. For example, Portugal has introduced criteria to expand access to free ECEC placements for children in need, including those with disabilities. A key challenge is developing the data capacity to identify eligible children with disabilities and compare this with actual service enrolment, enabling an assessment of the initiative's effectiveness. One potential approach is to leverage administrative data and other sources, such as school or service-based data, to identify the eligible population based on their use of other forms of support.

Understanding the characteristics of children and their families, as well as the barriers preventing the take-up of services, is also crucial to ensuring that eligible populations can benefit from them. To document this, data collection from local social monitoring can provide valuable insights into these barriers. However, procedures must be established to validate the reliability of this data (see Recommendation 4).

Building capacity to develop standardised measures for identifying children in need

Assessing whether service provision is adequate to meet its target and fulfil children's needs is challenging. A first indication of a shortfall may come from statistics on "waiting lists" provided by service providers, local authorities, or case management bodies responsible for referring families to the appropriate services.

These statistics are especially valuable for guiding short-term decisions on addressing existing demand. However, they do not reflect the full population that could potentially benefit from the available services. To address this latter point, proxy indicators can be developed to assess service access for children and families experiencing income poverty, using income poverty status as an approximation for identifying children in need. Ideally, this would involve estimating the number of children in poverty who have access to these essential services and monitoring how their access improves over time. Additionally, comparing their access rates to those of children not in need could provide valuable insights into progress to reduce socio-economic inequalities in access to care, health, education and housing services.

To compile statistics on service access based on poverty status, a standardised criterion for identifying poor children is essential. In the absence of consistent income data, receipt of the Family Allowance can serve as a harmonised indicator for identifying poor families across the territory.[13] This information could be matched with municipal or local data on service access. However, this would require transferring Family Allowance recipient data, which is not currently the practice. If technically feasible, data privacy and sharing regulations may have to be adapted to permit such use.

Building capacity to link access to benefits and services with child outcomes.

To assess the impact of policies on child and family outcomes, it is essential to link data on benefit and service uptake with information on child outcomes. Such a connection makes it possible to compare the outcomes of children covered by existing policy measures with those who have not received benefits.

In Portugal, efforts are underway to develop data on child outcomes, particularly through projects focused on collecting longitudinal data, such as those planned within the survey Eurocohort/GUIDE[14] that includes Portugal.

In this context, it may be useful to match data on child well-being outcomes from the Eurocohort/GUIDE survey with administrative data that identifies the type of income or in-kind support children and their families have received up to the survey date, as well as to track the support received as the child grows and participates in successive survey waves. Such an information system would enable the evaluation of how different types of assistance influence child outcomes.

For this type of evaluation to effectively inform the implementation of the Child Guarantee, it is essential that its target groups are well represented in the survey sample. Oversampling certain groups targeted by the Child Guarantee could be considered to ensure that data collection provides relevant insights.

Recommendation 4: Work in partnership with the Local Units to improve the quality of information on children in need

This recommendation consists of a number of complementary activities directed at building capacity among the Local Units to develop data and strengthen the use of evidence on children in need. The activities aim to address the common challenges facing the Local Units in accessing relevant, reliable and comparable data for the social diagnoses and monitoring the ECG. These activities cover the co-development of tools, and validating the quality of information on children in need. It is critical that the National Coordinator is adequately resourced to fully undertake this recommendation. The network of Local Units is large and continues to grow, and therefore will demand a lot of time and resources from the National Coordinator.

The format of these activities are mainly workshops. All activities are interconnected. The ECG National Coordination will need to decide on the pace of and scheduling of these activities to ensure that the Local Units have the time to improve or adopt new data collection practices. Some activities have the goal of

developing a tool, which the ECG National Coordination will need to give the final approval to and ensure its dissemination.

Motivation

The Local Units have an important need for good quality information on children in need. The Local Units must account for children in need the municipal social diagnoses and also produce indicators for monitoring the ECG at the local level. These are new requirements, which represent pressing demands from the Local Units to access more reliable data on children in need and to get better at using data to analyse children's situations. The OECD questionnaire to the Local Units identified many challenges facing the Local Units in accessing and using data, which the ECG National Coordination will need to work with them to address over the medium term.

It is essential that the work to improve the quality of information on children in need is done in partnership with the Local Units. The OECD analysis indicated that the Local Units have a lot of knowledge to share on developing indicators and on using different data sources. However, at the same time the Local Units face big challenges. They lack experience in using these data, struggle with indicator definitions, and currently are not able to report on a minimum set of indicators for monitoring the ECG. A cornerstone of this recommendation is for the ECG National Coordination to support the Local Units to build a common understanding of children in need and related issues to produce comparable information.

Organise workshops with the Local Units to build capacity to develop comparable indicators on children in need

The ECG National Coordination should organise a number of workshops with the Local Units around building capacity to develop comparable indicators on children in need. The purpose of this activity is to facilitate the Local Units to learn from each other's approaches to data collection and indicator development and to work towards the goal of producing comparable indicators that reflect a common understanding of children in need and the ECG. It is very important that the ECG National Coordination gain insight into the constraints facing the Local Units and take forward any relevant actions to other parts of government.

Building a shared understanding of children in need is central to producing consistent and comparable information on children in need. The Local Units need to identify children in need across different data sources using the same, or if not very similar, definitions of poverty and disadvantage. This is currently not the case. Part of this activity will focus on the ECG National Coordination identifying with the Local Unit the relevant policy documents, standards, and legislation for defining children in need, which can then be used to ground a shared understanding of children in need and related issues.

This activity is expected to require a series of workshops, in order to address the most central challenges to developing comparable information on children in need.

Findings from the OECD questionnaire to the Local Units highlighted the following challenges regarding accessing and using relevant data on children in need:

- Lack of experience using data to identify and characterise children in need. Only 22% of the reported indicators for the local social diagnosis and for monitoring the ECG have already been used in the social diagnoses or are currently available.
- Using indicators based on very different definitions of children in need
- Most available indicators on access to services refer to all children and don't distinguish children in need. Indicators that focus on children in need refer to recipients of means-tested benefits, in particular the ECG benefit capturing children from households with the lowest incomes, or children benefiting from social action.

- Some indicators are available to assess unmet need. Usually, Local Units do not have an indicator to measure unmet need for all of the key services under the ECG.
- No available local-level data to accurately identify AROPE or poor children
- A lack of clarity about what data is actually available. There are several examples of where the Local Units reported having access to particular information that is not actually available.
- Overestimation of ability to disaggregate indicators by risk of poverty or social exclusion.
- Varying quality and content of information on children in the social diagnoses, which reflects differences in capacity to produce the social diagnoses and to apply evidence on child issues.
- Inaccurate documentation in the social diagnoses of choice of proxy indicator for AROPE or poor children.

To start off this activity, the first workshop should focus on discussing the challenges highlighted in the OECD questionnaire since these challenges are obstacles standing in the way of producing comparable information and data on children in need. An outcome of the first workshop could be an action plan directed at the Local Units and the ECG National Coordination to foster collaboration to develop standardised indicators on children in need. This action plan would provide a roadmap to structure collaboration for the coming years and identify the first steps to implement.

Subsequent workshops could be structured around developing data on priority groups of children of need (e.g., children affected by domestic violence) or key services (e.g., health care). One priority area could be 'poor' children given the challenges the Local Units face in accessing data on children living in poverty. The Local Units are best place to identify alternative data sources and to determine what improvements to indicators are feasible.

The ECG National Coordination should use the list of indicators that Local Units reported in the OECD questionnaire for characterising children in need and their access to key services as resource to guide this activity. For example, the ECG National Coordination could explore the extent to which the Local Units can provide information similar to what these indicators provide (Table 9). To note, this Table reflects responses from 11 Local Units only.

Table 9 has a column on data availability indicating whether the reported indicator has been or is yet to be used. The Local Units identified among them at least one indicator for each of the essential services whose description refers to children in need. Most indicators refer to effective access to services, while several refer to unmet need or type of service provider. In total, the Local Units identified 33 indicators, 16 of which refer to 'poor' children, 15 to specific disadvantages and the remaining two combine poverty and a specific disadvantage. Indicators on 'poor' children refer to beneficiaries of a means-tested benefit, mainly the ECG benefit, and cover all key services. Indicators on children with a specific disadvantage refer to disabilities, mental health issues, migrant or ethnic background, being in alternative care, or in a precarious family situation. Combined these indicators cover all key services, except for ECEC and access to healthy food.

Table 9 Available indicators reported by the Local Units to characterise children in need and access to services

Relevant indicators reported in the questionnaire

Children in need	Strategic Objective	Type of Service	Type of Access to service	Indicator description (Portuguese)	Indicator description (English)	[Data availability]
[aa) Poor]	S04 – social action	[SA. SAAS]	[Effective access]	Nº de crianças em agregados com RSI ou SAAS.	No. of children in RSI or SAAS households.	Already uses
	S05 – early childhood	[EC. Creche]	[Without access]	Nº de crianças com prestação GPI sem acesso a creche.	No. of children with GPI benefit without access to a crèche.	Could have access
	S06 – education	[ED. Ben]1	[Effective access]	Nº de crianças com prestação GPI com Ação Social Escolar.	No. of children on the GPI benefit with School Social Action.	Could have access
	S06 – education			Nº de crianças com prestação GPI com acesso ao material escolar.	No. of children on the GPI benefit with access to school materials.	Could have access
	S06 – education	[ED. Ext Curr Act]	[Effective access]	Nº de crianças com prestação GPI com Atividades Extracurriculares.	No. of children on the GPI benefit with extracurricular activities.	Could have access
	S06 – education			N.º de crianças integradas em atividades lúdicas e recreativas beneficiárias de abono do 1.º e 2.º escalão.	No. of children taking part in leisure and recreational activities benefiting from the 1st and 2nd tier allowance.	Has access
	S06 – education	[ED. Performance/failure]	[Effective access]	Nº de crianças com prestação GPI com Insucesso Escolar.	No. of children on the GPI benefit with school failure.	Could have access
	S06 – education			nº de crianças que realizaram planos de recuperação por nível de ensino, faixa etária e escalão de com abono de família.	No. of children who have completed recovery plans by level of education, age group and family allowance bracket.	n/a
	S06 – education			nº de crianças que transitaram de ano com 2 notas negativas por nível de ensino, faixa etária e escalão com abono de família.	No. of children who passed the year with 2 negative marks by level of education, age group and family allowance bracket.	n/a
	S06 – education	[ED. Special education]	[Effective access]	Nº de crianças com prestação GPI com Acesso ao Apoio ao estudo.	No. of children with GPI benefit with access to study support.	Could have access
	S07 – health	[HC. family doctor]	[Without access]	Nº crianças com prestação GPI sem consultas de saúde infantil.	No. of children on GPI benefit without child health appointments.	n/a
	S07 – health			Nº crianças com prestação GPI sem médico de família.	No. of children with GPI benefit without a family doctor.	Could have access
	S07 – health	[HC. Other]	[Effective access]	Nº jovens com prestação GPI sem consulta de planeamento familiar com.	No. of young people on GPI benefit without a family planning appointment.	Could have access
	S08 – food	[FD support]	[Effective access]	Nº de crianças com prestação GPI com apoio alimentar.	No. of children on GPI benefit with food support.	Could have access

Children in need	Strategic Objective	Type of Service	Type of Access to service	Indicator description (Portuguese)	Indicator description (English)	[Data availability]
	S09 – housing	[HO. Social housing]	[Wait list]	Nº de crianças com prestação GPI a aguardar Habitação Social.	No. of children on GPI benefit awaiting social housing.	Could have access
	S09 – housing	Other	[Effective access]	Nº de crianças com prestação GPI com AF com apoios à habitação.	No. of children on GPI benefit with PA with housing support.	Could have access
[aa) Poor][bb) disabilities;][bc) mental health issues;]	S07 – health	[HC. mental]	[Without access]	Nº crianças com prestação GPI com incapacidade/saúde mental sem acompanhamento especializado.	No. of children on GPI benefits with a disability/mental health without specialised support.	Could have access
[aa) Poor][be) alternative care]	S04 – social action	[SA. Other]	[Effective access]	Nº de crianças com prestação GPI em estrutura de acolhimento.	No. of children with GPI benefits in foster care.	Could have access
[ba) severe housing deprivation]	S09 – housing	[HO. Social housing]	[Wait list]	N.º de crianças no município que vivem num agregado familiar sobrelotado, com pedido de habitação.	No. of children in the municipality living in an overcrowded household with a request for housing.	Has access
[bb) disabilities]	S04 – social action	[SA. Other]	[Effective access]	N.º de crianças com deficiência que beneficiam de apoios específicos da CMM.	No. of children with disabilities benefiting from specific support from CMM.	Other
	S06 – education	[ED. Other]	[Without access]	Percentagem de crianças com dificuldades de aprendizagem não atendidas.	Percentage of children with learning difficulties not being attended to.	Could have access
	S07 – health		[Effective access]	Nº total de inscritos menores com incapacidade devido a deficiência ou patologia crónica.	Total number of registered minors with a disability or chronic pathology.	n/a
[bd) migrant or ethnic minority]	S04 – social action	[SA. CPCJ]	[Effective access]	Crianças/jovens acompanhadas CPCJ por nacionalidade.	Children/young people accompanied by CPCJ by nationality.	Already uses
	S06 – education	[ED. In Edu]	[Provider]	n.º de crianças provenientes de comunidades ciganas matriculadas em escolas públicas por nível de ensino e sexo.	No. of children from Roma communities enrolled in public schools by level of education and gender.	n/a
	S06 – education			n.º de crianças provenientes de famílias migrantes matriculadas em escolas públicas por nível de ensino e sexo.	No. of children from migrant families enrolled in public schools by level of education and gender.	n/a
	S09 – housing	[HO. Social housing]	[Effective access]	N.º de crianças de etnia cigana residentes em habitação social.	No. of Roma children living in social housing.	Could have access
	S09 – housing			N.º de crianças migrantes residentes em habitação social.	No. of migrant children living in social housing.	Could have access
[be) alternative care]	S04 – social action	[SA. CPCJ]	[Effective access]	N.º de crianças no concelho com medida aplicada pela CPCJ "Acolhimento Residencial".	No. of children in the municipality with a measure applied by the CPCJ 'Residential Foster Care'.	Has access
	S04 – social action	[SA. Other]	[Effective access]	N.º de crianças e jovens integradas na resposta Centro de Acolhimento	No. of children and young people integrated into the Temporary	Could have access

Children in need	Strategic Objective	Type of Service	Type of Access to service	Indicator description (Portuguese)	Indicator description (English)	[Data availability]
				Temporário.	Reception Centre.	
	S04 – social action			Nº de crianças acolhidas em instituição.	No. of children in institutional care.	Could have access
[bf) precarious family situation]	S04 – social action	[SA. CPCJ]	[Effective access]	N.º de crianças vítimas de viol~encia doméstica sinalizadas pela CPCJ, por sexo.	No. of child victims of domestic violence signaled by the CPCJ, by gender.	Other
	S04 – social action			N.º de crianças no Concelhosinalizadas por ECPCBEDC - Violência Doméstica na CPCJ.	No. of children in the municipality signaled by ECPCBEDC - Domestic Violence at the CPCJ.	Has access
	S07 – health	[HC. primary care]	[Effective access]	Número de adolescentes grávidas acompanhadas.	Number of pregnant teenagers monitored.	n/a

Note: SO refers to strategic objectives in the PAGPI., Portugal's European Child Guarantee Action Plan.
Source: Annex E.

Codevelop with the Local Units a prefilled template of a minimum set of indicators for monitoring the ECG at the local level

This activity focuses on the ECG National Coordination codeveloping with the Local Units a prefilled template of a minimum number of indicators for monitoring the ECG. This prefilled template should help the Local Units to produce a set of standardised indicators on children in need which in turn will improve the consistency and comparability of information on children in need.

This activity could be initiated as part of work developed with the Local Units under the previous activity.

Co-development is strongly recommended so that the prefilled template of indicator capitalises on the Local Units' available data and expertise and promotes a common understanding of the related issues and challenges. As much as possible, some of the indicators the Local Units already collect an emphasis should be on incorporating into the prefilled template. The OECD analysis identified what these indicators could be (Table 9).

Before starting this activity, work on refining the indicator set for monitoring the PAGPI should be finalised. This prefilled template should contain a limited number of indicators, reflecting the revised indicator set for the PAGPI. Priority should be given to keeping the indicator selection simple. Identifying children in need is new and demanding for data producers.

The prefilled template should include the following information:

- Clear definitions for each indicator that explain very well what is being measured (and what is not). **Indicator definitions** should be accompanied by examples of relevant indicators. For example, indicators on children in need should be accompanied by a clear definition of the criteria being used to identify children in need.

- An **explanation of the relevant ECG Guidelines, concepts and definitions.** Providing this information would help address misunderstandings the Local Units hold about the ECG and contribute to improving the consistency of information.

- Make consistent the **choice of proxy indicators** used for child poverty and children in need Definitions of child poverty and children in need vary a lot across Local Units. The template should therefore make it clear what the preferred indicators are and provide a justification.

The ECG National Coordination should consider options to structure this activity. One option is using a local needs assessment framework, along the lines of what is presented in Box 9. This framework is used by the Local Family Hubs in England to develop the evidence base for their population needs assessments and planning of local services for children and families. Such a framework is useful because it helps guide collective thinking around what types of information are important for completing a social diagnosis and the potential information sources. The Framework should also make the job of writing up the social diagnoses easier as it provides a structure for organising information and identifies how granular the analysis needs to be.

Box 9. A Local Needs Assessment Framework: England's Local Family Hubs

The Framework has four columns. The first column identifies types of information needed to build a population profile. The includes information on current and future population estimates, information on household composition, prevalence of certain risk factors and different barriers that people in the population may face when accessing services. The second column addresses *why this information is important* for understanding population needs and service planning for children and families. The reasons why the information is important should be informed by research on child development. For example, knowing the number of households headed by a single parent is important because single parents are more likely to experience poor mental health, economic hardship and social isolation, all of which can have negative implications for child development. Since the Local Units have different knowledge and expertise, being as explicit as possible about the importance of information is helpful.

The Framework identifies in the third column *guiding questions* to help determine the degree of information needed to understand each topic well and to inform service planning. For example, to understand local economic deprivation, beyond knowing the number of children living in poverty, it is suggested to also think about where these children live (to see if they are concentrated in an area) and whether these children can access supports. It is also suggested to think about the age breakdown of these children to identify needs at different stages, for example early year (0-5), and primary school (6-12), and how needs may evolve over the coming years.

Table 10. Sample questions from framework on local needs assessment

Social characteristics	Why is this important?	Guiding questions	Potential data sources
Age	Information about the ages of children and young people in your local area helps you work out what proportion of the local population is in the target population for the local social services and supports	How many children are aged 0-18? Can you break this down into smaller age groups? For example, 0-2, 2-3 and 3-5? Consider: Broad age ranges can help you identify needs at different stages in children's lives. For example, early years (0-5), primary school, secondary school, and young adults.	National Statistical Office
Parents' martial or civil partnership status	Being a single parent places increasing demands on parents. Single parents are more likely to experience poor mental health, economic hardship, and social isolation. In turn, each of these factors is associated with poor outcomes for children – for instance, behavioural difficulties, delay in readiness for school, and speech and language delays.	How many babies are born to a single parent? How many households with children are headed by a single parent? What is the gender distribution of single parents?	National Statistical Office Other population needs assessment
Economic deprivation	Evidence clearly shows that children who grow up in poverty or economic disadvantage are far more likely to have poor physical, social,	• What proportion of children are experiencing economic deprivation?	GPI register Data collected from the individual social

	emotional, cognitive, and behavioural health and developmental outcomes than other children. This can happen: • in a direct way – for example, in how parents interact with their children using language and scaffolding behaviours • in an indirect way, when stress and limited financial resources limit parents' ability to give their children an enriching enough environment. Being unemployed can affect parents' mental health and wellbeing, the relationship between them, and their co-parenting ability. This can have a negative impact on children's health and development. By the time a child is 2 or 3, they may have learning gaps in their social and emotional skills. These gaps grow throughout primary and secondary school, and they can have a negative impact on the child's outcomes later in life, such as	• What proportion of parents live in the most deprived areas within the local authority? • What proportion of children receive free school meals and study supports? • Where are the areas of deprivation within the local authority? Where do children who experience economic deprivation live? • Are children who experience economic deprivation more likely to have younger parents or single parents? (See 'Ages of parents' and 'Parents' marital and civil partnership status'.) • What proportion of families	monitoring
Housing	Housing quality and housing stability affect children's health and development. This includes experiences of homelessness, temporary accommodation, overcrowded housing, and the home learning environment i.e., the physical characteristics of the home environment such as enriching books, toys, and educational activities, as well as parent–child interactions and learning support provided in around the home.	How many families (or children) are living in overcrowded housing? How many families (or children) are living in temporary accommodation? What is the proportion of children who are experiencing economic deprivation?	Municipal data
Children in need	Children in need are defined in the ECG, as those who: live in poverty in alternative care from a migrant background from the Roma community in precarious family situation affected by domestic violence have a mental health problem	How many children have been identified as 'in need' in the local area? What is the age breakdown of these children? Has this number risen or fallen recently? • What are the characteristics of these children? Consider age, ethnicity, economic deprivation, and location.	

Source: Adapted from (Davie, 2024[21])Thinking about your local population needs: A guide to doing a population needs assessment for Family Hubs.

Using a local needs assessment framework would encourages the use of a broad evidence base, helping to establish areas where the evidence base is strong, weak or unavailable. It helps to identify where information can be accessed, including the different types and sources such as other population needs assessment and databases covering population indicators, such as health, housing, education. It also helps to determine whether gathering qualitative data from stakeholder engagement, professional knowledge, organisational information and lived experiences is necessary.

Using a local needs assessment framework would complement and leverage information collected in the individual social monitoring tool. The framework identifies questions for which the social individual monitoring provides relevant information. It should help the Local Unit maximise use of the information collected by the social monitoring tool and inform any revisions to the tool.

Continue to advance the use of standardised matrix for individual social monitoring

To improve monitoring and service planning, there is a need for the municipalities collect more comprehensive info on children that is consistent across municipalities. The individual social monitoring matrix and procedures that are used by social workers and partners in the front-line Social Assistance and Monitoring Service (SAAS) differ across municipalities. In some municipalities, part of the casework management is consolidated into common spreadsheets, or matrices, where workers can input background information on children, as well as details about the types of support and benefits that children currently are in recipient of. These matrixes differ from one municipality to another. For example, some matrices already include topics related to extracurricular activities and/or wellbeing, while others do not. Moreover, the overall structure of the matrices is considerably different.

The ECG National Coordination have proposed and disseminated a standardised matrix for social monitoring to collect comprehensive information on children in need that is consistent across municipalities. The ECG National Coordination first engaged the municipalities who signed a partnership agreement with the National Coordinator to implement the Child Guarantee locally. This matrix collects data to inform a comprehensive and consistent profile of children and young people. It includes questions to identify barriers to accessing services, in line with the guidelines set out in the European Child Guarantee Recommendation. Attention should be given to making sure that the data collection questions are clear as possible and easily understood by the social workers.

The matrix covers areas such as household composition, access to social protection payments and the availability of services related to childcare, education, extracurricular activities, nutrition, health and housing, as these areas are pertinent to the ECG. This matrix will hopefully make an important contribution towards developing a more integrated national system. This template was reviewed by the Local Units during a pilot phase in early 2025. Based on the feedback received, minor adjustments were made to better align it with local needs. In parallel, a FAQ document (Frequently Asked Questions) is being prepared to address common questions. This iterative process will help refine the template further, ensuring it is well adapted to local needs and serves as a robust and practical resource for municipalities.

In the future, the ECG National Coordination could continue its effort to engage with all 278 municipalities to promote the template, given that the decision over social activities and their management falls under municipal jurisdiction. Considering constraints of time and resources, the ECG National Coordination should **engage other entities such as the Commissions for Coordination and Regional Development (CCDR), Intermunicipal Communities (CIM) and the National Associations of Portuguese Municipalities (ANMP)** to engage the remaining municipalities in adopting the template. These entities are **well-positioned to encourage nationwide consistency in social assistance approaches and could facilitate the adoption of the standardised template across**

Validate with the Local Units information collected by the individual social monitoring matrix

As discussed in the previous activity, the ECG National Coordination has implemented a pilot data collection exercise in a number of municipalities to identify barriers for children in need to accessing essential services. Without doubt, this data collection will go a long way in addressing data gaps. It is very important that the ECG National Coordination engages with the Local Units to get their views on how well these data reflect what they know about the local population needs, based on other data sources, and professional and local knowledge. The ECG National Coordination should only these data to produce national-level indicators on children's access to services if the Local Units are confident that these data reflect reasonably well children in need at the local level.

The ECG National Coordination should engage the Local Units on the following aspects:

- **Representativeness of these data:** It needs to be determined whether the data capture well enough the situation of children of need. The data collection is based on families that engage voluntarily with social services and is not the same as developing indicators from a representative sample. It is possible that some groups of children will be not well covered in the data and subsequently their needs and key issues affecting them will be overlooked or not accurately captured.

- **Consistency of the information collected:** It needs to be determined whether the data collection is based on the exact same interpretation of the data collection questions and the exact same understanding of definitions. Consistency of information depends on the social workers interpreting the data collection questions in the same way and having a similar knowledge of available supports to families to reliably determine the reasons (among the options provided) why families can't access support.

- **Any training needs to support data collection:** The ECG National Coordination should seek feedback from the Local Units on the social workers' experience of using the individual social monitoring tool. The ECG National Coordination should use this feedback to identify ways in which the Local Units can support social workers to complete the data collection in a consistent way. This feedback could also be used to inform future revisions of the tool.

Consider the feasibility of developing a digital reporting tool

To complement the template and move towards the centralised data management system that facilitates the exchange of information between social service providers and local governments, it could be useful to explore the feasibility of developing a digital reporting tool in the medium to long term. Data gathered through the monitoring template by social workers and partners would automatically populate a central database, essential for an effective two-way monitoring system. Estonia's STAR system offers a good case study for Portugal in developing a national registry for social services and benefits (Box 10).

The ECG National Coordination would have to consider building partnerships with government Information and Technology departments to develop the system and the virtual application for automatic data sharing. A key step at this point will be the need to rethink the format of the templates, as a social monitoring tool compatibility with local systems would be the best approach to support the central database and integration of information. It is also essential to review the current data protection regulations to ensure compliance with ethical and legal standards, including data anonymity.

Once individual data is centralised, it can be incorporated into a visualisation tool. This will enable the ECG National Coordination to effectively monitor the evolving needs and challenges faced by children and young people across Portugal, fostering a data-driven approach and also to share the results with the municipalities.

Box 10. Standardised documents and procedures in social service provision

Estonia: A system to implement and monitor case management methodologies

Estonia's, STAR (in Estonian: *SotsiaalTeenuste AndmeRegister*; Data Register of Social Services), is a centralised platform for information exchange between social service providers and local governments. Created in 2007 and fully implemented in 2010, STAR was developed by the Ministry of Social Affairs to support the data collection, monitoring and evaluation of social welfare services across Estonia.

A primary function of STAR is to standardise documents and procedures in service provision (e.g., referrals, client work documents, service assessment guidelines, action plans, supervision forms) drawing together information into a single electronic file. This standardisation is crucial because in Estonia, like in Portugal, local governments are the first point of contact for social needs and are responsible for service provision. As municipalities vary in size, demographic distribution and resource availability, local governance structures and rules can differ. Despite these differences, local governments must provide timely and flexible assistance to meet the changing needs of individuals, improve quality of life and ensure equal opportunities for societal participation.

The management of support for children who have a disability offers a concrete example of how the STAR system supports local authorities to take timely action. Since 2023, local governments automatically receive a notification on children who require or have completed a disability assessment. This information is automatically sent to the STAR system, which is updated every 24 hours. Within 10 working days of receiving the notification, child protection workers must contact the parents and proactively offer assistance.

The STAR system is also a tool for monitoring the performance of social service providers. It has provided the preconditions for more efficient and high-quality official statistics, which supports improvements in handling social work cases. A shared, national system has also contributed to developing terminology, classification systems and work processes.

The STAR system remains a work in progress. It requires further adaptation in terms of transparency, functionalities and data standardization. Many local systems operate independently and lack integration with both local and national infrastructures. Often, the specialists need to search for information in the system as not all relevant information is automatically pulled. Given that all municipalities already employ STAR to some degree, Estonia see an opportunity to take the system a step further to support integrated service provision and develop cross-sectoral (health, social, housing, labour) information flows.

Estonia's experience emphasises the challenges around standardising the information collected across local governments. Differences in terminology and understanding of what constitutes a child in need can directly influence the quality of information collected and the ability of national government to compile and use this information.

Source: Estonia's presentation at the Third International Workshop for Supporting the Implementation of the Child Guarantee in Portugal; (Medar and Puhm, 2010[22]).

Recommendation 5: Simplify the structure of the ECG National Action Plan (PAGPI)

This recommendation consists of advice on how to simplify the ECG National Action Plan (PAGPI) to provide a clearer basis for monitoring. It is suggested that the ECG National Coordination take this recommendation into account, as is relevant, when renewing the PAGPI and preparing the biennial reporting on the ECG.

Motivation

The OECD analysis found that the PAGPI follows a hierarchical and connected structure that aims to resemble that of a results framework. However, its structure is overly complex and does not articulate clearly enough the policy logic. The PAGPI's structure should follow an articulated and causal sequence of components in which each component contributes to the next. **Simplifying the PAGPI's structure** is

necessary to make it more understandable to all stakeholders and to provide a clearer basis for monitoring the ECG, particularly at the local level (Box 11).

Box 11. Explanation of components of the Child Guarantee National Action Plan (PAGPI)

Goals represent the overall objectives of the ECG. They capture the transversal and combined impact of all the PAGPI's Pillars

Pillars are the main intervention areas. They concentrate on broad policy areas addressing different aspects of poverty prevention and mitigation, and intergenerational disadvantage.

Strategic Objectives group together the operational objectives. Strategic objectives focus on improving quality, access and equality in a number of policy areas. Strategic objectives formulate the policy outcomes and depend on the implementation of operational objectives.

Operational objectives provide a bridge between the strategic objectives and other components of the PAGPI. Operational objectives indicate concrete and desirable outcomes in well-delimited policy areas.

Policy measures are the actions are activities that undertaken to implement a desired policy. Policy measures contribute to the realisation of the strategic objectives.

Figure 4 provides a high-level overview of a simplified structure for the PAGPI. Goals now sit outside of the main schema and represent the overall results or higher-level impacts of the PAGPI. All of the other components sit in a linear sequence, starting with the Pillars and ending with Policy Measures. Adjustments have been made to clarify the content and focus of all components. In summary, the Figure shows that the ECG will achieve its Goals through its Pillars of policy action that are broken into clearly defined strategic objectives and operationalised through a smaller number of operational objectives and sets of policy measures.

Figure 4. Visualisation of simplified ECG Action Plan (PAGPI)

Note: Author's own figure.

Reduce the total number of goals and refocus on the overall impact of the ECG

The PAGPI currently contains 35 goals that fall under the strategic objectives and stand in parallel with the operational objectives and monitoring Indicators. It is recommended to reduce the overall number of goals to no more than five and to reframe their content around the long-term, transversal results of successfully implementing the Child Guarantee.

Goals should not refer to policy actions and rather instead capture the objectives of the overall ECG. Reframing goals to the overall objectives of the ECG would capture the transversal and combined impact of all the PAGPI Pillars. In the PAGPI, goals are not consistently formulated. For example, some goals are framed as policy actions while others contain the results from policy implementation, varying between outputs, outcomes and impact. The content of the goals often overlaps with the operational objectives and monitoring indicators.

Widening the scope of the goals would mean that they would be fewer, ideally no more than five. The National Anti-poverty strategy (ENCP) is a relevant example of a strategy where goals are not only smaller in number but also more. The ENCP has five goals only and they sit outside of the framework. In fact, the ECG National Coordination could consider adopting two of the ENCP's goals into the PAGPI, specifically the goals focused on reducing child poverty and material deprivation: (G2) Halving monetary poverty among children; and (G3) Bringing the child material deprivation indicator closer to the European average.

Reformulate the description of the pillars in a more concise and clear manner

The PAGPI identifies and structures its main interventions under four pillars, which concentrate on broad policy areas addressing different aspects of poverty prevention and mitigation, and intergenerational disadvantage.

Pillars should be concisely described yet explicit enough for stakeholders to easily understand their scope and implications. For example, Pillar Three is called ''Quality Services" and consolidates objectives aimed at improving the quality and accessibility of services for children and young people The wording of the Pillar omits the focus on accessibility of services. Pillars One is called Employment, Qualification and Skills and addresses parents' labour market integration. Though the Pillar's focus on parents is intuitive, adding 'parents' to this its description would make it clearer. Pillar Two is called Social Protection and Social Action and likewise its focus is intuitive, but consideration could be given to adding 'to combat child poverty and social exclusion'.

Define strategic objectives that are attainable and backed by right mechanisms and resources

The PAGPI breaks down its four pillars into 12 strategic objectives, which bridge the areas of intervention embedded into each of the pillars into a series of narrower operational objectives, policy measures, targets and indicators. Following the logic of the results chain, strategic objectives formulate the policy outcomes and depend on the implementation of operational objectives.

The OECD analysis found that the strategic objectives are overall clearly defined and focused on the improving quality, access and equality in a number of policy areas. However, the PAGPI does not always make it clear enough whether adequate mechanisms and resources are available to deliver the sought policy outcomes. For instance, Strategic Objective 1 is to promote labour market integration and increase wages, which combines two distinct outcomes. Both outcomes are overly broad, extending beyond the focus of the European Child Guarantee. Certainly, parental employment and income are key drivers of child poverty and disadvantage, however the ECG is not designed to influence these. Whereas the strategic objectives sitting under the services pillar are clearly defined and contain concrete actions that more realistic to achieve and connected to the ECG Recommendation.

Reduce number of operational objectives and widen their scope.

The PAGPI has 61 operational objectives, which works out on as an average of five operational objectives for each of the 12 strategic objectives. The OECD analysis found that this number is too high as it makes the PAGPI hard to operationalise and also to monitor. It is therefore recommended to **reduce the number** of operational objectives to no more than two or three per strategic objective.

The role of operational objectives is to provide an **effective bridge** between the strategic objectives and other components of the PAGPI. Currently, around 80% of operational objectives have one supporting policy measure only. Assigning one policy measure only to each operational objectives ignores synergies and complementarities of policy measures. Therefore, to make the PAGPI more interconnected and interactive, complementary **policy measures should be grouped together** under a single operational objective. Grouping together complementary policy measures would also help simplify the PAGPI's visualisation.

Operational objectives **should indicate concrete and desirable outcomes in well-delimited policy areas.** The OECD analysis showed that operational objectives often repeat on each other and overlap with goals and policy measures. There is room to **merge several operational objectives** due to their similarity and to **widen their scope** to encompass a broader set of outcomes than what is currently articulated. Setting out distinct and clear specific objectives under each of strategic objective would provide a clearer structure for the policy measures and indicators. There are a number of options for merging similar Operational Objectives into single objectives. For example, Operational Objectives 29,30 and 40, all address access to primary healthcare.

These is scope to **widen the scope** of operational objectives This could be done by identifying close interactions across operational objectives and their accompanying policy measures. For example, the operational objectives for combatting food scarcity have a policy measure of distributing a balanced food basket. This policy measure clearly contributes to the two other operational objectives addressing the promotion of healthy eating and the promotion of healthy eating in schools. Together, these three operational objectives propose a policy package to address a common issue (i.e., access to healthy nutrition) and generate benefits extending beyond, broader health outcomes. Grouping closely connected operational objectives would have the advantage of simplifying the PAGPI's visualisation and reducing its complexity.

The below example demonstrates an approach to **reducing the number of operational objectives**. The example focuses on Strategic Objective 5 which concern access to early childhood education and care.

Example

In the PAGPI, Strategic Objective 5 "Guarantee access to quality early childhood care" is divided into three operational objectives that separately cover coverage, free access and quality. These three operational objectives split part of the ECG core recommendation on guaranteeing effective and free access or children in need to high quality early childhood education and care services into three distinct objectives when one integrated objective could work. In fact, none of these operational objectives refer to children in need. In addition, the operational objectives do not reflect the fact that the corresponding strategic objective is related to two different types of services aimed at two different age groups: i.e., childcare for children aged 0 to 2 years, and pre-school for children aged 3 to 6.

It is suggested to replace these three operational objectives could with two new operational objectives that integrate the EU core recommendations and also distinguish between childcare and pre-school services (Table 11).

Table 11. Recommended Operational Objectives for guaranteeing effective and free access to ECEC

Current	Recommended
O11. Increase the coverage rate of social responses targeting early childhood	Guarantee effective and free access to high quality childcare for children in need aged under three years of age
O12. Ensure the free attendance of children in daycare centres covered by the cooperation regime	Guarantee effective and free access to high quality pre-school education for children in need aged 3 to 6 years-old
O13. Enhance the quality levels of early childhood responses	

Note: Elaborated by the OECD based on information available in the Portuguese Child Guarantee PAGPI 2022-2030. Table provides examples of policy measures and the reasons for improving their articulation.
Source: (Coordenação Nacional Garantia para a Infância, 2023[20]), Portugal's European Child Guarantee Action Plan.

Make policy measures clearer and more actionable

The PAGPI should provide clear information on the policy measures and these policy measures should be sufficient to realise the ambition of the ECG. The OECD analysis identified a number of policy measures which need to be more clearly articulated, and it made clear what the intervention is as well as the expected results for the target population.

Table 12. Examples of policy measures needing to be more clearly articulated

Measure	Problem Identified
M3. Promotion of higher wages and youth participation in the labour market	Includes two different outputs: higher wages and higher youth participation.
M4. Strengthening parental leave policies within a framework that promotes gender equality, enhances time management, and combats job insecurity	There are several outputs related to this measure. Monitoring will benefit for improved clarity over the desired output.
M29. Strengthening the capacity of Multidisciplinary Support Teams for Inclusive Education	Does not identify a specific result to clarify what the word "strengthening" means.
M36. Strengthening the paediatric inpatient response	Does not identify a specific result to clarify what the word "strengthening" means.
M23. Promotion of universal access to extracurricular activities, family support components, recreational activities, leisure-time activities, and holiday programs	Resembles more an outcome than an immediate output.

Note: Elaborated by the OECD based on information available in the Portuguese Child Guarantee PAGPI 2022-2030. Table provides examples of policy measures and the reasons for improving their articulation.
Source: (Coordenação Nacional Garantia para a Infância, 2023[20]), Portugal's European Child Guarantee Action Plan.

Policy measures should be articulated in a concrete manner where the expected results are made crystal clear. Defining the result of interest is paramount since individual policy measures can generate more than one result and not all results will be relevant to achieving the ambition of the ECG. Ideally, policy measures should be linked to outputs that are quantifiable or measurable to allow a tangible assessment of progress through some output indicators.

In the PAGPI, policy measures contribute to the realisation of the strategic objectives; Therefore, policy measures should be linked to the correct strategic objective. In other words, policy measures are linked to the strategic objectives for which their result matters the most and can be expected to make a positive contribution to achieving the ECG.

The responsibility entity for implementing each policy measure should be clearly stated. Though the PAGPI does identify the area of government responsible for each measure, it would be even better again if the

exact entity was specified. Ensuring that responsibilities for implementing measures are clearly assigned will promote accountability and assist monitoring over time.

Terms such as strengthen, enhance or promote should be used with caution. Through these terms are common in policy documents and used to indicate that progress is being sought, they can create ambiguity. To provide clarity on the actual progress being sought, the associated result indicator should be as informative as possible. For example, Policy Measure 36 "Strengthening the paediatric inpatient response" provides no information on the actual result being sought. This could be rectified with a results indicator that specifies a quantifiable result.

Annex A. Assessment of the governance arrangements supporting the implementation of the Child Guarantee Action Plan (PAGPI)

Building on the principles established under the European Pillar of Social Rights, the European Council approved a landmark initiative in 2021, the Recommendation for a European Child Guarantee (ECG), which is aimed at breaking the cycle of intergenerational transmission of poverty and social exclusion. The ECG seeks to enhance policy outcomes for children in need by promoting equity in access to essential services. As part of the Recommendation, Member States are required to take action to implement the ECG nationally. The ECG in Portugal stands as an overarching initiative that spans multiple domains to address the needs of disadvantaged children and young people in a holistic manner. Coordinating a cross-cutting initiative as the ECG requires a robust system to ensure effective coordination across government and service providers – at both national and local levels – as well as within the community and social sectors. In a scenario marked by several stakeholders leading different programmes, breaking down silos to promote whole-of-system approach to improving policy outcomes for children and youth is critical (OECD, 2024[5]). This is particularly relevant in a context of constrained financial resources, where effective governance can optimise available resources and achieve broader policy results.

Good public governance has great potential to improve policy outcomes and ensure a whole-of-system approach as it entails the rules, procedures and practices that guide stakeholders' interactions. Among the tools public governance can provide are requirements for evidence-based decision-making, transparency, accessibility, accountability, all of which should be supported by adequate resources and high-level political commitment (OECD, 2020[23]).

In this context, coordination and monitoring are key aspects of governance. Coordination involves the mechanisms that facilitate dialogue and the exchange of information among stakeholders, ensuring transparency, accessibility and the capacity for cross-sectoral approaches. Monitoring, on the other hand, is a critical tool to help assess whether activities are implemented on time and whether outputs contribute to intended policy outcomes. It also allows stakeholders to identify areas requiring corrective action, reinforcing accountability and responsiveness.

Drawing insights from the *OECD Assessment Framework for National Youth Strategies* (OECD, 2020[23]), three mechanisms were identified to support the Child Guarantee framework:

- Strategic planning through national children and youth strategies to unite governmental and nongovernmental stakeholders behind a joint vision and identify strategic goals and objectives;
- Institutional arrangements to allocate clear roles, responsibilities and adequate capacities across all stakeholders to achieve strategic objectives;
- Governance tools in rulemaking, public budgeting and procurement to ensure children-responsive policy outcomes.

Box A A.1. The European Child Guarantee

The European Child Guarantee (ECG), adopted unanimously by the Council of the European Union in 2021, is a significant initiative aimed at enhancing policy outcomes for children and youth. It strives to ensure universal access to essential services for children in need across Member States.

The Council Recommendation defines children in need as "*persons under the age of 18 years who are at risk of poverty or social exclusion*", referring in particular to children experiencing homelessness, severe housing deprivation, precarious family situations, living in alternative care arrangements and those facing challenges due to disabilities, mental health issues, migrant backgrounds, or minority ethnic origins (Council of the European Union, 2021[2]).

At its core, the ECG mandates Member States to guarantee a set of key services, which encompass free early childhood education and care, free education (including school-based activities and at least one healthy meal each school day), free healthcare, healthy nutrition and adequate housing. While acknowledging that most children in the EU already have access to these services, the Council Recommendation emphasises the importance of achieving inclusive and truly universal access to ensure equal opportunities for all children, particularly those who experience social exclusion due to poverty or other forms of a disadvantage (European Commission, 2021[24]).

To facilitate effective implementation, each EU Member State is required to appoint a Child Guarantee Coordinator and develop a National Action Plan covering the period up to 2030. These action plans must be tailored to national, regional and local circumstances, outlining existing and planned measures to improve access to core services. Member States are encouraged to engage stakeholders, including external entities, in the implementation process and to monitor progress regularly. The European Commission provides guidelines on structuring the National Action Plan and reporting results for EU Member States. The Recommendation sets a two-year period for Member States to report on progress in implementing the Child Guarantee.

Monitoring of the ECG's implementation is supported by a framework that includes a set of indicators to track outcomes and assess the impact of policy measures. The framework, endorsed by the European Commission's Social Protection Committee (SPC) in November 2023, focuses on monitoring the number and situation of children in need, as well as their access to the guaranteed services (Social Protection Committee, 2023[25]). It encompasses sections dedicated to the accessibility and adequacy of services.

The framework builds on existing EU indicators and data sources, supplemented where necessary by additional data to fill gaps in coverage and reliability. Despite challenges such as varying data quality across Member States, efforts are ongoing to refine and expand the framework as new data and indicators become available (Social Protection Committee, 2023[25]). This iterative process aims to enhance the relevance and reliability of monitoring efforts over time.

The institutional arrangement of the Child Guarantee

In compliance with the requirements set forth by the European Recommendation for the Child Guarantee, which was instrumental, the Portuguese Council of Ministers approved Resolution No. 136/2021 in 2021, establishing the governance and legal framework necessary for the development of the Child Guarantee Action Plan in Portugal. According to the legal document, the responsibility to appoint a National Coordinator for the Child Guarantee with sufficient resources and a mandate for effective coordination and monitoring falls on the Minister of Labour, Solidarity and Social Security (MTSSS), while the necessary

technical, logistical, administrative and financial support to fulfil the Coordinator's duties effectively is provided by the Institute of Social Security (ISS) (Council of Ministers, 2021[26]).

Portugal has chosen to set up a specific coordination structure for the Child Guarantee, appointing a National Coordinator to oversee the adoption of ECG recommendations into the national landscape and establishing other governance arrangements to ensure technical and cross-governmental support to the Coordinator in fulfilling the designated responsibilities, including a dedicated team.

Initially, the ECG National Coordinator's primary responsibilities were to identify the state-of-play of accessibility and adequacy of core services intended for children and young people and the needs of the most vulnerable groups, as defined by the European Recommendation, as well as to formulate an action plan to be sent to the European Commission.

To aid the ECG Coordinator in these tasks, the Resolution foresaw setting up a technical team with exclusive dedication. The technical team comprises up to ten professionals, with different specialisations, according to the profiles selected by the Coordinator to form the ECG National Coordination. They work directly with the Coordinator, contributing to both operational and strategic activities. Their responsibilities include preparing the action plan and reports, developing monitoring tools and overseeing the implementation of local activities.

Other than direct technical support, the Resolution established a governance structure to provide inter-departmental assistance to the National Coordinator. The Child Guarantee Technical Monitoring Committee (CTAGI, *Comissão Técnica de Acompanhamento*) is a forum comprising representatives from key government areas responsible for implementing child-related policies. This forum convenes to share information and offer guidance, in addition to acting as stewards of the Child Guarantee, aiding in the implementation of actions within their respective areas of intervention.

Ministers responsible for areas relevant to the Child Guarantee must appoint a representative from their government area to integrate into the CTAGI. Initially, six government areas were represented in the Committee (see Figure A A.1.), but since 2023, two additional areas – youth and sports, and culture – have also been included as members, following Order No. 11656/2023. Given that the Child Guarantee is under the sole oversight of the MTSSS (see Figure A A.2.), the governance structure achieves a multi-representative environment through the designation of focal points from each ministry to the CTAGI.

With the approval of the Child Guarantee Action Plan 2022-2030 (PAGPI) in 2023 through the Council of Ministers Resolution No. 3/2023, the role of the National Coordinator and the overall governance dynamic significantly expanded to include the coordination and monitoring of the PAGPI's implementation and execution, including at the local level and the coordination of the execution with existing strategies, programmes and plans as per requirements laid out at European level (Council of Ministers, 2023[27]). Competences related to improving the regulatory and monitoring landscape were also added, such as enhancing monitoring and evaluation indicators with support from the CTAGI, identifying shortcomings in the regulatory framework applicable to childhood and youth and the opportunities for improvement. The National Coordinator also received the responsibility for presenting a final execution report of the PAGPI 2022-2030 to the Minister of Labour, Solidarity and Social Security and for providing training to technicians from entities responsible for implementing the measures and local municipalities.

Figure A A.1. Government areas involved in the Child Guarantee Technical Monitoring Commission
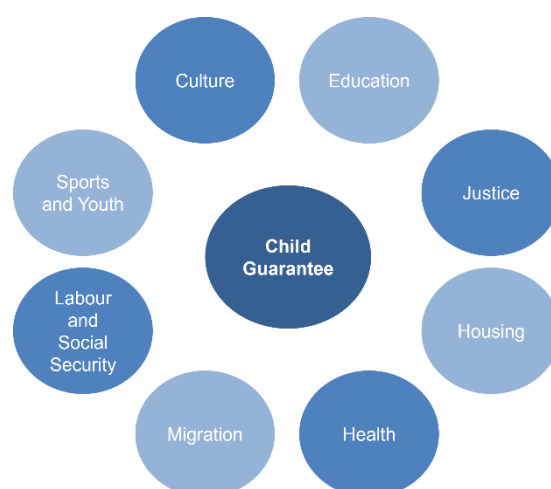
Note: Author's own figure.

The Council of Ministers Resolution No. 136/2021 gave the competence to the Child Guarantee coordinator to ensure the national and subnational dissemination of the PAGPI and to prepare interim reports for the European Commission, in collaboration with the CTAGI, and in accordance with the reporting guidelines issued by the Commission. The Portuguese government is ultimately responsible for reporting to the European Commission following the guidelines issued by the Commission regarding how countries should organise the information to be sent. Consequently, the reports prepared by the National Coordination must be approved by the Ministry (MTSSS) before submission.

Governance structure

The governance structure supporting the Child Guarantee is multilevel, ranging from a line ministry to municipal authorities, and is divided into four tiers: political coordination, strategic and technical coordination, advisory and local execution (see Figure A A.2.). At the centre of the structure is the Child Guarantee Coordinator, who, supported by the technical team, is responsible for the PAGPI's strategic and technical coordination. Also at this level is the CTAGI, which plays a crucial role in the Action Plan's implementation by facilitating and guaranteeing the flow of essential information from their policy areas to the ECG.

Above the ECG National Coordinator, the Secretary of State of Social Action and Inclusion, from the Ministry of Labour, Solidarity and Social Security, provides the political oversight. The Secretary's objective is to secure broad political buy-in across the country and ensure that related line Ministries are committed to the PAGPI and allocate sufficient resources to support implementation.

The operational arm of the PAGPI comprises the Local Child Guarantee Units (*Núcleos Locais da Garantia para a Infância),* which are responsible for implementing an integrative approach to addressing poverty and social exclusion and, thus, toward improving children and young people well-being at the municipal level. Overall, the Local Units have three main attributions:

- Identify the specific needs and challenges faced by children and young people in the municipality and elaborate a comprehensive local social diagnosis with the participation of all the local stakeholders relevant to the subject.
- Contribute to the development of a Local Social Development Plan, based on the issues specifically surrounding children and young people previously identified in the local social diagnosis.

- Define and apply an integrated intervention model for children and their families aimed at breaking the cycle of intergenerational poverty, thereby preventing the scale-up of poverty and/or social exclusion to dangerous situations and/or undesirable life outcomes.

Figure A A.2. Structure of the Child Guarantee's governance system
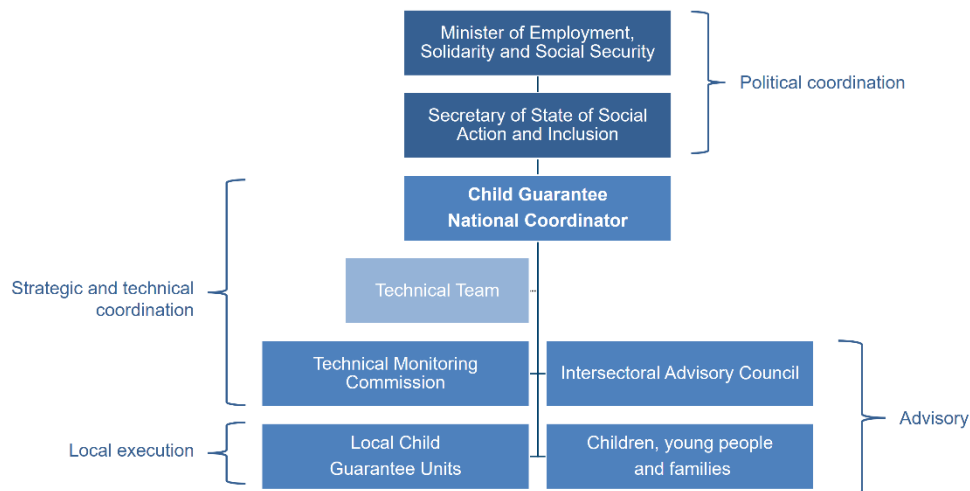
Source: (Child Guarantee, 2023[28]), Portugal Child Guarantee Action Plan 2022-2030, 2023.

The governance structure also incorporates a two-tier advisory level, featuring an Intersectoral Advisory Council (CCI, *Conselho Consultivo Intersectorial*) and the target population. The CCI was created in February 2024 through Order No. 1654/2024 and is currently in the implementation phase. The Council's primary role is to offer advice and recommendations on strategic issues related to the implementation and development of the PAGPI, as well as to foster an environment that allows for the consultation of children, young people and their families. The Council includes representatives from several government key policy areas (see Figure A A.1.), alongside members from the National Youth Council, civil society organisations and academia. The National Coordination has often engaged with these organisations informally since the inception of the Action Plan. Thereby, establishing formal relationships helps to strengthen the monitoring and evaluation processes and to promote an evidence-based approach. The National Coordination convenes the CCI, sets the agenda and determines which members should be called upon, depending on the topics of the meeting (MTSSS, 2024[29]).

The governance structure also connects policymakers with the target population through a second advisory component involving children, young people and their families. The goal is to establish a participatory framework that enables direct input, review and discussion by the beneficiaries. This mechanism was implemented at the beginning of the PAGPI, and it is anticipated that active participation of the children and youth will primarily be ensured locally through the Local Units. From the outset, the ECG prioritised developing the participation dimension, adapting it to the scope of its practical implementation at the national level, as assessed in Output 3 of this project.

The Child Guarantee as a locally focused framework

The governance model established under the Child Guarantee places the local level at the forefront of promoting an integrated perspective towards children and young people and their well-being. For this purpose, Local Child Guarantee Units are being created across the country. These Local Units aim to prevent and combat poverty and social exclusion, ensuring that children and young people have access to essential services, thereby breaking poverty cycles and promoting equal opportunities.

This workstream based on the articulation of local efforts to address poverty issues in Portugal is not new. Since 2006, the country has had a nationwide programme called the Social Network, designed to provide a coordination platform for municipalities to address issues related to poverty and social exclusion, as well as to promote social development. At the municipal level, this work is carried out through the Local Council for Social Action (CLAS) – a structure that operates autonomously and materialises the Social Network, functioning as a platform for planning and coordinating social intervention. More specifically, the CLAS serves as a local and integrative forum to tackle poverty and social vulnerability, ensuring a specific approach to the phenomena, particularly within the scope of designing and developing integrated interventions and responses that address the main problems identified in different territories. Furthermore, it ensures that the issues are resolved close to the population, adhering to the principle of subsidiarity (see Box A A.2) for more information on the Social Network and its operational structures).

Following the same principles and methods already employed through the Social Network, the Local Units emerge as thematic working groups within the CLAS with the view of revamping process and bringing a children's pillar to the local frameworks, as not all local diagnosis and development plans yet had specific chapters focused on children and their needs. Thereby, Local Unit serve as a tool to reinforce the Social Network with a focus on children.

> ### Box A A.2. Coordination platform to address poverty and exclusion and promote social development in Portugal
>
> The Social Network *(Rede Social)* embodies a local "whole system" approach with the goal of combatting poverty, enhancing social inclusion, and fostering social development. Established under Council of Ministers Resolution No. 197/1997 and subsequent legislative measures, it serves as a collaborative platform for the articulation and pooling of efforts based on the voluntary participation of local authorities and public or private non-profit entities. This collaborative initiative is facilitated by integrated organizational structures: the Local Social Action Councils (CLAS) at the municipality level and Parish Social Commissions (CSF) at the parish level.
>
> CLAS integrate the City Council, typically chaired by the Mayor or designated Councillor, alongside Parish Councils, local public administration bodies and private non-profit entities. Conversely, CSF consist of Parish Councils led by their Presidents, local public administration bodies, other non-profit entities and representatives from relevant social groups.
>
> Despite their autonomy, these structures are required to establish mechanisms for articulation that guarantee the complementarity of the respective interventions and uphold the principle of subsidiarity. This means that problems should be addressed at the local level, close to the affected populations, through concerted, coordinated and preventive actions. Furthermore, CLAS and CSF must operate in a view to comply with the Social Network's objectives.
>
> The strategic objectives of the Social Network include fostering effective partnerships among diverse local stakeholders, promoting integrated and systematic planning to enhance synergies, skills, resources at the local level to ensure greater effectiveness in social responses across municipalities and parishes. Derived from these strategic goals are specific objectives such as conducting participatory diagnostics and planning, coordinating interventions at local levels, addressing issues affecting children, youth, families and vulnerable groups, capacity-building for local development agents, ensuring adequate service coverage and disseminating knowledge about municipal realities.
>
> To ensure the development of social responses across local stakeholders that address priority intervention domains identified in the diagnosis, the CLAS are usually organised into thematic working groups. For instance, in Porto, the following have been defined: vulnerable children, youth and their

families; vulnerable seniors and their informal caregivers; people with disabilities; people with mental health issues; individuals with addictive behaviours and dependencies; homeless individuals; victims of gender and domestic violence; migrants and ethnic minorities (Câmara do Porto, n.d.[30]).

When the Social Network was first established, the central government invested directly in training and hiring personnel to carry out the necessary tasks. More recently, there has been a renewed focus on investments to strengthen the Social Network and deepen the understanding of the social dynamics across the territory. The country has allocated EUR 60 million from the Recovery and Resilience Plan to fund 278 Social Radar *(Radar Social)* teams across mainland Portugal's municipalities. The Social Radar teams will be tasked to update the planning tools of the Social Network, map regional and local resources, and implement an integrated municipal social georeferencing system that identifies individuals, families and groups in situations of social vulnerability (ISS, 2023[31]).

Source: (ISS, 2001[32]; Portuguese Government, 2006[33]).

Establishing a Local Units involves a protocol between the president of the CLAS – the Mayor or Councillor of the municipality – and the ECG National Coordinator. The objective is to establish one LOCAL Units in each of the 278 mainland municipalities. Currently, 71 Local Units have been established, predominantly in the Centre region. The growing expansion of Local Units across Portugal, which has far exceeded initial expeCTAGItions, necessitated a reassessment of the initial implementation plan. Originally, the plan aimed to launch 20 pilot projects during 2023 in municipalities with varying levels of poverty. Subsequent nationwide expansion was intended to follow gradually and progressively, contingent upon assessment of these pilots. Due to the multiple ECG dissemination campaigns at national, regional and local levels, coupled with the implementation of significant measures, namely the Child Guarantee benefit,[15] interest in the flagship "Child Guarantee" has surged. This increased interest from local authorities in establishing their own LOCAL Units led to the decision to promptly respond and expand to all municipalities expressing a desire to collaborate with the Child Guarantee. This strategic shift underscores the ECG National Coordination's commitment to sustaining momentum at the local level, as well as gaining deeper insights into how municipalities invest in combating poverty and structure their processes.

The rapid pace at which the project has gained traction across the country reflects the broad buy-in of child well-being related policies by local authorities. Nevertheless, it also presents many challenges, especially for coordination and alignment. There are significant disparities in the Local Units' understanding of the Child Guarantee and their respective roles and so much the National Coordination can do with a compact team – ten elements besides the Coordinator. Some Local Units have not yet grasped whether they should function solely as a consultative body, articulating and monitoring local level partners, or whether they should also be developing interventions, for instance engaging with the children and working on specific cases. Additionally, several Local Units are primarily focusing on children who receive the Child Guarantee benefit, a group composed, indeed, by children in extreme poverty, but that does not necessarily represent the enlarged purpose of the European Recommendation and that of the Portuguese ECG itself "*prevent and combat social exclusion by guaranteeing access of children in need to a set of key services, thereby also contributing to upholding the rights of the child by combating child poverty and fostering equal opportunities*" (Council of the European Union, 2021[2]). Local Units created in municipalities that have a long-lasting experience working in the Social Network – thereby, well versed on the integrated social diagnosing and planning executed by municipalities – are the ones more aligned with their mandate and with a comprehensive and holistic understanding of their role.

It is important to note that the Local Units protocol is not a legally binding document, as municipalities hold discretion over social development and combating poverty matters. With the ongoing decentralisation process in Portugal, since the enactment of Law No. 75/2013 and subsequent Law No. 58/208, municipalities have assumed responsibilities in policy areas relevant to the ECG's scope, including

education, leisure and sports, health, social assistance and housing. As part of this process, the central government can delegate specific competences to municipalities or intermunicipal entities in any of these areas through laws and decree-laws. For example, Decree-Law No. 55/2020 specifies the transfer of competences in the field of social action, whereby municipalities now oversee the Social Assistance and Monitoring Service (SAAS). This service entails providing support and monitoring to individuals and families facing vulnerability, social exclusion and emergencies (see Box A A.3).

Box A A.3. Social services in Portuguese municipalities

The Social Assistance and Monitoring Service (SAAS) provides care and support for individuals and families facing vulnerability, social exclusion and emergencies. As a first-line service, SAAS effectively responds to social crises and emergencies while offering technical support to prevent and resolve social issues. Local authorities deliver this service, following the transfer of competences in Social Action matters as established by Law No. 50/2018 of 16 August.

Specialised technical teams at SAAS are responsible for:

- Service, Information and Guidance: Provide personalised care, information and guidance, considering the rights, duties and responsibilities of individuals and families, and direct them to appropriate services if necessary.
- Information on Access to Resources: Offer detailed information on accessing resources, equipment and social services, enabling individuals and families to exercise their rights of citizenship and social participation.
- Social Assessment and Diagnosis: Conduct social assessments and diagnoses with active participation from the beneficiaries themselves.
- Allocation of Occasional Benefits: Provide occasional benefits to address social emergencies and verified economic needs.
- Planning and Organisation of Social Intervention: Engage in the planning and organisation of social intervention activities.
- Formal Agreements in Social Intervention: Participate in the formal agreements of actions within the scope of social intervention.
- Coordination and Evaluation: Coordinate and evaluate the execution of actions developed under formal agreements.

When further intervention is needed, SAAS teams can activate partnerships with other entities or sectors of the community, such as health, education, justice, employment and professional training, with a view to providing the most appropriate support.

Source: (Portuguese Government, 2014[34]; Portuguese Government, 2021[35]).

Not all municipal councils choose the same procedures for delivering social services. While some designate a technical team of public servants to conduct the work, others might outsource through specific agreements to private social solidarity institutions (IPSS) or equivalent entities (Portuguese Government, 2021[35]). In addition, the methodology applied for delivering the service is heterogeneous. Some have implemented an integrated social assistance approach, assigning a single case manager to each family who coordinates with all necessary service providers to deliver a tailored response. Others manage social action and social integration separately, without a single point of contact to manage families' cases.

Thereby, the approach proposed by the ECG, regarding integrated social support for children and families, is a recommendation that can be adopted – entirely or partially – or not. Ensuring buy-in towards the

integrative model requires the construction of relationships across all 278 municipalities and continuously engagement with local authorities. This is among the potential areas of vulnerability and risk within the framework, given the significant resource requirements for coordination with a larger number of LOCAL UNITS, which will require proximity, further investment and corrective action.

There is an opportunity to strengthen ties between the ECG and other subnational entities that encompass municipalities. The need to foster convergence in a context of decentralisation is not unique to the childhood and youth policy areas. In the area under the purview of the Child Guarantee, the risk is inefficient provision of services at local level with issues of equity in accessing services of equivalent quality (OECD, 2019[36]). For this reason, policies that encourage intermunicipal cooperation as a means to generate economies of scale, efficiency gains, cost savings and improved quality and quantity of municipal services have been promoted in some OECD countries (OECD, 2019[36]; 2017[37]).

Composition of the Local Child Guarantee Units

In terms of composition, the Local Units are structured to include at least one representative from each key focus area. The allocation of focal points to the Local Units occurs within the CLAS, as partners select representatives to form a local unit. This procedure of integrating a national policy within the Social Network is not unique to the ECG. Various public policies adopt this local format to optimise resources. For instance, the Local Integration Units (NLI), established under the Social Integration Income (RSI) framework, are associated with the CLAS to facilitate broader discussions about families facing poverty situations and to aid social and professional integration (ISS, 2024[38]). Other cross-governmental programs build on the planning instruments developed within the Social Network, namely the social diagnosis and the social development plan. These include Local Social Development Contracts, Local Security Contracts, Municipal Civil Protection Plans, Municipal Plans for the Integration of Migrants, Action Plan for Active and Healthy Ageing and the Action Plan to Combat Poverty. In a sense, the Child Guarantee must compete for attention and resources within this relatively crowded local context.

In smaller municipalities, however, the same government area representative is often tasked with serving in three or four units due to the multitude of local programmes and their intersections. For example, besides the CLAS, Local Units and NLI, municipalities also have more sector-specific units such as school clusters, the Executive Unit of the Commission for the Protection of Children and Youth, or the Child and Family Support Units in healthcare facilities.

The overlapping responsibilities among members who serve in multiple units simultaneously complicate local dynamics, highlighting the need for clear role definitions, coordination and technical support to manage these diverse responsibilities effectively. Without adequate support to clarify their roles in these various capacities, members' roles tend to become more passive than active, as pointed by some municipal council representatives during interviews, with a risk for effective delivery of integrated local services.

"Whole system": an integrated approach to governance and service delivery

Creating a culture of cooperation and regular communication is essential for effective multilevel governance (OECD, 2019[36]). This becomes particularly critical within an integrative framework, such as the Child Guarantee, which relies on a central body to align various government departments, monitor the development and results of measures from various national strategies related to children that are part of the Child Guarantee Action Plan 2022-2030, and engage with 278 municipalities. It is essential that these relationships are supported by a governance approach that efficiently streamlines relevant information ranging from data analysis to identifying service gaps and understanding capacity needs – across all tiers of governance, both ways.

This integrated approach in terms of governance allows insights from the ground to inform national strategies and that guidelines from the top are appropriately tailored to local contexts. At the local level, it serves not only to gather relevant information but also to provide local stakeholders with inputs for the development of poverty mitigation and social development policies, and to establish consistent methods across the country for coordination, planning and intervention. Additionally, this approach enhances the capabilities of the ECG National Coordination, ensuring they can distribute information to the right places and drive meaningful improvements.

It is important to note that creating an integrative approach for governance, as previously discussed, differs from the intervention-focused approach advocated by the Child Guarantee. The intervention-focused integrative approach emphasises personalised strategies tailored to specific cases or individuals, leveraging the proximity between municipalities and the targets (Child Guarantee, 2023[28]). In the case of the ECG, this approach operates at a micro level, integrating various local interventions across health, social services, education, and more to meet the unique needs of each child. This is particularly crucial for children and families in need, as the complexity of challenges they face, due to their interactions with various social structures, necessitate the coordination of local services to prevent confusion and frustration over services (Acquah and Thévenon, 2020[39]). By effectively coordinating resources, this approach aims to optimise outcomes for individuals, ensuring they receive comprehensive support aligned with their specific circumstances. Promoting this targeted approach is essential for achieving the goals of the Child Guarantee, fostering integrated social intervention at a local level, and addressing the specific needs of families, children and youth affected by poverty and social exclusion (Child Guarantee, 2023[28]).

While these two approaches serve distinct purposes, integration of services at the delivery level works better when it is accompanied by integrated family services governance and accountability arrangements (OECD, 2015[40]). The integrative approach to governance operates at the macro level within governance structures (both national and local), prioritising systemic communication, coordination, and cooperation to transition from a silo-mentality to taking a more collaborative approach to family services delivery (OECD, 2015[40]). Thus, it establishes the foundation for coordination practices and tools that support the optimal functioning of intervention-focused strategies for individuals at the local level.

Here, a "whole system" approach to integration refers to joining up services' at the local level supported by horizontal and vertical integration of different departments and levels of governance. These comprehensive approaches form part of large-scale national strategies for the benefit of service users and to improve efficiency in delivery by providers. This coherent system at the national level is designed to also support the Integrated Intervention Model promoted by the Child Guarantee at the local level which rests on a case-by-case analysis of the intervention and a response close to the needs of the recipients.

Figure A A.3. Model of a "whole system" approach for the Child Guarantee
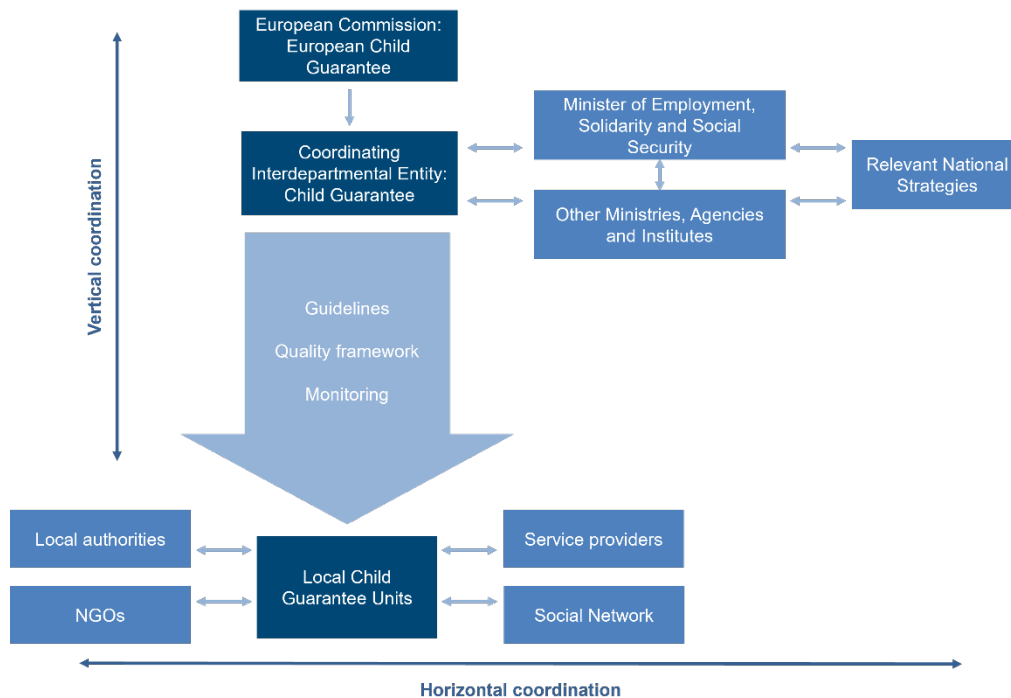
Source: Adapted from (OECD, 2015[40]), Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery.

Services can be integrated through coordination either horizontally or vertically:

- Vertical coordination is established between central government, subnational government, and delivery offices to integrate governance and finance functions across multiple service settings to develop efficiencies and savings (OECD, 2015[40]). It also ensures local capacity building.

- Horizontal coordination, defined within a level of government, either national or subnational, brings together previously separated policy groups, services, professions, and organisations across different sectors to better serve users with multiple disadvantages and complex needs (Munday, 2007[41]).

The "whole system" approach indeed reflects the governance system embedded within the Child Guarantee (see Figure A A.3) as the model presents an interdepartmental central government agency – here represented by the National Coordination – which joins up national efforts through horizontal coordination and sets guidelines, monitors, and assesses the quality and type of services locally provided through vertical coordination. The model also establishes a foundation for local-level service providers, such as public entities and representative bodies of the social and solidarity sector, who ideally are integrated into a governance system to deliver services to children and young people from a holistic standpoint, taking services complementarities and interaction into account. Within the ECG framework, these providers are coordinated by the Local Units.

In this section, assessments are conducted against this backdrop to determine whether coordination processes closely align with an integrated approach and where improvements are still necessary.

Horizontal coordination with inter-departmental stakeholders

In a comprehensive policy landscape, inter-departmental coordination across the policy cycle is crucial to ensure policy coherence and minimise possible coverage gaps that leave certain vulnerable groups unprotected. For that matter, the ECG National Coordination relies on horizontal mechanisms, including its direct relationship with the Ministry of Labour, Solidarity, and Social Security (MTSSS), under whose oversight the ECG structure operates, the Technical Monitoring Committee (CTAGI), which facilitates interactions with other relevant ministries to ensure effective monitoring of implementation and bridge national efforts towards child well-being (Figure A A.4).

Connections with other government areas can indeed be established outside the scope of the CTAGI. For instance, the National Coordination has maintained ongoing relations with specific departments since the inception of the action plan, engaging in discussions on indicators, working on policy proposals, and defining actions to integrate into planning. These relationships can develop organically, or more recently, through the establishment of the ECG Intersectoral Advisory Council (CCI), a body with authority to issue opinions and recommendations on strategic matters related to the implementation and development of the ECG Action Plan, as well as to promote consultation initiatives with families, children and young people (MTSSS, 2024[29]).

Figure A A.4. Overview of the horizontal coordination with inter-departmental stakeholders
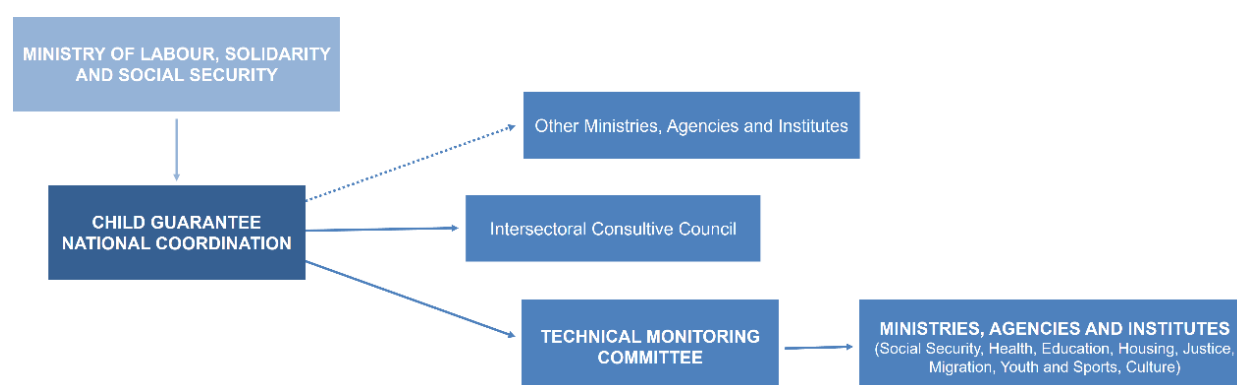
Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030 and interviews.

By reviewing the Child Guarantee's documentation and conducting interviews with key stakeholders, it was possible to pinpoint four crucial processes that facilitate robust horizontal coordination. These processes will steer the analysis, providing a framework to assess what is currently being accomplished and identify gaps. The key processes include:

- Collect information on the targets of PAGPI, measures implementation and monitoring indicators of children's outcomes and their report.
- Identify measures and policies that can be improved to improve child well-being.
- Identify indicators that require enhancement and coordination with central-level authorities.
- Ensure the scale-up of disaggregated data from national entities to aid in the production of local social diagnostics and monitoring.

Information collection and reporting

The ECG National Coordination, while not directly involved in the implementation of measures,[16] plays a crucial role to "*coordinate and monitor the implementation and execution of the PAGPI 2022-2030, in accordance with the plans of each participating government area, aiming to achieve the measures and*

objectives contained therein" (Council of Ministers, 2023[42]). To effectively fulfil their coordination and monitoring duties, the National Coordination requires access to up-to-date data on the progress of PAGPI measures and children's outcomes, which is primarily provided by members of the CTAGI.

Often, ministries in Portugal have their own internal body responsible for executing functions related to monitoring and accompanying strategies and plans, as well as collecting statistics. For example, within the Ministry of Education, these responsibilities rest with the General Directorate of Education and Science Statistics (DGEEC), while in the Ministry of Health tasks related to producing and disseminating health statistics, as well as developing and supporting the creation of planning, monitoring, and evaluation instruments for health programs, services, and interventions are overseen by the General Directorate of Health (DGS), specifically through its Directorate of Information and Analysis Services (DSIA) (Ministries of Finances and of Health, 2012[43]). Although these departments produce and retain much of the knowledge and data in their given areas, they do not have all the analytical skills and expertise to address the broader social, environmental, and economic dimensions of challenges (Sobral et al., 2024[44]). Thus, the importance of CTAGI members in collecting the information on targets and monitoring indicators from a range of relevant units and departments to report them to the ECG National Coordination, a structure that foster a cross-sectoral perspective on policy matters.

It is worth noting that the data collection and reporting processes are geared toward the biennial reports defined by the European Commission.[17] However, the biennial periodicity leaves gaps in the monitoring of the evolution of targets and indicators. Integrated plans for child well-being should be monitored and evaluated on a regular basis, in order to ensure that decision-making and budget allocations contribute to achieving their strategic objectives and to enable governments to make adjustments, if needed (Dirwan and Thévenon, 2023[4]). Even though these reporting processes regularly occur for each strategy and plan comprised in the ECG, they remain siloed within their respective ministries. There is value in adopting a holistic view for reporting. Portugal has examples of other integrated policy plans that require regular reporting, such as the National Strategy for the Rights of the Child 2021-2024, which reports annually to an Interministerial Commission (Council of Ministers, 2020[45]).

During interviews, it was identified that from the beginning of the ECG the focus was less on the execution of measures, but rather on the development of an indicator matrix that could assess their impact. The importance of closely tracking progress became apparent during the elaboration of the 2024 biennial report, when the ECG National Coordination had to assess the level of execution of measures to comply with EU requirements. The report outlines the Action Plan and tracks the execution of measures by year – categorising them as achieved, underway, planned but not underway, or not achieved.

Improvement of measures and policies

Beyond collecting information and identifying implementation issues, the ECG National Coordination plays a crucial role in ensuring that the expected outcomes are achieved and that the services provided by ministries effectively fulfil their roles within the ECG framework. As stipulated by the Council of Ministers Resolution No. 3/2023, they are tasked with "*identifying deficiencies in the regulatory framework applicable to the area of childhood and youth within the scope of PAGPI 2022-2030, and opportunities for improvement, presenting proposals for regulatory changes previously coordinated with various competent entities*" and "*prepare and present […] proposals for revision of the measures and objectives of PAGPI 2022-2030 considered necessary and appropriate […]*".

This advocacy process to shape child-related policies occurs primarily during meetings with the MTSSS Office, highlighting their role in fostering political coordination and maintaining a direct relationship with the ECG. For instance, the ECG Coordinator mentioned the need to draw attention to an eventual discontinuity in the educational cycle when 3-year-old children leave childcare centres (*creches*) to enrol in preschool. Despite preschool being a universal and free service, and a measure to roll out the gratuity of childcare until 2024 being in place, 3-year-olds might still face barriers due to schools' capacity to absorb this age

group. Proposals for measures that promote a subsidised private pre-school is an example of measure improvement highlighted by the ECG Coordinator and technical team.

Although outside the oversight of other ministries, the ECG has been able to exercise advocacy in partnership with other government departments to formulate policies that focus more closely on the needs of children. For example, collaborating with the housing government areas to include single-parent families in the granting of a monthly housing subsidy within the Porta 65+ programme or incorporating the ECG within the Local Social Development Contracts programme to promote local funding to municipalities experiencing high levels of poverty and social exclusion.

The continuity of this work has the potential to further shape the ECG into a forum for discussing policy proposals that could significantly enhance inter-departmental collaboration – encouraging entities to develop integrated policies for vulnerable children – and improve cooperation by working together to reduce access and provision costs. However, mechanisms to enable this potential are not fully present. For instance, formal meetings with the CTAGI are held only at crucial times for evaluation and monitoring, unlike during the inception of the ECG when plenary meetings were held to develop the plan and ensure a multidisciplinary approach to policy. Otherwise, contact tends to be more informal, tailored to the needs of the National Coordination in each government area.

Additionally, the decision to establish a Technical Monitoring Committee to foster the cross-governmental relationships of the ECG, rather than creating a more direct link with the political sphere, carries significant implications. Council of Ministers Resolution No. 136/2021 stipulates that members of the ECG Technical Monitoring Committee are to be appointed by ministers responsible for different areas with direct responsibilities in implementing policies and interventions for vulnerable children and youth. However, the Resolution does not specify requirements regarding the level or position of the selected members. As a result, some ministries appoint individuals directly from the minister's office, which can be seen as a political decision. Other ministries, on the other hand, choose members from services within their governance area, typically bringing more technical expertise.

Both models have their advantages and disadvantages. Members with close relationships to the minister can create a more secure bridge between the ECG and the government, as appointing a technical staff member from a ministry's service might face greater challenges in accessing high-level officials. Additionally, a member from one service might not be well-positioned to obtain information from other services within the same government area.

The CTAGI is also subject to instability, as changes in government can lead to the replacement of its members, as seen recently in 2024. Changes in the composition of the CTAGI can jeopardize the continuity of work within government areas, endangering communication channels.

Since the ECG is only under the direct oversight of the MTSSS, there is a lack of consolidated cross-governmental governance mechanisms to support the ECG Coordinator's work. The CTAGI tends to function more as a forum for collecting information necessary for monitoring rather than a mechanism for high-level public policy articulation and debate. CTAGI members do not possess decision-making power. Unlike other overarching national strategies in Portugal, such as the National Strategy to Combat Poverty and the National Strategy for the Rights of the Child, there is no Interministerial Commission or sectoral meetings between ministers to holistically debate childhood and youth issues and produce shared long-term goals across all areas. highlights how some mechanisms in OECD countries to strengthen cross-government coordination.

Box A A.4. Mechanisms to strengthen horizontal coordination powers in OECD countries

New Zealand

In 2019, New Zealand adopted the Child and Youth Wellbeing Strategy, an open-ended integrated policy plan led by the Child Wellbeing and Poverty Reduction Group in the Department of Prime Minister and Cabinet (DPMC) at the Centre of Government. Composed by 12 Ministers with 15 portfolios (DPMC, 2023[46]), the Group plays a leading role in enhancing outcomes for children and young people by embedding and positioning the strategy to positively impact children and young people, supporting the system to prioritise actions that improve child and youth wellbeing and reduce poverty, and influencing and driving systemic changes to achieve the Government's objectives for child and youth wellbeing and poverty reduction (MSD, 2024[47]).

OECD interviews suggest that having the DPMC as the convening body, backed by strong commitment from the highest political level, has facilitated cross-sectoral implementation following the adoption of the strategy. Continued political buy-in, also in times of a change in government, was considered crucial for the Centre of Government to exert its convening power, which was regarded as the most significant value added of placing child and youth policy outside of a dedicated line ministry (OECD, 2024[5]; OECD, 2024[48]).

Spain

A Sectoral Conference on Childhood and Adolescence (CSIA) was set up in 2021 to coordinate child and youth activities carried out across public administrations and to strengthen policy coherence (Ministerio de Juventud e Infancia, 2021[49]). The CSIA convenes biannually and includes the Ministry of Youth and Childhood, representatives from various ministries, autonomous communities and cities, as well as local authorities, represented by the Spanish Federation of Municipalities and Provinces. Each autonomous community sends a representative to the Conference with decision-making authority and expertise in child and adolescent policies. According to legal requirements, this representative must hold at least the rank of Deputy Director General (Ministerio de Juventud e Infancia, 2021[49]), which ensuring consistent participation of senior officials from different regions.

The Conference has both consultative and decision-making functions to achieve agreements and recommendations on the design, implementation, and monitoring of policies for the protection and development of children and adolescents. Through this coordinated approach, the Conference has successfully secured at least 12 joint agreements, including plans, technical tools, and funding allocations, to support initiatives for children and adolescents across the regions (OECD, 2024[5]).

Improving monitoring indicators

The ECG National Coordination also plays a pivotal role in coordinating dialogue between government departments and central-level data services, for instance, the Institute of Social Security (ISS), Office of Strategy and Planning (GEP), and Directorate-General for Education and Science Statistics (DGEEC). As leaders of an integrative framework designed to enhance the well-being of children in Portugal, the ECG is tasked with monitoring the outcomes specified in the PAGPI diploma, which also underscores their role "*enhancing monitoring and evaluation indicators*".

Monitoring children's outcomes relies on the availability of disaggregated data, which allows policymakers to effectively understand structural issues related to poverty and social exclusion. Despite their importance, the indicators provided by Statistics Portugal (INE) are quantitative and predominantly focus on monetary issues, either directly or indirectly, and they only reflect aspects of poverty without providing information

on a diverse but relevant set of themes related to this issue, such as the relationship between vulnerable children and social action systems (Diogo, 2018[50]).

The absence of granularity for some statistics were reflected in the first biannual report evaluating the framework, where most outcomes were presented in an aggregated form, with only a few broken down by age, school cycle, or family type. This lack of access to disaggregated information limits the ability to monitor disparities in outcomes effectively among different groups of children, characterised by varying personal, family, or socio-economic backgrounds (Dirwan and Thévenon, 2023[4]).

Additionally, data consolidation on certain services remains fragmented across national and subnational levels, posing challenges for effectively informing policymaking. For instance, housing policies in Portugal are managed and monitored by the Institute of Housing and Urban Rehabilitation (IHRU), which also possesses its own housing assets. Notably, as of February 2024, IHRU's social housing accommodated 1 873 families with children, which included 2 910 children under 18 (Child Guarantee, 2024[51]).

The IHRU, however, does not possess data on the number of children living in public social housing managed by the city councils at the subnational level, nor does it hold information about the quality of these units. Consequently, there is still a deficiency of information in this policy area that could provide stakeholders with insights into children's well-being and identify disparities across the country.

Scaling up national data collection

Beyond strengthening indicator sets, there is significant potential in scaling up the current collection of national data to better support local levels. Municipalities integrated into the ECG through the establishment of a Local Child Guarantee Unit must develop a social diagnosis within the scope of the Social Network, focusing on children and the key priority areas identified in the European Recommendation. This process involves gathering data on services provided locally, as well as disaggregated national data collected by central entities to accurately profile poverty and social exclusion in the municipality. This approach enables a deeper understanding of nuanced trends and outcomes, thereby facilitating the identification of necessary interventions to address these issues.

Following the dynamics embed within the whole system approach, the ECG National Coordination is well-placed to facilitate data exchange and to promote a centralised and harmonised data environment, as it operates at the intersection between horizontal coordination at the national level and vertical coordination with the subnational level.

National efforts to centralise data collection would streamline the process, reducing the need for individual Local Units to contact agencies and ministries for information independently. A notable example of good practice in using the national connections of the ECG to support the local level are the pilot-projects to streamline ISS data to local SAASs, to provide information regarding children and families with family social support processes and who receive the ECG benefit.

Horizontal coordination with other strategies

From a national perspective, the Council of Ministers Resolution of June 14, 2021, stipulates that it is the responsibility of the National Coordinator to articulate the execution of PAGPI 2022-2030 with existing strategies, programmes and plans (Council of Ministers, 2021[26]). This section will analyse a few of these relevant strategies.

National Strategy to Combat Poverty

A first important strategy is the National Strategy to Combat Poverty (ENCP), approved by the Council of Minister Resolution No. 184/2021. As a public policy instrument, the ENCP adopts a comprehensive, multidimensional and cross-cutting approach to coordinating public policies and stakeholders.

In terms of governance, the ENCP benefits from cross-governmental political support, coordinated through the High-Level Interministerial Commission (CIAN). The CIAN includes representatives from key government areas such as the Presidency of the Council of Ministers, Labour, Solidarity and Social Security, Education, Local Authorities, Health, and Infrastructure and Housing. This commission meets quarterly to align efforts and ensure the strategy's effective implementation.

Both the ECG and the ENCP frameworks aim to break the intergenerational cycle of poverty. While the ECG Action Plan specifically focuses on applying the ECG, with a target on children and young people exclusively, the ENCP Action Plan (PAENCP) operates across broader intervention axes, including young adults, workers, and the elderly as well. The primary intersection between the frameworks is evident in the first strategic axis of the ENCP, which focuses on reducing poverty among children, young people, and their families contributing to the overall goal of lowering the monetary poverty rate by 10% by 2030.

There is an opportunity to coordinate the information supporting the monitoring systems of ENCP and the Child Guarantee, promoting a cohesive environment for tracking the multifaceted challenges of poverty and social exclusion among children and adolescents. To achieve this, it is important to first analyse the implementation timelines for both frameworks and understand the similarities and differences between their planning cycles.

The ENCP, approved in December 2021,[18] set out the strategic priorities in Portugal which were relevant to guide the ECG National Coordination in developing the PAGPI, published in January 2023.[19] However, the specific measures required to effectively combat poverty across target groups were only defined later, in October 2023,[20] with the publication of the PAENCP 2022-2025, which integrated inputs from other national strategies, as noted during interviews. The ENCP planning structure also includes a follow-up action plan for the period 2026-2030, allowing for an evaluation of governmental commitments and outcomes of the first cycle to inform the development of the next phase.

For the 2022-2025 action plan, the ENCP includes 145 measures and 273 activities, with axis 1 – focused on children and young people – comprising 41 measures and 87 activities. In contrast, the ECG Action Plan consists of 61 operational objectives and 88 measures.[21] Therefore, not all measures (or activities) in the PAENCP are mirrored in the PAGPI, and vice versa.

An analysis of both frameworks, highlighting the intersections and differences between the action plans, can enhance national coordination efforts for both. A full mapping of these frameworks is available in the Excel in the Annex, with some examples provided in Table A A.1. One key finding from the analysis is that the frameworks have different levels of monitoring. Whereas the ECG monitors aggregated measures, aligned with the level of monitoring pursued by the funding and managing authorities, the PAENCP breaks them down into more detailed components. For instance, the PAGPI treats the Choices Programme (*Programa Escolhas*) as a single measure, whereas the PAENCP disaggregates it into multiple measures. Similarly, Activities 29 and 30 of the PAENCP are consolidated into a single measure (34) in the PAGPI, as shown in Table A A.1. Thereby, coordination efforts should take these differences and the specific needs posed by the ECG monitoring guidelines into account.

Table A A.1. Examples of operational elements in the PAENCP and their counterpart in the PAGPI

Activities in the National Strategy to Combat Poverty Action Plan	Related Measures in the Child Guarantee Action Plan
A29. Perform universal neonatal hearing screening within the health system, utilising the Child and Youth Health Bulletin of Digital Birth News	M34. Promoting access for all children to oral health screenings and neonatal and childhood hearing health screenings
A30. Implement oral health practices in primary healthcare as a means of ensuring equity in access to public healthcare	
A33. Develop a school-based program to prevent addictive behaviors and addictions	M43. Development of tobacco prevention training programmes
A34. Develop preventive programs for addictive behaviors and addictions in the therapeutic environment	
A35. Develop preventive intervention programs for addictive behaviors and dependencies in the community	

Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030 and the National
Source: (PlanAPP, 2024[52]).

From fact-finding interviews with stakeholders from the ENCP National Coordination, PlanAPP has developed a spreadsheet to collect information on the progress of activities. This tool is shared with the stakeholders responsible for implementation, who then annually update the status of implementation, justify gaps and deviations, outline risks that may impede the realisation of the activity, and, whenever possible, report results disaggregated by sex and NUTS II (regions) (PlanAPP, 2024[52]).

There is an opportunity to better align the reporting activities of the PAGPI with the PAENCP, considering both reporting schedules. The National Coordination of the Child Guarantee must present progress reports to the European Commission biennially, with the first report due in Spring 2024. However, no PAENCP reports were available by that time. According to PlanAPP's calendar, the first ENCP Action Plan Implementation Report will be delivered in 2026, coinciding with the next reporting deadline for the Child Guarantee.

Ireland provides an interesting example of streamlined monitoring tools across various national frameworks. The Children and Young People's (CYP) Indicator Set, originally developed for monitoring the Better Outcomes, Brighter Futures (BOBF) framework from 2014-2020, continues to be a crucial tool for supporting the implementation of policies related to children and young people. The set has been expanded to include other frameworks, such as the early years strategy First 5, in addition to the national action plan adopted under the EU Child Guarantee (OECD, 2024[5]; Government of Ireland, 2022[53]). This example points to a concrete approach to integration and employment of monitoring tools to enhance policy coherence and effectiveness.

Coordination with other national strategies, plans and programmes

In addition to the National Strategy to Combat Poverty, the Child Guarantee Action Plan is closely related to several other national strategies that focus on key issues affecting children and young people. Table A A.2 provides a detailed examination of these frameworks, highlighting their goals, structure and relationships with the ECG Action Plan. There are therefore opportunities for the Child Guarantee Coordinator to coordinate with the relevant instances, through the representatives of its intersectoral consultative council that are related to these other strategies.

Table A A.2. Mapping of related national strategies, plans and programmes

Strategy	Goals	Lead Entity	Governance Mechanisms	Action Plan
National Strategy for Children's Rights 2021-2024 (ENDC)	To comply with the recommendations for the application of the Convention on the Rights of the Child (CRC), Portugal set a national strategy based on five priorities: 1. Promote well-being and equal opportunities. 2. Support families and parenting. 3. Promote access to information and the participation of children and young people. 4. Prevent and combat violence against children and young people. 5. Promote the production of tools and scientific knowledge that enhance a comprehensive view of the rights of children and young people.	National Commission for the Promotion of the Rights and Protection of Children and Young People (CNPDPCJ)	Interministerial Commission (CI) chaired by the MTSSS. Technical Monitoring and Coordination Commission (CTAGIM) coordinated by the CNPDPCJ and composed of central government bodies, and institutions from the social sector and/or non-governmental organisations. Advisory Commission, formed by experts to provide technical and scientific support to the CTAGIM.	Composed of 15 strategic objectives broken down into 66 measures, it details the objectives, measures, and indicators from various governmental areas, reflecting an integrated commitment towards children's rights. Some measures are shared with the ECG Action Plan, including the definition of the qualification plan for social responses for children aged 0-3 years, and the creation of LOCAL UNITS.
National Strategy for the Integration of Roma Communities 2013-2022 (ENICC)	Aims to promote the improvement of well-being and integration indicators for Roma people, mutual understanding, positive interaction, and the deconstruction of stereotypes. This strategy is aligned with other national strategies, such as the National Strategy for Equality and Non-Discrimination 2018-2030 "Portugal + Igual".	High Commission for Migrations (ACM)	Advisory Council for the Integration of Roma Communities (CONCIG) provides support for planning, monitoring, and reporting activities to the ACM. It includes permanent members (representatives from government entities related to Roma communities, experts, and representative associations), as well as non-permanent members (from various government areas, alongside representatives from regional and local levels).	The plan to consolidate the ENICC is built around 8 strategic objectives and includes 39 measures, each associated with at least one indicator. Intersections with the ECG Action Plan are primarily present within the fifth strategic objective of the ENICC, which focuses on ensuring effective access to education, educational success, and lifelong learning for Roma people.
Youth Guarantee (GJ)	The Youth Guarantee is a commitment by all European Union Member States to ensure that all young people under the age of 30 receive a good quality offer of employment, continued education, apprenticeship, and traineeship within a period of four months of becoming unemployed or leaving education.	Institute for Employment and Vocational Training (IEFP)	National Coordinator nominated by the MTSSS within the scope of the Board of Directors of the IEFP. Executive Director, appointed by the MTSSS, and responsible for promoting comprehensive and coordinated information among the relevant areas and managing the monitoring and follow-up situations. Coordination and Monitoring Commission of the PNI-GJ chaired by the MTSSS and comprises various Secretaries of State.	The PNI-GJ comprises six axes and 41 measures. Like the ECG, it emphasizes operationalisation and implementation through a network, particularly at the local level, engaging all organisations and actors best positioned to reach young people in vulnerable situations. Synergies with the PAGPI are not as relevant as with other strategies due to the different age groups the GJ focuses on. However, measures related to the identification and monitoring of NEET (Not in Education, Employment, or Training) are shared by both frameworks.
National Strategy for the Inclusion of People with Disabilities 2021-2025 (ENIPD)	The ENIPD 2021-2025 reflects Portugal's commitment to promoting and ensuring an inclusive society, based on fundamental dimensions.	National Institute for Rehabilitation (INR)	Monitoring Commission responsible for approving the execution reports, as well as approving proposals for the revision of measures and objectives.	There are eight strategic intervention axes, based on rights, which are the main goals until 2025. The intersection with the ECG occurs in terms of housing, for

Strategy	Goals	Lead Entity	Governance Mechanisms	Action Plan
			Technical Monitoring Group advises the INR in its activities, and analyses, follows up, and monitors the action plans submitted by each governmental area.	the promotion of accessibility interventions in the homes of people with disabilities, and for the qualification and specialisation of intervention within the National Early Childhood Intervention System (SNIPI).
National Programme for the Promotion of Healthy Eating 2022-2030 (PNPAS)	One of the Priority Programmes of the Directorate-General of Health since 2012, it aims to improve the nutritional status of the population. This is achieved by promoting the physical and economic availability of foods that are part of a healthy eating pattern and creating conditions for the population to value, appreciate, and consume these foods, integrating them into their daily routines.	Directorate-General of Health (DGS)	Scientific Council, composed of experts with scientific merit.

Regional groups of the PNPAS, to enable alignment, coordination, and integration between the national and subnational levels (regional and local). | The PNPAS is implemented through three core pillars and two cross-cutting pillars, contributing to various targets such as reducing sugar consumption and the prevalence of obesity, which intersect with the ECG.

Actions aimed at children and young people with greater socio-economic vulnerability will be developed through close coordination between the PNPAS and the PAGPI, ensuring a convergence of objectives. |
| Programme for Learning Recovery – School+ Plan | The 21\|23 School+ Plan was designed as a multidimensional approach to address the impacts of the pandemic on schools and students. It includes a diverse set of actions aimed at tackling students' learning, knowledge, skills, and attitudes but also their emotional, social, and mental well-being. The Plan operates as a portfolio of responses tailored for each school, based on their unique understanding of their community.

Given that not all challenges were fully addressed in the first cycle, a new edition, the 23\|24 School+ Plan, is underway. | Directorate-General of Education (DGE) | A level of support for the work of schools, provided by the various services and organisations of the Ministry of Education.

Monitoring Committee for physical and financial oversight, enabling the evaluation of the Plan's effectiveness and efficiency, composed of various public entities in the education government area. | O Plano 23\|24 Escola+ estrutura-se ao redor de sete dominios seguintes domínios. At least eight measures from the PAGPI come from the School+ Plan. |

Source: (CNPDPCJ, 2023[54]; ACM, 2018[55]; Council of the European Union, 2020[56]; Council of Ministers, 2013[57]; INR, 2021[58]; DGS, 2022[59]; Council of Ministers, 2023[60]).

Vertical coordination with the Local Child Guarantee Units

Integration of services at the delivery level works better when it is accompanied by integrated governance and accountability arrangements. Lack of support or commitment at the higher governance-level will also impede the up-scaling of effective initiatives (OECD, 2015[40]). With this principle in mind, the LOCAL Units were set to promote the child well-being agenda in municipalities, by adopting a holistic approach to service integration and bringing together representatives from all key sectors to address local issues. In Portugal, most government services crucial to children and young people are delivered at the local level. Collaboration at a subnational level, and between national and subnational governments, is hence critical to translate policy commitments into effective programmes and tailored services on the ground, particularly for children and young people from vulnerable backgrounds (OECD, 2024[5]).

To ensure adherence to the ECG framework and the broader European Recommendation, the ECG National Coordinator is tasked with "*ensuring the monitoring of the implementation of the Child Guarantee*

at the local level" (Council of Ministers, 2023[42]). This task is facilitated through a vertical coordination mechanism, which aims to align local activities with national guidelines (Figure A A.5) Empowered with information provided by the national level, LOCAL UNITS can then assume the role of local horizontal coordinators for the agenda concerning children and youth, aligning local service providers, non-governmental and social entities, local councils, and enhancing processes established under the Social Network. Following the ECG National Coordination, which operates at the intersection of two types of coordination, the Local Unit similarly bridge these collaborative efforts from within the CLAS.

Figure A A.5. Overview of the vertical coordination with the Local Units
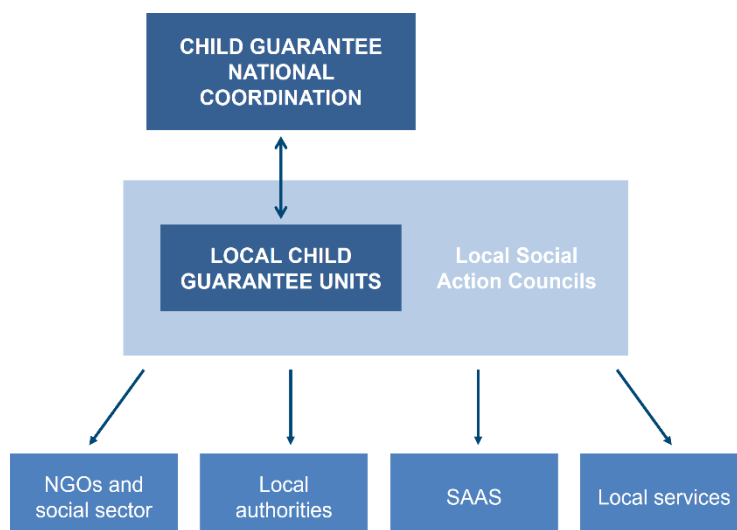
Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030 and interviews.

From a top-down coordination perspective, the ECG National Coordination needs to perform the following three actions to ensure that Local Units are aligned, possess a solid understanding of their roles and responsibilities, and can fulfil their duties with a significant level of homogeneity. These include:

- Provide guidelines and resources to empower Local Units and ensure they can comply with the attributions outlined in the protocol.
- Conduct monitoring meetings to track progress, clarify questions and steer Local Units towards alignment with the Child Guarantee framework.
- Foster an environment of continuous learning both among Local Units and with national stakeholders.

Provide guidelines and resources

In its capacity as the central coordinator, the ECG National Coordination actively engages with the newly established LOCAL Units to align expectations, address queries, and provide crucial guidelines for adhering to the protocol and developing workstreams that include a Social Diagnosis, a Local Social Development Plan, and enhance the definition and application of integrated social intervention models.

According to the documents provided for this assessment, the initial interaction with a Local Units primarily involves providing the diagnostic guidelines issued by the ECG, which highlight the key areas for analysis and the priority groups that need to be characterised and their needs assessed. The objective is for the Local Units to reflect on their situation based on these guidelines, seek out documents and information generated by municipal services and programmes and start constructing their diagnoses.

Besides the basic guidelines, the ECG National Coordination also provides important information on potential local data sources, guiding the data to be disaggregated whenever possible by household composition (nuclear, single-parent, or extended – 3 or more children), age group (0-2, 3-5 and 6-17), gender, and the types of measures implemented locally that should be examined to assess the availability of services. All this information is compiled in a supporting document titled "Local Diagnosis of Child Poverty". The document also emphasises that LOCAL Units must engage all relevant partners through broad involvement in identifying children living in poverty, addressing all the dimensions of exclusion, and identifying the barriers they face in accessing essential services covered by the ECG.

Since Local Units are based within the Social Network, there is already inherent expertise in producing social diagnoses coming from the programme. However, many municipalities lacked a specific prior focus on children, a priority now being promoted through the ECG guidelines.

Although the ECG National Coordination provides guidelines, a social diagnosis template does not yet exist, which would offer built-in data from central stakeholders or a list of essential local indicators to be gathered. This is due to the initial view that the creation of the Social Diagnosis is a learning opportunity for municipalities, as they are expected to collaborate with local services to collect data on children, identify the barriers and challenges they face, and acknowledge ongoing local efforts and projects aimed at improving service access and quality for children.

Given the overall importance of this process, it is crucial for the ECG National Coordination that the development of Social Diagnosis is not merely viewed as a data collection exercise. Instead, it should be seen as a process supported by critical analysis, inter-departmental engagement, and data cross-referencing. This approach aims to create a diagnostic tool that informs decision-making, rather than simply serving as a repository of information.

The availability of an initial template with pre-selected indicators, populated with available national data, would not necessarily diminish the need for Local Units to engage at the local level to customise and complete the Social Diagnosis to suit their specific realities. In fact, having standardised documents can serve as a tool to address issues that might hinder the success of the ECG. There are disparities in technical capacity and resources among municipal councils. During meetings with Local Units, it became apparent that while some possess a robust understanding of the process for developing social diagnoses, others face difficulties in selecting the best indicators, and some have resorted to partnerships with external entities to carry out these activities (see Box A A.5.). These capacity divergences are not solely in terms of technical capabilities but are also due to the varying dimensions of poverty across Portugal. While some municipalities have thousands of children integrated into the Child Guarantee benefits – a proxy for extreme child poverty – others have only a few hundred. Divergences can also come from the prevalence of some specific vulnerable groups in certain regions.

The provision of standardised templates is particularly important as Social Diagnoses are infrequently updated, and the Portuguese Government is currently investing in their update through the Social Radar Programme, an initiative funded by the Portuguese Recovery and Resilience Plan (for further details on the Social Radar refer to Box A A.6.).

The establishment of Local Units began after the approval of PAGPI in January 2023, gaining momentum between October and December of the same year, when 60% of all current municipalities with a local unit signed the ECG protocol. As a result, many of these Local Units are still in their early operational stages, with new units being continually established, leading to varying levels of development. Among the already established units, 12 have updated their Social Diagnosis between 2023 and 2024. There is still progress to be made for all municipalities to have an updated Social Diagnosis that reflects the recommendations outlined in the European Child Guarantee and communicated by the National ECG.

> **Box A A.7. Local Units' experiences with social diagnosis**
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> During discussion with Local Unit some different methodologies and procedures for developing social diagnosis were mentioned. Some Local Units form interdisciplinary working groups that involve health professionals, educators, social workers, and representatives from social commissions to discuss all policy areas, instead of more common approaches to segmented discussions by area. This setup is designed to gather diverse perspectives from those who live in the community and understand its problems from different vantage points. The goal is to enrich and complement the social diagnosis with insights that are not solely from specialists but also from those familiar with community dynamics. This approach helps mitigate the issue of overly technical language in diagnostic reports, which can be challenging for non-specialists to understand.
>
> Other Local Units employ tools such as focus groups, surveys, and interviews to identify priority issues within the community, and some have formed partnerships with external parties to help synthesise and comprehend extensive information.
>
> Local Units also rely on national data available from the National Institute of Statistics and line Ministries. However, this process is challenging because some vital information is either not processed at the municipal level or is unavailable for direct consultation. This issue is particularly pronounced in specific sectors such as health and social services, where obtaining granular and localised statistical elements is difficult.

As for the Social Development Plan, this work is already conducted within the framework of the Social Network, similar to the Social Diagnosis. The ECG National Coordination advises that Local Units integrate ECG principles into planning instruments to explicitly prioritise children, young people, and their vulnerabilities. Therefore, partners involved in developing the Social Development Plan are expected to leverage expertise from existing Social Network instruments, reducing the necessity for additional training interventions by the ECG National Coordination.

Constructing the Social Development Plan, however, could be considered as a way to bridge the PAGPI with the local level. The National Action Plan includes measures that can be implemented at the local level, or at least coordinated by local services, for instance "*Promote the inclusion of all students in all school sport activities*" or "*Promote access for all children and youth to nearby appointments in primary healthcare*". Optimising the existing framework to create a cohesive set of measures for local development is another way to pave the way for monitoring the units and ensure cohesion across national and subnational level.

Regarding the third role of Local Units which is to define and apply an integrated intervention model for children and their families aimed at breaking the cycle of intergenerational poverty, the ECG National Coordination, in partnership with ISS and municipal SAAS, is focusing on providing information about households of Child Guarantee beneficiaries to municipal SAAS teams responsible for social support. According to interviews with Local Units, the availability of information facilitated the cross-referencing of data between children receiving the Child Guarantee cash benefit, thereby children living in poverty, and information collected during family services conducted by the SAAS team. Having knowledge of the beneficiaries allows SAAS teams to reach out to these families and schedule new sessions aimed at improving and updating information. This includes data on all critical areas related to the ECG that may be missing from records or reaching out to local partners to gather more information on the child and family. To date, 63 projects for sharing information have been rolled out.

The importance of the ECG in this process also lies in promoting an integrated view of assistance. Municipalities have discretion over how they deliver support through local social services, including

decisions on procedures and monitoring frameworks. The ECG aims to promote a comprehensive profile of children receiving assistance, covering all relevant policy areas. This includes, for instance, information about their education, the schools they attend, extracurricular activities, family structure (e.g., single-parent, nuclear, or social housing), and parents' employment status or pension. Additionally, the assessment should cover their housing situation (e.g., rented, owned, provided, or social housing), the condition of their homes, and their health situation, including access to a family doctor, recent health check-ups, chronic diseases, and nutrition. However, children's data is only made available to SAAS members, given the data protection legislation. Therefore, the SAAS elements need to play as a bridge with the strategic work developed by the Local Units.

It is worth noting that this methodology of mapping children's needs at the local level should extend beyond children covered by the ECG benefit. The ECG guidelines are intended to apply to all children identified in situations of poverty, whether extreme or not, or social exclusion (European Commission, 2021[24]). Essentially, this includes any child identified as experiencing barriers in accessing essential services recommended by the European Commission.

The outputs produced by municipalities through local SAAS monitoring are highly relevant for Local Units, as they provide valuable information on families' and children's access to essential services and social responses, which can, subsequently, inform the Social Diagnosis. This connection between the SAAS monitoring matrix and the Social Diagnosis could operate in fact as a two-way process. Engaging stakeholders to collect information for the Social Diagnosis allows partners involved with Local Units to critically assess the SAAS matrix used during service interactions with children and families. Re-evaluating whether the questions asked effectively capture the phenomena of poverty and exclusion, in line with European guidelines, helps to bridge the diagnostic matrix with the local monitoring framework.

Another significant initiative for strengthening the integrative role of Local Units the approval of the 5th Generation of Local Social Development Contracts (CLDS 5G), an instrument that provides funding access in regions facing greater difficulties in mobilising projects in crucial thematic areas for combating poverty and social exclusion (ISS, 2024[61]).

The CLDS 5G program revolves around four key areas, with the second axis focusing on combating child and youth poverty and social exclusion, thereby promoting an effective Child Guarantee. According to fact-finding interviews with the ECG National Coordination, there has been a significant effort to align CLDS 5G with the measures and actions of the Child Guarantee. For instance, one of the actions under Axis 2 is the introduction of the Child Manager, a role that operates within Local Units to provide individualised support to low-income families with children (MTSSS, 2023[62]). As a consequence of the programme, the number of Local Units established in Portugal is expected to reach between 160 and 170 by the end of the year, according to the ECG National Coordinator. This increase will particularly affect municipalities with a high prevalence of social vulnerability among children, highlighting the challenge of managing a growing number of Local Units with a relatively small national structure.

Meetings to support the monitoring process

Monitoring is crucial for assessing the effectiveness and efficiency of governance, helping ensure activities meet their timelines, outputs lead to intended outcomes, and long-term impacts are achieved. This process enhances accountability and identifies areas for corrective action. Within the context of the Local Units, the National Coordination is responsible for overseeing various facets of performance. This includes tracking the development of Social Diagnosis and Social Development Plans, number of children receiving benefits and monitored by local social services, assessing the progress in child well-being results at local levels, and identifying any challenges or weaknesses encountered by the local level.

Beyond the onboarding meetings, the ECG National Coordination organises follow-up meetings with Local Units to provide the necessary guidance to the development of their attributions. A challenge lies in

fostering a community management system to operationalise the necessary monitoring in an effective way, given the ECG's limited resources, and the rapid expansion of Local Units across Portugal.

Currently, the ECG National Coordination has mechanisms to monitor the outputs produced by Local Units, including a spreadsheet to track the development of planning instruments and a dashboard tool to track, by municipality, the number of families with a social process, the number of children receiving in-cash benefits, the number of partners, and the dimensions within the Local Units, among other indicators. There could be opportunities to complement that with instruments that could present country wide information disaggregated by region or by municipality, whether in terms of outputs or when relevant children's outcomes.

To establish a monitoring system capable of tracking outcomes, it is crucial to address the challenge posed by the diverse local frameworks, keeping in mind a broader and integrated well-being perspective, such as one underpinning the OECD Child Well-being Measurement Framework (OECD, 2021[63]). Municipalities employ different systems for profiling and monitoring children, which do not consistently collect the same information. For instance, an analysis of monitoring tools from two different Portuguese municipalities revealed significant discrepancies: one collects detailed information on children's nutrition and involvement in extracurricular activities besides the other policy areas, while the other focuses only on health, education, and family socioeconomic status. Notably, neither system includes measures for assessing subjective well-being.

In terms of monitoring challenges and difficulties in implementing measures, the ECG National Coordination plays an important role in optimising the exchange of information between national and subnational levels. Streamlining information about the critical challenges faced at the local level to inter-departmental stakeholders is essential for driving effective change. Occasionally, issues are identified within the families and children that municipalities are unable to address. Housing, for instance, is a critical area where certain municipalities struggle to act and provide solutions. The interconnected outcomes across different policy areas underscore the necessity for a holistic approach to inter-departmental and inter-governmental policymaking.

Continuous learning

Vertical coordination also relies on fostering an environment of continuous learning for Local Units. Operating in close relation to key national stakeholders, there is scope for the ECG National Coordination to leverage horizontal coordination to form a bridge with the local level. Tools for enhancing knowledge about the policy areas involved in the ECG among local stakeholders, who may not fully understand how policies are designed and implemented at the national level is a way to achieve this goal. This approach also supports the integration of local policies with national strategies, enhancing the awareness and utilisation of national efforts. At the same time, direct contact between with local level provides a rich source of knowledge that can improve national policies.

A notable example of workstream to foster knowledge from national to subnational level was a webinar organised in partnership with the ISS, focusing on children's access to social protection, which included the participation of around 230 members from the already established Local Units (Child Guarantee, 2024[64]). This event was designed to equip local levels with crucial information about national measures, ensuring they actively promote these initiatives.

As for strengthening the inverse relationship – subnational to national level – a spreadsheet was created for Local Units to input information related to locally delivered measures that address each of the European recommendations by policy area, providing details on the target groups and the number of children benefiting. This serves as a valuable source of information, not only to inform national entities on local efforts, but also for sharing across municipalities.

It appears that peer-learning is a mechanism with great potential that should be further explored. There is a strong desire among Local Units for more interaction with each other. During two discussion sessions conducted with 20 Local Units in April 2024, Local Units' representatives expressed strong interest in exchanges between units. They used the session to discuss common issue among themselves and ask peers how they were developing certain processes. Challenges and constraints faced by some municipalities might have been experienced and successfully addressed by others. For example, sharing methodologies on how to create an integrated social action delivery or methodologies for monitoring activities and impacts can be very beneficial.

Mechanisms to strengthen peer-learning from a managed community perspective could include shared best practices through digital libraries, indicators database, meetings, and small workshops administered by municipalities with experience to share. Box A A.8 highlights some mechanisms employed in OECD countries, as for instance Irish experiences manging online knowledge hub to support the work of Children and Young People's Services Committees at municipal level.

In fact, Portugal has initiated the development of a digital repository of information through its Child Guarantee website.[22] Besides serving as a repository for reports and documents related to the ECG, the platform also shares key information about the ECG, updates on ongoing developments, and provides information to beneficiaries about measures outlined in the Action Plan. The website is a significant achievement, primarily focused on the target population, but the model can also be used to bring together local actors in a digital space. The need for interaction is particularly significant in a context where municipal councils have discretion over the methods and procedures for developing local social action, resulting in differences across the country and capabilities are significantly different across municipalities.

Box A A.9.Mechanisms for knowledge exchange and local coordination in OECD countries

Ireland

Local inter-agency coordination and collaboration for delivering services to children, young people, and their families in Ireland is managed by local Children and Young People's Services Committees (CYPSC). These committees, established at the county level, aim to systematically bring together public, private, and social organisations to achieve shared goals and bridge national policy with local provision (DCYA, 2015[65]).

To support coordination and learning across local CYPSC include the National Network of CYPSC coordinators, which is a forum for knowledge-exchange that meets quarterly. The Network connects CYPSC staff across Ireland with each other and with the Department of Children, Equality, Disability, Integration, and Youth (DCEDIY) – who leads the CYPSC initiative. Beyond fostering a learning culture environment through regular meetings and constant contact, the Network is further supported by an online knowledge hub for sharing practice and implementation tools (CYPSC, n.d.[66]).

Another workstream led by the DCEDIY to support a shift towards evidence-informed prevention and early intervention services for children, young people, and their families is the "What Works" initiative (DCEDIY, n.d.[67]). This initiative is comprised of four strands: data, evidence, professional development and capacity building, and quality. Specific tools and projects are developed within each strand.

For instance, the What Works Evidence Hub is a repository of established and emerging evidence on Prevention and Early Intervention Initiatives (PEI) that have been shown to improve outcomes for children and young people. The Hub provides easy access to key pieces of evidence on successful programmes, making this information accessible to policymakers, providers and other stakeholders.

> **Spain**
>
> The Spanish Federation of Municipalities and Provinces (FEMP) is an association of local entities in Spain tasked to preserve the autonomy of local entities, provide a platform for cooperation and strengthen local-level governance capacities. The Federation includes a Commission of Childhood and Youth, composed of Mayoral representatives from across 22 cities (OECD, 2024[5]).
>
> The Commission coordinates local participation forums dedicated to youth, works on improving local services for children and youth, shares relevant local-level practices, promotes local employment initiatives for youth and promotes the formation of youth associations at local level (FEMP, n.d.[68]).

Conclusion

The assessment of the governance structure and implementation of the Child Guarantee in Portugal highlights several significant achievements and areas for continued improvement. The collaborative efforts between various stakeholders and the robust coordination mechanisms established are commendable, showcasing a strong commitment to enhancing the well-being of children and youth across the country.

Key Achievements

- Establishment of a governance framework: The formation of governance structures supporting the Child Guarantee National Coordinator is a significant achievement of the Portuguese Government in fostering a cohesive environment for the European Recommendation. The assembly of a Technical Monitoring Committee has been pivotal in fostering inter-departmental collaboration. Additionally, the creation of operational local structures and the establishment of an advisory level that includes children and young people in the policymaking process are key factors for promoting aligned policies. These structures have facilitated the alignment of national efforts towards child well-being and ensured effective monitoring of the implementation of the PAGPI.

- Expansion of Local Child Guarantee Units: The rapid establishment of the Local Units across municipalities demonstrates widespread support for child well-being policies at the local level. This expansion has significantly increased the capacity to address local challenges and deliver integrated services to children and families in need. The creation of these operational local structures is crucial for pursuing an integrative approach to addressing poverty and social exclusion, as local authorities' proximity to the poverty phenomenon allows for more effective interventions and improvements in the well-being of children and young people.

- Integration of local services and data collection: The integration of various local partners across health, social services, education sectors and more within the Local Units has enhanced the ability to meet the unique needs of each child at the municipal level. Efforts to provide information for the development of essential planning instruments, such as the Social Diagnosis, arising from all these government areas with a specific focus on children and young people has been crucial. Additionally, fostering an integrative approach has opened dialogue to better identify children's difficulties in areas related to the Child Guarantee and holds the potential to improve municipalities' methods for assisting and monitoring children, young people and their families.

Identified Gaps and Opportunities

- Coordination challenges at the local level: While the expansion of Local Units is a positive development, there are significant disparities in the understanding and implementation of the Child Guarantee among Local Units. Addressing these variations through enhanced technical support and clear role definitions is crucial to ensure consistent service delivery across municipalities. Implementing a two-way monitoring system that can bridge national and subnational challenges, opportunities and information, further enhancing coordination and ensuring the effective delivery of services at local level is still a challenge.

- Stability within the Technical Monitoring Committee (CTAGI): The CTAGI's effectiveness is challenged by changes in government, which lead to the replacement of its members and disrupt continuity and communication. The current appointment process, lacking clear guidelines on the level or position of members, results in a mix of political and technical appointees, each with varying advantages and disadvantages. Additionally, as the CTAGI is not an Interministerial Committee and the Child Guarantee lies solely under the oversight of the MTSSS, the absence of high-level appointments hinders strategic decision-making and limits the potential for a cross-governmental forum for policymaking.

- Continuous learning and peer-learning mechanisms: There is a strong desire among Local Units for more interaction and exchange of best practices. Fostering a culture of continuous learning and establishing peer-learning mechanisms can enhance collective knowledge and operational efficiency, ultimately improving policy outcomes for children and youth.

In conclusion, the Child Guarantee has made significant strides in creating a supportive governance framework and expanding local capacities to address child poverty and social exclusion. Continued efforts to enhance coordination, data collection and learning mechanisms, along with ensuring stability within the CTAGI, will be essential in achieving the overarching goal of breaking the cycle of intergenerational poverty and ensuring equal opportunities for all children in Portugal. These could also leverage the information and resources related to other strategies and plans foreseen in the Council of Minister Resolution, such as ENCP, ENDC, ENIPSSA, ENIC, the Youth Guarantee and others.

List of abbreviations and acronyms

ECG	Child Guarantee (Garantia para Infância)
CTAGI	Child Guarantee Technical Monitoring Commission (Comissão Técnica de Acompanhemento)
CCI	Child Guarantee Intersectoral Advisory Council (Conselho Consultivo Intersectorial)
PAGPI	Child Guarantee Action Plan (Plano de Ação da Garantia para Infância)
LOCAL UNITS	Local Child Guarantee Unit (Núcleo Local da Garantia para Infância)
MTSSS	Ministry of Labour, Solidarity and Social Security (Ministério do Trabalho, Solidariedade e Segurança Social)
CLAS	Local Councils for Social Action (Conselhos Locais de Ação Social)
CSF	Parish Social Commissions (Comissão Social de Freguesia)
ISS	Institute of Social Security (Instituto da Segurança Social)
DGEEC	Directorate-General for Education and Science Statistics (Direção-Geral de Estatísticas da Educação e Ciência)
DGE	Directorate-General for Education (Direção-Geral da Educação)
INE	National Institute of Statistics (Instituto Nacional de Estatística)
IHRU	Institute of Housing and Urban Rehabilitation (Instituto da Habitação e da Reabilitação Urbana)
ENCP	National Strategy to Combat Poverty (Estratégia Nacional de Combate à Pobreza)
SAAS	Social Assistance and Monitoring Service (Serviço de Atendimento e Acompanhamento Social)
PAENCP	National Strategy to Combat Poverty's Action Plan (Plano de Ação da Estratégia Nacional de Combate à Pobreza)
PlanAPP	Public Administration's Centre for Planning, Policy and Prospective Competencies (Centro de Competências de Planeamento, de Políticas e de Prospetiva da Administração Pública)
GEP	Office of Strategy and Planning (Gabinete de Estratégia e Planeamento)
CIAN	ENCP High-Level Interministerial Commission (Comissão Interministerial de Alto Nível)
NLI	Local Integration Unit (Núcleo Local de Inserção)
RSI	Social Integration Income (Rendimento Social de Inserção)
ECG	European Child Guarantee (Garantia Europeia para a Infância)
IPSS	Private Social Solidarity Institutions (Instituições Particulares de Solidariedade Social)
CNPDPCJ	National Commission for the Promotion of the Rights and Protection of Children and Young People (Comissão Nacional de Promoção e Proteção dos Direitos das Crianças e dos Jovens)
ENDC	National Strategy for Children's Rights 2021-2024 (Estratégia Nacional para os Direitos da Criança)
ENICC	National Strategy for the Integration of Roma Communities 2013-2022 (Estratégia Nacional para a Integração das Comunidades Ciganas)
ACM	High Commission for Migrations (Alto Comissariado para as Migrações)
GJ	Youth Guarantee (Garantia Jovem)
IEFP	Institute for Employment and Vocational Training (Instituto do Emprego e Formação Profissional)
ENIPD	National Strategy for the Inclusion of People with Disabilities 2021-2025 (Estratégia Nacional para a Inclusão das Pessoas com Deficiência)
INR	National Institute for Rehabilitation (Instituto Nacional para a Reabilitação)
SNIPI	National Early Childhood Intervention System (Sistema Nacional de Intervenção Precoce na Infância)

Annex B. The National Action Plan for the Child Guarantee (PAGPI): A Review of its Monitoring Framework

Introduction and key findings

This chapter reviews the policy monitoring framework of the Portuguese Child Guarantee Action Plan (PAGPI). Each member state must develop a **national action plan** to implement the European Child Guarantee (ECG) through to 2030. In line with the Recommendation, these plans should establish an integrated policy framework to effectively tackle child social exclusion. They should also address the geographic dimensions of child poverty and inequality by focusing on the specific needs of children in disadvantaged urban, rural, remote, and segregated areas through a multidisciplinary, coordinated approach (Council of the European Union, 2021[2]). To this end, the national action plans should:

- Ensure consistency with social, education, health, nutrition and housing policies

- Increase investment in children

- Set up support measures for parents or guardians and income support to families and households

- Address the geographical dimension of social exclusion

- Strengthen cooperation with and involvement of national, regional and local actors and with children themselves

- Dedicate adequate national resources and EU funds

- Take into account a gender perspective.

Member states must establish a **national framework for data collection, monitoring, and evaluation** of the European Child Guarantee (ECG). Every two years, they are required to submit a **monitoring report**, which informs the Commission's oversight and discussions in the Social Protection Committee. To support this process, the Commission has developed a common monitoring framework that leverages existing EU indicators to track key aspects of ECG implementation and enable cross-country comparisons. While this framework provides a broad overview of childhood socio-economic disadvantage and access to essential services, national monitoring frameworks must go further by addressing country-specific challenges and territorial disparities (Council of the European Union, 2021[3]).

Policy monitoring frameworks track the implementation of policies and their results, which is a key element in enabling the government and administrations to assess the effectiveness of policies and in generating evidence on actual outcomes of government actions (OECD, 2024[69]). Policy monitoring frameworks are designed to assess whether desired medium- and long-term results have been achieved, providing insights into progress made and challenges faced. They serve both internal and external stakeholders by aiding policy makers in tracking policy implementation and results, while also informing the public about government actions and expected outcomes. A well-implemented monitoring framework helps clarifying policy goals, identifying effective practices, uncovering program weaknesses, and suggesting where corrective measures are needed, thus promoting transparency and accountability in policymaking. Making

use of indicators, monitoring frameworks also provide a description of the resources and activities involved, and the evolution of the results achieved.

Monitoring frameworks link the information on policy implementation with the outcomes of the population covered by policies. When applied to policies addressing child poverty and social exclusion, the monitoring framework needs to identify the policy measures being implemented and the specific groups of children and families that may be targeted. This entails developing the necessary information base to make appropriate decision regarding resource allocation (both budgetary and human), as well as to track policy implementation by identifying operational actions, activities developed, and populations reached by these measures. Tracing the budgetary resources allocated and the populations treated by the various measures can help assess the cost of support per child or family receiving assistance.

Monitoring frameworks also provide a set of indicators that, beyond strictly monitoring policy implementation and its impact, can shed light on the challenges affecting children linked to poverty or other forms of disadvantage or vulnerabilities (socio-economic or personal circumstances such as disability, experience of violence, trauma, etc.). The objective is to identify risks for children in general and potentially for sub-groups of children in vulnerable situations, enabling the optimum planning of policies to address the challenges and any reallocation of action towards newly identified priorities.

The evidence produced by monitoring frameworks provide key feedback information, which may be used to adjust and calibrate policy measures to the needs of the targeted population based on their particular circumstances and local context. Information systems available at different levels of action (national, local, or individual cases) may be used to tailor service delivery to the target population's needs (Glückler, Herrigel and Handke, 2020[70]; Brown and Lambert, 2013[71]). In essence, the effective delivery of services or assistance hinges on a learning process, for which the monitoring framework must furnish useful information at various stages of the policy implementation, from resource allocation decisions to the provision of services tailored to children's needs (Devaney, 2024[72]).

This chapter presents the elements and instruments involved in the development of a policy monitoring framework. These elements including the "Results Chain", which describes the causal sequence of steps involved between the policy implementation and its results, the "Policy Logic", which underlies the expected impact of a policy on outcomes, and "Monitoring indicators", which measure the effective implementation of the policy and its associated results. It also presents an overview of the Portuguese Child Guarantee Action Plan and reviews its structure. The chapter concludes with summarising a detailed review of the PAGPI's components, including its monitoring indicators.

Key findings

- The Child Guarantee Action Plan follows a hierarchical and connected structure that aims to resemble that of a Results Framework. Yet, the structure of the Action Plan does not fully follow an articulated and casual sequence of components in which each component contributes to the next. In addition, the Action Plan suffers from a high level of complexity. This complexity arises from the multiplication of layers and a lack of clarity in consistently tracking the implementation of the child guarantee according to a logical chain connecting policy inputs/outputs and outcomes/impact.

- The Pillars of the Action Plan focus on key government policy areas instead of child outcomes, which makes them too broad to be understood on their own. Their scope and implications are, therefore, only clear after looking at Strategic Objectives. For an effective communication of the Child Guarantee's goals and ambitions, the Action Plan could be complemented with a one-page document that summarises the Pillars and the objectives they aim to achieve.

- Most Strategic Objectives are informative and clear, framed by sentences that are specific and actionable. The main exception is the first strategic objective "Promote labour market

integration and increase wages", which needs further refinement. As currently stated, this objective is too broad going beyond the scope of the Child Guarantee.

- Operational Objectives could, in principle, carry the essential function of connecting the Strategic Objectives and the PAGPI's other components. Instead, most Operational Objectives are associated to one single Measure, making these components mere rephrasing of the same content, and ignoring the potential synergies and complementarities between different policy measures. Operational Objectives also do not organise Monitoring Indicators, which are as a result scattered without order within each Strategic Objective. Finally, the role of Operational Objectives is somewhat duplicated by Goals, which are also components setting objectives and that are directly linked to Strategic Objectives. These issues undermine the overall relevance of the Operational Objectives and renders the structure excessively complex and repetitive.

- Goals also present some structural challenges. Their role and scope are not consistent. In some cases, they are defined as policy actions and in other cases as results, whose scope also varies between policy output, outcome, and impact. In addition, most Goals have quantitative targets that do not include an explicit and clearly defined indicator, which hinder their interpretation. Furthermore, some Goals also duplicate the content of other PAGPI's components or are missing from some Strategic Objectives.

- Monitoring and Transversal Indicators are essential to enable stakeholders to, respectively, monitor and accurately report the effects of the Child Guarantee. Currently, PAGPI has too many indicators (7 transversal and 62 monitoring indicators), which make its monitoring system unclear and too difficult to manage. The indicators should be rationalised either by reducing their number or by reorganising them in a multi-layer setting that reflects policy priorities. Several indicators could be revised in terms of their scope and how they are defined. The are also opportunities for simplification as some provide information that is the same or very similar to that provided by other indicators. Moreover, some indicators could be revised to sharpen the focus on children and, particularly, on the Child Guarantee's target group (children in need).

- Most Measures in the PAGPI successfully reflect the core recommendations of the European Child Guarantee and provide stakeholders with a comprehensive and integrated framework focused on children's well-being. Adjustments are still necessary to enhance the PAGPI's clarity and coherence, and to better reflect the policy logic framework. Several measures could be improved in terms of clarity and policy actionability. One possibility would be to create a direct link between the Action Plan and the detailed information about measures that is available in the Child Guarantee website in the format of "cards". Additionality, presenting the specific government body responsible for each measure would add to the current information restricted to the area of government.

- Some Targets to monitor policy Measures are very clear and well-connected indicators broken down into yearly milestones, which enhance monitoring capabilities. However, for many Measures, Targets are missing or not clearly defined.

- A simpler and more articulated framework would be possible by addressing the identified structural problems. One option could be merging Operational Objectives and Goals into a single component, which sets specific objectives within the Strategic Objectives and provides a structure for Measures and Indicators. This component would include well-defined targets measured by an associated indicator. As the chapter illustrates using the Strategic Objective related to ECEC, preparing this new component is possible. However, it would require adjustments to redefine components and, in some cases, gather additional data.

Policy monitoring frameworks

The development of a policy monitoring framework marks a critical step towards the effective implementation and eventual achievement of outcomes. For this purpose, a "Results Framework" can be a useful tool to describe how and why a particular intervention should achieve its expected objective (OECD, 2024[69]).

Results frameworks explicitly articulate (in the form of a graphical display, matrix, and/or summary) the different levels of results expected from a particular policy or programme (World Bank, 2012[73]; Vági and Rimkute, 2018[74]). They provide a structured approach to monitoring project performance, assessing whether desired results are being achieved, and producing evidence for necessary adjustments to improve outcomes. Its main objective is to define the desired outcomes (results) that a program or project aims to achieve, along with the strategies, activities, indicators, and targets needed to reach those outcomes. The focus of a results framework is on defining clear, measurable objectives and tracking progress towards achieving them. Results frameworks are useful for showing the current state of play, the direction of travel and what needs to happen in order to get there. Importantly, results frameworks can be adjusted over time as connections and components change (DCEDIY, 2021[75]).

A result framework may be presented as a "Results Chain", which graphically describes the causal sequence of a policy, marking the different stages required in order to achieve specified objectives, based on a "Policy Logic", which underlies the expected impact of a policy on outcomes, and "Monitoring indicators", which measure the effective implementation of the policy and its associated results (OECD, 2025[76]) .

Results Chain

The Results Chain is the causal sequence of a policy, which stipulates the different stages that need to take place for the achievement of the specified objectives. Furthermore, it explicitly articulates the causal sequence of a policy implementation, by describing how its different components may eventually lead to aimed results. Each component of this framework contributes to the next, and the links between each component are as important as the results themselves (OECD, 2024[69]).

In its simplified version, a results chain comprises five components: Inputs, Activities, Outputs, Outcomes, and Goal/Impacts:

- Inputs refer to the financial, human, material and institutional resources used for the intervention.
- Activities are the actions taken or work performed using inputs to produce specific outputs.
- Outputs are the products and services that result from an intervention, they act as the means to achieve a policy objective (outcome) but are not the outcomes themselves.
- Outcomes are the short- and medium-term "effective" result of a policy, they measure the direct effect resulting from policy outputs.
- Goal/Impact is the longer-term and higher-level effect of the outcomes of an intervention, including intended/unintended and positive/negative effects of external factors and circumstances that are beyond policy measures (Schumann, 2016[77]).

Using a policy on parenting support as an example, Figure A B.1 illustrates how information on policy implementation and its results can be organized around a result chain using the Theory of Change approach. The ToC offers a simplified representation of the implementation steps behind scaling an evidence-based parenting programmes, such as Triple P Parenting, which has the goal of reducing the prevalence of child social and emotional difficulties in children aged 0-16 years at the population level. It links the financial and human resources committed to the various activities and services needed to put

measures in place, and then to the "outputs", which are the concrete measures that benefit the target population. The second part of the chain reflects the effect that the policy "output" is expected to have on individuals' "outcomes", as well as the "impact" that is the longer-term and higher-order objective to which a policy intends to contribute (OECD, 2025[76]).

Figure A B.1. A simplified Theory of Change for scaling evidence-based parenting programmes
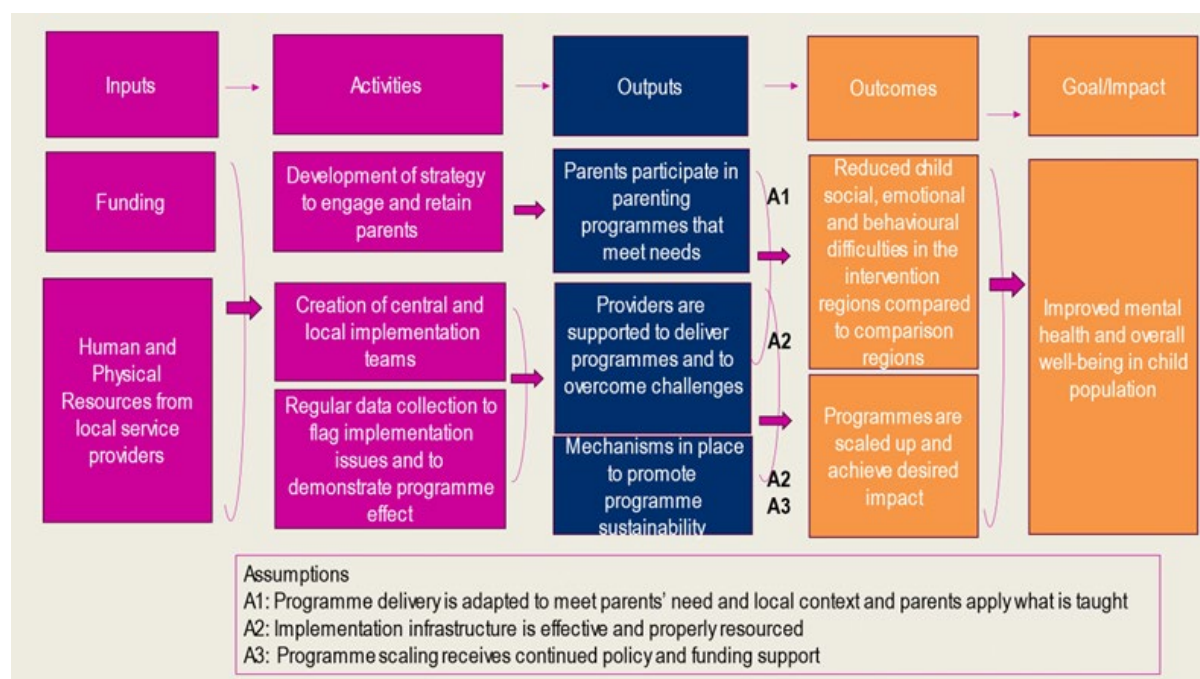
Source: (OECD, 2025[76]), How to monitor and evaluate policies to address child poverty and disadvantage in Ireland.

Policy Logic

The effect of policy measures and their outputs on outcomes are not direct and invariable (Lowe, 2023[78]). It is possible that when monitored at a global level, the evolution of an outcome may be attributable, at least in part, to factors that go beyond the policy measures. Similarly, within a group of a measures, assessing the contribution of each particular measure to the final outcome is not always straightforward (OECD, 2024[69]).

A policy logic framework helps to understand how the different elements of a plan, as well as their interaction, may contribute to a desired outcome. It helps to see more clearly how outcomes may be impacted by a policy measure, including the indirect effects that may result, and the positive or negative interactions that may be induced by actions in different areas. The policy logic exercise can be applied to a group of measures within a policy area or to a single measure. In either case, the exercise identifies the drivers, conditions, and potential obstacles for measures to produce the desired impacts on child outcomes and their determinants.

Figure A B.1 illustrates the policy logic by including a description of the enabling conditions that are presumed to be true or in place at the beginning of the intervention (assumptions) as well as the factors that could materialise during the intervention and disrupt the results chain (risks) (OECD, 2023[79]).

Policy Monitoring Indicators

A policy monitoring framework is an ongoing process that tracks the status of the implementation and results of a policy plan. Each step of the policy's action plan is monitored through a set of indicators (OECD, 2002[80]). Selecting appropriate Policy Monitoring Indicators is essential for effectively bridging the planning and monitoring phases of a policy. Indicators measure progress and define the qualitative and quantitative information needed to monitor the effective implementation of the policy and its associated results.

Policy Monitoring Indicators are essential elements of a results framework since they enable stakeholders to monitor and report accurately on how a programme or policy is performing (OECD, 2023[79]). Indicators can be quantitative or qualitative variables related to an intervention and its results, or to the context in which such intervention takes place. They provide simple, verifiable, and reliable means for tracking changes and the performance of projects, programmes, and policies. For that purpose, indicators need to be carefully designed and selected as they will drive subsequent data collection, analysis, reporting and evidence dissemination (Kusek and Rist, 2004[81]).

Indicators should be developed and agreed on by key stakeholders for each level of the Results Chain, since they are needed to monitor progress with respect to inputs, activities, outputs, outcomes, and goals (Kusek and Rist, 2004[81]). Tracking indicators on a regular basis throughout the whole Results Chain enables decision-makers to understand the performance of policies and programmes, and it alerts them of any performance discrepancies, shortfalls in reaching targets, and any other deviations from the desired outcomes.

OECD (2024[69]) proposes some methodological considerations that could help guide the process of selecting and defining indicators:

- **Select fewer indicators**. A recurrent problem with results frameworks is that they are often based on a too large of an indicator set. Too many, detailed indicators may have low added value while creating a considerable burden for the processes of data collection, analysis, and reporting. Therefore, indicators should be chosen carefully and judiciously, accounting for their cost and work implications.

- For indicators to be useful and effective for monitoring and evaluation purposes, **indicators should follow the SMART criteria** (Box A B.1.).

- **Qualitative indicators should be used with caution**. While qualitative information is important and necessary, it is more time consuming to collect, measure, and verify, since it often involves subjective judgements and perceptions.

- **Indirect (proxy) indicators should be assigned carefully** and only used when data for direct indicators is not available or regular data collection is not feasible. While they can correctly track the desired result, they can also be affected by other contributing factors, which would make attribution to the policy or programme challenging to assert.

> ## Box A B.1. Characteristics of SMART indicators
>
> - **Specific.** Indicators should reflect simple information that is communicable and easily understood. They should be as clear, direct, and unambiguous as possible.
> - **Measurable.** Indicators should be objectively verifiable.
> - **Achievable.** Indicators and their measurement units must be achievable and sensitive to change during the lifespan of the programme or policy.
> - **Relevant.** Indicators should reflect information that is important for the policy or programme object of analysis, and likely to be used by managers and decisionmakers.
> - **Time bound.** Indicator progress can be tracked at a desired frequency for a set period of time
>
> Source: (World Bank, 2012[73]), Designing a Results Framework for Achieving Results: A How-To Guide.

PAGPI's Framework

Following the European Recommendation on Child Guarantee , the Portuguese Child Guarantee Action Plan (PAGPI) focuses on improving access to rights and essential quality services for children in need, through actions that make it possible to remove barriers to their access (Coordenação Nacional Garantia para a Infância, 2023[20]).

As starting point, the Child Guarantee Action Plan follows the priority groups of the Child Guarantee, which defines "children in need" as persons under the age of 18 who are at risk of poverty or social exclusion (AROPE).[23] Within this group, the ECG recommends Member States to particularly consider the following "target subgroups": (a) homeless children or those experiencing severe housing deprivation; (b) children with disabilities; (c) children with mental health issues; (d) children with a migrant background or minority ethnic origin, particularly Roma; (e) children in alternative, especially institutional care; (f) children in precarious family situations (Council of the European Union, 2021[82]; Social Protection Committee and European Commission, 2023[83]).

PAGPI's Structure and Policy Logic

As illustrated in Figure A B.2, the Portuguese Child Guarantee Action Plan identifies and structures its main intervention under four pillars, which are divided in 12 Strategic Objectives. Strategic Objectives are further divided into 61 Operational Objectives, 35 Goals and 60 Indicators. Operational objectives are followed by 76 Measures each, a priori, followed by a specific Target.[24,25] The four pillars of the Action Plan focus on four different areas: Employment and Skills, Social Protection and Social Action, Quality Services, and Vulnerable Children (see Table A B.1). Pillars are divided in 12 Strategic Objectives. Since the provision of quality essential services is the core focus of the European Child Guarantee, most Strategic Objectives are under the third pillar (Quality Services). Strategic objectives are followed by three separate elements: Operational Objectives, Monitoring Indicators and Goals. Operational Objectives would be, in principle, more focused and specific versions of Strategic Objectives, aiming to provide a bridge between them and the Measures (i.e. the policy actions set up to achieve these objectives). As discussed in section 0, in practice Operational Objectives not only do not always play this role as a "bridge", but also are not accompanied with indicators to monitor their results. In parallel to Operational Objectives, Goals (*Metas* in Portuguese) also determine objectives associated to Strategic Objectives. In contrast to Operational Objectives, Goals include measurable and time-bound indicators, although not always in a way that is consistent, effective and clear (see section 0). Monitoring Indicators aim to provide evidence on policy

outcomes. The way they are organised, however, is rather dispersed and their scopes and definitions are not always consistent. Measures are followed with information about their targets, resources, and stakeholders. The structure of the Action Plan and its components are discussed in detail in sections 0 and 0, respectively.

Figure A B.2. Structure of the Child Guarantee Action Plan

Note: Elaborated by the OECD based on information available on the Child Guarantee Action Plan 2022-2030.
Source: Portugal Child Guarantee Action Plan 2022-2030, (Coordenação Nacional Garantia para a Infância, 2023[20])

It is important to highlight that the Child Guarantee National Coordination is not directly responsible for drafting or implementing measures, except for the one related to the establishment of Local Units to promote the Child Guarantee at the municipal level. As discussed in Chapter 2, the National Coordination holds a coordinating role, tasked with articulating efforts from different government areas into a cohesive action plan for the Child Guarantee. Thereby, instead of developing measures for the PAGPI from scratch, the National Coordination engaged in a "find and fit" process to identify previous elements. The analysis encompassed all children-related national strategies, programmes, and plans in coordination with inter-departmental stakeholders to identify measures that fitted with the objectives of the Child Guarantee as inspired by the European framework. This holistic approach resulted in an initial proposal that was validated by the Technical Monitoring Committee. The Action Plan functions, therefore, as an aggregation of ongoing measures from various government departments that are closely associated with the Child Guarantee's pillars and Strategic Objectives.

In later stages of the policy cycle, however, the Action Plan was reinforced by additional measures developed in response to the growing relevance of the Child Guarantee in Portugal and the advocacy pursued by the ECG National Coordination. Notably, this included the introduction of a new in-cash social benefit for children and young people at risk of extreme poverty. Direct inputs from the Child Guarantee also contributed to the creation of social programmes such as the 5th Generation of Local Social Development Contracts (CLDS 5G) and the housing programme Door+ (*Porta+*), prioritising support for single-parent households. Continuous improvement of child policies in Portugal are also leveraging the reporting process on the implementation of the child guarantee to the European Commission. This includes a review of the measures that are aligned with the mandate of the ECG National Coordinator.[26] The first

report prompted the inclusion of new initiatives addressing previously overlooked needs, such as support for cultural and sports activities. The advocacy efforts led by the Child Guarantee Coordination together with the Technical Monitoring Committee and various government sectors have helped to strengthen the framework. Chapter 2 delves deeper into the Child Guarantee's role and its governance stewardship supporting the Action Plan.

The PAGPI can be seen as an effort to better coordinate stakeholders under a "children-in-need" umbrella and to improve ongoing collaboration and integration in the areas related to the well-being of children and young people. Although the Child Guarantee framework is not accompanied by a separate strategy, the framework includes certain features that are broad and long-term (e.g. Pillars and Strategic Objectives) and others that are narrower and more immediate (Operational Objectives, Goals and Measures). In spite of serving different purposes, the components from both layers represent the building blocks of the PAGPI and should be designed in a hierarchical order and serve to funnel down the political ambitions of the policies to executable steps or initiatives (Vági and Rimkute, 2018[74]).

Table A B.1. Strategic objectives by pillar

Pillar	Strategic Objective
P1. Employment, Qualifications and Skills	S1. Promote labour market integration and increase wages
	S2. Increase the qualification/skills of adults, especially those from families with children
P2. Social Protection and Social Action	S3. Strengthen social protection for children, young people and their families
	S4. Promote close and integrated social action among families with children and young people
P3. Quality Services	S5. Ensure access to quality early childhood responses
	S6. Ensure access to quality educational response and school-based activities
	S7. Strengthen access to healthcare, health promotion, disease prevention, and quality specialised care
	S8. Promote access to healthy food
	S9. Promote access for vulnerable families with children and young people to decent housing
P4. Inclusion of the Most Vulnerable Children and Young People	S10. Prevent institutionalisation and promote the deinstitutionalisation of children and young people at risk
	S11. Ensure effective equality in access to essential services for children and young people from immigrant backgrounds or ethnic minorities, particularly those from the Roma community
	S12. Promote equality and non-discrimination

Source: Portugal Child Guarantee Action Plan 2022-2030, (Coordenação Nacional Garantia para a Infância, 2023[20]).

Figure A B.3 illustrates the policy logic of the Child Guarantee Action Plan. It shows how the different pillars and Strategic Objectives of the Action Plan aim to tackle child poverty and social exclusion by encompassing policies for poverty prevention and for poverty mitigation. Poverty prevention aims to reduce the prevalence of child poverty and social exclusion by acting on its determinants. Poverty mitigation is about reducing the impact of exposure to poverty and social exclusion on children's outcomes.

The first pillar of the Child Guarantee Action Plan is clearly associated to poverty prevention. Its policy domains cover measures to improve parental skills and qualifications, employment, and wages. If successful, these measures would reduce the exposure of children to key determinants of poverty and social exclusion.

The second pillar is associated to poverty mitigation. Its policy levers include social protection (e.g. family and social transfers), which provide additional income to low-income families to lift them out of monetary poverty, or at least alleviate the poverty intensity. To some extent, these policies may also have some indirect impact on parental employment and skills.

The third pillar involves a set of policies which aim at improving the access of vulnerable children to quality services in the areas of childcare, education, health, nutrition, and housing. The primary focus of these

policies is to combat and mitigate material deprivation and the health and learning consequences of poverty. However, they have also a poverty-prevention role, as the provision of such services can also have a positive effect on the employment status of parents.

The fourth pillar relates to the mitigation of poverty and social exclusion of particularly vulnerable groups that require more focused and customised measures. This is particularly the case of children in alternative care and from a migrant or ethnic-minority background. While the main impact of these policies would be on child material deprivation and well-being, they may also have an indirect effect on parental employment.

Figure A B.3.The policy logic of the Child Guarantee Action Plan
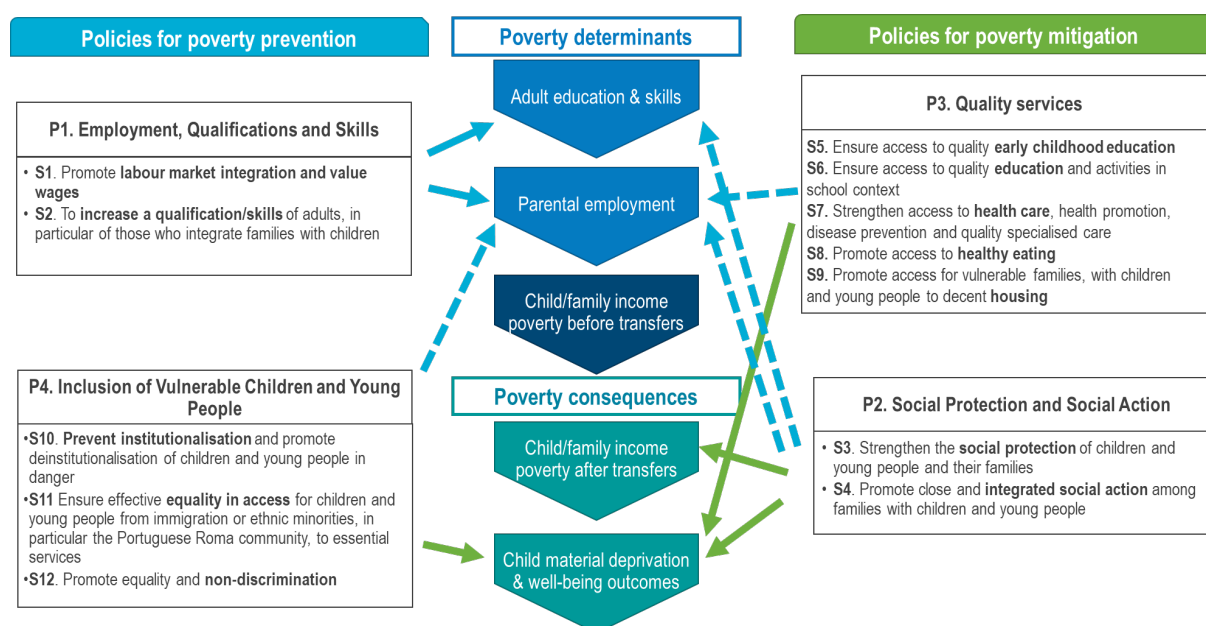
Note: Elaborated by the OECD based on information available on the Child Guarantee Action Plan 2022-2030.
Source: Portugal Child Guarantee Action Plan 2022-2030, (Coordenação Nacional Garantia para a Infância, 2023[20]).

It is important to note that a lower-level policy can contribute to achieving several and different higher-level objectives (Schumann, 2016[77]). Understanding how different levels of planning elements interact lies at the core of the policy logic exercise. Figure A B.4 displays one example from the PAGPI where is possible to observe a scenario where a lower-level element, a measure related to the distribution of a balanced food basket, contributes simultaneously to two different Operational Objectives, as it aids in combatting food scarcity and in promoting healthy eating. Similarly, the measure to improve school food offerings coming from the "promote food education" Operational Objective, can also be closely linked to "promote healthy eating". If the exercise was expanded to identify close interactions across other planning elements, it would be possible to relate these measures with broader health outcomes, for instance.

Figure A B.4. Example of a schematic representation of the planning hierarchy
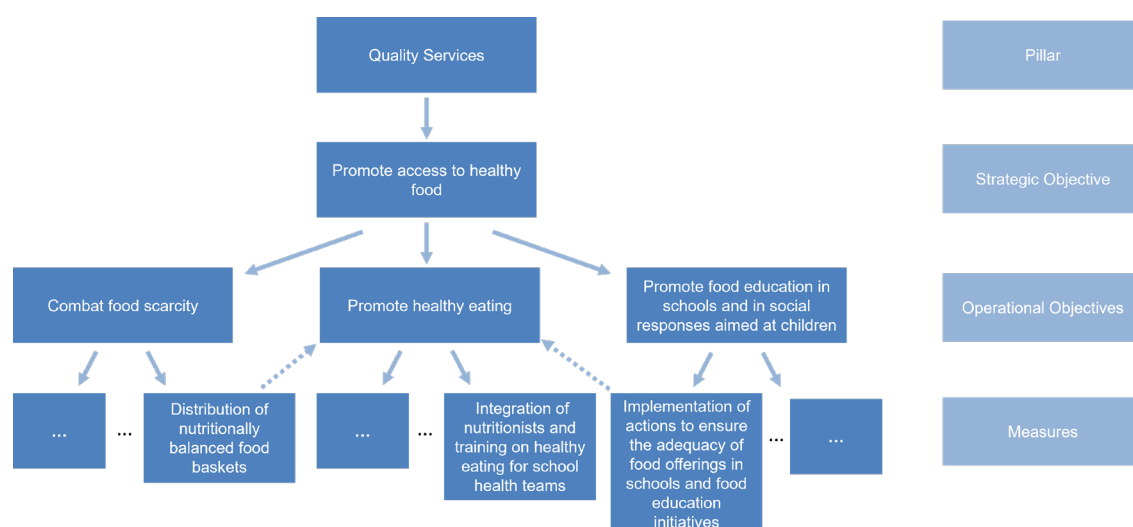
Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030 and adapted from Schumann (2016[3]).
Source: Portugal Child Guarantee Action Plan 2022-2030, 2023.

A review of PAGPI's framework

The Child Guarantee Action Plan follows a somewhat hierarchical and connected structure (see Figure A B.2) that aims to resemble a Results Chain. Yet, the structure of the Action Plan does not fully follow an articulated and casual sequence of components in which each component contributes to the next. Furthermore, several components duplicate the same objective or indicator while it misses some other elements of a logic sequence. These issues are illustrated in Figure A B.5, which describes the components of Strategic Objective 5 "Ensure access to high-quality early childhood responses". This Strategic Objective is divided in three Operational Objectives, each accompanied by a measure. It also includes three Goals and eight Indicators.

Figure A B.5 shows two examples of components duplicating the same objective or indicator. Although using slightly different wording, three components (Operational Objective O12, Measure M15, and Goal G14) address the same issue, namely the provision of free childcare. Similarly, Measures M14 and Goal G15 not only address the same issue but also have the same target of 8 884 new childcare places by 2026.

Figure A B.5 also illustrates how the components of the PAGPI do not address issues in a complete and causal sequence. By and large, the Strategic Objective addresses two groups of children: those attending childcare (under 3 years of age) and those attending pre-school (roughly 3 to 6 year of age). Childcare is addressed in all Operational Objectives and Measures, in two Goals and four Indicators. Pre-school, however, is not included in any Operational Objective or Measure, although it is addressed in one Goal and four Indicators. Similarly, indicators i21 and i22 address the Council Recommendation on early childhood education and care, known as "Barcelona targets"[27] (European Union Council, 2022[84]), however no Goal or Operational Objective mention them.[28]

Operational Objectives do not provide an effective bridge between Strategic Objectives and other PAGPI's components. Around 80% of the Operational Objectives are broken down in just a single Measure. This "one-to-one" pairing ignores the synergies and complementarities of policy measures, which makes the framework interconnected and interactive, as described in the example from Figure A B.5. A detailed example of PAGPI's structure and components. In addition, Operational Objectives are not used to provide

a structure to Indicators. As a result, Indicators are scattered without order within each Strategic Objective. Furthermore, Goals are also directly linked to Strategic Objectives and function as another component with objectives, functioning in parallel to the Operational Objectives. These issues undermine the overall relevance of the Operational Objectives and renders the structure repetitive, with many merely rephrasing or overlapping other components.

Figure A B.5. A detailed example of PAGPI's structure and components.

Strategic Objective 5 "Ensure access to high-quality early childhood responses"

| Operational Objectives	Measures	Target by 2030		Goal	Target by 2030		Indicators	Source
O11. Increase the coverage rate of social responses targeting early childhood	M14. Extension of the kindergartens' response capacity to meet the demand needs.	+8,884 (3,298 New and Remodeled Centers by 2024 and 5,586 New Centers by 2026)		G14. To ensure free access to kindergartens.	Children between 0-3 years, by 2024		i21. Children up to 3 years old, in formal childcare or education by age group, for 25 hours or more, by risk of poverty or social exclusion	EU-SILC
O12. Ensure the free attendance of children in daycare centers covered by the cooperation regime	M15. Progressive implementation by 2024 of free kindergartens in the network of cooperation between the State and the social and solidarity sector.	x		G15. To increase the early childhood education and care response network (ECEC).	+8.884 (2026)		i22. Students from 3 years old until the age of of compulsory schooling compulsory primary education by gender - % of age group	Eurostat
O13. Enhance the quality levels of early childhood responses	M16. Definition of a qualification plan for social responses aimed at children aged 0-3 (kindergartens, family kindergartens and nannies).	x		G16. To ensure the attendance of preschool education for all children from the age of 3.	96,0%		i23. Coverage rate of early childhood social responses	Social Charter
							i24. Percentage of kindergarten responses according to the legal nature of the owner	Social Charter
							i25. Number of children aged 0-3 covered by free access to kindergartens	ISS
							i26. Pre-schooling rate, per sex	Directorate-General of Education and Science Statistics (DGEEC)
							i27. Number of children enrolled, per educational establishment nature	DGEEC
							i28. Average number of children per kindergarten teacher in service, per educational establishment nature	DGEEC

Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030 and 2024 Child Guarantee biennial report. Text in red denotes indicators that have been revised in the 2024 Biennial Report.
Source: Coordenação Nacional Garantia para a Infância (2023[20]) and Coordenação Nacional Garantia para a Infância (2024[85]).

Drawing on the assessment above, a simpler and more articulated structure could make the PAGPI framework easier to be understood, analysed, and monitored, as well as used by the Child Guarantee's Local Units as a guide or template for their own social diagnosis and monitoring frameworks at the local level. In this sense, Operational Objectives and Goals could be merged into a single component (called, for example, "Operational Goals"), setting specific objectives within the Strategic Objectives and providing structure for Measures and Indicators. Operational Goals would include a well-defined Target, which would be measured by an associated Target Indicator. Monitoring Indicators would complement the Target Indicator providing additional information related to the Operational Goal. Figure A B.6 illustrates this alternative framework for Strategic Objective 5.

Re-ordering and revising the current components of Strategic Objective 5, this alternative structure would be composed of four Operational Goals, two based on Operational Objectives and two based on Goals. For three of them, current components provide a clear target and indicator. A new target would need to be

proposed for the Operational Goal related to enhancing quality of early childhood responses. The average number of children per kindergarten teacher could potentially be its indicator. All Operational Goals but the one related to preschool children have associated Measures. None of the current monitoring indicators are associated to the Operational Goals related to free access to kindergartens and quality of early childhood responses. The former, however, could include the number of children covered by free kindergartens by type of establishment (public, social, private), which are mentioned in the Biennial Report.[29] Similarly, the Biennial Report mentions the number of new ECEC places,[30] which could be a monitoring indicator to the first Operational Goal.

The definitions and labels of some components could also be revised to make them clearer. For example, the current Operational Objective 11 "Increase the coverage rate of social responses targeting early childhood" uses terms whose definition may not be clear to a wider public (e.g. how the "coverage rate of social responses" is measured? what are "social responses targeting early childhood"?; who are the children in "early childhood"?). Following the ECEC Barcelona targets, mentioned above, the objective could be rewritten as "Increase the share of children below the age of three participating in ECEC". Figure A B.6 provides further examples of terms that could be revised.

Figure A B.6.Example of alternative structure and components for PAGPI

Strategic Objective 5 "Ensure access to high-quality early childhood responses"

Operational Goals	Target by 2030	Target Indicator	Source	Measures	Target by 2030	Monitoring indicators	Source
O11. Increase the coverage rate of social responses targeting early childhood Increase share of children below the age of three participating in ECEC.	50.8% according to EU SILC data	i21. Percentage of children up to 3 years old in formal childcare or education by age group, for 25 hours or more, by risk of poverty or social exclusion	EU-SILC	M14. Extension of the kindergartens' response ECEC capacity to meet the demand needs.	8884 new ECEC places for children under 3 years of age	i23. Coverage rate of early childhood social responses Ratio between	Social Charter
						i24. Percentage of kindergarten Distribution of ECEC places according to the legal nature of the owner	Social Charter
						Number of new ECEC places	Mentioned in the Biennial Report
G14. Ensure free access to kindergartens all children in ECEC by	100% of children attending ECEC receive the service for free.	i25. Percentage Number of children aged 0-3 covered by free access to	ISS	M15. Progressive implementation by 2024 of free kindergartens ECEC	All ECEC services (public, social, private) become free of charge by 2024	Number children aged 0-3 covered by free access to ECEC by type of	Mentioned in the Biennial Report
O13. Enhance the quality levels of early childhood responsesECEC		i28. Average number of children per kindergarten ECEC teacher in service, per educational establishment nature	DGEEC	M16. Definition of a qualification plan for social responses ECEC aimed at children aged 0-3 (kindergartens, family kindergartens and nannies).	x		
G16. To ensure Increase the attendance of preschool education for all children from the age of 3.	96% of children from 3 years old until the age of compulsory schoolding attending preschool education	i22. Percentage of students from 3 years old until the age of of compulsory schooling attending preschool education by gender - % of age group	Eurostat			i26. Pre-schooling rate by age	Directorate-General of Education and
						i27. Number of children enrolled, per educational establishment nature by type of establishment (public, social, private)	DGEEC

Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030 and 2024 Child Guarantee biennial report. Text in red denotes suggestions of changes in the wording of current components. Cells highlighted in yellow indicate new components that would be needed in order to fill in gaps in the logic sequence.
Source: Coordenação Nacional Garantia para a Infância (2023[20]) and Coordenação Nacional Garantia para a Infância (2024[85]).

PAGPI's Components

Following the review of PAGPI's overall framework, this section summarises the main findings from a detailed review of each of the components of the Action Plan. Components are assessed both on their own terms, regarding their definition and categorisation, as well as in terms of their alignment and consistency with other components.

Pillars

The Action Plan includes four pillars, as detailed in Table A B.1. The first pillar addresses the wages, employment, and qualifications of parents, which are fundamental drivers of children's well-being outcomes. Literature indeed has extensively pointed to the relevance of these effects (Akee et al., 2010[86]; Chetty, Hendren and Katz, 2016[87]). The following pillars take direct focus on children and their environments. The second pillar focuses on the various initiatives, in terms of resources and responses, government can undertake to provide support to children in need. These include the provision of financial assistance through conditional in-cash transfers and the establishment of the Local Units dedicated to integrating local efforts towards children's well-being. The third pillar consolidates the core recommendations put forth by the ECG, addressing barriers, improving quality, and expanding outreach of essential services, as childcare and early education, education, health, nutrition, and housing. The fourth pillar establishes policies for specific priority groups outlined in the ECG.

As many other OECD countries, the Portuguese Action Plan focuses on key areas instead of child outcomes (Dirwan and Thévenon, 2023[4]). Pillars are not worded as long-term well-being consequences of successfully implementing the Child Guarantee, but rather as broad categories. For example, Pillar 3 consolidates the objectives designated to improve the quality and accessibility of essential services needed by children and young people, however the Pillar is simply worded as "Quality Services". Given the concise manner Pillars were developed, to understand their scope and implications, there is a need to look further at the Strategic Objectives underneath. As it stands, however, this process requires an examination of the PAGPI documentation, as there is no one-page or support material that easily outlines the strategic layer embedded within the plan in an accessible and visual way. A support material could present the mission of lifting 170 thousand children out of poverty by 2030 and detail the main strategies under each pillar and their intended long-term impacts. The problem with providing limited strategic information in a tangible and accessible way is that it becomes challenging to engage stakeholders and communicate the essence of the Child Guarantee to a wider audience. Consequently, there is a risk that the efforts of the PAGPI will remain limited to government entities already familiar with the framework, leaving other governmental and non-governmental stakeholders unaware of the Child Guarantee's value in integrating policies from a child-centred perspective.

Strategic Objectives

Strategic Objectives break down each Pillar into an important aspect of the planning process. They bridge the area of intervention embedded within the pillars with a series of narrower objectives, measures, targets, and indicators. Strategic Objectives represent a more general and longer-term aspiration in the form of a statement about the preferred conditions which a government is committed to achieving by improving a specific policy area (Vági and Rimkute, 2018[74]). They encompass a broader scope and can involve complex interactions and dependencies with lower-level planning elements.

The PAGPI outlines 12 Strategic Objectives, with the third pillar containing the highest number (five). Strategic Objectives were reviewed using two criteria to assess their clarity and alignment and consistency with other components (see Table A B.2 for details). Overall, Strategic Objectives represent the effects pursued under the Pillars to which they are linked. More than focusing on aspirations, Strategic Objectives formulate the desirable outcomes that could be achieved by addressing previously identified problems and

causes that impede children and young people from enjoying a good life and having a promising future ahead.

Table A B.2. Characteristics reviewed from Child Guarantee's Strategic Objectives

Characteristics	Description
Clear?	Whether the Strategic Objectives are defined in a clear, precise, and understandable manner.
Well categorised?	Whether the Strategic Objectives are in line with the result chain, describing an impact.

The review suggests that Strategic Objectives align with this direction, which focuses on the need to improve quality, access, and equality in various policy areas. However, a point of attention is ensuring that Strategic Objectives are attainable. This is because an action plan must ultimately be capable of success to avoid frustration with commitments that are excessively ambitious. There are some instances in the framework that is not clear whether the PAGPI has mechanisms and resources enough to deliver on this end. For instance, the first Strategic Objective "Promote labour market integration and increase wages" needs further refinement. This objective combines two distinct outcomes, and both goals are overly broad and unrealistic, given the political context of the PAGPI, which is focused specifically on the well-being of children and young people.

Operational objectives

The PAGPI incorporates 61 Operational Objectives, which are directly linked to broader Strategic Objectives and specifically target narrower aspects. Following the logic of a Results Chain, the achievement of Strategic Objectives depends on Operational Objectives, while Operational Objectives are to be achieved through the implementation of one or more Measures (Vági and Rimkute, 2018[74]). Thereby, Operational Objectives should indicate concrete and desirable outcomes in well-delimited policy areas. In the case of health, for example, separate Operational Objectives would set up targets to specific issues (e.g. mental health or primary healthcare), which would be achieved through the outputs of a set of policy measures.

The number of Operational Objectives in the PAGPI (61) is excessively large to be operational and effectively monitored. In many cases instead of delimiting concrete policy areas, they repeat the content available in another component of the PAGPI. A review of Operational Objectives has identified two types of repetitions: overlap with Operational Objectives and overlap with Measures. Table A B.3 illustrates both issues with some concrete examples. Several Operational Objectives could be merged into a single one as their contents are very similar. For example, Operational Objectives O29, "Promoting the health of children and youth", O30, "Ensuring access for all children and youth to healthcare", and O40, "Promoting youth health", are aimed at ensuring that children and young people have access to primary healthcare without any clear distinction between them. Similarly, both Operational Objectives O15 and O20 focus on providing school with digital resources, although using different labels.

As already pointed out in section 0, most Operational Objectives contain only one Measure and in several cases their definitions are either identical to or too similar to be distinguishable. For example, Operational Objective O51 "Developing integration programs for immigrants in municipalities with high immigration demand" is essentially a restatement of Measure M66 "Implementation of an integrated response to immigrants from various public services in municipalities with high immigration demand". Similarly, Operational Objective O40 "Promoting youth health" overlaps with its only Measure M46 "Promotion of a program in the field of youth health". Since there is only one measure addressing youth health, it could be considered merging Operational Objective O40 with O29 "Promoting the health of children and youth".

Following the assessment above, the structure of the PAGPI could benefit from using Operational Objectives to group closely connected interventions that focus on the same outcome, thereby simplifying

the Action Plan's visualisation, and reducing its complexity. Operational Objectives under the Strategic Objective 8, "Promote access to healthy food" is a good example of how the PAGPI can profit from compiling objectives. This method could be applied within the wider Strategic Objective 7 "Strengthen access to healthcare, health promotion, disease prevention, and quality specialised care". As discussed above, at least four Operational Objectives related to mental health are outlined, each one with only a single measure (see Table A B.3). Grouping all interventions related to mental health under a focused Operational Objective would enhance clarity and coherence, besides facilitating the understanding of existing interactions and dependencies among the chosen measures and their comparison.

Table A B.3 Examples of Child Guarantee's Operational Objectives with identified problems

Operational Objective	Measures	Problem Identified
O29. Promoting the health of children and youth	M34. Promoting access for all children to oral health screenings and neonatal and childhood hearing health screenings	Objectives are repetitive.
O30. Ensuring access for all children and youth to healthcare	M35. Promoting access for all children and youth to nearby appointments in Primary Healthcare	
O40. Promoting youth health	M46. Promotion of a program in the field of youth health	Overlaps with its associated measure (M46).
O15. Develop mechanisms to support study efforts	M18. Provision of internet-accessible equipment and high-quality digital educational resources to schools, students, and teachers M19. Establishment of a public system for lending eBooks and digital content to public schools M20. Increase in the number of textbooks available in accessible formats	Objectives are repetitive.
O20. Develop digital skills through the installation of specialised equipment for projects in digital, robotics, experimental computing, among other areas	M25. Digital Education Laboratories	
O38. Promoting mental health	M44. Expansion of suicide prevention programs to the entire national territory	Objectives are repetitive. There are quite a few Operational Objectives on mental health, all with just a single measure tied to them.
O33. Implementing a new model for structuring and governing public mental health services	M38. Implementation of the National and Regional Mental Health Plans, especially concerning childhood and adolescence, and the establishment of a national coordination and five regional mental health coordination.	
O36. Ensuring access to childhood and adolescent mental health facilities in the National Integrated Continuous Care Network	M41. Establishment of childhood and adolescent mental health facilities (CCISM) within the National Integrated Continuous Care Network, with provisions for free access to children and youth in situations of poverty	
O51. Developing integration programs for immigrants in municipalities with high immigration demand	M66. Implementation of an integrated response to immigrants from various public services in municipalities with high immigration demand	Overlaps with its associated measure (M66) and resembles more an activity than an outcome.
O26. Promote access to at least one healthy meal at school every school day, with a primary focus on students from more disadvantaged backgrounds	M31. Provision of at least one healthy meal at school every school day, free of charge, to students from more disadvantaged backgrounds	Overlaps with its associated measure (M31) and resembles more an activity than an outcome.

Note: Elaborated by the OECD based on information available on the Child Guarantee Action Plan 2022-2030.
Source: Portugal Child Guarantee Action Plan 2022-2030, (Coordenação Nacional Garantia para a Infância, 2023[20]).

The relevance of Operational Objectives is further compromised for being scarcely mentioned in the Action Plan and not mentioned at all in the 2024 Biennial Report presented to the European Commission (Coordenação Nacional Garantia para a Infância, 2024[85]). Furthermore, the Biennial Report introduced new measures, following the expansion of government areas covered by the Child Guarantee to include Culture, Youth, and Sports. These new measures were directly linked to Strategic Objectives without corresponding Operational Objectives, bypassing the original structure of the Action Plan, which links measures to Operational Objectives.

Another point of attention concerns monitoring. Unlike other components of the Action Plan, the PAGPI does not present any indicator directly linked to Operational Objectives. Ideally, a strategy should feature as many indicators as objectives, with each Operational Objective accompanied by an outcome-level indicator. Finally, as discussed in section 0, Goals (*Metas* in Portuguese) somehow replicate the function of Operational Objectives as a component which provides more targeted and specific desirable outcomes to Strategic Objectives. This renders Operational Objective as repetitive, which undermines their relevance.

Section 0 also discussed the possibility of merging Operational Objectives and Goals into a new component with objectives for well-delimited policy areas, which include targets and indicators, and provide a structure for measures and monitoring indicators. Goals are discussed below.

Goals

The PAGPI outlines 35 Goals (*Metas* in Portuguese)[31] to assess the "evolution of children's and young people's living conditions" (Coordenação Nacional Garantia para a Infância, 2023[20]). Goals include both objectives and monitoring indicators. Although their labels tend to present them only as objectives, most Goals include indicators with quantitative information. For example, Goal 14 is labelled "To ensure free access to kindergartens", however it also reports the number of children receiving free childcare.

Goals present some structural challenges, which tend to somewhat undermine their use. A first concern arises from the lack of a consistent role or scope. Some Goals are stated as policy actions while other as results. The scope of results also varies between output, outcome, and impact. Table A B.4 illustrates the issue providing some examples.

The labels in some Goals refer to policy actions. This is the case, for example, of Goal 5, "Progressively and annually increase the minimum wage". Since it is the government who settles the amount of the minimum wage, this Goal is rather a policy action than an objective or result. Other Goals in the PAGPI not only are labelled as if policy actions but also duplicate the content of other components. For example, Goal 25, "Establish community mental health teams distributed across the 5 health regions", is also addressed by Measure 39, "Establishment of community mental health teams composed of child psychiatrist, psychologist, nurse, social worker, occupational therapist/psychomotor therapist".

Most Goals are related to policy results. However, Goals are not consistent regarding the scope of the results. Some focus outputs (i.e. the immediate product of a policy), other on outcomes (i.e. the short- or medium-term effect of the policy on the target group) and some on impact (i.e. the long-term effect on the population). Goal G18 is an example of output as it focuses on number of school units covered by a programme. Goal G16 is an outcome as it aims at the share of children in preschool education. Goal G10 refers to "halving child poverty", which is an overall impact (or high-level objective) of the whole Child Guarantee, and whose determinants go beyond the policy scope of the Goals' Strategic Objective or Pillar. Goal G2 "Reduce the gender employment gap" is an even more extreme case in which the result is outside of the scope of the Child Guarantee as a whole.

A second concern results from the fact that most Goals lack of a precise definition of the indicators that underly their targets. Table A B.4 provides several examples. In the case of Goal G25, all information available is a number. Supposedly, it may refer to the number of community mental health teams

distributed across the 5 health regions. G10 also does not explicitly describe the indicator underlying the target of 170 000, although it can be implicitly assumed to be the number of children at-risk-of-poverty.

Table A B.4. Goals do not have a consistent role or scope

Pillar	Strategic Objective	Goal	Target/indicator	Role and Scope
P1. Employment, Qualifications and Skills	S1. Promote labour market integration and increase wages.	G5. Progressively and annually increase the minimum wage.	Minimum wage to be 900€ per month by 2026.	Policy Action
P3. Quality Services	S7. Strengthen access to healthcare, health promotion, disease prevention, and quality specialised care	G25. Establish community mental health teams distributed across the 5 health regions	10 The indicator is not described.	Policy Action
P3. Quality Services	S6. Ensure access to a quality educational response and school-based activities	G18. Ensure the expansion of school clusters or standalone schools covered by specific projects to combat failure and dropout	170 Organisational Units (2023)	Results: Output
P3. Quality Services	S5. Ensure access to high-quality early childhood responses	G16. Ensure the enrolment of children from the age of 3 in preschool education	96% (2030) Pre-school enrolment rate.	Results: Outcome
P2. Social Protection and Social Action	S3. Strengthen the social protection of children, young people and their families	G10. To halve the monetary poverty in the group of children in poverty situation	170.000 (2030) The indicator is not explicitly described.	Results: Overall impact
P1. Employment, Qualifications and Skills	S1. Promote labour market integration and increase wages	G2. Reduce the gender employment gap	3p.p. The indicator is not explicitly described.	Results: Outside of the scope of Child Guarantee

Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030.
Source: Portugal Child Guarantee Action Plan 2022-2030, 2023.

A third concern results from the fact that several Goals duplicate the content included in other components of the Action Plan. Table A B.5 provides examples of Goals whose wording either matches or significantly overlaps with the text of existing Operational Objectives and Measures.

Table A B.5. Goals duplicate the content of Operational Objectives and Measures

Pillar	Strategic Objective	Operational Objective	Measure	Goal
P3. Quality Services	S5. Ensure access to high-quality early childhood responses	O11. Increase the coverage rate of social responses targeting early childhood	M14. Expansion of the capacity of daycare centres to meet the demands of the market	G15. Expand the network of early childhood education and care services
	S6. Ensure access to a quality educational response and school-based activities	O15. Provide digital resources in schools for students and teachers	M18. Provision of internet-accessible equipment and high-quality digital educational resources to schools, students, and teachers	G20. Provide schools with projection equipment and acquire individual use computers (for students, teachers, and kindergarten educators)
		O20. Develop digital skills through the installation of specialized equipment for projects in digital, robotics, experimental computing, among other areas	M25. Digital Education Laboratories	G21. Establish Digital Education Laboratories
	S7. Strengthen access to healthcare, health promotion, disease prevention, and quality specialised care	O29. Promoting the health of children and youth	M34. Promoting access for all children to oral health screenings and neonatal and childhood hearing health screenings	G22. Ensure free access to screenings (visual, auditory, and oral)

Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030.
Source: Portugal Child Guarantee Action Plan 2022-2030, 2023.

As discussed in sections 0 and 0, Operational Objectives and Goals could be merged into a new single component. Although possible, this would require some adjustments. A one-to-one equivalence is not possible as the Action Plan has considerably fewer Goals (35) than Operational Objectives (61), and no Goals at all for Strategic Objectives 11 and 12. While in some cases, new Goals (or at least targets and indicators) will be needed, in many cases, the merge may be achieved by the simplification and rationalisation of Operational Objectives, as discussed in section 0.

Several Goals would also need to be reformulated to correct the lack of consistent role and scope. To provide an effective bridge between Strategic Objectives and other PAGPI's components, Goals (or Operational Goals, as previously suggested) should focus on policy outcomes. For many Goals this is already the case. However, some Goals will require data, which is either already available in current monitoring indicators or that will need to be gathered from additional sources. Figure A B.7. provides an example of this issue.

Monitoring Indicators

The Portuguese Child Guarantee distinguishes indicators between "transversal" and "monitoring" indicators. Transversal indicators assess the "overall impact" of the Child Guarantee in terms of the general objectives of the European Recommendation on Child Guarantee. These include data of the risks of poverty and/or material deprivation for different population groups. Monitoring indicators assess trends associated with specific of policy actions as grouped under a particular Strategic Objective.

The PAGPI includes six "transversal" indicators and 60 "monitoring" indicators, which were revised in the 2024 Biennial Report to seven "transversal" and 62 "monitoring" indicators. Among the revisions, thirteen indicators were either dropped, replaced, or had their definition revised. These changes were either suggested by governmental areas to make them more rigorous and comprehensive, or based on data from more stable sources (Coordenação Nacional Garantia para a Infância, 2024[85]).

Like other components, Monitoring Indicators were reviewed regarding their scope and definition, as well as to duplications and the inclusion of data centred on children and children in need. Based on the examination of these issues, comments and suggestions were provided regarding revisions may need to be considered.

The review of Monitoring Indicators has raised two main issues: (i) the excessive number of indicators (7 transversal and 62 monitoring indicators) potentially rendering the system unwieldy, and (ii) a lack of clarity regarding the focus of these indicators, whether they primarily monitor outputs or outcomes (specifically child outcomes), compounded with being scattered within Strategic Objectives without a clear association to specific policy measures.

Following this assessment, streamlining the number of indicators should be considered. This could entail either reducing their quantity or defining a core set of key indicators complemented by additional layers of more specific ones. For example, New Zealand has a multi-tiered set of indicators with a core set of targets, and a small number of child poverty-related indicators to complement the core set; as well as a larger set of Child Well Being indicators based (Dirwan and Thévenon, 2023[4]; DPMC, 2024[88]). Additionally, it is crucial to clarify the intended role of monitoring indicators, whether they predominantly monitor outputs or outcomes, with a specific focus on children.

Ideally, the scope of Monitoring Indicators would be the outcomes related to Operational Objectives. Instead, the PAGPI associates Monitoring Indicators to Strategic Objectives (see Table A B.6), which makes them dispersed and not always clearly related to a particular measure or group of measures. In practice, the situation is further confused by the fact that several Monitoring Indicators aim at targets that are either above or below the realm of Strategic Objectives.

Several Monitoring Indicators aim at results whose scope is well above that of its Strategic Objective (see Table A B.6. For example, under the Strategic Objective S1, "Promote labour market integration and increase wages", there is Indicator i10, which refers to "at-risk-of-poverty" of children in households with very low work intensity. While S1 includes policy measures aiming to contribute to poverty reduction, the overall impact on poverty depends on factors that go beyond the measures of this Strategic Objective. Therefore, indicators measuring the risk of poverty and/or material deprivation should be part of "Transversal Indicators", measuring the impact of the whole Child Guarantee, instead of monitoring the effect of a particular Strategic Objective.

On the other hand, some Monitoring Indicators aim below the scope of Strategic Objectives by measuring policy outputs instead of their outcomes (see section 0 for the definitions of outputs and outcomes). Outputs may be more suitable as indicators for Measures (i.e. the Targets described in section 0) than for Strategic Objective. Table A B.6 provides the examples of Monitoring indicators i24, i38 and i76, which assess the coverage rate or characteristics of services provided to children.

Table A B.6. Monitoring indicators with issues regarding the scope of their results

Pillar	Strategic Objective	Indicator	Issue
P1. Employment, Qualifications and Skills	S1. Promote labour market integration and increase wages	i10. At-risk-of-poverty rate of children and young people (0-17 years) in households with very low work intensity	Overall Impact (transversal indicator) The scope of the indicator is wider than its Strategic Objective. It is more suitable as a Transversal Indicator to assess the overall impact of the Child Guarantee.
P3. Quality Services	S5. Ensure access to high-quality early childhood responses	i24. Percentage of crèche responses according to the legal nature of the owner	Output (Target) This indicator does not assess the broad and long-term effect of the Strategic Objective, but rather the products or services resulting from activities. It is more suitable as a Target to assess policy outputs.
	S6. Ensure access to a quality educational response and school-based activities	i38. Number of school clusters covered by the TEIP programme	Output (Target) This indicator does not assess the broad and long-term effect of the Strategic Objective, but rather the products or services resulting from activities. It is more suitable as a Target to assess policy outputs.
	S12. Promote equality and non-discrimination	i76. Percentage of districts covered by the psychological support response for children and young people victims of domestic violence.	Output (Target) This indicator does not assess the broad and long-term effect of the Strategic Objective, but rather the products or services resulting from activities. It is more suitable as a Target to assess policy outputs.

Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030 and 2024 Child Guarantee biennial report.
Source: Coordenação Nacional Garantia para a Infância (2023[20]) and Coordenação Nacional Garantia para a Infância (2024[85]).

Some monitoring indicators use definitions that are inaccurate or unclear and may be subject to misinterpretation. These definition issues tend to be related to terminology or measurement (Table A B.7 provides some examples).

Terminology issues refer to indicators using terms that may be ambiguous or unfamiliar to some stakeholders. For example, the term "social responses" ("respostas sociais" in Portuguese) in indicator i23, "Coverage rate of social responses for 1st childhood", may not be clear to all people producing or analysis these indicators. Similarly, in indicator i36, "Number of students enrolled in the mainland, with school action, by level of education and bracket", it may not be evident, particularly for a non-Portuguese reader, that the term "bracket" ("escalão" in Portuguese) refers to the means-testing brackets of the Family Allowance ("Abono de familia"), which entitle children to support for school-related activities.

Measurement issues refer to indicators whose definition is not clear about how it is measured. For example, in the indicator i14, "Impact of social transfers (excluding pensions) on child poverty (<18)", it is not clear how the impact on child poverty is measured. In the case of indicator i23, "Coverage rate of social responses for 1st childhood", the underlying measurement unit is not mentioned. Similarly, indicator i77, "Growth rate of girls in the areas of information and communication technologies", does not mention the baseline or reference point to which the growth rate refers to.

Table A B.7. Monitoring indicators with definition issues

Pillar	Strategic Objective	Indicator	Issue
P2. Social Protection and Social Action	S3. Strengthen the social protection of children, young people and their families	i14. Impact of social transfers (excluding pensions) on child poverty (<18)	Measurement It is not clear how "the impact of social transfers on child poverty" is measured. Is it the absolute or relative difference between the child poverty rate before and after social transfers?
P3. Quality Services	S5. Ensure access to high-quality early childhood responses	i23. Coverage rate of social responses for 1st childhood	Terminology and Measurement The concept of "social responses" may not be familiar to all people producing or analysis this indicator. The measurement unit underlying the coverage rate is not explicitly mentioned (e.g. children under school age, children requesting "social responses").
P3. Quality Services	S6. Ensure access to a quality educational response and school-based activities	i36. Number of students enrolled in the mainland, with school action, by level of education and "escalão" (bracket)	Terminology The term "escalão" (bracket) is not clear for stakeholders not familiar with the Family Allowance. Consider mentioning "escalão do abono de familia" (Family Allowance bracket)
P4. Inclusion of Especially Vulnerable Children and Young People	S12. Promote equality and non-discrimination	i77. Growth rate of girls in the areas of information and communication technologies	Measurement It is not clear what is the baseline for the growth rate.

Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030 and 2024 Child Guarantee biennial report.
Source: Coordenação Nacional Garantia para a Infância (2023[20]) and Coordenação Nacional Garantia para a Infância (2024[85]).

Some monitoring indicators present information that is the same or very similar to that provided by another indicator. For example, the monitoring indicator i46, "Number of local early intervention teams", presents the same information as the indicator for goal G24 "Enhance a multidisciplinary intervention for children aged 0 to 6 with developmental delays" (Number of Local Intervention Teams [ELI]). In the case of the monitoring indicator i58, "Number of children in residential care", the information seems to be the same as the indicator for Goal G35, "Promote the deinstitutionalization of children and young people covered by residential care measures through a review of the applied promotion and protection measures" (i.e. number of children in residential care). However, the data sources and amounts are different.

In other cases, different indicators provide information about the same subject although using a slightly different definition or focusing on a different population sub-group. While they are not strictly repetitions, their use must be carefully assessed, including the possibility of bringing them together under a single indicator which is broken-down by population sub-groups. For example, indicators i52, "Number of families with children (≤ 17 years) living in IHRU's social housing" and i53, "Number of children (≤ 17 years) living in IHRU's social housing", measure the same subject, only differing in terms of the measuring unit (number of children vs. number of families). Similarly, indicators i1, i2, i3 and i5 address the same subject although for different units of assessment (household, families, or individuals) or population sub-group (all individuals or children [individuals <18 years]).

Table A B.8. Monitoring indicators with duplication issues

Pillar	Strategic Objective	Indicator	Issue
P3. Quality Services	S7. Strengthen access to healthcare, health promotion, disease prevention, and quality specialized care	i46. Number of local early intervention teams	The same information "Number of Local Intervention Teams (ELI)" is available in the indicator for goal "G24. Enhance a multidisciplinary intervention for children aged 0 to 6 with developmental delays".
P4. Inclusion of Especially Vulnerable Children and Young People	S10. Prevent institutionalization and promote the deinstitutionalization of children and young people in danger	i58. Number of children in residential care	Goal G35 also reports the number of children in residential care. However, data sources and amounts are different. Data source for G35 is "Relatorio CASA", for i58 it is the European Commission – SPC. This indicator is a subgroup of indicator i57 (all forms of alternative care)
P3. Quality Services	S9. Promote access for vulnerable families with children and young people to decent housing	i52. Number of families with children (≤ 17 years) living in IHRU's social housing i53. Number of children (≤ 17 years) living in IHRU's social housing	Indicators i52 and i53 are very similar. The difference is the unit of assessment (number of families with children vs number of children).
Transversal indicators		i1. At-risk-of-poverty rate after social transfers i2. At-risk-of-poverty rate according to household composition i3. At-risk-of-poverty rate for families with children i5. At-risk-of-poverty rate in children (<18 years)	These indicators address the same subject "At-risk-of-poverty rate". Differences between them refer either to unit of assessment (household, families, or individuals) or population sub-group (all individuals or children [individuals <18 years]).

Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030 and 2024 Child Guarantee biennial report.
Source: Coordenação Nacional Garantia para a Infância (2023[20]) and Coordenação Nacional Garantia para a Infância (2024[85]).

Several monitoring indicators refer neither to children nor to the target population of the Child Guarantee. In many cases the information is partial or limited, but in some cases the indicator has been designed to exclude children. Out of the 78 indicators in the Biennial Report, 12 do not refer at all to children. As illustrated in Table A B.9, some indicators refer to outputs (as discussed above) – such as the availability of schools (i38), centres (i24), or teams (i46), instead of their effect on children.[32] Other indicators refer to the population, but do not differentiate children from the rest of the population (i1, i50, i70). Finally, some indicators purposely exclude children (i8, i12).

Instead of providing information per child, some indicators use families or households as the unit of assessment. Information is presented at the family or household level in 9 indicators. For most of these indicators the data source is the EU-SILC, from which information can be extracted at the level of the child. This is the case, for example, of indicator i3, which assesses the at-risk-of-poverty rate for families with children. Similarly, indicator i9 assesses the at-risk-of-poverty rate by labour intensity for households with at least one dependent child.

Ideally, selecting indicators per child would be preferable as they provide a more focused description of the situation of children, which is easier to interpret. Furthermore, information per child is easier to replicate and to compare. Having some information at the family level and other at the household level makes it difficult to draw conclusions when comparing between them. Furthermore, the way a household or a family is defined, and its data measured may differ across different data sources.

Finally, several indicators do not provide information about "children in need", which is the target group of the European Child Guarantee (see section 0). Out of the 48 indicators that provide information per child, 23 do not provide specific information about "children in need". In most cases, the issue seems to refer to lack of information, particularly when the source is administrative data. Few indicators based on administrative information provide information on children in need. When they do, it tends to be specific on a particular sub-group of vulnerable children, such as children receiving means-tested benefits (i15, i36 and i37), children with developmental issues (i47), or children in alternative care (i57 to i60).

Even indicators based on the EU-SILC and ICOR[33] could make further use of data on children in need, whenever the sample size is suitable. For example, i51 breaks down information between children who are and who are not at risk of poverty. However, if the sample size is large enough, information could also be broken-down by other "children in need" groups and "sub-groups", such as children with at least one parent born outside the EU, children living in a single-parent household, children who have at least one parent with disability, children in severe material deprivation, and children living in a household with very low work intensity.

Table A B.9. Monitoring indicators with missing data on children

Pillar	Strategic Objective	Indicator	Issue
P3. Quality Services	S5. Ensure access to high-quality early childhood responses	i24. Percentage of crèche responses according to the legal nature of the owner	Data not on children but on infrastructure or resources.
P3. Quality Services	S6. Ensure access to a quality educational response and school-based activities	i38. Number of school clusters covered by the TEIP programme	Data not on children but on infrastructure or resources.
P3. Quality Services	S7. Strengthen access to healthcare, health promotion, disease prevention, and quality specialized care	i46. Number of local early intervention teams	Data not on children but on infrastructure or resources.
Transversal indicators		i1. At-risk-of-poverty rate after social transfers	Data not on specific on children but about the whole population.
P1. Employment, Qualifications and Skills	S1. Promote labour market integration and increase wages	i8. Poverty risk rate at work (18 years and +)	Data excludes children.
Transversal indicators		i3. At-risk-of-poverty rate for families with children	Information per family instead of per child.
		i9. At-risk-of-poverty rate of households with at least one dependent child, by labour intensity labour intensity	Information per household instead of per child.

Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030 and 2024 Child Guarantee biennial report.
Source: Coordenação Nacional Garantia para a Infância (2023[20]) and Coordenação Nacional Garantia para a Infância (2024[85]).

Measures

The Measures presented in the PAGPI result from strategies, plans and programmes that are planned, designed, developed, and implemented by government departments that are independent from to the Child Guarantee (although closely associated to it).[34] Hence, the Child Guarantee team does not manage or implement the measures, except for the measure that provides for the creation of Local Units. Instead, it

coordinates and collaborates with government departments responsible for measures, and monitors the results of these measures on children, and particularly, on children in need.

It is, therefore, important that the framework contains sensible information on what will be delivered and that these outputs are sufficient to remove barriers and provide access to good-quality services and interventions, thereby helping to lift children out of social exclusion and ultimately leading to better life outcomes.

Most measures reflect the European Child Guarantee core recommendations, which consist of the implementation of policies "*to guarantee for children in need effective and free access to high quality early childhood education and care, education, and school-based activities, at least one healthy meal each school day and healthcare*" and "*effective access to healthy nutrition and adequate housing*" (Council of the European Union, 2021[82]). In alignment with these recommendations, the PAGPI includes at least one measure related to each of the core intervention areas.

Despite successfully translating the recommendations and providing Portuguese stakeholders with a comprehensive and integrated framework focused on children's well-being, adjustments are still necessary to enhance the PAGPI's clarity and coherence, and to better reflect the policy logic framework. The identification of measures in the Child Guarantee Action Plan that require attention results from a review based on five different characteristics described in Table A B.10. Based on the examination of these characteristics, some comments are offered together with a preliminary analysis on the scope for participation of the local level towards these outputs, represented by the Local Child Guarantee Units. Table A B.11. provides some examples extracted from the review to guide the discussion.

Table A B.10. Characteristics reviewed from Child Guarantee's measures

Characteristics	Description
Directly affect children?	Whether measures are focused on children or in other actors (e.g. family members or government entities).
Aligned with ECG core recommendations?	Whether measures address any of the ECG core recommendations.
Clear?	Whether measures are defined in a clear, precise, and understandable manner, with clear indication of the product or service to be delivered.
Linked with Strategic Objective?	Whether the measures are correctly linked with Strategic Objectives, thus being an important result to deliver the outcome.
Local Units participation?	Whether measures can be supported or monitored by the Local Child Guarantee Units.
Scope for Local Units participation	Short comments outlining the scope for Local Units participation.

Table A B.11. Examples of Child Guarantee's measures with identified problems

Measure	Problem Identified
M3. Promotion of higher wages and youth participation in the labour market	Includes two different outputs: higher wages and higher youth participation.
M4. Strengthening parental leave policies within a framework that promotes gender equality, enhances time management, and combats job insecurity	There are several outputs related to this measure. Monitoring will benefit for improved clarity over the desired output.
M29. Strengthening the capacity of Multidisciplinary Support Teams for Inclusive Education	Does not identify a specific result to clarify the word "strengthening".
M36. Strengthening the paediatric inpatient response	Does not identify a specific result to clarify the word "strengthening".
M23. Promotion of universal access to extracurricular activities, family support components, recreational activities, leisure-time activities, and holiday programs	Resembles more an outcome than an immediate output.

Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030.
Source: Portugal Child Guarantee Action Plan 2022-2030, 2023.

In terms of directly affecting children, most measures presented in the framework target children, or the services offered to them. Exceptions are the measures under Pillar 1, which focus on labour market outcomes of families, parents, or individuals responsible for caring for a child or young people, and therefore pointing to an indirect effect on children. Additionally, some measures, such as Measure M76, "Implementation of a questionnaire for local-level characterisation of the itinerant population", describe a general process. Similarly, Measure M59, "Strengthening the training of professionals in the National System for the Promotion of Children's and Youth's Rights and Protection", targets professionals within an entity and will indirectly affect children through improved procedures in their interactions with them.

Concerning clarity, some measures within the Child Guarantee require refinement. The PAGPI primarily focuses on the outputs and outcomes of activities implemented by various Portuguese stakeholders, emphasising the need for clear communication about the interventions' content and the expected results for the population and local services. However, some measures broadly describe processes without revealing concrete results or combine significantly different elements within a single measure. An example of the latter is Measure 3, which incorporates two distinct outputs: higher wages and higher participation of young people in the workforce. In the 2024 Biennial Report, only the wage output was monitored, highlighting the importance of separating issues (Coordenação Nacional Garantia para a Infância, 2024[85]). If the desired result for wages is to adjust the minimum wage annually for inflation, this could be articulated as a clear and actionable output, with designated stakeholders held accountable for annual adjustments. Similarly, Measures 3 also encompass multiple outputs, thus complicating monitoring, and accountability.

Measures that are unclear might also suffer from incorrect categorisation, with the Measure labelled as an outcome instead of an output. Measure 22, "Promotion of universal access to extracurricular activities, family support components, recreational activities, leisure-time activities, and holiday programs", is one clear example of element misallocated within the framework. The phrase describes a desirable to-be situation – all children have access to extracurricular activities – which aligns more with an outcome rather than an initial output. Outputs should specify the immediate products or services provided, such as "increased availability of sports activities during weekends and holidays" or "provision of subsided tickets for museum to children and young people", which through their cumulative effects, contribute to the broader outcome of universal access. The framework already includes several output-oriented measures addressing this policy issue. Therefore, the necessity of maintaining Measure 22 should be reassessed, or any more specific components within this measure should be clearly delineated.

Vague wording is another issue that leads to unclear Measures. For instance, Measure 36, "Strengthening the paediatric inpatient response", does not specify any result nor explain what "strengthening" entails. This intervention could imply higher service capacity, quality, or greater efficiency, each representing an output on its own. Terms such as "strengthening", "enhancement" and "promotion" are common throughout

the PAGPI, but their use often lacks clarity. Ideally, outputs should be quantifiable or measurable, allowing for tangible assessment of progress through associated output indicators.

This is not to say that measure cannot employ broader terms. There are cases in the PAGPI where the use of such words is made complete by the sentence formulation. For example, Measure 59, "Strengthening the training of professionals in the National System for the Promotion of Children's and Youth's Rights and Protection (SNPDPCJ)", provides insights over the result: more trained SNPDPCJ's professionals. Similarly, Measure 58, "Promoting accessibility interventions in the homes of people with disabilities", is precise and clearly points to what is expected from stakeholders.

There is potential to leverage the Child Guarantee website to improve clarity and create an environment with easier access to measures included in the PAGPI. The website already provides, by Pillar and intervention areas, 37 measures in the format of "cards". These cards offer detailed information about the measures, including their purpose, target audience, the entity responsible for implementation (including its website address), and, where relevant, additional details on how to access the service or benefit and the location of the service. The ECG National Coordination focused the website on measures directly addressed to beneficiaries, providing swift access to information for children, young people, and their families. Beyond effectively communicating the outputs delivered under the Child Guarantee to the target population, the cards supplement the information available on the PAGPI. Thereby, aside from the specific information on the measures that are relevant for citizens on the website, there could be another more synthetic explanatory area on some of the other functions and aspects of the ECG. This could be of interest to members of the Local Units and other academic experts and would have to be presented in a synthetic way.

Another area for improvement is the clearer assignment of responsibilities for each measure. While the PAGPI currently identifies the broad government policy area responsible addressed by each measure, such as Education or Health, it does not specify the particular entity (e.g., the Directorate-General for Education, schools, the National Health Service, local health centres) within that area. Although reporting responsibilities are currently distributed among focal points within the Technical Monitoring Committee, the Action Plan could clearly define not only the coordinating entity but also the entities tasked with delivering the measure or providing support, as these may be distinct. Transparent governance is crucial for ensuring accountability. This clarity becomes even more pertinent with potential changes to the Child Guarantee Technical Monitoring Committee's composition. Maintaining visible and integrated communication channels for monitoring activities will help ensure continuity, especially in areas where responsibility may fall outside the direct oversight of the Child Guarantee Coordination.

The analysis exercise also proposes a tentative assessment of whether the Local Child Guarantee Units, the operational arm of the Child Guarantee at the local level, are at some capacity related to the measures. The rationale for undertaking this analysis stems from the local need to produce social development action plans. These plans should address the challenges faced by children and young people, among other target groups, in the municipalities (refer to Chapter 2 for further information). Given that the PAGPI already compiles policies developed by the central government to address these challenges, it is only logical that local plans should, to some degree, be connected with the national action plan. This is necessary because, although the national level is responsible for the majority of measures, local stakeholders, due to their proximity, are better positioned to monitor and consider local sensitivities and realities, thereby bridging the gap to inform on the progress and effectiveness of measures. This exercise requires further discussion with the National Child Guarantee Team to ensure accurate identification of measures that could potentially be integrated at the local level.

Targets

Monitoring the progress of measures requires output-level indicators that are both measurable and result-oriented. These elements enable responsible entities to document the services and product delivered through the execution of activities. Ultimately, monitoring targets facilitates the creation of a timely system to identify implementation gaps, information that can be used to prompt actions to improve the situation (Vági and Rimkute, 2018[74]).

The Child Guarantee Action Plan specifies targets for most of its measures, although some, such as indicators for Measure 57 and 60, remain undefined. The targets appear in a matrix by year, spanning from 2022 to 2029. This section provides findings based on the review of the available targets, that were analysed using three criteria, clarity, and whether they present milestones, as displayed in Table A B.12. Overall, clarity issues arise due to (1) a lack of labels identifying the targets, (2) targets simply marked with an "x", and (3) misalignment between the measure and the target. Table A B.13 provides some identified examples.

Table A B.12. Characteristics reviewed from Child Guarantee's targets

Characteristics	Description
Clear?	Whether the proposed Targets defined in a clear, precise, and understandable manner.
Well categorised?	Whether the Targets describe the delivery of products or services.
Have milestones?	Whether the proposed targets are broken down in smaller milestones to improve the monitoring process.

Table A B.13. Examples of targets with identified problems

Measure	Target	Issue
M33A. Promote the generalisation of sports practice through the implementation of the National 'Sport for All' Programme	650 and 800 (by 2024 and 2025)	Unclear what the target represents as the label is missing.
M20. Increase in the number of textbooks available in accessible formats	X (by 2026)	The target does not describe the output (number of textbooks) produced.
M48. Distribution of nutritionally balanced food baskets	X (from 2022 to 2029)	The target does not describe the output (number of food baskets) produced.
M25. Digital Education Laboratories	X (by 2023)	The target does not describe the output (number of laboratories) produced.
M30. Implementation of a program that promotes student engagement in democratic participation to support the recovery and resilience of their schools	X (by 2026)	The target does not describe the output (number of schools with the program) produced.
M66. Implementation of an integrated response to immigrants from various public services in municipalities with high immigration demand	25 (from 2022 to 2026)	Unclear what the target represents as the label is missing.

Note: Elaborated by the OECD based on information available on the Portuguese Child Guarantee Action Plan 2022-2030 and 2024 Child Guarantee biennial report.
Source: Coordenação Nacional Garantia para a Infância (2023[20]) and Coordenação Nacional Garantia para a Infância (2024[85]).

Concerning the first issue, some targets include a metric without a clear label identifying what is being tracked. For example, Measure 33A "Promote the generalisation of sports practice through the implementation of the National 'Sport for All' Programme" has targets of 650 by 2024 and 800 by 2025, but it is unclear what these numbers represent.

The second issue is prevalent across the framework, with several targets represented only by an "x". This approach is reasonable in instances such as Measure 55 "Definition of guidelines for food offerings in childcare centres and other social responses aimed at children", which describes a regulatory instrument with a defined deadline and does not involve quantities or quality – it is a binary process: either delivered

or not. However, for measures that describe interventions involving administrative or informative instruments, such as Measure 20 "Increase in the number of textbooks available in accessible formats", which tracks improvement in educational service provision, acknowledging success requires knowing the numerical target – how many textbooks should have an accessible format. Some output-oriented targets are not necessarily missing from the Action Plan, but instead misallocated. For instance, the Target of Measure 18 "Provision of internet-accessible equipment and high-quality digital educational resources to schools, students, and teachers" and Measure 25 "Digital Education Laboratories" are simply marked as an "x". However, there are two goals – Goals 19 and 20, respectively - that could easily be used to quantify these interventions, as they provide a numerical benchmark outlining how many computers should be provided (600 000 computers) and the number of digital education laboratories to be established (1 300 laboratories). Other targets not detailed in the plan, were reported in the interim report. For example, stakeholders responsible for Measure 20 reported on the number of books adapted for Braille over the past two years. Similarly, a quantitative output indicator was provided for Measure 30, contrasting with the current placeholder 'x' in the Action Plan. It is crucial that these actors communicate their targets to the Child Guarantee, ensuring that outputs are monitored within this integrative framework perspective as well.

Finally, the last issue centres on misalignments between the intended results of the measures and the results the targets track. For example, Measure 35 "Promoting access for all children and youth to nearby appointments in Primary Healthcare" appears to describe a broader result rather than the specific output associated with its target, 778 vehicles for healthcare centres and 34 mobile health units. In fact, improving the capacities of healthcare centres is one result that contributes to a desirable outcome of including all children in primary healthcare services. But this broader result, requires a different sort of indicator. The cohesion of the framework would improve if the measure described the output related to the target, for example: "greater availability of medical vehicles in healthcare centres".

There are some good examples of indicator setting in the framework, with very clear and well-connected targets broken down into yearly milestones, which enhance monitoring capabilities. The Target associated with Measure 67 and 75 are some examples. However, the majority have only a single milestone. While it is not necessary to have multiple milestones, having them can improve monitoring and accountability by providing parameters to assess execution throughout the duration of the Action Plan. This approach prevents reliance on a single point in time to determine whether implementation is successful.

Conclusion

This chapter reviewed the framework and components of the Portuguese Child Guarantee Action Plan (PAGPI) from the perspective of a policy monitoring framework. The main assessments and some preliminary ideas for improvements are presented in the Key findings, in the beginning of the chapter.

Subsequent chapters complement this review as follows: Chapter 2 examines the institutional arrangements and the governance tools of the Child Guarantee. Chapter 3 analyses the level of coordination in the definition of indicators and the data collection between the Child Guarantee and other policies in Portugal. Chapter 4 assesses the coordination between PAGPI and the EU monitoring framework for the European Child Guarantee. Chapter 5 considers the data availability in Portugal to produce monitoring indicators at the national and local level, with a special focus on the comparability of data at local level and the resources need to ensure an effective data exchange between national and local authorities.

Annex C. How aligned are the monitoring frameworks of the European Child Guarantee and the Child Guarantee Action Plan of Portugal?

Introduction and key findings

As part of the establishment of the European Child Guarantee (ECG), the Social Protection Committee (SPC) and the European Commission have developed a first version of a unified cross-country monitoring framework to assess the implementation of the Child Guarantee across Member States.

The monitoring framework of the ECG is structured around several indicators that measure the size of the ECG target population ("children in need") as well as various aspects of their access to essential services, namely early childhood education and care (ECEC), education, school-based activities, nutritious meals, healthcare, healthy nutrition, and adequate housing. Each indicator plays a crucial role in assessing whether children have equitable access to necessary resources for their well-being and development.

This chapter provides a comparative analysis of the monitoring frameworks developed for the European Child Guarantee and for the Child Guarantee Action Plan of Portugal, with a view of providing insights into the coherence and effectiveness of these frameworks in addressing the needs of vulnerable children. It evaluates the alignment of these frameworks, identifying differences and explores areas of convergence. It also covers similarities and differences in indicator content, and any unique definitions or specifications applied within the Portuguese context. Insights into the coherence and effectiveness of these frameworks in addressing the needs of vulnerable children are provided.

This chapter is structured as follows: Section 3.2 provides an overview of the European Child Guarantee monitoring framework, detailing key indicators. Section 3.3 then examines the alignment between the European Child Guarantee framework and the monitoring approach adopted in Portugal's Child Guarantee Action Plan (PAGPI). It explores the structural coherence between these frameworks, compares the content of their respective indicators.

Key findings

- The European Child Guarantee (ECG) monitoring framework is divided in seven groups. The first refers to "children in need" while the other six refer to the effective access of children in need to "key services", in line with the European Council Recommendation.
- The ECG framework prioritises child-specific rather than household-based indicators and defines children in need as those at-risk-of-poverty-and-social-exclusion (AROPE).
- The first version of the ECG framework includes 32 indicators. Out of these indicators, eight measure and characterise "children in need" and the other 24 measure access of the target population to key services. Most indicators are derived from EU-level statistics and mostly are based on data from the EU-SILC.
- The work to select ECG indicators highlighted several data gaps. Regarding the target population, information is scarce for homeless children, children with disabilities, children with

mental health issues, children from migrant or Roma background, and children in precarious family situations. Regarding services, information tends to be limited on participation, quality, and outcomes of services such as child-care, education, healthcare, and housing. Another potential area of data improvement refers to the timeliness and frequency of indicators based on data from rolling modules that are collected every three-years.

- Overall, the ECG and PAGPI monitoring frameworks have similar structures. PAGPI has more indicator groups as it includes policies areas that while beyond the ECG's key services (e.g. employment and wages, skills and qualifications, social protection, and social action) are important structural determinants of child poverty.

- ECG and PAGPI monitoring indicators tend to differ in terms of content. The ECG indicators aim at the policy impact on the population target while the PAGPI indicators tend to focus on policy outcomes, without identifying the target population.

- The difference in the content of the indicators of the two frameworks is understandable and indeed desirable. The ECG indicators tends to rely on internationally harmonised survey data (e.g. EU-SILC), while the PAGPI indicators also uses administrative data that is country-specific. Overall, the indicator sets complement each other by providing different layers of information. ECG indicators present a high-level overview, while PAGPI shows more detailed information. It would be desirable, however, that more PAGPI indicators could identify the outcomes of services for children in need.

- Even when the content is the same, ECG and PAGPI monitoring indicators tend to differ in terms of definitions and specifications. In line with the European Council Recommendation, most ECG indicators are based on AROPE. In contrast, most PAGPI indicators are based on at-risk-of-poverty (AROP)[35]. Similarly, several PAGPI indicators have household as unit of analysis, while ECG focuses on children. The ECG framework gives priority to indicators that identify children in need, making use of proxies when needed. Some PAGPI indicators do not identify children in need, even when the underlying data would permit. Finally, ECG tends to break down its indicators by components and/or population groups, while PAGPI tends to make use of separate indicators. Arguably, separate indicators are more accessible and transparent, however they also make the comparison across components and groups less evident and the monitoring framework larger and more difficult to manage and use.

- As a general principle and for efficiency purposes, when there are no data quality issues (e.g. more detailed national data sources), PAGPI indicators could be aligned with those from the ECG monitoring framework. Alternative data sources and definitions would be used only for indicators that add more quality or information to those available in the European monitoring framework.

An overview of the European Child Guarantee Monitoring Framework[36]

Following the European Council Recommendation establishing a European Child Guarantee (ECG) (Council of the European Union, 2021[82]), the European Commission is mandated to monitor the progress in the implementation of the ECG across Member States, including its outcomes and the impact on children in need. In order to instrumentalise this task, the Indicators' Sub-Group (ISG) of the Social Protection Committee (SPC) and the European Commission worked together to develop a common cross-country monitoring framework to assess the implementation of the European Child Guarantee. This framework will inform the action plan execution reports that Member States will send to the European Commission every two years (2024, 2026, 2028, and 2030).

A first version of the European Child Guarantee monitoring framework was published in December 2023. The framework comprises a structure and selection of indicators based on suitable data. The ECG

monitoring framework makes priority use of currently available EU indicators. When EU indicators to monitor the implementation of key aspects are not available, data is complemented with other sources from the national level and from outside the European Statistical System (ESS). Not all EU indicators relevant to the framework are equally comparable and reliable. In certain cases, results are not available for some Member States due to insufficient sample sizes. Comparability and consistency are also limited for data sources that adhere to standards outside the ESS.

In accordance with the European Council Recommendation, together with preparing a first set of indicators, the ISG and European Commission identified information gaps and considered how additional EU-level data might be collected or supplemented with national sources included in national data collection plans.

The European Child Guarantee monitoring framework is divided in seven groups. The first group is dedicated to monitoring the number and situation of "children in need[37]", as defined in the European Council Recommendation as the target group of the European Child Guarantee. The other six groups are focused on monitoring the effective access of children in need to six different "key services[38]". The data sources and indicators were mainly collected at the EU level, which were complemented in the case of data gaps with data collected at the national level or by other international organisations.

In selecting the indicators, priority was given to a format that is child-specific rather than household-based. Indicators are presented, whenever possible, children who are and are not at-risk-of-poverty-and-social-exclusion (AROPE). The reliability of indicators, in particular on whether they are based on sufficiently large samples, was ensured by applying standard reliability checks.

The remaining of this section presents and discusses for each of the seven groups of the monitoring framework the key features of the selected indicators (e.g. type, source, target population) as well as the current data gaps and potential avenues for improvement.

Monitoring indicators of the size of the target population ("children in need")

Table A C.1 presents the eight indicators endorsed by the SPC to monitor the **size** and **characteristics** of the population of children in need. The first indicator measures the number of children at risk of poverty or social exclusion (AROPE), which corresponds with the ECG definition of "children in need". The second indicator measures the incidence of the AROPE components (i.e. monetary poverty, severe material and social deprivation, and living in [quasi-] jobless households) among the child population. The third indicator provides complementary information on the intensity of monetary poverty. Indicators 4 to 7 measure the incidence of poverty or social exclusion in combination with an additional disadvantage (e.g. parent with a disability, migration background). The last indicator measures the number of children in alternative care, who are one of the groups of "specific disadvantages" listed by the European Council Recommendation.

All but one indicator are EU-indicators produced by Eurostat. The indicator on the number of children in alternative care is based on national data collected by UNICEF and Eurochild under the project DataCare, which was checked and updated by ISG delegates.

The "share of children at risk of persistent poverty" was also considered to be included as a monitoring indicator. Published by Eurobase, this indicator undergoes a rigorous two-step reliability verification.[39] Some ISG delegates, however, expressed doubts about the reliability by considering their confidence intervals excessively large.[40]

The work by the ISG and European Commission also highlighted several areas and initiatives related to current data gaps and future EU-level data enhancements that could contribute to developing further indicators for monitoring the implementation of the European Child Guarantee at a later stage. In this first version, the ECG monitoring framework does not include indicators to monitor homeless children. Potential data sources to fill in this data gap include the European Platform on Combatting Homelessness and the European observatory on homelessness. Children with mental health issues are another are with data

gaps. Relevant data may become available in the 2025 EU-SILC module on health and in the 2027 ad-hoc policy module on mental health.[41] EU-level data is also scare regarding children with migrant background, or a minority ethnic origin, particularly Roma. The Fundamental Rights Agency's surveys on Roma population may be a potential source of data in the future. Similarly, scarce information on children in precarious family situation (other than living in single-parent households) may be partially addressed by the European Commission's 2024 priority on integrated child protection systems.

Table A C.1. Selected indicators to monitor the target population ("children in need")

Indicators	Data source	Coverage of target population ("children in need")
1.1. Number and share of children at risk of poverty or social exclusion (AROPE)	EU-SILC	AROPE children
1.2. Share of children (<18) AROPE, broken down by components (monetary poverty, severe material and social deprivation, living in [quasi-] jobless households)	EU-SILC	Specific groups of AROPE children
1.3. Relative median at-risk-of-poverty gap for children	EU-SILC	Children AROP
1.4. Share of children (<16) AROPE with limitations due to health problems	EU-SILC children specific deprivation rolling module	AROPE children with an additional disadvantage
1.5. Share of children (<18) AROPE with at least one parent born outside the EU	EU-SILC	AROPE children with an additional disadvantage
1.6. Share of children (<18) AROPE living in a single-parent household	EU-SILC	AROPE children with an additional disadvantage
1.7. Share of children (<18) AROPE who have at least one parent with a disability	EU-SILC	AROPE children with an additional disadvantage
1.8. Number of children in alternative care, by care type (residential care, formal family-based care, other forms of alternative care)	DataCare + updates by ISG delegates	Children in alternative care

Sources: First version of the joint monitoring framework for the European Child Guarantee (Social Protection Committee and European Commission, 2023[83]) and Discussion note on the Finalisation of the first complete monitoring framework on the European Child Guarantee Recommendation (Social Protection Committee and European Commission, 2023[89]).

Monitoring indicators of the free and effective access of children in need to ECEC

Table A C.2 presents the four indicators of the ECG monitoring framework to monitor the free and effective access of children in need to early child education and care (ECEC). The first indicator measures the share of children participating in formal ECEC. Based on EU-SILC data, the indicator distinguishes the rate of attendance in formal ECEC between AROPE and non-AROPE children. This indicator features in the EU Social Scoreboard as it is used to monitor the achievement of the "Barcelona targets" on increasing participation in ECEC[42] (Council of the European Union, 2022[90]).

Two indicators assess statutory financial barriers to ECEC participation. Based on national legislation, indicator 2 describes the legal age conditions for free and guarantee entitlement to ECEC. Using estimates simulated by the OECD Tax-Ben tool, indicator 3 calculates the net out-of-pocket childcare cost (after any benefits designed to reduce the gross childcare fees) for low-income households.[43] The last indicator measures the public expenditure on ECEC as percentage of GDP per child, which may be used as indirect estimate of the quality of ECEC in the country.

Regarding data gaps, further work will be needed regarding indicators for ECEC participation of children with "specific disadvantages", in particular, children with disabilities, mental health issues, migrant or Roma background, and in precarious family situations. There is also scare data on the availability and quality of ECEC, particularly for children in need. Finally, reliability issues prevented the inclusion of an indicator on reasons for unmet childcare needs of AROPE households, based on EU-SILC data.

Table A C.2. Selected indicators to monitor free and effective access of children in need to ECEC

Indicators	Data source	Coverage of target population ("children in need")
2.1. Share of children (<18) AROPE in formal ECEC, broken down by child's age (<3; 3-CSA), and intensity of care	EU-SILC	AROPE children
2.2. Age at which there is a legal entitlement to ECEC free of charge and guaranteed place	EURYDICE	
2.3. Net out-of-pocket cost of childcare for a low-income household as % of average wage	OECD (2021)	
2.4. Public expenditure on ECEC as a % of GDP / per children	Eurostat/Eurobase	

Sources: First version of the joint monitoring framework for the European Child Guarantee (Social Protection Committee and European Commission, 2023[83]) and Discussion note on the Finalisation of the first complete monitoring framework on the European Child Guarantee Recommendation (Social Protection Committee and European Commission, 2023[89]).

Monitoring indicators of the free and effective access of children in need to education and school-based activities

Table A C.3 presents the seven indicators of the ECG monitoring framework to monitor the free and effective access of children in need to education and school-based activities. The first indicator provides a proxy measure of the extent to which disadvantaged children have access to quality education and are adequately supported. Based on data from the OECD's Programme for International Student Assessment (PISA), AROPE children are proxied as children of low socioeconomic status.

Indicators 2 to 4, based on EU-SILC data, provide information on financial barriers to children participation in education and school-based activities by AROPE status. Indicator 5 measures the share of early school leavers (aged 18 to 24) by sex and by parental education attainment, which is used as a proxy for AROPE children. Due to reliability issues for the moment the information in this indicator is available at the EU level and not by Member States. Finally, indicators 6 and 7 provide contextual information on the number of students per teacher in schools with low socioeconomic profile and government expenditure on education per student.

As in the case of ECEC indicators, the ISG and European Commission highlighted data gaps in indicators of education participation, and educational outcomes of children in need and with specific disadvantages. Additional data could also be developed regarding access to school-based activities and access to digital tools.

Table A C.3. Selected indicators to monitor free and effective access of children in need to education and school-based activities

Indicators	Data source	Coverage of target population ("children in need")
1. Share of low achieving 15 years old in reading, maths and science, by socioeconomic category (low/high socio-economic status)	PISA/OECD (2018)	Proxy AROPE children (socioeconomic status)
2. Share of children (<18) AROPE living in household reporting great difficulties to pay for formal education	EU-SILC	AROPE children
3. Share of children (<16) AROPE who suffer from the enforced lack of access to school trips and school events that cost money	EU-SILC children specific deprivation rolling module	AROPE children
4. Share of children (<16) AROPE who suffer from the enforced lack of access to regular leisure activities	EU-SILC children specific deprivation rolling module	AROPE children
5. EU average share of early school leavers, broken down by sex, and by parental education attainment	Eurostat	Proxy AROPE children (parental

Indicators	Data source	Coverage of target population ("children in need")
		education)
6. Number of students (aged 15) per teacher in schools, by schools' socioeconomic profile	PISA/OECD (2018)	Proxy AROPE children (socioeconomic profile)
7. Government expenditure on education per student, broken down by education level (primary, education and secondary education)	Eurobase	

Sources: First version of the joint monitoring framework for the European Child Guarantee (Social Protection Committee and European Commission, 2023[83]) and Discussion note on the Finalisation of the first complete monitoring framework on the European Child Guarantee Recommendation (Social Protection Committee and European Commission, 2023[89]).

Monitoring indicators of the free and effective access of children in need to at least one healthy meal per school day

Table A C.4 presents the two indicators of the ECG monitoring framework to monitor the free and effective access of children in need to at least one healthy meal per school day. No EU-level data has been found to monitor this key service in accordance with the European Council Recommendation. Instead, the indicators presented measure the share of children with restricted access to good nutrition. The first indicator measures the share of children with enforced lack of access to fruits and vegetables at least once a day. The second indicator refers to enforced lack of access to a meal with meat, chicken or fish (or a vegetarian equivalent) at least once a day. Both indicators are presented by AROPE status and use data from the EU-SILC children specific deprivation rolling module, which collects information about children under the age of 16, every three years.

Potential future improvements under this groups of indicators could include more frequent data on the access of children in need to at least one free healthy meal each school day. Additionally, data gaps have been highlighted with regard to the affordability and the free availability of healthy meals.

Table A C.4. Selected indicators to monitor free and effective access of children in need to at least one healthy meal per school day

Indicators	Data source	Coverage of target population ("children in need")
1. Share of children (<16) AROPE who suffer from the enforced lack of access to fresh fruits and vegetables at least once a day	EU-SILC children specific deprivation rolling module	AROPE children
2. Share of children (<16) AROPE who suffer from the enforced lack of access to one meal with meat, chicken or fish (or a vegetarian equivalent)	EU-SILC children specific deprivation rolling module	AROPE children

Sources: First version of the joint monitoring framework for the European Child Guarantee (Social Protection Committee and European Commission, 2023[83]) and Discussion note on the Finalisation of the first complete monitoring framework on the European Child Guarantee Recommendation (Social Protection Committee and European Commission, 2023[89]).

Monitoring indicators of the free and effective access of children in need to healthcare

Table A C.5 presents the seven indicators of the ECG monitoring framework for monitoring free and effective access of children in need to health care. Two indicators provide information that can be used as an indirect measure of access to quality healthcare services for children in need. The first indicator measures the share of children perceived to be in 'very good' health, and the second the share of children with unmet need for medical examination or treatment. Both indicators are disaggregated by AROPE and

are based on data from the EU-SILC 3-yearly rolling module on children's health and access to health care for children under 16.

Two indicators cover the free access of children to healthcare services and to regular health monitoring, by income level, which may be used as a proxy to AROPE. Both indicators are based on information collected by the European Social Policy Analysis Network (ESPAN) and were checked and revised by ISG delegates. Finally, child mortality rate and vaccination coverage are presented as contextual indicators without socio-economic background information to identify children in need.

Data issues for potential future improvements in this group of indicators include the lack of data on the health status and access to healthcare (including mental health)[44] of children in need[45] and with specific disadvantages[46]. Similarly, there are considerable data gaps on the availability and quality of healthcare.

Table A C.5. Selected indicators to monitor free and effective access of children in need to healthcare

Indicators	Data source	Coverage of target population ("children in need")
1. Share of children (<16) AROPE with "very good" health	EU-SILC children specific deprivation rolling module	AROPE children
2. Share of children (<16) AROPE with unmet needs for medical examination or treatment	EU-SILC children specific deprivation rolling module	AROPE children
3. Free/fully subsidised access to healthcare services (vaccination, GP, infant nurses, specialist care, dental care, prescribed medicines) for all children/low-income children	ESPAN	Proxy AROPE children (Low-income)
4. Free/fully subsidised access to regular health monitoring (general, hearing, vision and dental screenings) for all children/low-income children, broken down by age	ESPAN	Proxy AROPE children (Low-income)
5. Child mortality rate	EU/WHO	
6. Vaccination coverage	EU/WHO	
7. Share of children (11, 13, 15 years old) who reported feeling low more than once a week by gender and family affluence	WHO	Proxy AROPE children (family affluence)

Sources: First version of the joint monitoring framework for the European Child Guarantee (Social Protection Committee and European Commission, 2023[83]) and Discussion note on the Finalisation of the first complete monitoring framework on the European Child Guarantee Recommendation (Social Protection Committee and European Commission, 2023[89]).

Monitoring indicators of the effective access of children in need to healthy nutrition

Table A C.6 presents the four indicators of the ECG monitoring framework for monitoring effective access of children in need to healthy nutrition. The first two indicators are the same as those selected to monitor free and effective access of children in need to at least one healthy meal per school day. The other two indicators cover, the share of children who eat breakfast every school day and the share of children who are overweight or obese. Both indicators are broken down by gender and family affluence, the latter of which may be used as a proxy for AROPE, and are derived from school-based surveys run among children as part of the Health Behaviour in School-Aged Children study (HBSC).[47]

Regarding data gaps and enhancement, the ISG and European Commission mentioned the timeliness of the child material deprivation indicator (based on data from the EU-SILC 3-yearly rolling module), the lack of data on the affordability and availability of healthy nutrition, the potential use of data from the European Health Interview Survey (EHIS) for key indicators such as on children's weight, and the improvement of administrative data comparability on healthy nutrition

Table A C.6. Selected indicators to monitor effective access of children in need to healthy nutrition

Indicators	Data source	Coverage of target population ("children in need")
1. Share of children (<16) AROPE who suffer from the enforced lack of access to fresh fruits and vegetables at least once a day	EU-SILC children specific deprivation rolling module	AROPE children
2. Share of children (<16) AROPE who suffer from the enforced lack of access to one meal with meat, chicken or fish	EU-SILC children specific deprivation rolling module	AROPE children
3. Share of children (11, 13, 15 years old) who eat breakfast every school day by gender and family affluence	WHO	Proxy AROPE children (family affluence)
4. Share of children (11, 13, 15 years old) who are overweight or obese by gender and family affluence	WHO	Proxy AROPE children (family affluence)

Sources: First version of the joint monitoring framework for the European Child Guarantee (Social Protection Committee and European Commission, 2023[83]) and Discussion note on the Finalisation of the first complete monitoring framework on the European Child Guarantee Recommendation (Social Protection Committee and European Commission, 2023[89]).

Monitoring indicators of the effective access of children in need to adequate housing

Table A C.7 presents the four indicators of the ECG monitoring framework for monitoring effective access of children in need to adequate housing. All indicators assess the share of AROPE children living specific housing conditions and are based on EU-SILC data. The first indicator assesses housing cost overburden,[48] the second severe housing deprivation,[49] the third overcrowding,[50] and the last the ability to keep the home adequately warm.

Regarding data gaps and areas for data improvement, the ISG and European Commission mention the lack of data on homeless children,[51] the lack of EU-SILC data on specific disadvantages of children in need (e.g. children with mental health issues, children with migrant background, or a minority ethnic origin, particularly Roma,[52] children in precarious family situation, other than living in single-parent households), the affordability and availability of adequate housing, in particular social housing and the ability to keep the home cool.

Table A C.7. Selected indicators to monitor effective access of children in need to adequate housing

Indicators	Data source	Coverage of target population ("children in need")
1. Share of children (<18) AROPE living in a household facing housing cost overburden	EU-SILC	AROPE children
2. Share of children (<18) AROPE facing severe housing deprivation	EU-SILC	AROPE children
3. Share of children (<18) AROPE living in an overcrowded household	EU-SILC	AROPE children
4. Share of children (<18) AROPE living in households that are unable to keep home adequately warm	EU-SILC	AROPE children

Sources: First version of the joint monitoring framework for the European Child Guarantee (Social Protection Committee and European Commission, 2023[83]) and Discussion note on the Finalisation of the first complete monitoring framework on the European Child Guarantee Recommendation (Social Protection Committee and European Commission, 2023[89]).

How the Child Guarantee Action Plan of Portugal aligns with the European Child Guarantee monitoring framework?

The ECG monitoring framework was designed for cross-country comparison and includes indicators that are suitable for informing an overview of each country. The monitoring framework of the Portuguese Child Guarantee Action Plan (PAGPI) aims to go further into the details and address national specificities, including territorial differences (e.g. at the regional or municipality level). In broad terms both frameworks aim to monitor the same target groups and policy outcomes. Therefore, it is desirable to have some alignment between them. This section discusses the interaction between the monitoring frameworks developed by the ECG and PAGPI. In particular, it compares their alignment regarding their structures and indicators, in terms of their content, definitions and specifications.

Structure

The monitoring frameworks for the ECG and PAGPI have somewhat similar structures, with indicators organised to some extent under equivalent headings, as shown in Table A C.8. As discussed in Annex 2, the monitoring indicators of the PAGPI are organised in two overall groups: "transversal" and "monitoring" indicators.

Transversal indicators assess the overall impact of the Child Guarantee and include different statistics on children poverty and social exclusion for different population groups. The content of these statistics is somewhat similar to the first group of the ECG framework, which includes monitoring indicators of the size of the target population ("children in need").

Monitoring indicators in PAGPI are organised around the twelve strategic objectives of the action plan. Five of these strategic objectives are closely related to the "key services" monitored by the ECG framework, namely ECEC, education and school-based activities, healthcare, healthy nutrition, and adequate housing. The PAGPI does not include an explicit strategic objective and related indicators to monitor the "free and effective access of children in need to at least one healthy meal per school day"; however, indicators for this objective are included in the strategic objective related to healthy food. As already discussed, in the ECG framework the monitoring indicators related to one healthy meal per school day are also included in the set of indicators related to healthy nutrition.

Formally, seven strategic objectives of the PAGPI do not correspond with the ECG's monitoring framework. Four of these objectives relate policy areas that are not among the six "key services" mentioned in the European Council Recommendation, namely, employment and wages (S1), skills and qualifications (S2), social protection (4), and social action (S5). Three other PAGPI strategic objectives relate to children from particularly disadvantaged groups, specifically children in alternative care (S10), children from migrant and ethnic minority background (S11), and children who are victims of violence and/or discrimination (S12). In principle, the target population of these strategic objectives are included in the ECG monitoring indicators related to "children in need".

Table A C.8. The structures of the ECG and PAGPI monitoring frameworks are somewhat similar

PAGPI	ECG
Transversal Indicators	1. Size of the target population ("children in need")
Monitoring Indicators	
S1. Promote labour market integration and increase wages	
S2. Increase the qualification/skills of adults, especially those from families with children	
S3. Strengthen social protection for children, young people and their families	

PAGPI	ECG
S4. Promote close and integrated social action among families with children and young people	
S5. Ensure access to quality early childhood responses	2. Free and effective access of children in need to ECEC
S6. Ensure access to quality educational response and school-based activities	3. Free and effective access of children in need to education and school-based activities
	4. Free and effective access of children in need to at least one healthy meal per school day
S7. Strengthen access to healthcare, health promotion, disease prevention, and quality specialised care	5. Free and effective access of children in need to healthcare
S8. Promote access to healthy food	6. Effective access of children in need to healthy nutrition
S9. Promote access for vulnerable families with children and young people to decent housing	7. Effective access of children in need to adequate housing
S10. Prevent institutionalisation and promote the deinstitutionalisation of children and young people at risk	
S11. Ensure effective equality in access to essential services for children and young people from immigrant backgrounds or ethnic minorities, particularly those from the Roma community	
S12. Promote equality and non-discrimination	

Sources: Portugal Child Guarantee Action Plan 2022-2030 (Coordenação Nacional Garantia para a Infância, 2023[20]) and First version of the joint monitoring framework for the European Child Guarantee (Social Protection Committee and European Commission, 2023[83]).

Indicators' content

This section digs further into the analysis of ECG and PAGPI frameworks by comparing the content of the indicators that are included under the headings of these frameworks. Table A C.9 compares the content of monitoring indicators in the ECG and PAGPI frameworks by headings. To simplify the analysis and its presentation, the indicator contents are divided in the following categories and sub-categories:

- Population: indicators whose content refers to the size and/or characteristic of a population group. Population indicators are divided in two sub-groups:
- Target population: refers to "children in need" or to children from one of the groups with "specific disadvantages", as defined by the European Council's Recommendation (e.g, the share of AROPE children).
- Other population: refers to population groups including individuals that are not in the target group, particularly if they are not children (e.g. share of people 18 years and over at risk of poverty at work).[53]
- Key services: indicators related to the services listed in the European Council's Recommendation (see section 0). If the indicator refers to a service/policy that is not part of the EC Recommendation, it is referred to as "other policies". Key services indicators are divided into the following sub-categorises, based on the components of a policy results chain which were discussed in Chapter 1:
  i. Inputs: the financial, human, material and institutional resources used to implement a key service (e.g. government expenditure on education).
- Outputs: the products and services that result from a key service (e.g. number of school covered by the programme for economically and socially disadvantaged areas).
  i. Outcomes: the short- and medium-term "effective" result of a policy, the direct effect resulting from policy outputs (e.g. share of children in formal ECEC).
  ii. Impact: the longer-term and higher-level effect of the outcomes of an intervention, including intended/unintended and positive/negative effects of external factors and circumstances that are beyond policy measures (e.g. child mortality rate).

The indicators of outcomes and impacts are further divided into whether or not they identify the policy effect on the target to population (i.e. on "children in need"). Therefore, while the indicator "share of AROPE children in formal ECEC" does identify the target population (i.e. AROPE children), the indicator "number of children enrolled in pre-school education" does not.

The use of population indicators is more systematic in the ECG than in the PAGPI framework. In the ECG framework, all population indicators refer to the target population and are restricted to the group referring to the size of the target population. The PAGPI framework not only includes indicators for other populations (e.g. poverty rate for the whole population),[54] but also includes population indicators under headings referring to policies such as employment, skills, and social action. For example, the indicator 10 "At-risk-of-poverty rate for children and young people (0-17 years) in households with very low labour intensity" is included under the Strategic Objective 1 "Promote integration into the labour market and increase wages".

Regarding indicators related to key services, both frameworks make use of various types of components from a results chain, but with different intensity levels. In the ECG framework, almost two-thirds of indicators refer to the impact on the target population (e.g. 3.2. Share of children (<18) AROPE living in household reporting great difficulties to pay for formal education), four indicators refer to policy outcomes on the target population and three to policy inputs. Only two indicators refer to the impact or outcomes without identifying the effect on the target to population (5.5. Child mortality rate and 5.6. Vaccination coverage). In contrast, more than one third of PAGPI indicators focuses on policy outcomes without identifying the target to population (e.g. 25 – Number of children aged 0-3 covered by free childcare). Slightly fewer than one third of key services indicators focuses on policy outcomes that identify the target to population. Furthermore, in many cases the identification of the target population is carried out using proxy information such as the means-tested child benefits. Five indicators refer to the characteristics or outputs of a service instead of its result on the population (e.g. 24 – Percentage of day-care centres according to the legal nature of the owner). Other five indicators refer to policy impact without identifying the target to population (e.g. 48 – Proportion of overweight children (pre-obesity and obesity) aged 6 to 8). PAGPI's strategic objectives 2, 3 and 4 refer to policies that are not part of the six "key services", under these headings there are impact/outcome indicators of "other policies" such as lifelong learning activities, social transfers and social care and monitoring services.

Table A C.9. The content of ECG and PAGPI monitoring indicators differ even within equivalent headings

PAGPI		ECG	
Heading	Indicator content	Heading	Indicator content
Transversal Indicators	Target population Other population	1. Size of the target population ("children in need")	Target population
S1. Promote labour market integration and increase wages	Target population Other population		
S2. Increase the qualification/skills of adults, especially those from families with children	Other population Impact of other policies		
S3. Strengthen social protection for children, young people and their families	Impact of other policies Outcome of other policies		
S4. Promote close and integrated social action among families with children and young people	Target population Outcome of other policies		

	PAGPI		ECG
S5. Ensure access to quality early childhood responses	Outcome on target population Outcome Output	2. Free and effective access of children in need to ECEC	Outcome on target population Outputs Inputs
S6. Ensure access to quality educational response and school-based activities	Outcome on target population Outcome Output	3. Free and effective access of children in need to education and school-based activities	Impact on target population Outputs Inputs
		4. Free and effective access of children in need to at least one healthy meal per school day	Impact on target population
S7. Strengthen access to healthcare, health promotion, disease prevention, and quality specialised care	Outcome on target population Outcome Output	5. Free and effective access of children in need to healthcare	Impact on target population Impact Outcome on target population
S8. Promote access to healthy food	Impact	6. Effective access of children in need to healthy nutrition	Impact on target population
S9. Promote access for vulnerable families with children and young people to decent housing	Impact on target population Outcome on target population	7. Effective access of children in need to adequate housing	Impact on target population
S10. Prevent institutionalisation and promote the deinstitutionalisation of children and young people at risk	Outcome on target population		
S11. Ensure effective equality in access to essential services for children and young people from immigrant backgrounds or ethnic minorities, particularly those from the Roma community	Target population Other population Impact on target population Outcome on target population Outcome		
S12. Promote equality and non-discrimination	Output Impact		

Sources: Portugal Child Guarantee Action Plan 2022-2030 (Coordenação Nacional Garantia para a Infância, 2023[20]) and First version of the joint monitoring framework for the European Child Guarantee (Social Protection Committee and European Commission, 2023[83]).

Indicators definitions and specifications

The PAGPI monitoring framework has more than twice as many indicators as the ECG monitoring framework (69 and 32 indicators, respectively). Out of the 69 PAGPI indicators, 29 are based on EU data, mainly from the EU-SILC (21), as well as from other sources from Eurostat and the European Commission. Similarly, 21 of the 32 ECG indicators are based on data from EU-SILC and seven from other EU data sources. Despite that, strictly defined, only two PAGPI and ECG indicators are fully aligned in terms of definition and specification (see Table A C.10). These are the "share of AROPE children" (based on EU-SILC data) and "number of children in alternative care", which is based on data from the project DataCare by UNICEF and Eurochild.[55]

Many ECG and PAGPI indicators based on EU-SILC data are similar, except for small differences in definition of specification. For example, while practically all ECG indicators use AROPE as benchmark,

most PAGPI indicators are based on AROP. ECG indicators were originally based on AROP, however they were later revised and based on AROPE to be consistent with the European Council Recommendation, which defines target group according to AROPE. The ECG indicator based on AROP (Relative median at-risk-of-poverty gap for children), also differs from the one equivalent in the PAGPI (poverty intensity for children)[56], as it is calculated based on the mean instead of the median poverty gap.

Another difference relates to the unit of assessment. While ECG indicators measure the impact at the child-level, several PAGPI indicators are at the level of the household.[57] Similarly, while ECG indicators focus on children, some PAGPI indicators measure the impact over the entire population.

One PAGPI indicator differs from ECG in the age limit to define children because of using different data to measure material deprivation. Following the European Council Recommendation, whenever possible, ECG indicators define children as individuals under 18 years of age, and use data on "severe material deprivation", which is collected annually in the EU-SILC. One PAGPI indicator uses "child-specific material deprivation", based on data from the EU-SILC rolling module, which collects information about children under the age of 16, every three years. Incidentally, the PAGPI also includes an indicator of the rate of severe material deprivation for children under 18 years of age.[58] In contrast, in the case of indicators that measure the lack of access to meals with meat, chicken or fish (or a vegetarian equivalent), the ECG uses data from the EU-SILC rolling module, while PAGPI uses data from the standard questionnaire.[59]

Beyond indicators based on EU-SILC data, ECG and PAGPI have similar indicators to monitor the incidence of obesity among children. While both frameworks use data from the same institution (WHO), ECG indicators are based on data from the Health Behaviour in School-aged Children study (HBSC) for children aged 11, 13 and 15, while PAGPI indicators are based on the Portuguese and European versions of the Childhood Obesity Surveillance System (COSI), which survey children aged 6-8-year-old.

Some indicators address the same subject but using very different data and definitions. Free entitlement to ECEC is measured in the ECG framework using statutory information (i.e. the legal age), while PAGPI uses empirical data (i.e. the number of children receiving free childcare). The indicator to monitor early school leavers measures the EU average in the ECG, while the Portuguese population in the PAGPI. In the case of the indicator to monitor the student/teacher ratio, ECG uses data from PISA for 15 years old, while PAGPI uses data from the Portuguese National Statistics Institute for all students. This source of administrative data also makes it possible to avoid any sampling or response rate bias that may be associated with survey data.

ECG and PAGPI also differ with regard to the break-down of the indicator by components and/or population groups. While ECG tends to break down its indicators by components, PAGPI tends to make use of separate indicators for each component. This the case of the indicator measuring the share of AROPE children by monetary poverty, severe material and social deprivation, living in [quasi-] jobless households. The same happens to the indicator for children by types of alternative care, and to the indicator the access to health monitoring by type of exam.

Finally, ECG and PAGPI indicators also differ regarding the identification of AROPE children. While ECG gives priority to indicators that can measure the impact of measures on AROPE children, some equivalent PAGPI indicators do not provide the type of information. In some cases, this is due to the type of data source. For example, the data source for the PAGPI indicator to monitor early school leavers does not provide socio-economic breakdown information. In contrast, the ECG indicator uses parental educational attainment as proxy for AROPE. As discussed in Annex 2, in some cases the reason for not distinguishing AROPE children in PAGPI is not clear. This is particularly the case when the underlying data is the EU-SILC (e.g. the indicators for early education participation and for population living in overcrowded accommodation). Lastly, while the PAGPI child obesity indicator uses parental educational attainment as a proxy for AROPE, the same data source also provides the information broken down by subjective family income, which may be a more suitable alternative characteristics to assess poverty.[60]

Table A C.10. Very few ECG and PAGPI monitoring frameworks follow the same definition and specification

ECG	PAGPI	Correspondence	Comment
1.1. Number and share of children at risk of poverty or social exclusion (AROPE)	4- Rate of children at risk of poverty or social exclusion, by age group	Equal	
1.5. Share of children (<18) AROPE with at least one parent born outside the EU	62 - At-risk-of-poverty rate for children (0 to 17 years), according to parents' country of birth	Similar with different benchmark	ECG: AROPE PAGPI: AROP
1.3. Relative median at-risk-of-poverty gap for children	17- Poverty intensity (0-17 years)	Similar with different calculation	ECG: median PAGPI: mean
1.1. Number and share of children at risk of poverty or social exclusion (AROPE)	3 - At-risk-of-poverty rate for families with children	Similar with different unit	ECG: child PAGPI: family
7.3. Share of children (<18) AROPE living in an overcrowded household	63 - Percentage of the population living in overcrowded accommodation (population of Portuguese nationality vs. population of foreign nationality)	Similar with different target population	ECG: children PAGPI: all population
1.2. Share of children (<18) AROPE, broken down by components (monetary poverty, severe material and social deprivation, living in [quasi-] jobless households)	7 -Specific material deprivation rate for children, by age (<16)	Similar with different age limit and material deprivation	ECG: <18 severe material deprivation PAGPI: <16 child-specific material deprivation
4.2. Share of children (<16) AROPE who suffer from the enforced lack of access to one meal with meat, chicken or fish (or a vegetarian equivalent)	50 - Percentage of the population unable to afford a meat or fish meal (or vegetarian equivalent) at least every 2 days	Similar with different age limit and measure	ECG: <16, at least once a day PAGPI: <18, at least every two days
6.4. Share of children (11, 13, 15 years old) who are overweight or obese by gender and family affluence	48 - Proportion of overweight children (pre-obesity and obesity) aged 6 to 8;	Similar with different data and age group	ECG: age 11/13/15, HBSC PAGPI: age 6-8, COSI
2.2. Age at which there is a legal entitlement to ECEC free of charge and guaranteed place	25 - Number of children aged 0-3 covered by free childcare;	Different data and content	ECG: statutory information PAGPI: administrative data
3.5. EU average share of early school leavers, broken down by sex, and by parental education attainment	32 - Early school leavers in education and training rate	Different data and content	ECG: EU average, Eurostat PAGPI: Portuguese students, National Statistics Institute
3.6. Number of students (aged 15) per teacher in schools, by schools' socioeconomic profile	33 - Average number of students per teacher, by study cycle	Different data and population	ECG: age 15, PISA PAGPI: all students, administrative data
1.2. Share of children (<18) AROPE, broken down by components (monetary poverty, severe material and social deprivation, living in [quasi-] jobless households)	6 - Rate of material and social deprivation (<18 years), by age group 13 - Severe material deprivation rate for children (0 - 17 years), by their parents' level of education 10 - At-risk-of-poverty rate for children and young people (0-17 years) in households with very low labour intensity	Similar with different break-down	ECG: break-down by component PAGPI: separate indicators by component
1.8. Number of children in alternative care, by care type (residential care, formal family-based care, other forms of alternative care)	58 - Number of children in residential care 59 - Number of children in formal family-type care 60 - Number of children in other types of alternative care	Similar with different break-down	ECG: break-down by type of care PAGPI: separate indicators by type of care

Sources: Portugal Child Guarantee Action Plan 2022-2030 (Coordenação Nacional Garantia para a Infância, 2023[20]) and First version of the joint monitoring framework for the European Child Guarantee (Social Protection Committee and European Commission, 2023[83]).

Strategic Objectives	Indicators	Source
	33 - Average number of students per teacher, by study cycle	DGEEC
	34 - Average number of students per computer, by cycle of studies and nature of educational establishment, in regular basic education schools	DGEEC
	35 - Transition/completion rate, by cycle	DGEEC
	36 - Number of students enrolled on the mainland with school action, by level, cycle of education and bracket	DGEEC
	37 - Number of students covered by free textbooks	IGEFE
	38 - Number of school groups covered by the TEIP Programme	DGE
O7 - Strengthen access to quality healthcare, health promotion, disease prevention and specialised care	39 - Proportion of newborns with a medical check-up up to 28 days of life in the NHS	DGS
	40 - Proportion of children aged 2 with adequate follow-up in the SNS	DGS
	41 - Number of support centres for children and young people at risk in health services	DGS
	42 - Number of children and young people signposted and monitored by the Support Centres for children and young people at risk in health services	DGS
	43 - Number of children and young people covered by the National Oral Health Promotion Programme	DGS
	44 - Number of children and young people covered by the Child Visual Health Screening Programme	DGS
	45 - Coverage rate of neonatal hearing screening	DGS
	46 - Number of local early intervention teams	DGS
	47 - Number of children and young people monitored by ELI/SNIPI	SNIPI
O8 - Promoting access to healthy eating	48 - Proportion of overweight children (pre-obesity and obesity) aged 6 to 8;	COSI Portugal
	49 - Proportion of overweight children (including obesity) aged 7 to 8, by parental schooling	COSI/WHO Europe
	50 - Percentage of the population unable to afford a meat or fish meal (or vegetarian equivalent) at least every 2 days	EU-SILC
O9 - Promoting access to decent housing for vulnerable families with children and young people	51 - Housing cost burden rate of households with children and young people (0-17) (all households with children vs. group of families at risk of poverty)	EU-SILC
	52 - Number of families with children (= 17 years) living in the IHRU social housing estate	IHRU
	53 - No. of children (= 17 years) living in IHRU social housing stock	IHRU
	54 - No. of families with children who have applied for housing support from the eAA (supported tenancy)- 7313	IHRU
O10 - Prevent institutionalisation and promote the de-institutionalisation of children and young people in danger	55 - Number of children and young people in danger with promotion and protection measures in the natural environment	ISS, I.P./ CNPDPCJ
	56 - Number of children and young people with Educational Guardianship measures	DGRSP (CASA Report)
	57 - Number of children in alternative care	European Commission - SPC
	58 - Number of children in residential care	European Commission - SPC
	59 - Number of children in formal family-type care	European Commission - SPC
	60 - Number of children in other types of alternative care	European Commission - SPC
011- Guarantee effective equality of access to essential services for children and young people with a migrant background or from ethnic minorities, especially the Roma community	61 - At-risk-of-poverty and social exclusion rate for foreigners in Portugal	EU-SILC
	62 - At-risk-of-poverty rate for children (0 to 17 years old), according to their parents' country of birth	EU-SILC
	63 - Percentage of the population living in overcrowded accommodation (population of Portuguese nationality vs. population of foreign nationality)	EU-SILC
	64 - Primary and secondary school transition rate (Portuguese pupils vs. foreign pupils)	DGEEC, OM
	65 - School drop-out rate for girls from Roma communities in the 2nd and 3rd cycles	DGEEC
	66 - Percentage of children and young people from Roma communities who attend public school and benefit from the highest level of socio-economic support (level A)	DGEEC
O12 - Promoting equality and non-discrimination	67 - Percentage of municipalities covered by psychological support for children and young people who are victims of domestic violence	MAAP/CIG
	68 - Growth rate of girls in ICT areas	MAAP/CIG
	69 - Growth rate of training activities under the "Healthy Practices - Ending Female	MAAP/CIG

Strategic Objectives	Indicators	Source
	Genital Mutilation" project	

Source: Portugal Child Guarantee Action Plan 2022-2030 (Coordenação Nacional Garantia para a Infância, 2023[20]).

Table A C.12. List of PAGPI indicators that correspond to ECG indicators

Indicators listed by source of difference

	Same	AROP	Pop	Unit	Age	Data	Other	Break-down
1.1. Number and share of children at risk of poverty or social exclusion (AROPE)	4	16	11	3				
1.2. Share of children (<18) AROPE, broken down by components (monetary poverty, severe material and social deprivation, living in [quasi-] jobless households)		5		91	7			6, 13, 10
1.3. Relative median at-risk-of-poverty gap for children				17			18, 19	
1.5. Share of children (<18) AROPE with at least one parent born outside the EU		62		61				
1.6. Share of children (<18) AROPE living in a single-parent household		2						
1.8. Number of children in alternative care, by care type (residential care, formal family-based care, other forms of alternative care)	57							58, 59, 60
2.1. Share of children (<18) AROPE in formal ECEC, broken down by child's age (<3; 3-CSA), and intensity of care								21, 22
2.2. Age at which there is a legal entitlement to ECEC free of charge and guaranteed place						25		
3.5. EU average share of early school leavers, broken down by sex, and by parental education attainment						32		
3.6. Number of students (aged 15) per teacher in schools, by schools' socioeconomic profile						33		
4.2. Share of children (<16) AROPE who suffer from the enforced lack of access to one meal with meat, chicken or fish (or a vegetarian equivalent)						50		
6.4. Share of children (11, 13, 15 years old) who are overweight or obese by gender and family affluence						48, 49		
7.1. Share of children (<18) AROPE living in a household facing housing cost overburden		51						
7.3. Share of children (<18) AROPE living in an overcrowded household			63					

Sources: Portugal Child Guarantee Action Plan 2022-2030 (Coordenação Nacional Garantia para a Infância, 2023[20]) and First version of the joint monitoring framework for the European Child Guarantee (Social Protection Committee and European Commission, 2023[83]).

Table A C.13. PAGPI indicators by type of content

Indicator	Type of content
1 - At-risk-of-poverty rate after social transfers	Other population
2 - At-risk-of-poverty rate according to household composition	Target population
3 - At-risk-of-poverty rate for families with children	Target population
4 - At-risk-of-poverty or social exclusion rate for children, according to age group	Target population
5 - At-risk-of-poverty rate for children (<18 years)	Target population
6 - Rate of material and social deprivation (<18 years), by age group	Target population
7 - Child-specific material deprivation rate, by age (<16)	Target population
8 - At-risk-of-work poverty rate (18 years and over)	Other population
91 - At-risk-of-poverty rate for households with at least one dependent child, by labour intensity	Target population
10 - At-risk-of-poverty rate for children and young people (0-17 years) in households with very low labour intensity	Target population
11 - People at risk of poverty, material deprivation, household labour intensity, by age and sex - intersections of EU poverty target indicators for 2030	Other population
12 - Proportion of people (aged 18-64) participating in lifelong learning activities	Outcome of other policies
13 - Rate of severe material deprivation for children (0 - 17 years), by their parents' level of education	Target population
14 - Impact of social transfers (excluding pensions) on child poverty (<18)	Outcome of other policies
15 - Number of children covered by the "Childhood Guarantee" allowance supplement	Outcome of other policies
16 - At-risk-of-poverty rate for children, by age group	Target population
17- Poverty intensity (0-17 years)	Target population
18 - Poverty intensity of families with children	Target population
19 - Severity of poverty among families with children	Target population
20 - Number of families with children accompanied by social care and monitoring services	Outcome of other policies
21 - Children up to the age of 3 in formal childcare or education by age group, for 25 hours or more, by risk of poverty or social exclusion	Outcome on target population
22 - Pupils from the age of 3 up to the compulsory school starting age in primary education by sex - % of the population of the corresponding age	Outcome
23 - Coverage rate of social responses for early childhood in mainland Portugal	Outcome
24 - Percentage of day-care centres according to the legal nature of the owner, in mainland Portugal	Output
25 - Number of children aged 0-3 covered by free day-care centres;	Outcome
26 - Pre-school enrolment rate	Outcome
27 - Number of children enrolled (pre-school education), by type of educational establishment;	Outcome
28 - Average number of children per kindergarten teacher, by type of educational establishment;	Outcome
29 - Number of students enrolled, by cycle of studies	Outcome
30 - Actual enrolment rate, by cycle of studies	Outcome
31 - Retention and drop-out rate, by cycle of studies	Outcome
32 - Early school leaving rate, in education and training	Outcome
33 - Average number of students per teacher, by study cycle	Outcome
34 - Average number of students per computer, by cycle of studies and nature of educational establishment, in regular basic education schools	Outcome
35 - Transition/completion rate, by cycle	Outcome
36 - Number of students enrolled on the mainland with school action, by level, cycle of education and bracket	Outcome on target population
37 - Number of students covered by free textbooks	Outcome
38 - Number of school groups covered by the TEIP Programme	Output
39 - Proportion of newborns with a medical check-up up to 28 days of life in the NHS	Outcome
40 - Proportion of children aged 2 with adequate follow-up in the SNS	Outcome
41 - Number of support centres for children and young people at risk in health services	Output
42 - Number of children and young people signposted and monitored by the Support Centres for children and young people at risk in health services	Outcome on target population
43 - Number of children and young people covered by the National Oral Health Promotion Programme	Outcome
44 - Number of children and young people covered by the Child Visual Health Screening Programme	Outcome
45 - Coverage rate of neonatal hearing screening	Outcome
46 - Number of local early intervention teams	Output

Indicator	Type of content
47 - Number of children and young people monitored by ELI/SNIPI	Outcome on target population
48 - Proportion of overweight children (pre-obesity and obesity) aged 6 to 8;	Impact
49 - Proportion of overweight children (including obesity) aged 7 to 8, by parental schooling	Impact
50 - Percentage of the population unable to afford a meat or fish meal (or vegetarian equivalent) at least every 2 days	Impact
51 - Housing cost burden rate of households with children and young people (0-17) (all households with children vs. group of families at risk of poverty)	Impact on target population
52 - Number of families with children (= 17 years) living in the IHRU social housing estate	Outcome on target population
53 - No. of children (= 17 years) living in IHRU social housing stock	Outcome on target population
54 - No. of families with children who have applied for housing support from the eAA (supported tenancy)-7313	Outcome on target population
55 - Number of children and young people in danger with promotion and protection measures in the natural environment	Outcome on target population
56 - Number of children and young people with Educational Guardianship measures	Outcome on target population
57 - Number of children in alternative care	Outcome on target population
58 - Number of children in residential care	Outcome on target population
59 - Number of children in formal family-type care	Outcome on target population
60 - Number of children in other types of alternative care	Outcome on target population
61 - At-risk-of-poverty and social exclusion rate for foreigners in Portugal	Other population
62 - At-risk-of-poverty rate for children (0 to 17 years old), according to their parents' country of birth	Target population
63 - Percentage of the population living in overcrowded accommodation (population of Portuguese nationality vs. population of foreign nationality)	Impact on target population
64 - Primary and secondary school transition rate (Portuguese pupils vs. foreign pupils)	Outcome
65 - School drop-out rate for girls from Roma communities in the 2nd and 3rd cycles	Outcome on target population
66 - Percentage of children and young people from Roma communities who attend public school and benefit from the highest level of socio-economic support (level A)	Outcome on target population
67 - Percentage of municipalities covered by psychological support for children and young people who are victims of domestic violence	Output
68 - Growth rate of girls in ICT areas	Impact
69 - Growth rate of training activities under the "Healthy Practices - Ending Female Genital Mutilation" project	Impact

Sources: Portugal Child Guarantee Action Plan 2022-2030 (Coordenação Nacional Garantia para a Infância, 2023[20]).

Table A C.14. ECG indicators by type of content

Indicator	Indicator content
1.1. Number and share of children at risk of poverty or social exclusion (AROPE)	Target population
1.2. Share of children (<18) AROPE, broken down by components (monetary poverty, severe material and social deprivation, living in [quasi-] jobless households)	Target population
1.3. Relative median at-risk-of-poverty gap for children	Target population
1.4. Share of children (<16) AROPE with limitations due to health problems	Target population
1.5. Share of children (<18) AROPE with at least one parent born outside the EU	Target population
1.6. Share of children (<18) AROPE living in a single-parent household	Target population
1.7. Share of children (<18) AROPE who have at least one parent with a disability	Target population
1.8. Number of children in alternative care, by care type (residential care, formal family-based care, other forms of alternative care)	Target population
2.1. Share of children (<18) AROPE in formal ECEC, broken down by child's age (<3; 3-CSA), and intensity of care	Outcome on target population
2.2. Age at which there is a legal entitlement to ECEC free of charge and guaranteed place	Input
2.3. Net out-of-pocket cost of childcare for a low-income household as % of average wage	Output
2.4. Public expenditure on ECEC as a % of GDP / per children	Input
3.1. Share of low achieving 15 years old in reading, maths and science, by socioeconomic category (low/high socio-economic status)	Impact on target population
3.2. Share of children (<18) AROPE living in household reporting great difficulties to pay for formal education	Impact on target population

Indicator	Indicator content
3.3. Share of children (<16) AROPE who suffer from the enforced lack of access to school trips and school events that cost money	Impact on target population
3.4. Share of children (<16) AROPE who suffer from the enforced lack of access to regular leisure activities	Impact on target population
3.5. EU average share of early school leavers, broken down by sex, and by parental education attainment	Impact on target population
3.6. Number of students (aged 15) per teacher in schools, by schools' socioeconomic profile	Outcome on target population
3.7. Government expenditure on education per student, broken down by education level (primary, education and secondary education)	Input
4.1. Share of children (<16) AROPE who suffer from the enforced lack of access to fresh fruits and vegetables at least once a day	Impact on target population
4.2. Share of children (<16) AROPE who suffer from the enforced lack of access to one meal with meat, chicken or fish (or a vegetarian equivalent)	Impact on target population
5.1. Share of children (<16) AROPE with "very good" health	Impact on target population
5.2. Share of children (<16) AROPE with unmet needs for medical examination or treatment	Impact on target population
5.3. Free/fully subsidised access to healthcare services (vaccination, GP, infant nurses, specialist care, dental care, prescribed medicines) for all children/low-income children	Outcome on target population
5.4. Free/fully subsidised access to regular health monitoring (general, hearing, vision and dental screenings) for all children/low-income children, broken down by age	Outcome on target population
5.5. Child mortality rate	Impact
5.6. Vaccination coverage	Impact
5.7. Share of children (11, 13, 15 years old) who reported feeling low more than once a week by gender and family affluence	Impact on target population
6.1. Share of children (<16) AROPE who suffer from the enforced lack of access to fresh fruits and vegetables at least once a day	Impact on target population
6.2. Share of children (<16) AROPE who suffer from the enforced lack of access to one meal with meat, chicken or fish (or a vegetarian equivalent)	Impact on target population
6.3. Share of children (11, 13, 15 years old) who eat breakfast every school day by gender and family affluence	Impact on target population
6.4. Share of children (11, 13, 15 years old) who are overweight or obese by gender and family affluence	Impact on target population
7.1. Share of children (<18) AROPE living in a household facing housing cost overburden	Impact on target population
7.2. Share of children (<18) AROPE facing severe housing deprivation	Impact on target population
7.3. Share of children (<18) AROPE living in an overcrowded household	Impact on target population
7.4. Share of children (<18) AROPE living in households that are unable to keep home adequately warm	Impact on target population

Sources: First version of the joint monitoring framework for the European Child Guarantee (Social Protection Committee and European Commission, 2023[83]).

Annex D. Other national strategies and their interaction with the Child Guarantee

Introduction and key findings

In Portugal, several national strategies and programmes address issues that overlap with those addressed by the Child Guarantee. In fact, the Child Guarantee Action Plan (PAGPI) mentions 29 national strategies and programmes that contribute to the Child Guarantee.[61] Two noticeable examples are the National Strategy to Combat Poverty (ENCP) and the National Strategy for the Rights of the Children (ENDC), which has subsequently been integrated into and replaced by the Single Strategy for the Rights of Children and Young People. The ENCP not only shares the goal of halving child poverty by 2030, but also one of its six axes focuses on the reduction of child poverty. Similarly, the ENDC interacts with the PAGPI in terms of its aims to promote social inclusion of children and young people. The overlap with other national strategies and programmes tends to be narrower and more focused, although highly related to particular elements of the PAGPI. This is the case for example of strategies and programmes related to education, health, healthy eating, homeless people, Roma communities, people with disabilities, people of migrant origin, racism, and discrimination.

National strategies and programmes with common cross-cutting issues can improve policy coherence. There is a need for aa common reporting structure to avoid inflating the number of reporting requests on the workload of civil servants (Dirwan and Thévenon, 2023[4]; OECD, 2024[5]). Furthermore, when the different strategies and programmes are not well coordinated, information and data may be collected and assessed in inconsistent ways. Therefore, to make efficient and consistent use of resources, as much as possible national strategies and programmes should aim to align and coordinate the collection, analysis and reporting of data about common issues.

As discussed in Annex A, except for the measure related to the creation of Local Units, the measures presented in the PAGPI are not managed or implemented by the Child Guarantee team. Instead, they are planned, designed, developed, and implemented by other government departments, which are independent from to the Child Guarantee, although closely associated to it.[62] The Child Guarantee team coordinates and collaborates with government departments responsible for these measures. Furthermore, it monitors the results of such measures on "children in need"[63] through the analysis of data, usually in the form of indicators, which are requested or collected from several sources, including the government departments responsible for implementing measures in the PAGPI. This approach allows to better reach and address the specific needs of vulnerable groups targeted by the Child Guarantee, and to develop comprehensive plans to meet those needs. Most other national strategies and programmes follow a similar approach, monitoring measures implemented by other stakeholders with information gathered from external sources. Since the Child Guarantee and these other strategies and programmes share common objectives, they may also share common needs in terms of monitoring data and kind of indicators, thus creating an opportunity for synergies through the coordination and collaboration in data collection and analysis.

The need of coordination between the Child Guarantee and other national strategies and programmes is reflected in a Resolution of the Council of Ministers, which stipulates that it is the responsibility of the National Coordinator to articulate the execution of PAGPI 2022-2030 with existing strategies and programmes (Presidência do Conselho de Ministros, 2021[91]).

This chapter aims to contribute to the identification of potential synergies and coordination in the collection of monitoring indicators between the Child Guarantee and other national strategies and programmes. In particular, it identifies common objectives, compares the framework structures, and analyses their monitoring indicators. The aim is to assess the actual or potential level of alignment between the monitoring systems of the Child Guarantee and other national strategies and programmes, as well as to identify indicators that could be relevant to monitoring the implementation and the results of the measures that are part of the PAGPI. Ideally, this information will contribute to identifying synergies, ensuring consistency of indicators, and avoiding duplication of data collection between the Child Guarantee and other national strategies and programmes.

This chapter is structured as follows: Section 4.2 describes the main goals and objectives of the 12 national strategies and programmes that interact the most with the Child Guarantee, and analyses how they overlap with the Strategic Objectives of the Child Guarantee Action Plan (PAGPI) and with the EU Council Recommendation for the European Child Guarantee. Section 4.3 compares the framework of the PAGPI and its preliminary monitoring framework with those of other national strategies and programmes. Section 4.4 summarises the results from a detailed analysis of indicators included in the national programmes and strategies, with the aim of identifying indicators that may be relevant to the PAGPI.

Key findings

Regarding common objectives with other strategies:

- Strategies such as ENCP and ENDC, which focus on multidimensional approaches to reduce child poverty, enhance social inclusion, and protect children's rights, align with most of the Strategic Objectives included in the Child Guarantee Action Plan.

- Educational and health initiatives, such as Plan School+, PNPSO and PNPAS, address PAGPI's objectives on quality education and healthy living as stipulated by the European Child Guarantee.

- Initiatives to support vulnerable groups, such as ENIPSSA, PNIPGM and ENICC, focus on homelessness and people from migrant and Roma background, respectively, promoting access to adequate housing and equal services, which are key aspects of some of PAGPI's Strategic Objectives and of the European Child Guarantee resolution.

- Inclusion and non-discrimination strategies like the ENIPD and PNCRD enhance support for people with disabilities and combat racism, respectively, ensuring alignment with goals of the European Child Guarantee regarding the access of vulnerable children to services, as well as PAGPI's objectives on non-discrimination.

Regarding the structure and monitoring framework:

- The structure and monitoring frameworks of several national strategies and programmes are similar to the Child Guarantee's, yet there are significant differences. Most strategies follow a structure broadly based on pillars, objectives, measures, indicators, targets, and goals. However, depending on the strategy or programme some of these elements are labelled differently, used differently, or not used at all.

- Other national strategies and programmes tend to be effective in using Operational Objectives (or elements equivalent to them). In contrast to PAGPI, fewer Operational Objectives are

associated to a single Measure. As a result, on average the number of Measures per Operational Objective, which is 1.25 in the PAGPI, is considerably higher.

- Targets and Goals tend to be clearly documented in most other strategies and programmes, by including explicit and well-defined underlying indicators. In contrast, PAGPI does not provide information about the content of it Targets and Goals, as discussed in chapter 1.

- Most strategies and programmes include indicators related to implementation, but only a few include indicators related to results (equivalent to PAGPI's Goals, Monitoring and Transversal Indicators). Among those that include indicators related to results, the number of indicators tends to be considerably smaller than in the PAGPI. For example, the National Strategy to Combat Poverty has fewer Goals and Monitoring Indicators, despite its larger scope.

- In contrast to PAGPI, other strategies and programmes that include Goals tend to use them as "broad targets" for the whole strategy, instead of related to a specific objective (e.g. ENCP, PNPAS).

Regarding monitoring indicators

- A comprehensive analysis classified each indicator from nine national strategies and programmes according to six distinct categories. These categories included assessing their alignment to the EU Recommendation establishing a European Child Guarantee and to Strategic Objectives of the Child Guarantee Action Plan, as well as the target population, the type of indicator (implementation or result), and measurement unit.

- Out of more than 1 500 analysed indicators, 670 are potentially relevant to the PAGPI. These indicators have been analysed separately within each strategy. Some of them may be shared with other strategies, including PAGPI, and therefore not unique.

- The vast majority of these indicators refer to access to services, while only 36 indicators refer to the identification of children in need.

- Relevant indicators have been found for all PAGPI Strategic Objectives, with the largest number relating to education (S6), discrimination (S12), health (S7), and employment (S1). While not directly linked to a specific Strategic Objective, some transversal indicators and goals are relevant to the PAGPI as a whole (e.g. the child poverty rate).

- Most indicators target children with one of the six specific disadvantages outlined in the EU Recommendation, in particular children from migrant or minority background, in precarious family situations and with disabilities. Many indicators do not distinguish the socio-economic background of children, and several do not even focus on children. Only 35 indicators refer to children in poverty or social exclusion. As a result, most indicators used by other national strategies would need to be adjusted in order to fully comply with the European Child Guarantee Recommendation of focussing on "children in need". Ideally, these indicators would be broken down by poverty and social exclusion status, or, in the absence of such information, by an alternative proxy variable (e.g. receipt of means-tested benefits). Towards this objective, a first step would involve enquiring data producers about the existence of such information and, in the case the information is not available, about their possibilities to start collecting it.

- More than 500 indicators focus on results, among them 316 refer to outputs, 121 to outcomes and 67 to impact. The other 166 indicators relate to implementation procedures (e.g., legislative changes).

- Some 106 indicators measure results in terms of the number of children affected, 67 indicators relate to the number of individuals independently of their age, and 44 indicators relate to the number of professionals involved. More than half of all result indicators measure units related to some type of administrative procedure (e.g., number of actions, number of equipment).

Common objectives with connected national strategies and programmes

This section presents the 12 national strategies and programmes that interact the most with the Child Guarantee. In particular, it describes their main goals and objectives and analyses how they overlap with the Strategic Objectives of the Child Guarantee Action Plan and with the EU Council Recommendation on the European Child Guarantee. Results from the analysis are summarised in Table A D.1, which lists separately and in detail each overlap.

The **National Strategy to Combat Poverty (ENCP) 2021-2030** aims to tackle poverty using a multidimensional and cross-cutting intervention approach in line with the European Pillar of Social Rights and the Sustainable Development Goals. The first of its six axes is the reduction of poverty among children and young people and their families. One of its five goals is "halving monetary poverty in the group of children, representing a reduction of 170 thousand children in poverty by 2030" (Presidência do Conselho de Ministros, 2023[92]). The implementation of the ENCP will take place under action plans for two different periods: 2022-2025 and 2026-2030 (Presidência do Conselho de Ministros, 2023[92]). As described in Table A D.1, ENCP overlaps with all strategic objectives of the PAGPI and with all European Child Guarantee core recommendations regarding the identification of children in need (article 5) and their access to key services (article 4) (Council of the European Union, 2021[2]).

The **National Strategy for the Rights of the Child (ENDC) 2021-2024** aims to promote the social inclusion of children and young people, highlighting diversity and interculturality, and taking on a set of policies in Portugal for the promotion and protection of the Rights of children and young people. It focuses on ensuring quality education for all, promoting educational success, access to healthcare, strengthening the social protection of children, young people and their families, promoting equality and non-discrimination and ensuring access to sports, focusing on the most vulnerable groups such as children and young people with specific needs and ethnic minorities or religious groups, as well as promoting gender equality. ENDC interacts with nine strategic objectives of the PAGPI[64] (see Table A D.1) and with all European Child Guarantee core recommendations regarding the identification of children in need (article 5) and their access to key services (article 4) (Council of the European Union, 2021[2]).

Plan School+ (Escola+) is a plan originally designed to address the learning deficits resulting from the COVID pandemic (Escola+ 21|23). It was later renewed for the academic year 2023/0224 (Escola+ 23|24). The plan is based on a multidimensional approach, addressing seven domains and includes a diverse set of actions aimed at tackling students' learning, knowledge, skills, and attitudes but also their emotional, social, and mental well-being. The plan operates as a portfolio of responses tailored for each school, based on their unique understanding of their community (Presidência do Conselho de Ministros, 2023[93]). Escola+ is mentioned in PAGPI's strategic objective S6 "Ensure access to quality educational response and school-based activities", and interacts with the European Child Guarantee core recommendation regarding the "effective and free access […] to education and school-based activities" (Council of the European Union, 2021[2]).

The **National Programme for the Promotion of Healthy Eating (PNPAS) 2022-2030** aims to prevent and control all forms of malnutrition (e.g. inadequate nutrition, malnutrition, inadequate vitamin and mineral intake, pre-obesity, and obesity) through a concerted and integrated set of actions based on intervention at the levels of food environments, of individuals and of health care (DGS, 2022[94]). It interacts with European Child Guarantee recommendation regarding the "effective and free access to at least one healthy meal each school day" and the "effective access to healthy nutrition" (Council of the European Union, 2021[2]) and Portugal's Child Guarantee Action Plan in its strategic objective S8 "Promote access to healthy food" (Coordenação Nacional Garantia para a Infância, 2023[20]).

The **National Plan for the Implementation of a Youth Guarantee (PNI-GJ)** aims to provide better support for youth employment in particular after the rise in the number of young people who are not in work, education or training (known as 'NEETs') following the COVID -19 pandemic (Presidência do

Conselho de Ministros, 2021[95]). PNI-GJ is mentioned in the with the PAGPI regarding the strategic objective related to the promotion of close and integrated social action (S4)[65] (Coordenação Nacional Garantia para a Infância, 2023[20]).

The **National Strategy for the Integration of People Experiencing Homelessness (ENIPSSA)** aims to promote public policies that seek to prevent situations of people at risk of homelessness and to combat the phenomenon of people experiencing homelessness. Following the conclusion of the action plan for the period 2017-2023, a new action plan for the period 2025-2030 was published in April 2024 (Presidência do Conselho de Ministros, 2024[96]). The strategy also seeks to respond to international requirements, in particular to Principle 19 "Housing and assistance for the homeless" of the European Pillar of Social Rights (European Commission, Secretariat-General, 2017[97]). ENIPSSA interacts with the PAGPI regarding the strategic objective S9 "To Promote Access to Adequate Housing for Families with Children and Young People in Vulnerability Situations" (Coordenação Nacional Garantia para a Infância, 2023[20]) and with European Child Guarantee Recommendation, in particular paragraphs 4b "effective access to (…) adequate housing" and 5a "homeless children or children experiencing severe housing deprivation" (Council of the European Union, 2021[2]).

The **National Strategy for the Integration of Roma Communities (ENICC) 2013-2023** aims to promote structural changes in the living conditions of Roma people by strengthening schooling and professional integration and improving the housing conditions, as well as recognising and strengthening intervention in intercultural mediation, improving information and knowledge, and combating discrimination. Originally established for the period 2013-2020, it has been extended until the end of 2023 (Presidência do Conselho de Ministros, 2023[98]). ENICC intersects principally with PAGPI's strategic objective S11 "To ensure effective equal access to essential services for children and young people with a migrant background or ethnic minority background, in particular from the Portuguese Roma community", and to some extent with the strategic objectives related to education (S6), health (S7) and housing (S9) (Coordenação Nacional Garantia para a Infância, 2023[20]). It also relates to the European Child Guarantee recommendation regarding the identification of children with a "minority ethnic origin, particularly Roma" (paragraph 5d) (Council of the European Union, 2021[2]).

The **National Strategy for the Inclusion of People with Disabilities (ENIPD) 2021-2025** aims to strengthening the commitment to the inclusion of people with disabilities and reflects the objectives of the 2030 Agenda for Sustainable Development, as well as the European guidelines on Disability (Presidência do Conselho de Ministros, 2021[99]). ENIPD is mentioned in the PAGPI under strategic objectives S7 "To strengthen the access to quality health care, health promotion, disease prevention and specialised care" and S9 "To promote access to adequate housing for families with children and young people in vulnerability situations" (Coordenação Nacional Garantia para a Infância, 2023[20]), however it also shares objectives regarding education (S6) and non-discrimination (S12). ENIPD also relates to the European Child Guarantee recommendation regarding the identification of "children with disabilities" (paragraph 5b), as well as targeted ECEC, education, healthcare and housing services for children with disabilities, which are mentioned in paragraphs 4a and 4b (Council of the European Union, 2021[2]).

The **National Implementation Plan for the Global Compact on Migration (PNIPGM)** follows the 23-goal structure of the Global Compact for Migration in order to cover all the relevant dimensions of the migration phenomenon. The Plan is conceived as an operational document, geared towards practical and precise results, in line with key international partners (Presidência do Conselho de Ministros, 2019[100]). The PNIPGM is mentioned three times in the PAGPI's strategic objective S11 "To ensure effective equal access to essential services for children and young people with a migrant background or ethnic minority background, in particular from the Portuguese Roma community" (Coordenação Nacional Garantia para a Infância, 2023[20]). and intersects with paragraph 5d of the European Child Guarantee recommendation regarding the identification of children with a "children with a migrant background" (Council of the European Union, 2021[2]).

The **National Programme for the Promotion of Oral Health (PNPSO)** aims to reduce the incidence and prevalence of oral diseases in children and young people, improve oral health knowledge and behaviour and promote equity in the provision of oral health care to children and young people with special health needs. In addition, the PNPSO for the period 2021-2025 extends access to dental vouchers and/or referrals to oral hygienists to all children aged 4 and children and young people aged 7 to 18 who attend private schools (DGS, 2021[101]). PNPSO is cited in PAGPI's strategic objective S7 "To strengthen the access to quality health care, health promotion, disease prevention and specialised care" (Coordenação Nacional Garantia para a Infância, 2023[20]). It also relates to paragraph 4a of the European Child Guarantee recommendation regarding "effective and free access to […] healthcare;" (Council of the European Union, 2021[2]).

The **National Plan to Combat Racism and Discrimination (PNCRD)** aims to promote equality and combat racism and racial discrimination, under the terms of Article 1 of the International Convention on the Elimination of All Forms of Racial Discrimination (Presidência do Conselho de Ministros, 2021[102]). PNCRD is cited in PAGPI's strategic objective S11 "To ensure effective equal access to essential services for children and young people with a migrant background or ethnic minority background, in particular from the Portuguese Roma community" (Coordenação Nacional Garantia para a Infância, 2023[20]). Also, it intersects with paragraph 6f of the European Child Guarantee recommendation regarding taking measures to "tackle discrimination and stigmatisation of children in need" (Council of the European Union, 2021[2]).

The **National Strategy for Equality and Non-Discrimination (ENIND) 2023-2026** aims at the elimination of stereotypes, reflected in three Action Plans for the period 2023-2026: the Action Plan for Equality between Women and Men (PAIMH); the Action Plan for Preventing and Combating Violence against Women and Domestic Violence (PAVMVD) and the Action Plan for Combating Discrimination on the grounds of Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (PAOIEC). ENIND is cited in PAGPI's strategic objectives S11 "To ensure effective equal access to essential services for children and young people with a migrant background or ethnic minority background, in particular from the Portuguese Roma community" and S12 "To promote equality and non-discrimination" (Coordenação Nacional Garantia para a Infância, 2023[20]). ENIND also intersects with paragraph 6f of the European Child Guarantee recommendation regarding taking measures to "tackle discrimination and stigmatisation of children in need" (Council of the European Union, 2021[2]).

Table A D.1. Objectives that other national strategies and programmes share with the Child Guarantee

Acronym	Strategy / Programme / Plan	Period	Strategic Objectives of Child Guarantee Action Plan (PAGPI) [1]	Articles of European Child Guarantee Recommendation[2]
ENCP	National Strategy to Combat Poverty	2022-2030	All	4(all), 5(all)
ENDC	National Strategy for the Rights of the Children	2021-2024	S3, S4, S5, S6, S7, S8, S10, S11, S12	4(all), 5(all)
Escola+	Plan School+	2021-2023 2023-2024	S6	4a
PNPAS	National Programme for the Promotion of Healthy Eating	2022-2030	S8	4a, 4b
PNI-GJ	Youth Guarantee		S4	
ENIPSSA	National Strategy for the Integration of Homeless People	2017-2023 2025-2030	S9	5a, 4b
ENICC	National Strategy for the Integration of Roma Communities	2013-2022	S11	5d
ENIPD	National Strategy for the Inclusion of People with Disabilities	2021-2025	S7, S9	5b, 4a, 4b
PNIPGM	National Implementation Plan for the Global Compact on Migration		S11	5d
PNPSO	National Oral Health Promotion Programme	2021-2025	S7	4a
PNCRD	National Plan to Combat Racism and Discrimination	2021-2025	S11	6f
ENIND	National Strategy for Equality and Non-Discrimination	2023-2026	S11, S12	6f

Notes:

[1] Strategic Objectives of Child Guarantee Action Plan (PAGPI): S1. Promote labour market integration and increase wages; S2. Increase the qualification/skills of adults, especially those from families with children; S3. Strengthen social protection for children, young people and their families; S4. Promote close and integrated social action among families with children and young people; S5. Ensure access to quality early childhood responses; S6. Ensure access to quality educational response and school-based activities; S7. Strengthen access to healthcare, health promotion, disease prevention, and quality specialised care; S8. Promote access to healthy food; S9. Promote access for vulnerable families with children and young people to decent housing; S10. Prevent institutionalisation and promote the deinstitutionalisation of children and young people at risk; S11. Ensure effective equality in access to essential services for children and young people from immigrant backgrounds or ethnic minorities, particularly those from the Roma community; S12. Promote equality and non-discrimination.

[2] Articles of Council Recommendation (EU) 2021/1004:

"Article 4: Member States are recommended to guarantee for children in need: (a) effective and free access to high quality early childhood education and care, education and school-based activities, at least one healthy meal each school day and healthcare; (b) effective access to healthy nutrition and adequate housing.

Article 5. Member States are recommended to identify children in need and within this group take into account, wherever appropriate in designing their national integrated measures, specific disadvantages experienced, in particular, by: (a) homeless children or children experiencing severe housing deprivation; (b) children with disabilities; (c) children with mental health issues; (d) children with a migrant background or minority ethnic origin, particularly Roma; (e) children in alternative, especially institutional, care; (f) children in precarious family situations."

Article 6: While putting the best interests of the child as a primary consideration, Member States are recommended to build an integrated and enabling policy framework to address social exclusion of children, focusing on breaking intergenerational cycles of poverty and disadvantage and reducing the socioeconomic impact of the COVID-19 pandemic. To that effect, in implementing this Recommendation, Member States are recommended to: (a) ensure consistency of social, education, health, nutrition and housing policies at national, regional and local level and, wherever possible, improve their relevance for supporting children in an integrated manner; (b) continue and where necessary step up investment in education, adequate health and social protection systems in order to address effectively the needs of children and their families, in particular of those exposed to social exclusion; (c) ensure adequate policies and resources, including through labour market integration measures, support measures for parents or guardians and income support to families and households, so that financial barriers do not prevent children from accessing quality services; (d) address the territorial dimension of social exclusion, taking into account the specific needs of children according to distinctive urban, rural, remote and disadvantaged areas, based on an integrated and multidisciplinary approach; (e) strengthen cooperation with, and involvement of, national, regional and local authorities, social economy organisations, non-governmental organisations promoting children's rights, children themselves and other stakeholders, in the design, delivery and monitoring of policies and quality services for children; (f) take measures to promote inclusion and to avoid and tackle discrimination and stigmatisation of children in need; (g) support strategic investment in quality services for children, including in enabling infrastructure and qualified workforce; (h) dedicate adequate resources and make optimal use of national and Union funds, in particular the European Social Fund Plus, the European Regional Development Fund, and where appropriate REACT-EU, Invest-EU, the Recovery and Resilience Facility and the Technical Support Instrument; (i) take into account a gender perspective throughout the enabling framework.

Sources: (ACM, 2018[55]; Assembleia da República, 2024[103]; CNPDPCJ, 2023[54]; Coordenação Nacional Garantia para a Infância, 2023[20]; DGS, 2022[94]; DGS, 2021[101]; GIMAE, 2021[104]; INR, 2021[58]; Presidência do Conselho de Ministros, 2021[102]) (Presidência do Conselho de Ministros, 2021[99]; Presidência do Conselho de Ministros, 2023[92]; Presidência do Conselho de Ministros, 2019[100]; Presidência do Conselho de Ministros, 2021[95]; Presidência do Conselho de Ministros, 2023[98]; Presidência do Conselho de Ministros, 2024[96]; Presidência do Conselho de Ministros, 2023[93]).

The structure and monitoring framework of other national strategies and programmes

This section compares the structure of the Child Guarantee Action Plan (PAGPI) and its preliminary monitoring framework with those of other national strategies and programmes. Table A D.2 examines in detail these frameworks, listing and quantifying their main components and describing how they interact with one another. The table also provides remarks about particular characteristics of these frameworks and how they compare to the Child Guarantee. To facilitate the comparison, the table also includes the structure of the Child Guarantee Action Plan. This comparison complements the detailed review of the framework of the PAGPI, carried out in Chapter 2.

The framework of the Child Guarantee Action Plan has overall similarities but also some relevant specific differences with respect to the ENCP and the ENDC, which are the two national strategies with which it shares more common objectives (see section 0).

While broadly similar to the PAGPI, the structure of the **National Strategy to Combat Poverty Action Plan (PAENCP) 2022-2025** has some differences. First, Measures (equivalent to Operational Objectives in PAGPI) play a more effective role bridging Strategic Objectives to other components than PAGPI. As discussed in Chapter 2, most Operational Objectives in PAGPI are associated to one single Measure, making these components mere rephrasing of the same content, and ignoring the potential synergies and complementarities between different policy measures. While in PAGPI there are on average 1.25 Measures per Operational Objective, in ENCP there are 1.88 Activities (equivalent to Measures in PAGPI) per Measure. Second, **Goals do not overlap with other components**, instead they are placed outside the framework and are very few.[66] Third, the Targets under Activities (equivalent to Measures in PAGPI) include **clearly defined Realisation Indicators**. Fourth, **Monitoring indicators are fewer** and associated to Axes (equivalent to Pillars in PAGPI) instead of to Strategic Objectives.

Like the ENCP, **Operational Objectives in the National Strategy for the Rights of the Child (ENDC) 2021-2024 are also more effective bridging Strategic Objectives to other components than the PAGPI**. On average, there are 1.4 Measures per Operational Objective and a smaller share of Operational Objectives fewer are associated only to one Measure. Similarly, the Targets under Measures include **clearly defined Indicators**. In contrast to the PAGPI, the ENDC framework does not include Goals, monitoring indicators, and transversal indicators.

The National Strategy for Equality and Non-Discrimination (ENIND) 2023-2026, and its three different action plans, follow a similar structure to the ENCP and ENDC. Strategic Objectives are followed by Specific Objectives which include Measures. On average, there are 3.56 Measures per Specific Objective. For each measure there is one or more "Output Indicator" (*Indicadores de Produto*), which include targets. ENIND it does not have Goals, however it does include "Impact Indicators" (*Indicadores de Impacto*) with a reference value, although without a Target.

Strategies such as ENICC, ENIPD and PNCDR also follow a structure that is broadly similar to the PAGPI. Like the other strategies and programmes mentioned above, their ratios equivalent to PAGPI's Measures to Operational Objectives is considerably higher than PAGPI (2.1 for ENICC, 3.6 for ENIPD and 2.6 for PNCDR). ENICC, ENIPD and PNCDR differ from PAGPI also as they do not include Goals and some of their indicators and targets are related to the implementation of very specific procedures (e.g. deadlines for publications or dissemination of leaflets).

In the case of ENIPSSA, the structure of the framework set out by the Resolution of the Council of Ministers (Presidência do Conselho de Ministros, 2017[105]) is also similar to the PAGPI. However, the content of several of its components is empty and to be determined in the biennial action plans. Yet, the Action Plan 2021-2023 does not include components such as activities, indicators, and targets. Instead, besides Axes and Strategic Objectives, it includes Goals for the period of the action plan, as well as Annual Goals. While content of some Goals and Annual Goals is somewhat consistent with this definition, the content of others is more like that of actions or activities (e.g. "E1.OE4.M1. Increase knowledge of the phenomenon of homelessness", Goal for 2021 under Strategic Objective E2.OE7E "Identify and publicise the procedures, practices and coordination of the ACM services for migrant homeless people") (GIMAE, 2021[104]).

Regarding the Youth Guarantee (PNI-GJ), the documentation found only refers to Implementation Axes and Measures. Although the 2021 Youth Guarantee Implementation Plan mentions as one of its measures "Updating the panel of indicators for follow-up, monitoring and impact" (Presidência do Conselho de Ministros, 2021[95]), no information was found about it.

Regarding School+ (Escola+), the action plans for 2021-2023 and 2023-2024 are structured by Axes Fields of Action and Specific Actions. While the action plans do not mention indicators, the website for the Action Plan 2021-2023 includes indicators of "Evidence of action" for each Specific Action (DGE, 2024[106]). Some of these indicators are presented in the Plan's monitoring reports (DGEEC, 2023[107]). The Plan also produced several monitoring reports and studies on pedagogical and organisational practices, including their effects on the learning outcomes of pupils in a sample of schools.

The structure of the National Programme for the Promotion of Healthy Eating (PNPAS) is divided in two separate parts without a clear connection between them. The first includes Axes and Intervention Strategies. The second includes Goals, with its underlying indicators. Goals are not clearly related to Axes or Intervention Strategies; however, they are divided on whether they refer to short-term, intermediate, and long-term outcomes. Differently from other strategies and programmes, PNPAS does not present a list of concrete measures or activities.

The National Implementation Plan for the Global Compact on Migration (PNIPGM) is structured in Axes composed of Objectives and Implementation Measures. PNIPGM does not include indicators or targets, however it includes a deadline for each Implementation Measure.

Finally, the National Oral Health Promotion Programme (PNPSO) for 2021-2025 includes several components without clearly explaining how they are related. The report documenting the PNPSO presents General Objectives, Specific Objectives and Strategic Axes as separate components without a clear association between them (DGS, 2021[101]). Operational Objectives, Strategic Interventions and Monitoring are presented as three of the five Strategic Axes. Indicators of implementation are not included, although they may be available at the Oral Health Information System (SISO), which was not accessible at the time of writing. In a separate structure that describes PNPSO's evaluation indicators, Operational Objectives are displayed as components of General Objectives. In this structure, one General Objective and one Operational Objective are missing.[67]

Table A D.2. Structure and monitoring framework of other national strategies and programmes

Strategy / Programme	Components	Remarks and Notes (notes are numbered and in smaller font)
Child Guarantee Action Plan (PAGPI)	Pillars (6) → Strategic Objectives (12) →→ Operational objectives (61) →→→ Measures (76) →→→→ **Targets** →→ **Goals (35)** →→ **Monitoring Indicators (62)** **Transversal Indicators (7)**	

Strategy / Programme	Components	Remarks and Notes (notes are numbered and in smaller font)
National Strategy to Combat Poverty Action Plan (PAENCP) 2022-2025	Axes (6) → Strategic Objectives (15 | 3) [1] →→ Measures (145| 41) →→→ Activities (273| 87) →→→→ **Realisation Indicators (284| 87)** →→→→ **Targets** → **Monitoring Indicators (33)** **Goals (5)** **Transversal Indicators (9)**	• The structure is similar to PAGPI, although the names of some components are different. • A smaller share of Measures (equivalent to Operational Objective in PAGPI) is associated to a single Activity (equivalent to Measure in PAGPI), 58% and 80%, respectively. • Goals are fewer and placed as overall elements of the strategy (i.e. are not associated to a particular Axis or Strategic Objective). • There are clearly defined Realisation Indicators for all Activities. • Monitoring indicators are fewer and associated to Axes (equivalent to Pillars in PAGPI) instead of to Strategic Objectives. 1. Numbers after "|" refer to the number of components within Axis 1 "Reducing poverty among children and young people and their families".
National Strategy for the Rights of the Child (ENDC) 2021-2024	Priorities (5) → Strategic objectives (15) →→ Operational objectives (50) →→→ Measures (70) →→→→ **Indicators (153)** →→→→ **Targets**	• Except for Priorities instead of Pillars, the names of the components are exactly the same as PAGPI. • It does not include general monitoring components such as Goals, Transversal or Monitoring Indicators. Indicators are associated to Measures. • A smaller share of Operational Objectives is associated to a single Measure than in the PAGPI, 60% and 80%, respectively.
National Strategy for Equality and Non-Discrimination (ENIND) 2023-2026	PAIMH / PAVMVD / PAOIEC Strategic objectives (7 / 6 / 3) → Specific objectives (31 / 21 / 10) →→ Measures (91 / 87 / 43) →→ **Output indicators (100 / 138 / 65)** →→ **Targets** → **Impact indicators (26 / 23 / 5)**	• Data in parenthesis refer to the Action Plan for Equality between Women and Men (PAIMH); the Action Plan for Preventing and Combating Violence against Women and Domestic Violence (PAVMVD) and the Action Plan for Combating Discrimination on the grounds of Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (PAOIEC), respectively. • The structure is the same for the three action plans (PAIMH, PAVMVD and PAOIEC). • The monitoring framework distinguishes between "output" and "impact" indicators.
National Strategy for the Integration of Roma Communities (ENICC) 2013-2022	Strategic objectives (8) → Specific objectives (16) →→ Measures (34) →→→ **Indicators (132)** →→→ **Targets**	• Indicators are associated to measures. On average, there are almost 4 indicators for each measure. Many indicators refer to concrete implementation procedures and are very detailed and specific (e.g. deadline for the publication of a project).
National Strategy for the Inclusion of People with Disabilities (ENIPD) 2021-2025	Strategic Axes (8) → General Objectives (21) →→ Specific Objectives (48) →→→ Measures/Actions (172) →→→→ **Indicators (206)** →→→→ **Targets**	• Indicators are associated to measures/actions. Measures/Actions can refer to very specific procedures (e.g. creation of a new identification card for people with disabilities). As a result, indicators can also be very specific (e.g. date of emission of cards).
National Plan to Combat Racism and Discrimination (PNCRD) 2021-2025	Areas of intervention (10) →Measures (82) →→Activities (215) →→→**Indicators (300)** →→→**Targets**	• Indicators are associated to Activities. Activities refer to very specific procedures (e.g. training actions on racism, discrimination, diversity, and equality aimed at municipal and parish workers). As a result, indicators are also very specific (e.g. No. of training actions by NUT II).

Strategy / Programme	Components	Remarks and Notes (notes are numbered and in smaller font)
National Strategy for the Integration of Homeless People (ENIPSSA) 2025-2030 and 2017-2023	(Content of the Biennial Action Plans) [1] Axes (4 | 3) → Strategic Objectives (20 | 19) →→ Actions (n/a| 19) →→ Activities (n/a| n/a) →→ **Goals (n/a| n/a)** →→ **Indicators (n/a| n/a)** →→ **Target (n/a| n/a)** (Action Plan 2021-2023) Axes (3) → Strategic Objectives (19) →→ **Goals for 2017-2023 (25)** →→→ **Annual Goals**	• Both resolutions that set out the structures of ENIPSSA for 2017-2023 and 2025-2030 include placeholders for activities, goals, indicators, and targets (Presidência do Conselho de Ministros, 2017[105]; Presidência do Conselho de Ministros, 2024[96]). However, the latest action plan available (2021-2023) does not include these elements. Instead, it includes Goals for 2017-2023, which is the period of the Strategy, and Annual Goals for 2021-2023, which are the years of the Action Plan (GIMAE, 2021[104]) • The content of some Goals resembles more an objective (e.g. To increase knowledge about homelessness) measure than a goal (e.g. Disseminate an up-to-date information leaflet on ENIPSSA to educational establishments). In general, Goals for 2017-2023 are broader in scope, while Annual Goals are narrower and more detailed. [1] Data in parenthesis refer to ENIPSSA 2025-2030 and ENIPSSA 2017-2023, respectively. At the time of writing, the monitoring framework for ENIPSSA 2025-2030 had not been published. The monitoring framework is planned to be developed as part of two action plans for the periods 2025-2026 and 2027-2030 (Presidência do Conselho de Ministros, 2024[96]).
Youth Guarantee (PNI-GJ)	Implementation Axes (6) → Measures (75)	• No indicators were found on the Action Plan nor on the programme's website. • The 2021 implementation plan mentions as one of its measures "Updating the panel of indicators for follow-up, monitoring and impact of the implementation of the PNI - GJ" (Presidência do Conselho de Ministros, 2021[95]) article 6.1.9.
Plan School+ (Escola+) 2021-2023	Axes (3) → Fields of action (13) →→ Specific actions (51) →→→ **Implementation indicators** **The studies and reports on the monitoring and impact of the measures**.	• The Plan includes implementation indicators for each Specific Action. • The third Axis of the Plan was dedicated to the construction of indicators, monitoring, and evaluation. The Plan for 21|23 produced several monitoring reports for the whole plan as well as for specific projects within the plan. The plan also produced studies on pedagogical and organisational practices, as well as its effects on the learning outcomes of pupils in a sample of schools[68].
National Programme for the Promotion of Healthy Eating (PNPAS) 2022-2030	Intervention Axes (5) → Intervention Strategies (35) **Goals (17)** → **Indicators (25)**	• Intervention Axes and Intervention Strategies are not accompanied by indicators or targets. • Goals are divided in three groups: short-term outcomes, intermediate outcomes, and long-term outcomes. Each Goal includes one or more indicators.
National Implementation Plan for the Global Compact on Migration (PNIPGM)	Axes (5) Objectives (23) → Implementation Measures (97) → Implementation deadline	• Objectives are not associated to axes. • Each implementation measure includes a deadline for its implementation. The scope of measures varies from rather broad (e.g. Participate in the implementation of the New Europe-Africa Alliance for Growth and Jobs) to quite specific (e.g. Update the statistical information system of the Aliens and Borders Service).

Strategy / Programme	Components	Remarks and Notes (notes are numbered and in smaller font)
National Oral Health Promotion Programme (PNPSO) 2021-2025	General Objectives (4) Specific objectives (13) Strategic Axes (5) →Operational Objectives (19) →Strategic Interventions (25) →**Monitoring** (SISO) General Objectives (3) [1] →Operational Objectives (18) [2] →→ **Evaluation Indicators (25)** →→ **Targets**	• The framework does not clearly explain the relation between Strategic Axes, General Objectives, Specific Objectives, and Strategic Interventions. • Monitoring is presented as one of the Strategic Axes. Although Indicators are not included, the plan mentions that they are available at the Oral Health Information System (SISO)[3]. • Evaluation indicators are organised by Operational Objectives, which are sorted by General Objectives. One General Objective and one Operation Objective are missing. [1] General Objective 4 "Promote universality and equity, prioritising the most vulnerable groups" is missing from the table with evaluation indicators. [2] Operational Objective 19 "Promote access to dental prostheses for oral rehabilitation, according to priorities to be established." is missing from the table with evaluation indicators. [3] At the moment of writing, the SISO website was not available.

Notes: Arrows indicate when a component is nested within a previous one.
Source: (ACM, 2018[55]; Assembleia da República, 2024[103]; CNPDPCJ, 2023[54]; Coordenação Nacional Garantia para a Infância, 2023[20]; DGS, 2022[94]; DGS, 2021[101]; GIMAE, 2021[104]; INR, 2021[58]; Presidência do Conselho de Ministros, 2021[102]) (Presidência do Conselho de Ministros, 2021[99]; Presidência do Conselho de Ministros, 2023[92]; Presidência do Conselho de Ministros, 2019[100]; Presidência do Conselho de Ministros, 2021[95]; Presidência do Conselho de Ministros, 2023[98]; Presidência do Conselho de Ministros, 2024[96]; Presidência do Conselho de Ministros, 2023[93]).

Monitoring indicators

This section presents the findings from an analysis of indicators included in various national programmes and strategies. The purpose of this analysis is to identify which of these indicators may also be relevant to the Child Guarantee.

The content of each indicator was classified according to six different categories. First, the analysis determined whether the indicator aligns with Article 5 (which recommends identifying children in need and specific disadvantaged groups) or Article 4 (which focuses on access to services) of the EU Recommendation (Council of the European Union, 2021[2]). Second, the indicator was categorised according to the relevant PAGPI Strategic Objective. Third, the target population group was identified (e.g., all children in need, children from specific disadvantaged groups, all children, adults, or the general population). Fourth, the indicators were classified as either related to the implementation of a measure or to the measurement of results. For result indicators, the fifth category further distinguished between outputs, outcomes, or impacts, while the sixth category identified the unit of assessment, such as the number of children, individuals, households, or administrative outputs (e.g., number of infrastructures created, or initiatives implemented).

Nine national strategies and programmes were analysed: **the National Strategy to Combat Poverty Action Plan (PAENCP) 2022-2025, National Strategy for the Rights of Children (ENDC), Plan School+ 21|23 (Escola+), National Programme for the Promotion of Healthy Eating (PNPAS), National Strategy for the Integration of Roma Communities (ENICC), National Strategy for the Inclusion of People with Disabilities (ENIPD), National Oral Health Promotion Programme (PNPSO), National Plan to Combat Racism and Discrimination (PNCRD), and National Strategy for Equality and Non-Discrimination (ENIND).** Three strategies and programmes described in Sections 0 and 0 are not included due to a lack of indicators, as discussed in Section 0: Youth Guarantee (PNI-GJ), National Strategy for the Integration of Homeless People (ENIPSSA), and National Implementation Plan for the Global Compact on Migration (PNIPGM). More than 1500 indicators were assessed.

National Strategy to Combat Poverty Action Plan (PAENCP) 2022-2025 includes 336 indicators (including Transversal, Principal, and Implementation Indicators, as well as Goals), of which 167 may be potentially relevant to PAGPI. The majority (146) focus on access to services, while 21 relate to the identification of children in need. ENCP encompasses indicators relevant to all PAGPI Strategic Objectives, with the largest number relating to education (S6), employment (S1), health (S7), and qualifications (S2). Additionally, 15 indicators, though not directly linked to any specific Strategic Objective, are still pertinent to PAGPI.[69] A total of 31 indicators refer to children in need (i.e., in poverty or social exclusion), and 35 address one of the six specific disadvantages outlined in the EU Recommendation. Other indicators pertain to measures aimed at all children, regardless of socio-economic background, or the general population. Some indicators specifically target adults, particularly those related to employment (S1), qualifications (S2), and non-discrimination (S12). Most indicators (126) focus on results, including 51 outputs, 48 outcomes, and 27 impacts, while 41 refer to implementation procedures (e.g., legislative changes). Regarding the measurement unit, 28 indicators pertain to children (e.g., number of children in free childcare), 44 to individuals (e.g., number of people covered by a programme), 2 to households or families (e.g., number of families supported by a programme to reduce energy bills and improve thermal comfort), 4 to professionals (e.g., number of new professionals recruited to public child and adolescent mental health services), and 46 to administrative procedures (e.g., number of actions, number of equipment).

The National Strategy for the Rights of Children (ENDC) includes 108 indicators that are potentially relevant to the PAGPI, out of a total of 153. These selected indicators focus on access to services and align with seven of PAGPI's Strategic Objectives. The highest number of indicators pertain to discrimination (S12), education (S6), health (S7), and alternative care (S10). Additionally, four indicators address children in poverty or social exclusion, while 68 correspond to the six specific disadvantages outlined in the EU Recommendation (Council of the European Union, 2021[2]), particularly concerning children in precarious family situations. Of the total, 36 indicators apply to all children, regardless of their socio-economic background. Furthermore, 86 indicators measure results – 61 focusing on outputs and 25 on outcomes – while 22 serve as implementation indicators, such as the creation of reports and documents. For 23 indicators, the unit of measurement is the child, while 54 indicators assess administrative procedures, such as the number of actions taken or the percentage of centres providing a particular service.

The National Programme for the Promotion of Healthy Eating (PNPAS) includes 25 indicators, with 15 identified as potentially relevant to PAGPI. All identified indicators are related to access to services, particularly PAGPI Strategic Objective S8 (To promote access to healthy eating). None of the indicators specifically target children in poverty, social exclusion, or one of the six specific disadvantages identified in the EU Recommendation (Council of the European Union, 2021[2]). Twelve indicators refer to all children, regardless of socio-economic background, and three to the general population. All indicators focus on results, with four referring to outcomes and eleven to impacts. The unit of measurement for most indicators is children (12 indicators), while three refer to the general population.

Plan School+ 21|23 (Escola+) features 45 indicators, of which 42 may be relevant to PAGPI. All indicators pertain to access to services, with 41 related to PAGPI's Strategic Objective on education (S6) and one to early childhood education and care (S5). Two indicators explicitly refer to one of the six specific disadvantages outlined in the EU Recommendation (Council of the European Union, 2021[2]), namely children with a migrant background, while the remaining 40 indicators apply to all children, regardless of socio-economic background. All indicators measure results, with 18 focusing on outputs, 13 on outcomes, and 11 on impacts. Eleven indicators use children as their unit of measurement, 13 refer to professionals (e.g., number of teachers with specific roles in supporting learning and inclusion), and 18 refer to administrative procedures (e.g., number of schools implementing a programme, number of pieces of equipment).

The National Strategy for the Integration of Roma Communities (ENICC) lists 132 indicators, with 52 possibly relevant to PAGPI. All indicators relate directly or indirectly to children of Roma origin. Most of them focus on access to services and could be linked to Strategic Objective S11, although around half

may also be associated with education (S6), health (S7), or housing (S9). Six indicators pertain to the identification and characterisation of children in need, although they focus on implementation procedures for collecting data and producing reports on the Roma population rather than providing quantitative data. The strategy includes numerous indicators related to the implementation of measures, with 17 potentially relevant to PAGPI (e.g., designing models of Social Diagnosis and Social Development Plans that include information on Roma people, launching events, or renewing relevant programmes). Additionally, 35 indicators measure results, with 24 focusing on outputs and 11 on outcomes. Nine indicators use children as the unit of measurement, one measures individuals, three focus on professionals, and 22 relate to administrative issues (e.g., number of studies, number of actions).

The National Strategy for the Inclusion of People with Disabilities (ENIPD) contains 206 indicators, with 38 potentially relevant to PAGPI. All indicators relate directly or indirectly to children with disabilities. Of these, 32 indicators focus on access to services and 6 on identifying and characterising children in need. Similar to ENICC, these indicators pertain to the publication of data or studies rather than providing quantitative data. The majority of indicators are related to education (S6), followed by discrimination (S12), health (S7), and housing (S9). All indicators target children with disabilities, with 24 referring to the implementation of measures and 14 to results (all outputs). Twelve indicators refer to administrative procedures (e.g., number of actions, number of pieces of equipment), and two refer to the number of professionals affected by a measure.

The National Oral Health Promotion Programme (PNPSO) features 13 indicators, all deemed relevant to PAGPI as they address children's oral health. All indicators relate to health (S7) and measure results, with four focusing on outputs, three on outcomes, and four on impacts. None of the indicators specifically target PAGPI's priority populations; instead, eleven refer to all children regardless of socio-economic background, and two to the general population. Nine indicators use children as the measurement unit, while four refer to administrative outputs (e.g., actions, schools, municipalities).

The National Plan to Combat Racism and Discrimination (PNCRD) comprises 300 indicators, with 141 potentially relevant to PAGPI. Two indicators identify children in need, while 139 focus on service access. All indicators target children with a migrant or minority background, making them applicable to Strategic Objectives S11 and S12. However, they could also be associated with other strategic objectives related to specific types of services, particularly education (S6), employment (S1), qualifications (S2), housing (S9), and health (S7). Fifty-two indicators relate to measure implementation (e.g., organisation of resources with proposals for strategic interdisciplinary teaching actions). A further 89 indicators denote results, detailed as 76 outputs, 11 outcomes, and 2 impacts. The measurement units are varied, with 69 indicators focusing on administrative procedures, 11 on individuals irrespective of age (e.g., number of people of Roma origin involved in community health programs), six on children (e.g., number of students accessing specialisation courses), and three on professionals (e.g., number of professionals trained to prevent and combat Female Genital Mutilation).

The National Strategy for Equality and Non-Discrimination (ENIND) includes 362 indicators, with 94 potentially relevant to PAGPI. These indicators predominantly address equality and discrimination, directly relating to Strategic Objective S12. However, many also intersect with other strategic objectives, notably education (S6), alternative care (S10), employment (S1), qualifications (S2), and health (S7). Specifically, 41 indicators address one of the six defined disadvantages in the EU Recommendation (Council of the European Union, 2021[2]), focusing particularly on children from migrant backgrounds or minority ethnic origins and those in precarious family situations, such as victims of domestic violence. Additionally, numerous indicators target preventive measures against discrimination based on gender and sexual orientation. Since these factors are not listed among the six specific disadvantages in the EU Recommendation, they are categorised as applicable to all children, adults, or the entire population. Of the indicators, 10 are linked to implementation actions, such as the publication of reports or studies, while 84 are result-oriented, encompassing 68 outputs (e.g., number of actions or initiatives), 6 outcomes (e.g., number of children participating in a specific program), and 10 impacts (e.g., differences in early school

leaving rates between boys and girls). Measurement units vary: eight indicators use children as their unit, another eight encompass all individuals, twelve quantify the involvement of professionals, and 55 pertain to administrative procedures (e.g., number of actions or centres participating in a measure).

Table A D.3. Classification of indicators from other national strategies and programmes that may be relevant to the Child Guarantee Action Plan

Group	Sub-Group	Total	ENCP	ENDC	PNPAS	Escola+	ENICC	ENIPD	PNPSO	PNCRD	ENIND
All indicators		**1584**	**336**	**153**	**25**	**45**	**132**	**206**	**25**	**300**	**362**
Indicators related to PAGPI		**670**	**167**	**108**	**15**	**42**	**52**	**38**	**13**	**141**	**94**
Area [1]	Art. 5. Identify children in need	**35**	21	0	0	0	6	6	0	2	0
	Art. 4. Access to services	**635**	146	108	15	42	46	32	13	139	94
Strategic Objective [2]	S01 employment	**67**	27	0	0	0	0	0	0	31	9
	S02 qualification	**49**	23	0	0	0	0	0	0	20	6
	S03 social protection	**8**	5	2	0	0	0	0	0	1	0
	S04 social action	**8**	3	1	0	0	0	0	0	4	0
	S05 early childhood	**12**	4	3	0	1	0	0	0	2	2
	S06 education	**211**	27	29	0	41	5	26	0	45	38
	S07 health	**78**	25	11	0	0	9	2	13	14	4
	S08 food	**19**	3	1	15	0	0	0	0	0	0
	S09 housing	**38**	14	0	0	0	4	2	0	18	0
	S10 alternative care	**34**	5	10	0	0	0	0	0	6	13
	S11 immigration/minorities	**44**	3	7	0	0	34	0	0	0	0
	S12 discrimination	**79**	13	44	0	0	0	0	0	0	22
	Other	**23**	15	0	0	0	0	8	0	0	0
Targeted population [3]	a) Children in need	**35**	31	4	0	0	0	0	0	0	0
	b) Specific disadvantages	**377**	35	68	0	2	52	38	0	141	41
	ba) homelessness	**5**	4	0	0	0	0	0	0	0	1
	bb) disability	**42**	3	0	0	0	0	38	0	0	1
	bc) mental health	**18**	11	7	0	0	0	0	0	0	0
	bd) migrant/minority	**237**	9	12	0	2	52	0	0	141	21
	be) alternative care	**4**	3	1	0	0	0	0	0	0	0
	bf) precarious situations	**71**	5	48	0	0	0	0	0	0	18
	c) all children	**155**	25	36	12	40	0	0	11	0	31
	d) adults	**71**	54	0	0	0	0	0	0	0	17
	e) the entire population	**32**	22	0	3	0	0	0	2	0	5
Content	a) Implementation	**166**	41	22	0	0	17	24	0	52	10
	b) Result	**504**	126	86	15	42	35	14	13	89	84
Type of result	a) Output	**316**	51	61	0	18	24	14	4	76	68
	b) Outcome	**121**	48	25	4	13	11	0	3	11	6
	c) Impact	**67**	27	0	11	11	0	0	6	2	10
Unit of assessment	a) child	**106**	28	23	12	11	9	0	9	6	8
	b) individual	**68**	44	1	3	0	1	0	0	11	8
	c) household	**3**	2	1	0	0	0	0	0	0	0
	d) professionals	**44**	4	7	0	13	3	2	0	3	12
	e) admin	**280**	46	54	0	18	22	12	4	69	55
	f) other	**2**	1	0	0	0	0	0	0	0	1

Notes:

1. Article 5 of the EU Recommendation recommends Member States "to identify children in need and within this group take into account, wherever appropriate in designing their national integrated measures, specific disadvantages experienced". Article 4 recommends "to guarantee for children in need: (a) effective and free access to high quality early childhood education and care, education and school-based activities, at least one healthy meal each school day and healthcare; (b) effective access to healthy nutrition and adequate housing" (Council of the European Union, 2021[2]).

2. The Child Guarantee Action Plan has the following 12 strategic objectives: S1. Promote labour market integration and increase wages; S2. Increase the qualification/skills of adults, especially those from families with children; S3. Strengthen social protection for children, young people and their families; S4. Promote close and integrated social action among families with children and young people; S5. Ensure access to quality early childhood responses; S6. Ensure access to quality educational response and school-based activities; S7. Strengthen access to healthcare, health promotion, disease prevention, and quality specialised care; S8. Promote access to healthy food; S9. Promote access for vulnerable families with children and young people to decent housing; S10. Prevent institutionalisation and promote the deinstitutionalisation of children and young people at risk; S11. Ensure effective equality in access to essential services for children and young people from immigrant backgrounds or ethnic minorities, particularly those from the Roma community; S12. Promote equality and non-discrimination.

3. Specific disadvantages specific disadvantages according to article 5 of EU Council Recommendation (Council of the European Union, 2021[2]): (a) homeless children or children experiencing severe housing deprivation; (b) children with disabilities; (c) children with mental health issues; (d) children with a migrant background or minority ethnic origin, particularly Roma; (e) children in alternative, especially institutional, care; (f) children in precarious family situations.

Source: (ACM, 2018[55]; CNPDPCJ, 2023[54]; Coordenação Nacional Garantia para a Infância, 2023[20]; DGS, 2022[94]; DGS, 2021[101]; GIMAE, 2021[104]; INR, 2021[58]; Presidência do Conselho de Ministros, 2021[102]) (Presidência do Conselho de Ministros, 2021[99]; Presidência do Conselho de Ministros, 2023[92]; Presidência do Conselho de Ministros, 2023[98]; Presidência do Conselho de Ministros, 2023[93]).

Annex E. Data capacities for child well-being monitoring at the local level

Introduction

This chapter assesses the existing data available to produce indicators suitable for identifying and characterising "children in need" and assessing their access to "key services" at the local level, as defined in the EU Child Guarantee recommendation (Council of the European Union, 2021[2]). The availability and comparability of data at the local level is critical because municipalities play a central role in implementing of the Child Guarantee in Portugal. Municipalities need this information to properly assess the phenomenon of children at risk of poverty and social exclusion as well as to tailor policies to meet the specific characteristics of each region.

Social Diagnoses, as outlined by Local Social Action Councils (CLAS), assess and analyse the social realities and population needs within the municipality to identify challenges, vulnerabilities, and available resources. The CLAS brings together diverse stakeholders, including municipalities, social service providers, and community representatives, to ensure a comprehensive and participatory approach to this assessment. Through this collaborative process, the CLAS ensures that social planning is evidence-based and responsive to the community's needs.

The Child Guarantee Local Units, which were created within the framework of the CLAS, are fundamental for the implementation and monitoring of the Child Guarantee at the local level. The Local Units must ensure that the Social Diagnoses include a characterisation of the phenomenon of child poverty, as well as identify problems in terms of effective and free access to key services addressed by the Child Guarantee i.e., early childhood education and care, education and activities in a school context, at least one healthy meal per school day, healthcare, healthy food and adequate housing. Furthermore, the Local Units are responsible for the implementation of a system for collecting and sharing information for monitoring the National Child Guarantee Action Plan 2022-2030.

In order to prepare Social Diagnoses and produce indicators, the Local Units need to use and process different types of data. The access and availability of Local Units to these data may differ depending on the type of information and the existing practices and capacities of each local government. The Local Units may access indicators based on data that is collected nationally (i.e. by institutions from national government). Other indicators may be based on information collected locally, either by institutions from local government or other stakeholders (e.g. private social solidarity institutions, non-governmental organisations, foundations, federations, and companies).

The purpose of this chapter is twofold. First, to assess the capacity of municipalities to collect indicators for their future Social Diagnoses that are in line with the EU Child Guarantee Recommendation. This assessment is carried out by looking at the indicators that were used in past Social Diagnoses, and through analysing the indicators that the Local Units have or could have access to. Second, to discuss opportunities for increasing and improving the data resources that Local Units could have at their disposal and exchange data with the National Coordination of the Child Guarantee. This is carried out by discussing improvements in data gathering at the local level and data exchange with national government.

To achieve these objectives, a questionnaire was developed and distributed to Local Units to assess the data they currently hold or could potentially access. This questionnaire gathered information on Local Units' capabilities in accessing, collecting, processing, disseminating, and utilising data to produce indicators at the local level. It was structured in two parts. The first part focused on the latest Social Diagnosis published by the municipality. The second part collected details on indicators related to the Child Guarantee that the municipality has or could have access to.

This chapter first describes the questionnaire, before moving to look at the latest versions of the Social Diagnoses and the indicators that were used in them. It analyses the indicators that municipalities have or could have access to monitor the Child Guarantee. The chapter concludes with a discussion on data collection and exchange between national and local government.

Key findings

Social Diagnoses

- One of the commitments of the Local Units is to ensure that future Social Diagnoses prepared by CLAS characterise children at risk of poverty and social exclusion and their effective and free access to essential services. Such characterisation will be used as a vehicle to monitor the implementation of the Child Guarantee at the local level. The Social Diagnoses of most municipalities that have replied to the questionnaire will be updated soon. Two-thirds of the municipalities will publish updated Social Diagnoses by 2026, which corresponds with the timing of the submission of the next biennial report on the implementation of the Child Guarantee to the European Commission.

- The frequency of conducting and publishing a Social Diagnosis is not uniformly mandated at the national level. Municipalities differ considerably on how often they update their Social Diagnosis. To monitor progress over the long term, the Child Guarantee National Coordination could request the Local Units to provide regular updates of the Social Diagnosis indicators related to the Child Guarantee, even if the Social Diagnoses are not updated.

- Previous Social Diagnoses, most of which were published before the Local Units were established, occasionally mentioned children in need and rarely included information on their access to essential services. The most widely published indicators of children in need are "victims of domestic violence" (mentioned by 73% of respondents), "at risk of poverty" (63%), "in alternative care" (57%), and "migrant and ethnic background" (49%). Education is the most referred to essential service, with which more than half of the diagnoses providing information.

- Questionnaire responses suggest that municipalities are more likely to have information produced at the local level for indicators related to children in alternative care and living in a household where there is domestic violence. For indicators of children at risk of poverty, social deprivation, ethnic minority, disabled parent, and mental health, municipalities tend to rely on indicators produced by other sources, including national government agencies and NGOs.

- The Local Units aim to prepare their future Social Diagnoses following the Child Guarantee recommendations and report being moderately confident about being able to access relevant and sufficient information. Questionnaire respondents express more confidence about gathering information on access to education, and early childhood education, and less confidence on gathering information on access to healthcare and healthy nutrition. Respondents express more confidence about obtaining information from local than national administrations.

- Questionnaire responses suggest that information on children in need at the local level is often fragmented, subject to data protection restrictions, and not sufficiently disaggregated, which prevents identifying children in need among recipients of essential services.

- Many Local Units have expressed difficulties in collecting and processing the information produced by municipalities and other local stakeholders into quantitative data. Due to the lack of specific indicators, the information collected by local entities is not always systematised. The lack of an information collection system with a logic for categorising data makes it difficult for Local Units to request and make data available. Municipalities would welcome using a common data processing system that is flexible to account for locally relevant information.

Indicators of children in need

- Currently, the Local Units have limited access to and experience of using data to characterise children at risk of poverty and social exclusion and their effective and free access to essential services.

- There is no data available to monitor the number of children "at risk of poverty or social exclusion", according to Eurostat's definition, at the local level (i.e. municipalities). In Portugal, the sample of the EU-SILC is representative at the NUTS 2 level, which breaks the country into seven units, five of which are regions in Continental Portugal (North, Centre, Lisbon, Alentejo and Algarve), and the other two are the Azores and Madeira.

- In the absence of suitable data, municipalities assess poverty and social exclusion using proxy variables (e.g. beneficiaries of means-tested benefits, specific population groups). However, indicators based on proxy information are not always accurately identified and documented. For example, several questionnaire responses referred to the availability of indicators measuring the number of poor children in the municipality, without explaining how "poor children" were measured or what are the underlying data, concepts, and definitions. In some cases, such indicators have been published in the Social Diagnoses without due documentation.

- Few Local Units currently use or have access to the indicators they expect to use in future Social Diagnoses and for monitoring the Child Guarantee at the local level. Overall, only 22% of the indicators mentioned in the questionnaire have been used or are already available. The rate is higher for indicators related to access to social services, early childhood care and education, and housing. The rate is considerably lower for indicators related to the number of children with specific disadvantages and access to healthcare.

- Most indicators of access to essential services refer to children from all socio-economic backgrounds, without focusing on or identifying children in need or with a specific disadvantage. Indicators that focus on children in need or with a specific disadvantage usually refer to recipients of means-tested benefits (in particular the Child Guarantee Benefit) or benefiting from social action.

- According to questionnaire responses, many indicators could be broken down by risk of poverty or social exclusion. However, the analysis of some of these indicators, which are available online, shows that in many cases this is not effectively possible. For example, contrary to questionnaire responses, the Carta Social (GEP, 2024[108]) does report the number of children who access early childhood services by poverty or social exclusion status.

- Similarly, several indicators reported in the questionnaire as providing information on children in need may not do so. In several instances, the description of the indicators on the access of children in need to key service suggests that the indicator does not distinguish children in need from other children.

- In order to ensure the accuracy, consistency, and comparability of information produced by the Local Units, further efforts need to be carried out to communicate and explain the Child Guarantee guidelines, concepts and definitions. Templates providing pre-filled examples and

detailed explanations may contribute towards this goal as well as to build capacity and facilitate Local Units work.

- Indicators of unmet needs are crucial to monitor progress of the implementation of the Child Guarantee as they highlight gaps between current performance and stakeholder expeCTAGItions. Some indicators reported in the questionnaire refer to unmet access to essential services, however, the distribution is uneven across the type of service.

- Given the diversity of indicators reported, there is a strong potential for Local Units to learn from each other to improve the consideration of children in need in the Social Diagnoses and ultimately to strengthen monitoring of the Child Guarantee at the local level.

Data collection and exchange

- The National Coordination of the Child Guarantee unit is developing a standardised template for municipalities to collect information about barriers to access to essential services. The information will be collected by social intervention professionals as part of their Social Assistance and Monitoring Service (SAAS). According to questionnaire responses, the Local Units welcome this initiative, however some have requested for flexibility within this standardised template to allow locally relevant information to be collected. The template would also benefit from consultations with the Local Units to ensure its alignment with their abilities, needs, expeCTAGItions, and priorities.

- Municipalities have limited and fragmented access to data on recipients of means-tested benefits (in particular the Family Allowance), which are the most suitable proxy variables to assess child poverty at local level. Improving the access of the Local Units to this information is essential for the identification and characterisation of children in need and their access to essential services at the local level. Granting access to this information may contradict current data protection rules and practices and thus may require changes in legislation. Since this process may take considerable time, in the interim, the Ministry of Labour, Solidarity and Social Security should consider providing to Local Units more detailed statistics about recipients of means-tested benefits at the local level.

The questionnaire to Child Guarantee Local Units

The objective of the questionnaire was to take stock of what is the current situation in municipalities regarding the access, collection, processing, dissemination, and use of information necessary to prepare a social diagnosis and produce indicators at the local level. The questionnaire also gathered information about the feasibility of potential improvements by asking not only what is currently done but also what could be done. In order to account for the diversity of collection and use of data across municipalities, the questionnaire provided respondents with the flexibility to choose how extensive and detailed their responses were. For that reason, the questionnaire provided the possibility to report a large number of indicators.

The questionnaire was divided in two parts. The first part asked about the most recent Social Diagnosis published by the municipality, as well as about the plans for the next one. The second part asked about indicators related to the Child Guarantee that the municipality has or could have access to. Indicators refer to six different areas related to the Child Guarantee: (1) children in need, (2) access to early childhood education and care, (3) access to education and school-based activities, (4) access to healthcare, (5) access to nutrition and (6) access to housing. These indicators should be representative of the local level (e.g. municipality or parish), although indicators at the district level could also be reported[70]. The data underlying the indicator could be collected/produced by national or local administrations or other stakeholders (e.g. NGOs).

The section on Social Diagnosis included nine questions, with several questions including the possibility of further details. For example, a question on the level of confidence of Local Units of accessing relevant and sufficient information included breakdowns for seven areas and four data sources. The section on indicators related to the Child Guarantee included one question for each of its six sub-sections. The sub-section on children in need included the possibility of 200 replies, as respondents could provide information about 10 different characteristics for up to 20 indicators. Each of the other sub-sections included the possibility of 110 replies (11 characteristics for up to 10 indicators).

The questionnaire provided detailed descriptions of key concepts and definitions, including those Under the terms of the European Recommendation (Council of the European Union, 2021[2]). For each section, the questionnaire also provided several examples of the types of indicators and information that was asked.[71] In total, 54 municipalities submitted a response to the questionnaire. Almost all respondents answered at least one question about the social diagnosis, and 32 at least one question from each section of the questionnaire. By sections, the distribution of responses with at least one question answered was 53 for Social Diagnosis, 42 for Children in need, 38 for early childhood education and care, 42 for education and school-based activities, 40 for healthcare, 37 for nutrition and 36 for housing (Figure A E.1)

Figure A E.1. Number of responses to the questionnaire by municipality
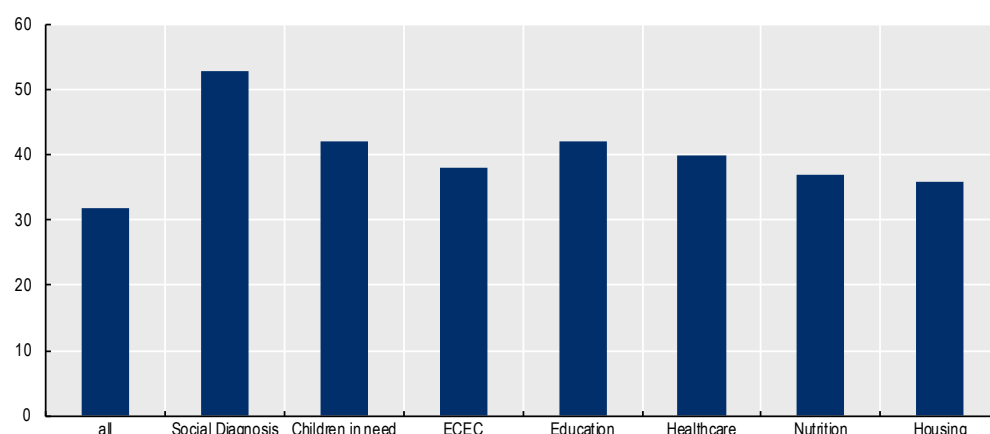
Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units on indicators to monitor results at local level.

Social Diagnoses

This section analyses the questionnaire responses related to the latest version of the Social Diagnosis published by the municipality, as well as about the plans for its next version. As mentioned in section 0, the Social Diagnosis is a strategic tool, that provides a detailed understanding of the social context and guides the development of targeted interventions that are evidence-based and responsive to the community's needs. Before the establishment of the Local Units, Local Social Action Councils did not have an explicit commitment to integrate into their Social Diagnoses information on children at risk of poverty and social exclusion and their access to key services. As result, not all Social Diagnoses included such information on children at risk of poverty and social exclusion and their access to essential services. Furthermore, among those that did, the type of data reported varied considerably across municipalities.

In Portugal, the frequency of conducting and publishing a Social Diagnosis is not uniformly mandated at the national level. Typically, municipalities undertake this comprehensive assessment in alignment with the development of their Local Social Development Plans (PLDS), which often span multi-year periods,

commonly ranging from three to five years. However, the exact timing and frequency can vary based on local needs, resources, and specific circumstances. Some municipalities may choose to update their Social Diagnosis more frequently to respond to emerging social challenges or significant demographic changes. Therefore, while there is a general practice of aligning the Social Diagnosis with the PLDS cycle, the publication schedule is ultimately determined by each municipality's strategic planning processes and the dynamic nature of their social environments.

 The Social Diagnoses can contribute to monitoring the Child Guarantee, particularly if they follow the Child Guarantee recommendations (see section 0). The Social Diagnoses of questionnaire respondents are recent and will be updated soon. According to Figure A E.2, 60% the Social Diagnoses have been published in the last 3 years, including 29% that have been published in 2024.72 Furthermore, almost two-thirds of questionnaire respondents will have new Social Diagnosis editions within the next 3 years. In 2026, the year in which the Child Guarantee national coordination submits its next biennial report to the European Commission, all but one of the municipalities that responded the questionnaire will have Social Diagnoses published in the last 3 years.

Figure A E.2. Most Social Diagnoses are recent or will be updated soon

New Social Diagnosis by year of publication, latest or planned
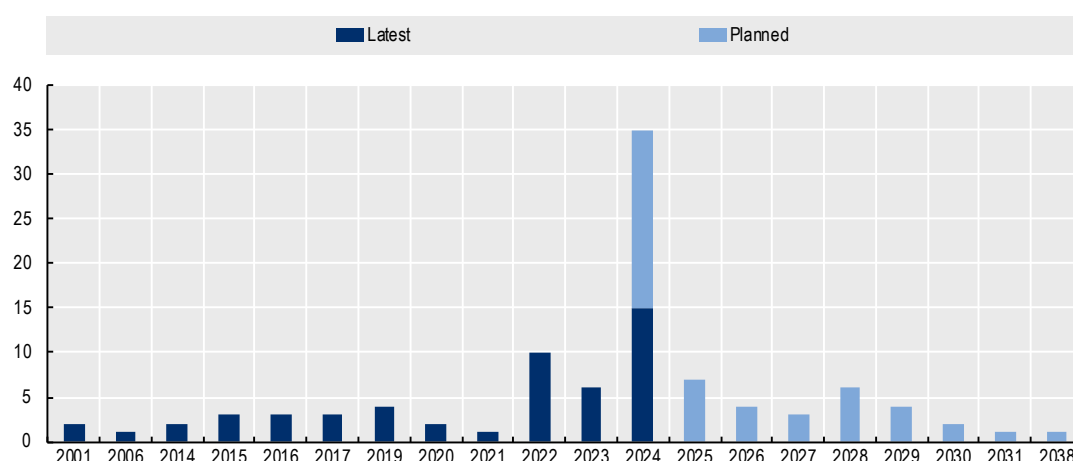
Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units on indicators to monitor results at local level.

Some previous Social Diagnoses characterised children in need.

The Social Diagnoses differ in their use of information on child characteristics. According to responses about the latest Social Diagnoses available, there is considerable heterogeneity in the amount and type of information published about children from vulnerable social backgrounds (see Figure A E.3). Children victim of domestic violence is the most widely published indicator, 73% of the responses mention that information on this characteristic was published in their Social Diagnoses. It is followed by at risk of poverty (63%), in alternative care (57%), and migrant and ethnic background (49%). Children with a disabled parent is the least published indicator (11%). Most indicators report information at the local level, particularly for children in alternative care and for children living in a household where there is domestic violence. On the other hand, information children at risk of poverty, social deprivation, ethnic minority, disabled parent, and mental health, is usually not published at the local level.

Figure A E.3. Social Diagnoses differ on the information published about children in need.

Share of Social Diagnoses with indicators of children in need (by child characteristic and by indicator's information level)
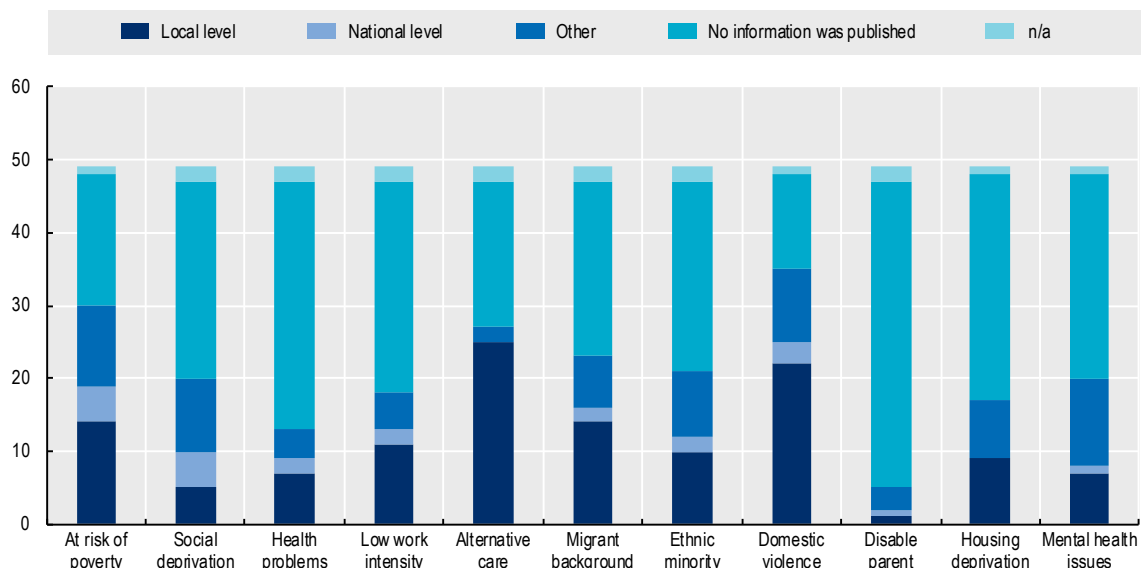

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units on indicators to monitor results at local level.

Few previous Social Diagnoses provided information on access of children in need to essential services.

Most Social Diagnoses do not provide information on the access of children in need to essential services. According to Figure A E.4, on average only 39% of the most recent Social Diagnoses provide information on the access of children in need to essential services. Education is the best covered essential service with more than half of the diagnoses provided information on the access of children in need. In contrast, only 19% of the diagnoses provide information on the access of children in need to healthy food.

The number of diagnoses not providing information on children in need may indeed be larger than reported. In several instances, the description of the indicators on the access of children in need by key service suggests that the indicator refers to all children irrespective of socio-economic background and does not distinguish children in need from other children. As an illustration, Figure A E.4 shows the list of indicators reported as providing information on the access of children in need to education. Only in 13 out of the 23 municipalities that provided descriptions, the information may be characterised as related to children in need. Furthermore, in most of these cases the information refers to proxy information of children who are at risk of poverty (e.g. the receipt of means-tested benefits).

Figure A E.4. Most Social Diagnoses do not provide information on the access of children in need to essential services

Share of Social Diagnoses that provide information on the access of children in need to essential services (by type of service)

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units on indicators to monitor results at local level.
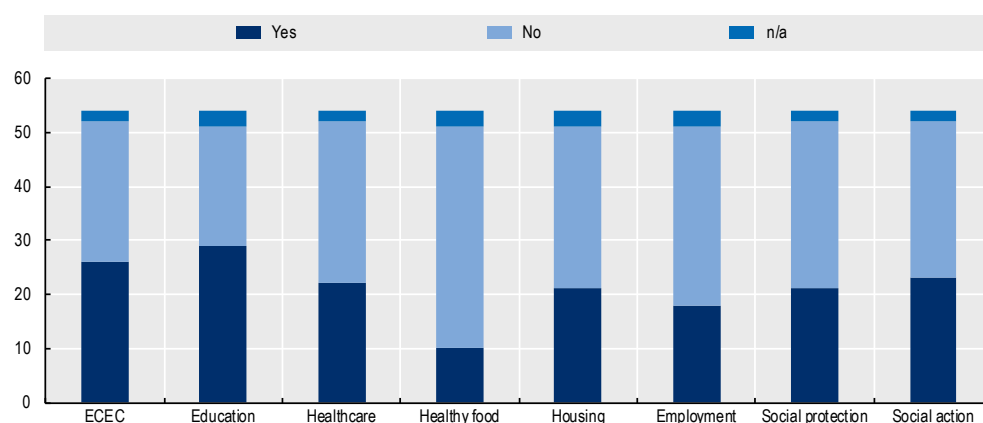
Table A E.1. Number of diagnoses not providing information on children in need may be larger than suggested

Description of indicators reported in the questionnaire as providing information on the access of children in need to education and school-based activities

Indicator description	Refers to children in need?	Group of children in need	Information used to identify children in need
Number of students enrolled according to ISCED qualifications, responses in leisure activities.	No		
Pre-school; CATL; Primary, Secondary and Vocational Education	No		
The rate of early school leavers in the municipality	No		
gross enrolment rate by cycle of studies and age; retention and dropout rates by level of schooling and type of course (technical/technological and professional courses) school absenteeism as type of danger in the municipality	No		
Frequency of school and social facilities	No		
In the context of the operation of AEC - Curricular Enrichment Activities	No		
Insufficient responses to occupy children during school breaks	No		
level of school enrolment low level of dropout	No		
Existing support measures	No		
Educational establishments Average number of students per cycle of education	No		
Number of children with a CPCJ case concerning school dropout and absenteeism	Yes	• Children in precarious family situations	• attended by CPCJ
Distribution of students enrolled in general basic education in the 2020/21 school year by nationality; Pre-school enrolment rates in the municipality; Students enrolled in pre-school, basic and secondary education: total and by level of education;	Yes	• children with a migrant background	• nationality

Indicator description	Refers to children in need?	Group of children in need	Information used to identify children in need
Retention and dropout rate in basic education: total and by year of schooling; Retention and dropout rate in secondary education: total, by type of education and year of schooling;			
The Diagnosis mentions the relationship between school failure and the poverty of the families in which some children live, without, however, having any quantitative data to express this relationship.	Yes	• children who are at risk of poverty	• qualitative information
Inclusion of children with special educational needs; school failure and dropouts; integration of migrant children	Yes	• children with disabilities • children with a migrant background	• children with special educational needs • migrant children
No. of children by age group, number of children per parish, school enrolment rate, number of pupils enrolled in pre-school and cycle level, total number of pupils per educational establishment, total number of students with SEN, retention rates, number of students in AEC (curricular enrichment activities), AAAF (Animation and Family Support Activities in Pre-school Education) and CAF (Family Support Component in the 1st cycle of Basic Education), number of students accompanied by EMIS and number of students with scholarships	Yes	• children with disabilities • children who are at risk of poverty	• children with special educational needs means-tested benefit, AAAF
No. of subsidised students (School Social Action)	Yes (proxy)	• children who are at risk of poverty	• means-tested benefit (School Social Action – ASE)
Children and their families with social support measures (with ASE bracket allocated, with selective measures in the school context....)	Yes (proxy)	• children who are at risk of poverty	• means-tested benefit (School Social Action – ASE)
Access to services; Capacity; School Social Action	Yes (proxy)	• children who are at risk of poverty	• means-tested benefit (School Social Action – ASE)
Inequality of opportunities (e.g. participation in extracurricular activities, such as sports)	Yes (proxy)	• children who are at risk of social exclusion	• non-participation in extracurricular activities
Children and young people with ASE classes A and B	Yes (proxy)	• children who are at risk of poverty	• means-tested benefit (School Social Action – ASE)
Beneficiaries of School Social Action	Yes (proxy)	• children who are at risk of poverty	• means-tested benefit (School Social Action – ASE)
RSI beneficiaries and/or long-term unemployed (DLD) and low levels of schooling.	Yes (proxy)	• children who are at risk of poverty • children who are at risk of social exclusion	• means-tested benefit (RSI), • long term unemployment and schooling level
Transport, school social action, AEC's, school materials	Yes (proxy)	• children who are at risk of poverty	• means-tested benefit (School Social Action – ASE)

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units(LOCAL UNITS) on indicators to monitor results at local level.

Local Units aim to follow the Child Guarantee recommendations despite data limitations

The partnership protocol for the implementation of Child Guarantee requires the Local Units to integrate the Child Guarantee recommendations in the Social Diagnosis.[73] The protocol guidelines include a characterisation of the phenomenon of child poverty, as well as the identification of problems in terms of access to early childhood education and care, education and activities in a school context, healthcare,

healthy food, and adequate housing. According to questionnaire responses, all but one[74] municipality will follow the guidelines of the protocol signed with the National Coordination and prepare their future Social Diagnoses according to the Child Guarantee recommendations.

Questionnaire respondents are moderately confident about their ability to access relevant and sufficient information to produce Social Diagnoses in line with the Child Guarantee guidelines. However, confidence levels vary considerably by type of service and source of data. Questionnaire respondents express more confidence about gathering information on the access to education, and early childhood education, while they express less confidence on gathering information on the access to healthcare and healthy nutrition. Across all types of services, respondents express more confidence about obtaining the information from local than from national administrations. Confidence levels are higher regarding data from local administrations on education and early childhood education, and lower for data from national administrations on healthcare, healthy nutrition, and housing. The level of confidence access information from other sources (e.g. NGOs) lies in between those for local and national sources (Table A E.2).

Table A E.2. Confidence to access information is moderate and varies by area and data source.

Average confidence level* of respondents regarding the ability of their municipality to access relevant and sufficient information by type of area and data source.

	In general	From national administrations	From local administrations	From other sources
1. Child poverty	3.4	3.1	3.8	3.3
2. Childcare	3.3	2.9	3.6	3.3
3. Early childhood education	3.6	3.3	3.9	3.5
4. Education	3.6	3.2	4.0	3.4
5. Healthcare	2.7	2.7	3.2	2.8
6. Healthy nutrition	2.8	2.5	3.3	2.9
7. Housing	3.1	2.6	3.6	3.0
Average	3.2	2.9	3.6	3.2

Note: * Confidence level reported in a scale from 1 to 5, where 1 is very low and 5 is very high confidence.
Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units on indicators to monitor results at local level.

Municipalities may have difficulties processing information into quantitative data. In replies to open questions about foreseen strengths and challenges to gather data for Social Diagnoses and monitoring, several respondents expressed confidence on the active and smooth coordination between local stakeholders both within and outside local government. The Local Social Action Council (CLAS), which involves partners such as Register Private Institution of Social Solidarity (IPSS), plays an important role in sharing information and identifying cases of child vulnerability. However, respondents expressed concerns about data collection and processing. Due to the lack of specific indicators, the information collected by local entities is not always systematised into quantitative data. The lack of an information collection system with a logic for categorising data makes it difficult for Local Units to request and make data available.

Municipalities would welcome using a common data processing system. Most questionnaire respondents would find very useful for the National Coordination of the Child Guarantee to provide a template with a list of indicators to process information (see Figure A E.5). Such a tool would not only contribute to building capacity for processing information at the local level but would also be essential for standardising data collection and ensuring consistency and comparability across municipalities. In replies to open questions, respondents reinforced the importance of such a tool, without prejudice to each municipality adding indicators that characterise its specific characteristics. Section 0 discusses a standardised template that

Child Guarantee national coordination is developing for municipalities to use for processing data produced at the local level.

Figure A E.5. Municipalities would welcome using a common data processing system

Proportion of questionnaire respondents assessing how useful* would it be if the National Coordination of the Child Guarantee provided to municipalities a template database with a list of indicators

Note: * Level of usefulness reported in a scale from 1 to 5, where 1 is very low and 5 is very high. N
Number of responses 47, 7 respondents did not reply.
Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units on indicators to monitor results at local level.
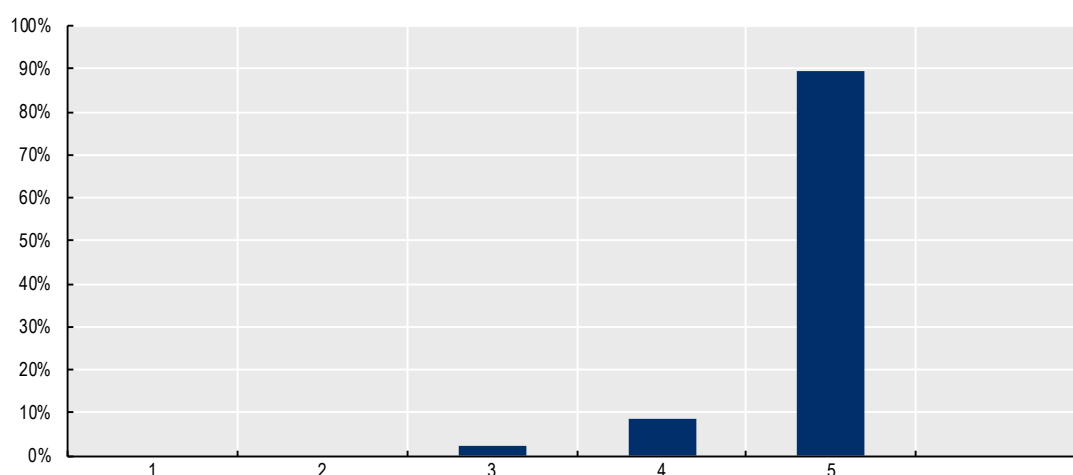
Another important challenge relates to the impossibility of assessing child poverty and social exclusion at the local level according to Eurostat's definition of "at risk of poverty or social exclusion", and relating this indicator with information of children's needs, access to services, or outcomes in other areas. As discussed in Annex 3, the sample size of the EU-SILC is not representative at the municipal level. Alternatively, municipalities identify and characterise child poverty using information on beneficiaries of means-tested benefits as proxy variables, as illustrated in Table A E.3.

Finally, the data collected is often not sufficiently disaggregated, making it difficult to analyse the different forms of child poverty in detail, including factors such as housing, health, education, and food. Moreover, the fragmentation of data between different organisations (education, health, social action) can make it difficult to get a global view of the needs of children living in poverty. Data fragmentation is further exacerbated by data protection restrictions due to GDPR rules, particularly in the health sector.

Monitoring indicators

This section takes stock of the indicators that Local Units have available to monitor the Child Guarantee and inform national authorities about the status of its implementation at the local level. These indicators are ideally representative at the local level, and municipalities either currently have or could obtain access to them. The data underpinning these indicators may have been collected or produced by national or local administrations or other stakeholders, such as NGOs. The indicators cover six key areas of the Children's Guarantee: children in need, access to early childhood education and care, access to education and school-related activities, access to health care, access to nutrition and access to housing.

Following the Child Guarantee's guidelines for local diagnosis of child poverty, indicators are assessed regarding their potential breakdown by household composition, by age group and gender (Coordenação Nacional Garantia para a Infância, 2023[109]). The analysis also accounts for the indicators' unit of assessment. As discussed in chapters 1 and 3, several indicators in the Child Guarantee Action Plan measure at the level of households, while European Child Guarantee monitoring framework focuses on indicators that measure at the level of children.

Organising information

In order to make the analysis of indicators more manageable and informative, a system of classifications and tags was used. All indicators were classified according to area, target population, strategic objective, type of result and measurement unit.

- **Area:** following the EU Child Guarantee recommendation, "area" classifies indicators on whether they refer to "population" (i.e. identifying and characterising "children in need" and "specific disadvantages", as defined in article 5) or to "services" (i.e. "effective access to services", as defined in article 4) (Council of the European Union, 2021[2]).

- **Target population:** it classifies indicators on whether they refer to "children in need" or to "specific disadvantages", as defined in the EU Child Guarantee recommendation[75] (Council of the European Union, 2021[2]).

- **Strategic objective:** it classifies indicators in terms of "key services", following the definitions in the EU Child Guarantee recommendation[76] (Council of the European Union, 2021[2]) as well as the Strategic Objectives of the Child Guarantee Action Plan.[77]

- **Type of result:** it classifies indicators on whether they refer to implementation, outputs, outcomes, or impact.[78]

- **Measurement unit:** it identifies the indicators unit of assessment, such as the number of children, individuals, households, or administrative outputs (e.g., number of infrastructures created, or initiatives implemented).

Besides this classification, the information of the indicators was further refined using a tag system. As expected, questionnaire respondents provided descriptions of the indicators which differ even when referring to exactly the same content.[79] In order to bring together indicators that are likely to refer to the same (or very similar) content, tags were designed to match keywords that are part of indicator descriptions. Three types of tags were designed:

- **Target group:** refers to "children in need" and "specific disadvantages", as defined in the EU Child Guarantee recommendation[80]. It is similar to the "target population", however it also distinguishes indicators that refer to the concept of poverty from those that explicitly mention proxy variables for poverty, social exclusion, and housing deprivation. For example, proxy variables for identifying the risk of poverty include the receipt of means-tested benefits such as the Family Allowance,[81] the Child Guarantee Benefit[82] and the Social Insertion Allowance.[83] Table A E.3 shows the list of tags related to target groups and an example of a tagged indicator.

- **Services:** refers to particular types of indicators (usually services or results) related to the five "key services" mentioned in the EU Child Guarantee recommendation, plus Social Action, which is one of the strategic objectives in the Child Guarantee Action Plan (S4. Promote close and integrated social action among families with children and young people). Table A E.4 presents the list of tags related to services and includes for each tag one example of a tagged indicator.

- **Access to services** refers to seven characteristics of access to the service: (1) effective access, (2) in waiting list, (3) without access, (4) access is available, (5) access is free,

(6) service provider, (7) other. Table A E.5 presents the list of tags related to access to services and includes for each tag one example of a tagged indicator.

Table A E.3. Tags for target groups

Targeted groups	Tag	Example of tagged indicator description in Portuguese (English in parenthesis)
a) Children in need	[aa. Poverty]	Nº de crianças no Concelho em situação de pobreza. (No. of children in the municipality living in poverty.)
	[aa.p. Proxy]	Nº de crianças no concelho que recebe abono de família, no 1º ou 2º escalão. (No. of children in the municipality receiving family allowance, in the 1st or 2nd bracket.)
	[ab.1. Severe deprivation]	Nº de familias com crianças e/ou jovens com privação material e social severa. (No. of families with children and/or young people suffering from severe material and social deprivation.)
	[ab.2. Low labour intensity]	Nº de crianças e jovens inseridos em familias com baixa intensidade laboral. (No. of children and young people in families with low labour intensity.)
	[ab.p. Proxy]	Nº de crianças e jovens cuja Mãe tem no máximo o ensino secundário. (No. of children and young people whose mothers have no more than secondary education.)
b) Specific disadvantages	[ba. Housing Deprivation]	Nº de crianças no município que vivem num agregado familiar em situação de privação grave de habitação. (No. of children in the municipality living in a household with severe housing deprivation.)
	[ba.p. Proxy]	Nº de crianças no município que vivem num agregado familiar com sobrecarga de custos de habitação (mais de 40% do rendimento disponível). (No. of children in the municipality who live in a household with a housing cost burden (more than 40 per cent of disposable income).)
	[bb. Disability]	Nº de crianças e jovens com algum tipo e grau de Deficiências e/ou Incapacidades, por tipo de dificuldade. (No. of children and young people with some type and degree of Disabilities and/or Incapacities, by type of difficulty.)
	[bc. Mental health issues]	Nº de crianças e jovens no município com problemas relacionados com o bem estar emocional, psicológico e social. (No. of children and young people in the municipality with problems related to emotional, psychological and social well-being.)
	[bd.1. Migrant]	Nº de crianças do Concelho oriundas da imigração. (No. of children in the municipality from migrant backgrounds.)
	[bd.2. Ethnic]	Nº de crianças de origem minoritária, em particular ciganos. (No. of children from minority backgrounds, particularly Roma.)
	[be. Alternative care]	Nº de crianças no Concelho em acolhimento, especialmente em instituições. (No. of children in the municipality in foster care, especially in institutions.)
	[bf. Precarious family situation]	Nº de crianças em risco família. (No. of children at risk from their families.)
	[bf.1. Single-earner household]	Nº de crianças no Concelho que vive numa família em que apenas uma pessoa aufere remuneração. (No. of children in the municipality who live in a family where only one person earns an income.)
	[bf.2. Parent with disabilities]	Nº de crianças no Concelho que vive com um progenitor com deficiência. (No. of children in the municipality who live with a disabled parent.)
	[bf.3. Mental or long-term illness]	Nº de crianças e jovens pertencente a agregados familiares com pelo menos um elemento adulto com a problemática de Saúde Mental. (No. of children and young people belonging to households with at least one adult with a mental health problem.)
	[bf.4. Substance abuse]	Nº de crianças e jovens no Concelho até aos 18 anos que vive num agregado familiar em que há problemas de toxicodependência. (No. of children and young people in the municipality up to the age of 18 living in a household with drug addiction problems.)
	[bf.5. Domestic violence]	Nº de crianças e jovens no Concelho que vive num agregado familiar em que há problemas de violência domêstica. (No. of children and young people in the municipality up to the age of 18 living in a household with domestic violence problems.)
	[bf.7. Teenage mother]	Nº de crianças no Concelho filhos/as de mãe adolescente. (No. of children in

Targeted groups	Tag	Example of tagged indicator description in Portuguese (English in parenthesis)
		the municipality who are children of teenage mothers.)
	[bf.8. Imprisoned parent]	Nº de crianças e jovens pertencente a agregados familiares em que pelo menos um elemento adulto se encontra recluso. (No. of children and young people belonging to households in which at least one adult is in prison.)

Table A E.4. Tags for services

Strategic Objective	Tag	Example of tagged indicator description in Portuguese (English in parenthesis)
Social Action	[SA. CPCJ]	Crianças/jovens acompanhadas CPCJ por nacionalidade. (Children/young people accompanied by CPCJ by nationality.)
	[SA. EMAT]	Nº Crianças e Jovens com PP em sede de MP (EMAT). (No. of children and young people with PP in MP (EMAT).)
	[SA. Other]	N.º de crianças acompanhadas pelo CAFAP. (No. of children accompanied by CAFAP.)
	[SA. SAAS]	Famílias beneficiárias do SAAS com crianças/jovens. (SAAS beneficiary families with children/young people.)
ECEC	[EC. Early childhood]	N.º de crianças no munícipio que podem aceder a serviços para a primeira infância [Indicador de capacidade]. (No. of children in the municipality who can access early childhood services [Capacity indicator].)
	[EC. Childminders]	N.º de Crianças integradas na resposta tipificada de Amas. (No. of children integrated into the standardised childminding service.)
	[EC. Creche]	N.º crianças no munícipio a usufruírem do Programa Creche Feliz. (No. of children in the municipality taking advantage of the Creche Feliz Programme.)
	[EC. Other]	N.º de crianças apoiadas por instituições no âmbito da resposta de bancos de puericultura. (No. of children supported by institutions as part of the childcare bank programme.)
	[EC. Pre-school]	N.º de crianças a frequentar pré-escolar no concelho. (No. of children attending pre-school in the municipality.)
Education	[ED. Absentism]	n.º crianças no concelho em absentismo escolar. (No. of children in the municipality who are absent from school.)
	[ED. Ben]	N.º de crianças com escalão ASE atribuído por avaliação socioeconómica. (No. of children with an ASE class awarded by socio-economic assessment.)
	[ED. Drop out]	n.º crianças no concelho que abandonaram a escola. (No. of children in the municipality who have dropped out of school.)
	[ED. Ext Curr Act]	n.º crianças no concelho com acesso efetivo e gratuito a atividades em contexto escolar (AEC/CAF/Desporto Escolar ou outras). (No. of children in the municipality with effective and free access to activities in a school context (AEC/CAF/School Sports or others).)
	[ED. In Edu]	N.º de crianças não integradas em equipamento educativo. (No. of children not integrated into educational equipment.)
	[ED. Other]	N.º de crianças com PPP. (No. of children with PPP.)
	[ED. Performance/failure]	Nº de crianças com prestação GPI com Insucesso Escolar. (No. of children with GPI provision with school failure.)
	[ED. School meal]	n.º de crianças do concelho com acesso efetivo e gratuito a pelo menos uma refeição saudável por dia letivo. (No. of children in the municipality with effective and free access to at least one healthy meal per school day.)
	[ED. Special education]	N.º de crianças com medidas seletivas e adicionais (Educação Inclusiva). (No. of children with selective and additional measures (Inclusive Education).)
Healthcare	[HC. family doctor]	Crianças sem médico familia. (Children without a family doctor.)
	[HC. mental]	Crianças e Jovens com Acompanhamento psicológico. (Children and young people with psychological counselling.)
	[HC. Mortality]	Taxa de mortalidade Infantil no concelho. (Infant mortality rate in the municipality.)
	[HC. Other]	Doenças mais frequentes entre a população infanto-juvenil. (Most common illnesses among children and young people.)

Strategic Objective	Tag	Example of tagged indicator description in Portuguese (English in parenthesis)
	[HC. primary care]	N.º de crianças identificadas com problemas de saúde sem acesso à saúde. (No. of children identified as having health problems without access to healthcare.)
	[HC. screening]	N.º de crianças abrangidas pelo rastreio da saúde visual infantil. (No. of children screened for children's visual health.)
	[HC. specialist]	n.º crianças e jovens no município acompanhadas por problemas relacionados com o estado nutricional. (No. of children and young people in the municipality monitored for problems related to nutritional status.)
	[HC. Vaccination]	Cobertura vacinal das crianças do concelho. (Vaccination coverage of children in the municipality.)
Healthy food	[FD food deprv]	n.º crianças e jovens no município com insegurança alimentar. (no. of children and young people in the municipality with food insecurity.)
	[FD Obesity/Underweight]	n.º crianças e jovens no município com excesso de peso ou obesidade. (No. of children and young people in the municipality who are overweight or obese.)
	[FD Other]	n.º crianças e jovens no município que cumpre as recomendações de ingestão de 5 porções diárias de fruta e hortícolas. (no. of children and young people in the municipality who fulfil the recommendations of eating 5 portions of fruit and vegetables a day.)
	[FD support]	Crianças/jovens com refeições suplementares. (Children/young people with supplementary meals.)
Housing	[HO. Housing benefits]	N.º de agregados familiares com crianças e jovens até aos 18 anos beneficiários de Tarifas Especiais (Tarifário Social e Familiar). (No. of households with children and young people up to the age of 18 benefiting from Special Tariffs (Social and Family Tariff).)
	[HO. Rent sub]	N.º de crianças no município a viver em habitações num regime de renda apoiada. (No. of children in the municipality living in rent-supported housing.)
	[HO. Social housing]	Crianças a viver em habitação social. (Children living in social housing.)

Table A E.5. Tags for access to services

Tag	Example of tagged indicator description in Portuguese (English in parenthesis)
[Availability]	Nº de crianças no município que podem aceder a serviços para a primeira infância [Indicador de capacidade]. (No. of children in the municipality who can access early childhood services [Capacity indicator].)
[Effective access]	N.º de crianças no município com acesso a centros de primeira infância. (No. of children in the municipality with access to early childhood centres.')
[Free]	nº de crianças que utiliza o acesso gratuito a refeições escolares. (No. of children using free access to school meals.)
[Other]	N.º de crianças no concelho que faltam às consultas e cuidados de saúde. (No. of children in the municipality who miss appointments and health care.)
[Provider]	n.º de crianças provenientes de comunidades ciganas matriculadas em escolas públicas por nível de ensino e sexo. (No. of children from Roma communities enrolled in public schools by level of education and gender.)
[Wait list]	Crianças em Lista de Espera para integrar Equipamentos de Infância. (Children on the waiting list for nursery schools.)
[Without access]	Crianças sem médico familia. (Children without a family doctor.)

While the content of many indicators can be characterised by a single tag, some indicators use two or more tags. For example, the indicator "Percentage of children from ethnic minorities or immigrants at risk of poverty" is tagged both as related to "at risk of poverty" and to "migrant background or minority ethnic origin". Using multiple tags for an indicator is useful not only to better characterise its content, but also to identify indicators that are related to more than one "key service". For example, "Gross enrolment rate in pre-school, primary and secondary education" is tagged both as "ECEC" and "education".

Each tag or combination of tags may be considered as a "content group". While content groups help organising and characterising the information, they not always distinguish different content. Ideally, each tagged group would include indicators whose content is identical or very similar. In practice, some groups

bring together indicators with different content. In some cases, the differences are minor, referring, for example, to the measured used (e.g. number of children versus share of children). Some differences are more substantial. For example, poverty refers mostly to indicators of child poverty, however it also includes the poverty rate for employed people.

Data on children in need

Forty-two municipalities reported 382 indicators related to the Child Guarantee target groups, 27% relate to children in need and 73% to specific disadvantages (see Panels A and B in Figure A E.6). Results suggest that the indicators reported in the questionnaire cover all but one of the child characteristics of "children in need" and "specific disadvantages", as defined by the EU Child Guarantee recommendation.[84] Most indicators related to children in need refer to poverty while very few refer to deprivation and low work intensity. Indicators of children at risk of poverty were reported 94 times (see Panel C in Figure A E.6), most of them (66 indicators) refer to proxy variables based on the receipt of a means-tested benefit such as Family Allowance and the Child Guarantee benefit. Some indicators of children at risk of poverty combine information with characteristics from other target groups such as social exclusion (e.g. *No. of children and young people up to the age of 18 at risk of poverty or social exclusion*). Additionally, 24 indicators that are not classified as children at risk of poverty include poverty-related information (e.g. *No. of children on GPI benefits with a disability*) (see Panel D in Figure A E.6).

As for indicators related to specific disadvantages, 94 indicators refer to homeless children or children experiencing severe housing deprivation. Most of these indicators (51) are based on proxy variables such as at risk of eviction, non-severe housing deprivation, overcrowding, and housing costs overburden. 37 indicators refer to severe housing deprivation or homelessness and 6 combine housing deprivation with other characteristics such as the receipt of social benefits (in particular the Child Guarantee benefit) and other specific disadvantages, such as living in a household where there is domestic violence. Forty-five indicators refer to children with disabilities, 13 of which intersect with the receipt of social benefits (in particular the Child Guarantee benefit). Forty-four indicators refer to children with a migrant background or minority ethnic origin, 16 of them refer exclusively to migrant background, 10 exclusively to minority ethnic origin and 14 to both. One indicator includes information on migrant background or minority ethnic origin, even if not classified as such (*Ethnic origin of children with health problems)*. Children in precarious family situations and its sub-groups were also mentioned, in particular single-earner households, living with a parent with disabilities and living in a household where there are mental health problems or long-term illness, living in a household where there is domestic violence.

Overall, more than a third of indicators related to children in need or specific disadvantages are based on data produced by local administrations (see Panel E in Figure A E.6). The share of indicators from local administrations is lower (around one quarter) for those related to children in need and at risk of poverty, particularly as most indicators related to the receipt of means-tested benefits are based on data produced at the national level. In contrast, most indicators of specific disadvantages are based on data produced at the local level. This is particularly the case for indicators of homeless children or children experiencing severe housing deprivation, which is consistent with the fact that local governments in Portugal play an important role in housing policy. Local data is also the main source of indicators of children living in precarious family situations and households where there is domestic violence, as well as children from minority ethnic origin. In contrast, indicators of children with disabilities are mainly based on data produced at the national level. Information on data sources is missing for 16% of indicators of "children in need" and 33% of those related to "specific disadvantages".

Currently, few municipalities access the indicators reported in the questionnaire. Only 8% of the indicators of "children in need" and 4% of "specific disadvantages" are currently used. Interestingly, the share of indicators currently used or held by municipalities is higher for indicators of children in need than for specific disadvantages, despite more of the latter being based on data produced at the local level (see Panel F in
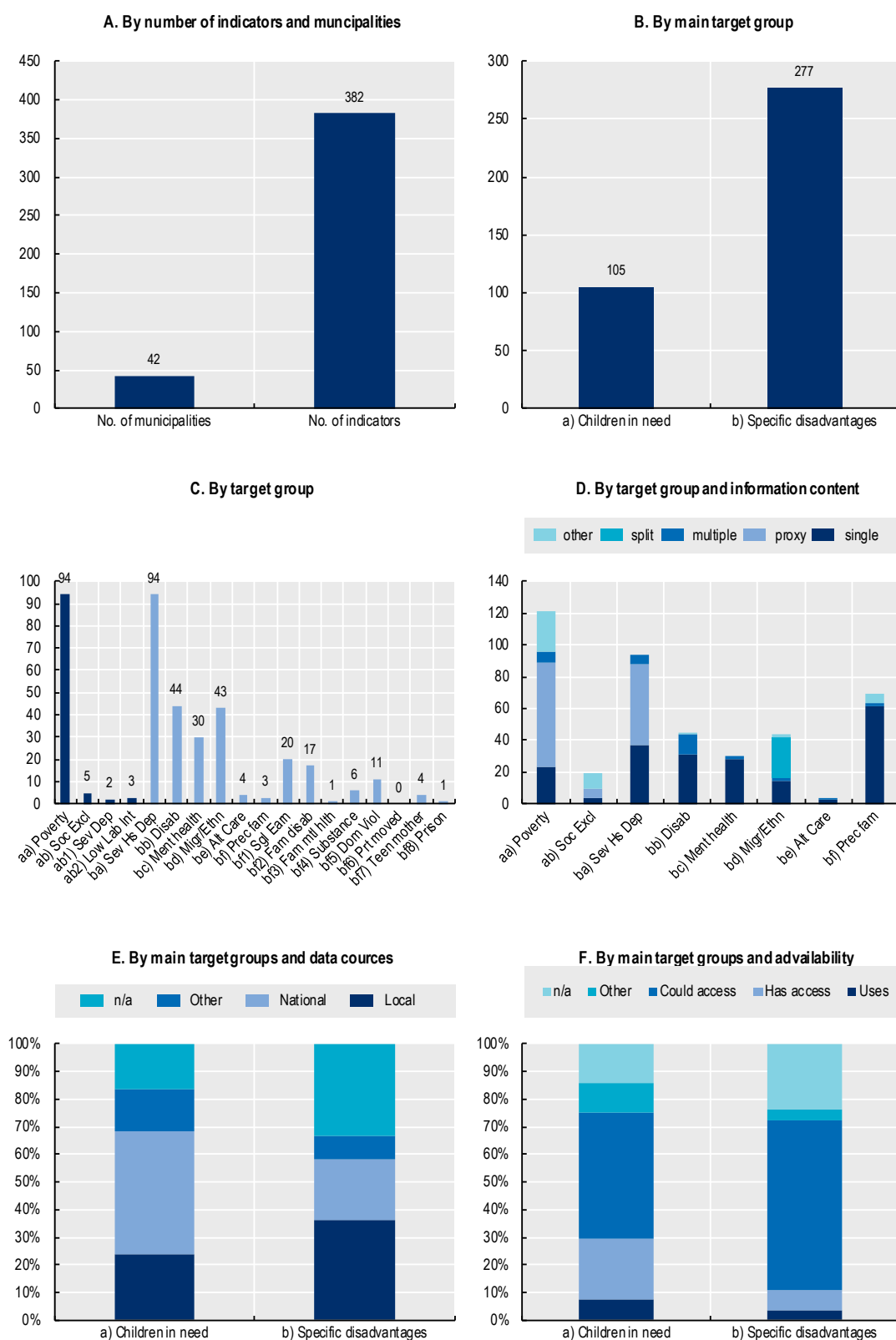
Figure A E.6). Reported indicators of at-risk-of-poverty are used in 10% of the cases and already accessible for another 24%. For indicators related to the receipt of the Social Integration Income (RSI) these shares are higher, respectively 15% and 38%. On the other hand, accessibility of data on recipients of the Family Allowance is considerably lower, 3% and 18%, respectively. Use and immediate access is very low for indicators of homeless children or children experiencing severe housing deprivation (2% and 7%, respectively). In contrast, use and current access to reported indicators of children in precarious family situations is not only high (38% and 25%, respectively), but also detailed information and website links were provided for most cases. Information on data availability is missing for 14% of indicators of "children in need" and 24% of those related to "specific disadvantages".

The vast majority of indicators has children as the measurement unit. Across all 382 indicators, about 95% have children as measurement unit, 2% refer to individuals and 2% to households (see Panel G in Figure A E.6). These proportions are similar across most characteristics and content groups. The main exceptions are indicators related to the receipt of the Social Integration Income (RSI), where a larger share refer to individuals or households.

Most reported indicators can be broken down by demographic characteristics. Almost, two-thirds of indicators related to "children in need" and 71% of "specific disadvantages" can be broken down by household composition (e.g. nuclear family, single parent, family with three or more children). About three-quarters of both groups can be broken down by the age of the child. Almost 60% of indicators related to "children in need" and 71% of "specific disadvantages" include information on the sex of the child (see Panel H in Figure A E.6).

About half of reported indicators can be broken down by parishes (''freguesias''), which is the smallest administrative division in Portugal (see Panel H in Figure A E.6). Information is not available below the level of district ("distrito") for few indicators related to "children in need". Information on territorial breakdown was not provided for around 10% of the indicators. The proportion of indicators that can be broken down by parishes is slightly higher for indicators related to children in need, in particular those that refer to poverty. On the other hand, the proportion of indicators available at the municipal level is higher for indicators of children with mental health issues and children in precarious family situations.

Figure A E.6 Indicators related to Child Guarantee target groups
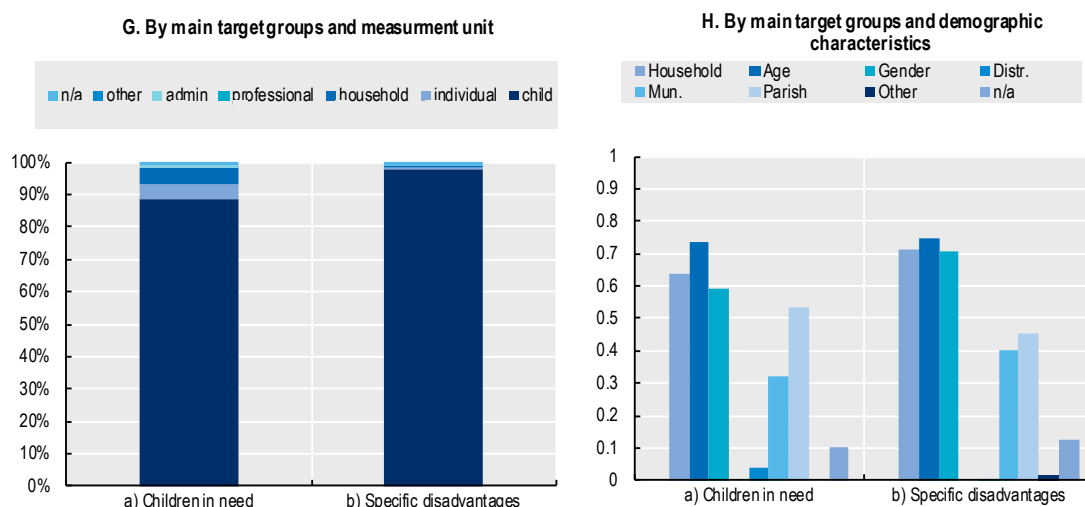
A. By number of indicators and muncipalities

B. By main target group

C. By target group

D. By target group and information content

E. By main target groups and data cources

F. By main target groups and advailability

G. By main target groups and measurment unit

H. By main target groups and demographic characteristics

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units(LOCAL UNITS) on indicators to monitor results at local level.

Data on the access to essential services

According to Figure A E.7 shows that **42 municipalities** provided in total **822 indicators related to services**. Education and school-based activities is the service group with the largest number of indicators (257), which represents 31% of all indicators related to services. It is then followed by healthcare (216 indicators), early childhood education and care (140 indicators), healthy food (109 indicators), and housing (55 indicators). Social Action, which is one of the strategic objectives in the Child Guarantee Action Plan,[85] accounts for 5% of all reported indicators related to services (45 indicators).

Figure A E.7.Municipalities provided more than 800 indicators on access to essential services

Number of municipalities providing indicators on access to essential services and number of indicators on access to essential services by type of service

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units on indicators to monitor results at local level.

Social Action

Sixteen municipalities report 44 indicators related to social action (see Panel A in Figure A E.8). All but two indicators are outcomes (see Panel B in Figure A E.8).[86] About half of the indicators related to social action refer to children followed by the Child and Youth Protection Commissions (CPCJ),[87] 21% refer to children followed by the Social Attendance and Support Service (SAAS)[88] and 14% by Multidisciplinary Technical Support Teams (EMAT),[89] other social services account for 14% of the indicators (see Panel C in Figure A E.8). Around 70% of the indicators refer to effective access to services (e.g. No. of children and young people benefiting from municipal social measures) (see Panel D in Figure A E.8).

One third of indicators related to social action refer to Child Guarantee target groups. The main groups are children in precarious family situations (including victims of domestic violence) and children in alternative care (e.g. *No. of children and young people integrated into a temporary shelter centre*) (see Panel E in Figure A E.8).

More than two thirds of the indicators are based on data produced at the local level, and almost one fifth is based on other data sources (for example, CPCJ and EMAT), see Panel F in Figure A E.8 national data sources account for 10% of the indicators. Local administrations currently use 26% of indicators related to social action, and already have access to another 19%. Information about access to data is missing for about 20% of the indicators related to social action (see Panel F in Figure A E.8).

Almost 80% of indicators related to social action have children as their measurement unit. While high, this share is lower than the overall share for all services (96%). More than 10% of the indicators refer to administrative issues, such as procedures or entities (e.g. *No. of Promotion and Protection Cases being monitored by the CPCJ/ EMAT*), and 7% refer to number of households (see Panel G in Figure A E.8).

According to questionnaire responses, very few social action indicators can be broken down by AROPE status. Almost two thirds can be broken down by household type, 86% by the age of the child and 69% by gender. Around 52% of the indicators are available at the parish level (see Panel H in Figure A E.8).

Figure A E.8. Indicators of Social Action
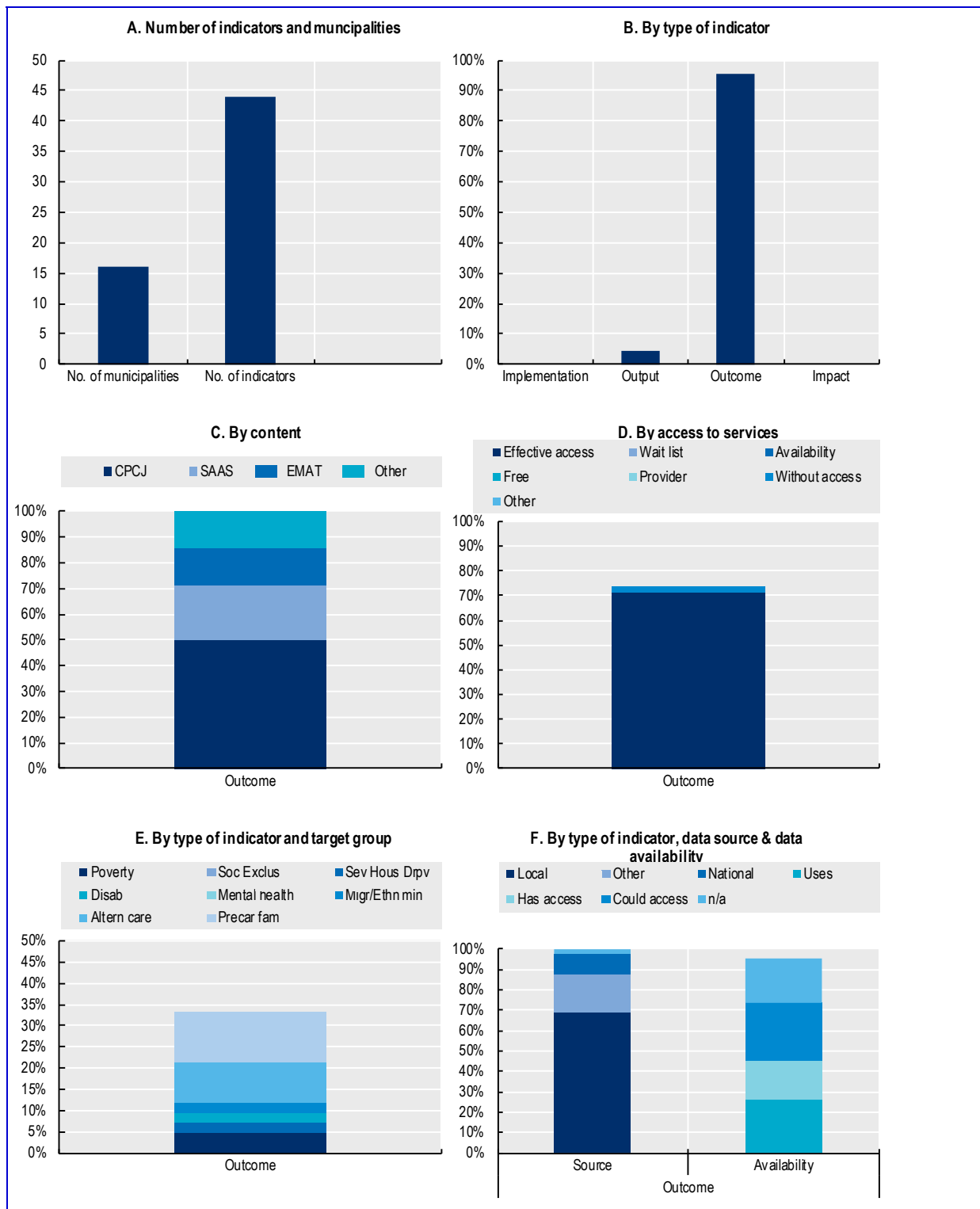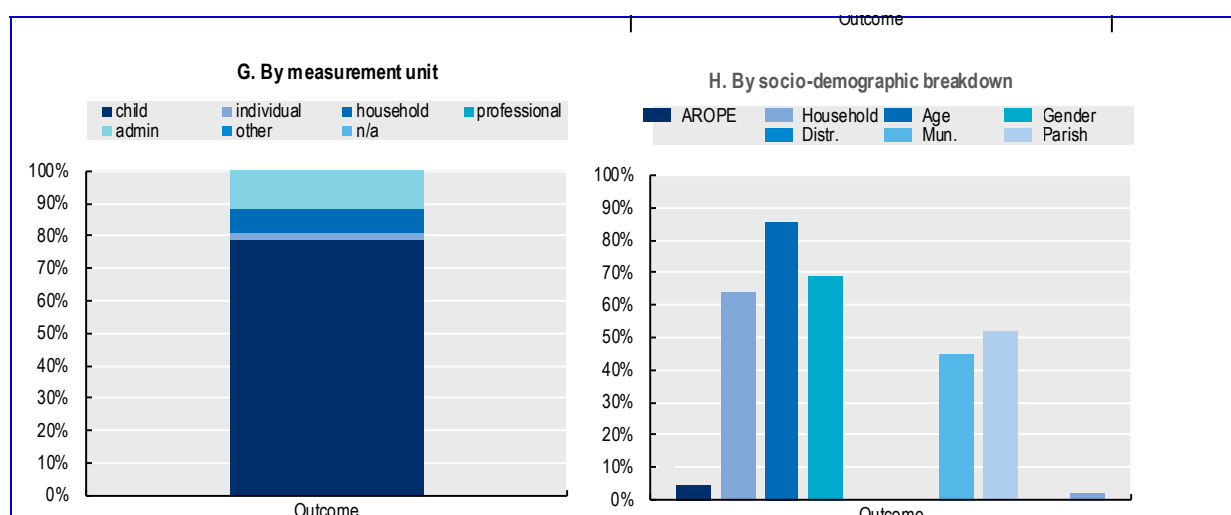
A. Number of indicators and muncipalities

B. By type of indicator

C. By content

D. By access to services

E. By type of indicator and target group

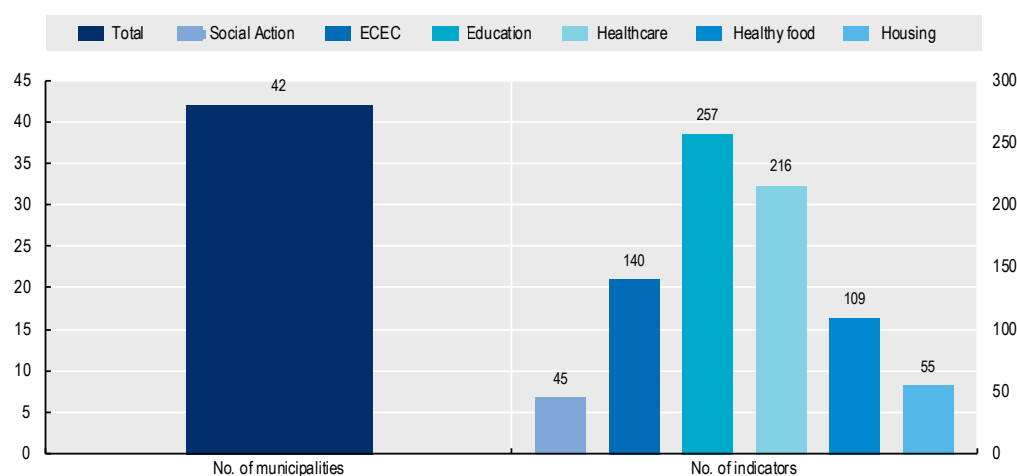**F. By type of indicator, data source & data availability**

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units(LOCAL UNITS) on indicators to monitor results at local level.

Early childhood education and care

Thirty-five municipalities report 140 indicators related to early childhood education and care (roughly 4 indicators per municipality on average), see Panel A in Figure A E.9. More than 80% of these indicators cover outcomes and 16% cover outputs (see Panel B in Figure A E.9).

More than 90% of output indicators related to ECEC refer to "Early childhood" ("Primeira Infância" in Portuguese). About 5% refer to creche, and 5% to pre-school (see Panel C in Figure A E.9). All output indicators related to ECEC refer to service availability (e.g. *No. of children in the municipality who can access early childhood services*) and a few refer to the service provider (e.g. *No. of institutions in the Solidarity Network with crèches*), see Panel D in Figure A E.9. No output indicator related to ECEC refers to a Child Guarantee target group (see Panel E in Figure A E.9).

Almost one third of output indicators related to ECEC are based on data produced at the local level, 14% are based on other data sources (e.g. the Social Charter and partner organisations of the Social Network), 18% are based on national data (mainly from Social Security), the source of data is missing for more than one third of ECEC output indicators (see Panel F in Figure A E.9). More than one quarter of the ECEC output indicators are already used by local administrations, 5% are already available and 27% could be accessible. Information about access to data is missing for more than one third of output indicators (see Panel F in Figure A E.9).

More than 80% of ECEC output indicators have children as the measurement of unit (e.g. No. of children in the municipality who can access early childhood services). Almost 15% of ECEC output indicators measure administrative (e.g. Vacancies available in nursery schools), see Panel G in Figure A E.9. According to responses, about 45% of the reported ECEC output indicators can be broken down by AROPE status and household composition. About 55% can be broken down by the age of the child and 36% by gender. Almost 60% of ECEC output indicators provide information at the municipal level and 23% at the parish level. Information about the territory is missing for 18% of the ECEC output indicators (see Panel H in Figure A E.9).

About half of outcome indicators related to ECEC refer to "Early childhood", one quarter refer to creche, and 17% to pre-school (see Panel C in Figure A E.9). More than two-thirds of outcome indicators related to ECEC refer to effective access to service (e.g. *No. of children in the municipality with access to early childhood centres*), almost 30% refer to waiting lists (e.g. *No. of children on the waiting list for crèche*), 15% refer to free access (e.g. *No. of children in the municipality aged 0-3 covered by free childcare*), see

Panel D Figure A E.9. Only 2% of outcome indicators related to ECEC refer to a Child Guarantee target group, namely children at risk of poverty using proxy variables (i.e. receiving a means-tested benefit, such as the Child Guarantee benefit), see Panel E in Figure A E.9.

About 40% of outcome indicators related to ECEC are based on data produced at the local level, 19% are based on other data sources (e.g. educational establishments and Private social solidarity institutions), 17% are based on national data (mainly from Social Security), the source of data is missing for one quarter of ECEC outcome indicators (see Panel F in Figure A E.9). Almost one quarter of the ECEC outcome indicators are already used by local administrations, 9% are already available and 37% could be accessible. Information about access to data is missing for 23% of outcome indicators (see Panel F in Figure A E.9).

Almost all ECEC outcome indicators (97%) have children as the measurement of unit. About 2% of ECEC outcome indicators measure administrative (e.g. *Average waiting time for places in nurseries and pre-schools.*), see Panel G in Figure A E.9. According to responses, about half of the reported ECEC outcome indicators can be broken down by AROPE status and household composition. About 60% can be broken down by the age of the child and 57% by gender. Around half of ECEC outcome indicators provide information at the municipal level and 37% at the parish level. Information about the territory is missing for 11% of the ECEC outcome indicators (see Panel H in Figure A E.9).
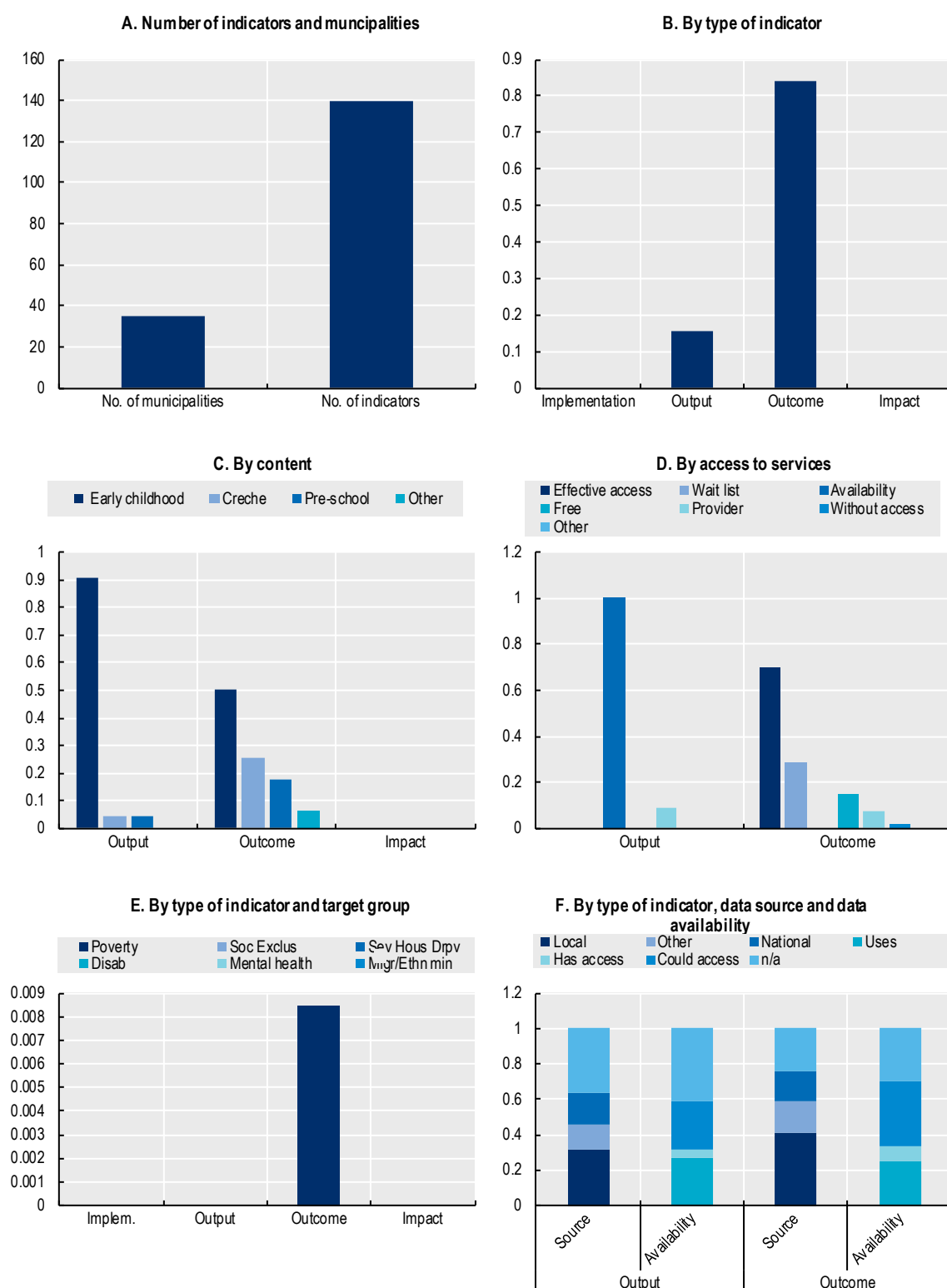
Figure A E.9. Indicators of Early childhood education and care

A. Number of indicators and muncipalities

B. By type of indicator

C. By content

Legend: Early childhood | Creche | Pre-school | Other

D. By access to services

Legend: Effective access | Wait list | Availability | Free | Provider | Without access | Other

E. By type of indicator and target group

Legend: Poverty | Soc Exclus | Sev Hous Drpv | Disab | Mental health | Migr/Ethn min

F. By type of indicator, data source and data availability

Legend: Local | Other | National | Uses | Has access | Could access | n/a

G. By measurement unit

■ child ■ individual ■ household ■ professional ■ admin ■ other ■ n/a

H. By socio-demographic breakdown

■ Household ■ Age ■ Gender ■ Distr. ■ Mun. ■ Parish ■ Other

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units(LOCAL UNITS) on indicators to monitor results at local level.

Education and school-based activities

Forty municipalities report in total 257 indicators related to education and school-based activities (on average more than 6 indicators per municipality), see Panel A in Figure A E.10). Almost two thirds of these indicators are outcomes and around one third are impact (see Panel B in Figure A E.10).

The content of education-related outcome indicators refers to the provision of services (see Panel C in Figure A E.10). One-third refers to education-related benefits, which usually include school meals as well as other benefits such as school transport and subsidies for the purchase of school material. This is the case, for example, of the School Social Action (ASE)[90], which is the benefit most mentioned among indicators of education-related benefits (e.g. *No. of children in the municipality benefiting from School Social Action*). Almost one-third refer exclusively to the provision of school meals (e.g. *No. of children in the municipality with effective and free access to at least one healthy meal per school day*). The third largest group of education-related indicators refers to extra-curricular activities (27%), and mainly includes activities carried out within the school (e.g. *No. of children in the municipality with effective and free access to activities in a school context*). Other education-related outcome indicators refer to special education.

More than 90% of education-related outcome indicators refer to effective access to services and benefits, almost 40% refer to free access and about 1% refer to children in waiting lists, and children without access (see Panel D in Figure A E.10).

Very few education-related outcome indicators refer to a Child Guarantee target group. Some refer to children at risk of poverty using a proxy variable (i.e. receiving a means-tested benefit, such as the Child Guarantee benefit) (see Panel E in Figure A E.10).

Almost 60% of education-related outcome indicators are based on data produced at the local level, almost 10% are based on other data sources (e.g. schools), 10% are based on national data (mainly from Social Security), the data source is missing for almost one quarter of the indicators (see Panel F in Figure A E.10). Only 8% of the education-related outcome indicators are currently used by municipalities, 18% are already available and 40% could be accessible, information about access to data is missing for almost one quarter of indicators (see Panel F in Figure A E.10).

Almost all indicators (99%) of education-related outcome indicators have children as the measurement of unit (e.g. *No. of children receiving activity books*). Other indicators measure administrative features such as the education level of some groups of children (see Panel G in Figure A E.10).

According to responses, 51% of education-related outcome indicators can be broken down by AROPE status. While no information is provided on how poverty and/or social exclusion would be measured, it likely to be based on the brackets of ASE, which are equivalent to those of the Family Allowance[91]. A similar share (52%) can be broken down by household composition, almost three quarters can be broken down by the age of the child and almost two thirds by gender. About 40% of the indicators are available at the municipal level and another 40% at the parish level. Information about the territory is missing for 18% education-related outcome indicators (see Panel H in Figure A E.10).

The content of education-related impact indicators refers to the engagement and performance of children in education (see Panel C in Figure A E.10). The main group of impact indicators related to education refers to school dropouts (42%), followed by absenteeism (37%), having access to education (8%) and performance (7%), see Panel D in Figure A E.10.
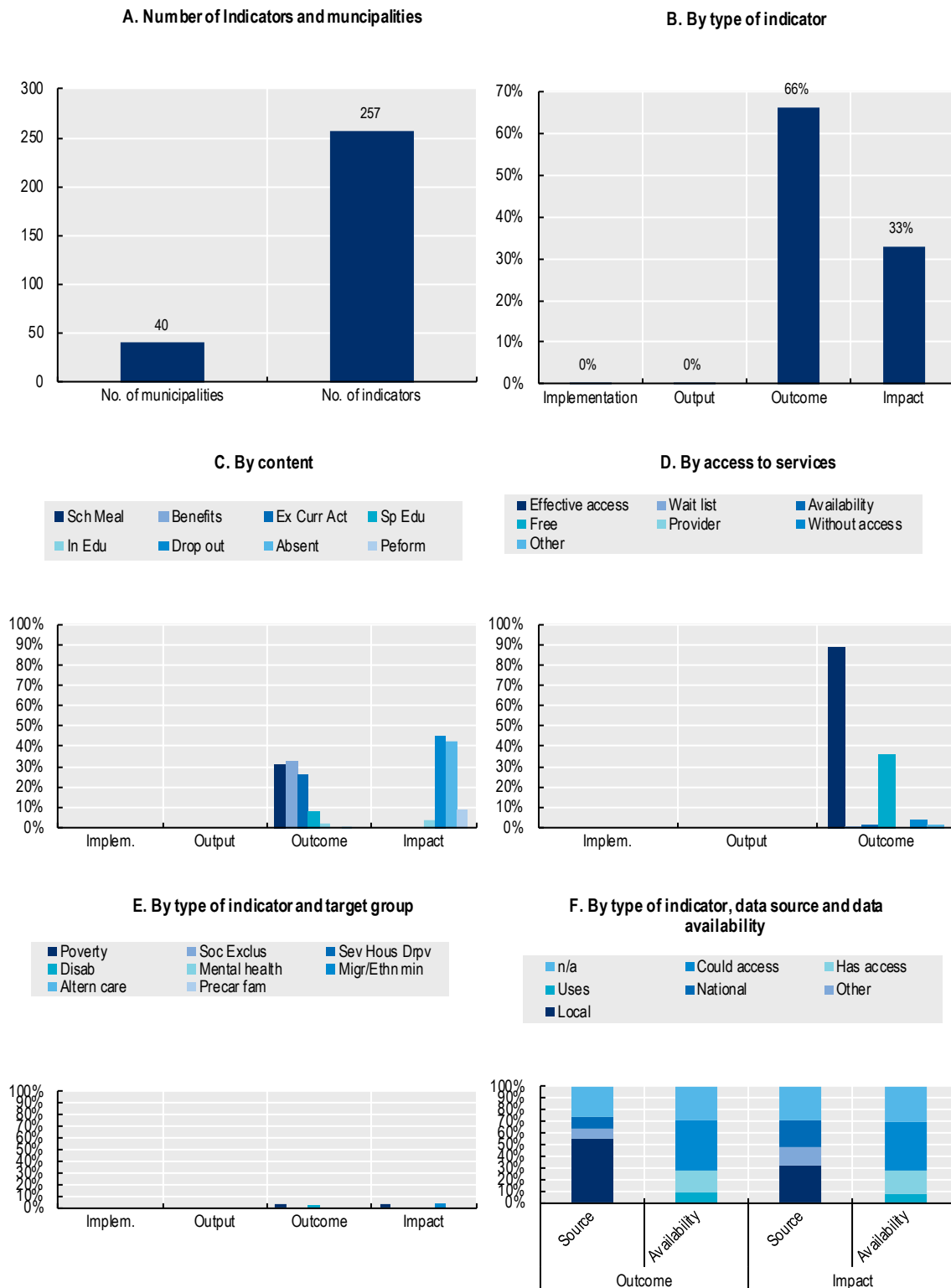
Fewer than 10% of education-related impact indicators mention a Child Guarantee target group. About 4% refer to children at risk of poverty using proxy variables such as receiving the Family Allowance and the Child Guarantee benefit (e.g. *No. of children with GPI benefit who fail school*), 4% to children with a migrant background or minority ethnic origin (e.g. *No. of children from migrant families enrolled in public schools*), see Panel E in Figure A E.10.
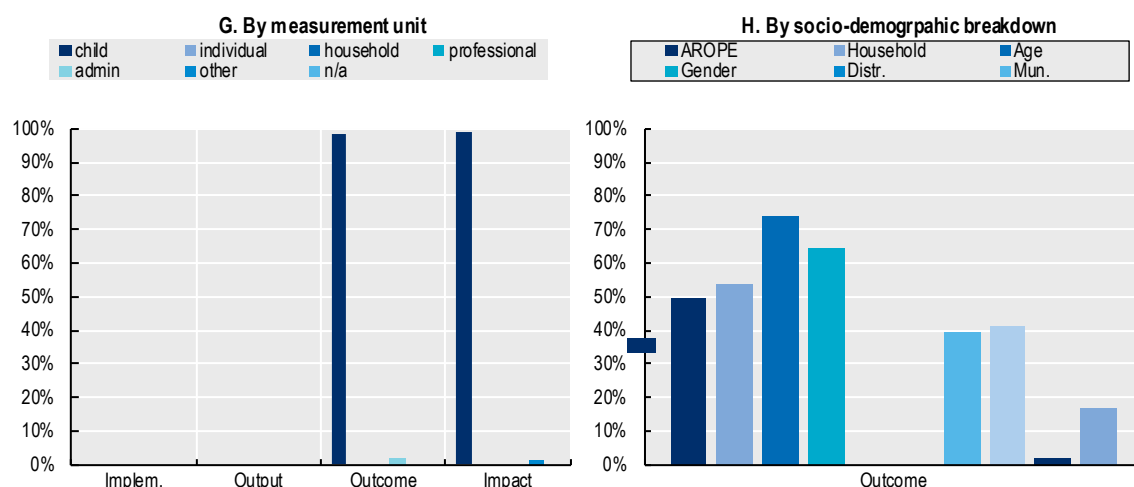
Almost one-third of education-related impact indicators are based on data produced at the local level, 15% are based on other data sources (e.g. schools), one quarter are based on national data (mainly from the National Statistics Institute and the Directorate-General for Education and Science Statistics), the data source is missing for 28% of the indicators (see Panel F in Figure A E.10). Only 7% of the education-related impact indicators are currently used by municipalities (e.g. *No. of children in the municipality with school absenteeism*), 18% are already available and 43% could be accessible, information about access to data is missing for more than one quarter of indicators (see Panel F in Figure A E.10).

Almost all indicators (98%) of education-related impact indicators have children as the measurement of unit (e.g. *No. of children who have dropped out of school.*). Other indicators measure administrative features such as the education level of children without access to education and school attendance rate (see Panel G in Figure A E.10).

According to responses, 43% of education-related impact indicators can be broken down by AROPE status. As with outcome indicators, while no information is provided on how poverty and/or social exclusion would be measured it likely that municipalities and/or school may be able to cross information with the brackets of ASE, which are equivalent to those of the Family Allowance[92]. More than half of education-related impact indicators (54%) can be broken down by household composition, 70% can be broken down by the age of the child and almost two thirds by gender. About one third of the indicators are available at the municipal level and almost half (48%) can be broken down by parish. Information about the territory is missing for 18% education-related impact indicators (see Panel H in Figure A E.10).

Figure A E.10. Indicators of education and school-based activities

A. Number of Indicators and muncipalities

B. By type of indicator

C. By content

D. By access to services

E. By type of indicator and target group

F. By type of indicator, data source and data availability

G. By measurement unit

child   individual   household   professional
admin   other   n/a

H. By socio-demogrpahic breakdown

AROPE   Household   Age
Gender   Distr.   Mun.

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units (LOCAL UNITS) on indicators to monitor results at local level.

Healthcare, health promotion, disease prevention and specialised care

Forty-two municipalities reported a total of 216 indicators related to healthcare, health promotion, disease prevention and specialised care, an average, around 5 indicators per municipality (see Panel A in Figure A E.11). Around 87% of healthcare-related indicators are outcomes and 13% are indicators of impact (see Panel B in Figure A E.11).

The content of outcome indicators can be divided in seven main groups[93]. The largest content group refers to access to a *family doctor* (25%). The "Number of children in the municipality with and without a family doctor" is the most common indicator within this group, some municipalities report the number with and the number without as separate indicators. *Specialised healthcare*[94] (except for mental healthcare which is classified separately) accounts for 23% of healthcare-related outcome indicators. *Mental healthcare*[95] accounts for 20% of outcome indicators related to healthcare, and 19% to *vaccination* coverage. Outcome indicators for *primary care* and *screening* account for 5% and 3%, respectively. *Other* healthcare-related outcome indicators include the Support Centres for Children and Young People at Risk (NACJR)[96], see Panel C in Figure A E.11. Almost 60% of healthcare-related outcome indicators refer to *effective access* and 30% to *lack of access*, 2% to *waiting lists* and 1% to *free access* (see Panel D in Figure A E.11).

Very few healthcare-related outcome indicators refer to a Child Guarantee target group, mainly to children at risk of poverty using the receipt of the Child Guarantee benefit as a proxy variable (e.g. *No. of children with GPI benefits without a family doctor*), see Panel E in Figure A E.11.

Almost 40% of healthcare-related outcome indicators are based on data produced at the local level, which is slightly lower than the overall proportion for all services (48%). On the other hand, more indicators are based national data (26%) than the overall proportion for all services (12%), see Panel F in Figure A E.11). Only 5% of the indicators are currently used by municipalities and 3% are already available, 54% indicators could be accessible, information about access to data is missing for 28% of the indicators (see Panel F in Figure A E.11).

Almost all healthcare outcome indicators (98%) have children as the measurement of unit (e.g. number of children with child psychiatric appointments). Other indicators measure administrative features (e.g. *Compliance rate with the National Child and Adolescent Health Programme*) or the overall number of

individuals, including those who are not children (e.g. *Total number of people registered at the Health Unit*), see Panel G in Figure A E.11.

According to responses, about one third of healthcare-related outcome indicators can be broken down by AROPE status and 43% by household type. Almost three-quarter of these indicators can be broken down by age and two thirds by gender. Almost half of healthcare outcome indicators are available at municipal level and 31% at the level of parishes, which is lower than for overall service indicators (41%). Only 1% of the indicators are reported at the regional level (i.e. district), and information on territory is missing for 16% of the indicators (see Panel H in Figure A E.11).

Impact indicators refer mainly to child mortality rates[97] (see Panel C in Figure A E.11). None of them refer to a Child Guarantee target group (see Panel E in Figure A E.11). A high share of them is based on data produced at the national level (48%), and their rate of use by municipalities (19%) is considerably higher than for all services (7%), see Panel F in Figure A E.11). Almost all indicators (96%) have children as the measurement of unit (see Panel G in Figure A E.11).

According to responses, about one third of healthcare-related impact indicators can be broken down by AROPE status and by household type. Half of them can be broken down by age and 44% by gender. About on fifth of them are available at the parish level (see Panel H in Figure A E.11).

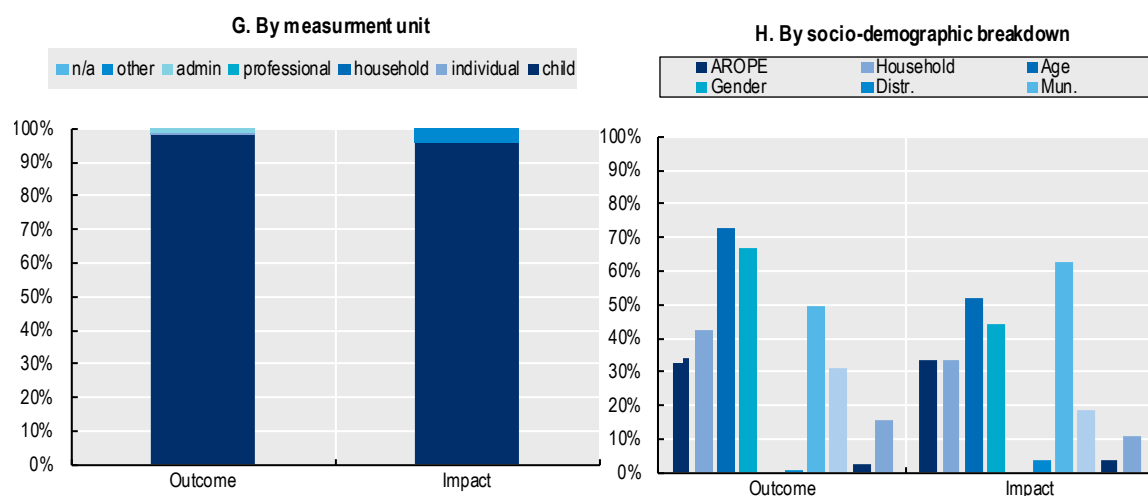# Figure A E.11. Indicators of healthcare, health promotion, disease prevention and specialised care
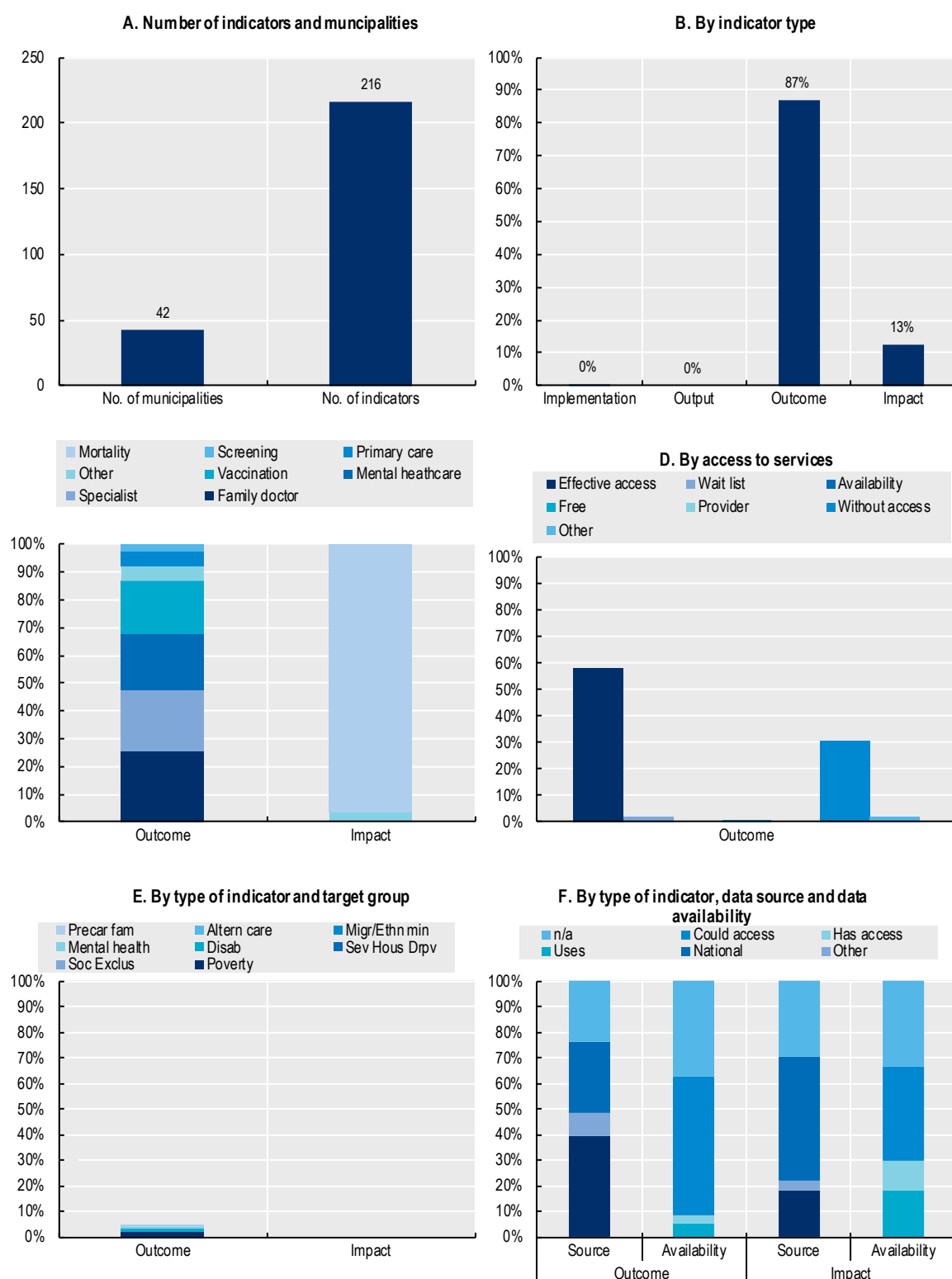
A. Number of indicators and muncipalities

B. By indicator type

D. By access to services

E. By type of indicator and target group

F. By type of indicator, data source and data availability

G. By measurment unit

n/a ■ other ■ admin ■ professional ■ household ■ individual ■ child

H. By socio-demographic breakdown

■ AROPE ■ Household ■ Age
■ Gender ■ Distr. ■ Mun.

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units(LOCAL UNITS) on indicators to monitor results at local level.

Healthy food

Thirty-eight municipalities reported a total of 108 indicators related to access to healthy food, an average, of almost 3 indicators per municipality (see Panel A in Figure A E.12). Around half of healthy food indicators are outcomes and the other half are indicators of impact (see Panel B in Figure A E.12).

The content of indicators can be divided in four main groups:

1. Food deprivation: includes issues such as lack of access to fresh fruit and vegetables or a meal; food insecurity; lack of access to healthy food; and in need of food distribution.
2. Obesity: includes overweight and in some cases malnutrition and underweight.
3. Food support: includes children and families supported by institutions of food distribution and food support, programmes of healthy food, the Operational Programme to Support the Most Deprived People (PO APMC)[98], food banks, and food vouchers.
4. Other: includes participants in awareness programmes, and children who eat a healthy diet (e.g. 5 portions of fruit and vegetables a day, or eat a meal with meat, fish or eggs at least once a day).

Almost all outcome indicators (94%) refer to food support (e.g. *Number of children in the municipality living in families supported by food distribution institutions*). Almost 60% of impact indicators refer to obesity and just under 40% to food deprivation (e.g. *No. of children in the municipality who do not have access to fresh fruit and vegetables or a meal with meat, chicken or fish at least once a day*), see Panel C in Figure A E.12.

Almost two thirds of food-related outcome indicators include content about effective access to services (e.g. No. of children receiving POAPMC food support) and to children without access (e.g. No. of children in the municipality without access to healthy food), see Panel D in Figure A E.12).

Only one outcome indicator refers to Child Guarantee target groups: children at risk of poverty using the receipt of the Child Guarantee benefit as a proxy variable (e.g. *No. of children on GPI benefits with food support*). No impact indicator refers to a Child Guarantee target group (see Panel E in Figure A E.12).

Almost half of outcome indicators related to healthy food rely on data produced at the local level, and about 20% rely on data produced by other sources (e.g. Private social solidarity institutions, such as Food banks). Only 8% of the outcome indicators related to healthy food rely on data produced at the national level. For

impact indicators related to healthy food, the share without information on data sources is considerably higher than for outcomes (38% vs 25%). The proportion based on data from local and other sources (40% and 11%, respectively) is lower than for outcome indicators, while the share of indicators based on national data is slightly higher (11%). Municipalities use very few outcome indicators related to healthy food and none of the impact indicators mentioned. Municipalities have access to 21% of outcome indicators and 11% of impact indicators (see Panel F in Figure A E.12).

About 92% of outcome indicators and all impact indicators have children as the measurement of unit (e.g. Number of overweight children). Some indicators of o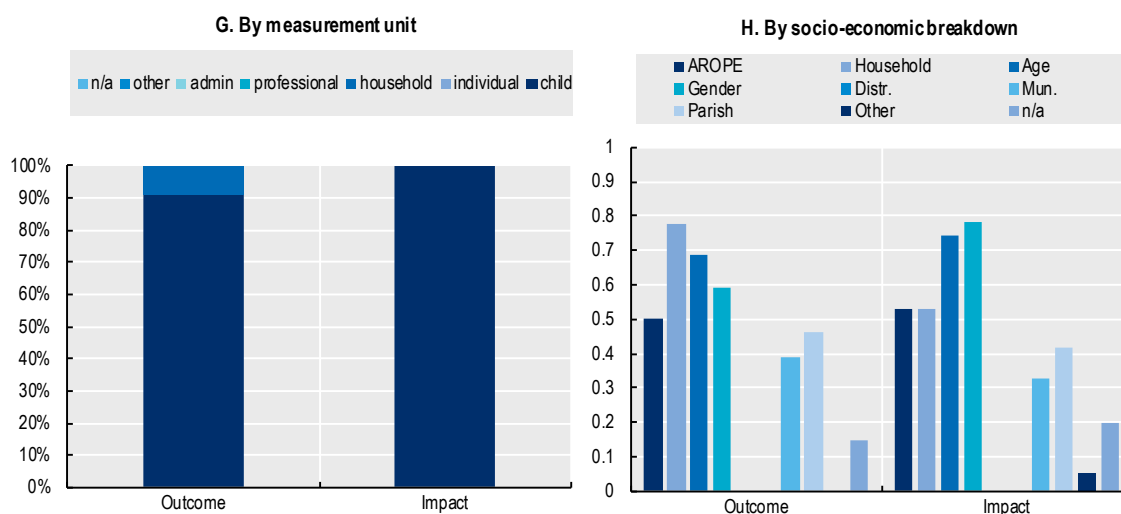utcomes measure the number of households (e.g. Families benefiting from the Food Bank), see Panel G in Figure A E.12. According to responses to the questionnaire, around half of outcomes and impact indicators related to healthy food can be broken down by AROPE status. Almost 80% of outcomes indicators can be broken down by household type, while for indicators of impact the share is 53%. Around 70% of outcomes and 75% of impact indicators can be broken down by age, while 60% of outcomes and 78% of impact indicators include information on gender. Information is available at the parish level for 47% of outcomes and 42%% of impact indicators (see Panel H in Figure A E.12).

Figure A E.12. Indicators of access to healthy food
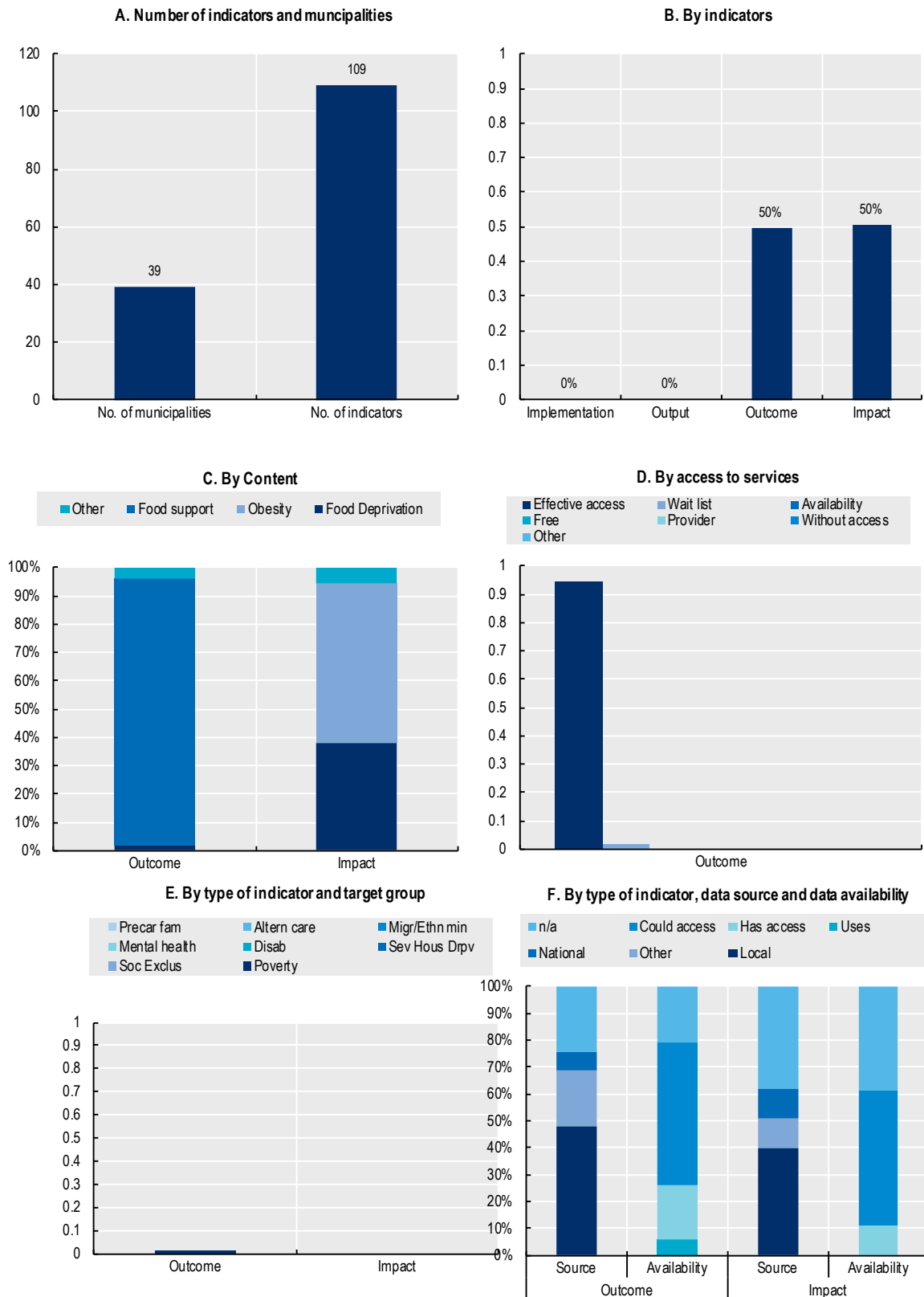
A. Number of indicators and muncipalities

B. By indicators

C. By Content

D. By access to services

E. By type of indicator and target group

F. By type of indicator, data source and data availability

G. By measurement unit

H. By socio-economic breakdown

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units(LOCAL UNITS) on indicators to monitor results at local level.

Housing

Thirty-four municipalities reported a total of 55 indicators related to housing (see Panel A in Figure A E.13). All indicators refer to outcomes (see Panel B in Figure A E.13). The content of indicators related to effective access to adequate housing can be divided in three main groups:

1. Housing benefits: includes beneficiaries of First Right[99] or other housing support programmes, as well as beneficiaries of Special Tariffs.
2. Social housing: beneficiaries of social housing programmes.
3. Rent subsidy: children living in rent-supported accommodation, living in households receiving Rent Subsidy or other rental support programmes.

More than 80% of housing-related indicators refer to social housing (e.g. *No. of children in the municipality living in social housing*), 9% refer to housing benefits and 8% to rent subsidies, see Panel C in Figure A E.13).

Almost three-quarters of housing-related indicators relate to effective access to services (e.g. *No. of children and young people whose families receive support from the Rent Allowance;*), 16% refer to waiting lists, and a very few cases refer to lack of access and other issues (see Panel D in Figure A E.13).

Fewer than 20% of the indicators refer to Child Guarantee target groups, including poverty (based on proxy variables such as being a recipient of the Child Guarantee benefit), and severe housing deprivation (based on proxy variable related to overcrowded accommodation). One municipality reports two indicators of children living in social housing, one with migrant background and another with ethnic minority (Roma) background (see Panel E in Figure A E.13).

Three quarters of the indicators related to housing are based on data produced at the local level, and no housing-related indicator reported in the questionnaire is based on data produced at the national level. The data source is missing for one quarter of the indicators. Very few municipalities use indicators related to housing, although one third of the indicators are already available and 35% could become available. Information on data availability is missing for 31% of housing-related indicators (see Panel F in Figure A E.13).

Almost 90% of housing-related indicators have children as the measurement of unit. Some indicators measure the number of households (e.g. *No. of families with children in social housing*), and other administrative issues (e.g. *No. of applications for social housing,* and *Average waiting time for social housing*) see Panel G in Figure A E.13.

According to questionnaire responses, more than 60% of the indicators related to housing can be broken down by AROPE status, and more than 80% by household type. Almost three quarters can be broken down by age and two thirds by gender. Housing-related indicators include information at the parish level in 55% of the cases (see Panel H in Figure A E.13).

Figure A E.13. Indicators related to effective access to adequate housing
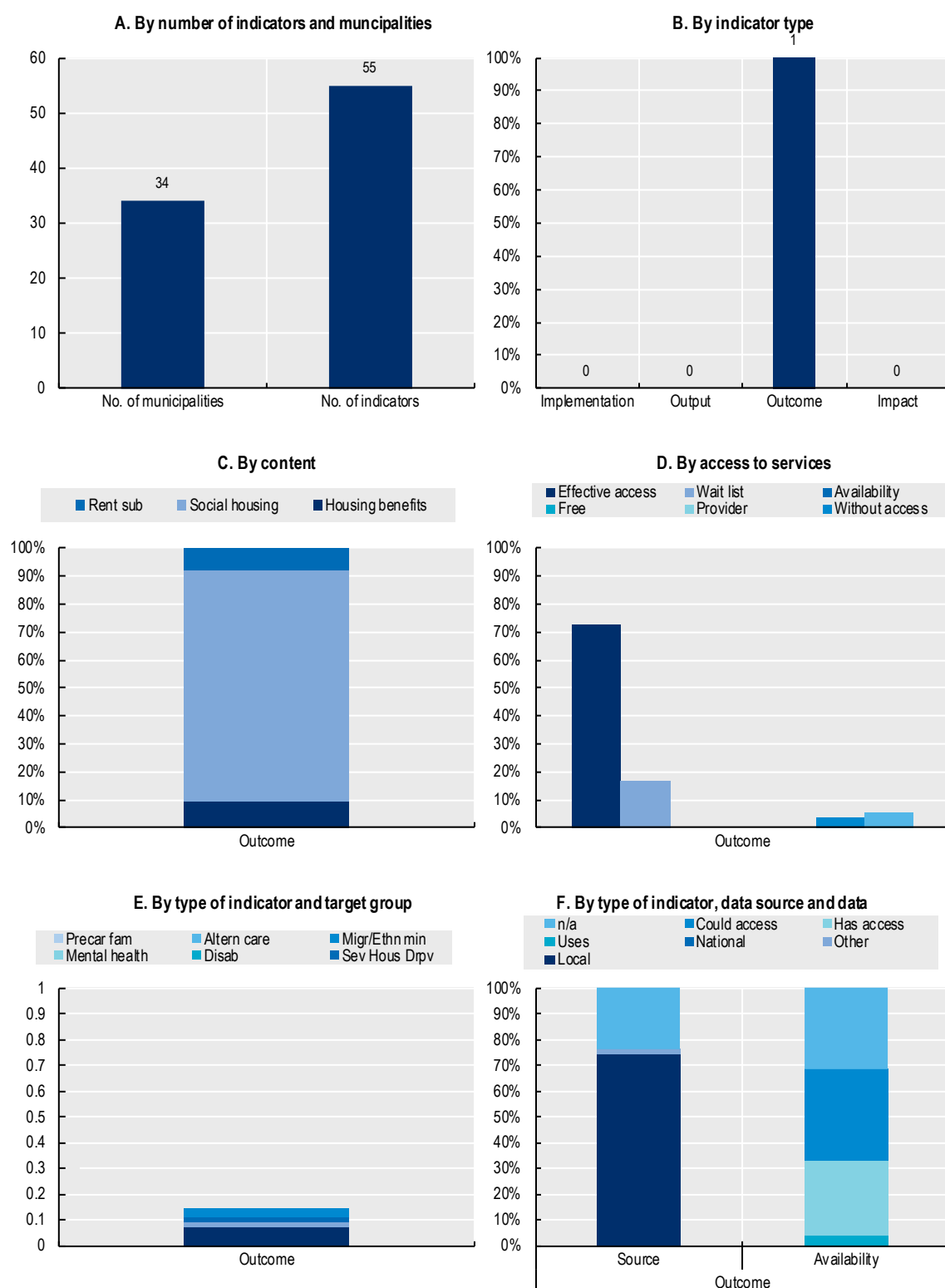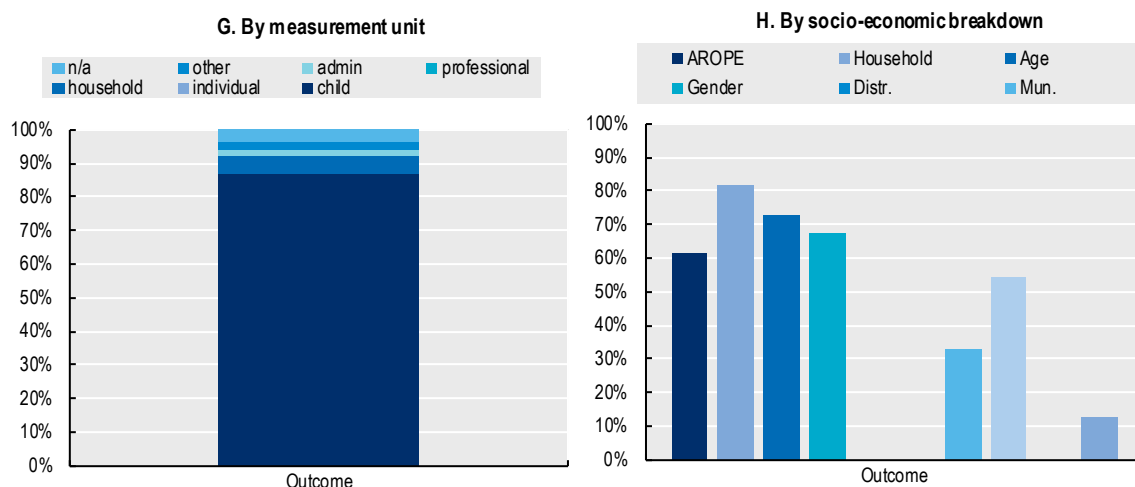
A. By number of indicators and muncipalities

B. By indicator type

C. By content

D. By access to services

E. By type of indicator and target group

F. By type of indicator, data source and data

G. By measurement unit

H. By socio-economic breakdown

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units(LOCAL UNITS) on indicators to monitor results at local level.

Unmet needs

Indicators of unmet needs are crucial to monitor progress of the implementation of the Child Guarantee as they highlight gaps between current performance and stakeholder expectations, enabling proactive problem-solving. By monitoring these indicators, the Local Units can identify deficiencies early, allocate resources effectively, and ensure alignment with project objectives. These indicators can support continuous improvement, accountability, and informed decision-making, helping to prevent escalation of issues and maintain stakeholder satisfaction, ultimately driving project success.

Some indicators reported in the questionnaire refer to unmet access to essential services. However, the distribution is uneven across the type of service. Indicators of unmet needs are more common for healthcare and early childhood care and education, followed by health food and housing. There are very few indicators of unmet needs for education and social action (see Table A E.6).

For social action, there is only one indicator of unmet needs, which refers to children with or without follow-up by SAAS. For early childhood care and education, there are 36, 34 referring to waiting lists (28 for early childhood services, 5 for creche and 1 for creche and pre-school) and 2 for lack of access (1 for early childhood services and 1 for creche). For education, there are 7 indicators of unmet needs, one for children in waiting lists for extracurricular activities and 6 without access (4 without access to education, 1 without access to services for special needs and 1 without access to extracurricular activities). There are no indicators of unmet needs regarding education-related benefits or school meals.

For healthcare, 60 indicators of unmet needs were reported. Of them 57 relate to lack of access (40 to family doctor, 14 to specialists, 2 to primary care and 1 to mental health services) and 3 to waiting lists for specialists. No indicator was reported regarding access to health screenings or vaccination. For healthy food, 17 indicators of unmet needs were reported, 16 for lack of access to healthy meals and 1 for waiting lists for food support. For housing, 11 indicators were reported, 9 for waiting lists for social housing, 1 for refused social housing application and 1 for not benefiting of subsidised rental support.

Since indicators of unmet needs may also be computed by subtracting the number of children with access from the total number of children, Table A E.6 also shows the number of indicators reported in the questionnaire that refer to access to and availability of essential services.

Table A E.6. Indicators of unmet needs were unevenly reported across essential services.

Number of indicators reported in the questionnaire referring to unmet needs (waiting lists and without access) and to access and availability of essential services, by type of service and service tags.

Essential service	Service tag	Unmet	Wait list	Without access	Access/availability
Social Services					
	[SA. CPCJ]	0	0	0	15
	[SA. SAAS]	1	0	1	8
	Other	0	0	0	9
Early childhood education and care					
	[EC. Early childhood]	29	28	1	54
	[EC. Creche]	6	5	1	20
	[EC. Creche] [EC. Pre-school]	1	1	0	5
	[EC. Pre-school]	0	0	0	11
	Other	0	0	0	14
Education					
	[ED. Ben]	0	0	0	43
	[ED. Ext Curr Act]	2	1	1	42
	[ED. In Edu]	4	0	4	2
	[ED. School meal]	0	0	0	46
	[ED. Special education]	0	0	0	12
	Other	1	0	1	18
Healthcare					
	[HC. family doctor]	40	0	40	33
	[HC. mental]	1	0	1	34
	[HC. primary care]	2	0	2	5
	[HC. screening]	0	0	0	4
	[HC. specialist]	17	3	14	20
	[HC. Vaccination]	0	0	0	2
	Other	0	0	0	9
Health food					
	[FD food deprv]	16	0	16	0
	[FD support]	1	1	0	48
	Other	0	0	0	4
Housing					
	[HO. Social housing]	10	9	1	32
	Other	1	0	1	8

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units on indicators to monitor results at local level.

Best practices

Taken as whole, the collection of indicators reported in the questionnaire suggest a strong potential for the NGPLI to learn from each other to improve the consideration of children in need in the Social Diagnoses and ultimately to strengthen monitoring of the Child Guarantee at the local level. According to Table A E.7, there is at least one indicator for each essential service whose description refers to the access of children in need. In total, they make up 33 indicators – 16 refer to "poor" children, 15 to specific disadvantages and 2 to a combination of poverty and specific disadvantage. Indicators related to "poor" children refer to being a beneficiary of a means-tested benefit (mainly the Child Guarantee benefit) and cover all essential services by providing at least one indicator (1 for social action, 1 for ECEC, 8 for education, 3 for healthcare, 1 for food and 2 for housing).

Indicators of special disadvantages refer to children with disabilities, mental health issues, of migrant or ethnic background, in alternative care or in precarious family situation. Combined they cover all essential services, except for ECEC and healthy food.

Different types of service characteristics are covered in the case of education (benefits, extracurricular activities, performance and special education) and health (family doctor, primary care, mental healthcare). Most indicators refer to effective access, but several account for unmet needs (no access or in waiting list) and two refer to the type of service provider.

These indicators result from responses from 11 different Local Units, suggesting that the peer-learning process would benefit from significant local diversity. One potential drawback, however, is that most of these indicators are not currently used or accessed by Local Units.

Table A E.7. Relevant indicators for monitoring the Child Guarantee that are currently used or could be accessed by some Local Units

List of indicators reported in the questionnaire

Children in need	Strategic Objective	Type of Service	Type of Access to service	Indicator description (Portuguese)	Indicator description (English)	[Data availability]
[aa) Poor]	S04 - social action	[SA. SAAS]	[Effective access]	Nº de crianças em agregados com RSI ou SAAS.	No. of children in RSI or SAAS households.	Already uses
	S05 - early childhood	[EC. Creche]	[Without access]	Nº de crianças com prestação GPI sem acesso a creche.	No. of children with GPI benefit without access to a crèche.	Could have access
	S06 - education	[ED. Ben]1	[Effective access]	Nº de crianças com prestação GPI com Ação Social Escolar.	No. of children on the GPI benefit with School Social Action.	Could have access
	S06 - education			Nº de crianças com prestação GPI com acesso ao material escolar.	No. of children on the GPI benefit with access to school materials.	Could have access
	S06 - education	[ED. Ext Curr Act]	[Effective access]	Nº de crianças com prestação GPI com Atividades Extracurriculares.	No. of children on the GPI benefit with extracurricular activities.	Could have access
	S06 - education			N.º de crianças integradas em atividades lúdicas e recreativas beneficiárias de abono do 1.º e 2.º escalão.	No. of children taking part in leisure and recreational activities benefiting from the 1st and 2nd tier allowance.	Has access
	S06 - education	[ED. Performance/failure]	[Effective access]	Nº de crianças com prestação GPI com Insucesso Escolar.	No. of children on the GPI benefit with school failure.	Could have access
	S06 - education			nº de crianças que realizaram planos de recuperação por nível de ensino, faixa etária e escalão de com abono de família.	No. of children who have completed recovery plans by level of education, age group and family allowance bracket.	n/a
	S06 - education			nº de crianças que transitaram de ano com 2 notas negativas por nível de ensino, faixa etária e escalão com abono de família.	No. of children who passed the year with 2 negative marks by level of education, age group and family allowance bracket.	n/a
	S06 - education	[ED. Special education]	[Effective access]	Nº de crianças com prestação GPI com Acesso ao Apoio ao estudo.	No. of children with GPI benefit with access to study support.	Could have access

Children in need	Strategic Objective	Type of Service	Type of Access to service	Indicator description (Portuguese)	Indicator description (English)	[Data availability]
	S07 - health	[HC. family doctor]	[Without access]	Nº crianças com prestação GPI sem consultas de saúde infantil.	No. of children on GPI benefit without child health appointments.	n/a
	S07 - health			Nº crianças com prestação GPI sem médico de família.	No. of children with GPI benefit without a family doctor.	Could have access
	S07 - health	[HC. Other]	[Effective access]	Nº jovens com prestação GPI sem consulta de planeamento familiar com.	No. of young people on GPI benefit without a family planning appointment.	Could have access
	S08 - food	[FD support]	[Effective access]	Nº de crianças com prestação GPI com apoio alimentar.	No. of children on GPI benefit with food support.	Could have access
	S09 - housing	[HO. Social housing]	[Wait list]	Nº de crianças com prestação GPI a aguardar Habitação Social.	No. of children on GPI benefit awaiting social housing.	Could have access
	S09 - housing	Other	[Effective access]	Nº de crianças com prestação GPI com AF com apoios à habitação.	No. of children on GPI benefit with PA with housing support.	Could have access
[aa) Poor] [bb) disabilities;] [bc) mental health issues;]	S07 - health	[HC. mental]	[Without access]	Nº crianças com prestação GPI com incapacidade/saúde mental sem acompanhamento especializado.	No. of children on GPI benefits with a disability/mental health without specialised support.	Could have access
[aa) Poor] [be) alternative care]	S04 - social action	[SA. Other]	[Effective access]	Nº de crianças com prestação GPI em estrutura de acolhimento.	No. of children with GPI benefits in foster care.	Could have access
[ba) severe housing deprivation]	S09 - housing	[HO. Social housing]	[Wait list]	N.º de crianças no município que vivem num agregado familiar sobrelotado, com pedido de habitação.	No. of children in the municipality living in an overcrowded household with a request for housing.	Has access
[bb) disabilities;]	S04 - social action	[SA. Other]	[Effective access]	N.º de crianças com deficiência que beneficiam de apoios específicos da CMM.	No. of children with disabilities benefiting from specific support from CMM.	Other
	S06 - education	[ED. Other]	[Without access]	Percentagem de crianças com dificuldades de aprendizagem não atendidas.	Percentage of children with learning difficulties not being attended to.	Could have access
	S07 - health		[Effective access]	Nº total de inscritos menores com incapacidade devido a deficiência ou patologia crónica.	Total number of registered minors with a disability or chronic pathology.	n/a
[bd) migrant or ethnic minority]	S04 - social action	[SA. CPCJ]	[Effective access]	Crianças/jovens acompanhadas CPCJ por nacionalidade.	Children/young people accompanied by CPCJ by nationality.	Already uses
	S06 - education	[ED. In Edu]	[Provider]	n.º de crianças provenientes de comunidades ciganas matriculadas em escolas públicas por nível de ensino e sexo.	No. of children from Roma communities enrolled in public schools by level of education and gender.	n/a
	S06 - education			n.º de crianças provenientes de famílias migrantes matriculadas em escolas públicas por nível de ensino e sexo.	No. of children from migrant families enrolled in public schools by level of education and gender.	n/a
	S09 - housing	[HO. Social housing]	[Effective access]	N.º de crianças de etnia cigana residentes em habitação social.	No. of Roma children living in social housing.	Could have access

Children in need	Strategic Objective	Type of Service	Type of Access to service	Indicator description (Portuguese)	Indicator description (English)	[Data availability]
	S09 - housing			N.º de crianças migrantes residentes em habitação social.	No. of migrant children living in social housing.	Could have access
[be) alternative care]	S04 - social action	[SA. CPCJ]	[Effective access]	N.º de crianças no concelho com medida aplicada pela CPCJ "Acolhimento Residencial".	No. of children in the municipality with a measure applied by the CPCJ 'Residential Foster Care'.	Has access
	S04 - social action	[SA. Other]	[Effective access]	N.º de crianças e jovens integradas na resposta Centro de Acolhimento Temporário.	No. of children and young people integrated into the Temporary Reception Centre.	Could have access
	S04 - social action			Nº de crianças acolhidas em instituição.	No. of children in institutional care.	Could have access
[bf) precarious family situation]	S04 - social action	[SA. CPCJ]	[Effective access]	N.º de crianças vítimas de viol~encia doméstica sinalizadas pela CPCJ, por sexo.	No. of child victims of domestic violence signaled by the CPCJ, by gender.	Other
	S04 - social action			N.º de crianças no Concelhosinalizadas por ECPCBEDC - Violência Doméstica na CPCJ.	No. of children in the municipality signaled by ECPCBEDC - Domestic Violence at the CPCJ.	Has access
	S07 - health	[HC. primary care]	[Effective access]	Número de adolescentes grávidas acompanhadas.	Number of pregnant teenagers monitored.	n/a

Source: Elaborated by the OECD based on information from the Questionnaire to Child Guarantee Local Units

Data collection and exchange between national and local government

As already discussed, the Local Units have expressed concerns about their ability to process information into quantitative data. The provision of standardised templates by the Child Guarantee National Coordination could contribute to building capacity for data processing at the local level. These templates would not only standardise data collection processes, but also help ensuring the consistency and comparability of data across municipalities. Furthermore, most municipalities would welcome such initiative.

Collection and harmonisation of local data

The National Coordination of the Child Guarantee is developing the "Family Consultation Grid", which is a standardised tool for assessing the living conditions of children and young people living in extreme poverty or on the poverty line. The tool is to be applied by social intervention professionals to families with children and young people living in extreme poverty, on the poverty line and/or in a situation of social exclusion, with the aim of identifying barriers to children and young people's access to food, education, housing, and health. The information collected would play a crucial role in preparing future Social Diagnoses and in the monitoring of the Child Guarantee at the local level. Furthermore, the information will enable professionals to structure and implement targeted social interventions (Coordenação Nacional Garantia para a Infância, 2024[110]).

Social intervention professionals, in conjunction with Child Guarantee Local Units, are responsible for applying this grid. These professionals must ensure that information is collected in a participatory way, in the context of social care or home visits, actively involving families so that the diagnosis reliably reflects the reality experienced by this segment of the population. The tool may initially be applied to recipients of

the Child Guarantee Benefit[100], since as part of the project "Integrated Social Monitoring of Children GPI", all children benefiting from the Child Guarantee Benefit must be monitored by social intervention professionals (Coordenação Nacional Garantia para a Infância, 2024[110]).

Designed in Excel, the tool contains several worksheets collecting information of the following assessment areas:

- **Child characteristics**: age, gender, parish of residence, specific vulnerability (experiencing severe homelessness, with disabilities, with mental health problems, immigrant in a regular situation, immigrant in an irregular situation, from ethnic minorities (e.g. Roma), in precarious family situations).

- **Early childhood care:** Assessment of attendance, free access to crèche, barriers felt in the quality of the service (e.g. adequacy of human resources, adequacy of facilities and material resources, quality of meal provided, support for the purchase of teaching materials, support for clothing, access to transport support).

- **Pre-school education**: Assessment of attendance, free access to pre-school, barriers felt in the quality of the service (e.g. adequacy of human resources, adequacy of facilities and material resources, quality of meal provided, support for the purchase of teaching materials, support for clothing, access to transport support).

- **Education:** Assessment of school attendance, learning conditions, free access to school meals, access to school support, access to educational resources, and other barriers that may jeopardise children's education.

- **Extracurricular activities:** Effective and free access to activities in the school context (study visits, recreational, cultural and sporting activities), effective and free access to activities in the community (recreational, cultural and sporting activities), identification of barriers to effective and free access to leisure activities (e.g. activities are not completely free, activities not available in area of residence, difficulties finding transport, unaware of the availability of activities).

- **Healthcare:** Analysis of children's health conditions, including access to health services, medicines, preventive care, and necessary treatments.

- **Housing:** Assessment of housing conditions, such as safety, adequate space for the characteristics and needs of children and young people, and identification of barriers to effective access to housing (e.g. in temporary accommodation for more than 3 months, does not benefit from support measures to combat energy poverty or improve living conditions, does not have adequate accessibility (disability), does not benefit from prioritised and timely access to social housing or housing assistance).

- **Food:** Analysing access to food, as well as access to healthy food and barriers identified to effective access to healthy eating (e.g., family does not value the importance of healthy eating due to lack of information/access to appropriate support, family does not have any support programmes near their area of residence, support programmes available are not the most suitable for children).

The tool also collects information on household characteristics, access to social protection benefits and social action. Systematising the data obtained through this tool allows for a broader understanding of the phenomenon of child poverty at a local level. At the same time, with this information, the Local Units will be able to diagnose and plan more effectively and implement the most efficient social intervention, adapted to the concrete needs of children and their families (Coordenação Nacional Garantia para a Infância, 2024[110]).

Data exchange between national and local government

As discussed in section 0, no data available in Portugal can measure child poverty according to the concept of 'at risk of poverty and social exclusion rate' at the local level. The most feasible alternative data currently available are the number of children receiving means-tested benefits (in particular the Family Allowance). Despite some methodological differences,[101] this information may be used as an approximation for the analysis of the phenomenon of children poverty at municipal level.

Municipalities have limited access to information about recipients of Family Allowance and other means-tested benefits that are administrated by national government, in particular the Social Security Institute. Municipalities may be granted access to the Social Security's information system (SISS) to obtain information about children receiving social benefits, however each consultation only allows access to information about a specific child using their identification information. From this information, municipalities cannot have a list of children who receive these benefits in the municipality.

As an alternative to recipients of Family Allowance, municipalities may use information based on recipients of means-tested services such as School Social Action (ASE). These services are locally administered and include as one of their eligibility criteria being a beneficiary of the Family Allowance. As shown in previous section, this is the information that most municipalities use to measure child poverty at the local level. However, ASE is only available for children attending school (hence, by definition it does not cover children under 3 years of age, as well as children under 6 years of age not attending pre-school). Furthermore, in order to receive ASE, families need to apply for it at the school, contrarily to the Family Allowance, which is automatically assigned (MTSSS, 2024[111]). Hence, not all recipients of Family Allowance may apply for ASE due to lack of information or stigma.

Following work carried out by the Child Guarantee National Coordination Unit, municipalities also have access to the list of local recipients of the Child Guarantee Benefit who have or have had social action proceedings. In these cases, municipalities that have a Local Unit receive lists that allow them to identify these households[102]. Several municipalities use this information to measure "extreme poverty"[103]. However, its coverage of this benefit is very limited. At the national level, the Child Guarantee Benefit covers 136 487 households only, while the Family Allowance is received by 1 047 811 households (267 192 in the first income bracket, 330 060 in the second, 374 069 in the third, and 76 490 in the fourth) (Ministério do Trabalho, Solidariedade e Segurança Social, 2024[112]).

Local-level statistics on the recipients of Family Allowance are also limited. The Ministry of Labour, Solidarity and Social Security's statistical website publishes annual and monthly data on recipients of Family Allowance with breakdowns by age, gender, and income brackets. However, the information is only available by district, not by municipality (Ministério do Trabalho, Solidariedade e Segurança Social, 2024[112]). The data portal PORDATA publishes the annual number of recipients and of children who benefit from the Family Allowance by municipality (PORDATA, 2024[113]). However, the information is provided without any breakdown, which makes it unsuitable for child poverty analysis as it includes recipients whose age is beyond 17 years and whose household income may be in brackets well above the poverty line.

Improving the access of Local Units to data on recipients of means-tested benefits, in particular the Family Allowance, should be considered. Ideally, data access should be provided at the micro (individual) level so that Local Units could not only identify and characterise child poverty at the local level, but also use the information to monitor their access to essential services. Since this may contradict current data protection rules and practices, its implementation may require changes in legislation and, therefore, take a long time. In the interim, the Ministry of Labour, Solidarity and Social Security should consider publishing (or at least sharing with Local Units) detailed local level statistics on the recipients of Family Allowance.

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Notes

[1] Income levels.

[2] Council of Ministers Resolution No. 34/2025, of 28 February.

[3] It is important to highlight that following the approval of the EUDCJ the National Strategy for Children's Rights is no longer in force.

[4] In fact, there are two metropolitan areas (Porto and Lisbon) and 21 CIMs. The CIMs operate at the NUTS 3 level and promote intermunicipal cooperation by managing tasks that benefit areas beyond individual municipalities.

[5] Children in need refer to children at risk of poverty or social exclusion or experiencing a specific form of disadvantage, including homelessness, mental health difficulties or a disability, being in alternative care, from a migrant or ethnic minority background, and in a precarious family situation.

[6] "Specificity" is one of the criteria highlighted by SMART indicators are a widely used framework for setting and evaluating objectives and performance metrics. To be considered SMART, an indicator should be Specific, clearly defining what is being measured; Measurable, quantifiable to track progress; Achievable, realistic and attainable within the given context; Relevant, aligned with overall goals and objectives; and Time-bound, having a clear timeline for achievement. These criteria ensure that indicators are well-defined, trackable, practical, and aligned with strategic goals, making them effective tools for monitoring progress and driving success.

[7] Policy-amenable indicators are measurable factors that policymakers can influence through interventions, regulations, or programs to achieve the desired outcomes.

[8] This indicator measures the share of children suffering from an enforced lack of at least three of 17 items , including child-specific items relating to food and nutrition, clothing and footwear, social activities, leisure activities, and a few household-level items such as whether the household can afford or not to: avoid arrears; have adequate warmth in home; have (access to) a car for private use; replace worn-out furniture; and have an internet connection at home. The adoption of this indicator in March 2018 follows the work by (Guio et al., 2017[118]),which establishes consistently high levels of reliability of this indicator. The child-specific material deprivation rate (CSMDR) is also included in the set of indicators proposed by the Social Protection Committee to monitor social inclusion at EU level.

[9] The PAGPI also includes indicators of poverty intensity and poverty severity for families with children.

[10] The AROPE (At Risk of Poverty or Social Exclusion) child poverty measure in the European Union refers to the percentage of children (aged 0-17) living in households that meet at least one of the following three conditions: living in a household with an income below 60% of the national median equivalized disposable income after social transfers; living in a household with very low labour intensity; or experiencing severe material and social deprivation.

[11] The ECG indicators ask about enforced lack of access to at least one meal with meat, chicken, fish (or vegetarian equivalent) per day. The current PAGPI indicator asks about household not able to afford a meal with meat, chicken, fish (or vegetarian equivalent) every second day.

[12] Only one of the indicators for early education (i.e. 0-3-year-olds participation in formal childcare) can be disaggregated to identify children at risk of poverty of social exclusion. Indicators for participation in compulsory education are more informative as some can be disaggregated to provide information for children in need. For example, the transition rate between primary and secondary school can disaggregated to identify children from a migrant background and there are a number of indicators capturing the engagement of children from a Roma background in education. Nevertheless, it would be important that indicators capturing measures to promote free access to education, for example, the indicator on the number of children covered by free textbooks, could identify children by socio-economic background, at a minimum.

[13] In Portugal, the Family Allowance for Children and Young People is available to families with children up to 16 years old (or older if enrolled in education), provided they reside in Portugal, have a household income within the defined thresholds (up to the 3rd or 4th bracket depending on circumstances), and possess financial assets below EUR 122 222.40. Children must not be engaged in professional work, and a Prenatal Family Allowance is available from the 13th week of pregnancy under similar conditions. Eligibility and benefit amounts may change, so checking with Portuguese Social Security is recommended.

[14] GUIDE (Growing Up In Digital Europe: EuroCohort) will be Europe's first comparative birth cohort survey, a Research Infrastructure that will be an important source of high quality longitudinal statistical evidence to support the development of social policies which will enhance the wellbeing of children, young people and their families across Europe for many years to come. GUIDE/EuroCohort will be an accelerated cohort survey including a sample of newborn babies as well as a sample of school age children both cohorts will be surveyed using a common questionnaire and data collection methodology at regular intervals until the age of 24. The data will be used by a broad community of researchers including health, child development, psychology, sociology, demography and economics. In Portugal, the Instituto Universitário de Lisboa (ISCTE) is responsible to develop it (https://ciencia.iscte-iul.pt/projects/growing-up-in-digital-europe-preparation-phase/1790).

[15] A monthly cash benefit that supplements the family allowance for children and young people, ensuring a total payment of EUR 122 (including the family allowance amount). The benefit is available for children and young people belonging to households that are in a situation of extreme poverty, meaning those whose reference income is less than EUR 2 495,37 in 2024 (formula: 0,35 x IAS x 14, considering that the Social Support Index (IAS) in 2024 was set at EUR 509,26).

[16] Apart from setting up the system of Local ECG Units across mainland Portugal.

[17] Every two years, a report detailing the progress of PAGPI must be approved by the Ministry of Labour, Solidarity and Social Security and submitted to the Commission. The biennial report is the only regularly mandated report required by the legislation supporting the Child Guarantee, apart from a final implementation report due by May 2031 (Council of Ministers, 2023[42]).

[18] Council of Ministers Resolution No. 184/2021, of December 29.

[19] Council of Ministers Resolution No. 3/2023, of January 17.

[20] Council of Ministers Resolution No. 126/2023, of October 17.

[21] Originally, there were 76 measures, with 12 more introduced alongside the biennial report.

²² The website is available on https://www.garantiainfancia.gov.pt/inicio.

²³ For more information on the AROPE, see Eurostat's definition here.

²⁴ In the Action Plan, the term Targets ("Metas" in Portuguese) is used to refer both to "Targets by Strategic Objective" and "Targets by Measure". To avoid confusion, "Targets by Strategic Objective" are referred in this chapter as "Goals" and "Targets by Measure" as "Targets".

²⁵ The number of Goals, Measures and Indicators has been revised in 2024 Biennial Report that the Portuguese Child Guarantee presented to the European Commission (Coordenação Nacional Garantia para a Infância, 2024[85]).

²⁶ See Council of Ministers Resolution No. 3/2023.

²⁷ The Barcelona Targets recommend that by 2030 (1) "at least 45 % of children below the age of three participate in ECEC according to EU SILC data", and (2) "at least 96 % of children between the age of three and the starting age for compulsory primary education should participate in ECEC".

²⁸ Indicators i21 and i22 were added to the Portuguese Child Guarantee in its 2024 Biennial Report.

²⁹ Section 3.1 "Cuidados na Primeira Infância" mentions that "by December 2023, more than 11 000 children in the private sector were covered by free education".

³⁰ Section 3.1 "Cuidados na Primeira Infância" mentions that the application of a decree has increased the number of ECEC places by 11,143 until February 2024.

³¹ The Action Plan does not include Goals for the Strategic Objectives 11 and 12.

³² As discussed in the section above, output indicators more suitable to monitor Measures than Objectives.

³³ ICOR (*Inquérito às Condições de Vida e Rendimento*) is the national version of the EU-SILC data for Portugal.

³⁴ Chapter 2 provides a comprehensive assessment of governance involving inter-departmental stakeholders responsible for implementing measures.

³⁵ At-risk-of-poverty (AROP) refers to people living in a household whose equivalised disposable income (after social transfer) is below the at-risk-of-poverty threshold, which is set at 60 % of the national median equivalised disposable income after social transfers (for more details, please see here). At risk of poverty or social exclusion (AROPE) refers to persons who are either at risk of poverty (AROP), or severely materially and socially deprived or living in a household with a very low work intensity (for more details, please see here).

³⁶ This section relies on the content of two documents produced by the Indicators' Sub-Group (ISG) of the Social Protection Committee (SPC) and European Commission, which describe the indicators and data sources chosen for the first version of the European Child Guarantee Monitoring Framework (Social Protection Committee and European Commission, 2023[83]; Social Protection Committee and European Commission, 2023[89]).

[37] EU Council Recommendation (EU) 2021/1004 (points 3 and 5) defines "children in need" as persons under the age of 18 years who are at risk of poverty or social exclusion. It also recommends, wherever appropriate, to account within this group for the following "specific disadvantages" (a) homeless children or children experiencing severe housing deprivation; (b) children with disabilities; (c) children with mental health issues; (d) children with a migrant background or minority ethnic origin, particularly Roma; (e) children in alternative, especially institutional, care; (f) children in precarious family situations.

[38] Regarding "key services", the EU Council Recommendation (EU) 2021/1004 (point 4) recommends the effective and free access to high quality early childhood education and care, education, and school-based activities, at least one healthy meal each school day and healthcare; and effective access to healthy nutrition and adequate housing.

[39] Eurobase indicators follow Commission Regulation 1982/2003, which requires estimates to be based on at least 50 sample observations and limiting item non-response rates to under 20%.

[40] The confidence intervals are impacted by the fact that, unlike other indicators, the risk of persistent poverty is based on data collected throughout several years.

[41] For more details on EU-SILC modules, please see here.

[42] The Barcelona Targets recommend that by 2030 (1) "at least 45% of children below the age of three participate in ECEC according to EU SILC data", and (2) "at least 96% of children between the age of three and the starting age for compulsory primary education should participate in ECEC".

[43] These estimates are already used in various frameworks such as in the Benchmarking framework on childcare and support to children.

[44] An ad-hoc policy module on mental health is planned for the EU-SILC in 2027 (see here).

[45] The discussion note on the Finalisation of the first complete monitoring framework on the European Child Guarantee Recommendation mentions the possibility of extending the age bracket and developing an AROPE breakdown for key aspects such as for child mortality or depressive symptoms in the European Health Interview Survey (EHIS) (Social Protection Committee and European Commission, 2023[89]).

[46] The Fundamental Rights Agency's surveys on Roma population could be explored as a potential data source. While the survey does not include all Member States, Portugal is included (see https://fra.europa.eu/en/themes/roma).

[47] Using officially available economic data as an external validation criterion, (Hobza et al., 2017[117]) compare the HBSC's Family Affluence Scale (FAS) between 14 regions in the Czech Republic and conclude that "FAS seems to be a valid instrument to measure adolescents' socioeconomic status".

[48] For the Eurostat definition of housing cost overburden, please see here.

[49] For the Eurostat definition of severe housing deprivation please see here.

[50] For the Eurostat definition of overcrowding please see here.

51 Potential sources of data include the European observatory on homelessness and the European Platform on Combatting Homelessness, as well as data from national administrations.

52 The Fundamental Rights Agency's surveys on Roma population could be explored as a potential data source. While the survey does not include all Member States, Portugal is included (see https://fra.europa.eu/en/themes/roma).

53 Strictly defined "other population" could be applied to indicators that are household-level instead of child-centred. In this section, however, the interpretation is less strict and only applied to indicators that do not refer to children. Please see section 3.3.3 for a discussion on the distinction between household-level or child-centred indicators.

54 PAGPI Indicator 1 "At-risk-of-poverty rate after social transfers".

55 While the ECG indicator is broken down by care type (residential care, formal family-based care, other forms of alternative care), the PAGPI framework includes three additional indicators for each type of care (see indicators 58, 59 and 60 in Table A C.**Error! Main Document Only.**.).

56 The PAGPI also includes indicators of poverty intensity and poverty severity for families with children.

57 The use of the household-based format in PAGPI indicators is also discussed in Chapter 1.

58 EEG indicators are based on "severe material deprivation", which is collected annually in the EU-SILC. One PAGPI indicators uses "child-specific material deprivation", which uses data from the EU-SILC children specific deprivation rolling module, which collects information about children under the age of 16, every three years. Incidentally, the PAGPI also includes an indicator of the rate of severe material deprivation for children (0-17 years).

59 The questions in the EU-SILC rolling module and standard questionnaire are slightly different. The rolling module asks about enforced lack of access to at least one meal with meat, chicken, fish (or vegetarian equivalent) per day. The standard EU-SILC questionnaire asks about household not able to afford a meal with meat, chicken, fish (or vegetarian equivalent) every second day. In fact, the ECG framework originally included an indicator based on the question from the standard questionnaire, however this was not included in the final version, arguably to avoid any overlaps (Social Protection Committee and European Commission, 2023[89]).

60 See Rito et al. (2023) Table XVII - Family income per month (COSI Portugal 2021/2022), by region.

61 Annex A includes the complete list of strategies and programmes mentioned in the Child Guarantee Action Plan.

62 Chapter 2 provides a comprehensive assessment of governance involving inter-departmental stakeholders responsible for implementing measures.

63 Article 3a of the European Council Recommendation 2021/1004 defines 'children in need' as "persons under the age of 18 years who are at risk of poverty or social exclusion" (Council of the European Union, 2021[3]).

[64] ENDC does not interact with PAGPI Strategic Objectives related to employment (S1), qualifications (S2) and housing (S9).

[65] More specifically, the National Plan for the Implementation of a Youth Guarantee is mentioned with regard to PAGPI's measure 13 "Strengthening of identification and follow up actions aimed at NEETs aged up to 18" (Coordenação Nacional Garantia para a Infância, 2023[20]).

[66] In the PAGPI, Goals are placed under Strategic Objectives and at the same level as Operational Objectives and Monitoring Indicators (see Chapter 1). Despite having a much larger scope, ENCP has fewer Goals than the PAGPI (5 and 35, respectively).

[67] The General Objective missing is number 4 "Promote universality and equity, prioritising the most vulnerable groups" is missing from the table with evaluation indicators. The Operational Objective is number 19 "Promote access to dental prostheses for oral rehabilitation, according to priorities to be established." is missing from the table with evaluation indicators.

[68] For details on monitoring indicators and publications, please see https://escolamais.dge.mec.pt/monitorizacao.

[69] Although not clearly associated to any of PAGPI's Strategic Objectives, some ENCP indicators share similarities with some of PAGPI's 's Transversal Indicators as they measure poverty and inequality rates for the overall population.

[70] Continental Portugal is divided in 18 districts (*distritos*), 278 municipalities (*concelhos*), and 2882 parishes (*freguesias*). In the European Statistical System (ESS), Portuguese parishes correspond to the Local Administrative Units (LAU) level 2 (formerly known as NUTS level V).

[72] Thirty-one municipalities provided the online addresses of their Social Diagnoses, these can be made available upon request.

[73] According to commitment no. 4, the Local Units are specifically responsible for the "completion of a social diagnosis, which characterises the phenomenon of child poverty, as well as the problems identified in terms of effective or affective and free access to early childhood education and care, school education and activities, at least one healthy meal per school day, healthcare, healthy food and adequate housing".

[74] Since the publication of the future Social Diagnosis of this municipality is in 2024, it is likely that it was not possible to take into account the Child Guarantee guidelines when it was being drafted.

[75] The EU Child Guarantee recommendation defines "**children in need**" in article 3a as "persons under the age of 18 years who are at risk of poverty or social exclusion". In article 5, it defines "**specific disadvantages**" as "(a) homeless children or children experiencing severe housing deprivation; (b) children with disabilities; (c) children with mental health issues; (d) children with a migrant background or minority ethnic origin, particularly Roma; (e) children in alternative, especially institutional, care; (f) children in precarious family situations". In article 3c, it defines "children in precarious family situations" as "children exposed to various risk factors that could lead to poverty or to social exclusion. This includes: (1) living in a single-earner household; (2) living with a parent with disabilities; (3) living in a household where there are mental health problems or long-term illness; (4) living in a household where there is substance abuse, or (5) domestic violence; (6) children of a Union citizen who has moved to another Member State while the children themselves remained in their Member State of origin; (7) children having

a teenage mother or being a teenage mother; and (8) children having an imprisoned parent" (numbered brackets in this quote added by the authors) (Council of the European Union, 2021[2]).

[76] Article 4 of the EU Recommendation mentions "effective and free access to high quality early childhood education and care, education and school-based activities, at least one healthy meal each school day and healthcare" and "effective access to healthy nutrition and adequate housing" (Council of the European Union, 2021[2]).

[77] The Child Guarantee Action Plan has 12 Strategic Objectives: S1. Promote labour market integration and increase wages, S2. Increase the qualification/skills of adults, especially those from families with children, S3. Strengthen social protection for children, young people and their families, S4. Promote close and integrated social action among families with children and young people, S5. Ensure access to quality early childhood responses, S6. Ensure access to quality educational response and school-based activities, S7. Strengthen access to healthcare, health promotion, disease prevention, and quality specialised care, S8. Promote access to healthy food, S9. Promote access for vulnerable families with children and young people to decent housing, S10. Prevent institutionalisation and promote the deinstitutionalisation of children and young people at risk, S11. Ensure effective equality in access to essential services for children and young people from immigrant backgrounds or ethnic minorities, particularly those from the Roma community, S12. Promote equality and non-discrimination (Coordenação Nacional Garantia para a Infância, 2023[20]).

[78] Following the definitions presented in Chapter 1, implementation indicators refer to the activities and actions taken to produce specific outputs. Outputs are the products and services that result from an intervention, they act as the means to achieve a policy objective (outcome) but are not the outcomes themselves. Outcomes are the short- and medium-term "effective" result of a policy, they measure the direct effect resulting from policy outputs. Impact is the longer-term and higher-level effect of the outcomes of an intervention, including intended/unintended and positive/negative effects of external factors and circumstances that are beyond policy measures (Schumann, 2016[77]).

[79] For example, child poverty may be referred to as "in risk of poverty" or "in situation of poverty", among other variations.

[80] See footnote 75 for detailed definitions.

[81] Family Allowance (*Abono de Família*) is a monthly means-tested cash benefit for children under the age of 16 and up to 24 years of age conditional on studying or having a disability (MTSSS, 2024[29]).

[82] Child Guarantee Benefit (*Prestação da Garantia para a Infância*) is a cash support paid monthly, which complements the family allowance for children and young people to guarantee payment.

[83] Social Insertion Allowance (*Rendimento Social de Inserção*) is designed to protect people who find themselves in a situation of extreme poverty. It includes a cash benefit to ensure that their minimum needs are met, and an integration programme.

[84] The only definition not covered is one of the characteristics of 'children in precarious family situations', namely "children of a Union citizen who has moved to another Member State while the children themselves remained in their Member State of origin", whose tag is [bf6. Children of a Union citizen who has moved].

[85] S4. Promote close and integrated social action among families with children and young people.

86 The output indicators refer to the "*Promotion and protection measures applied*" and to "Main entities that signal situations of danger to the CPCJ".

87 Child and Youth Protection Commissions (CPCJ) are defined as official non-judicial institutions, with functional autonomy, which aim to promote the rights of children and young people and prevent or put an end to situations that may affect their safety, health, training, education or integral development.

88 The Social Assistance and Monitoring Service (SAAS) provides social assistance and monitoring for people and families in situations of vulnerability and social exclusion, including beneficiaries of the Social Integration Income (RSI), as well as social emergency assistance.

89 Multidisciplinary Technical Support Teams (EMAT) to take part in the assessment of civil guardianship proceedings for which the courts have jurisdiction, namely proceedings to regulate or alter the exercise of parental responsibility.

90 School Social Action is a support programme provided by the state for students whose families have low incomes. Its aim is to ensure that all students are able to attend compulsory school. The programme provides school meals, fruit and milk, school transport, support to buy school materials, merit scholarships, study visits and day care. It also exempts beneficiaries from paying tuition fees, fees and other expenses for diplomas and qualification certificates (DGE, 2024[106])

91 School Social Action (ASE) is available to students attending public pre-school, primary and secondary schools and who fall into the family allowance brackets (based on income in the year prior to the application). The ASE'S bracket A is equivalent to Family Allowances bracket 1, which in 2024 applies to households with an annual income of up to EUR 3 102.40. The ASE'S bracket B is equivalent to Family Allowance's bracket 2, which in 2024 applies to households with annual incomes between EUR 3 102.41 and EUR 6 204.80. Bracket C They are given the B bracket is equivalent to Family Allowance's bracket 3, which in 2024 applies to households with an annual income of between EUR 6 208.81 and EUR 9 307.20. For details about the content of ASE's support, see footnote 90

92 School Social Action (ASE) is available to students attending public pre-school, primary and secondary schools and who fall into the family allowance brackets (based on income in the year prior to the application). The ASE'S bracket A is equivalent to Family Allowances bracket 1, which in 2024 applies to households with an annual income of up to EUR 3 102.40. The ASE'S bracket B is equivalent to Family Allowance's bracket 2, which in 2024 applies to households with annual incomes between EUR 3 102.41 and EUR 6 204.80. Bracket C They are given the B bracket is equivalent to Family Allowance's bracket 3, which in 2024 applies to households with an annual income of between EUR 6 208.81 and EUR 9 307.20. For details about the content of ASE's support, see footnote 90

93 There is an eighth group "mortality", which refers exclusively to impact indicators.

94 Specialised healthcare includes the Local Intervention Teams (ELI), which are the local branches of the Early Childhood Intervention System (SNIPI) and provide social, educational and health support measures for children aged 0 to 6 with special needs.

95 Indicators related to mental healthcare include children followed by psychologist, psychiatrists, child psychiatry ("Pedopsiquiatria" in Portuguese), psychological counselling in schools.

[96] The Support Centres for Children and Young People at Risk (NACJR) provide support to healthcare professionals working with children and young people in situations of risk or danger identified in healthcare centres.

[97] There is also one indicator describing the most common diseases among children and young people.

[98] The Operational Programme to Support the Most Deprived People (POAPMC) promotes the inclusion of deprived people by providing food support and empowering measures.

[99] First Right (1.º Direito, in Portuguese) is a Programme to Support Access to Housing which aims to support people who live in poor housing conditions and who do not have the financial capacity to bear the cost of access to adequate housing.

[101] The definitions underlying the calculation of the number of children at risk of poverty, as defined by Eurostat, and the number of children receiving a means-tested benefit (such as the Family Allowance) may have at least five methodological differences: (1) the definition of who are household members, (2) the income sources included in the assessment, (3) the calculation of the income limits, (4) errors of inclusion (e.g. children from particular backgrounds (e.g. migrants, disabled children) may be receive the benefit independently of their income status), and (5) errors of exclusion (children who are poor and entitled to the benefit may not receive the benefit because parents do not apply or due to administrative errors).

[102] In the case of beneficiaries of the Child Guarantee Benefit who have never had a social action process, their data cannot be passed on to the municipalities due to GDPR rules. In these cases, notifications are sent to the beneficiaries informing them that they can benefit from social intervention in the municipalities, and the contacts and addresses where they should go are provided.

[103] The decree that regulates the Child Guarantee Benefit refers to its beneficiaries as "all children and young people under the age of 18 at risk of extreme poverty"