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EUROPEAN SOCIAL CHARTER

12th National Report on the implementation of
the European Social Charter

submitted by

THE GOVERNMENT OF PORTUGAL

Articles 3, 11, 12, 13, 14, 23 and 30
for the period 01/01/2012 - 31/12/2015

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CYCLE 2017

REVISED EUROPEAN SOCIAL CHARTER

12th National Report on the implementation of
the revised European Social Charter

submitted by

PORTUGAL

for the period from 1 January 2012 to 31 December 2015
on articles 3, 11, 12, 13, 14, 23 and 30

12 th R e p o r t

submitted by the **Government of Portugal**

for the time period from 1 January 2012 until 31 December 2015

(Articles 3, 11, 12, 13, 14, 23 and 30)

in accordance with the provisions of Article C of the revised European Social Charter
and the Article 21 of the European Social Charter,
which the instrument of ratification was deposited on 30 May 2002.

It also includes response to the European Committee of Social Rights with regard to
2013 Conclusions (On the 8th report)

In accordance with Article C of the revised European Social Charter and Article 23 of
the European Social Charter copies of this report
have been sent to

the General Confederation of Portuguese Workers
(*Confederação Geral dos Trabalhadores Portugueses*)

the General Union Confederation of the Workers
(*União Geral de Trabalhadores*)

and

the Confederation of the Portuguese Industry
(*Confederação da Indústria Portuguesa*)

Preliminary remarks

Portugal hereby submits its twelfth Report that has been prepared in accordance with the reporting system adopted by the Committee of Ministers on 2 April 2014 for the presentation of the national reports concerning their national implementation of the revised European Social Charter.

The Report deals with Group 3 (Area of health, social security and social protection) concerning Articles 3, 11, 12, 13, 14, 23 and 30, and the period under review is from 1 January 2012 to 31 December 2015. It also includes response to the European Committee of Social Rights with regard to 2013 Conclusions.

The twelfth Report is a follow-up to earlier reports submitted by Portugal on the national implementation of the obligations laid down in the revised European Social Charter. It does not refer to the individual provisions of the Charter unless either the remarks of the European Committee for Social Rights of the European Social Charter (by way of simplification hereinafter referred to as “Committee”), in particular in the conclusions, give reason for this, or if relevant amendments in the material and legal situation have occurred.

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ARTICLE 3

THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

Paragraph 1

On this subject we would begin by noting the approval of the National Strategy for Safety and Health at Work 2015-2020 (ENOSH 2015-2020) – “For safe, healthy and productive work” – by Council of Ministers Resolution (RCM) no. 77/2015 of 18 September 2015.

It is particularly worth mentioning the participation of both employers and workers’ organisations in the overall process of drawing up ENOSH 2015-2020. The RCM itself points this out: *“Following its preparation, discussion and unanimous approval by the social and institutional partners on the Consultative Council for the Promotion of Safety and Health at Work (CCPOSH), a consensus was reached with regard to the draft National Strategy for Safety and Health at Work 2015-2020”*.

ENOSH 2015-2020 configures the overall policy framework for the prevention of occupational risks and the promotion of well-being at work for the 2015-2020 timeframe.

The characteristics of work in Portugal continue to evolve in response to economic development and technological and demographic changes. These alterations include the conditions under which workers are exposed to known occupational hazards, and even the advent of new, previously non-existent risks, but also opportunities for improving conditions regarding occupational safety and health in general.

In this environment of change, Portuguese enterprises need to clearly affirm their competitiveness and productivity. There are undoubtedly investments that have to be made when one seeks to prevent accidents and make workplaces safe and healthy, but the costs associated with doing nothing are greater. At the same time, ensuring good working conditions in safety and health terms also leads to greater productivity.

Effective and efficacious systems for preventing occupational hazards improve both workers’ conditions in terms of safety and health at work, and productivity, so it is important to invest in:

- Preventing work-related accidents and occupational illnesses in the first place, and reducing the number and seriousness of those that do occur.
- Promoting health and workers’ well-being and capacity for work.
- Fostering innovation, quality and efficiency.

In this respect ENOSH 2015-2020 is essentially designed to pursue three strategic goals:

- Promote both quality of life at work and corporate competitiveness.
- Reduce both the absolute number and the rate of incidence of work-related accidents by 30%.
- Reduce the risk factors associated with occupational illnesses.

ENOSH 2015-2020 is constructed around six specific objectives, which we set out below. For each one it determines the implementation measures to be adopted, targets to be attained,

indicators for measuring them, entities to be involved, and strategic goals to be pursued, all while bearing in mind the following:

- Prevention must be targeted at the activities that present the greatest risk of causing harm.
- Society has the capacity to influence and shape attitudes, and education about issues linked to occupational safety and health is an essential tool for promoting a prevention culture.
- The need to ensure safe and healthy jobs means adapting the work to the men and women who do it, namely when it comes to configuring workstations, tasks and equipment.
- The continuous improvement of occupational safety and health conditions requires a permanent process in which all the stakeholders cooperate and work together.
- Workers are a key element in the prevention of occupational risks.
- The managers of organisations influence and play a determinant role in arranging for safe and healthy working conditions.
- The processes involved in improving working conditions are more successful in occupational safety and health terms when they are incorporated into an organisation's culture and production processes.
- It is essential to make instruments available to small and medium-sized enterprises that will help them integrate prevention into their organisation.
- Every entity that plays a part in prevention must have appropriate training and resources.
- Prevention must be underpinned by proven scientific knowledge and reliable statistics.

The Working Conditions Authority (ACT) was created by Regulatory Decree no. 47/2012 of 31 July 2012 and is a central state department that operates under the aegis of the Ministry of Labour, Solidarity and Social Security. Its mission is to promote improvements in working conditions by inspecting fulfilment of labour-related rules and controlling compliance with the legislation governing safety and health at work, as well as to promote occupational risk-prevention policies.

As its name suggests, the Consultative Council for the Promotion of Safety and Health at Work is a collegial consultative body. It is responsible for supporting ACT in its activities in the OSH field, and meets every six months. The Council is made up of the members of ACT's governing board and representatives of the social partners (two from each of the trade unions and one from each of the employers' confederations with seats on the Standing Commission for Social Concertation [CPCS]).

The Council issues formal opinions regarding: the aspects of the promotion of occupational safety and health that fall within the Working Conditions Authority's area of responsibility; ACT's Activity Plan and Report, except for the part regarding its inspection work; its budget; its annual report and accounts; its action programmes and the respective regulations; its quality policy; its HR training policy; and other management instruments used by ACT.

The Council's formal opinions on ACT's Activity Plan, its Activity Report, its action programmes and the respective regulations and its quality policy are binding.

The Statute governing the Inspectorate-General of Labour (IGT), which is currently part of the Working Conditions Authority, requires it to act in accordance with both Executive Law (DL) no. 102/2000 of 2 June 2000 and ILO Conventions nos. 81, 129 and 155, while taking into account the importance of the social values that are to be promoted, the nature and seriousness of the situations that require inspection, and the most effective allocation of the available resources, in articulation with and in a manner that complements other occupational risk inspection and prevention systems, in such a way as to enhance both results and the social usefulness of its interventions. ACT's responsibilities and powers were described in the previous Report.

Awareness-raising actions and the Information Service

During the period to which the present Report refers, particular attention was paid to ACT's function of providing workers, employers and their representatives with information and advice on the best ways to comply with the legislation on working conditions. This function was developed and its public visibility increased by modernising and constantly updating ACT's website (www.act.gov.pt), which served as the driving force behind the various actions needed to make useful contents available to the different targets of ACT's work, including by making it possible to download them free of charge.

Between 2012 and 2015, ACT co-funded a variety of projects presented by the social partners – namely seminars, workshops, awareness-raising and information actions, training support manuals, instruments, portals and blogs for disseminating information and short films, in sectors of activity and areas such as: agriculture, industry and energy, confined spaces, civil construction, education, fisheries, health, psychosocial risks, transport, hotels, and working conditions.

Campaigns undertaken in the risk prevention field with a primary emphasis on inspections / in areas in which there is a primary emphasis on inspection / in areas in which inspection is especially important

1. European Campaign: "Evaluation of Psychosocial Risks".
2. Campaign to promote better working conditions in the agricultural and forestry sector.
3. Information and inspection campaign with regard to the evaluation of risks in the use of dangerous substances in workplaces in the industrial cleaning sector.
4. Campaign to promote better working conditions in confined spaces.
5. Campaign for a continuous improvement in working conditions in the footwear industry.
6. European Campaign: "Prevention of Falls on the Same Level".
7. Campaign for the improvement of working conditions in fisheries.
8. Campaign: "Occupational Safety and Health in Professional Vehicle Driving".
9. Campaign for the prevention of occupational risks in machinery and other work-related equipment.

During the same period, 26 colloquiums/seminars were held on topics linked to occupational safety and health.

At the same time, ACT also has its own publishing arm for both paper and electronic formats, and is continuing to implement the protocol with the ILO under which each year some of the latter's publications are selected for translation into and publication in Portuguese.

Between 2012 and 2015 this section of ACT made a total of 23 publications available, 3 of which can be downloaded free of charge; and 2 ILO publications were translated into Portuguese.

ACT represents the ILO's International Occupational Safety and Health Information Centre (CIS), and serves as the National CIS Centre in Portugal. CIS's main activity is the publication of bibliographic analyses of the documents on safety and health that are produced all around the world.

Each of ACT's decentralised offices across the mainland provides face-to-face information to visitors.

In 2013, following legislative amendments to the Labour Code and the Legal Regime governing the Promotion of Safety and Health at Work, ACT developed a range of resources and tools designed to fully inform all the country's economic agents about the changes. In that year, the specific project whose purpose is to ensure that the information ACT provides to its users is effective resulted in information being given to 377,083 persons, together with participation by ACT in 1,277 publicity and awareness-raising actions.

In 2014, one of the highlights of the same project was the restructuring of the service whereby ACT provides users with face-to-face advice and information. Every office and department is now open to visitors daily, thus ensuring a greater degree of proximity between ACT and the users at whom its work is targeted.

2014 also saw the creation of a single telephone information hotline manned exclusively by ACT specialists and inspectors (5 days a week). This restructuring and the creation of the telephone information hotline means that it is now possible to serve more users, despite the fact that the availability of the physical face-to-face information service itself was reduced in 2015.

Table no. 1
Information Service and awareness-raising actions

Year	Information Service			Awareness-raising actions		TOTAL
	Face-to-face	Telephone	Other	No.	Persons	
2012	222,506	36,399	157,089	-	-	415,994
2013	218,445	45,866	2,904	1,417	109,868	377,083
2014	226,610	131,819	12,875	1,609	57,729	429,033
2015	164,914	211,758	10,303	2,392	92,217	479,192

Source: ACT

In 2014 and 2015, the above data were treated in a new way, with the users of the information service divided into separate categories. As can be seen from the following table, the demand from users also increased.

Table no. 2
Information service users

Type of user	2014	2015
Employers	47,330	49,324
Workers	291,968	308,357
Other	32,006	29,294
Total	371,304	386,975

Source: ACT

Industrial licencing

The Regime governing the Pursuit of Industrial Activities approved by Executive Law no. 209/2008 of 29 October 2008 requires the Working Conditions Authority to play a part in industrial licencing processes. Its role in this respect is to issue a formal opinion when asked to do so by the applicable coordinating entity, and to form part of joint inspection teams with the licencing entity and any other participating entities. These teams visit industrial establishments before they begin operating, and after changes in the way in which the production process is configured, in such a way as to ensure that occupational safety is taken into account during the design phase (integrated safety).

The following table gives some data on the way in which the number of formal opinions issued and inspection visits made by ACT's labour inspectors evolved between 2012 and 2015.

Table no. 3
Industrial licencing

Activity (NACE)	2012		2013		Activity NACE)	2014		2015	
	No. of opinions	No. of visits	No. of opinions	No. of visits		No. of opinions	No. of visits	No. of opinions	No. of visits
					A – Agriculture, animal production, hunting, forestry and fishing			35	11
141/145 – Mining of non-metallic minerals	4	15	5	3	B- Mining and quarrying			20	3
151/160 – Manufacture of food, beverages and tobacco products	10	68	7	24	C – Manufacturing			81	15
171/177 – Textile industry	0	3	2	3	141 to 143 – Manufacture of wearing apparel	5	1		
181/183 – Manufacture of wearing apparel	2	5	0	1					
191/192 – Manufacture and tanning of leather and related products									
193 – Manufacture of footwear	1	4	1	0	161 to 162 – Manufacture of wood and wood and cork products	3	0		

201/205 – Manufacture of wood and wood and cork products	0	3	2	3	171 to 172 – Manufacture of paper and paper products	1	0		
211/212 – Manufacture of paper and paper products	0	4	0	1					
181 – Printing and printing-related services	1	4	0	1					
231/233 – Manufacture of coke and refined petroleum products	1	2	0	0	201 to 222 – Manufacture of chemicals	2	1		
241/252 – Manufacture of chemicals	3	18	5	7					
261/262 – Manufacture of porcelain, earthenware and glass	0	2	0	1					
263/268 – Manufacture of ceramics and cement	3	22	1	6					
271/278 – Manufacture of basic fabricated metal products	0	2	0	10	251 to 293 – Manufacture of fabricated metal products, machinery and equipment	2	1		
281/355 – Manufacture of metallic and electrical products	4	24	4	15					
361/372 – Other manufacturing	1	2	0	1					
D – Electricity, gas, steam, air and air conditioning E – Water collection, treatment and supply. Sewerage, waste management and remediation	0	2	1	1	E – Water collection, treatment and supply. Sewerage, waste management and remediation			6	0
					F – Construction			6	
					G – Wholesale and retail trade, repair of motor vehicles and motorcycles			9	2
					H – Transporting and storage			3	0
551/555 – Accommodation and food service activities	1	0	1	1	562 – Accommodation and food service activities	13	3	1	0
					M – Professional, consulting, scientific and technical activities			1	
					S – Other service activities			2	
TOTAL	31	203	29	68	TOTAL	26	6	164	31

Source: ACT

Between 2012 and 2014, there was a gradual fall in the number of opinions issued and visits made. This was due to a combination of changes in the normative framework and a reduction in the requests from coordinating entities that was in turn linked to the economic crisis. Having said this, 2015 (164 opinions and 31 inspections) witnessed a significant increase in relation to the previous year (26 opinions and 6 inspections).

Inspection visits

Law no. 102/2000 of 2 June 2000 requires that when labour inspectors conduct inspections, they must inform both the employer in question or his/her/its representative and the representative(s) of the trade union(s) involved in advance, unless this might prejudice the efficacy of the inspection.

Before leaving the location, and whenever possible, inspectors must inform both the employer or his/her/its representative and the representative(s) of the trade union(s) of the results of the visit. The workers' occupational health, hygiene and safety representatives must also be told the results if the purpose of the visit included those particular subjects.

For their part, trade unions may request inspections in relation to situations that entail the defence of the collective and/or individual interests of the workers they represent. In such situations the trade unions have the right to be told the result of the inspection, if they so request.

Paragraph 2

The law requires that the process of drawing up labour legislation, the legislative acts that regulate the rights and obligations of workers, employers and their organisations (particularly the labour contract), collective labour law, occupational safety and health, work-related accidents and occupational illnesses, vocational training and working processes be open to public consideration before they are discussed by the various law-making entities.

The purpose of this public evaluation process – conducted particularly by publication in official journals such as the *Diário da Assembleia da República* (Journal of the Assembly of the Republic – i.e. Parliament) and the *Boletim do Trabalho e Emprego* (Labour and Employment Bulletin) is precisely to generate active participation on the part of trade unions and employers' associations, economic agents and civil society in general.

As such, the legislator is required by law to take account of the positions that such entities express with regard to both draft and existing legislative acts, as one of the elements it uses in its decision-making process.

The period to which the present Report refers saw the publication of the following normative acts, which embody or reflect the direct or indirect transposition of the Community's legislative *acquis* into the Portuguese legal system:

Legislative Act	Subject
Law no. 42/2012 of 28/08/2012	Approved the regimes governing access to and pursuit of the occupations of senior occupational safety specialist and occupational safety specialist.
Law no. 47/2012 of 29/08/2012	Made the fourth amendment to the Labour Code, in such a way as to adjust it to Law no. 85/2009 of 27 August 2009, which laid down the regime governing compulsory education for children and young persons of school age.
Law no. 3/2012 of 10/01/2012	Established a regime governing the extraordinary renewal of fixed-term labour contracts, together with the regime governing, and calculation of, the compensation applicable to contracts renewed in that way.
Ministerial Order no. 307/2012 of 8/10/2012	Approved the training programme for specialisation in Occupational Medicine.
Law no. 42/2012 of 28/08/2012	Approved the regimes governing access to and pursuit of the occupations of senior occupational safety specialist and occupational safety specialist
Executive Law (DL) no. 24/2012 of 6/02/2012	Consolidated the minimum requirements regarding the protection of workers against safety and health risks due to exposure to chemical agents at work, and transposed Commission Directive no. 2009/161/EU of 17 December 2009.
Council of Ministers Resolution (RCM) no. 90/2012 of 31/10/2012	Defined the minimum, necessary and cumulative criteria to be fulfilled during the procedure involved in the issue of Ministerial Extension Orders.
DL no. 117/2012 of 5/06/2012	Regulated the organisation of the working times of independent drivers engaged in mobile road transport activities, transposing Directive no. 2002/15/CE of the European Parliament

	and of the Council of 11 March 2002.
Ministerial Order no. 44/2012 of 13/02/2012	Laid down the system for classifying risks at enterprises subject to the provisions of Regulation (EC) no. 561/2006 of the European Parliament and of the Council of 15 March 2006 on the harmonisation of certain social provisions relating to road transport, and of Council Regulations (EEC) no. 3821/85 of 20 December 1985 on the introduction of recording equipment in road transport.
Law no. 66/2012 of 31/12/2012	Made the fourth amendment to Law no. 59/2008 of 11 September 2008 and amended other Laws, requiring that the holiday regime and the status of Student-Worker provided for in the Labour Code be applied to public sector workers.
Law no. 76/2013 of 7/11/2013	Established a regime governing the extraordinary renewal of fixed-term labour contracts, together with the regime governing and calculation of the compensation applicable to contracts renewed in that way.
Law no. 68/2013 of 29/08/2013	Laid down the duration of the normal working hours of public sector workers, and made the fifth amendment to Law no. 59/2008 of 11 September 2008, the fourth amendment to DL no. 259/98 of 18 August 1998, and the fifth amendment to Law no. 2/2004 of 15 January 2004.
Law no. 70/2013 of 30/08/2013	Established the legal regimes governing the Labour Compensation Fund (FCT), the equivalent mechanism and the Labour Compensation Guarantee Fund (FGCT).
Law no. 69/2013 of 30/08/2013	Made the fifth amendment to the Labour Code, adjusting the amount of compensation due for the termination of labour contracts.
DL no. 121/2013 of 22/08/2013	Established the legal regime governing the prevention of injuries caused by cutting/perforating medical devices that constitute working equipment in the hospital and healthcare sectors, transposing Directive no. 2010/32/EU of the Council of 10 May 2010.
Law no. 11/2013 of 28/01/2013	Established a temporary regime for the payment of the extra Christmas and holiday months of pay in 2013.
Law no. 63/2013 of 27/08/2013	Introduced mechanisms to fight improper use of the service-provider contractual format in subordinate labour relationships – the first amendment to Law no. 107/2009 of 14 September 2009.
RCM no. 101/2013 of 31/12/2013	Approved the 3 rd National Plan for the Prevention of and Fight Against Human Trafficking 2014/2017 (III PNPCTSH).
Law no. 55/2014 of 25/08/2014	Made the seventh amendment to the Labour Code approved by Law no. 7/2009 of 12 February 2009.
Law no. 48-A/2014 of 31/07/2014	Extended the time for which the provisions of Collective Labour Regulation Instruments (IRCTs) and clauses in labour contracts are suspended, making the second amendment to Law no. 23/2012 of 25 June 2012.
Law no. 27/2014 of 8/05/2014	Made the sixth amendment to the Labour Code.
Ministerial Order no. 257/2014 of 11/12/2014	Set the fees payable for the certification of entities giving training courses for senior occupational safety specialists and occupational safety specialists, and revoked Ministerial Order no. 137/2001 of 1 March 2001.
DL no. 112/2014 of 23/05/2014	Regulated the provision of primary occupational healthcare by means of Groups of Health Centres (ACES).
Law no. 3/2014 of 28/01/2014	Made the second amendment to Law no. 102/2009 of 10 September 2009 and the second amendment to DL no. 116/97 of 12 May 1997, which transposed Directive no. 93/103/EC of the Council of 23 November 1993 concerning the minimum safety and health requirements for work on board fishing vessels.
Law no. 5/2014 of 12/02/2014	Made the first amendment to DL no. 260/2009 of 25 September 2009, simplifying the regime governing access to and pursuit of the activity of private job placement agencies.
Ministerial Order no. 40/2014 of 17/02	Laid down the norms governing the correct removal of materials containing asbestos and the packaging, transport and management of the construction and demolition waste generated thereby, with a view to protecting the environment and human health.
Law no. 35/2014 of 20/06/2014	The General Law governing Public Sector Labour (LGTFP).
RCM no. 43/2014 of	Made the first amendment to RCM no. 90/2012 of 31 October 2012.

27/06/2014	
DL no. 25/2014 of 14/02/2014	Made the first amendment to DL no. 193/2001 of 26 June 2001, which established the regime governing access to and pursuit of the activity of services involving tow trucks, with a view to simplifying the regime.
DL no. 10/2015 of 16/01/2015	Approved the regime governing access to and pursuit of various retail, service and food-service activities, and established the applicable administrative offence regime, amending DL no. 48/96 of 15 May 1996.
Law no. 84/2015 of 7/08/2015	Made the first amendment to the General Law governing Public Sector Labour approved in annexe to Law no. 35/2014 of 20 June, establishing half days as a new working hour format.
Decree of the President of the Republic (DPR) no. 210/2015 of 25/09/2015	Made the first amendment to Law no. 70/2013 of 30 August, which established the legal regimes governing the Labour Compensation Fund and the Labour Compensation Guarantee Fund.
Law no. 120/2015 of 1/09/2015	Made the ninth amendment to the Labour Code, strengthening maternity and paternity rights, the third amendment to DL no. 91/2009 of 9 April 2009, and the second amendment to DL no. 89/2009 of 9 April 2009.
Law no. 133/2015 of 7/09/2015	Created a mechanism to protect workers who are pregnant, have recently given birth or are lactating.
DPR no. 31/2015 of 27/04/2015	(Ratified ILO Convention no. 189 concerning decent work for domestic workers.)
Resolution of the Assembly of the Republic (RAR) no. 42/2015 of 27/04/2015	(Approved ILO Convention no. 189 concerning decent work for domestic workers, as adopted by the General Conference of the ILO at its 100 th Session, in Geneva on 16 June 2011.)
DL no. 59/2015 of 21/04/2015	(Approved the new regime governing the Wage Guarantee Fund [FGS] provided for in Article 336 of the Labour Code, transposing Directive no. 2008/94/EC of the European Parliament and of the Council of 22 October 2008 on the protection of salaried employees in the event of the insolvency of their employer.)
Law no. 28/2015 of 14/04/2015	Enshrined gender identity as part of the right to equal access to employment and equality at work, making the eighth amendment to the Labour Code approved by Law no. 7/2009 of 12 February 2009.
DL no. 34/2015 of 4/03/2015	(Transposed Directive no. 2012/35/EU of the European Parliament and of the Council of 21 November 2012 on the minimum level of training of seafarers.)
DL no. 254-A/2015 of 31/12/2015	(Updated the amount of the Guaranteed Minimum Monthly Wage [RMMG] as of 1 January 2016.)
RCM no. 77/2015 of 18/09/2015	The National Strategy for Safety and Health at Work 2015-2020
Ministerial Order no. 189/2015 of 25/06/2015	Made the first amendment to Ministerial Order no. 275/2010 of 19 May 2010, which set the amounts of the fees due for services provided by bodies which act under the aegis of the Ministries with responsibility for the Labour and Health areas and which have the competence to promote occupational safety and health.
DL no. 88/2015 of 28/05/2015	Transposed Directive no. 2014/27/EU of the European Parliament and of the Council of 26 February 2014 on the classification, labelling and packaging of substances and mixtures, amending Law no. 102/2009 of 10 September 2009 and other legislative acts.
Order no. 2842/2015 of 19/03	Approved the Regulations governing the Management of the Operational Programme for Supporting the Promotion of Safety and Health at Work (REGESP).
Ministerial Order no. 71/2015 of 10/03	Approved the model for the fitness-for-work form and revoked Ministerial Order no. 299/2007 of 16 March 2007.

The fundamental framework regarding occupational safety and health was altered during the reference period:

Law no. 102/2009 of 10 September 2009, which regulated the legal regime governing the promotion of occupational safety and health and the prevention of work-related accidents and occupational illnesses was amended by Laws nos. 42/2012 of 28 August 2012 and 3/2014 of 28 January 2014,¹ Executive Law no. 88/2015 of 28 May 2015, and Law no. 146/2015 of 9 September 2015.

The most significant amendments in this respect were as follows:

1. Law no. 42/2012 of 28 August 2012, which approved the regimes governing access to and pursuit of the professions of senior occupational safety specialist and occupational safety specialist, repealed Article 100 of Law no. 102/2009 of 10 September 2009, under which employers could commit a serious administrative offence if they hired a specialist who did not fulfil the requisites laid down in Article 100(1).
2. Law no. 3/2014 of 28 January revised the legal regime provided for in Law no. 102/2009 of 10 September 2009, as amended by Law no. 42/2012 of 28 August 2012.

The particular goals of this revision were:

- To clarify that the provisions of Law no. 102/2009, as amended by Law no. 42/2012, do not apply to situations regulated by specific occupational safety and health regimes, to the extent that the provisions of the latter differ from those of Law no. 102/2009. Examples of the regimes in question include those derived from special directives approved under the terms of Directive no. 89/391/EEC of the Council of 12 June 1989, or those resulting from the application of international conventions. Having said this, it should be noted that Law no. 102/2009 remains the general regime and is subsidiarily applicable in all cases.
- Following the approval of Regulation (EC) no. 1272/2008 of the European Parliament and of the Council of 16 December 2008 on the classification, labelling and packaging of substances and mixtures, to update Law no. 102/2009, as amended by Law no. 42/2012.
- In the light of the abolition of the National Council for Hygiene and Safety at Work (CNHST) by Executive Law no. 126-C/2011 of 29 December 2011, as amended by Executive Law no. 266/2012 of 28 December 2012, to update Law no. 102/2009, as amended by Law no. 42/2012.
- To make the legal regime governing the promotion of occupational safety and health and the prevention of work-related accidents and occupational illnesses match the provisions of Executive Law no. 92/2010 of 26 July 2010, which laid down the principles and rules for simplifying free access to and pursuit of service activities in Portuguese territory and which transposed Directive 2006/123/EC of the European Parliament and of the Council of 12 December 2006 on services in the internal market into Portuguese law.
- To adjust all references to professionals in the work-safety field and their training in the light of both Law no. 42/2012 of 28 August 2012, which approved the regimes governing access to and pursuit of the occupations of senior occupational safety specialist and occupational safety specialist and Executive Law no. 92/2011 of 27 July 2011, which created the System for Regulating Access to Occupations (SRAP).
- To simplify the applicable procedures, namely by doing away with the authorisation to institute a joint service and the need to renew authorisations regarding occupational safety activities undertaken by employers or designated workers.

¹ Itself altered by Declaration of Rectification no. 20/2014 of 27 March 2014 (Rectified Law no. 3/2014 of 28 January 2014).

All these changes were also designed to help simplify, speed up and dematerialise procedures and make them more transparent, and thus to help improve the conditions under which persons and other entities can gain access to and engage in external occupational safety and health services, without prejudice to the need to ensure their quality and efficiency. They also served to clarify doubts about a number of situations raised during the implementation of Law no. 102/2009.

The following amendments deserve a special mention:

Scope - Article 3

The preamble to paragraph (1) was amended as follows: *“Except to the extent that special regimes provide otherwise, the present Law applies:(...)”*

Paragraph (2) now says that: *“In cases of family farms, the work done by artisans in their own premises or facilities, and the pursuit of fishing activities in which the owner or operator does not operate more than two vessels and those vessels possess a length of less than 15m, the regime laid down for independent workers shall apply”.*

Concepts - Article 4

The concept of “Worker” [subparagraph (a)] is now defined as follows: *“Natural persons who undertake to serve an employer in return for pay, as well as trainees, interns, apprentices and persons who, albeit they do not possess a legal employment relationship, are economically dependent on an employer because of the resources they use in their work and the results of their activities”.* In addition, the concept of “Audit” was introduced [subparagraph (j)], defined as: *“The activity or set of activities undertaken by the bodies with the competence to promote occupational safety and health at the Ministries with responsibility for the Labour and Health areas, with the objective of verifying both fulfilment of the preconditions that gave rise to authorisations to provide occupational safety and health services, and the quality of the services so provided”.*

General obligations pertaining to employers - Article 15

Within the overall context of an employer’s obligation to continuously and permanently make its best efforts to pursue its activities under conditions that are safe and healthy for workers and to take the general principles applicable to the prevention of accidents and occupational illnesses into account in doing so, the following principles were added:

- Risks must be avoided. [paragraph (2)(a)]
- Prevention must be planned as a coherent system that incorporates technical evolution, the way in which work is organised, working conditions, social relations, and the influence of environmental factors. [paragraph (2)(b)]

In addition, paragraph (12) now reads as follows: *“The employer shall bear all the costs of the organisation and operation of the occupational safety and health service and other prevention systems, including health checks, exposure assessments, tests and all the actions needed within the scope of the overall promotion of occupational safety and health, without imposing any financial costs on workers”.*

Consulting workers - Article 18

The consultation provided for in paragraph (1) must now occur *“at least once a year”*. With regard to the subjects of this consultation, the amendments to subparagraphs (h) and (l) are

especially worthy of note, as follows:

- The format of the (*safety and health*) services that is to be adopted, and the use of services from outside the enterprise and of qualified specialists in order to undertake all or part of the occupational safety and health activities, in accordance with Article 74(2). [subparagraph (h)]
- The annual list of work-related accidents that are fatal or cause an incapacity to work for more than three working days, which must be drawn up by the deadline for submission of the single report containing information on the enterprise's social activities. [subparagraph (l)]

We should also note the amendment to paragraph (6): *"The consultations, responses thereto and proposals provided for in paragraphs (1) and (4) must be recorded in a specific book of their own organised by the enterprise, namely using an IT format"*.

Informing workers - Article 19

Where the information for workers and their safety and health representatives is concerned, as provided for in paragraph (1), we would point to the amendment of subparagraph (c): *"The measures regarding emergency and first aid, worker evacuation and fire-fighting, together with the workers and services charged with putting them into practice."*

Protecting genetic heritage – Chapter V

Highlights include the following systematic changes: *"Chapter V of Law no. 102/2009 of 10 September 2009, as amended by Law no. 42/2012 of 28 August 2012, is no longer divided into Sections, the former Sections II, III and IV thereof are now Chapters VI, VII and VIII, respectively, and the Subsections of the former Sections III and IV are now Sections, with no change in their titles."*

Duties to provide specific information - Article 43

When it comes to duties to provide specific information, we would note the amendment to paragraph (1)(a), which was updated in the light of the recent changes to the legislation governing the classification, labelling and packaging of substances and mixtures. The term *"dangerous chemical preparations"* was replaced by *"dangerous mixtures"*.

Recording, archiving and conserving documents - Article 46

On the recording and archiving of documents, paragraph (4) now says: *"If an enterprise ceases trading, the records and archives must be transferred to the competent body under the authority of the member of the government with responsibility for the Labour area, except for clinical files, which must be sent to the competent body of the Ministry with responsibility for the Health area, each of which shall ensure the respective confidentiality"*.

Practical guidelines - Article 47

With regard to practical guidelines, paragraph (2) now reads as follows: *"After hearing the social partners represented on the CPCS, the competent bodies of the Ministries with responsibility for the Labour and Health areas may draw up technical guides containing practical guidelines on the protection of agents, prevention and factors with the ability to imply risks for the genetic heritage of workers or their descendants"*.

Activities that are prohibited or subject to conditions in general

Use of prohibited agents - Article 49

On the use of prohibited agents, it is especially worth noting that the new version of paragraph (5) requires the body which belongs to the Ministry with responsibility for the Labour area and has the competence to promote occupational safety and health: *"To make the information so*

received known to both the competent body at the Ministry with responsibility for the Health area and the department or service in the social security field with the competence to recognise occupational illnesses, to confirm receipt of the communication with the necessary information, and where appropriate, to indicate the complementary worker-protection measures which the employer must implement”.

Work subject to conditions when done by minors aged 16 years or over

Activities, processes and working conditions subject to conditions - Article 68

Paragraph (1) says that minors aged 16 years or over may only undertake activities and processes and be subject to working conditions that may entail exposure to physical, biological and chemical agents when the latter are referred to in Section II (Work subject to conditions when done by minors aged 16 years or over).

Paragraph (2) now reads as follows: *“For the purposes of the previous paragraph, in addition to the provisions of Article 72(1)(a) and (b) of the Labour Code, employers must assess the nature, degree and duration of the minor’s exposure to activities or work that are subject to conditions, take the measures needed to avoid that risk, and make those facts known to the department or service with the competence to inspect conditions pertaining to occupational safety and health, namely by communicating them by electronic means on the department or service’s single electronic platform, using a model approved by order of the head of the body with inspection powers and responsibilities at the Ministry with responsibility for the Labour area”.*

Besides this, the administrative offence provided for in paragraph (3) was altered as follows: *“Failure to communicate the facts referred to in the previous paragraph shall constitute a minor administrative offence on the part of the employer, and breach of the other provisions of the previous paragraphs shall constitute a serious administrative offence, also on the part of the employer”.*

Working conditions - Article 72

In this respect the new text of paragraph (2) is especially noteworthy: *“In cases of the breach of the provisions of subparagraphs (b) to (d) of the previous paragraph, the liability for the administrative offence in question shall pertain to the employer and the implementing persons or entities”.*

In order to update Law no. 102/2009 of 10 September 2009, as amended by Law no. 42/2012 of 28 August 2012, in the light of the recent legislative amendments regarding the classification, labelling and packaging of substances and mixtures, Law no. 3/2014 of 28 January 2014 also amended Articles 41 (Risks to genetic heritage), 53 (Chemical agents), 54 (Agents prohibited in the case of lactating workers), 59 (Chemical agents) and 64 (Chemical agents and substances and mixtures), which were then amended again by Executive Law no. 88/2015 of 28 May 2015.

For the amendments to the part regarding occupational safety and health services, as provided for in Law no. 102/2009 of 10 September 2009, as amended by Law no. 42/2012 of 28 August 2012, please refer to the section of the present Report on Paragraph 4.

Chapter VII (Complementary, final and transitional provisions) was renumbered Chapter X, with no change in its title.

Where these complementary, final and transitional provisions are concerned, we would note the following changes:

- Article 111(1) now says that: *“Without prejudice to other notifications provided for by law, employers must communicate accidents that are fatal and those that result in serious physical injury to the department or service with inspection powers and responsibilities at the Ministry with responsibility for the Labour area within the twenty-four hours following the incident”*.

- Article 114 was changed to read: *“The bodies with competence under the terms of the present Law shall keep an updated list of the authorisations that are expressly or tacitly issued, together with an express indication of those that are revoked or suspended, and the aforesaid list shall be publicised on the respective websites”*.

- Article 115, which provides for the regime governing administrative offences, now reads as follows:

“1 – The general regime governing labour-related administrative offences provided for in Articles 548 to 566 of the Labour Code applies to infractions derived from breaches of the present Law.

2 - Labour-related administrative offences shall be processed in accordance with the procedural regime applicable to labour and social-security-related administrative offences approved by Law no. 107/2009 of 14 September 2009, as amended by Law no. 63/2013 of 27 August 2013”.

- The addendum to Article 119-A (national validity), under which: *“Authorisations and alterations to authorisations for external occupational safety and health services shall be valid nationally, regardless of whether they were decided by a competent authority based on the mainland or one based in the autonomous regions, as per Article 17(1) of Executive Law no. 92/2010 of 26 July 2010.”*

Law no. 3/2014 of 28 January 2014 also made the second amendment to Executive Law no. 116/97 of 12 May 1997, which transposed Directive no. 93/103/EC of the Council of 23 November 1993 concerning the minimum safety and health requirements for work on board fishing vessels, as amended by Law no. 113/99 of 3 August 1999, into Portuguese law.

3. Executive Law no. 88/2015 of 28 May 2015 transposed Directive 2014/27/EU of the European Parliament and of the Council of 26 February 2014 into Portuguese law. Directive 2014/27/EU had amended Directives nos. 92/58/EEC, 92/85/EEC, 94/33/EC and 98/24/EC of the Council of 24 June 1992, 19 October 1992, 22 June 1994 and 7 April 1998 respectively, and Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004, in order to adjust them to Regulation (EC) no. 1272/2008, of the European Parliament and of the Council of 16 December 2008 concerning the classification, labelling and packaging of substances and mixtures.

Regulation (EC) no. 1272/2008 of the European Parliament and of the Council of 16 December 2008 established a new system for classifying and labelling substances and mixtures in the Union, which was based on the Globally Harmonised System of Classification and Labelling of Chemicals (GHS) at the international level and was created within the framework of the United Nations Economic Commission for Europe.

Directives nos. 92/58/EEC, 92/85/EEC, 94/33/EC and 98/24/EC of the Council and Directive no. 2004/37/EC of the European Parliament and of the Council contain references to the previous classification and labelling system, and were amended by Directive 2014/27/EU of the European Parliament and of the Council of 26 February 2014 with a view to bringing them into line with the new system established in Regulation (EC) no. 1272/2008.

As such, Executive Law no. 88/2015 of 28 May 2015 amended:

- Executive Law no. 141/95 of 14 June 1995, which had already been amended by Law no. 113/99 of 3 August 1999 and which laid down the minimum requirements for safety and health signs at work.
- Law no. 102/2009 of 10 September 2009, which had already been amended by Laws nos. 42/2012 of 28 August 2012 and 3/2014 of 28 January 2014 and which approved the legal regime governing the promotion of safety and health at work.
- Executive Law no. 24/2012 of 6 February 2012, which consolidated the minimum requirements regarding the protection of workers against risks to their safety and health due to exposure to chemical agents during transportation and transposed Directive no. 2009/161/EU of the Commission of 17 December 2009.
- Executive Law no. 301/2000 of 18 November, which regulated the protection of workers against risks linked to exposure to carcinogenic or mutagenic agents at work.

We should also note that Executive Law no. 88/2015 of 28 May 2015 entered into force on 1 June 2015, which meant that it was then possible to adjust the norms that provided for transitional periods within the scope of Law no. 3/2014 of 28 January 2014.

4. With a view to compliance with the mandatory provisions of the International Labour Organisation's 2006 Convention on Maritime Labour, Law no. 146/2015 of 9 September 2015 regulated both the activities of seafarers aboard vessels that fly the Portuguese flag and the Portuguese State's responsibilities as the flag or port state. It transposed Directives 1999/63/EC of the Council of 21 June 1999, 2009/13/EC of the Council of 16 February 2009, 2012/35/EU of the European Parliament and of the Council of 21 November 2012, and 2013/54/EU of the European Parliament and of the Council of 20 November 2013; and it made the second amendments to Executive Laws nos. 274/95 of 23 October 1995 and 260/2009 of 25 September 2009, and the fourth amendment to Law no. 102/2009 of 10 September 2009, and repealed Executive Law no. 145/2003 of 2 July 2003.

In this respect Law no. 102/2009 of 10 September 2009 was the object of a number of adjustments designed to adapt it to the abovementioned international instruments.

Article 14 on inspection thus now says that:

"6 – In cases in which the inquiry referred to in paragraphs (2) and (3) concerns facts that occurred on a vessel encompassed by the Convention on Maritime Labour, 2006, the competent body may:

- a) Request the collaboration of the authority with specific competences for the application of the legislation derived from the Convention;*
- b) Require any of the entities referred to in the previous subparagraph to implement it.*

7 – The report on the inquiry referred to in the previous paragraph must be concluded, and in the situation referred to in subparagraph (b) of the same paragraph, must be delivered to the competent body, as soon as possible and in any case within the thirty days following the conclusion of the inquiry."

On the subject of OSH representatives (Article 21), paragraph (5) now reads as follows: *"At companies that are responsible for the operation of vessels encompassed by the Convention on Maritime Labour, 2006, the number of workers' representatives shall be determined in the following manner:*

- a) On each vessel with five or more and less than fifty seafarers, one;*
- b) On each vessel with between fifty and two hundred seafarers, three;*
- c) On each vessel with more than two hundred seafarers, five;*

d) *With regard to other seafarers, the result of the application of the previous paragraph.*”.
Former paragraphs (5), (6) and (7) are now numbered (6), (7) and (8) respectively.

The following were also published during the reference period:

- Executive Law no. 24/2012 of 6 February 2012, which consolidated the minimum requirements regarding the protection of workers against safety and health risks due to exposure to chemical agents at work and transposed Commission Directive no. 2009/161/EU of 17 December 2009, and which was then amended by Executive Law no. 88/2015 of 28 May.
- Executive Law no. 121/2013 of 22 August 2013, which established the legal regime governing the prevention of injuries caused by cutting/perforating medical devices that constitute working equipment in the hospital and healthcare sectors, transposing Directive no. 2010/32/EU of the Council of 10 May 2010.
- Ministerial Order no. 40/2014 of 17 February 2014, which laid down the norms governing the correct removal of materials containing asbestos and the packaging, transport and management of the construction and demolition waste generated thereby, with a view to protecting the environment and human health.
- Ministerial Order no. 178/2015 of 15 June 2015, which made the first amendment to Ministerial Order no. 1456-A/95 of 11 December, which regulated the minimum requirements for the placement and use of safety and health signs at work and transposed Council Directive 92/58/EEC of 24 June 1992 on the minimum requirements for the provision of health and/or safety signs at work. Directive 92/58/EEC was amended by Directive 2014/27/EU of the European Parliament and of the Council of 26 February 2014, such as to adapt it to Regulation (EC) no. 1272/2008 on the classification, labelling and packaging of substances and mixtures. It is this adaptation that in turn led to the amendment of the Ministerial Order.
- Ministerial Order no. 71/2015 of 10 March 2015, which approved the model for the fitness-for-work form and revoked Ministerial Order no. 299/2007 of 16 March 2007.

Paragraph 3

Human Resources

Table no. 4
Variation in the number of labour inspectors, 2012/2015

Year	2012			2013			2014			2015		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
On active service	110	249	359	105	238	343	86	222	308	86	221	307

Source: ACT

Table no. 5
Variation in the number of labour inspectors, establishments visited and workers covered, 2012/2015

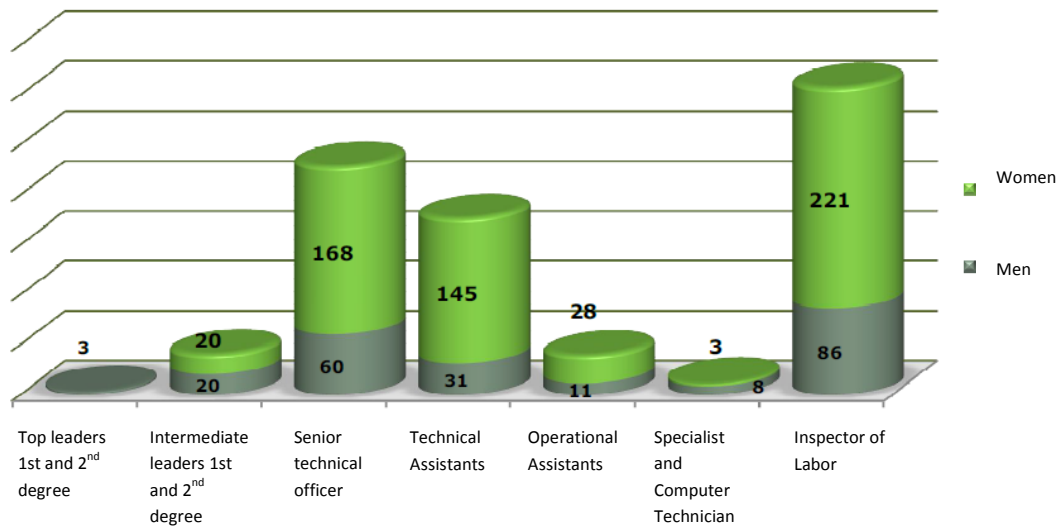
Year	Active labour inspectors	Establishments visited (* ¹)	Active workers		
			Men	Women	Minors*
2012	359	37,398	285,510	213,690	27
2013	343	29,539	200,138	139,954	31
2014	308	27,738	170,060	138,895	70
2015	307	25,738	133,315	101,328	128

Source: ACT

*Includes Minors below the age of 18, minors below the age of 16, and minors in illegal situations.

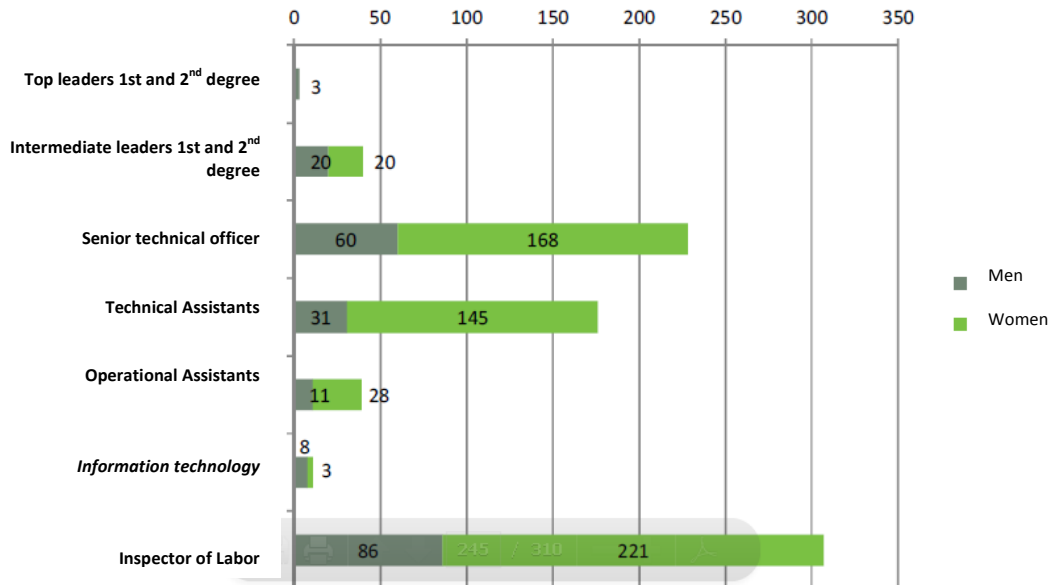
*¹ Includes all visits: Labour relations, and occupational safety and health.

Graph no. 1
Breakdown of number of ACT staff by occupational category (f/m)*



Source: ACT

Graph no. 2
Percentile breakdown of number of ACT staff by occupational category



Source: ACT

Control-type inspection activities in the occupational safety and health field

The holistic, integrated approach to the prevention of occupational risks that is a fundamental guiding principle underlying the Framework Directive on Safety and Health at Work (Directive no. 89/391/EEC) includes combining the efforts of public and private agents and seeing all the material and non-material elements of work as variables that are relevant to safety and health in organisations.

Well-being in workplaces thus depends on correlating the definition of prevention policies and programmes, the development and implementation of risk assessment, prevention and control and health monitoring activities, hiring, pay and career management policies, the organisation of working time, and the promotion of spaces for dialogue both between the various hierarchical levels and between employers, workers and their representatives. These are all criteria that must guide ACT's inspectorate in its work.

Table no. 6
Variation in inspection actions in the occupational safety and health field

Description	2012	2013	2014	2015
Establishments	15,446	5,056	5,037	3,949
Workers	137,283	67,949	60,107	44,814
Men	78,545	42,630	38,648	31,968
Women	58,736	25,319	21,459	12,846
Minors	2	0	5	1

Source: ACT

Table no. 7
Inspection actions in the occupational safety and health field

Year	Estab. Visited - Total	Estab. Visited - OSH	Workers
2012	37,398	15,446	449,200
2013	29,539	5,056	340,092
2014	27,738	5,037	308,955
2015	25,447	3,949	234,643

Source: ACT

Table no. 8
OSH inspection actions – Most visited sectors

Activities	2012		2013		2014	
	Inspection Visits	%	Inspection Visits	%	Inspection Visits	%
Agriculture, animal production, hunting, forestry and fishing	501	3.24	234	4.6	271	3.8
Manufacturing	1,855	12.01	978	19.3	1,229	17.2
Civil construction	7,715	49.95	2,015	39.9	3,020	42.2
Wholesale and retail trade; automobile and motorcycle repairs	999	6.47	370	7.3	439	6.1
Accommodation, food service and similar	424	2.75	137	2.7	157	2.2
Overall total	10,994	100	3,734	100	5,116	100

Source: ACT

Table no. 9
ACT inspection actions by sector of activity, 2015

Economic Activities	Inspection Visits
A – Agriculture, animal production, hunting, forestry and fishing	829
B – Mining and quarrying	176
C – Manufacturing	5,453
D – Electricity, gas, steam, air and air conditioning E – Water collection, treatment and supply; sewerage, waste management and remediation	465
F – Construction	8,909
G – Wholesale and retail trade; repair of motor vehicles and motorcycles	5,923
H – Transporting and storage	2,234
I – Accommodation, food service and similar activities	4,118
J – Information and communication activities	334
K – Financial and insurance activities	770
L – Real estate activities M – Professional, consulting, scientific and technical activities N – Administrative and support service activities	5,390
O – Public administration and defence; compulsory social security	572
P – Education Q – Human health and social work activities	2,479
R – Artistic, entertainment, sporting and recreational activities	314
S – Other service activities	1,213
T – Activities of households as employers of domestic staff; producing activities of households for own use	66
U – Activities of international bodies and other extraterritorial institutions	2
NACE unknown	59
TOTAL	39,306

Source: ACT

Coercive and non-coercive procedures in the occupational safety and health field

In concrete terms, when ACT's labour inspectors go to workplaces they make use of a whole range of instruments – notifications to take measures, formal reports, immediate suspension of work in situations of serious and imminent danger, and the filing of criminal charges or complaints. Within the overall strategy the inspectors employ in their approaches, these instruments possess an eminently preventive nature. Their use entails a highly technical aspect, which the inspectors combine with their significant powers to try to bring about improvements in working conditions, thereby also contributing to a reduction in the number of work-related accidents. The actual application of sanctions has a dual purpose – on the one hand, to also help prevent occupational accidents and illnesses, and on the other, to ensure fulfilment of the general principle that the law must be effectively complied with.

Infractions and sanctions

The following table shows the main types of OSH infraction that were the object of coercive or non-coercive procedures during the reference period:

Table no. 10
Coercive and non-coercive procedures in the OSH field, 2012-2015

Subject	Notifications to take measures				Infractions Reported			
	2012	2013	2014	2015	2012	2013	2014	2015
General principles re prevention	596	113	239	660	51	32	57	102
Worker participation	440	137	182	152	14	13	9	13
Information	245	88	100	92	7	5	5	6
Consultation	192	49	82	60	1	8	4	7
Other	3				6			
Training	656	206	317	310	86	86	109	90
Lack of adequate and appropriate OSH training	497	176	270	304	83	83	109	90
Worker training (designated workers / workers with responsibility for first aid, fire-fighting and evacuation / workers' representatives)	97	18	42	6	2	3		
Other	62	12	5		1	0		
Obligations pertaining to workers with management or coordination responsibilities					2			
OSH activities	2,265	831	1,012	375	1,451	967	1,191	770
Planning and programming	232	56	40		17	11	2	
Risk assessment	787	230	449		115	57	85	
Assessment of risks that may have harmful effects on genetic heritage		1	16	15	1	0	1	0
In-house safety inspections	142	30	15		3	2	0	
Accident analysis	228	116	74		12	5	12	
Accident statistics	24	5	0		0	0	0	
Health monitoring	621	311	321	481	1.298	888	1,089	714
Emergency activities – Situations entailing serious and imminent danger	48	11	1		0	0	0	
Emergency activities – Fire, first aid and staff evacuation	183	71	96	27	5	4	3	1
Other								55
Coordination of external activities	6	3	14	24	3	6	7	9
OSH services	253	123	136	120	324	160	258	122
Vulnerable groups	12	1				0	0	0
Pregnant women	12	0						
Minors	0	1						
Mandatory documents	106	72	16	2	100	132	100	62
Communication of accidents	18	13	6		87	84	95	
OSH activities	62	22	6		4	5	4	
OSH service formats	26	37	4		9	43	1	
Annual report / Single report								
Work-related accidents and Occupational illnesses	79	51	56	46	1,473	1,124	1,439	1,087

First aid		0			1	0		
Occupational accident insurance (lack of)	70	41	39	14	1,079	869	1,095	786
Other	9	10	17	50	401	255	344	301
Essential safety requirements - machinery	0	9	8	15	6	0	0	1
Special Community OSH Directives	18,386	11,572	12,449	14,997	888	559	665	656
Sundry	607	20		16	35	0		1
TOTAL	23,406	13,138	14,429	17,240	4,433	3,079	3,835	2,913

Source: ACT

A high proportion of these procedures are undertaken on the basis of Portuguese legal provisions that transpose Special Community Directives in the occupational safety and health field.

Table no. 11
Coercive and non-coercive procedures – Special Community Directives

Legislative acts transposing Special Community Directives	Notifications to take measures				Infractions reported			
	2012	2013	2014	2015	2012	2013	2014	2015
Workplaces	4,910	3,458	4,014		132	78	94	67
Work equipment	1,794	1,121	1,608		120	99	138	130
Equipment with visors	24	4	3		0	0	0	0
Individual protection equipment	447	300	340		10	7	13	18
Manual load handling	59	45	49		1	1	2	1
Safety signs	446	219	212		3	1	4	1
Physical agents	126	74	79		6	0	1	0
Noise	111	71	78		6		1	
Vibrations	15	3	1		0		0	
Optical radiations	0	0	0		0		0	
Chemical agents	730	874	1,053		17	23	38	19
Chemical agents - TLV	502	312	447		4	9	13	
Carcinogenic agents	11	4	2		0	0	0	
Asbestos	166	524	604		13	10	25	16
Explosive atmospheres	51	34	0		0	4	0	3
Biological agents	59	56	50		2	1	3	0
Special sectors	9,791	5,021	5,041		597	349	372	420
Construction safety	9,751	4,931	5,008		594	345	364	414
Mining and quarrying	35	90	33		3	3	8	5
Fishing vessels	5	0	0		0	1	0	1
TOTAL	18,386	11,172	12,449		888	559	665	656

Source: ACT

Work-related accidents that were the object of inspection actions

The occurrence of work-related accidents is a significant indicator of the existence of dysfunctions in workplaces and their surroundings. The information that such an occurrence has taken place does two things: it enables ACT to more accurately target its inspection actions at work-related situations which are highlighted in this way; and it gives production organisations better knowledge of the need to correct the prevention measures they implement in their workplaces. This is precisely why ACT is one of the entities that receive information about work-related accidents.

Labour inspectors are responsible for conducting inquiries into work-related accidents, especially ones that are fatal, serious or frequent. This is a fundamentally important task, because it makes it possible to assess the measures that are capable of avoiding a repetition of the incidents, and proposing whatever control measures prove necessary, ensuring they are implemented, and monitoring them. These inquiries are designed to diagnose the context that led to an accident. This warrants both a study of the working conditions at the enterprise/organisation in question and an overall analysis of the working situation there, given that in principle accidents very often have multiple causes.

In addition, ACT can be asked to conduct an “*urgent, summary inquiry*” into a given work-related accident, which then serves to support the work of the Labour Courts in their role of guarantors of the congruence of the system for providing reparation for such accidents.

Definition of concepts

Work-related accident: any unexpected and unforeseen incident, including acts of violence, which is derived from or related to work² and which results in the bodily or mental injury or death of one or more workers.

Work-related accidents are also deemed to include accidents which occur during travel, transport or other forms of circulation, in which workers are injured and which occur because of or during work – i.e. when the worker is engaged in an economic activity or is working or performing tasks for his/her employer.

En route accidents are also deemed to be work-related. An *en route* accident is one that results in death or bodily injury and occurs on the route which the worker normally takes between his/her workplace or the location of training linked to his/her occupational activity and his/her main or secondary place of residence, the place where he/she normally takes his/her meals, or the place where he/she normally receives his/her pay. The direction of travel between these places at the time of the accident is not relevant. *En route* accidents are also known as *in itinere* accidents.

Exclusions

The above definitions mean that the following types of accident are excluded from the scope of ACT’s work: those that are due to “unavoidable forces of nature” and are “independent of any human intervention”; and so-called “technological accidents” – i.e. those whose primary

² Normally occurring at the workplace and during working hours.

causal factor is not linked to a work-related activity as such, and are therefore not due to a risk created by working conditions.

Fatal work-related accidents that were the object of an ACT inquiry

ACT conducts an inquiry into every fatal work-related accident which is communicated to it or of which it becomes aware in any other way. In this respect it employs every type of formal and informal source of information, including mandatory employers' incident reports (in the case of the civil construction sector, this includes reports made by any persons or entities that are implementing the construction or who/which commissioned it) and police and media reports.

It is important to note that statistics presented in the present Report refer solely to fatal work-related accidents that were the object of ACT inspection actions – particularly work-related accident inquiries.

Table no. 12
Fatal work-related accidents that were the object of an inquiry and were statistically treated by ACT, by type of accident

Type of Accident	Year of Incident			
	2012	2013	2014	2015
Within premises/facilities	117	92	107	104
<i>In itinere / en route</i>	14	23	9	17
During travel, transport or circulation	16	26	19	21
Total	161	141	135	142

Source: ACT

Table no. 13
Fatal work-related accidents that were the object of an inquiry and were statistically treated by ACT, by economic activity, 2012/2015

Economic Activities (NACE – Rev. 3)	2012	2013	2014	2015
TOTAL	149	141	135	142
A – Agriculture, animal production, hunting, forestry and fishing	23	17	19	30
B – Mining and quarrying	5	2	4	4
C – Manufacturing	34	32	28	21
D – Electricity, gas, steam, air and air conditioning	0	1	0	0
E – Water collection, treatment and supply; sewerage, waste management and remediation	1	1	1	2
F – Construction	42	34	41	43
G – Wholesale and retail trade; repair of motor vehicles and motorcycles	9	14	9	11
H – Transporting and storage	10	15	10	11
I – Accommodation, food service and similar activities	1	0	3	0
J – Information and communication activities	0	0	0	1
K – Financial and insurance activities	1	0	1	0
L – Real estate activities	1	0	0	1

M – Professional, consulting, scientific and technical activities	2	3	1	1
N – Administrative and support service activities	4	14	9	11
O – Public admin. and defence; compulsory social security	2	6	2	0
P – Education	0	0	0	0
Q – Human health and social work activities	2	2	1	0
R – Artistic, entertainment, sporting and recreational activities	1	0	0	0
S – Other service activities	0	0	2	3
T – Activities of households as employers of domestic staff; producing activities of households for own use	1	-	0	0
U – Activities of international bodies and other extraterritorial institutions	0	-	0	0
NACE unknown	9	0	4	3

Source: ACT

Occupational illnesses

When it comes to preventing occupational illnesses, the degree of danger posed by the aggressive agent, the duration and type of exposure to it, the nature of the work being done and the individual characteristics of the exposed workers are all particularly important.

A preventive approach in this regard is more complex than in the case of work-related accidents, which occur at a single moment in time, so shortcomings in the identification, prevention and control of risks only have medium and long-term consequences, can only be correctly perceived using specialist techniques, and also require a greater articulation between and complementarity of all the different systems involved. The latter particularly include health monitoring and risk prevention in the workplace, and the entities involved in this respect include the Labour and Health Administrations and the Social Security Service, which must each act in such a way as to both play their own role and jointly ensure that occupational safety and health activities function properly at enterprises.

The available data refer to occupational illnesses that are recognised as such by the Social Security System acting by means of the National Centre for Protection Against Occupational Risks (CNPCRP).

Table no. 14
Breakdown of certified occupational illnesses with and without incapacity, 2012-2015

	Occupational illnesses with incapacity	Occupational illnesses without incapacity	TOTAL	No. of mandatory incident reports	No. of initial requests
2012	1,671	1,056	2,727	5,029	5,084
2013	2,315	1,230	3,545	5,051	5,100
2014	2,180	967	3,147	5,502	5,733
2015	2,684	975	3,659	6,661	6,689

Source: Social Security Statistical System (SESS/GRP), dynamic database: collected on 03/06/2014, 15/05/2015 and 25/03/2016

Safety and health in temporary work

Every worker is entitled to safe, healthy and dignified working conditions. In addition, the Community Directives applicable to the OSH aspects of temporary work and the naturally fragile and diverse situations that result from the legal nature and status of temporary workers mean it is necessary to establish special provisions to cover them. Portuguese legislation therefore precludes the use of temporary labour for jobs that imply a particular degree of danger for the workers in question, unless they possess specific professional qualifications for that work.

If a worker is exposed to a high level of risk by a particularly dangerous job, he/she must be the object of special medical monitoring. The user entity must bear the cost of that monitoring and its own occupational health doctor must tell his/her counterpart at the temporary labour company about the existence of any contraindications.

Temporary workers enjoy the same level of occupational safety and health protection as the rest of the user's staff.

As a result, the user is required to inform the temporary labour company, and the latter to in turn inform the worker, about:

- a) The results of the assessment of any risks to the temporary worker's safety and/or health that are inherent in the job to which he/she is going to be allocated, and in the event that there are any high risks in relation to a particularly dangerous job, the need for appropriate professional qualifications and special medical monitoring.
- b) Instructions on measures to be taken in the event of serious and imminent danger.
- c) The measures that are in place with regard to emergency and first aid, fire-fighting and worker evacuation in the event of an accident, together with details of the workers or services that are responsible for implementing them.
- d) The format under which the temporary labour company's OSH doctor safety and hygiene specialist can gain access to the job the worker will be doing.

The user must arrange for the temporary worker to receive training for the job that is sufficient and appropriate in the light of his/her professional qualifications and experience.

ACT actions in sectors of activity with higher accident rates

Notwithstanding the significant development in the number of public works projects in the 1990s, which attracted a considerable amount of (e.g. immigrant) manpower, the subsequent decade saw a reversal of this reality and a reduction in the volume of activity in the sector.

However, the specificities of this sector of activity, which are clearly reflected in the huge variability of the working situations there, its *sui generis* chain of responsibilities and a whole succession of decision-makers and work teams, stand out as significant differences in relation to other sectors of production. This context means that the approach to inspection must take these factors into account and employ the types of inspection instruments and actions which prove most appropriate and produce the best results.

Inspection actions at construction sites

In 2012-2015, the work of checking safety and health conditions at construction sites (subject to the normative framework laid down in DL no. 273/2003) entailed carrying out inspection visits to temporary and mobile sites. These particularly looked at the display of the prior notice that a construction site is going to exist and then keeping it updated, the appointment of a site safety and communication coordinator, the effective coordination of the activities undertaken in both the design and the actual work phases, the recording of coordination activities, the record of the contractual chain, the implementation of a safety and health plan that is appropriate to the particular site and is kept up to date, or, when such a plan is not required, the keeping of safety procedure files, the protection against construction-site risks (namely falling from heights, burial or submersion, risks linked to moving vehicles, electrical risks), the safe use of equipment, manual load handling, safety signs, health monitoring, and the transfer of civil liability for work-related accidents (i.e. the existence of occupational insurance).

Table no. 15
Inspection actions at construction sites

	Constructi on sites	Enterprises	No. of workers
2012	3,962	6,577	28,413
2013	1,976	4,281	13,948
2014	6,199	5,427	27,798
2015	2,019	3,852	13,247

Source: ACT

We should also note the work to make the sectoral social dialogue involving the key players in the construction field – entities that commission construction projects, designers, persons and entities that implement the construction, employers, workers and their representatives, national authorities with responsibility for applying legislation – more dynamic. All these stakeholders committed themselves to a cooperative interaction that took the shape of a diverse range of initiatives.

Mining and quarrying

Table no. 16
Inspection actions in the mining and quarrying sector

	No. of establ. visited	No. of workers covered
2012	182	1,678
2013	215	2,853
2014	141	759
2015	81	1,832

Source: ACT

Agriculture

The agricultural sector in Portugal is largely made up of family businesses and small and medium-sized enterprises (SMEs) that are very dispersed, suffer from organisational shortcomings and are marked by a high degree of seasonality.

There is also some intensive agriculture in geographic areas that are better suited to it, and the enterprises that operate in this segment are increasingly coming to present the same characteristics as businesses in almost all the other sectors of activity, except in terms of a greater seasonality.

The following table gives an overview of the approach taken by the inspectors in the agricultural sector.

Table no. 17
Inspection actions in the agricultural sector

	No. of establ. visited	No. of workers covered
2012	750	3,949
2013	757	5,968
2014	593	5,017
2015	436	3,293

Source: ACT

Fisheries

The fisheries sector is one in which the safety and hygiene conditions are particularly prone to work-related accidents.

It is one of four sectors of activity in which the Community countries present an incidence rate of work-related accidents that exceeds the average in the other sectors by 30% / 30% or more, due to the specificity of the risks associated with it. In 2013-2015, ACT therefore conducted a Campaign to Improve the Working Conditions in the Fisheries (sector), which involved vessel owners and operators, staff from the country's harbour-masters and port authorities' offices and other leading stakeholders in the sector.

Table no. 18
Inspection actions in the fisheries sector

	No. of vessels visited	No. of workers covered
2012	51	402
2013	47	341
2014	42	322
2015	120	605

Source: ACT

Control of working conditions and rest in the road transport sector

The activity engaged in by professional drivers cuts across various sectors of activity, and thus also presents specific occupational risks. Because of this, in 2015 ACT launched the Occupational Safety and Health in Professional Vehicle Driving Campaign, the goal of which was the help reduce both the number of road accidents in a working context and the occurrence of work-related accidents and illnesses. The Campaign involved the social partners in the sector and a variety of public and private entities with special responsibilities in this field.

The work done to control working and rest-related conditions in the road transport sector and the other sectors that use heavy passenger and/or goods vehicles targeted the length of driving and rest periods for the drivers of heavy vehicles, the recording of those times using appropriate documentary formats and the keeping of those records, the information and training provided to workers, the transfer of civil liability for work-related accidents (i.e. the existence of occupational insurance), and health monitoring.

Table no. 19
Control of working conditions and rest in the road transport sector

	Visits	Notifications to take measures	Official warnings	Infractions
2012	3,431	369	91	421
2013	2,464	165	110	423
2014	1,726	53	35	230
2015	1,728	262	83	199

Source: ACT

Other sectors of activity

ACT's Inspection Action Plan for 2012-2015 considered it important to look at a number of other areas as well. These included other manufacturing activities (metallurgy and metal products, textiles and apparel, wood and cork products) and the hotel industry. This work can be summed up by the indicators presented in the following table.

Table no. 20
Inspection actions in other sectors of activity

Activity	Year	Establ.	Visits	Workers
Metal product manuf.	2012	1,309	2,196	46,246
	2013	1,482	2,098	44,915
	2014	134	238	10,455
	2015	586	859	25,606
Textile and apparel manuf.	2012	726	1,244	21,268
	2013	629	893	19,519
	2014	543	851	21,887

	2015	425	583	15,074
Vehicle repairs	2012	581	935	4,847
	2013	516	711	3,491
	2014	435	690	2,982
	2015	226	325	1,271
Wood and cork manuf.	2012	268	447	4,534
	2013	280	380	3,670
	2014	193	284	1,926
	2015	160	231	2,883
Hotel industry	2012	2,720	4,291	13,013
	2013	3,109	4,414	17,767
	2014	2,767	4,234	17,297
	2015	2,672	3,745	11,309

Source: ACT

Special importance and legal protection afforded to cases of breaches of OSH norms

Labour-related administrative offences are classified into three categories: minor, serious, and very serious. This classification depends on the importance of the interests that are injured by breaches of the law, and determines the amount of the applicable fines. This subject is described in the previous Report.

Paragraph 4

With reference to the information on the organisation of occupational safety and health services provided in the previous Report, and as described in the response with regard to Paragraph 2, we would note that Law no. 102/2009 of 10 September 2009, which regulated the legal regime governing the promotion of occupational safety and health and the prevention of work-related accidents and occupational illnesses was amended during the reference period.

The most significant amendments in this respect were as follows:

Amendments made by Law no. 3/2014 of 28 January 2014

Chapter VI (Occupational safety and health services) was renumbered Chapter IX, but with no change to its title.

Articles 73-A (objectives), 73-B (main activities of the OSH service) and 74-A (qualification of in-house and joint services) were added to Law no. 102/2009 of 10 September 2009, as amended by Law no. 42/2012 of 28 August 2012. The new Articles preserved the content of Articles 97, 98 and 99, which were themselves revoked, except for that of Article 73-B(7), which now says that liability for the administrative offence incurred by breaching the provisions of paragraphs (1) to (3) pertains to:

- The external OSH service, if it is in breach of the duties in question, without prejudice to the provisions of Article 15(14).

The employer, in the case of an enterprise where a joint OSH service is in breach of the duties in question.

- The employer, whenever the breach was committed by the enterprise's in-house service.

With regard to the format that such services are required to adopt (Article 74), it should be noted that:

- The preamble to paragraph (1) now reads as follows: *“The occupational safety and health service may, in accordance with and subject to the provisions of the following paragraph, be organised using one of the following formats:”*;
- Paragraph (2) now provides as follows: *“Without prejudice to the provisions of Article 78(3), occupational safety and health services must be organised using the in-house service format, albeit recourse may be had in accordance with Section III and Section IV of the present Chapter to a joint or external service respectively that undertakes all or part of those activities, as well as to qualified specialists in sufficient numbers to ensure that those activities are undertaken, but only in cases in which there are insufficient resources within the enterprise or the establishment in order to undertake the activities integrated into the operation of the occupational health and safety service by the in-house service, or in which the regime set out in Article 81 is at stake”*.
- Paragraph (7) was revoked, and paragraph (8) was therefore revised and now says that: *“Breach of the provisions of paragraph (5) shall constitute a very serious administrative offence”*.

On the subject of emergencies and first aid, worker evacuation and fire-fighting, of particular note is the fact that Article 75(1) now says that: *“Whatever the format of the occupational safety and health service, the enterprise or establishment must possess an in-house organisational structure that undertakes the emergency and first aid, worker evacuation and fire-fighting activities referred to in Article 15(9), as well as the activities linked to the rescue of workers in accident situations whenever applicable”*.

With regard to groups of workers whose health can be promoted and monitored by means of National Health Service units [Article 76(1)], we would note that paragraph (1)(e) was amended to read as follows: *“Workers in the fisheries activity aboard vessels of less than 15m in length whose owner or operator does not operate more than two vessels and those vessels possess a length of less than 15m”*.

The following amendments regarding employers’ representatives (Article 77) are especially noteworthy:

- Paragraph (2) now says: *“For the purposes of the previous paragraph, adequate and appropriate training shall mean that which permits the acquisition of basic competencies in matters regarding safety, health, ergonomics, the environment and the organisation of work, is communicated in advance to the department or service with the competence to promote occupational safety and health at the Ministry with responsibility for the Health area, and is given by one of the following alternatives:*
 - a) *A training entity that is certified or the equivalent under the terms of the Law which regulates access to and pursuit of the occupations of senior occupational safety specialist and occupational safety specialist;*
 - b) *A training entity that is specifically certified for the purpose under the terms of the framework regime governing the certification of training entities, with the adaptations set out in a Ministerial Order that is to be approved by the member of the government with responsibility for the Labour area, and the competent authority shall be the body with inspection powers and responsibilities at the Ministry with responsibility for the Labour area.”*
- The text of paragraph (3) was also changed, to: *“The certification manual provided for in the Law which regulates access to and pursuit of the occupations of senior occupational safety*

specialist and occupational safety specialist shall describe the training requisites referred to in the previous paragraph, taking into account the necessary articulation with the National Catalogue of Qualifications (CNQ) and the training entity certification system”.

- Paragraph (4) continues to make a breach of the provisions of paragraph (2) [as previously set out in paragraph (3)] a serious administrative offence.

On the scope and mandatory nature of in-house OSH services, we would note that Article 78(2) now requires that: *“Without prejudice to their technical autonomy, the specialists who provide the service referred to in the previous paragraph shall undertake their activity within the framework of the employer’s organisation and under its authority”.*

Article 80, on dispensations from in-house services, now says:

- In the preamble to paragraph (3), that: *“After verifying conformity with the requisites that are capable of being considered in documentary form, within the forty-five days following submission of the request, and in the event it deems it necessary, the competent body may:”;*

- and in paragraph (4), that: *“The authorisation referred to in paragraph (1) must be revoked whenever the existence of any of the following circumstances is verified:*

a) A fatal work-related accident has occurred due to a breach of the occupational safety and health rules that is attributed to the employer;

b) The employer presents rates in terms of the incidence and seriousness of work-related accidents that exceed the average for the respective sector, whenever available data exist;

c) The verified existence of occupational illnesses contracted in the service of the enterprise or to which the enterprise’s working conditions have directly and decisively contributed;

d) Within the last two years, the employer has been convicted of committing a very serious administrative offence or the repeat commission of a serious administrative offence in the occupational safety and health field.”

Article 80(6) was revoked.

With regard to the communication of the existence of a joint service provided for in Article 81, we would point out that:

- Paragraph (3) now says that: *“The exercise of the activities provided for in paragraphs (1) and (2) shall be dependent on an authorisation granted by the body with the competence to promote occupational safety and health at the Ministry with responsibility for the Labour area”;* and paragraph (4) that: *“For the purposes of the previous paragraph, the request for authorisation should preferably be made by electronic means, in accordance with Article 96-A”.*

- Paragraph (5), which provided for the renewal of authorisations, was revoked.

- Paragraph (6) now reads as follows: *“The authorisation referred to in paragraph (3) must be revoked whenever the existence of any of the following circumstances is verified:*

a) A fatal work-related accident has occurred at the enterprise, establishment or set of establishments due to a breach of the occupational safety and health rules that is attributable to the employer;

b) Within the last two years, the employer has been convicted of committing a very serious administrative offence in the occupational safety and health field or the repeat commission of a serious administrative offence in the occupational safety and health field;

c) The employer has not communicated the existence of one or more changes in the items that provided grounds for the authorisation within a time limit of thirty days to the body with the competence to promote occupational safety and health at the Ministry with responsibility for the Labour area.”

- The new text of paragraph (10) is as follows: *“The body with the competence to promote occupational safety and health at the Ministry with responsibility for the Labour area shall have*

forty-five days counting from the date of reception of the request in order to grant or deny the authorisation referred to in paragraph (3), which shall be deemed to have been tacitly granted in the absence of any express decision.”

- The administrative offence provided for in paragraph (11) was changed as follows: *“Exercise of the activities referred to in paragraphs (1) and (2) without authorisation shall constitute a very serious administrative offence.”*

Article 82 regulates communication of the existence of a joint service. It now says that: *“The agreement which institutes the joint service must be entered into in writing and communicated to the body with the competence to promote occupational safety and health at the Ministry with responsibility for the Labour area or to the competent body at the Ministry with responsibility for the Health area, as appropriate, within a maximum time limit of ten days after that entry”* [paragraph (2)]; and that: *“In addition to the agreement referred to in the previous paragraph, the communication must be accompanied by a justified formal opinion from the workers’ occupational safety and health representatives, or in their absence, from the workers themselves, and shall be submitted, namely by electronic means via the department or service’s single electronic platform, in accordance with the model made available on the competent bodies’ websites”* [paragraph (3)]. The administrative offence for a breach of the provisions of paragraphs (2) and (3) was also altered, as follows: *“Breach of the provisions of paragraph (1) shall constitute a very serious administrative offence and breach of the provisions of paragraphs (2) and (3) a serious administrative offence on the part of each of the enterprises encompassed by the joint service”*. [paragraph (5)]

Where external services are concerned, we would note some small amendments to Article 83(2), which provides for the different possible types of such services (associative, cooperatives, private):

- Associative – provided by not-for-profit associations with their own legal personality whose articles of association include the object of providing OSH services.

- Cooperative – provided by cooperatives whose articles of association include the object of providing OSH services.

- Private – provided by companies whose corporate object includes the activity of providing OSH services, or by one or more natural persons who possess the qualifications required by law for engaging in this activity.

Article 83(3), which allowed employers to adopt organisational formats for external services other than those provided for in Article 83(2), was revoked.

In its current form, Article 84(1) says that external services [Article 74(1)(c)] provided by companies, associations, cooperatives or natural persons require authorisation. Article 84(4) now reads as follows: *“The provisions of Subsection II (Authorisation of external services) are applicable to alterations to authorisations regarding high-risk sectors of activity and activities”*.

Paragraphs (6) and (7) now say that: *“Exercise of the activity by an external service without authorisation, namely for the high-risk area, sector or activity in question, shall constitute a very serious administrative offence”* [paragraph (6)]; and that: *“The liability for the administrative offence referred to in the previous paragraph shall pertain to both the contracting employer and the contracted external service”*. [paragraph (7)]

Paragraphs (8), (9) and (10) were added to Article 84, as follows:

- External services contracted by an enterprise that is established in another Member State of the European Economic Area in accordance with that state’s legislation and provides services

in Portuguese territory under Article 4(3) of Executive Law no. 92/2010 of 26 July 2010, shall not require authorisation, but shall be subject to the conditions regarding the exercise of their activity that are applicable to them during the presence in Portuguese territory of the employer that contracted them, namely the requisites with regard to:

- Specialists' qualifications set out in the Law that regulates access to and pursuit of the activity of providing vocational training for senior occupational safety specialists and occupational safety specialists.
 - Premises, facilities, equipment and utensils for assessing occupational safety and health conditions, in conformity with the minimum requirements for safety and health in the workplace provided for in special legislation.
 - Health units, in cases where the requisites refer to the health field, in accordance with special legislation.
 - Procedures in the metrology field regarding equipment for assessing OSH conditions and utensils, in accordance with special legislation. [paragraph (8)]
- The provisions of Article 84(8) do not prejudice the mutual recognition of requisites that are complied with in the state of origin, namely with regard to equipment and specialists' qualifications. [paragraph (9)]
- Recognition of qualifications of specialists from other Member States must comply with the terms laid down in the Law that regulates access to and pursuit of the activity of providing vocational training for senior occupational safety specialists and occupational safety specialists. [paragraph (10)]

Authorisation of external services is subject to verification of certain requisites laid down in Article 85(1). These were altered, as follows:

- The permanent availability of at least one senior occupational safety specialist and one specialist and the availability of one occupational health doctor, who engage in the respective safety or health activities. [subparagraph (a)]
- The capacity to engage in the activities provided for in Article 73-B(1), without prejudice to recourse to subcontracting solely in order to perform other highly complex or infrequent tasks. [subparagraph (e)]

Paragraph (5) was added to Article 85. It says that: *"Requisites which are equivalent or are designed to achieve essentially the same purpose and to which the applicant has already been subjected, particularly in another Member State of the European Economic Area, shall be deemed to have been complied with"*.

The following amendments regarding the items that must accompany authorisation requests [Article 86(3)] are especially noteworthy:

- Proof that a declaration that trading has begun has been made at the competent tax office. [subparagraph (b)]
- A copy of the contracts with OSH specialists and senior specialists and with occupational health doctors and nurses (when entered into in writing), setting out the time each person is expected to work for the service each month, and in the case of the occupational health professionals, the location in which the work is to be done. [subparagraph (d)]
- A list of the equipment and utensils to be used to assess OSH conditions at the entity's headquarters and establishments, to include their technical characteristics, brands, models and serial numbers. [subparagraph (g)]

Article 86(5), on the regime governing the authorisation of external services, which referred on to the provisions of Article 80(6), was revoked.

With regard to inspection visits, which are the subject of Article 88, we would note the new text of the latter's paragraph (1)(c), which now says: "*Subcontracting situations, in accordance with Article 85(1)(e)*"; and on the question of the change made to the authorisation provided for in Article 90, the referral in Article 88(2) is now to "*Article 85(3)(f)*".

The following amendments were made to the rules on the prior payment of fees (Article 91):

- In the cases provided for in Article 91(1)(a) to (d), payment must be made within the ten working days following notification of the competent body. [paragraph (3)(a)]
- When the decision to alter does not imply an inspection visit, payment must be made within the ten working days following the issue of the decision. [paragraph (3)(b)]
- In the case of the audit referred to in Article 91(1)(e), payment must be made within the ten working days following notification of the date on which the audit is to be conducted. [paragraph (3)(c)]

Article 91(5) now says that: "*Failure to pay the fees referred to in the previous paragraphs shall cause the termination of the ongoing authorisation procedure, or in cases in which the decision to authorise or change the authorisation has been issued, shall cause it to be without effect*".

Article 93, which refers to the decision itself, was amended as follows:

- Both authorisations to engage in OSH activities in the external service format, and changes to such authorisations that imply an inspection visit, must be decided within a time limit of ninety days, and changes that do not imply a visit must be decided within one of sixty days, in both cases counting from the date on which the respective request was received. [paragraph (5)]
- In cases in which the decision is not issued within the aforesaid time limits, the authorisation of an alteration is deemed to have been tacitly approved, although it remains without effect until the applicable fees have been paid. [paragraph (6)]

The following amendments were made with regard to monitoring and audits:

- External services must communicate any interruption or termination of their operation, and any amendments to their corporate object, within thirty days thereof to the competent body that issued the respective authorisation. [Article 94(1)]
- Within an overall audit, the quality of the services concerned can be assessed by control visits to the workplaces of the enterprises to which the services are provided. [Article 95(4)]
- External services which engage in activities in Portuguese territory under the terms of Article 84(8) can be assessed by means of an audit in accordance with Article 95(4), to be undertaken at the initiative of the bodies referred to in Article 95(2) and with the goal of verifying compliance with the applicable requisites for engaging in the activities in question. [Article 95(5)]

We would note the introduction of Article 96-A, on the single electronic platform and IT records. The following are especially significant in this respect:

- All the communications and notifications needed to authorise or change existing authorisations for external services or issue dispensations from in-house services, as well as the submission of documents, requests or applications and information regarding those procedures, must be sent electronically via the applicable department or service's single electronic platform. [paragraph (1)]
- The records that external services are required to keep under Law no. 3/2014 of 28 January 2014 must be available in an IT format. [paragraph (2)]
- When it is not possible to comply with the provisions of Article 96-A(1) because an electronic platform is unavailable, the information in question can be transmitted by other means

provided for by law – i.e. by fax, by an e-mail from an address that has already been communicated to the competent authority by other means, or by registered post with notification of receipt. [paragraph (3)]

Where health examinations are concerned, Article 108(6) now says that: *“Performance of the admission examination provided for in paragraph (3)(a) may be dispensed with in the following cases:*

a) In which the employer party to the labour relationship changes, on condition that the worker remains in the same job and there are no substantial changes in the material elements of the work that could have harmful repercussions for the worker’s health;

b) In which the worker is contracted for a period not exceeding forty-five days for work that is identical, and the worker is exposed to the same risks and has not been known to possess any lack of fitness since the last medical examination performed during the last two years; and the occupational doctor must be familiar with the clinical file for that last examination.”

The administrative offence previously provided for in Article 108(6) is now the object of paragraph (7) of the same Article.

Amendments made by Law no. 146/2015 of 9 September 2015

On the question of employers’ representatives (Article 77), paragraph (4) now reads as follows: *“The captain of a ship encompassed by the Convention on Maritime Labour, 2006, represents the ship owner or operator with regard to the implementation of prevention activities, regardless of the organisational format of the occupational safety and health service.”*

The previous paragraph (4) is now paragraph (5).

Obligation to publicise data on the activity of OSH services in enterprises

The following data are intended to give a picture of the extent to which this norm is being implemented and the types of implementation. The obligation to draw up an Annual Occupational Safety and Health Service Activity Report describing the activities of OSH services for management and control purposes has existed since 2002.

The information presented below is the result of a statistical analysis of the data collected electronically from Annexe D of these Reports (Source GEP/MTSSS), which adopt a Single Report format (laid down in Ministerial Order no. 55/2010 of 21 January 2010). The Single Report is made up of various annexes and is a source of administrative information that must be provided by every employer throughout the country, albeit the present summary only refers to mainland Portugal.

In 2012, 35,448 enterprises had organised their safety and health services separately and 150,993 in a joint format. 10,888 safety and health specialists and 2,410 occupational health doctors were attached to these services.

The following table gives an overall picture of the formats in which OSH services were organised in that year.

Table no. 21
Organisational format of OSH services, 2012

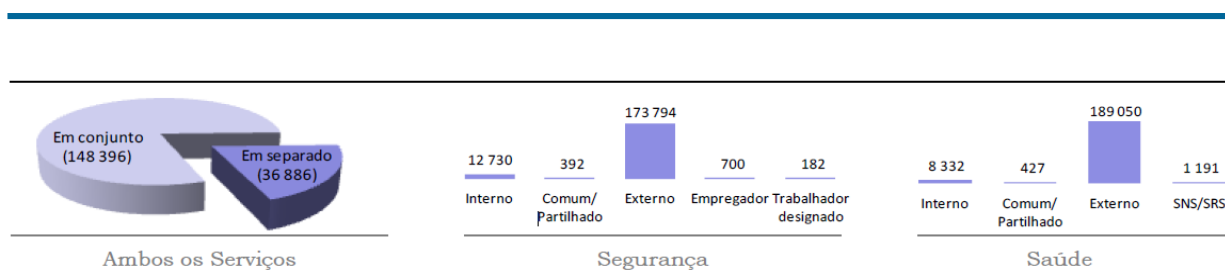
Safety						Health				
Total	In-house	Joint / shared	External	Employer	Designated worker	Total	In-house	Joint / shared	External	NHS / RHS
188,530	13,234	506	173,944	667	179	199,993	8,623	460	189,648	1,262

Source: ACT

Situation in 2013:

The number of different doctors and specialists engaged in these services increased in relation to 2012 (from 2,410 to 2,456 and from 10,888 to 12,737 respectively). The reality with regard to the organisation and format of OSH services can be seen from the following graph (source: <http://www.gep.msess.gov.pt/estatistica/condicoes/OSH2013sint.pdf>, in Portuguese):

Graph no. 3
Local units, by service organisation and format, 2013



Source: ACT

<p>Translation <i>Em conjunto</i> - Together <i>Em separado</i> - Separately <i>Ambos os Serviços</i> - Both Services <i>Interno</i> - Internal <i>Comum/Partilhado</i> – Ordinary / Shared <i>Externo</i> - External <i>Empregador</i> - Employer <i>Trabalhador designado</i> – appointed worker <i>SNS/SRS</i> -</p>

Public sector employment

The occupational safety and health policy for the Public Administration (PA) forms part of the overall national policy on the same subject – i.e. the National Strategy for Safety and Health at Work (ENOSH), which followed an earlier ENOSH that was in effect in 2008-2012.

These ENOSHs – both the 2008-2012 and the 2015-2020 versions – set out the overall framework for the prevention of occupational risks and the promotion of well-being at work. Their goal was and is to achieve a constant and consolidated reduction in labour-related accidents and progressively and continuously improve levels of health and well-being at work.

They were designed with a view to the development and implementation of coherent and effective public policies resulting from articulation between the various PA departments with responsibility for promoting safety and health in workplaces – policies that are seen as a precondition for an effective improvement in working conditions, quality of life at work and the competitiveness of enterprises in Portugal.

They also seek to reduce both the number of work-related accidents and the risk factors associated with occupational illnesses.

Between January 2012 and December 2015, the OSH regime for the PA was one that, albeit based on the common labour law, was set out in a specific normative system for the Public Administration: the Regime governing the Public Sector Labour Contract and the respective Regulations, as approved by Law no. 59/2008 of 11 September 2008.

In 2014, the PA was made subject to the OSH legislation applicable to the private sector by the referral set out in Article 4(1)(i) of the General Law governing Public Sector Labour (LTFP) approved by Law no. 35/2014 of 20 June 2014. The applicable regime thus became that established in the Labour Code (CT) approved by Law no. 7/2009 of 9 February 2009 and the respective complementary legislation (Law no. 102/2009 of 10 September 2009 – the legal Regime governing the Promotion of Safety and Health at Work).

Worker participation in the drawing up of OSH legislation is provided for in Articles 15(2)(g) and Article 16(1) of the LTFP.

One significant change during the reference period was that the LTFP no longer gives the Working Conditions Authority (ACT, the entity that controls compliance with OSH legislation) the competence to inspect fulfilment of the OSH legislation applicable to the public sector labour bond. This has now been attributed to the department or service with inspection responsibilities and powers at the Ministry with the responsibility for superintending public sector employers, and cumulatively to the Inspectorate-General of Finance (IGF) [Article 4(2), LTFP].

The LTFP was drawn up in a process that included negotiation with the trade unions.

Although generally speaking one cannot consider that the measures provided for in the OSH field have been fully implemented, various Public Administration departments and services have undertaken a number of sometimes one-off initiatives and measures.

We would note that several collective labour agreements reached between public sector employers and organisations that represent workers include regulations on the application of OSH measures. As a rule, the latter do not significantly differ from the law on this subject.

Under Article 284 of the CT, which is applicable to the PA as a result of Article 4(1)(i) of the LTFP, the legal regime governing the promotion of occupational safety and health and the prevention of work-related accidents and occupational illnesses is currently that set out in Law no. 102/2009 of 10 September 2009, as amended by Law no. 42/2012 of 28 August 2012 and republished by Law no. 3/2014 of 28 January 2014.

The departments and services of the Public Administration have progressively been implementing the measures which the law provides for in this field. In some cases, measures of a one-off nature have been taken that may require articulation and coordination on a general level in the future.

The National Occupational Health Programme (PNSOC) for the 2nd Cycle 2013/2017, which falls under the authority of the Ministry of Health, established the strategic priority of developing the essential conditions needed for regional and local articulation in the occupational health field within the Public Administration.

As provided for in Article 9 of DL 503/99 of 20 November 1999, public sector employers are responsible for sending the data on work-related accidents in the PA to the Office for Planning and Strategy at the Ministry of Labour, Solidarity and Social Security (GEP-MTSSS). The Secretariat-General of the Ministry of Finance (SGF – the department that pays for the injuries and damages resulting from work-related accidents pertaining to non-autonomous public sector departments and services) will send the data regarding the departments and services in the Direct Administration to GEP.

Under Article 74(1) of Law no. 102/2009, occupational health services can be organised using the following formats:

- a) In-house services: In-house OSH services that are created by the employer and form part of the enterprise's organisational structure, operating under its authority and within its hierarchical framework. They only cover the staff who work at the enterprise.
- b) Joint services: Joint OSH services that are created by various enterprises or establishments belonging to companies that are not in a group relationship and are not required to organise in-house services. They only cover workers for whose safety and health those enterprises and establishments are responsible, and do so under the terms of a written agreement.
- c) External services: When an employer does not have the in-house competencies needed to ensure the prevention of occupational risks and arrange for the monitoring of its workers' health, and on condition that it is not legally obliged to organise in-house services, it may contract external entities to provide OSH services. The activity of providing OSH services is regulated by the state, and so engaging in it must be authorised in advance.

Every public employer, body, department and service must adopt measures to organise an occupational health service.

Responses to the European Committee of Social Rights

Conclusions of non-conformity

The Committee also notes that incidence rates for occupational accidents and especially fatal accidents have considerably decreased since the previous reference period. The trend continued during the reference period. It considers, however, that the overall level of occupational accidents is still too high in comparison with the average rates in the EU-27 for the right to safe and healthy working conditions to be secured. It therefore reiterates its conclusion of non-conformity.

The Committee concludes that the situation in Portugal is not in conformity with Article 3§3 of the Charter on the ground that measures to reduce the excessive rate of fatal accidents are inadequate.

The indication that Portugal presents a negative deviation from the average rates in the EU-27 concerning occupational accidents requires an analysis at the national level.

The reported data arise from a context of economic crisis in which there is mobility of workers engaged in activities carried out in other economic sectors, different from the ones they are used to. At the same time, the data are related to a possible reduction in business investment in occupational safety and health services due the current economic difficulties in the country.

Although during the reference period 2008/2011, the Working Conditions Authority (ACT) systematically focused on a strategy aimed to reduce work-related accidents, as pointed out in the respective activity plans³ and reports and in pages 1 to 19 of the 8th Report submitted by Portugal, it is necessary to increase and continue the actions taken by the ACT, involve other bodies and create response capacities and resources complementary to the national strategy of safety and health at work.

In order to achieve this, the ACT aims to strengthen the inclusion of occupational safety and health issues in education systems from basic to university education and vocational education, by supporting the training of teachers and the preparation of information content and teaching materials.

This non-conformity conclusion is taken on the basis of an average rate. However, there is no reference standard or any other type of reference to ascertain the rate of work-related accidents considered acceptable, although the ultimate goal of occupational safety and health is the "Zero Rate" of work-related accidents.

Response to additional information requests

It asks for information in the next report on the public authority responsible for occupational health and safety in the autonomous regions of the Azores and Madeira. It also asks that the next report indicate whether the policy implemented is reviewed regularly in the light of changes in the risks.

Information regarding this additional request can be found in the text on Paragraph 1.

The Committee asks for information in the next report on the national system for occupational risk prevention. It also asks for information on how enterprises put their obligations regarding risk prevention, workplace risk-assessment, preventive measures geared to the nature of the risks identified, and information and training for workers into practice. It also asks for information on the rules on the functioning, certification and provision of occupational health and safety services provided for in Articles 73 et seq. of Act No. 102/2009.

Employers are under a general obligation to organise their OSH services using the four possible formats provided for in Article 74 of Law no. 102/2009 of 10 September 2009. It is these services that are responsible for the OSH activities provided for in Article 98, which include risk assessment, the adoption of preventive measures, worker training and information, and others.

³ [http://www.act.gov.pt/\(pt-PT\)/SobreACT/DocumentosOrientadores/Paginas/default.aspx](http://www.act.gov.pt/(pt-PT)/SobreACT/DocumentosOrientadores/Paginas/default.aspx)

These services must include qualified specialists – namely safety specialists and senior safety specialists, who must possess professional licences, which only ACT can issue.

The fact is that ACT is the entity that regulates access to the profession of safety specialist and senior safety specialist, to which end it analyses applications for the issue of the respective professional licences. In the case of professional service providers who are citizens of other EU or EEA countries, want to provide OSH services in Portugal for the first time and come here to request the prior verification of their qualifications in accordance with Law no. 9/2009 of 4 March 2009, as amended by Law no. 41/2012 of 28 August 2012, ACT verifies the conformity of the professional qualifications required by law.

The figures presented below are for ACT’s activities in 2015, including case files that transitioned from 2014.

Table no. 22
Regulation of access to the safety specialist profession

Regulation of access to the safety specialist profession	2014	2015
Applications for professional licences	1,735	1,353
Total safety specialist licences	266	167
Total senior safety specialist licences	1,522	1,283
Licences terminated / Applications denied	95	78
Prior declarations issued (EU workers)	18	2

Source: ACT

Since 2011, the regulation of access to the profession of safety specialist and senior safety specialist has been managed by the Application for the Issue of Aptitude Certificates Casefile Information System (SIPCAP).

2,227 professional Occupational Safety Specialist licences and 10,715 professional Senior Occupational Safety Specialist licences were issued in 2011-2015.

The majority of enterprises in Portugal continue to use the external service format, which is regulated by ACT in the safety field and by the Directorate-General of Health (DGS) in the health field. This regulation entails verifying the requisites for beginning to work in this field as described above, together with an ongoing monitoring process that employs audits designed to verify both continued compliance with the initial requisites and the quality of the services provided to enterprises.

The following tables present a range of information that reflects the number of authorisations issued by ACT with regard to the organisation of services, and the number of audits of enterprises that provide external services, which were systematised for the first time in 2014-2015.

Table no. 23
Regulation of occupational safety services

Regulation of occupational safety services	2014	2015
AUTHORISATIONS		
Requests	74	108

Authorisation	20	27
Alteration of an existing authorisation	54	81
Decisions	74	84
Authorisation	16	19
Alteration of an existing authorisation	50	51
Authorisation terminated / Request denied	8	14
Inspection visits	25	16
Authorisation revoked	7	19
Authorisation suspended	0	6
AUDITS		
Conducted	30	96
DISPENSATIONS FROM IN-HOUSE SERVICES		
Requests	3	4
Decisions	3	2
Dispensation authorised	0	1
Request denied	3	1

Source: ACT

At enterprises, establishments, or sets of establishments that are up to 50km from the largest one, which employ up to nine workers and engage in activities that are not high risk, occupational safety activities can be directly undertaken by the employer or a worker designated by him/her/it, on condition that the person in question possesses appropriate training and is habitually present in the establishment(s), or by one or more workers who are designated by the employer and possess both appropriate training and the time and resources needed for the purpose. The applicable authorisation must be issued by ACT.

The following table shows the number of case files processed by ACT in this respect in 2014-2015.

Table no. 24
Authorisations for occupational safety activities to be undertaken by the employer or one or more designated workers

Authorisation employer/worker	2014	2015
Requests	63	70
Decisions	63	70
Requests authorised	55	60
Requests denied	7	10

Source: ACT

In the health field it is also possible to have recourse to the National Health Service in order to fulfil the applicable obligations.

The proper operation of enterprises' in-house services (another of the possible formats for organising services) is verified by inspection-type interventions.

Fulfilment of an employer's OSH obligations can be monitored using the Single Report, which combines a set of information each employer must provide every year. This information includes the activities of its OSH services: their organisational format, technical staff roster, risk

identification and assessment, health promotion, medical examinations, work-related accidents, occupational illnesses, and others.

The annual provision of information on the enterprise's social activities – namely in the OSH field – is an obligation imposed on employers by the provisions of Article 32 of Law no. 105/2009 of 14 September 2009.

The content of the information that must be provided is specified in the model for the so-called Single Report, which is defined in Ministerial Order no. 55/2010 of 21 January 2010. The Report consists of 6 annexes, with Annexe D being the Annual Occupational Safety and Health Service Activity Report. The following tables present the resulting data, which are taken from GEP's Statistics Collection and refer to the data declared by enterprises as part of this reporting requirement.

Table no. 25
Number of employers and workers covered by occupational safety services

	2013	2014
Employers (with active local units)	281,124	285,294
No. of workers covered (safety)	2,761,089	2,916,930

Source: GEP/MTSSS

Table no. 26
Worker consultation

	2013	2014
Number of actions	107,532	101,447
Number of participants	1,115,462	1,205,765

Source: GEP/MTSSS

Table no. 27
Types of physical risk factor

	2013	2014
Noise	12,394	14,633
Vibrations	4,198	5,880
Ionising radiations	1,157	1,695
Non-ionising radiations	1,830	2,666
Lighting	27,224	30,042
Thermal environment	21,943	23,174
Other	13,415	15,623

Source: GEP/MTSSS

Table no. 28
Types of chemical risk factor

Agent	2013	2014
Sodium hydroxide	593	602
Sodium hypochlorite, active % Cl solution	593	636
Toluene	542	554
Other, unspecified chemical agents	16,634	16,699

Source: GEP/MTSSS

Table no. 29
Types of biological risk factor

Group	2013	2014
Bacteria and related	5,175	5,719
Viruses	3,229	3,162
Parasites	587	596
Fungi	398	428
Other risk factors	5,213	6,506

Source: GEP/MTSSS

Table no. 30
Types of risk factor with the capacity to give rise to alterations in the muscular-skeletal system

Agent	2013	2014
Monotonous/repetitive work	7,442	8,868
Manual load handling	40,756	44,979
Work with equipment fitted with a visor	27,530	31,012
Incorrect positions	41,379	47,646
Extreme efforts and/or movements	6,190	7,925
Incorrect placement of elements of a work position	398	445
Inappropriate work furnishings	537	503
Inappropriate work equipment	190	230
Other	11,410	11,963

Source: GEP/MTSSS

Table no. 31
Psychosocial and organisational risk factors

Agent	2013	2014
Intense work rates	3,216	4,447
Monotonous/repetitive work	2,307	2,589
Lack of decision-making capacity/possibilities or control over work	80	115
Abnormal productivity requirements	240	349
Shift work	2,031	3,154
Night work	2,042	2,533
Overtime	547	675
Work with exposure to potential threats and verbal aggressions	4,586	4,711
Work with exposure to potential physical threats	-	3,412
Harassment	113	137
Discrimination	79	99

Misuse/misappropriation of private property	214	242
Other	8,742	9,843

Source: GEP/MTSSS

Table no. 32
Other risk factors regarding the OSH of workers at work

Agent	2013	2014
Work in premises/facilities with a high thermal load	641	798
Excavation work	1,126	1,330
Work at a height	4,640	5,153
Underground work	53	75
Hyperbaric work	18	20
Dangerous ground/floor surfaces	2,869	3,876
Work in confined or small spaces	723	734
Explosive atmospheres	1,089	1,084
Falling materials or objects	20,569	22,798
Use of work equipment	25,864	26,926
Exposure to dusts, aerosols, smokes, gases and vapours	7,864	8,674
Work with pressurised recipients	736	1,249
Work done in electrical installations/facilities	1,087	1,171
Work done with exposure to electricity-related risks	13,598	14,081
Other agents	25,045	25,989

Source: GEP/MTSSS

Table no. 33
Number of activities undertaken with regard to the promotion of occupational safety and health

Activities undertaken	2013	2014
Awareness-raising and information actions for smokers	60,095	47,251
Promot./facilitat. of access to anti-smoking support actions	12,345	11,268
Creation of spaces for smokers	1,015	849
Prevention of alcoholism	57,634	51,862
Prevention of drug abuse/dependency	41,791	32,802
Promotion of physical exercise	103,568	101,085
Creation of conditions for engaging in physical exercise	2,375	2,585
Promotion of a healthy diet	112,843	117,553
Activities targeted at young workers	770	349
Activities targeted at women	7,705	6,491
Activities targeted at workers who are pregnant, have	699	162
Activities targeted at workers over the age of 50 years	4,849	5,242
Activities targeted at migrants	733	243

Preparation for retirement	731	288
Prevention and control of psychosocial risks	33,852	25,040
Other activities undertaken	82,025	177,309
Total	523,030	580,379

Source: GEP/MTSSS

Where data on the fulfilment of the obligations regarding risk prevention, risk assessment, the adoption of measures to prevent detected risks, and worker training and information are concerned, ACT has presented data on both coercive and non-coercive procedures in the overall OSH field and compliance with Special Directives in the first part of the text (updated information) on Article 3.

It asks for the next report to state whether the National accreditation system includes the verification of occupational health and safety conditions. It also asks for information on the involvement of the authorities in scientific and technical research on occupational health and safety.

The National Accreditation System (SNA) in the OSH field is regulated by the Portuguese Accreditation Institute (IPAC). The System accredits certifying entities with responsibility for implementing OSH management systems at enterprises, based on the OHSAS 18001 referential.

This is a voluntary system, but if it is implemented, the control audit performed by these entities entails verifying safety and health conditions. At the same time, and as we have already mentioned, there is a mandatory regulation system for OSH activities undertaken for enterprises by external services. This system falls under the authority of the national regulatory entities in this field, and includes the verification of safety and health conditions by means of control and audit visits to both the service providers' own establishments and their clients.

Within the framework of the Operational Programme for Supporting the Promotion of Safety and Health at Work (PROAP), ACT has been helping promote professional risk prevention policies, arranging for the development, dissemination and application of scientific and technical knowledge in the OSH field by supporting the development and implementation of projects integrated into the following subprogrammes:

- Information and dissemination.
- Vocational training.
- Studies and applied research.

Under the Regulations governing the Management of Support to be Granted by ACT within the PROAP framework, which was approved on 17 November 1995, in 2015 ACT provided a number of eligible entities (trade unions, employers' and business associations, educational and scientific and technological establishments, among others) with support for the development and implementation of projects that que promote a culture of OSH prevention in workplaces, thereby contributing to an effective reduction in the number of work-related accidents and occupational illnesses.

Following publication in the *Diário da República*, the new Regulations governing the Management of the Operational Programme for Supporting the Promotion of Safety and Health at Work (REGESP, Order no. 2842/2015 of 19 March 2015) entered into force on 26 March 2015. They established a specific time period each year for the submission of applications for subsidies (1 November to 31 December), and a second period for such applications (1 to 30 April each year), depending on the amount available for the provision of support.

Table no. 34
Project applications under PROAP, by type of entity

Project applications under PROAP	2014	2015
Public sector entities	2	0
Private entities	12	19

Source: ACT

Table no. 35
Projects subsidised under PROAP, by type of entity

Projects paid for under PROAP	2014		2015	
	Number	Total awarded	Number	Total awarded
Public sector entities	9	508,935.17 €	3	78,263.04 €
Private entities	29	160,639.30 €	13	212,270.34 €
Total	38	669,574.47€	16	290,533.38 €

Source: ACT

Table no. 36
Projects supported in 2015, by subprogramme and type of entity

Typology	Private entities	Public sector entities	Total by subprogramme
1 Inform./dissemination	7	0	7
2 Vocational training	2	0	2
3 Studies/research	4	3	7
TOTAL	13	3	16

Source: ACT

Table no. 37
Projects supported, by type of promoter

Type of promoter	Private promoters	Public sector promoters	Total
Trade unions	2	0	2
Employers/business associations	1	0	1
Education establishments / scient. and tech. community	3	3	6
Companies	5	0	0
Cooperatives	2		
TOTAL	13	3	16

Source: ACT

Table no. 38
Projects in 2015

Projects within the framework of PROAP	2015
Total number of projects concluded in 2015	4
Total number of projects under development in 2015 (1 st tranche paid)	12
Total number of projects refused support / terminated in 2015	29

Source: ACT

Table no. 39
Projects paid for in 2015, by beneficiary entity – private promoters

Private promoters	Number of projects	Total awarded
Portuguese Business Association (AEP)	1	35,086.88€
University Education Cooperative CRL (CEU)	1	34,171.78€
Cooperative for Cultural Training and Entertainment CRL (COFAC)	1	24,056.50€
Egas Moniz Higher Education Cooperative CRL (EMCES)	1	29,287.67€
Inter-Trade Union Federation for the Metallurgical, Chemical, Pharmaceutical, Electrical, Energy and Mining Industries (Fiequimetal)	1	7,500.00€
Petrica Editores Lda (publishers)	5	20,257.57€
Sustained Development Cooperative – Rurambiente (CDS-R)	2	39,230.81€
Workers' Trade Union for Porter's, Security, Cleaning, Domestic and Sundry Services (STAD)	1	22,679.13€

Source: ACT

Table no. 40
Projects paid in 2015, by beneficiary entity – public sector promoters

Public sector promoters	Number of projects	Total awarded
National School of Public Health – ENSP	1	25,856.42€
Faculty of Engineering of the University of Porto – FEUP	1	27,244.94€
Superior School of Health Technologies / Lisbon Polytechnic Institute – ESTSL/IPL	1	25,161.68€

Source: ACT

It asks for information in the next report on the consultation of the bodies dealing with occupational health and safety issues within enterprises, particularly small and medium-sized enterprises, and/or those that do not have a staff committee, workers' representatives or health and safety delegates.

This information can be found in the body of the Report.

The Committee requests nonetheless that the next report also describe the measures taken to transpose the more recent EU acquis into domestic law, particularly the following Directives: Directive 2000/54/EC of the European Parliament and the Council of 18 September 2000 on the

protection of workers from risks related to exposure to biological agents at work; Directive 2008/46/EC of the European Parliament and of the Council of 23 April 2008 amending Directive 2004/40/EC on minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields); Commission Directive 2009/161/EU establishing a third list of indicative occupational exposure limit values in implementation of Council Directive 98/24/EC and amending Commission Directive 2000/39/EC; and Directive 2009/127/EC of the European Parliament and of the Council of 21 October 2009 amending Directive 2006/42/EC with regard to machinery for pesticide application. It also asks for information on the measures taken to remedy the failing found by the Court of Justice of the European Communities in the transposition into domestic law of Directive 2003/105/EC of the European Parliament and of the Council of 16 December 2003 amending Council Directive 96/82/EC on the control of major-accident hazards involving dangerous substances.

2 It also asks for clarification on the laws and regulations covering risks in the autonomous regions of the Azores and Madeira.

Transposition of Directives:

- Directive 2000/54/EC of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work: this directive has codified the Council Directive 90/679/EEC as subsequently amended by several directives. The transposition of the Council Directive 90/679/EEC into national law was made by Executive Law no. 84/97 of 16 April 1997, as amended by Law no. 113/99 of 3 August 1999, and the Annexe to Ministerial Order no. 405/98 of 11 June 1998, stating the biological agents list, as amended by the Ministerial Order no. 1036/98 of 15 December 1998.
- Directive 2004/40/EC of the European Parliament and of the Council of 29 April 2004 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) (18th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC) as amended by Directives 2008/46/EC of 23 April 2008 and Directive 2012/11/EU of 19 April 2012 concerning the deadlines for transposition: this was revoked by Directive 2013/35/EU of 25 June 2013, whose transposition period runs until 1 July 2016.
- Commission Directive 2009/161/EU of 17 December 2009 establishing a third list of indicative occupational exposure limit values in implementation of Council Directive 98/24/EC and amending Commission Directive 2000/39/EC was transposed by Executive Law no. 24/2012 of 6 February 2012, and recently amended by Executive Law no. 88/2015 of 28 May 2015.
- Directive 2009/127/EC of the European Parliament and of the Council of 21 October 2009 amending Directive 2006/42/EC with regard to machinery for pesticide application: transposed by Executive Law no. 75/2011 of 20 June 2011.
- Directive 2003/105/EC of the European Parliament and of the Council of 16 December 2003 on the control of major-accident hazards involving dangerous substances: in its Judgment of 27 May 2007 (Case C-375/06), the Court of Justice found that the Portuguese Republic had not met the time limit set (before 1 July 2005) for the entry into force of the laws, regulations and administrative provisions needed to comply

with the Directive, and therefore failed to fulfil its obligations under the latter. The Directive was subsequently transposed into Portuguese law by Executive Law no. 254/2007 of July 12 2007, as amended by Executive Law 42/2014 of 18 March 2014. These were then repealed by Executive Law no. 150/2015 of 5 August 2015, which established the regime governing the prevention of serious accidents involving dangerous substances and the limitation of their consequences for human health and the environment, transposing Directive 2012/18/EU of the European Parliament and of the Council of 4 July 2012 on the control of major-accident hazards involving dangerous substances. Directive 2003/105/CE of the European Parliament and of the Council of 16 December 2003 amending Council Directive 96/82/EC on the control of major-accident hazards involving dangerous substances was revoked by Directive 2012/18/EU.

The Committee takes note of this information. It asks that the next report indicate the laws and regulations governing the establishment of levels of prevention and protection against occupational hazards specifically related to the establishment of, alteration to and upkeep of workplaces. It also asks for information on the measures taken to transpose Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at work, which was adopted during the reference period, into domestic law.

Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers, codified and revoked Directive 89/655/EEC of 30 November, as amended by Directive 95/63/EC of 5 December and Directive 2001/45/EC of 27 June, which was transposed into national law by Executive Law no. 50/2005 of 25 February 2005.

The Committee takes note of this information. It concludes that the legislation and regulations in force offer a level of prevention and protection against risks arising from asbestos and ionising radiation at least equivalent to that set by international reference standards. It asks for information in the next report on the transposition into domestic law of Council Directive 97/43/EURATOM of 30 June 1997 on health protection of individuals against the dangers of ionising radiation in relation to medical exposure and Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work. It also asks for information about the measures taken to incorporate the exposure limit value of 0.1 fibres/cm³ introduced by Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work, which was adopted during the reference period.

Transposition of Directives:

- Council Directive 97/43/Euratom of 30 June 1997 on health protection of individuals against the dangers of ionizing radiation in relation to medical exposure and revoking the Council Directive 84/466/Euratom (revoked by Council Directive 2013/59/Euratom of 5 December 2013 with effect from 6 February 2018): transposed by Executive Law no. 180/2002 of 8 August 2002, as amended by Executive Law no. 20-A/230 of September,

Executive Law no. 279/2009 of 6 October 2009, and Executive Law no. 72/2001 of 16 June 2001.

- Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from risks related to exposure to carcinogens or mutagens at work (sixth individual Directive within the meaning of Article 16(1) of Council Directive 89/391/EEC): this directive codifies and revokes Council Directive 90/394/EEC of 28 June 1990 and the several directives amending it; the transposition of Directive 90/394/EEC, as amended, was made by Executive Law no. 301/2000 of 18 November 2000 and recently amended by Executive Law no. 88/2015 of 28 May 2015.
- Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from risks related to exposure to asbestos at work: this Directive codifies and revokes Directive 83/477/EEC of 19 September 1983 and the several directives amending it; the transposition of Directive 83/477/EEC, as amended, was made by Executive Law no. 266/2007 of 24 July 2007, whose Article 4 establishes that "the exposure limit value is set at 0.1 fibre per cubic centimetre".

The Committee takes note of this information. It notes that the legislation provides for information, training and medical supervision geared to the status of temporary, agency and fixed-term workers. It asks for information in the next report on the application of the aforementioned provisions in practice. It also asks for details on the manner in which representation for these categories of workers is organised.

The data on the provision of information, training and health monitoring to/for temporary and fixed-term workers is not separated from that regarding workers in general. The information on the control and verification of compliance with the norms in this area is that to be found in the tables on coercive and non-coercive inspection procedures included in the body of the text on this Article.

The Committee asks for information in the next report on the application of these provisions to domestic workers.

The legislative act that regulates domestic work (the updated version of DL 235/92 of 24 October 1992) includes a special norm (Article 26) on the employer's obligations under a domestic labour contract. However, it does not exclude either the norms contained in the legal regime governing the promotion of safety and health at work, as set out in Law no. 102/2009 of 10 September 2009 [Article 3(3)], or those in the legislative acts which transposed the Special Directives.

The legal regime governing the promotion of safety and health at work says that the principles it contains are applicable to domestic work, whenever they are compatible with the specificity of that work.

According to the report, the number of cases of occupational disease certified by the National Centre for Protection against Occupational Risks (CNPRP) decreased during the reference

period (from 3 174 in 2008 to 2 598 in 2010). There are no figures on cases of fatal occupational disease.

The Institute for Social Security (ex-CNPRP) confirms the number of cases as follows: 3,609 in 2007, 3,174 in 2008, 3,067 in 2009, and 2,598 in 2010. Concerning the number of cases of fatal occupational disease, we can only provide the following: 117 in 2007, 132 in 2008, and no data for 2009 or 2010. In fact, due to the change in the database in 2011, the figures in the remaining tables don't match and so cannot be reported for the moment.

The Committee also notes the low number of certified cases of occupational disease, and asks that the next report provide information on the results of the measures already taken, and on any further steps taken to counter inadequate reporting or recognition of cases of occupational disease in practice, including by clarifying Act No. 98/2009 of 4 September 2009 regulating the compensation scheme of occupational accidents and diseases, including the professional rehabilitation and reintegration under Article 284 of the Labour Code. It further asks for data on cases of fatal occupational disease.

Workers have the right to perform their duties under hygienic, safe and healthy conditions and the employer is responsible for ensuring those conditions *“in all aspects of the work, by applying the necessary measures in accordance with the general prevention principles”* (Articles 59(1)(c) of the Constitution of the Portuguese Republic, 281(1)(2) of the Labour Code, and 15(1) of Law no. 102/2009).

Consequently, the worker has the *«right to compensation for damage caused by an accident or occupational disease»* [Article 283(1) of the Labour Code, and Article 59(1)(f) of the Constitution of the Portuguese Republic] and indemnities are also due in case of injury, functional disorders or diseases that are *«a necessary and direct consequence of the activity carried out and are not due to normal physical wear and tear»* [Article 283(3) of the Labour Code].

The employer is under a duty to ensure that workers with reduced (or increased) work capacity as a result of a work-related accident or occupational disease, may perform duties compatible with their health condition [Article 283(8) of the Labour Code].

Furthermore, there is another corollary under the general principle of the protection of workers injured by a work-related accident or affected by an occupational disease, which is the suspension of the employment contract when the worker suffers from a temporary disability *“for more than a month”* [Article 296(1) of the Labour Code] instead of the immediate suspension of the employment contract.

The worker's disability due to a work-related accident or occupational disease developed at the service of the respective employer cannot represent any penalty, responsibility or charge, or discrimination factor for the worker.

Therefore, all discrimination according to Articles 24(1) and 25(1) of the Labour Code are forbidden, as well as unfair dismissal caused or motivated by the health condition of the worker injured by a work-related accident or affected by an occupational disease (Article 53 of the Constitution of the Portuguese Republic, and Article 338 of the Labour Code).

Chapter IV of Law no. 98/2009 (the legal framework governing work-related accidents and occupational diseases - LATDP) *«regulates the professional rehabilitation and reintegration scheme of the worker injured by a work-related accident or affected by an occupational disease, which caused him/her a temporary partial disability or a permanent disability, partial or total, to perform his/her usual work (Article 154).*

The employer is under a duty to ensure that workers with reduced (or increased) work capacity as a result of a work-related accident or occupational disease, may perform work compatible with their health condition (Article 283(8) of the Labour Code and Article 155 of the legal framework governing work-related accidents and occupational diseases).

The compliance with the obligation of work performance compatible with the worker's health condition must be ensured in order to effectively promote the professional rehabilitation and reintegration of workers whose disability is due to a work-related accident or occupational disease contracted at the service of the employer.

Therefore, professional reintegration includes the placing of the worker in another job compatible with his/her health condition or the adaptation of the job that he/she had before the injury (Article 25(1)(h) and Article 155(2) of the legal framework governing work-related accidents and occupational diseases).

The employer must also ensure *“vocational training”* and *“job adaptation”* for workers injured by a work-related accident or affected by an occupational disease [Article 155(2) of the legal framework governing work-related accidents and occupational diseases].

“A worker with reduced work capacity resulting from a work-related accident or occupational disease”, must be engaged in duties compatible with his health condition and he/she is “entitled to be exempted from working hours with adaptability, extra work and work at night time”. These special conditions must be guaranteed by the employer in whose service the worker has been injured by a work-related accident or affected by an occupational disease *“for the period during which the worker is classified as disabled”* [Article 157(1) of the Labour Code].

The worker who performs duties compatible with his/her permanent disability also has the right to work on a part-time basis and to take a leave for training purposes or to look for a new job [Article 158(1) of the legal framework governing work-related accidents and occupational diseases)].

“The worker injured by a work-related accident or affected by an occupational disease who performs duties compatible with his/her health condition” is entitled to earnings calculated *“on the basis of his/her earnings at the day of the accident, except if, in the meantime, his/her earnings corresponding to his/her professional category had changed; in this case, these will be the ones considered in the calculation”* [Article 157(1)(2) of the legal framework governing work-related accidents and occupational diseases]. *However, the earnings' amount cannot be “lower than the amount due for the worker's remaining capacity”* [Article 157(3) of the legal framework governing work-related accidents and occupational diseases] *and it is forbidden to make any deductions on earnings due «as compensation for the costs concerning the scheme established by this Law”* (Article 13 of the legal framework governing work-related accidents and occupational diseases).

“Without prejudice to other rights foreseen in the Labour Code”, the worker with temporary disability due to a work-related accident or occupational disease who is unfairly dismissed is entitled “to an indemnity amount equal to twice the amount due in case of unfair dismissal”, in the case he/she does not opt for reintegration in the company [Article 157(4) of the legal framework governing work-related accidents and occupational diseases and Article 391 of the Labour Code].

Apart from technical support in terms of job adaptation to the specific needs of the worker injured by a work-related accident or affected by an occupational disease, the employer that ensures a work compatible with the worker’s health condition may also *“benefit from technical and financial support provided by the public service responsible by the employment and training areas within the scope of programmes related to professional rehabilitation of people with disabilities, provided that they meet the necessary requirements for that purpose”* [Article 160(1) of the legal framework governing work-related accidents and occupational diseases].

Employers are liable for costs linked to professional reintegration result from interventions arising from the obligations provided for in Article 155(1)(2) of the legal framework governing work-related accidents and occupational diseases, and may consist in job adaption/removal of architectural barriers; vocational training; information, evaluation and guidance for qualification and employment; support to job-placement; and follow-up after job-placement.

Within the overall framework of occupational diseases, there may also be expenses linked to the reimbursement of travel expenses, food and accommodation, essential to those who benefit from social and professional rehabilitation and reintegration services, as well as reimbursement for any other costs, as long as they are necessary and appropriate to the restoration of the worker’s gain capacity and his recovery for active life [Articles 163(7), 104 and 99 of the legal framework governing work-related accidents and occupational diseases].

Costs linked to the professional reintegration of workers that continue in the service of the company where he/she was injured by a work-related accident or affected by an occupational disease are as a rule borne by the employer (Article 163(1) of the legal framework governing work-related accidents and occupational diseases).

In situations where it is impossible to provide the worker with an occupation compatible with his/her health condition (Article 161 of the legal framework governing work-related accidents and occupational diseases), the costs of professional reintegration are assumed by the employer and by the Employment and Vocational Training Institute (IEFP), in the case of a work-related accident, or by the employer and by the National Centre for the Protection against Occupational Risks (CNPRP), in the case of occupational disease [Article 163(2) of the legal framework governing work-related accidents and occupational diseases].

However, the employer is only required to pay costs up to twice the compensation amount due for unfair dismissal [Article 163(3) of the legal framework governing work-related accidents and occupational diseases].

Furthermore, the professional rehabilitation of the worker injured by a work-related accident or affected by an occupational disease is designed to further his/her health or functional and professional recovery so that he/she can return to active life [Article 25(1)(i) of the legal framework governing work-related accidents and occupational diseases].

Therefore, technical and financial supports provided within the scope of professional rehabilitation programmes aimed at persons with disabilities may also be granted to the employer that promotes the worker's professional rehabilitation, provided that he meets the respective requirements [Article 160(2) of the legal framework governing work-related accidents and occupational diseases].

In what concerns the occupational disease, the rehabilitation costs are supported by the National Health system and by the Social Security System through CNPRP (the National Centre for Protection against Occupational Risks).

It is also important to emphasise that the job performed by the worker injured by a work-related accident or affected by an occupational disease in conditions compatible with his/her health condition may also be provided by another employer and the Public Employment Service may be required to evaluate the situation with a view to job adaptation and adequate training provision [Article 159(2) and (4) of the legal framework governing work-related accidents and occupational diseases]. This Public Service intervention must only be required with the agreement of the employer and the worker.

In order to gauge the effectiveness of inspections and the deterrence of sanctions, the Committee asks that the next report include data on investigations into non-fatal occupational accidents; orders to suspend work; orders to prohibit activity; orders to deprive of the right to participate in public tenders; filings for criminal prosecution; single and overall amounts of fines imposed; and sentences passed on cases referred to the public prosecutor's office. It would also ask for comments on the implementation of Act No. 107/2009 in practice and on the any other bodies vested with inspection powers in certain sectors and/or in the autonomous regions of Madeira and the Azores.

In 2012-2015, ACT did not statistically treat non-fatal work-related accidents, but did treat serious accidents in 2014 and 2015.

Table no. 41
Serious work-related accidents that were the object of an inquiry and were statistically treated by ACT in 2014-2015, by type of accident

Type of accident	Year of occurrence		
	2014	2015	%
Within premises/facilities	291	396	95%
<i>In itinere / en route</i>	6	6	1.4%

During travel, transport or circulation	11	15	3.6%
TOTAL	308	417	100%

Source: ACT

We would especially point out that there was an increase in the number of work-related accidents that were the object of ACT inquiries, both in terms of fatal accidents and with regard to serious ones.

The sectors of economic activity in which most inquiries into work-related accidents were conducted were, in descending order and absolute figures: construction; agriculture, animal production, hunting, forestry and fishing; and manufacturing.

Table no. 42
Serious work-related accidents that were the object of an inquiry and were statistically treated by ACT in 2015, by economic activity

NACE Section	Economic Activity	No. of serious accidents	
		Total	%
A	Agriculture, animal production, hunting, forestry and fishing	32	7.7%
B	Mining and quarrying	9	2.2%
C	Manufacturing	125	30%
D	Electricity, gas, steam, air and air conditioning	2	0.5%
E	Water collection, treatment and supply; sewerage, waste management and remediation	8	1.9%
F	Construction	119	28.5%
G	Wholesale and retail trade; repair of motor vehicles and motorcycles	40	9.6%
H	Transporting and storage	25	6%
I	Accommodation, food service and similar activities	11	2.7%
J	Information and communication activities	2	0.5%
K	Financial and insurance activities	0	0%
L	Real estate activities	0	0%
M	Professional, consulting, scientific and technical activities	1	0.2%
N	Administrative and support service activities	29	7%
O	Public administration and defence; compulsory social security	1	0.2%
P	Education	1	0.2%
Q	Human health and social work activities	7	1.7%
R	Artistic, entertainment, sporting and recreational activities	1	0.2%
S	Other service activities	1	0.2%
T	Activities of households as employers of domestic staff; producing activities of households for own use	0	0%

U	Activities of international bodies and other extraterritorial institutions	0	0%
NACE unknown		3	0.7%
TOTAL		417	100%

Source: ACT

ACT has the following data on suspensions of work under the Directive regarding temporary or mobile construction sites:

Table no. 43
Suspended-work orders, 2012-2015

Year	2012	2013	2014	2015
Work suspended	312	262	240	303

Source: ACT

ACT has no statistical data on the possibility of imposing the accessory sanction of prohibition of engaging an economic activity and deprivation of the right to take part in public contracts or tenders.

The following table does give some specific and overall information on the amount of the fines imposed (in euros):

Table no. 44
Coercive and non-coercive procedures
in other OSH fields, 2012-2015

Subject	Fines Minimum amounts			
	2012	2013	2014	2015
General principles re prevention	261,735	1,444,840	258,431	500,952
Worker participation	78,811	50,898	59,058	43,791
Workers' OSH representatives – Election process	0			
Other	30,259			
Training	118,728	140,690	202,368	73,950
Lack of adequate and appropriate OSH training	115,872	138,752	202,368	73,950
Worker training (designated workers / responsible for 1 st aid, fire-fighting and evacuation measures / workers' representatives)	2,142	1,938		
Other	714			
OSH activities	1,677,317	909,865	1,489,075	826,386
Planning and programming	14,484	10,200	1,326	-
Risk assessment	371,270	191,964	295,900	-
In-house safety inspections	4,080	1,224	0	-
Accident analysis	12,750	5,814	11,424	-
Accident statistics	0	0	0	-
Health monitoring	1,239,645	691,483	1,152,476	694,263

Emergency activities	25,908		18,768	2,040
Coordination of external activities	62,130	38,352	56,100	99,450
Organisation of OSH services	1,066,594	125,873	794,816	378,794
Vulnerable groups	0	0	0	-
Pregnant women				
Minors				
Mandatory documents	83,232	222,698	97,614	63,240
Communication of accidents	77,622	78,234	82,212	
OSH activities	2,652	4,284	15,198	
OSH service formats	2,244	140,180	204	
Reparation for work-related accidents and occupational illnesses	4,004,263	2,794,581	3,811,638	2,749,044
First aid	9,180	0	-	2,040
Occupational accident insurance	587,580	2,778,975	3,796,134	2,736,599
Occupational rehabilitation and reintegration obligations	0	1,530	2,856	-
TOTAL	7,352,810	5,727,797	6,769,100	4,735,607

Source: ACT

Table no. 45
Coercive and non-coercive procedures – Special
Community Directives, 2012-2015

Legislative acts transposing Special Community Directives	Fines Minimum amounts			
	2012	2013	2014	2015
Workplaces	392,601	208,898	355,265	171,599
Work equipment	173,161	143,347	200,701	192,608
Equipment with visors	0	0	0	0
Individual protection equipment	10,914	5,712	10,710	18,054
Manual load handling	714	612	1,734	612
Safety signs	3,774	612	3,774	714
Physical agents	11,220	0	1,530	0
Noise	11,220	0	1,530	
Vibrations	0	0	0	
Optical radiations	0	0	0	
Chemical agents	42,738	87,175	97,712	60,654
Chemical agents - TLV	8,262	28,117	38,317	0
Carcinogenic agents	0	0	0	0
Asbestos	34,476	26,928	59,395	45,762
Explosive atmospheres	0	32,130		14,892
Biological agents	2,652	612	11,763	0
Special sectors	1,286,161	603,979	1,020,913	1,035,157
Construction safety	1,280,455	596,635	1,004,219	1,015,879
Mining and quarrying	5,706	4,080	16,693	18,564

Fishing vessels	0	3,264	0	714
TOTAL	1,923,935	1,050,948	1,704,103	1,479,400

Source: ACT

The following table shows those of ACT's revenues that resulted from cases involving administrative offences and fines imposed by ACT's various decentralised services during the four-year period covered by the present Report:

Table no. 46
ACT's revenues, 2012-2015

Year	2012	2013	2014	2015
ACT revenues	6,023,239.14 €	4,947,035.26 €	6,619,121.33 €	6,387,300.74 €

Source: ACT

ACT's revenues are not broken down in any way, so they represent the entire universe of labour and OSH-related infractions.

The number of criminal charges and complaints filed in 2012-2015 was as follows:

Table no.47
Criminal charges/complaints filed, 2012/2015

Year	2012	2013	2014	2015
Qualified disobedience	83	81	58	30
Enterprise closed	31	31	22	15
Disobedience	11	7	4	9
Other	23	41	446	87
TOTAL	148	160	530	141

Source: ACT

ACT does not possess complete data on the court sentences imposed in appeals against administrative offences determined during inspection procedures, partly because the courts do not always send them to ACT.

The Committee points out that in accepting Article 354 of the Charter, States Parties undertake to ensure that all workers have access to occupational health services in all branches of economic activity and in all enterprises. It therefore reiterates its request for the percentage of enterprises and establishments which, in practice, provide access to external or joint safety, hygiene and health services. It also asks that the next report provide information on the following aspects: the relevant laws and regulations applicable in the autonomous regions of Madeira and the Azores; the actual content of occupational safety, hygiene and health services provided by the employer or his designated representative; the occurrence and periodicity of medical examinations in law and practice; and the accreditation and supervision of external providers of occupational safety, hygiene and health services.

As part of its regulatory activities regarding the training of occupational safety specialists and senior occupational safety specialists and the services provided by either the employer or a worker designated by the employer, ACT certifies the training entities with the ability to teach the courses that qualify people for those functions.

Under Laws nos. 42/2012 of 28 August 2012, and no. 102/2009 of 10 September 2009 as amended and republished by Law no. 3/2014 of 28 January 2014, ACT has the competence to regulate the offer of the training that permits: access to the professions of safety specialist and senior safety specialist; and the acquisition of basic competencies in the field of safety and health, ergonomics, the environment and the organisation of work that enable employers, their representatives or their designated workers to undertake occupational safety and health activities. This regulation takes various forms:

- The certification of training entities that enables them to give the initial training for safety specialists (TSTs) and senior safety specialists (TSSTs) provided for in Article 11 of Law no. 42/2012 August 2012.
- Mere prior communications of future initial TST and TSST training courses in accordance with Article 12 of Law no. 42/2012 August 2012.
- The certification of training entities that enables them to give courses for employers, their representatives or their designated workers (ETDs) who are to undertake the occupational safety activities provided for in Article 77(2) of Law no. 3/2014 of 28 January 2014.
- Prior communications of future training actions entailing courses for employers, their representatives or their designated workers who are to undertake the occupational safety activities provided for in Article 77(2) of Law no. 3/2014.

The following table gives the number of case files regarding the regulation of training activities in 2015, including files that transitioned from 2014.

Table no. 48
Regulation of training activities

Regulation of training activities	2014	2015
Certification of training entities: TST and TSST courses ¹	82	28
Mere prior communications	162	65
Certification of training entities for ETDs ²	34	22
Total	278	115

Source: ACT

1 – Courses for safety specialists (TSTs) and senior safety specialists (TSSTs).

2 – Employers, their representatives or their designated workers (ETDs).

This work on ACT's part is designed to promote and ensure minimum standards of quality in the offer of TST, TSST and ETD courses, as well as to provide for the monitoring and control of the activities of certified and equivalent training entities.

Data on the question of medical health examinations can be found in the table on the initial response.

Occupational safety and health activities and services

Reductions in work-related accidents and occupational illnesses are highly dependent on the quality of the prevention services provided within and to enterprises.

The National Strategy for Safety and Health at Work 2015-2020 – “For safe, healthy and productive work” – published by Council of Ministers Resolution no. 77/2015 of 18 September 2015 is founded on three strategic objectives:

- Reduce the number and rate of incidence of work-related accidents by 30%.
- Promote both quality of life at work and corporate competitiveness.
- Reduce the risk factors associated with occupational illnesses.

Improving the quality of external OSH services and increasing the competencies of the stakeholders that intervene in this field – safety and hygiene specialists, occupational doctors, workers and employers’ representatives, designated workers and employers themselves – is essential to the success of this national OSH strategy.

As such, the work and actions of these services (and of in-house and joint services) must fit the goals that will lead to an effective prevention of occupational risks. That prevention necessarily includes a whole range of approaches in the OSH field, and in particular must ensure the pursuit of activities whose legal framework is set out in the Legal Regime governing the Promotion of Safety and Health at Work (Law no. 3/2014 of 28 January 2014).

It should be noted that Measure 25 of the abovementioned Strategy makes provision for the supervision and monitoring of the activities of external services in both the occupational safety and the occupational health fields.

External services are regulated by the competent entities – ACT in the occupational safety area, and DGT in the occupational health domain. This regulation initially entails granting (or denying) authorisation to engage in this activity, and subsequently carrying out audits to assess the quality of the services provided to client enterprises.

In this respect, in 2015 ACT initiated the process of performing the audits referred to above. 96 entities were audited right across mainland Portugal, and one of the goals of the National Strategy is to audit every entity that supplies external services.

Activities undertaken by employers or in-house services or on an inter-enterprise basis

This action focused on conducting inspection and control visits in relation to the main activities of OSH services, particularly risk identification and assessment, prevention planning and programming, arranging for workers to receive health monitoring, information and training about risks and preventive and protective measures, organising the resources for collective and individual prevention purposes, coordinating the measures to be taken in cases of serious and imminent danger, putting up safety signs, analysing work-related accidents and occupational illnesses, gathering and organising OSH statistics, in-house safety inspections, and the upkeep of the items required by law – namely a list of the measures, proposals and recommendations made by occupational safety, hygiene and health services.

Activities undertaken by external services

The activities undertaken by external services are checked by means of inspection visits to employers.

However, in 2014, in its role as regulatory entity, ACT published an auditing manual that structures the audits of external services. These must make it possible to verify not only compliance with the legal requirements for the grant of the applicable authorisation, but also both the effective implementation of the activities listed Article 73-B of Law no. 3/2014 of 28 January 2014, and their technical quality. The audits can lead to the suspension or revocation of an authorisation if situations of non-compliance are detected and not remedied. They are carried out by ACT prevention specialists.

Audits of enterprises that provide OSH services

Further to the previous point, 96 audits with the above objectives were conducted in 2015.

Control of enterprises that provide OSH services and safety and hygiene specialists trading or working unlawfully

In the light of the objectives set out in ACT's Activity Plan, every authorised entity must be audited in accordance with a plan that is drawn up annually in the light of ACT's capacity and with particular attention to the following criteria:

- a) The existence of complaints made by clients of service-provider enterprises or in the wake of inspection visits.
- b) The length of time since the authorisation was issued.
- c) If the authorisation is for or includes high-risk activities.

The frequency with which audits are performed can be determined in accordance with the type and number of non-conformities that are found to exist.

On the other hand, the appropriate intervention is always initiated when complaints are received about situations involving the provision of services that have not been authorised by ACT, or the existence of enterprises that are authorised, but whose establishments are not authorised.

In view of the progressive nature of the obligations set out in Article 354 of the Charter, the Committee further asks that the next report contain information on any strategy to improve access to occupational safety, hygiene and health services in small and medium-sized enterprises (SMEs), in consultation with employers' and workers' organisations.

The National Strategy for 2015-2020 is constructed around six specific goals, for each of which it sets out measures to be implemented, targets to be attained, measurement indicators, entities to be involved, and the strategic objectives sought by each of the measures, which were described in the body of the Report (Paragraph 1).

One of the essential moments in time addressed by a quality OSH policy is the point at which workplace dangers are identified and risks are assessed during the phase in which premises

and facilities are designed and equipment, substances and procedures are defined. However, the prevention of work-related accidents and occupational illnesses is not limited to the assessment of risks, but must form one part of a coherent, integrated, planned and constantly checked process of continuous improvement.

Small and medium-sized enterprises, which make up more than 90% of the Portuguese business fabric, are organisations whose rather unstructured characteristics mean they are customarily more distant from information processes and tend to see occupational safety and health as an unnecessary cost. At the same time and notwithstanding their size, these enterprises participate in every sector of the economy, often as agents that are subcontracted by larger enterprises, and taken as a whole they employ a very significant number of workers.

Of particular note within the Strategy are: Measure 24, which provides for the design and availability of kits intended to support new employers with regard to their primary obligations in the labour and OSH fields; and Measure 20, which entails the production and dissemination of both simple documents adapted to different sectoral realities, and instruments designed to help with the implementation of OSH legislation.

ARTICLE 11

THE RIGHT TO THE PROTECTION OF HEALTH

The information provided in the 8th Report on the structure of the health system in Portugal and the way in which citizens' health is protected remains current for the present reference period. We will now highlight some of the main pillars that underpin the system.

Article 64 of the Constitution of the Portuguese Republic (CRP) says that: *“Everyone has the right to the protection of health and the duty to defend and promote health”,* and that this right must be fulfilled *“By means of a universal and general national health service which, with particular regard to the economic and social conditions of the citizens who use it, shall tend to be free of charge”*.

It goes on to say that: *“In order to ensure the right to the protection of health, the state is charged, as a priority, with: a) Guaranteeing access by every citizen, regardless of his economic situation, to preventive, curative and rehabilitative medical care”*.

According to the Law governing the Bases of the Health System, the latter is broader than just the National Health Service (SNS), inasmuch as: *“The health system is made up of the National Health Service and all the public sector entities that engage in promotion, prevention and treatment activities in the health field, as well as all the private entities and all the independent professionals who agree with the former to provide all or some of those activities”*.

The universality of the right of access to the SNS must be seen in the light of Article 15 of the CRP, which says that: *“Foreigners and stateless persons who find themselves or who reside in Portugal enjoy the same rights and are subject to the same duties as Portuguese citizens”*.

The Ministry of Health is responsible for defining the national health policy. The National Health Plan (PNS) 2020 is both the primary instrument and the main resource in this respect, setting the framework for the various health-related objectives, plans, programmes and strategies. PNS 2020, which was revised in 2015, defines a number of major goals: reduce premature deaths (before the age of 70) by at least 20%; increase health life expectancy at the age of 65 by 30%; and reduce the risk factors associated with non-communicable diseases – namely tobacco consumption and exposure to its smoke, and child obesity.

The health system receives 66% of its funding from the public sector (58% from / via the SNS) and 34% from the private sector (28% in direct payments by families).

The legislative regulation of user access to SNS services and benefits in terms of the regime governing user fees and the application of special benefit regimes, defining the situations that determine full or partial exemption from payment (e.g. significant clinical situations with greater risks to health, and situations in which the user does not possess sufficient economic resources), is based on Executive Law (DL) no. 113/2011 of 29 November 2011. The current text of the latter says: *“Provisions of health-related (services and benefits) whose costs are borne by the SNS budget shall imply payment of user fees in the following cases:*

- a) *Consultations at primary healthcare providers, at home, in hospitals and in other public and private establishments, particularly entities with contracts with the National Health Service;*

- b) *The performance of complementary diagnostic and therapeutic exams in public and private health services, particularly entities with contracts with the National Health Service, except those performed under an inpatient regime;*
- c) *At permanent patient-care services in the primary healthcare system and hospital emergency services;*
- d) *At day hospitals”.*

Under the terms of Ministerial Order no. 64-C/2016 of 31 March 2016, a consultation in the general and family medicine or other non-specialist field costs the user 4.5€, a specialist consultation 7.0€, and a Basic Emergency Service 14.0€. The total amount due in the form of user fees for each emergency visit, plus the fees applicable to the complementary diagnostic and therapeutic resources employed as part of that visit, cannot exceed 40.0€.

In addition to users who fulfil the requisites for recognition of a situation of a lack of sufficient economic resources, the following are also exempt from payment of user fees:

- a) Women who are pregnant or have recently given birth.
- b) Minors.
- c) Users with a degree of incapacity exceeding 60%.
- d) Users with a lack of sufficient economic resources and dependant members of their households.
- e) Voluntary blood donors.
- f) Living cell, tissue and organ donors.
- g) Firemen and women.
- h) Transplant patients.
- i) Members and ex-members of the Armed Forces who are permanently incapacitated as result of their military service.
- j) Unemployed persons who are validly registered with a Job Centre, receive an unemployment benefit equal to or less than 1.5 times the Social Support Index Value (IAS) and, due to a situation that is transitional or has lasted for less than a year, are unable to prove their lack of economic resources in time using the criteria set out in Ministerial Order no. 311-D/2011 of 27 December 2011, together with their spouse and dependants.
- k) Young persons who are the object of a current promotion and protection case file that is in the hands of a commission for the protection of children and young persons or a court, with a measure imposed in accordance with Article 35 of the Law governing the Protection of Endangered Children and Young Persons approved by Law no. 147/99 of 1 September 1999, as amended by Law no. 31/2003 of 22 August 2003, and who do not have any means of proving their lack of economic resources.
- l) Young persons who are complying with a residential custody measure, a measure involving preventive residential care at an educational centre, or a measure involving preventive residential care at a public or private institution, imposed by a decision taken under the Law governing (youth) Custody, Protection and Re-education approved by Law no. 166/99 of 14 September 1999, as amended by Law no. 4/2015 of 15 January 2015, and who do not have any means of proving their lack of economic resources.
- m) Young persons who are integrated into any of the social fostering or placement responses ordered by a judicial decision issued in civil youth custody, protection or re-education proceedings, under which guardianship or the simple exercise of parental responsibilities has been awarded to the institution into which the young persons have

been integrated, and who do not have any means of proving their lack of economic resources.

n) Applicants for asylum, refugees, and their spouse or equivalent and direct descendants.

Article 8 of Executive Law no. 113/2011 of 29 November 2011, as amended by Law no. 7-A/2016 of 30 March 2016, dispenses with user fees in a range of procedures linked to public-health questions, as well as in clinical situations and situations involving health risks that imply a special and recurrent need for healthcare:

- a) Family planning consultations and complementary acts prescribed during them.
- b) Consultations, together with complementary acts prescribed during them, with regard to degenerative and demyelinating neurological diseases, muscular dystrophies, chronic pain treatments, mental health, congenital deficiencies of clotting factors, infection by the human immunodeficiency / AIDS virus, diabetes, and the treatment and follow-up of oncological diseases.
- c) First specialist consultations at a hospital establishment, when referred by the primary healthcare network.
- d) Domiciliary respiratory healthcare.
- e) Healthcare in the dialysis field.
- f) Consultations and complementary acts needed for donations of cells, blood, tissues and organs.
- g) Complementary diagnostic acts undertaken during organised population-based and neonatal diagnostic screenings organised as part of the Directorate-General of Health's (DGS) prevention programmes.
- h) Domiciliary consultations conducted at the initiative of SNS departments, services and establishments.
- i) Urgent care for victims of domestic violence and complementary acts derived therefrom.
- j) Treatment programmes for chronic alcoholics and drug addicts.
- k) Programmes under which patients must take medication in the presence of health professionals.
- l) Vaccinations provided for in the National Vaccination Programme (PNV), and of persons covered by the seasonal anti-flu vaccination programme.
- m) Emergency service care, following: i) Referral to an emergency service by the primary healthcare network, the National Health Service Call Centre (CA-SNS), or the National Emergency Medical Institute (INEM), including prescribed complementary acts; or ii) Inpatient admission via an emergency service.
- n) The provision of care by the primary healthcare network, following referral by CA-SNS

The system for providing public administrative sector staff with social protection is managed by the Directorate-General of Social Protection for Public Sector Workers (ADSE).

ADSE is the main public sector health subsystem, and had 1,254,247 beneficiaries at the end of 2015. The universe of ADSE beneficiaries includes public sector workers and their family members (or equivalent).

ADSE's current organic structure is set out in Regulatory Decree no. 44/2012 of 20 June 2012, which says that ADSE "*is a central service of the state's direct administration and possesses administrative autonomy*" (Article 1), and its mission is "*to ensure the protection of*

beneficiaries in the fields of the promotion of health, the prevention of illness, treatment and rehabilitation” [Article 2(1)].

ADSE’s funding model is one of the aspects that has undergone the greatest changes in recent years. The State Budget Law for 2015 (Law no. 82-B/2014 of 31 December 2014) revoked the legal provision under which ADSE’s revenues came from employers’ contributions. This means that at present, ADSE derives most of its income from its beneficiaries’ contributions, which are then complemented by a combination of specific revenues of its own and refunds.

Responses to the European Committee of Social Rights

Response to additional information requests

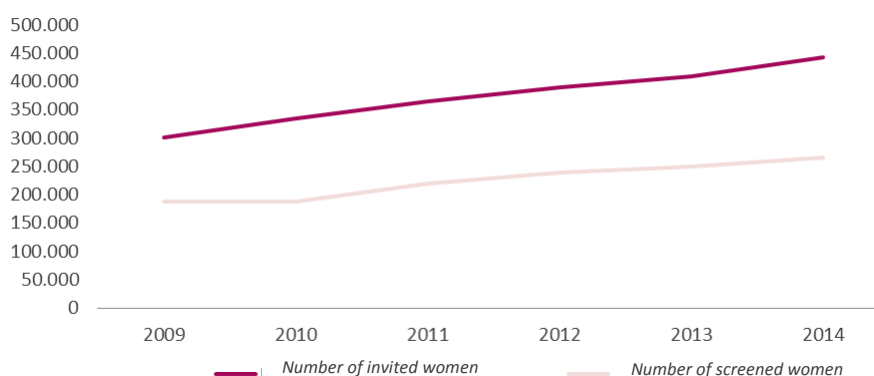
The Committee asks that the next report contain up-dated information on any other screening programmes (for example in respect of cardiovascular diseases) as well as on coverage rates (number of persons screened from the target population and on the impact of all existing screening programmes (impact on early diagnosis rates, survival rates, etc.). (Conclusions 2015)

Reducing premature death is the primary challenge addressed in the current National Health Plan 2020. With a view to achieving this goal, commitments have been made in relation to the preventive aspects of the country's social and health policies. In 2015, three hospital speciality referral networks were established in areas that have a key influence in the oncological field: Medical Oncology, Radio-Oncology, and Clinical Haematology.

It is at middle-aged adults (aged 45 to 64 years) that the public health system is especially targeting those of its actions that are designed to prevent the most common – and often avoidable – diseases. This is why the system plans secondary prevention programmes, namely screening for breast, cervical and colorectal cancers, and diabetic retinopathy.

The implementation and operational details of the population-based oncological screenings for colorectal, cervical and breast cancer have been the object of standardised monitoring. The following tables give the national data for the uptake and geographic coverage rates for these three types of screening.

Graph no. 4
Breast cancer screening – Variation in the no. of women invited to undergo checks and actually screened, 2009-2014



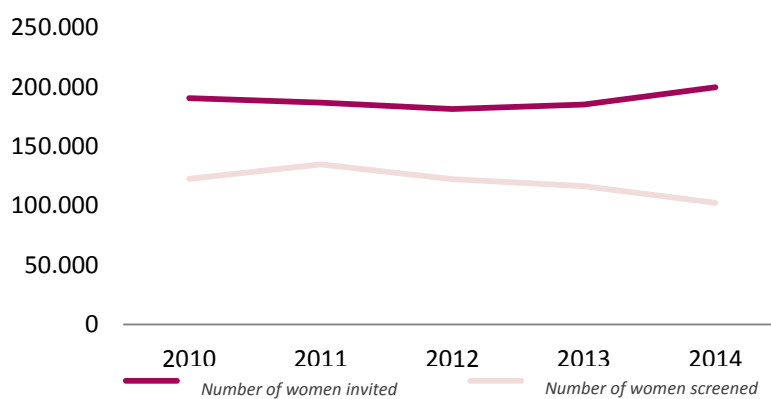
Source: National Programme for Oncological Disease (PNDO) (2015) *Relatório Nacional 2014 – Avaliação e Monitorização dos Rastreios Oncológicos de Base Populacional em Portugal Continental* (National Report 2014 – Evaluation and Monitoring of Population-based Oncological Screenings in Mainland Portugal)

Graph no. 5
Variation in the rates of geographic coverage and uptake, 2009-2014



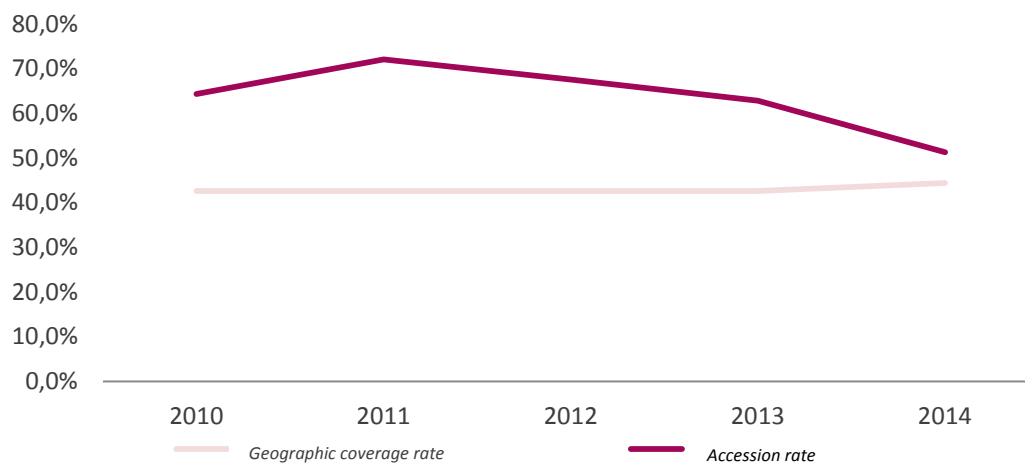
Source: National Programme for Oncological Disease (PNDO) (2015) *Relatório Nacional 2014 – Avaliação e Monitorização dos Rastreios Oncológicos de Base Populacional em Portugal Continental* (National Report 2014 – Evaluation and Monitoring of Population-based Oncological Screenings in Mainland Portugal)

Graph no. 6
Cervical cancer screening – Variation in the no. of women invited to undergo checks and actually screened, 2009-2014



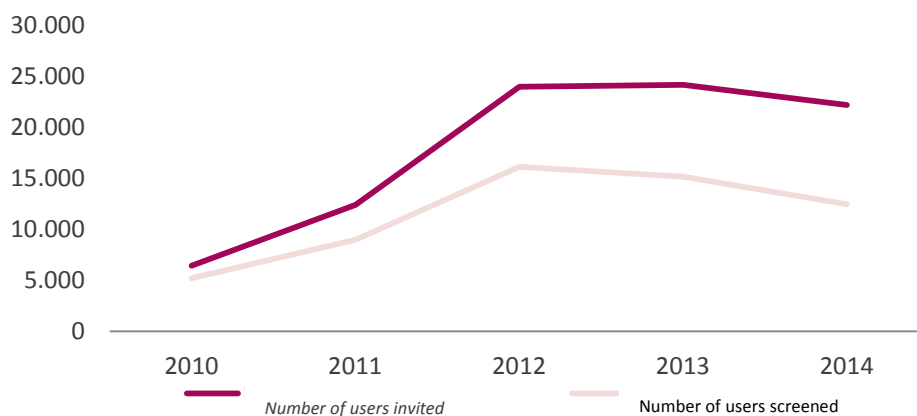
Source: National Programme for Oncological Disease (PNDO) (2015) *Relatório Nacional 2014 – Avaliação e Monitorização dos Rastreios Oncológicos de Base Populacional em Portugal Continental* (National Report 2014 – Evaluation and Monitoring of Population-based Oncological Screenings in Mainland Portugal)

Graph no. 7
Variation in the rates of geographic coverage and uptake, 2009-2014



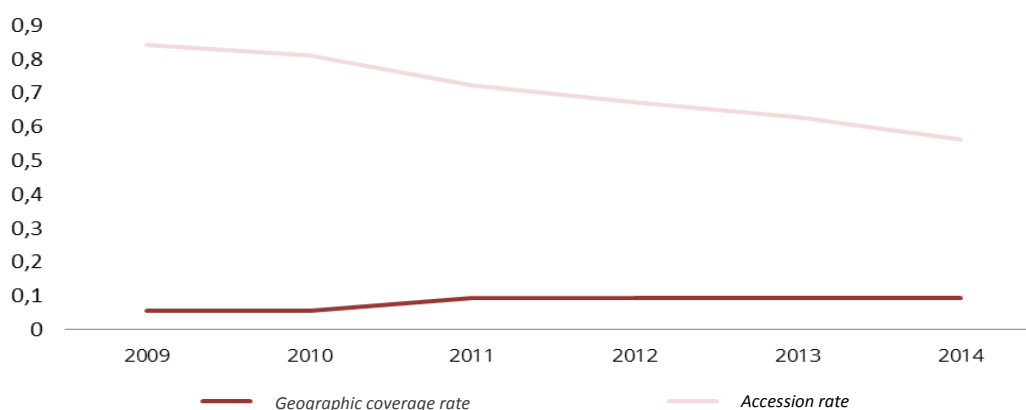
Source: National Programme for Oncological Disease (PNDO) (2015) *Relatório Nacional 2014 – Avaliação e Monitorização dos Rastreios Oncológicos de Base Populacional em Portugal Continental* (National Report 2014 – Evaluation and Monitoring of Population-based Oncological Screenings in Mainland Portugal)

Graph no. 8
Colorectal cancer screening – Variation in the no. of users invited to undergo checks and actually screened, 2009-2014



Source: National Programme for Oncological Disease (PNDO) (2015) *Relatório Nacional 2014 – Avaliação e Monitorização dos Rastreios Oncológicos de Base Populacional em Portugal Continental* (National Report 2014 – Evaluation and Monitoring of Population-based Oncological Screenings in Mainland Portugal)

Graph no. 9
Variation in the rates of geographic coverage and uptake, 2009-2014



Source: National Programme for Oncological Disease (PNDO) (2015) *Relatório Nacional 2014 – Avaliação e Monitorização dos Rastreios Oncológicos de Base Populacional em Portugal Continental* (National Report 2014 – Evaluation and Monitoring of Population-based Oncological Screenings in Mainland Portugal)

The results of the programme for the early diagnosis of oral cancer have been very significant. 2015 was the first year in which it ran for all twelve months, but even so, there was an increase in the diagnoses of both neoplasia and premalignant lesions.

The Committee asks the next report to indicate the other main causes of mortality, as well as what preventive measures are taken in respect of the eight priority areas identified under the National Health Plan (2011-2016), i.e., cardiovascular diseases, oncologic diseases, diabetes, respiratory diseases, mental health, HIV/AIDS, the promotion of a healthy diet and the prevention of smoking.

Smoking

The National Programme for the Prevention and Control of Smoking (PNPCT), created in 2012, is part of the National Health Plan (2012-2016). Its goals are to:

- Increase the healthy life expectancy of the Portuguese population, through the reduction of diseases and premature mortality associated with consumption and exposure to tobacco/smoke;
- Reduce the prevalence of smoking (daily or occasional) in the population aged 15 years or over by at least 2% by 2016.
- Eliminate exposure to environmental tobacco smoke.

This programme's main references are the WHO Framework Convention on tobacco control and the WHO MPOWER Strategy.

The PNPCT is structured according to three strategic axes: nuclear prevention of initial consumption, smoking cessation promotion, and protection from exposure to environmental

smoke, complemented by two intervention cross axes, targeted at information, education, assessment, training and research:

1. Prevent initiation of tobacco consumption among young people
2. Promote and support smoking cessation
3. Protect from exposure to environmental tobacco smoke
4. Inform, alert, and promote a social climate favourable to not smoking.
5. Monitor, evaluate and promote vocational training, research and knowledge in the field of prevention and control of smoking.

The main activities include: the creation of an infrastructure for coordination and implementation of the programme at the level of the regional services (5 ARS), open to participation by the autonomous regions.

As regards legislative processes, PNPCT accompanied the technical policy discussion on Directive 2014/40/EU of 3 April 2014.

Technical reasons for increasing taxes on tobacco products in the context of the general State Budget have been advanced each year.

Cooperation between Ministry of Health and Ministry of Education has been growing and manuals on the prevention of smoking in young people and teachers are being prepared.

Tobacco use in pregnancy has been the subject of particular attention, in the form of information and education materials for health. A handbook for health professionals on stopping smoking in pregnancy will be delivered soon.

The national health programme for children and young people includes the issue of exposure to environmental tobacco smoke.

A campaign on environmental tobacco smoke exposure of children at home and in cars will be launched.

In partnership with the Portuguese Rugby Federation, a tobacco prevention campaign was conducted under the banner of the UEFA European Sevens Under-19 competition in May 2014.

In 2013, intensive specialised support for smoking cessation became available on the National Health Service, along with provision for the training needs of the teams of professionals involved. These consultations were exempted from fees.

In 2014, there was a major investment in the training of health professionals in the area of smoking cessation, with seven regional training actions on the following themes: "brief interventions" and "smoking cessation in people with mental health problems and multidependencies".

A referral network of care involving intensive support for smoking cessation is being implemented, in coordination with the regional health services (ARS).

In November 2013, a national meeting was held on the best practices for the prevention and control of smoking, with presentation and discussion of intervention experiences. A new national meeting is in preparation.

To monitor the problem, a report on the prevention and control of smoking in Portugal was published in 2014.

The PNPCT is the focal point of the WHO and the European Commission with regard to tobacco, promoting the implementation of the WHO Framework Convention and of European Policies.

The PNPCT coordinates the process of collection and transmission to the Commission of information on tobacco.

Finally, the PNPCT disseminates information on the prevention and control of smoking, on the website of the Ministry of Health, and responds to requests from health professionals, the media and citizens in this area.

Mental health

Suicide mortality rates in Portugal were as follows in recent years: 2008 (9.7/100,000), 2009 (9.5/100,000), 2010 (10.4/100,000), 2011 (9.5/100,000) and 2012 (10.1/100,000).

In order to prevent the difficulties associated with the figures related to suicide, particularly a more rigorous clarification of the annual rates of mortality from suicide, the Ministry of Health developed an information system for death certificates (SICO), created and regulated by Law no. 15/2012 of 3 April 2012.

This system relies on the cooperation of the National Institute of Legal Medicine and Forensic Sciences, and is currently implemented.

One of the main preventive measures created and adopted recently is a national programme for suicide prevention (PNP). The PNP is included in the redefinition of the National Mental Health Plan 2007-2016.

Following work by a commission especially created for the purpose, the national plan for suicide prevention 2013-2017 was published in 2013, with the following objectives:

- Homogenize the terminology and the records of self-injury behaviour and suicidal acts;
- Start characterising situations more accurately, in particular as regards a more correct identification of self-injury behaviour and suicidal acts;
- Increase the accessibility of healthcare;
- Increase the monitoring of people with suicidal behaviours, and suicidal acts at the primary healthcare level;
- Increase access to differentiated care through the creation of specialised queries in all districts;
- Reduce access to potentially lethal means of suicide;
- Improve monitoring after leaving hospitalisation;
- Decrease the stigma around depression, suicidal ideation, suicidal acts and self-injury behaviours.

Other measures implemented include support for regional prevention programmes, particularly those aimed at the prevention of risk behaviour in children and youth, developed locally and at schools.

Finally, the involvement of the community in the management of primary healthcare will also be explored. The Committee asks to be kept informed on the implementation of these different initiatives and on their results.

Access to surgery

In 2013, 544,377 persons underwent surgical intervention, representing a growth of 1.9%, compared with the previous year, and 57.6%, compared with 2006 (8 years). Public hospitals increased surgical activity by 4.1%, achieving the best ever result of the National Health System, with 502,251 patients operated on, breaching the barrier of 500 thousand. On the other hand, the private sector recorded a reduction of 40.7% in its 2012 level of activity, to the extent that recourse to the private sector only occurs when 75% of the maximum guaranteed response time (TMRG) is exceeded. This reflects the increased performance of the NHS units.

In 2013, the number of patients considered for surgery rose 3.2% compared with the previous year and 42.5% compared to 2006 (8 years), and the number of persons scheduled for surgery increased by 5.6%, compared with the previous year, demonstrating a better access to surgery. The increased activity has allowed the NHS to have, in 2013, the lowest ever waiting time for surgeries – 2.8 months (below 3 months for the first time). In terms of percentage of scheduled patients who exceed the TMRG there is a strong reduction (15.3%) in relation to 2012 (year that had already registered a reduction of 4.5% in relation to 2011). The improvement of this indicator made it possible to reduce the percentage of patients that were not operated within the times to 12.8% (in 2012, this percentage was 15.1%), also the lowest ever result in the NHS.

Outpatient consultations

At the level of primary healthcare, the rate of medical consultations increased, enabling more than 70,330 users to have at least one medical consultation in primary healthcare. Indeed, and for the second consecutive year, more than 7 million users accessed at least one medical consultation in this period, which means that 2013 saw the highest rate of use of medical consultations at the primary healthcare level – an indicator that is monitored systematically across the country.

There was, however, a slight reduction in the number of medical consultations carried out (-0.27%). On average, each Portuguese had 2.9 consultations with the family doctor, in line with the figure observed in 2012. A slight reduction in the number of in-person (-0.33%) and not-in-person (-0.21%) medical consultations was compensated for by a significant growth in domiciliary medical consultations (4.3%).

On the other hand, in 2013, there were more than 1.8 million nursing consultations at home, representing a growth of 11.3% compared to 2012. These data indicate stabilisation in the number of medical consultations with a progressive growth of home support. Additionally, the substantial increase in electronic prescriptions with a validity of six months (+4,121,726

renewable prescriptions comparing to the same period the year before) suggest an increased convenience in the use of the services, avoiding unnecessary medical consultations.

At the level of hospital appointments, there was a continuous growth (3.5%) compared to the same period in 2012, with more than 339,491 medical consultations in hospitals.

As regards the first specialist hospital consultations requested by CSP using the timely query system, around 73% of consultations took place at the time recommended for the priority level assigned to the request by the central hospital screening service, demonstrating an improvement in relation to 2012 (70%). In 2013, the average response time for requests for consultation was 120.5 days (122.9 days in 2012), and the median time until the completion of the first query was 80.8 days (81.5 days in 2012). There was also a substantial increase in referrals (111,138 query requests). Despite the improvement in recent years, the indicators for access to hospital consultations remain weak and deserve ongoing attention in terms of the development of access policies.

Oncology

With regard to surgical activity concerning malignancies, the number of patients with cancer operated in one year, in the whole universe of providers, was the largest ever: 44,264 patients (+6.1% compared with the previous year).

Public hospitals displayed an increase of over 6.3% in surgical activity in patients with malignant neoplasms in relation to 2012, with the largest number of patients ever operated on: 44,024. Despite this performance, the median waiting time for patients with malignant neoplasms rose by 1 day in 2013, compared to 2012. The waiting time for cancer surgeries increased, which strengthens the need to prevent these diseases, to continue to improve the articulation between primary care and medical intervention and to initiate further measures to increase the NHS response.

Between 2012 and 2013, the percentage of enrolees with malignant neoplasms who exceeded the TMRG presented a growth of 15.7%.

Emergency services

The evolution of emergency services in hospital activity is very dependent on the seasonality of infectious respiratory disease outbreaks and heat waves. Still, and in line with expectations, emergency consultations in NHS Hospitals stabilised in 2013 at around 6 million.

Table no. 49
Number of emergency consultations, 2009 – 2013

Year	Number of emergency consultations
2009	6,280,625
2010	6,410,851
2011	6,416,281
2012	5,965,670
2013	6,093,981

Source: ACSS-SICA

In terms of distribution by type of emergency, medical-surgical emergency services (SUMC) are the most sought-after, followed by multi-purpose emergency services (SUP) and basic emergency services (SUB). These services are dominated by SUB (40), SUMC (30) and SUP (14).

In terms of Manchester sorting, there is still an excessive number of consultations that could be dealt with at other, less complex levels of care. Measures that promote the redirection of patients to levels of more effective care should be implemented.

The Committee asks the next report to provide information on the level of co-payments for pharmaceutical products.

In the ambulatory setting, only prescribed medicines can be reimbursed by the National Healthcare System. There are four general reimbursement categories that correspond to a percentage of the price of the medicinal product that is reimbursed by the State.

Table no. 50
Medicine reimbursement categories, 2010

Reimbursement category	Reimbursement rate	Description
Category A	90%	Essential medicines for treating chronic diseases or life-saving pharmaceuticals (100%), such as cancer and diabetes
Category B	69%	Essential medicines with therapeutic value for the treatment of serious illnesses (such as anti-asthmatic, cardiovascular pharmaceuticals)
Category C	37%	Non-priority medicines with proven therapeutic value (such as anti-infectives, vaccines, immunoglobins, anti-parasitics)
Category D	15%	New medicines whose therapeutic value is not yet proven. This is a transitional category (created in 2000).

Reimbursement category = e.g. Class / Category A, B, C

Description = which type of medicines belong to this group and the inclusion criteria.

Source: INFARMED

Fixed co-payments, like prescription fees, do not exist in Portugal.

Medicines can only be reimbursed if they are prescribed by physicians (in the private or public sector), and if they belong to the pharmacotherapeutic groups and subgroups included in each reimbursement category as pre-defined in legislation (Ministerial Order no. 924-A/2010 of 17 September 2010). These base co-payment rates were set accounting the importance of the medicines for maintaining life and the level of the disease (chronic disease).

Medicinal products are included on a positive reimbursement list if they comply with the abovementioned requisites, and after undergoing a reimbursement procedure where their relative efficacy and economic value is attested (Annexe I to Executive Law no. 48-A/2010 of 13 May 2010).

There are also special reimbursement regimes that are defined in legislation:

- Pensioners with low incomes (i.e. whose income is lower than 14 times the guaranteed monthly minimum wage or 14 times the social support index value) are entitled to an increase in the general reimbursement level of 15% for categories D, C and B and of 5% for category A.
- The reimbursement of pharmaceuticals used in some defined pathologies or special groups of patients can be object of a special regime regulated in special legislation. Generally, this corresponds to an increase in the general reimbursement level.
- Essential life-maintaining medicines (insulin and immunomodulators) are reimbursed at 100%.

For medicines included in the reference price system, the general reimbursement rate can only be applied up to the reference price (the price that the NHS reimburses the patient). If the patient buys a pharmaceutical that costs more than the reference, he/she will have to pay the difference between the reference price and the pharmacy's retail price.

For pensioners with low incomes, the reimbursement rate is increased to 95% for medicines included in the reference price system, whatever the general reimbursement rate may be, but only if their pharmacy retail price is below the reference price.

In its last examination of this provision, the Committee adopted a general question addressed to all States on the availability of rehabilitation facilities for drug addicts, and the range of facilities and treatments. The Committee requests that information be included on this issue in the next report.

The public facilities for drug addicts and persons with dependencies are organised as a referral network that promotes the access of patients to care and to services.

This network defines the relations of complementarity and technical support among public institutions, and tries to enhance the enlargement and integration of care, according to the real needs of the populations, in terms of the addictive behaviours and dependencies.

The network includes public health services, the different systems that deal with these persons (Social Security, Education, Public Security, and Justice) and also private entities that play an important role in the treatment of addictive behaviours and dependencies.

The implementation of this network guarantees citizens with problems linked to addictive behaviours and dependencies (CAD) access to integrated healthcare, with services available at all times.

Also important to the structure of the network are different kinds of instrument:

- National Health Plan 2012-2016
- National Plan for the Reduction of Addictive Behaviours and Dependencies 2013-2020
- National Plan for the Reduction of Alcohol-related Problems 2010-2012
- National Mental Health Plan 2007-2016
- National Programme for the Prevention and Control of Smoking 2012-2016

The principles that govern the provision of integrated care to citizens with dependencies are as follows:

- Centrality of the citizen
- Accessibility
- Severity of consumption and behaviours
- Territoriality
- Functional Differentiation
- Available Resources

The design and implementation of the network is focused on citizens and their real needs, in coordination with rational criteria that mobilise appropriate technical and human resources for the implementation of effective interventions that respond to their health problems, in terms of specificity, complexity and degree of seriousness.

The presence of these issues can be manifested by various alarm signals, like changes in behaviour and somatic pathologies, with situations in which dysfunctional patterns of consumption may already be evident (low-risk consumption and risk) – Level I.

Increased severity, with situations in which harmful consequences directly related to the existing consumption pattern become evident: harmful consumption, polydrug use or even dependence. Associated with these patterns of consumption, risky behaviour often arises in various spheres of individual functioning (health, sexuality, family, social), along with diverse pathologies associated with this dysfunctional pattern (co-morbidities) – Level II.

The dependency takes on serious characteristics, the incursion of other intakes increases, with an increased probability of emergence/aggravation of co-morbidities (severe psychopathology) – Level III.

The establishment of a public network of health services structured in different levels of intervention is intended to leverage synergies of action and citizen-centred approach in order to avoid a fragmentation of care. This referral network was structured in three levels of intervention described above.

The treatment process may occur:

- In primary healthcare – functional units

Aimed at the assessment and early detection of addictive behaviours and dependencies, in particular their severity level. This diagnosis leads to the possibility of brief interventions when the assessed level of risk is low. When there is a more serious situation (risky consumption, harmful consumption, addiction), these consultations should result in referral through the family doctor to specialised healthcare for the addictive behaviours and dependencies.

- In specialised healthcare units

Intervention in specialised units determines an initial assessment by a physician/psychiatrist. Often evaluations in the area of psychology, social work and nursing are equally important and required. This service constitutes the core of integrated therapeutic intervention: after the establishment of the relationship with an experienced professional, there is regular monitoring of the person to assess the consistency of the therapeutic process and the reacquisition of skills and competencies.

During the process other interventions may occur with other therapeutic modalities, in accordance with the integrated model approach:

- Day care centres: supporting services, very important to treatment and reintegration in different phases of the therapeutic project aimed at resocialisation, personal development, acquisition of social skills, training. The day care centres are indicated primarily for users who are dependent on licit or illicit substances in withdrawal phase, with insufficient or non-existent family support, or even without a social reintegration project, and are therefore very vulnerable from an emotional point of view. When a more specific and specialised intervention is needed, other types of treatment facilities are available, which may imply periods of hospitalisation.
- Withdrawal units: short hospitalisations (7 to 10 days, and up to 20 days in cases of associated comorbidity). Through a psychopharmacological approach of psychotherapeutic and health education, these units promote the treatment of withdrawal syndrome in users who do not have the individual or social conditions needed to be outpatients. These units can also entail the stabilisation / dose adjustment / transfer / discontinuation of opioid agonist treatment programmes, as well as the treatment and stabilisation of mild associated psychiatric and medical comorbidity.
- Specialised residential long-term treatment units (usually 3 to 12 months). These units are residential facilities, aimed at promoting the biopsychosocial rehabilitation of the person by means of a therapeutic program coordinated in different stages, with the community dynamics that distinguish this from other treatment approaches. To respond more appropriately to the problems of the most vulnerable groups in the treatment context, the therapeutic units implement specific programmes and provide different levels of social rehabilitation: young, pregnant, alcohol-addicted users with severe mental illness, prolonged evolution users.
- Alcohol units: units specialised in the treatment of disorders related to alcohol that need more differentiated and integrated care. In cases of polydrug use, alcohol units give support in situations where alcohol consumption is prevalent.
- Mental health services: when there is a need for more differentiated and specific interventions, particularly when more serious psychiatric conditions are associated with the consumption of substances. These services offer a multidisciplinary model.

The most specific interventions in this field are conducted at Integrated Services Centres (CRIs). In these units, and according to the integrated model, there are specialised technical teams in the fields of treatment prevention, risk reduction, harm minimisation and reintegration. These centres are located in all the Districts in Portugal, ensuring national coverage.

At the national level there are 43 treatment teams and 43 insertion teams, established in local CRIs. Consultations by the treatment teams usually take place there, but they may also travel to more isolated areas to treat patients. Public services also include detoxification units, therapeutic communities, alcohol units and day care centres.

The national network of treatment and rehabilitation includes also private institutions which sign agreements with the state to provide special services which the public sector does not provide. The data concerning the services part of the public services for 2012, can be synthesised as follows:

Table no. 51
Public network: resources for treatment and insertion, 2012

Treatment and insertion units		Public	Private	Total
Treatment	Teams	43	-	43
	Consultation	22	-	22
	Alcohol units	3	-	3
	Withdrawal units	4	6	10
	Specialised residential long-term treatment units	2	65	67
Insertion	Insertion teams	43		43
	Day care centres	2	8	10

Source: SICAD

The report provides no information on measures adopted in the field of environmental health. The Committee therefore asks the next report to include updated information on the main regulations/legislation in the field of environmental protection, namely for the protection of air quality, water safety, noise, as well as in the areas of ionising radiation, asbestos and food safety. It also wishes to receive information on the levels of air pollution, as well as on cases of water and food intoxication during the reference period. Meanwhile, the Committee reserves its position on this point.

The Directorate-General of Health (DGS) participates directly in drafting legislation on ionising radiation and asbestos. Regarding air quality legislation, the DGS only participates in the definition of the criteria for indoor air quality and does not intervene in other components.

Regarding ionising radiation:

As mentioned in the Report, the national legal framework in the field of protection against ionising radiation is based on two European Directives:

- 96/29/EURATOM Directive – establishes basic safety requirements for employees and members of the public. This Directive was transposed into national law by the following Executive Laws: DL 165/2002, DL 167/2002, DL 174/200, DL 180/2002, DL 222/2008, DL 227/2008. The publication of Executive Law 227/2008 has completed the transposition of this Directive.
- 97/43/EURATOM Directive – establishes the following criteria for medical exposure of patients to ionising radiation for purposes of diagnosis or therapy. This Directive was transposed by Executive Law 180/2002, which regulates exposure to ionising radiation with medical purposes.

In addition, Directives 2009/71/EURATOM and 2011/70/EURATOM, referring respectively to nuclear safety and the safe management of radioactive waste, were transposed by Executive Laws 262/2012, 262/2012 and 156/2013. These Executive Laws established the Regulatory Commission for the safety of nuclear equipment as the competent authority for nuclear safety and radioactive waste management.

The transposition of Directive 2013/56/EURATOM, which replaces the previous Directives 96/29/EURATOM and 97/43/EURATOM, which are the basis for the national regulatory system, will start soon. This transposition process, which may be extended until 2018, will entail a profound recasting of the existing regulatory system.

Regarding asbestos and indoor air quality:

- Asbestos

Regarding the protection of human health, the entry into force in January 2005 of Directive 1999/77/EC (transposed into the internal legal order by Executive Law 101/2005) resulted in a total ban on the use and sale of asbestos fibres and products containing those fibres.

Later, Executive Law 266/2007, transposing Directive 2003/18/EC, limited values for exposure of workers to asbestos, and required the Working Conditions Authority to be notified of the exercise of activities where the worker is, or can be, subject to exposure to asbestos dust or particles or materials containing asbestos, including the activities of removal, transport, treatment and disposal of wastes containing asbestos.

Regarding the management of construction and demolition waste containing asbestos, Ministerial Order no. 40/2014 establishes detailed rules for the correct removal of materials containing asbestos and for the packaging, transport and management of their respective construction and demolition waste, taking into account the protection of the environment and human health.

- Indoor air quality

Executive Law no. 118/2013, which approved the system for the energy certification of buildings, the regulation of energy performance of buildings and the regulation on the energy performance of trade and service buildings, introduced some changes in the field of indoor air quality:

1. Article 12 assigns competences to the Directorate-General of Health and the Environment Agency regarding the monitoring of implementation of the law in the field of indoor air quality;
2. Article 36 determines the publication of Ministerial Order no. 353-A/2013, which established the minimum air flow values for spaces, as well as the levels of protection and reference conditions for indoor air pollutants of new services and commercial buildings subject to intervention and existing large ones, and the respective assessment methodology.

The Ministry of Health approved the National Programme for Accident Prevention in 2010. The report mentions several projects and campaigns on child injury prevention, road safety and home accidents involving elderly persons. The Committee asks to be kept informed on the implementation and results of the different initiatives mentioned to prevent accidents.

Partnerships with MAPFRE Foundation, DOREL Portugal, University of Aveiro, Nova University, Medical University, Health Schools and other institutions were consolidated. Within the framework of the project “safe children and young people”, training was organised for health professionals working at health centres and maternity hospitals, on child restraint systems and child safety education. 215 health professionals were trained. Currently 45 projects on “safe children and young people” are being developed.

Within the framework of the project “more carefully – prevention of household accidents involving the elderly”, training courses on domestic accidents with special attention to falls were delivered to health professionals working at health centres. 169 health professionals were trained.

Risk assessment instruments were developed, namely guides for professionals, guides for the elderly, brochures, CD-ROM.

Currently 20 projects are under development on different subjects, such as: prevention of accidents involving the elderly, assessment of functional capacities, nutritional evaluation, individual fall risk assessment, raising awareness among the elderly with regard to the prevention of accidents and falls, promotion of physical activities, training of daily living activities, cognitive stimulation, gymnastics, dance and aerobics, caregiver training, awareness of managers of institutions for the elderly, and family support.

ARTICLE 12

THE RIGHT TO SOCIAL SECURITY

Paragraphs 1, 2 and 3

Between 2011 and 2014, Portugal was subject to the Economic Adjustment Programme, which implied major reductions in public spending and a variety of austerity measures. It also affected the budget of the social security system, which saw its spending cut and retargeted.

One of the measures that were taken within this context was a re-evaluation of the legal regimes governing the benefits provided by the welfare and social protection systems. The underlying assumption was the guarantee that social protection would effectively be afforded to the citizens who need it most, but without undermining the social security system's financial sustainability. We will now describe the changes that took place during the reference period, which have left the system's architectural structure unaltered in relation to that described in previous Reports.

1. Unemployment

Executive Law (DL) no. 64/2012 of 15 March 2012 temporarily increased the amount of the unemployment benefit in situations in which both members of a couple were entitled to the benefit and had dependent children, and for single-parent families who were not receiving maintenance payments. This increase applied to each beneficiary and formed part of the Social Emergency Programme (PES, see below).

The same DL also made the following changes:

- The length of time in work required for entitlement to the unemployment benefit was reduced from 450 to 360 days, in order to extend this form of protection to beneficiaries with shorter contribution histories.
- The amount of the benefit was reduced by 10% after the first 6 months, as a way of incentivising beneficiaries to actively look for work.
- The maximum possible amount of the benefit was cut to 2.5 times that of the Social Support Index Value (IAS). The minimum amount remained equal to 1 times the IAS, in order to safeguard beneficiaries with lower wages.
- The lengths of time for which the benefit can be awarded were reduced, with the new normal maximum set at 540 days, although beneficiaries' acquired rights to additional days depending on age and the number of months with recorded pay immediately prior to the date of unemployment were maintained. Workers with a longer contribution history – especially those aged 50 or over – can exceed the 540-day limit.

The following table shows the duration of the unemployment benefit for beneficiaries of different ages and different contribution histories who have become unemployed since 1 April 2012:

Beneficiary's age	No. of months with recorded pay	Benefit period	
		Duration of benefit (days)	Additional durations
Less than 30 years	Less than 15	150	30 days for every 5 years with recorded pay in the last 20 years
	Equal to or greater than 15 and less than 24	210	
	Equal to or greater than 24	330	
30 to 39 years	Less than 15	180	30 days for every 5 years with recorded pay in the last 20 years
	Equal to or greater than 15 and less than 24	330	
	Equal to or greater than 24	420	
40 to 49 years	Less than 15	210	45 days for every 5 years with recorded pay in the last 20 years
	Equal to or greater than 15 and less than 24	360	
	Equal to or greater than 24	540	
50 years and over	Less than 15	270	60 days for every 5 years with recorded pay in the last 20 years
	Equal to or greater than 15 and less than 24	480	
	Equal to or greater than 24	540	

However, beneficiaries who became unemployed on or after 1 April 2012, but at 31 March 2012 were already entitled to a certain length of unemployment benefit as a result of the number of months for which they were recorded as having been in paid work before that, are able to choose continue to be subject to the previous rules if those were more favourable:

Beneficiary's age	No. of months with recorded pay	Benefit period	
		Duration of benefit (days)	Additional durations
Less than 30 years	Equal to or less than 24	270	-
	Over 24	360	30 days for every 5 years with recorded pay in the last 20 years
30 to 39 years	Equal to or less than 48	360	-
	Over 48	540	30 days for every 5 years with recorded pay in the last 20 years
40 to 45 years	Equal to or less than 60	540	-
	Over 60	720	30 days for every 5 years with recorded pay in the last 20 years
45 years and over	Equal to or less than 72	720	-
	Over 72	900	60 days for every 5 years with recorded pay in the last 20 years

With a view to stimulating the labour market for unemployed workers and achieving their insertion, it was made possible for beneficiaries to opt to receive part of the unemployment benefit in the form of a lump sum, while continuing to receive the rest monthly.

Executive Law no. 65/2012 of 15 March 2012 established the legal regime governing social protection in the event self-employed workers become unemployed while providing most of their services to a single contracting entity (80% or more of their total annual income derived from the self-employed activity that requires them to pay contributions).

When applicable, this social protection takes the form of the award of a benefit, or partial benefit, for the termination of an economic activity. The full benefit is designed to compensate self-employed workers for the loss of their remuneration as a result of the termination of a service contract with a contracting entity; the partial benefit is awarded in similar situations, but where the worker continues to engage in an occupational activity that represents 20% or less of the annual amount of his/her working income.

In order to be eligible for these benefits, the recipient must have engaged in the economically dependent but self-employed activity and have effectively paid the respective contributions for at least 720 days within the 48 months immediately preceding the date on which the service contract was terminated, and that termination cannot have been voluntary on the worker's part.

Executive Law no. 12/2013 of 25 January 2013 approved the award of a benefit for the termination of the occupational activity of: members of governing bodies who perform director's and managerial functions; and self-employed workers who engage in entrepreneurial, commercial and/or industrial activities. In the latter case, this means: individual entrepreneurs with income derived from engaging in any commercial or industrial activity; the proprietors of individual establishments with limited liability; and spouses of this type of self-employed worker who regularly and permanently engage in effective occupational activities with the latter.

This social protection takes the shape of the award of a benefit, or partial benefit, for the termination of an occupational activity. These are designed to compensate beneficiaries for the loss of income suffered by self-employed workers who engage in entrepreneurial activities, or by directors and managers of legal persons, as a result of the termination of that occupational activity for justified reasons that caused the enterprise in question to be closed.

In order to be eligible for these benefits, the recipient must have engaged in the occupational activity and the respective pay must have been recorded for at least 720 days within the 48 months immediately preceding the date on which the activity ended.

Ministerial Order no. 26/2015 of 10 February 2015 created the Incentive to Accept Job Offers (IAOE) Measure, which consists of the award of financial support to unemployed persons receiving unemployment benefits who either accept job offers transmitted by job centres, or achieve placement by themselves.

This financial support consists of a monthly cash sum equal to 50% of the unemployment benefit for the first six months of the entitlement, up to a maximum of €500/month, and 25% for the following six months, up to a maximum of €250/month. The maximum duration is 12 months within each period for which unemployment benefit is granted, but in any case, cannot extend beyond the end of the current such period.

2. Illness

Executive Law no. 133/2012 of 27 June 2012 on the sickness benefit adjusted the percentages of the lost income it is intended to replace, establishing different protections for durations of up to 30 days, and 31 to 90 days.

The benefit now equals: 55% of normal pay in the case of up to 30 days of temporary incapacity; 31 to 90 days – 60%; 91 to 365 days – 70%; and more than 365 days – 75%.

These rates are increased by 5% each for beneficiaries: whose reference pay is equal to or less than € 500/month; who have 3 or more dependent descendants aged up to 16 years, or 24 years if they receive the family allowance; or who have descendants who benefit from an increased rate due to disability.

It also changed the way in which the reference pay is determined in situations in which the lengths of contribution periods are totalled rather than consecutive. This calculation now considers total remuneration from the beginning of the reference period to the day before the incapacity for work began – a change whose purpose was to eliminate situations in which people received no social protection. The DL also standardised the protection regime regarding maternity, paternity and adoption and the sickness protection regime, by creating a benefit that compensates for non-payment by employers of the extra holiday and Christmas months of pay or equivalent.

3. Work-related accidents and occupational illnesses

The reportable changes under this heading during the reference period concern the updating of pension values. We should thus note that, as was also the case with other contributory pensions, the updating of pensions awarded due to occupational illnesses was suspended in 2012. The updates for 2013-2015 were made under the terms of three Ministerial Orders, as per the following table:

		% increase
Ministerial Order no. 1458/2009 of 31 December 2009	• Pensions awarded for permanent incapacity for work or for death, both as a result of occupational illness, calculated on the basis of real or reference pay amounting to € 628.83/month or less.	1.25%
	• Pensions awarded for permanent incapacity for work or for death, both as a result of occupational illness, calculated on the basis of real or reference pay amounting to more than € 628.83/month.	1%
Ministerial Order no. 108/2014 of 22 May 2014	• Pensions awarded for permanent incapacity for work or for death, both as a result of occupational illness (update for 2014).	1%
Ministerial Order no. 286-A/2014 of 31 December 2014	• Pensions awarded for permanent incapacity for work or for death, both as a result of occupational illness (update for 2015).	1%

Where work-related accidents were concerned, Ministerial Order no. 122/2012 of 3 May 2012 updated pensions by +3.6% for 2012, Ministerial Order 338/2013 of 21 November 2013 by +2.9% for 2013, and Ministerial Order no. 378-C/2013 of 31 December 2013 by +0.4% for 2014. Executive Law no. 107/2015 of 16 June 2015 suspended the annual re-evaluation of pensions due for permanent incapacity and death in 2015.

4. Parenthood – maternity, paternity and adoption

Under Law no. 120/2015 of 1 September 2015, the ‘initial parental leave’ of 120 or 150 consecutive days (shared out between the mother and father) can be taken simultaneously by both parents between the 120th and 150th days, plus an additional 30 days if each parent takes an exclusive period (i.e. one is on leave while the other works) of 30 consecutive days, or two periods of 15 consecutive days, after the ‘mother’s compulsory leave’ has ended. The Law also says that if both parents work for the same microenterprise, they can only take the ‘initial parental leave’ at the same time if their employer agrees.

Law no. 120/2015 made it compulsory for fathers to take 15 working days of parental leave within the 30 days after a child is born. These can be taken either in a single block, or scattered across the 30-day period, but 5 must immediately follow the birth. In doing so it amended the parenthood protection regime approved by Executive Law no. 91/2009 of 9 April 2009. Under the new rules, the initial parental allowance payable solely to fathers is awarded with reference to these 15 compulsory working days of leave.

5. Invalidity

In the case of invalidity, special protection regimes were originally created to respond to the social need to protect citizens affected by diseases that initially present in early stages, but quickly evolve into situations that entail high levels of incapacity and dependency. A number of diseases of this type were identified using clinical criteria that were to be reviewed every three years in order to confirm or change the list of diseases subject to a special regime.

However, it was subsequently decided that this list was not appropriate from a clinical point of view, because it was incapable of covering all the many illnesses with the potential to cause invalidity, and this could lead to differentiated treatment and undermine the principle of the social equity of the social security system. As such, Executive Law no. 246/2015 of 20 October 2015 made access to special invalidity protection subject to special conditions linked to a person’s objective permanent incapacity for work, regardless of the underlying disease in question.

In addition, the departments and services with responsibility for assessing permanent incapacity for work, disability and dependency now complement their expert medical evaluations with the National Table of Functionalities (TNF), which they use to help provide the grounds for their decisions.

Executive Law no. 246/2015 established the following allowances: the special invalidity pension for beneficiaries of the General and Voluntary Social Security Regimes; the special social invalidity pension for beneficiaries of the Non-contributory Regime; and the dependency complement for beneficiaries of any of the regimes, regardless of whether the recipient possesses pensioner status or not.

6. Old age

The information on old age pensions and their updating is provided in detail under Article 23.

We should, however, note that although the updating of the Social Support Index Value (which remained at €419.22/month) was suspended and the nominal value of pensions was frozen during the reference period, the amounts of the minimum pensions payable under the General Social Security Regime for contribution histories of less than 15 years, the pensions due under the Special Regime for Agricultural Activities (RESSAA), the Non-contributory Regime and other equivalent regimes, and the pensions paid under transitional regimes applicable to agricultural workers were all exceptionally updated in the light of the principle of social equity and the need to protect pensioners with lower incomes.

7. Death

Executive Law no. 133/2012 (see section 2 above) limited the amount of the survivor's pension due to ex-spouses, spouses who are the object of judicial separation of bed and board, and persons whose marriage has been declared null and void or annulled, to the amount of the maintenance allowance receivable at the time of the beneficiary's death. It also limited the amount of the allowance payable on death to 6 times the Social Support Index Value (IAS) (See below, re Article 23, paragraph 1). In addition, it did away with the 5-year time limit following which the right to apply for a survivor's pension used to lapse; such pensions can now be requested at any time, albeit in the case of applications made more than 6 months after the beneficiary's death they are only payable forwards, as opposed to being paid retroactively to the latter date when made before that limit.

Executive Law no. 13/2013 of 25 January 2013 again limited the amount of the allowance on the death of a family member, on this occasion to 3 times the IAS. It imposed the same maximum limit on reimbursements of funeral expenses, based on the justified need to ensure the sustainability of the social security system, which is what makes it possible to provide the desired social protection in the first place.

FAMILY PROTECTION SUBSYSTEM

1. Allowances for family expenses

Executive Law no. 133/2012 permitted a reassessment of the income brackets used to award the family allowance (defined in Ministerial Order no. 344/2012 of 26 October 2012) whenever submission of the required annual evidence reveals a change in income or the composition of the household such as to alter the reference income.

2. Allowances for dependency

On the subject of protection for dependency, the approval of Executive Law no. 13/2013 means the complement for 1st degree dependencies, which was increased by 4.2% in the two-year period 2012-2013, is now only payable to pensioners with less resources (total income from pensions of this type, including pensions following the death of a family member, cannot exceed € 600/month).

The economic/financial crisis and the Economic Adjustment Programme led to the creation of the Social Emergency Programme (PES) for 2011-2014. The PES was designed to respond to urgent social situations in the following priority areas: families, the elderly, disability, voluntary work, and institutions. Each was the object of various measures, which are referred to under Article 13.

There follows a range of physical and financial data regarding the Social Security System and benefits during the reference period.

Table no. 52
No. of active Social Security System beneficiaries

In thousands

Active Beneficiaries				
Reference year	Declared pay	Equivalent to pay	Paid contributions	Voluntary social security
2012	3,531,058	1,317,718	415,621	15,189
2013	3,423,809	1,303,006	391,985	14,889
2014	3,485,411	1,266,167	373,047	14,233
2015	3,600,848	1,258,962	363,234	13,915

Source: Social Security Statistical System (SESS/GR)

Table no. 53
No. of beneficiaries/recipients with allowances for family expenses, awarded during the current year

In thousands

Family allowance	2012	2013	2014	2015
Family allowance for children and young persons	1,297.4	1,286.3	1,296.0	1,241.3

Disability	2012	2013	2014	2015
Increased disability allowance	83.7	84.7	87.3	88.4
Lifetime monthly allowance	13.3	13.4	13.6	13.6
Allowance for providing assistance to third persons	13.4	13.4	13.5	13.4

Source: Social Security Statistical System (SESS/PFA)

Table no. 54

No. of beneficiaries with certain allowances/benefits awarded during the current year

Area of benefit	Year			
	2012	2013	2014	2015
Assistance provided to descendants	70,963.00	68,731.00	73,410.00	89,432.00
Sickness	510,498.00	491,478.00	510,698.00	570,518.00
Maternity, paternity and adoption	180,300.00	171,522.00	174,952.00	189,972.00

Area of benefit	Type of benefit (b)	Year			
		2012	2013	2014	2015
Assistance provided to descendants	Allowance for assist. to child with disability / chronic disease	1,284	1,353	1,422	1,486
	Allowance for assist. to minor or disabled descendants	36	17	6	3
	Allowance for assist. to severely disabled or chronically ill persons	24	6		*
	Allowance for assist. to children	70,130	67,868	72,563	88,526
	Allowance for assist. to grandchildren	51	48	54	72
Sickness	Provisional award of sickness benefit	18,104	17,551	18,193	20,017
	Compensatory allowance re holiday month	8,809	7,073	8,175	8,802
	Compensatory allowance re Christmas month	36,195	31,251	33,573	37,925
	Sickness benefit	478,292	458,527	475,272	534,737
	Occupational sickness benefit	3,951	4,531	5,770	7,762
	Sickness benefit - tuberculosis	1,072	944	932	957
Maternity, paternity and adoption	Compensatory allowance re holiday month following parenthood		148	931	1,139
	Compensatory allowance re Christmas month following parenthood		3,351	9,041	11,344
	Adoption allowance	*			
	Adoption allowance	422	409	372	318
	Extended adoption allowance	3	4	11	7
	Sickness benefit				
	Allowance re special time off for grandparents				
Pregnancy allowance	*				

Allowance re termination of pregnancy	4,401	4,114	4,545	5,420
5-day leave allowance	3		*	*
Parental leave allowance	11	*	3	*
Maternity allowance	51	19	11	7
Allowance re birth of a grandchild	15	6	3	9
Paternity allowance				
Extended parental allowance	2,579	2,749	3,458	4,944
Initial parental allowance	141,591	131,616	127,073	137,894
Allowance re clinical risk during pregnancy	33,662	35,522	45,346	52,941
Specific risk allowance		*		
Specific risk allowance	265	259	259	266
Social adoption allowance				
Social adoption allowance	6	5	4	3
Social allowance re termination of pregnancy	15	23	26	27
Social maternity allowance	*	*	4	*
Social paternity allowance				
5-day social paternity allowance				
Initial social parental allowance	25,381	24,255	23,386	23,614
Social allowance re clinical risk during pregnancy	158	149	252	321
Social specific risk allowance	*			*

Source: Social Security Statistical System (SESS/ITPT)

Table no. 55
Amount of unemployment benefit processed, by type of benefit and year of processing

Benefit	2012 (€)	2013 (€)	2014 (€)	2015 (€)
Total	2,483,695,048.68	2,540,762,021.50	2,064,524,104.48	1,663,729,762.79
Remuneratory compensation (Customs staff)	11,463.60	9,373.24	3,766.76	3,674.11
Lay-off	9,908,074.65	7,878,147.03	4,161,711.67	3,990,023.52
Increase due to unemployment	15,988.68	(2,131.66)	10,419.29	1,036.74

Increase due to unemployment - 10%	2,231,934.94	5,448,547.80	3,873,882,05	1,681,505,90
Unemployment benefit – Sole amount	39,540,349.81	31,607,528,00	25,842,226,69	22,612,809,83
Partial sole amount	1,518,439.51	3,619,875,64	3,796,592,07	3,241,897,22
Non-initial unemployment benefit for customs staff	89,926.47	67,256,33	34,275,40	18,663,13
Occupational programme	37,813.98	15,774,34	9,810,62	321,07
Extension of social unemployment benefit	156,316.60	164,953,99	173,474,14	146,693,02
Unemployment benefit	2,055,569,643.37	2,105,270,691,28	1,675,964,533,04	1,315,741,299,51
Partial unemployment benefit	47,846,150.77	58,436,218,51	48,058,321,41	37,764,295,28
Provisional unemployment benefit				
Social unemployment benefit	149,449,042.64	105,467,570,51	72,360,469,71	59,584,593,34
Subsequent social unemployment benefit	177,319,903.66	222,778,216,49	230,234,621,63	218,942,950,12

Source: Social Security Statistical System (SESS/DES)

Table no. 56
Amount of Social Complement for the Elderly (CSI) processed, by processing year

Year	Amount (€)
2012	355,711,661.58
2013	368,041,907.76
2014	205,342,658.03
2015	187,622,234.20

Source: Social Security Statistical System (SESS/CSI)

Table no. 57
Amount of family allowances processed, by type of benefit and by year

Benefit	2012	2013	2014	2015
Total	808,744,391.93 €	797,771,896.98 €	775,191,264.26 €	764,046,182.26 €
Family allowance for children and young persons	619,686,072.77 €	611,492,590.01 €	593,498,299.49 €	580,245,510.21 €
Increased disability allowance	69,447,103.23 €	71,267,650.39 €	73,179,459.92 €	75,320,051.88 €

Allowance for attendance at a special education establishment	26,042,494.28 €	25,521,247.40 €	18,252,167.24 €	17,357,626.93 €
Lifetime monthly allowance	29,989,210.16 €	30,655,648.66 €	30,978,293.78 €	31,104,382.12 €
Prenatal family allowance	42,890,792.52 €	38,387,798.16 €	39,357,603.01 €	40,312,627.64 €
Funeral allowance	3,390,750.30 €	2,917,905.84 €	2,385,394.44 €	2,175,597.78 €
Care home allowance	4,023,557.49 €	4,235,292.31 €	4,311,941.08 €	4,284,606.40 €
Allowance for providing assistance to third persons	13,274,411.18 €	13,293,764.21 €	13,228,105.30 €	13,245,779.30 €

Source: Social Security Statistical System (SESS/PFA)

Table no. 58
Amount processed re allowances/benefits in the sickness and maternity areas

Area of benefit	Amounts recorded (€)			
	2012	2013	2014	2015
Assistance provided to descendants	17,318,493.72	15,700,003.21	16,637,617.74	19,320,264.56
Sickness	441,188,901.36	416,029,019.12	437,628,090.45	488,853,992.01
Maternity, paternity and adoption	420,904,884.81	367,839,942.84	385,052,362.03	426,931,668.82

Area of benefit	Type of benefit	Amounts recorded (€)			
		2012	2013	2014	2015
Assistance provided to descendants	Allowance for assist. to child with disability / chronic disease	4,441,362.63	4,600,482.83	4,678,127.31	4,810,447.77
	Allowance for assist. to minor or disabled descendants	8,131.88	2,157.79	1,151.00	288.72
	Allowance for assist. to severely disabled or chronically ill persons	58,278.26	7,872.29		1,959.30
	Allowance for assist. to children	12,801,810.71	11,082,644.99	11,950,531.30	14,496,816.12
	Allowance for assist. to grandchildren	8,910.24	6,845.31	7,808.13	10,752.65
Sickness	Provisional award of sickness benefit	22,624,798.30	20,601,122.28	20,116,632.98	22,470,065.82
	Compensatory allowance re holiday month	3,242,529.42	2,582,197.22	2,984,174.23	3,106,288.60
	Compensatory allowance re Christmas month	7,840,174.07	6,398,964.43	6,994,136.79	7,881,296.79

	Sickness benefit	388,589,722.74	364,644,954.19	382,118,362.43	423,066,408.64
	Occupational sickness benefit	14,380,119.66	15,826,385.44	19,692,315.32	26,853,995.98
	Sickness benefit - tuberculosis	3,328,847.54	2,834,148.40	2,792,845.72	3,022,842.36
Maternity, paternity and adoption	Compensatory allow. re holiday month following parenthood		36,342.97	241,067.59	327,722.02
	Compensatory allowance re Christmas month following parenthood		637,097.71	2,219,434.83	3,004,590.74
	Adoption allowance	2,168.70			
	Adoption allowance	1,687,953.39	1,437,056.12	1,410,039.36	1,031,599.38
	Extended adoption allowance	2,599.20	3,998.75	4,684.22	3,796.09
	Sickness benefit				
	Allowance re special time off for grandparents				
	Pregnancy allowance	736.56			
	Allowance re termination of pregnancy	3,384,861.72	3,030,997.98	3,410,987.70	4,124,163.07
	5-day leave allowance	395.35		159.95	415.20
	Parental leave allowance	5,743.74	320.85	647.97	304.67
	Maternity allowance	133,023.38	40,224.52	22,650.54	13,688.22
	Allowance re birth of a grandchild	10,054.72	4,422.00	1,861.50	5,884.14
	Paternity allowance				
	Extended parental allowance	1,839,099.35	1,767,576.63	2,224,772.75	3,159,411.48
	Initial parental allowance	303,130,281.38	255,392,642.34	248,937,982.35	267,471,346.73
	Allowance re clinical risk during pregnancy	86,615,834.36	82,853,826.68	104,512,714.74	125,415,436.87
	Specific risk allowance		111.75		
	Specific risk allowance	1,196,148.22	1,255,795.82	1,197,923.95	1,412,704.97
	Social adoption allowance				
	Social adoption allowance	8,049.00	5,904.22	3,163.34	2,728.08
	Social allowance re termination of pregnancy	3,845.92	6,394.96	7,177.56	7,412.34
	Social maternity allowance	1,971.48	1,341.60	2,769.30	1,303.50
	Social paternity allowance				

5-day social paternity allowance				
Initial social parental allowance	22,731,467.84	21,230,050.94	20,604,261.32	20,651,527.36
Social allowance re clinical risk during pregnancy	150,102.68	135,837,00	250,063.06	296,426.52
Social specific risk allowance	547.82			1,207.44

Source: Social Security Statistical System (SESS/ITPT)

Table no. 59
Amount of Social Integration Income (RSI) processed, by year

Year	Beneficiaries (w/processing)	Amount of PPRSI processed (€)	Total amount processed (€)
2008	417,398	369,749,683.13	384,584,725.65
2009	485,528	441,590,062.84	461,525,199.34
2010	525,671	453,552,686.52	465,867,199.53
2011	447,231	366,527,179.51	366,570,453.61
2012	420,470	349,280,171.85	349,281,565.55
2013	360,208	279,256,000.91	279,256,000.91
2014	320,639	251,738,706.51	251,738,706.51
2015	295,645	249,710,920.95	249,710,920.95
2016	253,282	144,734,726.01	144,734,726.01

Source: Social Security Statistical System (SESS/RSI)

Table no. 60
No. of Social Security System pensioners

In thousands

Pensioners (at 31 December)	General Regime (a)							
	2008	2009	2010	2011	2012	2013	2014	2015
Invalidity	245.5	240.2	232.6	226.0	220.6	210.9	202.6	193.3
Old age	1,593.0	1,646.8	1,701.6	1,763.9	1,819.1	1,859.6	1,861.2	1,888.4
Survivor's	609.3	621.6	631.1	641.3	648.7	655.0	664.1	668.2

Pensioners (at 31 December)	Special Social Security Regime for Agricultural Activities (b)							
	2008	2009	2010	2011	2012	2013	2014	2015
Invalidity	8.1	7.5	7.2	7.0	6.5	5.7	5.1	4.5
Old age	199.5	184.3	169.4	155.6	141.5	129.3	117.7	106.2
Survivor's	76.1	72.7	69.2	65.6	61.8	58.0	54.4	50.5

Pensioners (at 31 December)	Non-contributory Regime and equivalents							
	2008	2009	2010	2011	2012	2013	2014	2015
Invalidity	48.9	49.5	49.6	49.7	50.0	50.3	51.0	50.5
Old age	34.5	33.7	32.6	31.6	30.6	29.9	28.2	28.3
Survivor's	2.8	2.9	2.9	2.9	2.9	2.9	2.8	2.7

Source: Ministry of Labour, Solidarity and Social Security – National Pensions Centre (CNP-MTSS)

Table no. 61
No. of pensioners with complement for dependency

In thousands

Pensioners with complement for dependency	General Regime							
	2008	2009	2010	2011	2012	2013	2014	2015
Invalidity	14.6	15.3	15.7	15.7	15.8	14.8	14.5	14.4
Old age	117.4	124.4	127.0	126.0	125.8	120.2	118.2	119.5
Survivor's	18.0	19.4	19.8	19.4	19.0	18.2	17.8	17.5

Pensioners with complement for dependency	Special Regime for Agricultural Activities (a)							
	2008	2009	2010	2011	2012	2013	2014	2015
Invalidity	1.5	1.4	1.4	1.4	1.3	1.2	1.1	1.0
Old age	48.8	47.2	44.6	41.2	37.7	34.8	31.9	29.7
Survivor's	2.5	2.4	2.4	2.2	2.1	1.9	1.8	1.7

Pensioners with complement for dependency	Non-contributory Regime and equivalents							
	2008	2009	2010	2011	2012	2013	2014	2015
Invalidity	20.0	20.5	20.9	21.0	20.7	20.9	21.1	21.4
Old age	10.1	9.7	9.1	8.6	5.6	5.4	5.1	5.1
Survivor's	0.3	0.3	0.2	0.2	0.1	0.1	0.1	0.1

Source: Ministry of Labour, Solidarity and Social Security – National Pensions Centre (CNP-MTSS)

Paragraph 4

With regard to the development of bilateral and multilateral agreements designed to ensure equal treatment for nationals of other States Party and to guarantee, maintain and reinstitute social security rights that already exist or are under formation, four Social Security Conventions entered into force between the beginning of 2012 and the end of 2015: with Ukraine, Tunisia, Argentina, and a group of Latin American countries.

2012 saw the entry into force of the Convention on Social Security between the Portuguese Republic and the Republic of Tunisia, which covers sickness, work-related accidents, occupational illnesses, maternity, paternity and adoption, unemployment, invalidity, old age and death, as well as family protection (family expenses, disability and dependency).

The Convention on Social Security between the Portuguese Republic and the Ukraine entered into force in the same year, encompassing sickness, maternity, paternity and adoption, work-related accidents, occupational illnesses, unemployment, invalidity, old age and death, together with family expenses.

The Ibero-American Convention on Social Security and the respective Application Agreement entered into force early in the second half of 2014, albeit with regard to Portugal they were only published in 2015. They cover invalidity, old age, survivors, work-related accidents and occupational illnesses. The States Party to the Convention that effectively applied the Convention during the reference period were Bolivia, Brazil, Chile, Ecuador, El Salvador, Paraguay, Portugal, Spain and Uruguay.

The Convention on Social Security between the Portuguese Republic and the Republic of Argentina entered into force in 2015, replacing the previous 1996 version. It covers invalidity, old age, death, family protection, and special regimes for some categories of worker.

Public sector employment:

Law no. 4/2009 of 29 January 2009 defined the social protection of every public-sector worker, with effect from 1 January 2009. This is the first time the whole public service has been covered in this way. The new regime replaced the previous public-service social protection regime, but continued to constitute a specific form of social protection for Public Administration (AP) staff (the Convergent Social Protection Regime, RPSC). As required by the new Law itself, since 2009 the RPSC has gradually been amended in such a way as to converge with the General Social Security Regime (for workers in the private sector).

The following amendments were made between 01-01-2012 and 31-12-2015:

a) Protection in the event of sickness:

Law no. 66-B/2012 of 31 December 2012 (the State Budget for 2013, LOE 2013) changed the rule on loss of pay during days 1 to 3 of temporary incapacity: the whole of the base daily pay for these days is now lost in situations in which the worker is repeatedly off work (for concurrent or interspersed periods) due to illness.

b) Protection in the event of death:

LOE 2013 reduced the amount of the allowance on the death of a family member (awarded to family members on the death of AP staff), which is now limited to at most 3 times the Social Support Index Value (IAS).

c) Protection in the event of old age:

LOE 2013 changed the Statute governing Public Sector Retirement (regime governing the retirement of AP staff covered by the RPSC) in such a way that old age pensions are now calculated using the contributory base applicable under the General Social Security Regime.

Law no. 11/2014 of 6 March 2014 established new mechanisms designed to make the RPSC converge with the General Social Security Regime. Since 7 March 2014, RPSC pensions have been subject to the length of contributions and the normal age requirement for eligibility for the old age pension that were successively laid down in the General Social Security Regime.

As to the level of social protection (in conformity with the European Code of Social Security) provided under the Public Sector Employment regime, it is possible to say that the level assured by the RPSC is essentially equivalent to that available under the General Social Security Regime.

The level of protection provided under both the RPSC and the General Regime has been falling due to the economic crisis and the need to ensure the system's sustainability.

In particular, this has been reflected in:

- a) The reduction in the amount of the allowance on the death of a family member.
- b) The loss of the whole of the base daily pay for days 1 to 3 of sickness leave, for staff covered by the Convergent Social Protection Regime.
- c) Application of the sustainability factor to public-sector retirement pensions.
- d) A reduction in the percentage of the first factor used to calculate old age pensions under the RPSC (P1).

Responses to the European Committee of Social Rights

Non-conformities

The Committee concludes that the situation in Portugal is not in conformity with Article 12§1 of the Charter on the ground that the minimum level of sickness benefit is manifestly inadequate.

Between 2011 and 2014, Portugal was covered by the Economic Assistance Programme, and committed itself to implementing a set of budgetary measures brought about by the need to reduce public expenditure, including expenditure on social protection. In this context, it was not possible to envisage any approach involving changes in any inadequacy in the minimum level of sickness benefit.

This inadequacy occurs in two situations:

- People doing part-time work (less than 50% of full-time working hours) and earning the minimum wage.
- When the insurance period is not long enough to make a full calculation of the benefit and this has to be done on the basis of aggregated insurance periods. In these cases, the contribution periods for the system are very short and earnings are low. In order to minimize this situation, Article 18(2) of Executive Law (DL) no. 28/2004 was amended by DL no. 133/2012 of 27 June 2012, since which situations in which the minimum level is granted have become almost non-existent.

The number of beneficiaries receiving the minimum level of sickness benefit has decreased, as can be seen from the following table:

Table no 62
Number of beneficiaries receiving less than €419/month

	<= €419	%	Total no. of beneficiaries
2010	6,484	1.3	517,099
2011	6,557	1.3	523,194
2012	4,282	0.9	475,013
2013	4,010	0.9	454,729
2014	2,993	0.8	381,618

Source: Social Security Institute (ISS)

It is also important to underline that through its solidarity subsystem, the social security system provides for social or economic compensation when the welfare system benefits are inadequate. More specifically, it provides for the payment of the Social Integration Income (RSI); the social action subsystem provides for exceptional short-term benefits of limited amount to cover situations of need and inequality, which may ensure an increase in income and thus a more adequate benefit amount.

However, it is also important to note that in 2012 changes were made to the scope of the sickness benefit, with a new differentiation within the regime. The social protection of serious and long-term diseases was prioritised, while resorting to short periods of sick leave was disincentivised. As a result, new percentages were set for the calculation of the benefit,

depending on criteria linked to both the duration and seriousness of the temporary incapacity for work, and the composition of the beneficiary's family.

The allowance is now calculated on the basis of 55% for temporary incapacities lasting 30 days or less, 60% for 31 to 90 days, 70% for 91 to 365 days, and 75% for more than 365 days.

There is also now a 5% increase in some of the above percentages for beneficiaries whose reference pay is € 500/month or less, who have 3 or more dependent descendants aged up to 16 years, or 24 years if they receive the family allowance, or who have descendants who benefit from an increased rate due to disability.

In such cases, beneficiaries receive 60% of their reference pay in the first 30 days, and 65% between days 31 and 90.

The purpose of this increased rate was to improve the lowest sickness benefits – namely in cases where beneficiaries' reference pay is lowest, which is when the minimum rate of sickness benefit applies. As such, and in combination with the other reasons already given in response to the conclusions of non-conformity, we would point out that the benefits for persons earning the lowest rates of pay have now been increased.

*The Committee concludes that the situation in Portugal is **not in conformity** with Article 12§4 of the Charter on the grounds that:*

- *equal treatment with regard to social security rights is not guaranteed to nationals of all other States Parties;*
- *equal treatment with regard to access to family allowances is not guaranteed to nationals of all other States Parties.*

Although bilateral social security agreements have not been entered into with all the other States Parties, the principle of equal treatment with regard to social security rights is guaranteed to both national and foreign citizens, provided they are legally resident in Portugal.

There are exceptions in relation to some non-contributory benefits, such as the social pension, the social integration income and the solidarity supplement for the elderly, but this does not prevent us from expressing reservations about the Committee's conclusion.

Similarly, the principle of equal treatment with regard to the grant of family allowances in Portugal is guaranteed to foreign citizens legally resident in the country. We therefore also have reservations about the Committee's conclusion in this respect, albeit there are no bilateral agreements with all the States Parties mentioned.

Having said this, Portugal and Turkey have signed an agreement that covers social security, establishing the principle of equal treatment for workers in both countries in terms of access to family allowances.

The social support benefits provided for in Article 13 of the European Social Charter are granted within the scope of the non-contributory scheme, namely the Social Integration Income (RSI), the Social Pension and the Social Solidarity Supplement for the Elderly (CSI).

The RSI, Social Pension and CSI regimes do include differentiating rules according to the beneficiaries' nationality, residence and reciprocal treatment.

The Social Integration Income (RSI) is thus granted to national and foreign citizens from the EU, EEA and Switzerland (third state with an Agreement on the free movement of persons within the EU) who are legally resident in Portugal for at least one year. Citizens of other countries must have legal residence in Portugal for at least three years (there is an exception for children aged less than three years).

The social pension is awarded to national and foreign citizens resident in Portugal who are covered by EU regulations on social security (Member-States of the EU, EEA and Switzerland), or by bilateral social security agreements with Portugal that provide for this (Cape Verde, Canada, Australia and Brazil).

Finally, the Social Solidarity Supplement for the Elderly (CSI) is granted to national or foreign beneficiaries of old-age and survivors' pensions or similar pensions received under any national or foreign social security system, provided they have been legally resident in Portugal for at least six years and fulfil certain other conditions.

There are situations where the national and foreign citizens covered by EU regulations on social security (Member-States of the EU, EEA and Switzerland) are entitled to the CSI when they do not fulfil the means-testing condition for the grant of the social pension, and there are situations where foreign citizens who are not covered by the social pension on the grounds of nationality are also not entitled to the CSI.

The existence of differentiated treatment in relation to the grant of the social pension, CSI and RSI to citizens of countries outside the EU, EEA or third States with an Agreement on the free movement of persons within the EU, is due to the non-contributory nature of these social benefits and to the legislator's desire to prevent unwanted social behaviours with regard to the social security system, such as the attraction of immigrant beneficiaries without stable ties to the country.

In any case, it should be noted that in accordance with the logic underlying the national social security system, Portugal guarantees social protection in situations of economic need by granting the RSI to all citizens who are legally resident in the country, regardless of their nationality. The only requirement is that the foreign beneficiaries' ties with the country be stable and not of an adventitious nature, so length of residence constitutes a differentiating criterion.

It is also important to mention that the national authorities are making exploratory contacts and arrangements with both the Russian Federation and Turkey, with a view to the eventual establishment of bilateral agreements. However, we would point out that the number of nationals from these countries residing in Portugal is not very significant, as they have very small communities here.

In addition, according to data from the Portuguese Immigration and Borders Service (SEF), in 2013 there were 33 citizens from Albania, 81 from Armenia, 902 from Georgia, and 213 from Serbia.

Be this as it may, it is important to note that in harmony with the operational philosophy of the Portuguese social security system and following a recent decision by the Constitutional Court, which declared a 3-year waiting period for entitlement to the RSI to be unconstitutional, Portugal now guarantees social protection in economic hardship situations to every foreign citizen who has been legally resident here for at least one year, under equal circumstances,

regardless of nationality and even if the recipient is not entitled to the Social Pension or the CSI.

This Constitutional Court decision has made it possible to strengthen the social protection afforded to foreign citizens who find themselves in seriously vulnerable economic situations, do not have the immediate means to satisfy their household's vital needs, and were admitted to Portugal in compliance with the rules governing legal residence, namely those on the requisites regarding the availability of means of sustenance.

Requests for additional information

The Committee notes that the personal coverage of social security risks is satisfactory and asks the next report to provide updated information regarding the number of persons protected against income-replacement benefits (old age, unemployment and sickness) out of the total active population and the number of persons covered by healthcare out of the total population.

Table no. 63
No. of pensioners in the social security system

Thousands

Pensioners (31 December)	General Regime (a)						Special Regime for Agricultural Activities						Non-contributory and similar regimes					
	2008	2009	2010	2011	2012	2013	2008	2009	2010	2011	2012	2013	2008	2009	2010	2011	2012	2013
Invalidity	245.5	240.2	232.6	226.0	220.6	210.9	8.1	7.5	7.2	7.0	6.5	5.7	48.9	49.5	49.6	49.7	50.0	50.3
Old age	1,593.0	1,646.8	1,701.6	1,763.9	1,819.1	1,859.6	199.5	184.3	169.4	155.6	141.5	129.3	34.5	33.7	32.6	31.6	30.6	29.9
Survivor's	609.3	621.6	631.1	641.3	648.7	655.0	76.1	72.7	69.2	65.6	61.8	58.0	2.8	2.9	2.9	2.9	2.9	2.9

Source: Ministry of Labour, Solidarity and Social Security – National Pensions Centre (CNP-MTSSS)

a) Includes pensioners covered by the Voluntary Regime

Table no. 64
Number of beneficiaries receiving benefits, by year

Thousands

Benefits	Number of beneficiaries					
	2008	2009	2010	2011	2012	2013
Parental benefits (*)		96.6	178.0	178.9	167.5	156.4
Sickness benefits	553.1	589.5	549.8	552.2	496.9	476.4
Unemployment benefits	458.2	549.9	584.1	554.5	641.4	657.8

Source: Ministry of Labour, Solidarity and Social Security – National Pensions Centre (CNP-MTSSS)

Table no. 65

Nr. of persons protected in the event of old age – 2014		
A. No. of workers protected		4,640,341
i. General Social Security Regime		4,155,815
Third-party employees	3,855,123	
Self-employer workers	286,807	
Voluntary Social Insurance Regime	13,885	
ii. Public servants, armed forces and police		484,526
B. Active population		5,195,200
C. Resident population		10,341,330
D. Ratio of protected workers to active population	A/B (%) = 4,640,341/5,195,200	89.3%
E. Ratio of protected workers to resident population	A/C (%) = 4,640,341/10,341,330	44.9%
F. Total old age pensioners (a)		2,007,143

Sources: INE, IP; Ministry of Labour, Solidarity and Social Security (MTSSS), IT Institute (II), Caixa Geral de Aposentações (CGA) – 2014 Annual Report (last year available, *in Portuguese*).

(a) Beneficiaries with at least one benefit processed in 2014.

Table no. 66

Nr. of persons protected in the event of unemployment – 2014		
A. No. of third-party employees (TCOs) protected		3,720,026
i. General Social Security Regime	3,720,026	
B. Total no. of third-party employees		4,358,058
i. General Social Security Regime	3,873,532	
ii. Public servants, armed forces and police	484,526	
C. Ratio of protected workers (TCOs) to total no. of workers (TCOs)	A/B (%) = 3,720,026/4,358,058	85.4%
D. No. of recipients of unemployment benefit (a)		597,915

Sources: Ministry of Labour, Solidarity and Social Security (MTSSS), IT Institute (II), Caixa Geral de Aposentações (CGA) – 2014 Annual Report (last year available, *in Portuguese*).

(a) Beneficiaries with at least one benefit processed in 2014.

Table no. 67

Nr. of persons protected in the event of sickness – 2014		
A. No. of third-party employees (TCOs) protected		4,279,672
i. General Social Security Regime	3,795,146	
ii. Public servants, armed forces and police	484,526	
B. Total no. of third-party employees		4,358,058
i. General Social Security Regime	3,873,532	
ii. Public servants, armed forces and police	484,526	
C. Ratio of protected workers (TCOs) to total no. of workers (TCOs)	A/B (%) = 4,279,672/4,358,058	98.2%
D. Other types of protected workers		294,903
i. Self-employed workers (TIs)	286,762	
ii. Voluntary Social Insurance Regime (SSV) (a)	8,141	
E. No. of recipients of sickness benefit (b)		493,476

Sources: Ministry of Labour, Solidarity and Social Security (MTSSS), IT Institute (II), Caixa Geral de Aposentações (CGA) – 2014 Annual Report (last year available, *in Portuguese*).

(a) Only those working aboard foreign vessels (Portuguese seafarers and security staff) or scientific research grant-holders; (b) Beneficiaries with at least one benefit processed in 2014.

The Committee asks what rules apply in this regard following the amendments implemented.

Recipients of the unemployment benefit can lose the right to it if their registration with a job centre is cancelled, or they refuse an appropriate job, socially necessary work, vocational training, a personal employment plan or other current active employment measures.

Recipients are entitled to refuse one of the above types of offer for a period of up to 30 days a year.

No other additional measures were altered during the reference period, given that the intention behind the 2010 measures was to promote beneficiaries' employability and reinsert them into the labour market as quickly as possible, while they were still receiving the benefit.

The Committee considers that the IAS amount is adequate as it is above the 50% of the Eurostat median equivalised income. However, the Committee asks under what circumstances the reference wage may fall below the IAS level.

The following table shows that since the IAS was created in 2006, the Guaranteed Minimum Monthly Wage (RMMG) has been higher than this index value. From this point of view, the amount of the Reference Pay (RR) that is taken into consideration when contributory social benefits are calculated can only be below the IAS when the figure in question is the net pay of a worker in a sector that practises gross monthly wages which are close to the RMMG, or when the beneficiary works part time.

Social indicators

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
RMMG	€403.00	€426.00	€450.00	€475.00	€485.00	€485.00	€485.00	€485.00	€505.00	€530.0
IAS	€397.86	€407.41	€419.22	€419.22	€419.22	€419.22	€419.22	€419.22	€419.22	€419.22

Source: DRE; INE, IP

The Committee asks whether this signifies that all persons earning the minimum pension would get a top up to the level of € 409, or in other words whether the minimum level of contributory pension in any event amounts to € 409, including the supplement.

First of all, it is important to note that after five consecutive years without positive updates, in 2016 the reference amount of the Solidary Complement for the Elderly (CSI) increased from €4,909/year to €5,022/year (the figure that had been in effect in 2012, before then being cut in 2013). The entry into force of the State Budget for 2016 brought with it a new rise in the reference value of the CSI (the latter was originally provided for in Article 9 of Executive Law no. 232/2005 of 29 December 2005) to €5,059/year, with effect from 1 April 2016. In addition, the Social Security Institute (ISS) recalculated the amounts of CSI that were being attributed to existing pensioners.

It is equally important to mention that not all recipients of minimum invalidity pensions under the General Social Security Regime are also entitled to the CSI at the appropriate age, inasmuch as unlike the minimum pensions, the CSI is a non-contributory social benefit that is subject to means testing. Many recipients of a minimum pension may have other types of complementary income (rents or capital gains, for example) that prevent them from being in a hardship situation of the kind required for the CSI to be awarded.

The hypothetical award of this pension complement to every pensioner could at worst have a regressive or anti-redistributive effect within the overall social security system, which would be in breach of the principle of solidarity. This is because it could lead to a transfer of financial resources derived from society's sense of solidarity to pensioners who, although they receive a minimum pension, are not in a situation of proven economic and financial hardship. This is precisely what was shown by an independent study presented in 2003,¹ the results of which confirmed that minimum pensions were expensive and ineffective solidarity instruments. Only 31.25% of persons who lived in households and received minimum pensions were poor – a result that may be explained by the fact that the households in question had other declared incomes.

It should be recalled that the decision to create the CSI was taken precisely in view of this scenario, inasmuch as the complement's introduction in 2005 was the result of the simultaneously technical and political conclusion that a generalised increase in the value of minimum pensions to bring them into line with the Guaranteed Minimum Monthly Wage was a strategy that was both unsustainable from a financial point of view, and relatively ineffective at fighting poverty among the elderly. These conclusions were the basis for a review of the policies of guaranteed social minima for pensioners with few resources, who became entitled to a specific social benefit – the CSI – designed to increase both the efficacy and the financial efficiency of the combat against poverty among older members of the population. This objective is acknowledged to have been attained between 2005 and 2012, when the risk of poverty among the elderly fell by 11.5%. In contrast, at the beginning of 2013, the reduction in the CSI reference rate (from €5,022/year to €4,909/year – i.e. a cut of 2.25%) reversed the trend towards a fall in this risk, which instead experienced a year-on-year rise of 0.5% compared to 2012.

The Committee asks what are the minimum levels of maternity and invalidity benefits.

Minimum amount of parental benefits: a daily allowance that corresponds to 80% of 1/30 of the IAS (social support index = €419.22). For the extended parental benefit: 40% of 1/30 of the IAS.

Minimum amount of the invalidity pension of the general system: beneficiaries are entitled to a minimum of 30% of the reference earnings. However, the amount of the invalidity pension cannot be lower than the following minimum amounts fixed by law, according to the contribution period and the type of invalidity of the beneficiaries:

Relative invalidity: the minimum amount is indexed to the social support index (€419.22).

The percentages vary according to the contribution period:

¹ Available at https://www.bportugal.pt/pt-PT/EstudosEconomicos/Conferencias/Documents/2004DesenvEcon/02_MGouveia.pdf

- Minimum for pensioners with up to 15 years of contributions: 61.86% of the IAS per month (€ 259.36).
- Minimum for pensioners with 15 to 20 years of contributions: 65.54% of the IAS per month (€ 274.79).
- Minimum for pensioners with 21 to 30 years of contributions: 72.33% of the IAS per month (€ 303.23).
- Minimum for pensioners with more than 30 years of contributions: 90.41% of the IAS per month (€ 379.04).

Absolute invalidity: the minimum amount corresponds to the minimum amount of a relative invalidity pension and an old-age pension with a 40-year contribution history.

These percentages are also applied to the invalidity pensions granted by the special protection system in cases of invalidity resulting from certain diseases.

ARTICLE 13

THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

Paragraphs 1 and 2

The system in the area covered by this Article continues to be that described in the previous Report, and so now we will limit ourselves to describing changes and measures that were taken during the reference period.

As we have said in earlier Reports, persons and families in situations of serious economic hardship who need support in order to improve their social and occupational integration are entitled to the Social Integration Income (RSI), subject to certain conditions.

In 2012-2015, both the reference figure for the RSI means test and the actual amount of the benefit for single individuals were reduced from €189.52 to €178.15/month, and the OECD equivalence scale for households (which is less favourable than the scale introduced in 2010 for non-contributory benefits) was adopted (Executive Law no. 70/2010 of 16 June 2010; Executive Law no. 133/2012 of 27 June 2012; Executive Law no. 13/2013 of 25 January 2013).

Executive Law no. 133/2012 of 27 June 2012 made the following changes:

- The means test for the RSI also started to put a maximum limit on the value of the applicant and his/her household's real and movable assets of 60 times the Social Support Index Value (IAS) for each person (the previous limit had been 240 times the IAS).
- The RSI reference value became linked to the IAS rather than to the amount of the social pension, and this in turn led to the freezing of the RSI because the IAS was frozen.
- The RSI is no longer automatically renewed, and beneficiaries must now make an annual renewal request.
- The universe of beneficiaries' duties was also expanded, namely in that recipients of active age must now take part in socially useful activities, the purpose of which is to help achieve the social reintegration of individuals and families who receive the RSI.

On the subject of the conditions for entitlement to the RSI, in 2015 the Constitutional Court declared the unconstitutionality with generally binding force of the part of the norm contained in Article 6(1)(a) of Law no. 13/2003 of 21 May 2003, with the text given to it by Executive Law no. 133/2012 of 27 June 2012, under which Portuguese citizens were required to have spent at least one year legally residing in Portugal before they could gain access to the benefit (Ruling of the Constitutional Court no. 141/2015 of 16 March 2015).

In the same Ruling the Constitutional Court also declared the unconstitutionality with generally binding force of the part of the norm set out in Article 6(4) of Law no. 13/2003, with the text given to it by Executive Law no. 133/2012, that extended this one-year requisite to the members of the RSI applicant's household.

The changes derived from this finding of unconstitutionality mean that it is now possible to safeguard the social rights of Portuguese migrant workers who leave the country for occupational reasons and then come back early without the proper social cover – e.g. because

they became unemployed after a few months, or were simply unable to find paid work in the country to which they had emigrated. Before this, such Portuguese citizens could only gain access to the RSI a year after they returned to Portugal.

On the subject of the RSI and foreign citizens residing in Portugal, the Constitutional Court also found a norm contained in Article 6(1)(b) and (4) of Law no. 13/2003, with the text given to it by Article 5 of Executive Law no. 133/2012, to be unconstitutional (Constitutional Court Ruling no. 296/2015 of 25 May 2015).

The Court considered that the then required minimum of three years of legal residence in Portugal before citizens (the actual applicants and all the members of their household except for children under the age of three) of non-EU and EEA states and others without free movement within the EU could gain access to a social benefit that is designed to ensure a minimally dignified level of subsistence, or at least a minimum subsistence, was too great a sacrifice and too burdensome compared to the public-interest advantage sought by this differentiation of the minimum residency requirements by nationality, and was therefore in breach of the principle of proportionality. (It is worth noting that citizens from the European Union, the European Economic Area and states with a free personal movement agreement with the EU only need to have resided legally in Portugal for one year in order to be entitled to the RSI.)

This Constitutional Court decision has made it possible to strengthen the guaranteed social protection available to foreign citizens who find themselves in seriously vulnerable financial situations and without the immediate means to satisfy their household's vital needs (assuming that they were originally admitted to Portugal in accordance with the rules governing legal residence, namely the requisites regarding the availability of means of sustenance).

Table no. 68
No. of RSI beneficiaries, by year and by nationality

Year	No. of beneficiaries (w/processing)	Nationality	
		Portugal	Other
2012	420,470	404,186	16,284
2013	360,208	348,103	12,105
2014	320,639	310,830	9,809
2015	295,645	286,524	9,121
2016	253,282	245,998	7,284

Source: Social Security Statistical System (SESS/RSI)

Table no.69
No. of Social Supplement for the Elderly (CSI) beneficiaries,
by year and by nationality

Year	Nationality		Total
	Portugal	Other	
2012	243,540	1,312	244,852
2013	236,650	1,162	237,812
2014	211,391	1,144	212,535
2015	175,526	1,191	176,717

Source: Social Security Statistical System (SESS/CSI)

Table no. 70
No. of foreign citizens registered with the Social Security Service, by year

Year	No. of foreign citizens
2012	192,931
2013	179,617
2014	184,976
2015	203,632

Source: II,IP\DAGI\Ref. 19625

As we have already mentioned, the economic and financial crisis and the demands imposed by the Economic Adjustment Programme led to the creation of the Social Emergency Programme (PES), which was in force between 2011 and 2014 and was designed to respond to urgent social situations in certain priority areas.

Some of the most noteworthy measures taken in this regard were described under Article 12. Others included:

1. The Solidary Network of Social Canteens (RSCS) – intended to ensure that persons and/or families who most needed them had access to free daily meals.
2. The Social Rental Market (MSA) – designed to develop a social rental model using unoccupied dwellings and make it easier for families in more vulnerable situations to gain access to housing at below-market prices.

3. Part-payment of schoolbooks – financial assistance to help buy required books for intermediate-level courses with a high degree of employability.
4. Continuous care – a measure designed to improve the articulation between departments and services, thereby improving both efficiency in the provision of continuous care and promoting employability in the sector. Funding was increased by 30 %.
5. The Social Emergency Assistance Fund (FSS).

Executive Law no. 102/2012 of 11 May 2012 re-established the Social Emergency Assistance Fund, which was designed to provide support in social emergency, alert, contingency, disaster and social exclusion situations, as well as to support charities in the social action field. Ministerial Order no. 428/2012 of 31 December 2012 regulated the FSS, defining the conditions governing eligibility for financial support in accordance with two intervention typologies: support for natural persons and families, and support for private charities (IPSSs) and other not-for-profit entities with social solidarity goals.

Executive Law (DL) no. 165-A/2013 of 23 December 2013 created the Social Sector Restructuring Fund (FRSS), with the purpose of incentivising, supporting and promoting the capacity of entities in the solidarity sector, and the objective of strengthening their work to develop responses and programmes for the social economy. To this end the DL established a biannual partnership model that equipped institutions with mechanisms with the capacity to strengthen existing social responses, implement new actions and broaden social support measures, in such a way as to encompass every citizen in a socially vulnerable situation. The terms under which the Fund was operationalised and its investment policy, including conditions governing access, the grant of financial support and repayment formats, were set out in Ministerial Order no. 31/2014 of 5 February 2014.

Paragraph 3

In addition to the decentralised social and health services at the national level described in earlier Reports, it is worth highlighting the National Social Emergency Hotline (LNES) – 144.

LNES - 144 is a free public telephone service that has operated on a 24/7/365 basis since September 2001. Its objectives are to guarantee an immediate response to situations that require emerging and urgent action in the social protection field, and ensure the accessibility of a subsequent social follow-up and monitoring with a view to the user's integration and autonomy.

The following tables contain statistics on emergency and crisis situations dealt with and the emergency responses provided as part of the National Social Emergency Hotline service, together with the number of persons supported during the reference period.

Table no. 71
LNES – variation in types of emergency, 2012-2015

Emergency typology	2012	2013	2014	2015
Domestic violence	982	626	439	615
Violence in another context (physical, psychological, sexual)	22	25	23	28
Eviction and other loss of accommodation	382	338	230	293
Lack/loss of autonomy	266	200	158	213
Children and young persons	133	99	87	100
Homeless persons	104	77	64	124
Neglect of elderly/disabled persons	7	6	*	7
Abandonment	24	10	10	10
Other	93	105	204	25
Total	2,013	1,486	1,215	1,415

Source: Social Security Statistical System (SESS/LNES)

Table no. 72
LNES – variation in types of emergency, 2012-2015

Emergency response	2012	2013	2014	2015
Psychosocial support from district team	1,033	933	443	272
Temporary accommodation	1,202	1,092	539	416
Forwarding	1,263	1,155	476	240
Care	98	77	41	40
Support	1,255	1,043	687	82
Flagging	301	254	119	28
Other response	312	305	119	387
Refused help / Quit programme	53	57	34	38
Total	5,517	4,916	2,458	1,503

Source: Social Security Statistical System (SESS/LNES)

Table no. 73
LNES – variation in types of crisis, 2012-2015

Crisis typology (emergency)	2012	2013	2014	2015
Economic hardship / Unemployment	45	51	42	43
Domestic violence	102	176	162	141
Neglect of elderly/disabled persons	103	102	91	137
Request for care home or domiciliary support	144	91	123	138
Neglect of children and young persons	45	55	39	116
Precarious housing	44	31	40	47
Lack of autonomy due to illness, isolation and/or abandonment	321	232	204	352
Other	56	108	146	45
Total	860	846	847	1,019

Source: Social Security Statistical System (SESS/LNES)

Table no. 74
LNES – variation in no. of persons supported – emergency and crisis, 2012-2015

Crisis typology (age of user)	2012	2013	2014	2015
0 - 5 years	381	381	272	263
6 – 17 years	593	553	475	525
18 – 30 years	607	540	416	507
31 – 64 years	1,291	1,395	1,027	1,429
65 years and over	650	784	608	1418
Unknown	64	65	28	32
Total	3,586	3,718	2,826	4,174

Source: Social Security Statistical System (SESS/LNES)

Responses to the European Committee of Social Rights

The Committee concludes that the situation in Portugal is not in conformity with Article 13§1 of the Charter on grounds:

- that the level of social assistance is manifestly inadequate, and
- that the granting of social assistance benefits to nationals of other States Parties, other than EU/EEA nationals, is subject to an excessive length of residence requirement.

First grounds for non-conformity

Concerning the first grounds for the conclusion of non-conformity with regard to a “manifestly inadequate” level of social assistance, it should be mentioned that as a general rule, social assistance is provided to persons who are not covered by a contributory scheme. These benefits are only paid to persons who are resident in Portugal and are in financial difficulties – i.e. whose income is below a certain level.

In the general system, all legal residents (at least three years of residence in certain cases) who are over 18 years of age (persons under that age may be entitled if they have children, depending on their household, or are married, cohabitating or pregnant) and are in a situation of socio-economic need (which also implies not owning movable or other assets whose value exceeds a certain amount related to the Social Support Index Value (IAS)) may be granted the Social Integration Income (RSI).

However, there are also special non-contributory benefits. Under certain conditions, persons not entitled to contributory benefits may be entitled to a non-contributory pension. This may be provided as an invalidity or old-age social pension, widow(er)'s pension or orphan's pension (*pensão social de invalidez e de velhice, pensão de viuvez, pensão de orfandade*).

A social pension may be paid to persons of 65 years or older and to permanently disabled persons over the age of 18, regardless of their occupation. Persons receiving an old-age or invalidity pension are also entitled to an Extraordinary Solidarity Supplement (*complemento extraordinário de solidariedade*), which is a top-up benefit whose amount varies depending on whether the person is over or under the age of 70.

Residents who are not covered by a mandatory social protection system or who are covered but not under the contingencies of maternity, paternity and adoption, may be eligible for social allowances within the maternity, paternity and adoption protection framework (*subsídios sociais de protecção na parentalidade*).

Unemployed persons who are not entitled to unemployment benefit may be entitled to unemployment assistance (*subsídio social de desemprego*), provided they fulfil the conditions regarding income and movable assets.

Pensioners aged 65 years or over may be entitled to a solidarity supplement for the elderly (*complemento solidário para idosos*). They must have resided in Portugal for at least six years prior to the right being granted and their annual income must be below a certain limit.

Pensioners whose income is below the Guaranteed Minimum Monthly Wage (RMMG) for the previous year, or below the IAS when the latter exceeds the RMMG, are exempted from co-payments for healthcare and benefit from an increased state contribution to the price of medicines.

Additional measures taken

Efforts and progresses have been made at the level of the social protection system in general, and in social assistance support in particular, in order to lessen the impacts caused by the deep economic and financial crisis that Portugal is facing. However, the effects of that crisis are nonetheless being reflected in the various sectors of society, and further aggravated by the commitments undertaken within the framework of the *Memorandum of Understanding between EU, IMF and ECB* that led to constraints on public spending with direct impacts on the social protection system.

In recent years, Portugal has been taking a set of measures with impacts on the reduction of monetary poverty and deprivation levels of the most vulnerable households. These include families with children, particularly those exposed to unemployment, as well as large families, households with unemployed working-age adults, elderly people, and specific groups such as persons with disabilities, immigrants, Roma communities and other ethnic minorities and the homeless. These are groups with lower incomes, more fragile informal support networks and/or increased difficulties in terms of access to and integration into the labour market and/or in socially useful activities.

Alongside other measures already mentioned in our National Report, such as the Social Integration Income, the Solidarity Supplement for the Elderly and other social benefits, there are several new measures in place. We would firstly highlight the exemption of social security benefits from Personal Income Tax (IRS), which can be an important safeguard measure for the most vulnerable families, the 10% increase in the unemployment benefit for couples with dependent children, and the updating of the minimum amounts of rural and social pensions, covering about one million one hundred thousand Portuguese who have consequently seen their purchasing power progressively increase since 2011.

It is also important to underline the following measures: the creation of social tariffs in the transport sector and for electricity and natural gas prices; social energy discounts, including an Extraordinary Social Support for the Energy Consumer, a Social Tariff for Gas and a Social Tariff for Electricity, which are cumulative, and the development of the Social Rental Market – carried out within the scope of a partnership between the state, municipalities and banks – promoting rented housing at prices below market values (rents up to 30% below the values usually practised in the free market).

In this context, it is also important to mention the Protocol for the creation of a Medicine Bank, which will give the most vulnerable population access to medicines under more favourable conditions. It should be underlined that where access to healthcare is concerned, the exemption from user fees has been extended to more than 5 and a half million people.

Also noteworthy is the strengthening of the Emergency Food Programme (*Programa de Emergência Alimentar*) included in the Solidary Network of Social Canteens (*Rede Solidária de Cantinas Sociais*), which ensures access to daily meals by the people and/or families who need it most.

Social protection measures were also created and are being implemented with regard to self-employed persons and self-employed persons with a business activity, protecting these categories in the event of unemployment.

Second grounds for non-conformity

In this respect, it is important to add that citizens of third-party states without a personal free-movement agreement with the European Union have benefited from a Constitutional Court Ruling (no. 296/2015 of 25 May 2015) that a norm contained in Article 6(1)(b) and (4) of Law no. 13/2003 of 21 May 2003, with the text given to it by Article 5 of Executive Law no. 133/2012 of 27 June 2012, was unconstitutional.

This norm set out the conditions for foreign citizens residing in Portugal to be eligible for the Social Integration Income (RSI). The Constitutional Court considered that the required minimum of three years of legal residence in Portugal before citizens of third-party states could gain access to a social benefit that is designed to guarantee certain social minima – a social right derived from the conjugation of the principle of the dignity of the human person and the right to social security in situations of economic and social hardship – was too great a sacrifice and too burdensome compared to the public-interest advantage sought by this differentiation of the minimum residency requirements by nationality, and was therefore in breach of the principle of proportionality.

In this respect it is also worth recalling that citizens from the European Union, the European Economic Area and states with a free personal movement agreement with the EU only need to have resided legally in Portugal for one year in order to be entitled to the RSI.

Application of this Constitutional Court decision by the Social Security Service and the ensuing harmonisation of the minimum residence requirement for all citizens who live here legally has made it possible to reinforce the social protection guaranteed to every foreign citizen, including refugees and asylum seekers, who finds him/herself in a situation of serious financial vulnerability and without the immediate means to satisfy his/her household's vital needs (on condition that they were admitted to Portugal in accordance with the legislative rules governing legal residence, and namely the requisites regarding the availability of means of sustenance).

It asks the next report explicitly to confirm that these benefits are available to people whose RSI has been suspended for not accepting a suitable employment offer.

The social action subsystem cash benefits continue to be available to people whose RSI has been suspended for not accepting a suitable employment offer; however, it should be noted that the entitlement to these benefits is not a subjective right of the beneficiaries. The social action subsystem cash benefits possess an eventual nature and are granted under exceptional conditions, according to the social diagnosis of the social welfare officer about the vulnerability situation of the individual or family.

As regards medical assistance, the Committee previously noted (Conclusions 2006) that people in need were exempted from the national health service fees and asked whether this continued to apply when the RSI is withdrawn for failure to comply with the integration scheme. It reiterates this question and holds that, if the next report doesn't provide information in this respect, there will be nothing to establish that medical assistance is provided free of charge to all persons in need.

The rules for the recognition of economic need for the exemption from payment of user fees are set by the Ministry of Health and not the result of the beneficiary's entitlement to the

Social Integration Income (RSI). However, it should be noted that the legal framework of the RSI does not establish the loss of the right to exemption from user fees in the event of non-fulfilment of an integration contract. Therefore, former RSI beneficiaries are exempted from payment of user fees due to the recognition of their economic need situation, and under the existing rules can maintain the right to the respective exemption if their economic need situation continues.

In the light of the clarification above, the Committee asks the next report to confirm that no restrictions apply, in law or in practice, to the social and political rights of beneficiaries of social assistance.

The guiding principles of the social action subsystem operating rules are: the prevention and remediation of situations of socio-economic need and inequality, dependency, dysfunction, social exclusion or vulnerability, as well as community integration and promotion and the development of people's capabilities, in order to ensure the full enjoyment of citizens' basic rights. From this point of view, within the social action field, there are no restrictive rules with regard to beneficiaries' social and political rights.

In the light thereof, the Committee reiterates its question as to what means (in terms of staff and budget) are provided to social services dealing with persons without adequate resources or at risk of becoming so and whether such means are sufficient to give appropriate assistance as necessary.

The entitlement to social responses is universal, with no exclusion criteria in the access to social services. However, and especially with regard to agreements with state and private charities (IPSSs), the applicable legislation (Ministerial Order no. 196-A/2015 of 1 July 2015) specifies that the conclusion of agreements requires assumptions such as acceptance of the principle that priority should be given to families, groups and individuals that are in a more disadvantaged economic and social situation; and, in this sense, the state's co-responsibility is considered in terms of financial and technical support for encouraging the development of the social institution's activities and services.

From this perspective, institutions must ensure their users the conditions needed for their well-being and must respect their human dignity by providing efficient and adequate services, promoting the users' participation in the activities of their social facilities. Institutions must also ensure that they have adequate human resources for the proper functioning of their social facilities and services.

The law says that the relationship between the state and institutions at the cooperation level depends on specific budgets; sometimes, when there is lack of specific financial allocations in the budget programme, it is thus necessary to guarantee the provision of services linked to social risks by ensuring some of the basic needs of the most disadvantaged persons on the fringes of social responses. An example of this is the Emergency Food Programme incorporated into the Solidary Network of Social Canteens, which aims to ensure that the most disadvantaged people and/or families have access to free meals in/or outside the institutions, as set out in the 2011-2012 Cooperation Protocol between the Ministry of Solidarity, Employment and Social Security, the Union of Portuguese Institutions of Mercy, the Union of Portuguese Mutual Associations and the National Confederation of Solidarity Institutions.

Within the scope of this Programme, 851 protocols for social canteens were concluded during the third quarter of 2014, providing 49,403 meals on a national level.

The Committee reiterates therefore its request to provide information in the next report concerning emergency social assistance to foreign nationals in irregular situation.

We reiterate the information that “emergency accommodation is provided regardless of whether these foreign nationals are in irregular situation in the country or not”. Social support is always granted to citizens who are in irregular situation in the country and in a social emergency situation.

The Constitution of the Portuguese Republic establishes that everyone is entitled to health protection and has the duty to defend and promote health (Article 64(1)).

Under the heading "entry and exit of minors," Article 31(5) of the legal framework governing entry, permanence, exit and removal of foreigners into and out of Portugal, approved by Law no. 23/2007 of 4 July 2007, as amended by Law no. 29/2012 of 9 August 2012, stipulates that unaccompanied minors awaiting decision on their admission to Portuguese territory or their repatriation are entitled to all the material support and assistance needed to fulfil their basic needs in terms of food, hygiene, accommodation and medical assistance.

Similarly, holders of residence permits granted in accordance with Article 109¹ of Law no. 23/2007 who lack sufficient resources and have specific needs, such as minors or pregnant women, disabled persons and victims of domestic or other forms of violence, are entitled to the necessary medical and social assistance, as provided for in Article 113 of the same Law.

Foreigners can only be removed from Portuguese territory in duly justified situations according to Articles 134, 135, 136 and 137 of Law no. 23/2007 (and only when the negative conditions imposed Articles 135 and 136 on the protection of foreign nationals are not met²).

Article 169(1) of Law no. 23/2007, as amended by Law no 29/2012, establishes that decisions on removal taken by the competent administrative authority of a Member State of the European Union or a State Party in the Application Convention against a third-country national who is in national territory are recognised and enforced, provided that the removal decision is based upon a serious and existing threat to public policy or national security of the state author of the decision or on the non-compliance by the concerned third state national of the regulation concerning the entering and staying of foreign citizens of the state author of the removal decision.

Therefore, whenever the Immigration and Borders Service (SEF) provides for the removal of a third state’s national by air, in accordance with Article 173 *et seq.* of Law no. 23/2007, as amended by Law no. 29/2012, it is the service with the competence to undertake any airport transit support measures in accordance with Article 177 of the same Law, including the

¹ Residence permits are given to foreign citizens who are or have been victims of penal infractions connected to human trafficking or illegal immigration, even if they have illegally entered the country or do not fulfil the standard conditions for the grant of a residence permit.

² As an example, Article 135 says that foreign citizens cannot be removed (except in cases of offences against national security or public order - Article 134(1)(c)(f)) if they were born in Portuguese territory or have lived in Portugal since before the age of 10 and usually reside here, or are parentally responsible for minor children of any nationality residing in Portugal.

provision of emergency medical treatment and/or food to the third state's national and, if necessary, his/her escort.

Also, Article 180-A of Law no. 23/2007, as amended by Law no. 29/2012, says that when it comes to the application of removal decisions, the Portuguese state must organise or participate in joint flights to remove third states' nationals who are subject to a coercive removal decision or judicial deportation from the territory of two or more Member States. On this subject, it is important to highlight the rule established in paragraph 4 of the same Article, under which the organising national authority is responsible for the provision of adequate healthcare, medicines, translation assistance and escort services, in accordance with the principles of need, proportionality and identification.

It is also important to underline the concern to ensure medical and social assistance to foreign nationals: according to Article 122(1)(g) of Law no. 23/2007, as amended by Law no. 29/2012 (residence permit without residence visa), third states' nationals who suffer from a disease that requires prolonged medical care which prevents their return to their own country due to health risks, do not require a visa in order to obtain a temporary residence permit.

ARTICLE 14

THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

The structure and general architecture of the overall framework presented in the 4th and 8th Reports and of the services and facilities that constitute Portugal's social responses in the social action field have not changed.

Over the course of several decades, Portugal has gradually been organising an increasingly strong and coherent system of cooperating with charities to provide certain social services.

More recently, the country has invested in the construction of a partnership with the social solidarity sector for the development of new social response models that go beyond the traditional areas of action. Additional value has been attached to the role played by private charities (IPSSs) and other legally equivalent entities, promoting cooperation and concretely implementing a sharing out of obligations and responsibilities that is designed to develop services and facilities devoted to providing citizens with social protection.

Under the current model, the state provides IPSSs and equivalents with the technical and financial support they need to undertake those measures and services in the social action and protection area which the state considers it correct to "delegate" to organised civil society. This delegation takes the form of both cooperation and management agreements, under which the state does not develop these types of provision directly, but does ensure that the conditions under which they are implemented are appropriate.

This transfer of competences and responsibilities requires not only the existence of legislation to regulate it, but also an organised supervision with the mechanisms needed to fulfil the procedures to which the law subjects cooperation agreements between the state and IPSSs, all in such a way as to ensure that the delegated measures are properly implemented.

Each year there is a new Cooperation Protocol between the State and the Social Solidarity Sector. Among other commitments, this Protocol sets the amount of the co-funding which the Social Security Service provides to help pay for the cost of social responses. It also updates the amount of the financial co-payments established in existing agreements.

The 2-year Cooperation Protocol for 2011-2012 set the amount of the increase for 2012 at 1.3%.

Despite the budgetary restraint effort agreed as part of the Economic Assistance Programme for Portugal, the updates mandated by the 2013-2014 Protocol were +1.3% for 2013 and +1.0% for 2014. The increase for 2015 was 1.1%.

It is also important to note that, based on a goal-sharing philosophy and the need to develop social responses, the current 2-Year Cooperation Commitment for 2015-2016 involves not only the Ministry of Labour, Solidarity and Social Security, but the Ministries of Health and Education as well.

Finally, we would clarify the fact that in order to strengthen and harmonise the legislative instruments needed to establish cooperative ventures, on 1 July 2015 there was an update to the existing normative framework in the form of the publication of Ministerial Order no. 196-A/2015 of 1 July 2015, which revoked Normative Order no. 75/92 of 20 May 1992, defined the

criteria, rules and formats that provide the basis for the specific cooperation model between the Social Security Service and IPSSs and equivalents, and prepared the way for the revision of the Statute governing Private Social Solidarity Institutions by Executive Law no. 172-A/2014, of 14 November 2014.

The following tables show the variation in the number of cooperation agreements between the Social Security Institute (ISS, IP) and IPSS, the number of users covered, and the amounts of the co-funding provided by the Social Security Service.

The data are organised by target population (Families and Community; Children and Young Persons; Children and Young Persons with Disabilities; Endangered Children and Young Persons; Disabled Adults; Persons with Dependency, Mental Health and/or Psychiatric Issues and Homeless Persons; Specific Vulnerabilities; and Others (closed group)); and by type of social response for each one.

Services and facilities for the family and the community

A longitudinal analysis of the data reveals that the number of cooperation agreements entered into by ISS, IP and entities in the solidarity network that provide social services and responses fell by 2% between the beginning and the end of the reference period. The largest reduction in the number of agreements concerned Holiday and Leisure Centres, where there were 4 less agreements.

We can see that despite the decrease (8 less) in the number of agreements in the Family and Community area, 663 more users were covered. The social responses that encompassed the largest numbers of users were Integration Communities and Community Centres.

The total amount of Social Security co-funding fell by 1,760,474.00€ between the first and fourth years of the reference period, although the only type of response that received less funds was Holiday and Leisure Centres.

Table no. 75
No. of cooperation agreements

Social response	2012	2013	2014	2015
Social workers / monitoring	124	120	116	112
Self-help groups	4	4	3	3
Community centres	131	134	133	134
Holiday and leisure centres	7	8	5	3
Refectories / social canteens	33	33	33	33
Supported living centres	18	20	20	21
Integration communities	42	42	44	45
Temporary accommodation centres	31	31	29	31
Food banks	6	6	6	6
Total	396	398	389	388

Source: Social Action Management Indicators *(in Portuguese)*

Table no. 76
No. of users covered by cooperation agreements

Social response	2012	2013	2014	2015
Social workers / monitoring	1,956	1,874	1,948	1,946
Self-help groups	129	159	109	109
Community centres	9,562	10,321	10,471	10,471
Holiday and leisure centres	1,203	1,203	858	590
Refectories / social canteens	1,631	1,631	1,631	1,631
Supported living centres	588	608	608	561
Integration communities	1,957	1,981	2,287	2,360
Temporary accommodation centres	911	911	900	932
Food banks	999	999	999	999
Total	18,936	19,687	19,811	19,599

Source: Social Action Management Indicators (in Portuguese)

Table no. 77
Amounts spent on cooperation agreements (€)

Social response	2012	2013	2014	2015
Social workers / monitoring	4,489,208	4,465,626	4,938,721	4,941,270
Self-help groups	105,737	149,791	159,706	161,470
Community centres	15,088,735	15,135,251	15,122,765	15,188,820
Holiday and leisure centres	3,814,068	3,350,465	3,222,704	735,039
Refectories / social canteens	2,069,918	2,067,526	2,079,760	2,098,931
Supported living centres	1,508,051	1,505,967	1,748,300	1,816,648
Integration communities	6,431,259	6,496,410	6,578,829	6,633,453
Temporary accommodation centres	4,136,384	4,130,519	4,210,656	4,295,622
Food banks	456,970	457,883	464,319	468,602
Total	38,100,330	37,759,438	38,525,761	36,339,856

Source: Social Action Management Indicators (in Portuguese)

Services and facilities for children and young persons

The variation in services and facilities intended to respond to the needs of the child and youth population can be seen from the following tables.

Table no. 78
No. of cooperation agreements

Social response	2012	2013	2014	2015
Family crèches	65	62	62	58
Crèches	1,783	1,838	1,847	1,871
Preschool education	1,450	1,454	1,449	1,443
Free-time activity centres (ATLs)	1,483	1,422	1,376	1,318
Total	4,781	4,776	4,734	4,690

Source: Social Action Management Indicators (in Portuguese)

The data for the reference period reveal a 1.9% drop in the number of agreements entered into with regard to social services and responses for children and young persons. We should

note that in this respect only the number of crèche agreements increased during the period, while those for all the other responses decreased in number.

In the cases of the Preschool Education and Free-time Activity Centre responses, this reduction was due to the expansion and extension of the corresponding opportunities in the network of public education establishments.

Table no. 79
No. of users covered by cooperation agreements

Social response	2012	2013	2014	2015
Family crèches	3,109	2,845	2,680	2,557
Crèches	69,738	71,171	70,992	72,094
Preschool education	87,398	85,703	84,579	84,187
Free-time activity centres (ATLs)	63,416	59,114	57,040	54,428
Total	223,661	218,833	215,291	213,266

Source: Social Action Management Indicators (in Portuguese)

Table no. 80
Amounts spent on cooperation agreements (€)

Social response	2012	2013	2014	2015
Family crèches	7,079,253	7,241,682	7,038,386	6,663,392
Crèches	197,059,481	201,404,208	209,480,662	212,342,409
Preschool education	190,945,882	189,620,982	192,358,477	189,248,260
Free-time activity centres (ATLs)	37,731,468	36,147,455	35,575,437	34,282,480
Total	432,816,084	434,414,327	444,452,962	442,536,541

Source: Social Action Management Indicators (in Portuguese)

There was an increase of around 9.7 million euros in the funding allocated and spent.

Services and facilities for children and young persons with disabilities

On the subject of the variation in services and facilities designed to offer responses to children and young persons with disabilities, the overall number of new cooperation agreements rose as a result of an increase in the number of Early Intervention agreements. The total number of users covered also rose (by 21% between 2012 and 2015), again with emphasis on Early Intervention.

1,251 more users were thus encompassed by agreements, and the amount of Social Security co-funding also increased (by 2,049,363€ between 2012 and 2015). Around 73% of the co-funding was destined for Early Intervention agreements.

Table no. 81
No. of cooperation agreements

Social response	2012	2013	2014	2015
Early intervention	111	113	117	122
Support homes	27	26	23	20
Disabled transport	2	2	2	2
Total	140	141	142	144

Source: Social Action Management Indicators (in Portuguese)

Table no. 82
No. of users covered by cooperation agreements

Social response	2012	2013	2014	2015
Early intervention	5,393	6,051	6,371	6749
Support homes	394	388	316	289
Disabled transport	300	300	300	300
Total	6,087	6,739	6,987	7,338

Source: Social Action Management Indicators (in Portuguese)

Table no. 83
Amounts spent on cooperation agreements (€)

Social response	2012	2013	2014	2015
Early intervention	8,456,576	8,588,771	9,685,457	10,919,979
Support homes	2,606,419	2,600,519	2,337,236	2,098,533
Disabled transport	829,174	903,938	912,977	923,020
Total	11,892,169	12,093,228	12,935,670	13,941,532

Source: Social Action Management Indicators (in Portuguese)

Social services and facilities for endangered children and young persons

The number of Family Support and Parental Advice Centres (CAFAPs) increased during the reference period because the network of Centres was expanded in 2015, with new agreements signed and existing ones revised in the light of the new Programme Budget (OP2015). This strengthening of the network was designed to harmonise CAFAP agreements in terms of co-funding and the number of families each one is expected to cover, in such a way as to typify this particular social response. This typification was achieved in 2015, by means of the 2-Year Cooperation Commitment for 2015-2016.

In this respect, it is also important to note that the CAFAP social response was regulated in 2013 by Ministerial Order no. 139/2013 of 2 April 2013, which set out the rules governing their interventions, organisation and *modus operandi*.

Article 26 of the Ministerial Order required that the institutions that were already up and running at the time adapt themselves to the new operational formats, and this took place in 2014 and 2015.

This proposed “harmonisation” forms part of the framework of premises underlying the Cooperation Commitments with the Social Solidarity Sector. It has had an impact on the change in the co-funding made available for this social response, which attained its maximum expression in 2015, when the response was typified.

The data set out in the following tables show an increase of 21 cooperation agreements between 2012 and 2015, of which 14 were CAFAPs and 7 concerned Autonomising Apartments.

Despite this increase in the number of agreements, the number of users covered fell by around 0.4%, due to a 3% reduction (191 users) in those encompassed by agreements regarding Children and Young People's Homes.

The overall amount of Social Security co-funding rose by 4.4% (+2,993,710.00€).

Table no. 84
No. of cooperation agreements

Social response	2012	2013	2014	2015
CAFAPs	45	45	45	59
Street support teams for children and young persons	3	3	3	3
Family care for children and young persons	3	3	3	3
Temporary accommodation centres	123	125	124	123
Children and young people's homes	192	191	191	192
Autonomising apartments	3	7	7	10
Total	369	374	373	390

Source: Social Action Management Indicators (*in Portuguese*)

Table no. 85
No. of users covered by cooperation agreements, 2012-2015

Social response	2012	2013	2014	2015
CAFAPs	3,127	3,132	3,132	3,235
Family care for children and young persons	75	75	75	75
Temporary accommodation centres	2,189	2,238	2,218	2,198
Children and young people's homes	6,086	5,954	5,892	5,895
Autonomising apartments	18	37	37	50
Total	11,495	11,436	11,354	11,453

Source: Social Action Management Indicators (*in Portuguese*)

Table no. 86
Amounts spent on cooperation agreements (€)

Social response	2012	2013	2014	2015
CAFAPs	3,748,671	3,756,519	3,771,792	4,898,963
Street support teams for children and young persons	651,339	657,201	663,773	671,074
Family care for children and young persons	289,237	290,878	296,438	307,777
Temporary accommodation centres	25,165,702	25,461,249	26,030,741	26,026,007
Children and young people's homes	37,932,753	38,037,554	37,940,182	38,733,410
Autonomising apartments	140,702	139,824	233,286	284,883
Total	67,928,404	68,343,225	68,936,212	70,922,114

Source: Social Action Management Indicators (*in Portuguese*)

Social services and facilities for adults with disabilities

Among the major national options implemented by means of the Cooperation Commitments between the state and the social solidarity sector, priority has been given to strengthening the protection and social inclusion efforts made in the disability field, namely by increasing the coverage of the social services and responses targeted at persons with disabilities and incapacity and their families.

The absence of regulations for these responses led to the publication of both Ministerial Order no. 59/2015 of 2 March 2015, which laid down the rules on the installation and operation of residential establishments for persons with disabilities and incapacity (Residential Homes and Autonomous Residences), and Ministerial Order no. 60/2015 of 2 March 2015, which regulated the Centres for the Reception, Monitoring and Rehabilitation of Persons with Disabilities (CAARPDs).

We can see from the following tables: that there was a substantial increase in the number of cooperation agreements in this overall area during the reference period – in total there were 24% more (+144) agreements aimed at adults with disabilities in 2015 than there had been in 2012; and that the social responses with the highest percentage increase in the number of agreements signed were Residential Homes and Autonomous Residences (+46%).

The number of users encompassed by all these agreements also rose by around 24% – 3,843 more users were covered by cooperation agreements at the end of 2015 than had been in 2012. In terms of expenditure, total spending increased by 32 million euros, which represents a rise of around 27%.

Table no. 87
No. of cooperation agreements, 2012-2015

Social response	2012	2013	2014	2015
CAARPDs	40	40	41	42
Domiciliary support services	20	24	24	27
Occupational activity centres	357	393	400	424
Residential homes	209	245	256	277
Disabled transport	3	3	3	3
Autonomous residences	21	36	46	60
Total	629	705	724	773

Source: Social Action Management Indicators (in Portuguese)

Table no. 88
No. of users covered by cooperation agreements

Social response	2012	2013	2014	2015
CAARPDs	1,359	1,459	1,501	1,526
Domiciliary support services	463	539	556	599
Occupational activity centres	10,922	12,364	12,603	13,180
Residential homes	4,370	5,172	5,420	5,819
Disabled transport	33	33	33	33
Autonomous residences	131	207	259	326
Total	15,788	18,108	18,612	19,631

Source: Social Action Management Indicators (in Portuguese)

Table no. 89
Amounts spent on cooperation agreements (€)

Social response	2012	2013	2014	2015
CAARPDs	5,740,050	5,743,483	5,760,250	5,876,223
Domiciliary support services	1,338,166	1,319,276	1,418,607	1,468,777
Occupational activity centres	63,345,898	65,989,056	72,540,384	76,916,047
Residential homes	45,245,131	47,740,268	55,713,831	61,759,505
Disabled transport	196,031	130,496	131,800	133,249
Autonomous residences	1,403,571	1,845,732	2,629,811	3,325,429
Total	117,268,847	122,768,311	138,194,682	149,479,230

Source: Social Action Management Indicators (in Portuguese)

Services and facilities for dependent persons

The data in the following tables reveal that this was an area in which there was a substantial fall in the number of cooperation agreements during the reference period. At the end of 2015 there were 92 fewer such agreements than there had been at the end of 2012 (c. -53%).

This reduction was also true of the number of users covered – 844 less at the end of 2015 than there had been four years before (-35%).

It should be noted that the social response which experienced the largest reduction in both agreements and the users covered by them (nearly 70% less in both cases) was the Integrated Domiciliary Support Service, which is a response that is provided in articulation by the Social Security Service and the Ministry of Health.

Expenditure decreased by 4,703,608.00€ (c. -52%).

Table no. 90
No. of cooperation agreements

Social response	2012	2013	2014	2015
Domiciliary support services	20	22	28	30
Integrated domiciliary support	148	60	53	47
Integrated support units	5	4	4	4
Total	173	86	85	81

Source: Social Action Management Indicators (in Portuguese)

Table no. 91
No. of users covered by cooperation agreements

Social response	2012	2013	2014	2015
Domiciliary support services	791	751	1,055	1,058
Integrated domiciliary support	1,626	674	541	495
Integrated support units	78	58	58	58
Total	2,495	1,483	1,654	1,611

Source: Social Action Management Indicators (in Portuguese)

Table no. 92
Amounts spent on cooperation agreements (€)

Social response	2012	2013	2014	2015
Domiciliary support services	1,968,354	2,047,339	2,010,967	2,044,187
Integrated domiciliary support	6,462,027	3,895,823	2,151,829	1,948,793
Integrated support units	577,352	286,311	308,122	311,144
Total	9,007,733	6,229,472	4,470,918	4,304,124

Source: Social Action Management Indicators (in Portuguese)

Mental health services and facilities

Analysis of the following tables shows that there was no change in the number of cooperation agreements for the social responses in this area.

There are currently 57 such responses (although we are awaiting the development of continuous medical healthcare in this field as part of the National Continuous Integrated Care Network, RNCCI).

28 more users were covered by these agreements at the end of 2015 than at the end of 2012.

Expenditure grew slightly, by 268,583.00 € (c. +7%).

Table no. 93
No. of cooperation agreements, 2012-2015

Social response	2012	2013	2014	2015
Socio-occupational forums	29	29	30	30
Protected living units	20	19	19	19
Autonomous living units	4	4	4	4
Supported living units	4	4	4	4
Total	57	56	57	57

Source: Social Action Management Indicators *(in Portuguese)*

Table no. 94
No. of users covered by cooperation agreements

Social response	2012	2013	2014	2015
Socio-occupational forums	706	714	737	737
Protected living units	120	113	113	113
Autonomous living units	24	24	24	24
Supported living units	67	71	71	71
Total	917	922	945	945

Source: Social Action Management Indicators *(in Portuguese)*

Table no. 95
Amounts spent on cooperation agreements (€)

Social response	2012	2013	2014	2015
Socio-occupational forums	2,569,367	2,617,626	2,760,824	2,789,084
Protected living units	845,789	840,055	855,992	863,465
Autonomous living units	47,669	48,417	49,378	49,841
Supported living units	414,639	434,484	438,827	443,657
Total	3,877,465	3,940,582	4,105,021	4,146,047

Source: Social Action Management Indicators *(in Portuguese)*

Services and facilities for persons with responses in the closed group

The next set of data concerns a range of social responses for which there are agreements, but which target a diverse range of groups.

It is worth noting that the total number of cooperation agreements remained the same across the reference period. The number of users fell by 115, all of whom had been covered by the Outpatient Support Regime.

There was a small rise of 307,825€ in the expenditure in this field (c. +7%).

Table no. 96
No. of cooperation agreements

Social response	2012	2013	2014	2015
Outpatient support regime	11	11	11	11
Braille printing	1	1	1	1
Guide dog school	1	1	1	1
Social inclusion resource centres	19	19	19	19
Total	32	32	32	32

Source: Social Action Management Indicators (in Portuguese)

Table no. 97
No. of users covered by cooperation agreements

Social response	2012	2013	2014	2015
Outpatient support regime	1,397	1,242	1,242	1,242
Guide dog school	14	14	14	14
Social inclusion resource centres	501	501	501	501
Total	1,912	1,757	1,757	1,757

Source: Social Action Management Indicators (in Portuguese)

Table no. 98
Amounts spent on cooperation agreements (€)

Social response	2012	2013	2014	2015
Outpatient support regime	3,001,999	3,040,380	3,203,035	3,234,677
Braille printing	238,888	241,038	243,448	246,126
Guide dog school	163,871	165,346	166,999	168,836
Social inclusion resource centres	978,082	1,019,065	1,030,038	1,041,024
Total	4,382,840	4,465,829	4,643,520	4,690,664

Source: Social Action Management Indicators (in Portuguese)

Services and facilities for persons in specific vulnerable situations

Among the various data presented below, of particular note is the fact that there are almost no variations in the number of agreements, or the number of users covered, or the financial allocations.

Three types of social response – Social Reinsertion Apartments, Direct Intervention Teams, and Shelters – together accounted for around 71% of the agreements in 2015.

52% of the users in this area were covered by the cooperation agreements regarding Direct Intervention Teams, and Shelters. The latter response also received the largest share of the co-funding – 49% of the total spent in this respect.

Table no. 99
No. of cooperation agreements

Social response	2012	2013	2014	2015
Reception centres / psychosocial HIV/AIDS monitoring	11	11	11	10
Domiciliary HIV/AIDS support services	4	4	4	3
Residences for persons infected with HIV/AIDS	4	4	4	4
Direct intervention teams	26	26	26	26
Social reinsertion apartments	28	27	26	26
Reception centres for persons who have been victims of domestic violence	15	15	15	17
Shelters	29	29	29	30
Total	117	116	115	116

Source: Social Action Management Indicators (in Portuguese)

Table no. 100
No. of users covered by cooperation agreements

Social response	2012	2013	2014	2015
Reception centres / psychosocial HIV/AIDS monitoring	387	387	387	367
Domiciliary HIV/AIDS support services	88	88	88	80
Residences for persons infected with HIV/AIDS	28	28	28	28
Direct intervention teams	669	669	644	644
Social reinsertion apartments	251	243	233	233
Reception centres for persons who have been victims of domestic violence	334	334	334	395
Shelters	542	558	558	568
Total	2,299	2,307	2,272	2,315

Source: Social Action Management Indicators (in Portuguese)

Table no. 101
Amounts spent on cooperation agreements (€)

Social response	2012	2013	2014	2015
Reception centres / psychosocial HIV/AIDS monitoring	811,584	818,888	827,078	821,333
Domiciliary HIV/AIDS support services	382,518	385,960	388,926	376,578
Residences for persons infected with HIV/AIDS	180,924	175,825	187,413	181,456
Direct intervention teams	1,409,768	1,417,687	1,407,849	1,408,869
Social reinsertion apartments	1,015,931	1,001,698	1,010,487	989,848
Reception centres for persons who have been victims of domestic violence	669,856	676,682	682,698	707,827
Shelters	4,251,525	4,282,733	4,337,159	4,355,049
Total	8,722,105	8,759,473	8,841,610	8,840,960

Source: Social Action Management Indicators (in Portuguese)

Overall data

The following tables demonstrate that between 2012 and 2015, in overall terms there were increases in both the number of agreements (+2.3%) and the amount spent on them (+7%).

We would note that the number of users covered by cooperation agreements in this period fell by 0.3%, despite an increase in those encompassed by social responses targeted at the elderly and disabled populations. The decrease in the number of users covered by the Preschool Education, and Free-time Activity Centre responses, which was itself brought about by the expansion of preschool education and implementation/extension of extracurricular activities in the public education network, meant that the total number of users covered by cooperation agreements was lower at the end of 2015 than it had been four years earlier.

Table no. 102
No. of cooperation agreements

Social responses by area	2012	2013	2014	2015
Children and young persons	4,781	4,776	4,734	4,690
Children and young persons with disabilities	140	141	142	144
Endangered children and young persons	369	374	373	390
The elderly	6,110	6,240	6,262	6,425
Adults with disabilities	629	705	724	773
Persons in dependent situations	173	86	85	81
Persons with mental and/or psychiatric health issues	57	56	57	57
Family and community	396	398	389	388
Specific vulnerabilities	117	116	115	116
Closed group	32	32	32	32
Total	12,804	12,924	12,913	13,096

Source: Social Action Management Indicators (in Portuguese)

Table no. 103
No. of users covered by cooperation agreements

Social responses by area	2012	2013	2014	2015
Children and young persons	223,661	218,833	215,291	213,266
Children and young persons with disabilities	6,087	6,739	6,987	7,338
Endangered children and young persons	11,495	11,436	11,354	11,453
The elderly	175,805	176,240	176,132	179,901
Adults with disabilities	15,788	18,108	18,612	19,631
Persons in dependent situations	2,495	1,483	1,654	1,611
Persons with mental and/or psychiatric health issues	917	922	945	945
Family and community	18,936	19,687	19,811	19,599
Specific vulnerabilities	2,299	2,307	2,272	2,315
Closed group	1,912	1,757	1,757	1,757
Total	459,395	457,512	454,815	457,816

Source: Social Action Management Indicators *(in Portuguese)*

Table no. 104
Amounts spent on cooperation agreements (€)

Social responses by area	2012	2013	2014	2015
Children and young persons	432,816,084	434,414,327	444,452,962	442,536,541
Children and young persons with disabilities	11,892,169	12,093,228	12,935,670	13,941,532
Endangered children and young persons	67,928,404	68,343,225	68,936,212	70,922,114
The elderly	495,143,638	501,830,383	530,430,797	544,132,380
Adults with disabilities	117,268,847	122,768,311	138,194,682	149,479,230
Persons in dependent situations	9,007,733	6,229,472	4,470,918	4,304,124
Persons with mental and/or psychiatric health issues	3,877,465	3,940,582	4,105,021	4,146,047
Family and community	38,100,330	37,759,438	38,525,761	36,339,856
Specific vulnerabilities	8,722,105	8,759,473	8,841,610	8,840,960
Closed group	4,382,840	4,465,829	4,643,520	4,690,664
Total	1,189,139,615	1,200,604,268	1,255,537,153	1,279,333,449

Source: Social Action Management Indicators *(in Portuguese)*

Response to the conclusions of the European Committee of Social Rights of the Council of Europe

Responses to the conclusion of non-conformity

The Committee concludes that the situation in Portugal is not in conformity with Article 14§1 of the Charter on the grounds that it has not been established that:

- *there is an adequate number of staff providing social services;*
- *social services staff have sufficient qualifications.*

Portugal is unable to accept the Committee's conclusion regarding staff working in the social services field.

The number of human resources and their academic and training requirements are provided for in current legislation and regulations, which are applicable at the level of the operation, registration and licensing of social responses, ensuring user safety and the quality of services provided.

This legislation defines the profile and qualification of the technical director and the categories and ratios of professionals required to meet the needs of a defined number of users for each of the social responses covered. Each social response has its own legislation where all this is defined, taking into account the number of users that each service can attend to.

The competent departments and services of the Social Security Institute are responsible for ensuring that the ratios established in the legislation are completely fulfilled, either in terms of cooperation agreements concluded with solidarity sector institutions, or in terms of operating licences granted to profit-oriented private entities.

The regular evaluation of both the number of staff belonging to the technical teams and the qualifications of hired staff is ensured by teams responsible for the technical monitoring of the profit-oriented institutions and facilities. These teams are: the teams belonging to the District Services' Cooperation and Social Responses Units, and the Inspection Department teams.

It should also be mentioned that the Social Security Institute does not have statistical data on this point. There is an IT platform that allows the registration of cooperation agreements and licensed establishments, called SISS-COOP. On this platform, we can insert a reasonable set of variables concerning the established agreements, their users, cost-sharing and the automatic processing of user coverage, whose variation is subject to financial adjustments.

Although it may be possible to make a description of the staff covered by each agreement or working in each licensed establishment, it is not yet compulsory to do this because there are some constraints on the platform. Solving this situation depends on established priorities and available budgets and on other constraints of an institutional nature. However, the absence of data does not mean that the established conditions are not being fulfilled.

It is also important to underline that cooperation agreements between the state and institutions are only signed after confirmation that the condition regarding an adequate number of staff according to the legislation in force is completely fulfilled. The same applies to the licensing procedure for private facilities, which are only entitled to an operating licence after fulfilling the conditions established by law.

The conditions established by Portuguese law are regulated by existing European guidelines. The Social Security Institute develops mechanisms for the regular evaluation of both the number of staff belonging to the technical teams and the qualifications of hired staff.

Response to additional information requests

The Committee wishes the next report to indicate whether a right of appeal to an independent body in urgent cases of discrimination and violation against human dignity does exist.

Citizens have the right of appeal to an independent body in urgent cases of discrimination and violation of human dignity. In this case that body is the office of the Ombudsman, a National Human Rights Institution with the power to act on its own initiative, thus contributing to the best possible alignment of Portuguese law and practice with the international law on human rights, as well as the recommendations issued by international bodies that monitor respect for these rights.

The Committee notes from the report that the legislation on labour law ensures the protection of personal information of staff. In addition, the Committee wishes to know whether there is a legislation on personal data protecting the right to privacy of users.

Regarding this issue, there is the Personal Data Protection Law (transposing Directive 95/46/EC of the European Parliament and of the Council of 24 October 1995 on the protection of individuals with regard to the processing of personal data and on the free movement of such data into the Portuguese legal system), whose general principle is that the processing of personal data shall be made in a transparent manner and with strict respect for private life as well as for fundamental human rights, freedoms and guarantees.

The report fails to indicate the total number of volunteers and their qualifications, therefore, the Committee reiterates its request. If this information does not appear in the next report, there will be nothing to show that the situation is in conformity with Article 14§2.

On this issue, the National Council for Volunteering Promotion is responsible for monitoring the implementation of the legal regulations focused on volunteering. It is also responsible for proposing appropriate measures for the improvement and development of volunteering activities.

Where the operation of social responses is concerned, the applicable current legislation and regulations in force say that social services can operate with the use of trained and qualified volunteers, according to the legislation on volunteering in force.

In the absence of information concerning discrimination, the Committee wishes to know whether and how the Government ensures that the services managed by the private sector are effective and accessible on an equal footing to all, without discrimination at least on grounds of race, ethnic origin, religion, disability, age, sexual orientation and political opinion.

The access to social responses within the scope of the solidarity area or of the profit-oriented sector is constrained by the discriminatory factors mentioned in point 36. These principles of non-discrimination and access on equal terms for all are enshrined in the Constitution of the

Portuguese Republic and are provided for in the current legislation and regulations on social responses. According to these rules, the drafting of internal regulations is essential for social responses to be able to operate, and displaying them in a visible place is mandatory. The internal regulations are analysed by ISS, IP to ensure that among other assumptions, they do not contain any discrimination on the grounds of race, ethnic origin, religion, disability, age, sexual orientation or political opinion.

ARTICLE 23

THE RIGHT OF ELDERLY PERSONS TO SOCIAL PROTECTION

With regard to social benefits designed to take the place of work income the recipient has lost, during the reference period Portugal suspended a number of norms (by Executive Law [DL] no. 85-A/2012 of 5 April 2012) in the regime governing eligibility for the old age pension and amended other parts of it (by Executive Law no. 167-E/2013 of 31 December 2013). These changes sought to respond to the sustainability challenges posed by demographic ageing and the recent economic and financial crisis.

This reform of the ability to take early retirement suspended the flexibility regime under which beneficiaries could opt to retire and receive the old age pension before reaching the normal retirement age (DL 85-A/2012). Long-term unemployed persons and some professional groups were excepted from this suspension.

The suspension was itself revoked in 2015, but there was no return to the earlier option of taking an early pension that had been available to beneficiaries aged 55 or over and with at least 30 years of contributions. Instead, a transitional regime permitted early retirement and access to the old age pension for beneficiaries aged 60 or more and with at least 40 recorded years of pay relevant to the calculation of the pension. This change was justified by the fact that the Portuguese economy was still in a recovery phase and it was necessary to ensure the financial sustainability of the social security system.

With effect from 2014, DL 167-E/2013 changed the normal age for eligibility for the old age pension from 65 to 66 years. This remained in force until 2016, when this parameter was again changed in such a way as to vary automatically depending on the variation in average life expectancy at the age of 65.

As a result of this increase in the normal age for eligibility for the old age pension, the sustainability factor, which had previously been applied to all such pensions, is now only applied to those that are requested early (DL 167-E/2013).

The formula for calculating the sustainability factor was also changed by moving the initial reference year for average life expectancy at age 65 back from 2006 to 2000. This has increased the effect of this parameter and consequently reduced the value of old age pensions that are applied for before the normal age (DL 167-E/2013).

Following a decision by the Constitutional Court, Law no. 159-B/2015 of 30 December 2015 abolished the Extraordinary Solidarity Contribution (CES), albeit gradually, with a lower rate (50%) for 2016 and a total end from 1 January 2017.

The CES was created by Law no. 66-B/2012 of 31 December 2012 (the State Budget for 2013), as an exceptional budgetary stability measure for implementation during the Economic Assistance Programme for Portugal. It was then successively amended in order to assist with the budgetary consolidation process and respond to the increase in expenditure on pensions. These changes extended the CES to cover pensions, allowances and other monetary benefits of the same nature paid to a single recipient, as well as all lifelong monetary benefits including those paid under supplementary regimes, with the exception of capital repayments and the respective income from optional individual savings.

The 2015 version of the CES, for which provision was made in Article 79 of Law no. 82-B/2014 of 31 December 2014, which approved the State Budget for 2015, constituted a marginal charge of 15% of the amount of pensions worth from 11 times the Social Support Index Value (IAS, €4,611.42) to 17 times the IAS (€7,126.74), and 40% of the amount over and above the latter. In comparison, in 2014 (the final version, which was approved in March of that year), the CES consisted of overall rates of between 3.5% and 10% of the full value of pensions in excess of €1,000/month, with those above €3,750/month subject to an additional levy on the highest parts of the pension – i.e. between 11 and 17 times the IAS (+15%), and more than 17 times the IAS (+40%).

As has already been reported, under the Portuguese legal framework elderly persons who are proven to be in a situation of economic and financial hardship due to the inadequacy or total absence of any benefits that ought to take the place of income from work may, subject to fulfilment of certain conditions, be entitled to non-contributory social benefits – namely the social old age pension and the Solidarity Supplement for the Elderly (CSI, created in 2005).

Where the CSI is concerned, during the reference period the reference value for means testing was reduced from €418.50 to €409.08/month for an elderly person living alone, and from € 732.38 to €715.90/month for a couple (Executive Law no. 13/2013 of 25 January 2013).

However, despite the reduction in the CSI reference value (which has since been increased again, with effect from 2016), it is important to note that during the reference period the elderly persons receiving this Supplement retained both the right to the extraordinary social support available to energy consumers (Social Electricity Tariff and Social Natural Gas Tariff), and the right to supplementary social support designed to reduce their health-related costs. The latter is provided under two specific programmes: Additional Health Benefits, which refunds the cost of medicines (the part of the price that is not already co-funded by the state), the purchase of spectacle frames and lenses, and the purchase and repair of removable dental prostheses; and the Promotion of Oral Health, which provides free dental/stomatological consultations by means of a “Dentist Cheque” issued by family doctors.

The rules governing eligibility for the Social Electricity and Gas Tariffs were set out in Executive Laws nos. 138-A/2010 of 28 December 2010 (electricity) and 102/2011 of 30 September 2011 (gas). They were then amended by Executive Law no. 172/2014 of 14 November 2014 in such a way as to ensure effective access by those members of the universe of final energy consumers who are deemed to be in greatest need. The number of potential beneficiaries was raised by setting an economic criterion for eligibility as an alternative to the requirement to be receiving certain social benefits.

With regard to the overall regime governing the annual updating of contributory and non-contributory old age pensions and the Social Support Index Value (IAS, provided for in Law no. 53-B/2006 of 29 December 2006) during the reference period, the regime on updating social support continued to be suspended and the amount of all the pensions was still frozen, in both cases in response to the sustainability challenges posed by the economic and financial crisis.

As such, between 2012 and the end of 2015, the following were all suspended: the IAS update regime (the Value remained the €419.22 established in Article 3 of Executive Law no. 323/2009 of 24 December 2009, as amended by Laws nos. 55-A/2010 of 31 December 2010 and 64-B/2011 of 30 December 2011); the regime governing the updating of pensions and other social benefits attributed by the Social Security System; and the regime governing the updating of the convergent social protection regime pensions of public servants recruited before 2006. All of these suspensions had already been in effect since 2010.

Following the suspension of the application of Law no. 53-B/2006, the reference period also saw the freezing of the nominal value of pensions, except for that of the minimum pensions payable under the General Social Security Regime for contribution histories of less than 15 years, the pensions paid under the Special Regime for Agricultural Activities (RESSAA), and the pensions in the non-contributory and equivalent, transitional and agricultural worker regimes, all of which were exceptionally updated in the light of the principle of social equity and the need to protect pensioners with the lowest incomes.

As such, in order to increase the levels of social protection afforded to the older members of society and despite a social and political context marked by the need to contain public spending, in 2012, 2013, 2014 and 2015 on the one hand there were increases of 1% above inflation in both non-contributory and only slightly contributory pensions, and minimum pensions payable after contribution histories of less than 15 years, while on the other there was a general freeze on the amount of invalidity and old age pensions (which had first been imposed in 2010).

Table no. 105
Minimum monthly amounts of pensions and other forms of monthly support for the elderly

	2011	2012	2013	2014	2015
Poverty threshold	€ 416.00	€ 409.00	€ 411.00	€ 422.00	<i>n.a.</i>
Social Support Index Value (IAS)	€ 419.22	€ 419.22	€ 419.22	€ 419.22	€ 419.22
Minimum pensions (invalidity and old age):					
Contribution history < 15 years	€ 246.36	€ 254.00	€ 256.79	€ 259.36	€ 261.95
15 to 20 years	€ 274.79	€ 274.79	€ 274.79	€ 274.79	€ 274.79
21 to 30 years	€ 303.23	€ 303.23	€ 303.23	€ 303.23	€ 303.23
31 years and over	€ 379.04	€ 379.04	€ 379.04	€ 379.04	€ 379.04
RESSAA - (Agricultural Regime)	€ 227.43	€ 234.48	€ 237.06	€ 239.43	€241.82
Social Pension	€ 189.52	€ 195.40	€ 197.55	€ 199.53	€ 201.53
Solidarity Supplement for the Elderly (CSI)	€ 418.50	€ 418.50	€ 409.08	€ 409.08	€ 409.08

Source: DRE

Together with a number of other social responses that were deemed urgent, this updating of minimum and social pensions formed part of the Social Emergency Programme (PES) that began in October 2011.

Other measures of a more administrative and operational nature were also taken during the reference period in order to ensure the quality of life of the more elderly citizens and favour an independent life with good health and well-being. They included:

- An increase in the number of places in residential units for the elderly and social facilities that provide social support and/or nursing care, albeit without reducing their quality or the safety and security of their users.
- An expansion in the solidarity network of Social Canteens (2013-2014 Cooperation Protocol with the Union of Portuguese Institutions of Mercy [UMP], the National Confederation of Solidarity Institutions [CNIS], and the Union of Portuguese Mutual Associations [UMP]).
- More effective access to the Social Electricity and Gas Tariffs created by Executive Laws nos. 138-A/2010 and 102/2011.

Social services and facilities

Where services and facilities for the elderly population are concerned, Executive Law no. 33/2014 of 4 March 2014 amended the regime governing the setting up, *modus operandi* and inspection of social support establishments managed by private entities. In the case of the elderly, this is the regime that covers community, day and night centres and residential facilities. The purpose of this change was to adapt legal concepts and terms to the current social reality.

The same legislation also altered the regime governing the possible sanctions in this field, which was no longer appropriate, particularly in terms of the minimum and maximum limits on fines. This had been undermining the Social Security System's ability to dissuade entities that provide social services for the more elderly population from committing unlawful acts, especially trading without a licence and being responsible for repeated situations of negligence and mistreatment.

2014 also saw the publication by the Directorate-General of Social Security (DGSS) of Technical Guidance Circular no. 4/2014 of 16 December 2014, which harmonised the model for regulating co-funding in the form of new regulations for the part-payment to families of the cost of using social services and facilities provided by private charities (IPSSs). This new model is based on a more rigorous parametrisation of what constitutes a household and the types of income that are to be taken into account when *per capita* income is calculated, and a more effective way of determining total income.

Analysis of the following tables highlights the fact that during the reference period there was a 5% rise in the number of cooperation agreements in this area, which was brought about by the ageing of the population and the increase in life expectancy. The social responses that experienced the largest rise were Residential Facilities for the Elderly and Domiciliary Support Services.

The number of users covered by these agreements rose by 2.33% (+4,096 at the end of 2015). The social response with the largest increase in user numbers was also Residential Facilities for the Elderly.

Finally, there was growth of around 10% in the overall amount of Social Security co-funding of all the responses in this field.

Table no. 106
No. of cooperation agreements

Social response	2012	2013	2014	2015
Domiciliary support services	2,347	2,376	2,362	2,417
Community centres	442	427	423	415
Day centres	1,917	1,931	1,931	1,970
Night centres	17	15	15	11
Family care for the elderly	1	1	1	1
Residential facilities for the elderly	1,386	1,490	1,530	1,611
Total	6,110	6,240	6,262	6,425

Source: Social Action Management Indicators (in Portuguese)

Table no. 107
No. of users covered by cooperation agreements

Social responses	2012	2013	2014	2015
Domiciliary support services	67,651	68,705	68,497	69,476
Community centres	12,317	11,571	11,298	11,087
Day centres	42,931	40,976	40,166	40,922
Night centres	165	143	143	103
Family care for the elderly	8	8	8	8
Residential facilities for the elderly	52,733	54,837	56,020	58,305
Total	175,805	176,240	176,132	179,901

Source: Social Action Management Indicators (in Portuguese)

Table no. 108
Amounts spent on cooperation agreements (€)

Social responses	2012	2013	2014	2015
Domiciliary support services	202,988,220	207,004,285	214,161,091	216,766,482
Community centres	7,127,669	6,980,014	6,880,209	6,793,640
Day centres	48,163,008	47,955,755	49,135,386	49,649,884
Night centres	467,851	451,595	416,701	394,729
Family care for the elderly	35,597	35,917	35,143	36,676
Residential facilities for the elderly	236,361,294	239,402,816	259,802,266	270,490,970
Total	495,143,638	501,830,383	530,430,797	544,132,380

Source: Social Action Management Indicators (in Portuguese)

National Continuous Care Network

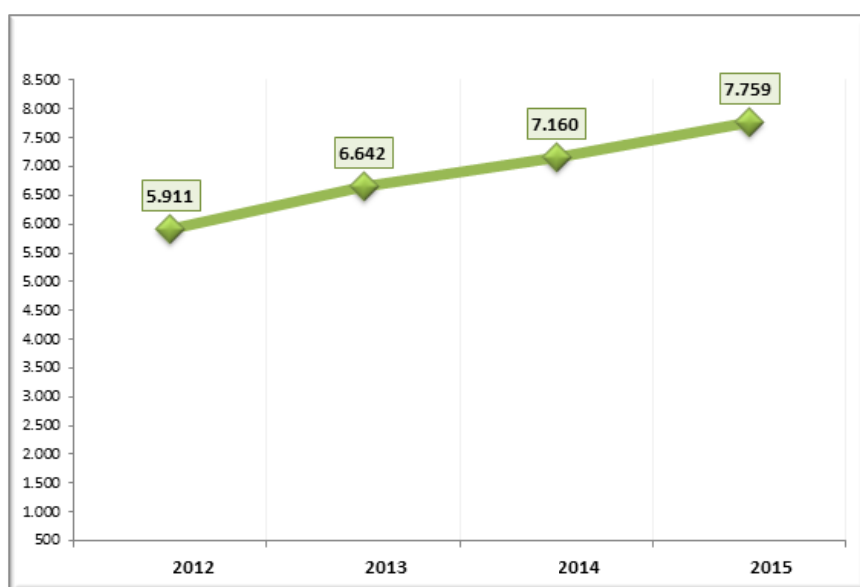
The National Network of Integrated Continuous Care (RNCCI) created by Executive Law no. 101/2006 of 6 June 2006 is a public-sector programme developed by the Ministries of Labour, Solidarity and Social Security (MTSSS) and Health (MS). It promotes and arranges actions based on an integrated healthcare and social support model that are aimed at elderly citizens and persons in dependent situations, in such a way as to create conditions that enable them to live in a way that provides them with better health and quality of life.

This programme has implemented an intermediate level of healthcare and social support of a preventive, recuperative and palliative nature. It involves the participation and collaboration of a variety of social partners, civil society and the state, with the latter as the primary driving force. The network offers appropriate levels of quantity, extent and geographic distribution and is enhancing and optimising the pre-existing resources.

The RNCCI was launched with a number of pilot experiments in 2006. Targets are defined in accordance with ratios for identifying needs, and every year there is an Implementation Plan that provides for the continuity of existing responses and the creation of new, integrated ones.

The following graph and table show that the number of inpatient places grew gradually during the reference period, except in the case of convalescence units.

Graph no. 10
Variation in the nr. of inpatient places, 2012-2015



Source: Health Systems – Central Administration (ACSS)

Table no. 109
Variation in the no. of beds by unit type, 2012-2015

No. of beds by type	2012	2013	2014	2015
Convalescence units	867	860	860	764
Medium duration and rehabilitation units	1,820	1,895	2,021	2,306
Long duration and maintenance units	3,031	3,692	4,094	4,411
Palliative care units	193	195	185	278
Total	5,911	6,642	7,160	7,759

Source: Health Systems – Central Administration (ACSS)

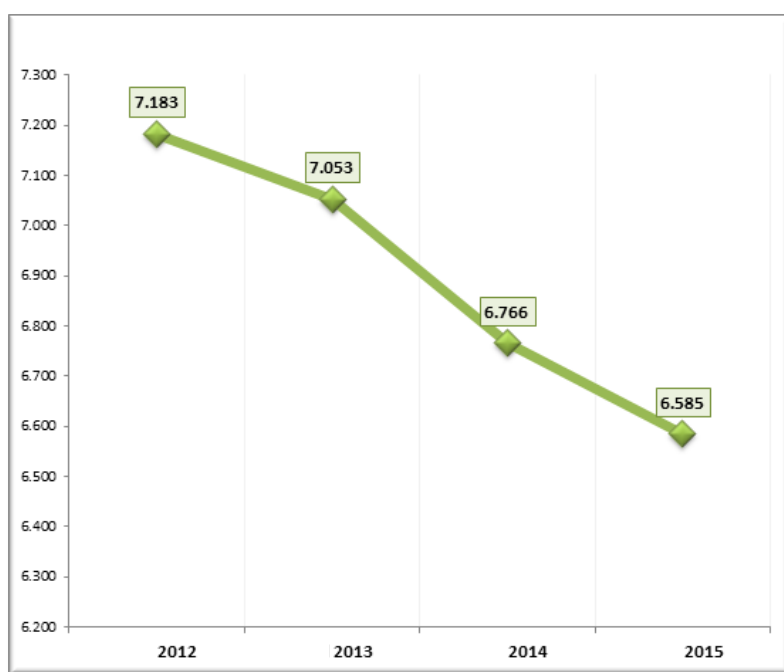
The typology with the largest number of places was Long Duration and Maintenance Units (ULDM), which represented approximately 57% of all the inpatient beds in the RNCCI.

The various contractual places were provided by 214 institutions, of which 112 are Institutions of Mercy (SCMs, a long-standing form of semi-public religious charity), 55 are private charities (IPSSs), 34 are other private institutions, and 13 belong to the National Health Service.

Contracts with charities thus cover 77% of all the contracts for inpatient places entered into as part of the RNCCI, for a total of 5,845 beds. SCMs represent 53% of this type of agreement.

In addition to inpatient places, there are also 286 Integrated Continuous Care Teams (ECCIs), which come under the authority of the Primary Healthcare Services and provide another 6,585 places.

Graph no. 11
Variation in the no. of places provided by
Integrated Continuous Care Teams, 2012-2015



Source: Health Systems – Central Administration (ACSS)

There is a low occupancy rate with regard to operational ECCI places, which is why the Groups of Health Centres (ACSS) have been checking both whether the latter are appropriate, and if the human resources are adequate for the number of users of domiciliary services. It may well be that this process is one of the reasons for the negative variation in the number of ECCI places during the reference period.

The following provisional data for 2015, which result from the supervision and monitoring of the assistance provided to users (of both inpatient units and domiciliary teams), are of particular interest:

- 41,117 potential users were initially referred, of whom 35,753 were actually admitted.
- 35.154 users were released following treatment.

The planned strengthening of the response capability in this field is designed to reduce the cases of lack of equity due to what is still an insufficient level of cover of the whole country.

The existing asymmetries are especially evident in areas with a high populational density. This increase in coverage will be reflected in both an improvement in the provision of integrated continuous care services and a reduction in waiting lists, particularly in the major urban centres.

It is planned to expand the continuous mental healthcare (CCISM) aspect of the RNCCI in 2016. The CCISM format was established by Executive Law no. 8/2010 of 28 January 2010, as republished by Executive Law no. 22/2011 of 10 February 2011. Its responses are targeted at persons with serious mental illness who are in a dependent situation. It is expected that implementation of CCISMs will make it possible to create new units and teams, as well as to reconvert integrated responses that are already operational under the terms of Order no. 407/98 of 18 June 1998, which regulates support responses in the health and social fields.

Again with regard to the broadening of RNCCI responses for 2016, there is a plan to differentiate specific responses in the paediatric area.

Other programmes and responses described in the previous Report continue to be developed. Examples include an Integrated Alert System, a project with regard to the rights of elderly persons, and the Violence Against the Elderly Project.

Access to tourist and leisure activities

The INATEL Foundation is a private-law foundation with public utility status whose primary purposes are: *“the promotion of better conditions in which to occupy the free time of active and retired workers, developing and attaching added value to social tourism, cultural creation and enjoyment, physical and sporting activity, inclusion and social solidarity”*.

The basic premise of the INATEL Foundation’s various activities is to enable elderly people to continue to lead an active life by engaging in cultural, sporting and tourist activities.

INATEL has been organising social tourist programmes initiated by the public authorities – namely Senior Tourism, Senior Health and Spa, and Tranquil Days – since 1995.

The “Senior Tourism” Programme is an initiative whose primary objective is to incentivise senior citizens, preferably aged 55 and over, to come into contact with Portugal’s multiculturalism and enable them to enjoy 6 days / 5 nights of holidays and socialising. The Programme takes place at INATEL’s own hotels and other partner units scattered across the country, and provides participants with full bed and board.

The Programme thus allows this segment of the population to improve its quality of life and well-being, with particular emphasis on the participation of people with lower incomes.

The “Senior Health and Spa” Programme has been running since 1997. It allows participants to take a holiday linked to spa treatments at prices that are much lower than normal and are adjusted to each person’s income.

Participants stay at a spa for 13 days/12 nights, with full bed and board and transport there and back included. As a rule, the spa resorts that take part in the Programme offer them special prices for different spa treatments.

The “Tranquil Days” Programme is designed for autonomous seniors over the age of 55. Participants can take part in the Programme for a fortnight, a month, three months, or even for the rest of their lives, as long as they remain self-sufficient.

As such, “Tranquil Days” potentially enables every participant to go on holiday for the rest of their life. Those who stay for three months or more receive medical supervision, and the clothing of those who participate for a month or more is cleaned and serviced.

Under the Programme, people stay at INATEL’s own hotels and other partner units, moving from one to another every three months in order to acquire a general knowledge of Portuguese culture.

All these Programmes are further enriched with a cultural tourism programme that tells participants about the culture and main points of interest of each of the regions they stay in.

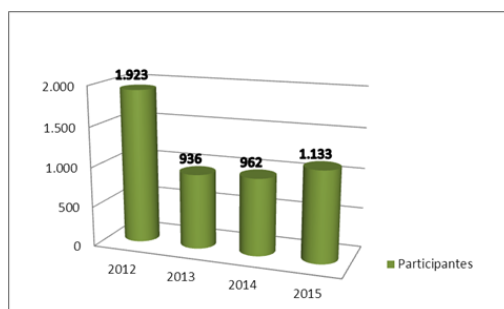
There are also events at which they can sample some of the main dishes and other gastronomic features that differentiate one region from another, thereby enhancing their cultural awareness of the Mediterranean diet.

Besides these elements, which are common to all the Programmes that are preferentially targeted at seniors, those Programmes also offer additional wealth in the form of cultural and sporting events and activities that enable participants to enjoy active experiences and to improve their general well-being and quality of life.

The INATEL Foundation also organises a variety of cultural and sporting activities right across the country, the goal of which it is to enable people to take part in such events at prices that are more accessible and take account of incomes in Portugal.

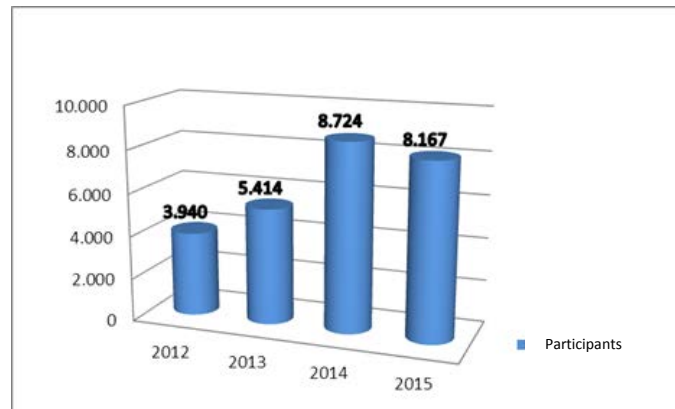
The following graphs show the number of participants in the Programmes designed for this target group between 2012 and 2015.

Graph no. 12
No. of participants in the “Senior Health and Spa” Programme



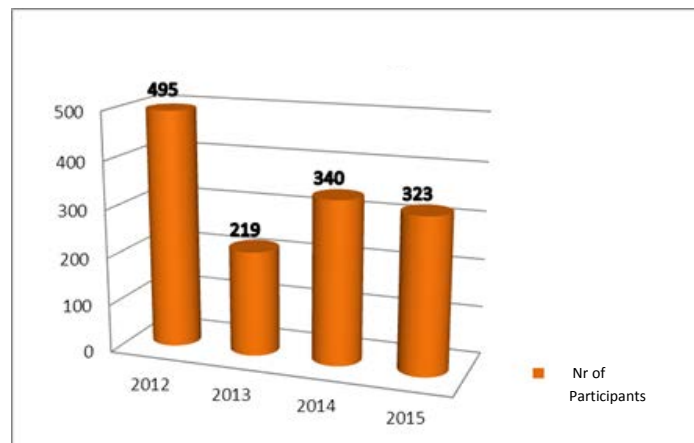
Source: INATEL

Graph no. 13
No. of participants in the “Senior Tourism” Programme



Source: INATEL

Graph no. 14
No. of participants in the “Tranquil Days” Programme



Source: INATEL

Housing

The housing promotion programmes managed by the Institute of Housing and Urban Rehabilitation (IHRU) are indexed to families' incomes, irrespective of the age group to which they belong, so there is no specific information on the number of elderly persons encompassed by these measures.

It is important to note that 2006 saw the implementation of the New Urban Rental Regime (NRAU), which made it possible to update old rents that had been controlled for many years. In order to protect tenants aged 65 or over with low incomes and whose rents were updated upwards, this legislation provided for a rent allowance, which has been attributed since 2008 via an IT platform managed by IHRU. At the end of 2014, 147 households were receiving this support.

Access to Culture

In order to foster access to culture by the elderly, the terms of access to a number of museums were restructured in 2014, with 50% discounts on the price of tickets for persons over the age of 65. The museums that joined this programme were:

- Santa Clara-a-Velha Monastery
- The Ceramics Museum
- The Joaquim Manso Museum
- The José Malhoa Museum

A range of public cultural entities also cooperated with senior residences and other social associations to show Portuguese films at the Cinema and Audiovisual Institute (ICA), with around 8 sessions a year.

Special terms – namely 30% discounts for the over-65s – were instituted for performances at the São João National Theatre in Porto, making it easier for groups of seniors to attend them.

Also of note in 2012-2015 were the activities for the elderly at the National Museum of Contemporary Art. The main ones were:

- Specific guided tours for groups of seniors arranged by parish councils, local authority social support services, and the Lisbon Institution of Mercy (SCML) – 53 visits / 1,010 seniors.
- Workshops for senior citizens arranged by parish councils, local authority social support services, and SCML – 16 workshops / 214 seniors.

Due to its innovative nature, we would especially point to the inclusion project “I in the Museum”, which was created in 2011 at the Machado de Castro Museum. This is a project for persons with neuro-cognitive disorders and their informal carers, and seeks to promote social and emotional well-being through cognitive stimulation. It is targeted at people with disorders like Alzheimer’s disease and their carer-givers, who benefit from a form of learning in a non-formal context via an approach to and enjoyment of works of art. This project received an Honourable Mention in the Access to Culture Awards, for promoting physical, intellectual and social accessibility.

Responses to the conclusions of the European Committee of Social Rights of the Council of Europe

Responses to the conclusion of non-conformity

The Committee concludes that the situation in Portugal is not in conformity with Article 23 of the Charter on the grounds that no anti discrimination legislation exists protecting elderly persons against discrimination on grounds of age outside the employment sphere.

It is true that in the Portuguese legislation concerning anti-discrimination, the “age” criterion is not included among the illegitimate discriminatory factors that are actually listed in Article 13 of the Constitution of the Portuguese Republic (CRP), which establishes that all citizens have the same social dignity and are considered equal before the law.

However, it is important to clarify that this list is purely exemplary; although the “age” criterion is not specifically included, Article 26(1) (“Other personal rights”) of the Constitution of the Portuguese Republic says that the right to legal protection against discrimination is one of the fundamental rights, freedoms and guarantees. This right is thus directly applicable and binding on public and private entities (Article 18, CRP). Within this context, we would underline that the Ombudsman and the Commission for Citizenship and Gender Equality are the entities responsible for safeguarding and promoting the citizens’ fundamental rights.

It is also important to emphasise that the principle of positive differentiation is not only guaranteed to children (in a less comprehensive age group than the one stated in the Convention on the Rights of the Child) and young people. According to Article 72 of the CRP (“The elderly”), the principle of positive differentiation is also guaranteed to elderly people (65 and over – age group established according to data from Statistics Portugal [INE], taking into account, for example, the life expectancy indicator). In this sense, public social protection, namely in terms of Social Security, through its established mechanisms, particularly cooperation, promotes the provision of services (for example, the domiciliary support service), social responses (for example, residential structures), social benefits (for example, the Solidarity Supplement for the Elderly) and other specific measures (for example, the leaflet providing information on the rights of the elderly people entitled “We want to talk about the rights of elderly people”), as well as the institutional accountability linked to the Social Responses Quality Assessment Models, 2010 (for example, the Home Support Service-Key Procedures Manual), in order to meet the needs and capabilities of elderly people according to the following conditions: age (65 and over), psychosocial (dependency) or other (for example, elderly people in socio-economic need).

The Social Security Framework Law no. 4/2007 of 16 January 2007, as amended by Law no. 83-A/2013 of 30 December 2013, defines a social protection model for all citizens, namely the elderly. The social security system is based on principles such as universality, solidarity and participation, as well as the principle of equality, which implies the absence of discrimination with regard to beneficiaries, namely on the basis of sex and nationality, without prejudice to the conditions of residence and reciprocity (Article 7 - Principle of equality).

This model is developed through different public structures, namely under the responsibility of the Social Security Institute to promote the implementation of measures of a different nature, such as:

- Social services and facilities;
- Programmes to combat poverty, dysfunction, marginalisation and social exclusion;

- Cash benefits, exceptional short-term benefits of limited amount; and
- Benefits in kind.

Response to additional information requests

The Committee previously asked whether anti-discrimination legislation to protect elderly persons outside the field of employment existed or whether the authorities planned to legislate in this area. No information has been provided on this issue in the report. Therefore the Committee concludes that no such legislation exists and that the situation is not in conformity with the Charter in this respect.

See response to the conclusion of non-conformity concerning Article 23, in the sense that while there is no specific anti-discrimination legislation based on age in the social security sector, the scope of the general protection provided by the Constitution means that this is not an issue.

In addition, although there is no specific anti-discrimination legislation to protect the rights of elderly people, there are different laws promoting an increased protection of the elderly or people in a dependent situation.

There is also protection in terms of access to / integration into social responses, considering that the different laws regulating social responses mean the latter cannot function without service provision contracts.

An example of this is the legislation that regulates Residential Structures for the Elderly (Ministerial Order no. 67/2012 of 21 March 2012), whose Article 10(1) says that "accommodation and services provision contracts established with the residents and/or their families, or with the legal representative when there is one, shall be made in writing and shall include the rights and obligations of the parties". In this sense, within the scope of the monitoring and inspection of institutions, when it is found that the legal requirements are not being met, the motives are evaluated and the procedures are adjusted to each specific situation.

It further asked for information on the legal framework related to assisted decision making for the elderly, and, in particular, whether there are safeguards to prevent the arbitrary deprivation of autonomous decision making by elderly persons. Again no information is provided in the report on this issue. The Committee repeats its request for information and refers to its interpretative statement in the general introduction in this respect.

We would highlight the fact that some social responses which deal more directly with the elderly, namely the residential structures for the elderly (ERPI) and the home support services (DSS), operate according to the principle of participation and co-responsibility of the user, or his/her legal representative, and his/her family, in the preparation of the individual care programme, with respect for the autonomy of elderly people.

In situations where the person is not capable of managing his/her life and property – i.e. of taking his/her own decisions – a legal action must be filed with the Public Prosecutors' Office seeking a decision on the person's interdiction/inability

Finally, it should be noted that in this respect Portugal is in the process of ratifying the Hague Convention of 13 January of 2000 on the International Protection of Adults (approved by Resolution of the Assembly of the Republic no. 52/2014 of 19 June 2014).

The Committee therefore wishes to receive clarification of the situation; it asks whether this signifies that all persons in receipt of the social pension would get a top up to the level of € 409. The Committee holds that if this information is not provided in the next report, there will be nothing to establish that the situation is in conformity as concerns the social pension.

Not all old age social pension beneficiaries are automatically entitled to a top-up to the level of € 409. The entitlement to the maximum value depends on supplements granted under certain conditions.

Specifically, old age social pensions may be accumulated with the following benefits:

- the Solidarity extra supplement (paid automatically; it depends on the beneficiary's age);
- the Long-term care supplement (for pensioners who need the help of another person to satisfy their basic needs of everyday life);
- the Social integration income (for people and families in serious economic need);
- the Solidarity supplement for the elderly (for people aged 66 and with low resources);
- the Widow's/widower's pension (the sum of the old age social pension and the widow's/widower's pension amounts cannot exceed € 259,36 in 2014 – this amount corresponds to the invalidity and old-age minimum pensions of the Social Security general scheme).
- the Survivor's pension (for family members of a deceased beneficiary), if the survivor's pension is lower than the old age social pension amount (€ 199.53 in 2014). In this case, the sum of the old age social pension and the survivor's pension amounts cannot exceed € 259.36 in 2014 – this amount corresponds to the invalidity and old-age minimum pensions of the Social Security general scheme.
- Income from employment, income from scholarships, benefits for attending vocational training or incidental income, provided that such income is not lower than the previously mentioned limits set for 2014: € 167,69 per month for a single person or € 251,53 per month for couples (40% or 60% of the Social Support Index, respectively).

The means-testing reference value for the Solidarity Supplement for the Elderly (CSI) is higher than the means-testing reference value for the social pension, so a high percentage of social pension beneficiaries are also entitled to the CSI.

However, since there is no uniformity in the income considered relevant to the means-testing assessment for these social benefits, which differs according to the benefit to be granted, there may be some cases where social pension beneficiaries are not entitled to the Solidarity Supplement for the Elderly. For example, income of the elderly person's sons and daughters, as well as a percentage of the movable assets and property income (except for the elderly person's residence), are relevant to the means-testing assessment for the Solidarity Supplement for the Elderly, but are not relevant for the social pension; consequently, some social pension beneficiaries may not be entitled to the Solidarity Supplement for the Elderly.

The Committee asks for more information about Government's action in this area, in particular whether and how the Government evaluates the extent of the problem, and if any legislative or further measures have been taken or are envisaged in this area.

Between 2011 and 2014, the Social Security Institute was a partner of the Ageing and Violence project, financed by the Science and Technology Foundation and coordinated by the Epidemiology Department of the National Health Institute Dr Ricardo Jorge, IP. The other partner entities were: CESNOVA, which belong to the Social and Human Sciences Faculty of New Lisbon University (CESNOVA/FCSH); the National Institute of Legal Medicine and Forensic Sciences, IP (INMLCF, IP); the Portuguese Association for Victim Support (APAV); and the National Republican Guard (GNR).

This project sought to estimate the number of violence victims in the population aged 60 and over residing in Portugal, as well as to examine the logic and conditions under which these situations occur in the family life context.

The project comprised two separate studies: a population-based study on violence and a study on violence victims. It was estimated that 12.3% of the population aged 60+ were victims of at least one violent behaviour by a family member, friend, neighbour or paid professional.

Financial and psychological violence stand out among the five types of violence assessed (financial, physical, psychological, sexual, and neglect), both with a prevalence of 6.3%.

Only a third of victims had reported or made a complaint about the violence experienced.

These two studies show how important this problem is in Portuguese society and the results demonstrate that victims of violence in the community are mainly victims of their families, either extended or nuclear. Family ties, family protection and the fear of reprisals are major reasons for this silence and complaining is still a taboo for many of them.

In this sense, it is important to give social visibility to this problem which, apart from being a social problem with impacts on health, is also considered a serious violation of human rights. In this context, it is imperative to reflect on a set of recommendations that contribute to the fight against and prevention of this problem. We therefore highlight some of the recommendations made on this subject:

- Coordination between the different state sectors that intervene in situations involving violence against older persons.
- The creation of a legal framework that safeguards the victim's rights and provides for intervention with regard to the aggressor, with the cooperation of the health, judicial, interior and social security systems, as well as support networks/NGOs and the education system.
- Awareness raising and information actions on this subject aimed at different audiences, including elderly people.
- The qualification/training of the various professional groups who provide services and support to the target population, in terms of prevention, detection and intervention measures in situations of violence against elderly people.
- The development of a common and standardized assessment system (risk assessment) to be used by the stakeholders.
- The development or adaptation of the responses aimed at elderly victims of violence, considering their specific situations (marital violence between elderly people, violence by sons/daughters).
- The creation of action protocols/the case-manager figure/formal intervention networks to deal with violence situations at the local level.

However, there is no information of whether there is any proposal for the establishment of legislative measures in this area.

The Committee previously asked how the quality of services is monitored, and which channels exist for elderly persons to complain about services. It repeats its request for this information.

The quality of services provided is monitored through technical monitoring visits to institutions that provide social support services aimed at elderly people. These institutions can only provide support if they comply with the mandatory requirements specified in legislation that regulates these responses and in the institutions/profit-oriented entities' internal regulations, as well as in the service provision contracts concluded with the social responses' clients and according to internal guidelines set by the departments and services of the Ministry of Labour, Solidarity and Social Security (MTSSS).

Some institutions provide more services than the ones established by the legislation in this area, and the quality of services is measured by quality management implementation programmes for the solidarity sector and their implementation mechanisms are monitored and evaluated by independent external entities.

The Committee asks whether in general the supply of home help services for the elderly matches the demand for them. Furthermore, it wishes to know whether there is a charge for any of these services.

It is important to clarify that the different social protection measures stated in the report are social responses aimed at the elderly and/or persons in a dependency situation, with the guiding principle of maintaining their homes; these responses may be provided by the following social services and facilities:

Services:

- Domiciliary Support Service (SAD)
- Integrated Domiciliary Support Service (ADI)
- Family Accommodation for Elderly People and Adults with Disabilities

Facilities:

- Residential Structures for the Elderly
- Day Centre
- Leisure Centre
- Night Centre
- Integrated Support Units (UAI)

Social responses in the solidarity field are supported by the state and implemented by private non-profit institutions (private charities [IPSS] and similar institutions) through the establishment of cooperation agreements. This is the cooperation model that provides protection in situations of greater social vulnerability and poverty.

It should be stressed in this regard that social responses developed by the solidarity sector are monitored and evaluated by the state, and social responses carried out by the private sector are licensed and supervised by the same public body (paragraphs (q) and (r) of Executive Law

no. 83/2012 of 30 March 2012 on the powers and responsibilities of the Social Security Institute, IP).

In Portugal, there are 2,422 home support service social responses covering 70,119 persons (solidarity sector), and 216 facilities in the private sector, covering 7,832 persons. This social response has a reasonable coverage rate in the country; increasing the number of home support services is therefore not considered as a priority

With regard to the solidarity sector – i.e. social responses with cooperation agreements – in accordance with regulations and guidelines on this subject, the user pays a certain amount (co-payment) for the type of services provided by this social response, according to the number of services provided and his/her household's income.

The Committee also asks for information on any services or facilities (such as respite care) for families caring for elderly persons, in particular highly dependent persons, as well as on any particular services for those suffering from dementia or Alzheimer's disease.

On this issue, it is important to underline the establishment of the Caregiver's Rest provision within the National Network of Integrated Continuous Care. This makes it possible to admit elderly or dependent persons in temporary situations arising from difficulties in terms of family support or from the need for the primary caregiver to rest. In the Algarve, Long-Term and Continuous Care Units have a place available in each Unit to respond to requests linked to caregiver rest.

Within the scope of Residential Structure for the Elderly (ERPI), Day Centre and Home Support Service social responses, there are some facilities whose intervention is targeted exclusively at people with Alzheimer's disease, although the number is not very significant.

With regard to dementia in general, the above-mentioned social responses provide services aimed at people in this situation.

The Committee asks the next report to provide comprehensive information on the housing situation of elderly persons, including information on subsidised housing financial assistance for housing costs as well as for the adaptation of homes.

The Comfort Housing Programme for the Elderly (PCHI) was created by Order no. 6716A/2007 of 5 April 2007, as amended by Order no. 3293/2008 of 11 February 2008. It is designed to provide housing rehabilitation in order to improve basic living conditions and mobility of the elderly who benefit from home support services, thereby preventing/avoiding their institutionalization.

Housing rehabilitation is carried out through interventions at the level of houses and equipment which, according to the elderly person's situation, are considered essential to his/her mobility and comfort.

People aged 65 and over whose per capita monthly income is equal to or lower than the Social Support Index Value (IAS) may benefit from the PCHI, provided they fulfil all the following requirements:

- Live in their own house or live in a house on a permanent basis for at least 15 years and the house is in his/her name on the Property Register; or live in a house, without payment, for at least 15 years and that house is not stated on the Property Register in the name of a third party and needs rehabilitation work according to the person's situation and need.
- Benefit from home support services, attend Day Centre social responses, or when the provision of these services depends on housing rehabilitation.
- Live alone or live with other elderly person(s), family member(s) with disabilities, minor(s) or people aged over 18 provided that they are studying and do not receive work income or income replacement benefits.

The PCHI is implemented in mainland Portugal in partnership with the Social Security Institute, IP (ISS, IP) and municipalities through 12-month cooperation agreements that can be renewed for a similar period.

Within the scope of these cooperation protocols, ISS, IP is responsible for paying for the necessary materials for house and equipment interventions up to a maximum amount of 3,500 Euros per house, while municipalities are responsible for the implementation and monitoring of the rehabilitation and improvement works.

Between 2007 and 2010, the PCHI pilot phase was carried out in the following six Districts: Bragança, Beja, Guarda, Castelo Branco, Portalegre and Vila Real, and 974 housing improvement projects were undertaken during this period. In 2011 and 2012, the programme was extended to the Faro, Coimbra, Viana do Castelo, Santarém, Leiria, Évora and Viseu Districts, with a total of 51 municipalities covered and 229 housing improvement projects undertaken.

The Committee wishes to receive information on the costs of health care for elderly persons.

The RNCCI – National Network of Integrated Continuous Care – is coordinated by the Central Administration of the National Health System. This is a kind of care that contributes to an integrated response for persons who find themselves in temporary or prolonged dependency situations, with the aim of rehabilitating and promoting autonomy. It stimulates the participation of users and families and supports families or informal caregivers in both qualifying themselves and the provision of care.

It is based on a culture-safeguarding social and human condition, considering the principles of dignity, privacy, information, non-discrimination, physical and moral integrity, citizenship.

The costs of this network are shared between the health and social sectors. The costs presented in this report are exclusively related to the health sector: 2013 – 115,591,140.95€.

The Committee asks again what is the competent authority or body responsible for the inspection of homes and residencies (both public and private). It recalls the importance of ensuring that any inspection system regarding the standards of care and services provided in institutions and residential facilities should be entirely independent of the body managing the facility. It also asks for information on procedures exist for complaining about the standard of care and services or about ill treatment in this type of institution.

As mentioned in the response to paragraph 6, Residential Structures for the Elderly (ERPI) in both the solidarity and profit-oriented sectors are subject to inspections by ISS, IP teams.

These teams are incorporated into the Inspection Department which is responsible for the inspection of Private Charities (IPSSs) and other private entities engaged in social support activities. Among other things, they inform and clarify the entities and respective users about their rights and obligations, in order to prevent infractions or correct situations that may lead to infractions.

As part of their technical supervision, the cooperation teams are responsible for promoting qualification, technical support and evaluation of the intervention, social services and responses, as well as for cooperating in the training of the respective stakeholders. This type of intervention is targeted more at prevention, in order to ensure compliance with the requirements set out in legislation and correct any deficiencies in the activities of social facilities.

ARTICLE 30

THE RIGHT TO PROTECTION AGAINST POVERTY AND SOCIAL EXCLUSION

1. General legal framework – reasons for and nature and extent of reforms

Reductions in poverty and social exclusion are objectives to which the Portuguese State is fully committed, both by constitutional norms and by ordinary norms that regulate its mission.

The Law governing the Bases of the Social Security System (Law no. 4/2007 of 16 January 2007) says that the goals of the system for providing citizens with social protection are “*to guarantee citizens’ basic rights and equal opportunities, as well as to promote social well-being and cohesion [with the responsibility and powers] a) To effectively implement the right to vital minima [for the life] of citizens in economic hardship situations; b) To prevent and eradicate situations of poverty and exclusion; c) To provide compensation for family expenses; and d) To provide compensation for expenses in the disability and dependency fields*”. (Art. 26)

Within the overall system for fighting poverty and exclusion, the social action and solidarity subsystems play a leading role.

The social action subsystem is responsible for the following objectives as: “*The prevention and correction of situations of hardship and socioeconomic inequality dependency, dysfunction, and social exclusion or vulnerability, together with the community integration and promotion of persons and the development of their capacities (...), while also ensuring special protection for the most vulnerable groups, namely children, young persons, persons with disabilities and the elderly, as well as other persons in situations of economic or social hardship*”. (Art. 29)

To this end the social action system mobilises a vast range of instruments and measures: a) social services and facilities; b) programmes for fighting poverty and social dysfunction, marginalisation and exclusion; c) the possibility of cash benefits and special conditions in exceptional situations; and d) benefits in kind.

In order to be more effective, the social action field must also be combined with other public social policies and act in articulation with the work of non-public-sector institutions.

The solidarity subsystem is also responsible for: “*On the basis of the solidarity of the whole community, ensuring essential rights in such a way as to prevent and eradicate situations of poverty, as well as guaranteeing benefits in situations of proven personal or family need that are not encompassed by the welfare system*”. (Art. 36)

To this end, it is able to resort to a range of benefits: the Social Insertion Income (RSI), social pensions and the social unemployment benefit; the Solidarity Supplement for the Elderly (CSI); social supplements; and other benefits and transfers that are allocated to achieving the subsystem’s objectives.

1.1 Evolution of the situation between 1 January 2012 and 31 December 2015

The adjustment programme to which Portugal committed itself between 2011 and 2014 presupposed the implementation of structural reforms, requiring an increase in the tax burden and a reduction in social benefits. This in turn had repercussions in terms of the unemployment level and inevitably led to a contraction in family incomes.

In reality, the worsening of the country's economic and social situation exceeded initial expectations, with a substantial change in the macroeconomic scenario that was reflected in a fall in both GDP and employment and an increase in unemployment and poverty.

The more recent evolution of the economic and social situation suggests an improvement in the indicators for the labour market and a stabilisation in those that reflect the Portuguese population's living conditions, but we have not yet seen a reversal of the negative effects of the last few years.

However, while the economic conjuncture of recent years imposed itself as one of the major constraints on the pursuit of the goals of fighting poverty and promoting social inclusion, it is also true that the nature of the policies that were selected for that purpose did not help reduce cash poverty. This is because they sought to intervene in relation to other aspects of people's well-being that went beyond cash income and the respective direct social transfers to families. In other words, they were instead and primarily targeted at mitigating the impact on the intensity and severity of poverty and social exclusion – seen here in a broader sense – particularly for households in a situation of enhanced economic vulnerability (families with dependent children, long and very long-term unemployed persons, etc.).

As such, in August 2011 the government launched the Social Emergency Programme (PES) with the objective of responding to the growing needs of Portuguese families that were confronted with a reality of unemployment, more precarious jobs, over-indebtedness and social and family destructuring. The Programme's implementation began in late 2011 and was expected to last until at least the end of 2014.

PES was presented as a set of measures that together would initially seek to identify the situations requiring a more urgent social response, and then mobilise the necessary resources and instruments. It was seen as fundamental to involve and ensure the effective participation of a national solidarity network (state, local authorities, municipalities, parishes, and civil society organisations – namely those linked to the Third Sector: mutualist associations, institutions of mercy, private charities) in the various decision-making and implementation phases of the action strategies. The Programme was thus avowedly dynamic and open to new measures and solutions, based around five major intervention axes: 1. Families, particularly the most vulnerable ones; 2. Elderly persons with low incomes; 3. Persons with disabilities or incapacity; 4. Volunteering; and 5. Charities working in the social field.

Designed to reduce the crisis's social impacts on families and targeted at an estimated three million people, the Programme's cross-cutting nature is clear from an analysis by major area of action of the measures and funds allocated to the social action field (see point 2 below).

When the new government took office in November 2015, it made the commitment to defend and strengthen the welfare state, implement a strategy for fighting poverty and social exclusion, ensure the sustainability of the Social Security System and restore social minima, and lead Portugal along a path of growth and sustained development [[Programa do XXI Governo Constitucional](#) (Programme of the 21st Constitutional Government, *in Portuguese*) 27/11/2015].

To this end the government's anti-poverty strategy is based around three axes:

1. A national strategy for fighting poverty among children and young persons that will, in an integrated manner, recover the centrality of the Family Allowance as the reference form of public support for families.

2. Restore the forms of support that ensure social minima for citizens in more vulnerable situations (e.g. the RSI and the CSI).
3. New public sector support for people on low salaries, in such a way as to prevent working families with children from living in situations of poverty.

Beginning in January 2016, various legislative amendments have been made to existing measures and new measures have been taken. These will be covered in the next Report.

However, at this point we would especially note three of the measures for which legislation was already passed in 2015 and which are expected to have impacts in terms of strengthening social cohesion:

- Executive Law no. 254-A/2015 of 31 December 2015: updated the amount of the Guaranteed Minimum Monthly Wage (RMMG) for 2016, from € 505 to € 530/month, as of 1 January 2016.
- Executive Law no. 254-B/2015 of 31 December 2015: restored the previous rules governing the amount of pensions paid under the General Social Security Regime and the Convergent Social Protection Regime, and set the reference value of the Solidarity Supplement for the Elderly, with effect from 1 January de 2016.
- Council of Ministers Resolution no. 101/2015 of 23 December 2015: approved the Choices Programme (2016-2018).

2. Measures taken to implement the legal framework

Based on the understanding that poverty exists in complex, multidimensional forms which are linked not only to income (albeit monetary resources are predominantly used to measure it), but also to access to healthcare, education, culture, housing, social security and training and job opportunities, Portugal has sought to develop measures in all these domains, and whenever possible to do so in an articulated way.

2.1 Social Security Sector

A whole range of forms of social support are designed to fight poverty. These have already been described under Article 12, but we will nevertheless highlight the main ones here, because they are also relevant to the scope of Article 30.

As mentioned in relation to Article 13, persons and families in situations of serious economic hardship who need support in order to improve their social and occupational integration are entitled to the Social Insertion Income (RSI), subject to fulfilment of certain conditions.

With regard to protection during unemployment, and as mentioned in relation to Article 12, in line with the provisions of Law no. 5/2010 of 5 May 2010, Article 116 of Law no. 83-C/2013 of 31 December 2013 increased unemployment benefits by 10% for married and cohabiting couples where both members of the couple were unemployed. This increase is also applicable to single-parent families.

Sickness benefits were also raised by 5% in the case of reference incomes up to €500/month in: households with 3 or more descendants up to the age of 16 years, or 24 years if they are

receiving the Family Allowance; and households that are receiving an augmented Family Allowance due to disability (Executive Law no. 133/2012 of 27 June 2012).

Table no. 110
Percentage of workers protected in the different events covered by the Portuguese Social Security System, with reference to the amounts established in ILO Convention no. 102 and the European Code of Social Security (ECSS)
Data re 2015

I. PERSONAL SCOPE	%
3. Cash sickness benefits	
CONV. 102 _____	50%
ECSS _____	50%
Portugal _____	98.2%
4. Unemployment benefits	
CONV. 102 _____	50%
ECSS _____	50%
Portugal _____	85.4%
5. Old age benefits	
CONV. 102 _____	20%
ECSS _____	20%
Portugal _____	44.9%
6. Benefits re work-related accidents and occupational illnesses	
CONV. 102 _____	50%
ECSS _____	50%
Portugal _____	99.6%
7. Family benefits	
CONV. 102 _____	20%
ECSS _____	20%
Portugal _____	52.8%
8. Benefits re parenthood	
CONV. 102 _____	20%
ECSS _____	20%
Portugal _____	99.6%
9. Invalidation benefits	
CONV. 102 _____	20%
ECSS _____	20%
Portugal _____	44.3%
10. Benefits re death	
CONV. 102 _____	20%
ECSS _____	20%
Portugal _____	44.6%

Note: Percentages are calculated on the basis of data supplied by the IT Institute (II) and refer to the number of natural persons with incomes declared and/or contributions paid in 2015, by type of qualification, regime and contribution rate.

Table no. 111
Events covered by the Portuguese Social Security System, with reference to the amounts
established in ILO Convention no. 102 and the European Code of Social Security
Data re 2015

I. MATERIAL SCOPE	%
3. Cash sickness benefits	
CONV. 102	45%
ECSS	45%
Portugal	53.6%
4. Unemployment benefits	
CONV. 102	45%
ECSS	45%
Portugal	63%
5. Old age benefits	
CONV. 102	40%
ECSS	40%
Portugal	
Amount of pension / Contribution history 40 years	82.6%
Contribution history 15 years	38.6%
6. Benefits re work-related accidents & occupational illnesses	
a) Temporary incapacity	
CONV. 102	50%
ECSS	50%
Portugal	
In the first 12 months of incapacity	71.7%
More than 12 months of incapacity	76.4%
b) Pensions for permanent incapacity	
CONV. 102	50%
ECSS	50%
Portugal	100.0%
c) Survivor's	
CONV. 102	40%
ECSS	40%
Portugal	71.7%
7. Family benefits	
The instruments do not set levels for this benefit	
8. Benefits re parenthood	
CONV. 102	45%
ECSS	45%
Portugal	100%
9. Invalidation benefits	
CONV. 102	40%
ECSS	40%
Portugal	
Relative invalidity	
Contribution history 15 years	44.83%
Contribution history 40 years	85.50%
Absolute invalidity	
Contribution history 15 years	58.4%
Contribution history 40 years	85.50%

10. Benefits re death	
CONV. 102	40%
ECSS	40%
Portugal	
Contribution history 15 years	41.3%
Contribution history 40 years	77.9%

Note: Percentages are calculated on the basis of the wage of a professional in the manufacturing industry – manufacture of metal products excluding machinery and equipment.

As previously mentioned, the then government launched the Social Emergency Programme (PES) in 2011.

One of the PES measures it is important to note was the creation of an Emergency Food Programme (PEA), which sought to “offer a response to those who cannot manage to have two daily meals for themselves or their family, thereby increasing the response to situations of hunger”. PEA, which was incorporated with the Solidary Network of Social Canteens (RSCS), proposed to increase the existing extent of the latter from 62 canteens in 2011 to 947 in 2014, in such a way as to ensure that the persons and/or families in greatest need have access to at least one daily meal.

The following table shows the number of PEA protocols, and that in the measure’s first year (2012) there were 584 canteens, with another 231 added the following year. 2012-13 was the period with the largest rate of YoY growth (28.3%), followed by a slight increase in 2013-2014 (5.1%), and a small decrease in 2014-2015 (852 canteens in 2015 represents a fall of 7 compared to 2014).

PEA expenditure rose throughout the reference period.

Table no. 112
Data on the Emergency Food Programme

	2012	2013	2014	2015
No. of active protocols	584	815	859	852
No. of protocol meals/day	39,974	49,236	49,900	48,403
Average no. of meals provided per day	14,450	33,382	41,460	41,992
Amount executed (€)	4,726,366	27,965,315	37,185,890	37,879,803

Source: Social Security Institute (ISS)

Cross-cutting projects coordinated or participated in by the Social Security sector

- **National Strategy for the Integration of Homeless Persons (ENIPSA) 2009-2015**, which was described in the previous Report.
- **Social Network Programme (PRS**, also described in the previous Report). There are currently 278 operational Local Social Action Councils (CLASs) at the council-area level – one for every council area in mainland Portugal. At 31 December 2015, these 278 CLASs had already concluded and formally approved 277 Social Diagnoses and Action Plans (DSPAs, 99.6%) and 275 Social Development Plans (PDSs, 99%).

- **Local Social Development Contracts Programme (CLDS**, also described in the previous Report). The Programme began in 2011 and ended in 2015, after supporting 134 projects.

Local Social Development Plus Contracts Programme (CLDS+). Ministerial Order no. 135-C/2013 of 28 March 2013 created a new wave of CLDSs, known as CLDS+s. In addition to containing the Programme Regulations, the Ministerial Order also included guidelines for the implementation and execution of Social Development Plus Contracts.

The purpose of CLDS+ was to help increase employability and contribute to an articulated fight against critical poverty, especially ensuring greater protection for children, young persons and the elderly, providing appropriate instruments with which to respond to disasters, while always bearing in mind the need to invest in a superior form of local development and paying special attention to the concrete implementation of measures that promote the active inclusion of persons with disabilities and/or incapacity.

CLDS+ was based on a management model that provided for the induced funding of projects, with the territories identified for their implementation selected centrally in response to diagnosed needs, with priority given to those with target groups facing situations of exclusion and poverty. 100 projects were supported under this Programme, which ended in 2015.

- **3rd Generation Local Social Development Contracts Programme (CLDS-3G)**. Created by Ministerial Order no. 179-B/2015 of 17 June 2015, this third generation Programme's objective is to promote the social inclusion of citizens by means of actions that are undertaken in partnership and to help fight persistent poverty and social exclusion.

Applications for the Programme could be made between 1 and 23 July 2015, and it had to be possible for the actions to be included in one of the following axes:

Axis 1: Employment, training and qualification.

Axis 2: Family and parental interventions, preventing child poverty.

Axis 3: Capacity-building for the community and institutions.

Axis 4: Emergency aid and interventions for populations inserted in territories affected by disasters.

132 projects have been approved as part of this Programme to date.

- **Housing Comfort for the Elderly Programme (PCHI)**
The Housing Comfort for the Elderly Programme targeted the qualification of housing stock and sought to improve the basic habitability and mobility conditions of elderly persons using home-help services, in such a way as to prevent and avoid their institutionalisation. Eligibility for PCHI was restricted to persons aged 65 or over whose monthly *per capita* income was equal to or below the Social Support Index Value (IAS) and who met certain other conditions. 1,354 elderly persons were directly covered by the Programme – a figure that rises to 1,588 individuals if we count the members of their households who also benefited from the housing improvements.

PCHI ended in 2013, which is when the last cooperation protocol finished.

- **Community Food Distribution Programme for the Most Deprived Persons (CFDP-MDP)**

The **Community Food Distribution Programme for the Most Deprived Persons** was organised by the European Commission and implemented by the Member States each year. Its goal was to distribute foodstuffs to the people in greatest need in the European Community.

Portugal joined the Programme for the first time in 1987, applying annually and communicating its decision to the Commission by the 1st of February in the year preceding execution of the Programme's annual distribution plan. In 2013, 506,367 individuals benefited from the Programme, which ended on 31 December that year.

- **Fund for European Aid to the most Deprived (FEAD)**

The European Commission created the Fund for European Aid to the most Deprived by means of Regulation (EU) no. 223/2014 of the European Parliament and of the Council of 11 March 2014. The Fund is for the period from 1 January 2014 to 31 December 2020, and its goal is to *“promote social cohesion, enhance social inclusion and therefore ultimately contribute to the objective of eradicating poverty in the Union”* by supporting the national mechanisms for providing non-financial assistance to the most deprived persons, alleviating serious material and nutritional deprivation and providing those persons with the prospect of a decent life.

FEAD replaced the previous food distribution programme in Portugal – the Community Food Distribution Programme for the Most Deprived Persons (CFDP-MDP). In 2015, beneficiaries numbered 408,737 individuals.

- **Local Social Intervention Networks (RLISs)**

RLIS is a collaborative local social intervention platform based on an articulated, integrated intervention by entities with social action responsibilities. Its purpose is to enhance concerted action by the bodies and entities involved in pursuing the public interest, and to promote and arrange the implementation of new action mechanisms and different action strategies in response to social needs.

RLIS was created in 2013. Its objectives are to:

- a) Enhance the extent to which the various bodies and entities involved concert their actions with one another.
- b) Ensure the efficient coordination of all the agents, means and resources involved.
- c) Promote the development of mechanisms and strategies in the social intervention field.
- d) Strengthen the collaboration platform established with the entities that locally provide services in the social action field.
- e) Promote collaboration platforms with the entities that intervene in areas which complement the social action field, after first reaching a consensus in relation to them at the National Commission for the Assessment and Monitoring of Cooperation Protocols and Agreements (CNAAPAC).
- f) Ensure the social monitoring of vulnerable situations, namely by means of the management at the local level of the programmes created for that purpose.
- g) Ensure the resources needed to deal with crisis or social emergency situations, as well as situations in which there is proven economic hardship.

- h) Promote social experimentation initiatives that constitute new approaches to providing responses to problems identified as emerging in territories.

Choices Programme

The Choices Programme was created in 2001 (Council of Ministers Resolution no. 4/2001 of 9 January 2001). It is aimed at the social inclusion of children and young persons from more vulnerable socioeconomic contexts – more specifically descendants of immigrants and ethnic minorities. Its intervention axes include measures for supporting youth in the following priority areas:

- Measure I: Educational inclusion and non-formal education.
- Measure II: Vocational training and employability.
- Measure III: Enhancing community dynamics, and citizenship.
- Measure IV: Digital inclusion.
- Measure V: Entrepreneurship and capacity-building.

This Programme, which is national in scope, is made up of a range of actions promoted by Choices projects. It is especially directed at increasing the capacity and autonomy of young people by involving them in one-year projects, in such a way as to generate dynamics they can supplement and pursue further via future actions.

Normative Order no. 27/2009 of 6 August 2009 expanded the field of intervention of Phase 4 of the Programme (2010-2012) and strengthened the vocational training, entrepreneurship and capacity-building areas.

Generation 5 (2013-2015) of the Choices Programme maintained the same intervention axes, but strengthened Measure V with regard to support for young persons and their employment initiatives.

The Choices Programme has managed its objectives and the resources allocated to it effectively. Each generation of the Programme has multiplied the number of participants, while reducing the costs per person. Generation 5 resulted in the involvement of 89,232 people in 759,819 working sessions, with an overall educational success rate of 86.7% (in the 2011/2012 academic year).

Between 2010 and 2012, 10,930 persons were reintegrated into schools, training or jobs. 9,776 of them, who had previously been totally unemployed, were incorporated into qualification and employment alternatives.

2.2 Employment and training sector

General framework for the implementation and execution of employment and vocational training measures in 2012-2015

In 2012-2015, various employment and vocational training measures were reformulated, as was the more general legislative framework for the employment policy.

We would especially note the publication of the legislative act that currently provides the framework for the country's employment policy – Executive Law no. 13/2015 of 26 January 2015. It indicates that the following are primary principles that shape the policy: there must be

freedom of opportunity and universal and equal opportunities in the choice of occupation or type of work; the employment policy must be integrated into the full range of economic and social policies, with consideration for its cross-cutting nature; the state must be jointly responsible with the social partners and other organisations that represent society and citizens for the development and implementation of the policy; and there must be equality and non-discrimination in access to employment and vocational training, without prejudice to positive action measures that benefit disadvantaged groups in terms of access to the labour market.

There follows a list of the most significant legislation and other normative acts that were published during the reference period:

- Ministerial Order no. 135-A/2013 of 28 March 2013, on Centres for Qualification and Vocational Teaching (CQEPs).

- IEFP Normative Circular no. 04/2014 of 4 July 2014, whose purpose was to disseminate the organisational and technical/pedagogical procedures set out in the Organisational Guide for Qualification and Vocational Teaching Centres, with a view to achieving harmonisation in the network of Institute of Employment and Vocational Training (IEFP, IP) Centres, based on the provisions of Ministerial Order no. 135-A/2013 of 28 March 2013 and the Methodological Guidelines issued by ANQEP.

- Ministerial Order no. 203/2013 of 17 June 2013, which created the Active Life Measure “Qualified Employment”.

- Ministerial Order no. 227/2013 of 12 July 2013, which made changes to the Training Programme – Algarve. Of particular note were: i) the creation of typified training pathways designed to enhance and capitalise on workers’ competencies with a view to obtaining a qualification, and simultaneously to provide a response to employers’ needs; ii) access to the measure for workers with fixed-term labour contracts ending between 1 September and 30 November 2013. The Programme’s procedural aspects were also significantly simplified in order to make it more efficient and effective.

- Executive Law n 131/2013 of 11 September 2013, which made the second amendment to Executive Law no. 290/2009 of 12 October 2009, extending some forms of support for the development and implementation of employment policies available for the qualification of persons with disabilities and incapacity to also cover public-sector entities.

- Normative Circular no. 17/EM-DFP/2013 of 9 October 2013, which defined the procedures to be followed by local organisational units when forwarding unemployed persons for training under the Cross-cutting Training Module “Activation and Job-search Techniques”, and when organising and developing that training.

- Council of Ministers Resolution no. 91/2013 of 23 December 2013, which approved the Industrial Promotion Strategy for Growth and Employment (EFICE) 2014-2020. EFICE is based on a programme that was drawn up with contributions from reference entities in a variety of economic sectors and is designed to promote the country’s re-industrialisation. The Strategy is made up of nine action axes and a set of measures for implementation by 2020. These include the measures provided for under Axis 3 “Qualification: education and training”, which emphasise strengthening the levels of qualification of human resources by means of a greater articulation between teaching institutions and enterprises, based on professionalising education and the dual learning/apprenticeship system.

- Council of Ministers Resolution no. 104/2013 of 31 December, which approved the National Plan for the Implementation of a Youth Guarantee (PNI-GJ), in response to the Recommendation of the Council of the European Union on the establishment of a Guarantee for Youth. This Plan consists of an interministerial programme for preventing and fighting youth unemployment, tending to provide every young person between the ages of 15 and 29 with an opportunity for education and training, a traineeship or internship or a job within four months of becoming unemployed or leaving the education and training system.

- Normative Circular no. 2/DEM/2014 of 27 February 2014, which defined the procedures to be followed by IEFP, IP in the application of the National Plan for the Implementation of a Youth Guarantee.

- Ministerial Order no. 136-A/2014 of 3 July 2014, which made the second amendment to Ministerial Order no. 297/2012 of 28 September 2012. The purposes of the amendment included procedural simplifications, making the training pathway more flexible, increasing the amount of practical training in a working context and raising the amount of support for workers aged 45 or over, all with a view to making the Programme more efficient and effective.

- Ministerial Order no. 150/2014 of 30 July 2014, which created the Employment Measure “Active Youth”. This measure entails providing practical experience in a working context for a combination of young persons in a disadvantaged situation vis-à-vis the labour market and more qualified young persons.

- Executive Law no. 13/2015 of 26 January 2015, which defined the objectives and principles of the employment policy, and regulated the design, implementation and execution, supervision and funding of the respective programmes and measures.

- Ministerial Order no. 97A/2015 of 30 March 2015, which published the specific regulations governing the Social Inclusion and Employment domain. These regulations are applicable to the operational typology of the Portuguese for All Programme and the Training for Inclusion and Youth Active Life measures.

- Ministerial Order no. 200/2015 of 10 July 2015, which made the third amendment to Ministerial Order 297/2012 of 28 September 2012 on the Training Programme – Algarve (previously amended by Ministerial Orders no. 227/2013 and 136-A/2014, as mentioned above), defining the details of the Programme for 2015/2016 and updating the norms which provide the framework for it.

- Normative Circular no. 11 / 2015 of 31 August 2015 – Training Programme – whose objective regarding the Training Programme – Algarve was to define the applicable internal procedures of IEFP’s departments and services and approve the respective Specific Regulations for dissemination among employers and target groups, following the publication of Ministerial Order no. 297/2012, as amended by Ministerial Order nos. 227/2013, 136-A/2014, and 200/2015 of 10 July 2015.

- Ministerial Order no. 229/2015 of 3 August 2015, which created the Training Cheque Measure. The latter is a form of direct funding for training destined for users registered with IEFP’s network of Job Centres and Job and Vocational Training Centres, namely employers, active employees and unemployed persons. The main goal of this measure is to incentivise vocational training, and it serves as an instrument for enhancing the creation and continued existence of jobs and strengthening qualification and employability.

- Technical Guideline no. 5/DFP of 27 April 2016, which established the methodology for activating the target groups of the Learning/Apprenticeship Measure in pursuit of the latter's objective of disseminating the procedures to be developed and adopted by Vocational Training Services (SFPs) when they create Learning/Apprenticeship actions, so that, while bearing in each Centre's resources in mind, they standardise their intervention methodology on five levels.

Employment programmes and measures

Between January 2012 and December 2015, and within the overall framework of the fight against unemployment and the promotion of more and better jobs, we would particularly point to the following programmes and active employment measures:

I – Support for the creation of jobs and enterprises

1. The Job Offer Stimulation Programme (PEOE) – a format for supporting Local Employment Initiatives, as described in the previous Report.
2. The Support for Entrepreneurship and the Creation of Self-Employment Programme (PAECPE), as described in the previous Report.

II – Hiring support

3. Exceptional hiring support measures for 2009 (part of the Investment and Employment Initiative – 2009), as described in the previous Report.
4. Exceptional hiring support measures for 2010 (part of the Investment and Employment Initiative – 2010), as described in the previous Report.
5. Hiring Support via Refunds of the Single Social Contribution (TSU).

The following measures involving refunds of the employer's Single Social Contribution deserve a particular mention within the overall context of this hiring support format during the reference period:

- Hiring Support for Start-ups – Reference normative act: Ministerial Order no. 432/2012 of 31 December 2012. In force until 31 December 2013.
- Youth TSU: support for hiring young persons between the ages of 18 and 30 – Measure created in 2012 (incorporated into "Youth Drive") – Reference normative act: Ministerial Order no. 229/2012 of 3 August 2012. Revoked by Ministerial Order no. 204-A/2013 of 18 June 2013.
- Hiring unemployed persons aged 45 or over – Reference normative act: Ministerial Order no. 3-A/2013 of 4 January 2013. Revoked by Ministerial Order no. 204-A/2013 of 18 June 2013.
- Hiring Support via Refund of the Single Social Contribution. This measure with a broader scope replaced the two measures referred to above, and is the one that covered the most unemployed persons and required the largest financial execution – Reference normative act: Ministerial Order no. 204-A/2013 of 18 June 2013. Revoked by Ministerial Order no. 149-A/2014 of 24 July 2014.

These measures entailed refunding a percentage of the Single Social Contribution paid by employers who entered into open-ended or fixed term, full or part-time labour contracts with unemployed persons registered with IEFPP's Employment Services. In

2012 and 2013, there were also supplementary measures – namely for specific age groups or types of enterprise (start-ups).

6. Hiring Support – the Stimulus 2012, Stimulus 2013 and Employment Stimulus Measures

The Stimulus 2012, Stimulus 2013 and Employment Stimulus Measures involve(d) the grant of direct financial support to employers that enter into fixed-term (minimum 6 months) or open-ended, full or part-time labour contracts with unemployed persons registered with IEFP. In parallel, these employers undertake to provide vocational training to the workers in question.

Period and reference normative acts:

- Stimulus 2012 Measure: Created by Ministerial Order no. 45/2012 of 13 February 2012. Revoked by Ministerial Order no. 106-A/2013 of 14 March 2013.
- Stimulus 2013 Measure: Created by Ministerial Order no. 106-A/2013 of 14 March 2013. Revoked by Ministerial Order no. 149-A/2014 of 24 July 2014.
- Employment Stimulus Measure: Created by Ministerial Order no. 149-A/2014 of 24 July 2014. Currently in force.

Social Employment Market

The Social Employment Market is seen here as a “framework for action” which, by means of a diverse range of measures, seeks the socioprofessional (re)integration of unemployed persons on the basis of activities aimed at social needs that are not being fulfilled by the normal operation of the market.

In this respect, it was originally defined by Council of Ministers Resolution no. 104/96 of 9 July 1996 (as amended by Council of Ministers Resolution no. 39/97 of 13 March 1997), and was revoked by Executive Law no. 13/2015 of 26 January 2015. It encompassed the following:

7. The Employment-Insertion Contract and the Employment-Insertion+ Contract, as described in the previous Report.
8. Insertion Enterprises, as described in the previous Report and revoked in 2015.
9. The Life Employment Programme, as described in the previous Report and revoked in 2015.

Vocational training programmes and measures (within the scope of IEFP’s interventions in the education/training field) for young persons, adults and specific groups

I – Young persons

1. Learning/Apprenticeship Courses, as described in the previous Report.
2. Technological Specialisation Courses (CETs), as described in the previous Report.
3. Youth Active Life (VAJ) Measure

The purpose of this measure is to consolidate, integrate and perfect a range of interventions that aim to activate unemployed persons between the ages of 18 and 29,

favouring lifelong learning, increased employability and active job searches, in the light of both the recommendations made by the European Union and the Organisation for Economic Cooperation and Development (OECD) and the experience acquired over the years by the Public Employment Service.

Youth Active Life, which is provided for as part of the Youth Guarantee, is designed to strengthen the occupational qualification of unemployed young persons between the ages of 18 and 29 inclusive, in such a way as to supplement, increase and develop the personal, professional and relational competencies of young people looking for their first or a new job, thereby facilitating their transition into the labour market and thus a reduction in the youth unemployment rate.

II – Adults

4. Competency Recognition, Validation and Certification (RVCC), as described in the previous Report.
5. Adult Education and Training Courses (EFA Courses), as described in the previous Report.
6. Certified Modular Training, as described in the previous Report.
7. Training for Inclusion, as described in the previous Report.

8. Training Cheque

The Training Cheque aims to increase the quality and speed of the various active employment measures, particularly in terms of occupational qualification, namely by seeking to: Help improve the productivity and competitiveness of enterprises, by raising the occupational qualification level of their staff, especially the least qualified workers; Stimulate the desire of unemployed and active employed persons for training; and Incentivise both lifelong training pathways and the personal development of both categories of person.

9. Active Life (VA) Measure

The Active Life Measure is a qualification response that seeks to adjust each job-seeker's Personal Employment Plan (PPE) to their individual potential and needs, thereby improving the employability of unemployed persons and enhancing their chance of returning to the labour market, by means of their quick integration into short-duration training actions that enable them to acquire relevant competencies or increase the value of the ones they already possess, while always making it possible for them to continue along their qualification pathway.

The measure is organised into certified modular training actions and/or competency recognition, validation and certification (RVCC) processes with a dual nature (vocational, supplemented by school-based education).

III – Specific groups

1. The Portuguese for All Programme (PPT), as described in the previous Report.
2. The Qualification Measure for Persons with Disabilities or Incapacity (PCDI).

This Measure's objective is to promote actions that enhance the acquisition and development of occupational competencies targeted at the ability to engage in an activity in the labour market, with a view to increasing the employability of persons with disabilities and/or incapacity, equipping them with competencies adjusted to their entry into or return to the world of work. Under this Measure, support is provided for both initial and continuous vocational training actions.

3. Training Programme – Algarve

This Programme is for adults who do not possess the basic competencies that would enable them to access or carry on with training that forms part of qualifying pathways. It seeks to promote the acquisition of basic competencies regarding reading, writing, arithmetic and the use of information and communication technologies that are needed in order to enter qualifying pathways which lead to the acquisition and certification of specific competencies (integration into EFA Courses or forwarding to basic level RVCC processes, in either the vocational or the dual format).

Professional rehabilitation programmes and measures

Applicable legislation:

- Executive Law no. 290/2009 of 12 October 2009.
- Executive Law 131/2013 of 11 September 2013.
- Executive Law 108/2015 of 17 July 2015.
- Normative Order no. 8376-B/2015 of 30 July 2015.
- Law no. 24/2011 of 16 June 2011.
- Executive Law 93/2009 of 16 April 2009.
- Ministerial Order 192/2014 of 16 September 2014.
- Order no. 4350/2015 of 29 April 2015.
- Order no. 2671/2014 of 18 February 2014.

1. Programme for the Employment and Support for the Qualification of Persons with Disabilities or Incapacity (PEAQPD)

This Programme is intended to support the occupational (re)insertion and employment (access to or retaining a job, career advancement) of persons with disabilities or incapacity – i.e. people who experience significant limitations on their activity and their participation in one or more areas of life as a result of permanent functional and structural alterations, whose interaction with their surroundings lead to continuous difficulties, particularly in terms of securing, retaining and achieving promotion in employment.

It encompasses the following Measures:

- Support for Qualification.
- Support for (Re)Integration into and Remaining in the Labour Market.
- Supported Employment – The supported job can be in any of the following formats: Insertion Traineeships/Internships; Employment-Insertion Contracts; Protected Employment; Supported Employment in the Open Market.

In addition to these Measures, persons with disabilities or incapacity are eligible for general programmes and measures under more favourable conditions.

2. Investment Support for Rehabilitation Entities, as described in the previous Report.

3. Financing for Disability Aids

This financing is designed to support persons with disabilities or incapacity in their access to or retention of jobs, their career advancement and their access to and attendance at vocational training, by funding the acquisition, adaptation or repair of disability aids that are indispensable in order to prevent, compensate for, attenuate or neutralise limitations on activities or restrictions on the ability to participate, which prejudice or make it difficult or simply not viable to access and attend vocational training or get and keep a job and secure promotion.

Other methodologies and specific approaches

IEFP, IP has a methodology for intervening in relation to unemployed persons (Adjustment Intervention Model, MIA), which has been applied throughout the employment service network since the beginning of 2013. Among other things, this methodology includes allocating a Career Manager to each unemployed job seeker, and profiling each individual's risk of becoming Long-Term Unemployed (LTU).

The methodology makes it possible to work in different ways with different target groups, adjusting the Personal Employment Plan, the respective interventions and measures, and the frequency with which each job seeker is monitored in accordance with his/her risk profile. This differentiation is also essential when it comes to matching both the resources used and the channels through which these services are provided to the different needs, making even more of an effort in relation to unemployed persons who experience more difficulties achieving insertion into the labour market and are at greater risk of exclusion.

There are also specific approaches to certain types of target group or situation, in such a way as to meet needs that are particular to them and can potentially generate or be linked to poverty and social exclusion. In these cases, the Public Employment Service mostly acts in collaboration with other state departments and services or private entities, always seeking an articulated, integrated intervention.

We would particularly point to the following specific methodologies, which were in use during the reference period:

- The Youth Guarantee – IEFP, IP's intervention in relation to the target audience of the National Plan for the Implementation of a Guarantee for Youth (PNI-GJ).
- Integration of Gypsy Communities – IEFP, IP's employment and vocational training-related intervention as part of the National Strategy for the Integration of Gypsy Communities (ENICC) 2013-2020.
- Forwarding to Cross-cutting Training – Activation and Job-search Techniques – this cross-cutting training for the unemployed is differentiated in accordance with each individual's profile in terms of risk of becoming LTU. It seeks to promote the development of personal, communicational and entrepreneurial competencies and job-search techniques that stimulate unemployed persons to take a proactive attitude in their search for employment solutions.

- Interventions in relation to households in which both members of the couple are unemployed, and to unemployed members of single-parent households. IEFP prioritises these interventions.
- The insertion of young persons into the active life, accompanied by either a measure designed to promote and protect each person's placement in an institution or a family, or a measure designed to support an autonomous life. This type of intervention is conducted within the overall context of the young person's socioprofessional insertion, and includes a guarantee of scheduled meetings with IEFP counsellors, along with compulsory participation in job-search technique development sessions before the young person goes to job interviews, when he/she is always accompanied by an IEFP specialist. These young users are also given priority in terms of access to participation in the technical interventions or measures included in their Personal Employment Plans.
- The occupational insertion of beneficiaries of the Social Insertion Income (RSI) – particular attention is paid to the occupational insertion of recipients of this social benefit (which seeks to fight poverty by means of mechanisms which ensure the beneficiaries and their households have resources that will help fulfil their minimum needs and favour their progressive insertion into society, the labour market and the community). This Measure involves the implementation of technical interventions for which IEFP is responsible, but in close articulation with the public department that manages the benefit.
- The integration of homeless persons – this was IEFP, IP's participation in the National Strategy for the Integration of Homeless Persons (ENIPSA) 2009-2015. IEFP was jointly responsible with other public and private organisations for: the definition of a model for supporting the social and occupational insertion of homeless persons; mobilising and contractualising all the resources available for the socioprofessional promotion of this target group; making appropriate employment and training solutions available to them; and registering the homeless persons forwarded by the case managers of their individual insertion plans with the employment services and integrating them into employment programmes and measures.
- Reception of users who are or have been victims of domestic violence – these users are given priority, both in terms of their reception by the employment service and with regard to access to job offers and integration into active employment and training measures.
- Intervention under the Local Social Development Contracts (CLDS-3G) Programme – involvement and partnership with local agents in search of solutions for the different issues faced by citizens and the promotion of the sustainable and inclusive growth of territories.
- Promoting Active Ageing (PEA) – actions aimed at active employed and unemployed persons aged 55 or more, and actions targeted at entities. Priority is given to applicants for active employment measures promoted or arranged by entities whose projects fall within the scope of the support available for senior citizens or involve the integration of unemployed persons aged 55 or over.

- Portuguese sign-language interpreting service – a system for interpreting at a distance (via Internet), supplemented when necessary by a face-to-face system, with a view to providing deaf persons with access to the various employment and training services, measures and technical interventions under conditions that ensure equality with other citizens.

Priority local interlocutors have been chosen for the implementation of some of the plans and strategies in which IEPF, IP participates alongside other partner entities (these include the Youth Guarantee, Domestic Violence, Integration of Gypsy Communities, Local Social Development Contracts, and Occupational Rehabilitation Measures and Programmes).

Table no. 113
Summary of Physical Implementation and Financial Execution, by Area of Intervention and Programme / Measure

In Euros

AREA OF INTERVENTION / MEASURE * The programmes and measures were altered in 2012	Physical Implementation				Financial Execution			
	2012*	2013	2014	2015	2012	2013	2014	2015
EMPLOYMENT	100,985	141,335	206,805	203,838	147,107,068.09	372,507,160.08	455,679,119.90	450,025,547.18
Training and Employment Programmes	25.511	-	-	-	88,501,897.65	-	-	-
Job and Enterprise Creation	12.045	-	-	-	11,746,615.67	-	-	-
Social Employment Market	62.026	-	-	-	36,113,583.32	-	-	-
Occupational Insertion	-	43,986	70,498	72,161	-	156,969,670.32	250,192,996.66	199,692,279.16
Hiring Support (Adjustments and Placement)	-	24,591	56,856	58,166	-	35,296,015.34	132,318,317.69	183,609,279.25
Support for Job and Enterprise Creation	-	3,924	3,147	2,322	-	542,147.57	2,116,731.75	4,385,187.56
Occupational Insertion - Socially Necessary Work	-	67,648	75,403	70,509	-	166,911,086.00	57,463,227.00	51,425,154.00
Other Support for Job Promotion	-	1,186	901	680	5,951,283	3,958,382.56	3,010,126.29	1,945,393.87
Other Measures	1,403	-	-	-	4,793,689	8,829,858.29	10,577,720.51	8,968,253.34
VOCATIONAL TRAINING	397,785	466,547	535,534	514,522	257,832,154	313,902,156.51	304,218,378.28	299,921,414.44
Youth Qualification	-	39,817	36,913	34,404	-	109,349,296.37	98,689,558.98	73,150,777.47
Adult Qualification	-	257,791	325,545	308,975	-	114,529,517.21	123,110,392.93	126,400,277.73
Trainer Training	-	1,255	1,388	1,299	-	153,882.46	101,312.08	70,649.87
Other Support for Training Activities	-	-	-	-	-	17,802,610.55	22,102,484.91	18,923,538.07
TOTAL IEFP, IP – VOCATIONAL TRAINING	239,843	298,863	363,846	344,678	170,598,665.60	241,835,306.60	244,003,748.90	21,854,523.10
CENTRES WITH PART. IEFP MANAGEMENT – VOCATIONAL TRAINING	137,220	139,886	138,638	139,478	74,639,609.66	64,290,017	49,778,515	72,526,084.00
Cooperative Actions with Other Entities	20,722	27,798	33,050	30,366	12,593,878.32	7,776,832.84	10,436,114.07	8,850,087.30
OCCUPATIONAL REHABILITATION ⁽⁸⁾	14,417	18,717	23,929	17,187	25,847,788	16,165,152.53	11,375,717.28	11,479,487.96
Diagnosis, Guidance and Training	-	1,870	3,051	3,071	-	704,210.19	1,336.25	12,172.27
Support for Insertion and Placement	-	2,636	5,091	6,832	-	7,072,785.41	5,013,285.81	2,665,258.91
Protected Employment	-	383	380	398	-	1,479,294.27	1,489,261.24	1,741,466.12
⁽³⁾ Other Support	-	0	299	282	-	233,129.66	142,468.98	91,059.66
TOTAL IEFP, IP – OCCUPATIONAL REHABILITATION	4,894	4,889	8,821	10,583	17,702,590.23	9,489,419.53	6,646,352.28	4,509,956.96
CENTRES WITH PART. IEFP MANAGEMENT – OCCUPATIONAL REHABILITATION	2,869	2,804	3,246	3,295	6,872,789.82	6,675,733.00	4,729,365.00	6,969,531.00
INTERMEDIATE BODIES - REHABILITATION	6,654	11,024	11,862	3,309	1,272,408.28	0.00	0.00	0.00
TOTAL AREAS OF INTERVENTION	513,187	626,599	766,268	735,547	430,787,009.98	702,574,469.12	771,273,215.46	761,426,450.04

2.3 Education sector

Law no. 85/2009 of 27 August 2009 provided for preschool education for all five-year-olds. However, it is important to note that Law no. 65/2015 of 3 July 2015 expanded this universality to cover every child aged four or more.

Programmes and measures

The “More Educational Success” Programme

During the 2014/15 academic year, the “More Educational Success” Programme was converted into the “More Educational Success Methodologies” Measure. The Ministry of Education is supporting the implementation of the Phoenix and Class Plus organisational models at a range of school clusters and unclustered schools by awarding them additional teaching credits. The schools are selected in accordance with indicators for educational efficacy, risk of dropping out, disciplinary issues and school violence and with the need to reduce the number of students who repeat years and promote the quality of the educational success achieved by all students.

The Phoenix and Class Plus organisational models are intended to promote the quality of educational success by forming temporary, flexible groups of students who are selected in the light of their individual performance and difficulties.

The number of school clusters and unclustered schools which implemented the More Educational Success Methodologies Measure and received the applicable support from the Ministry of Education was 36 in 2014/15, and 42 in 2015/16.

Offers of education and training

Universal basic (Years 1 to 9) and secondary (Years 10 to 12) education is provided by means of a diverse range of educational and training offers, which include the PCA Measure and the PIEF Programme. The diversification of the offers of education and training needed to complete basic and secondary education was provided for in Executive Law no. 139/2012 of 5 July 2012, and also includes the Vocational Courses, the Education and Training Courses (CEFs), and the Occupational Courses.

Alternative Curricular Pathways (PCA) Measure

Executive Law no. 6/2001 of 18 January 2001 was repealed by Executive Law no. 139/2012, which included the Alternative Curricular Pathways Measure among the specific offers available in the Basic Education System.

Regulations published in 2015 made some changes to the target groups at which PCA classes are aimed: maximum age 18 years; minimum age 13 in the Second Basic Cycle (Years 5 and 6), and 15 in the Third Basic Cycle (Years 7 to 9). Very exceptionally, after all the other possibilities have been exhausted, students aged at least 12 on 1 September who have not successfully completed Year 4 and are at risk of dropping out and/or marginalisation or social exclusion, can join PCA classes designed to help students make the transition from the First (Years 1 to 4) to the Second Basic Cycles.

In the 2015/16 academic year, there were 309 operational PCA classes in a total of 149 school clusters and unclustered schools around the country.

Basic Education vocational courses

Basic Education vocational courses are intended for students aged 13 and over who present constraints in relation to general educational offers – particularly those who have repeated

years twice during the same cycle, or (at least) three times in different cycles over the course of their whole educational history.

These courses were created under a pilot/experimental regime by Ministerial Order no. 292-A/2012 of 26 September 2012, and were extended to public and private school clusters and unclustered schools during the 2013/14 academic year by Order no. 4653/2013 of 3 April 2013.

This offer prioritises the acquisition of knowledge in key structural disciplines – namely Portuguese, Maths and English – as well as an initial contact with different vocational activities. They provide for the involvement of partner enterprises, entities and institutions, both in terms of the offer of short periods of simulated practical experience appropriate to the students' ages, and in the form of actual contributions to the teaching of modules in the vocational component of the courses.

Secondary Education vocational courses

Secondary Education vocational courses are intended for students aged 16 and over who, while they have successfully completed their Basic Education, are looking for alternatives to both vocational and regular secondary education and for a more technical type of offer. They are particularly aimed at students who are at risk of dropping out. These courses were created under a pilot/experimental regime by Ministerial Order no 276/2013 of 23 August 2013, and were extended to public and private school clusters and unclustered schools during the 2014/15 academic year by Order no. 5945/2014 of 7 May 2014.

The reference for the general and complementary components of the courses is provided by the programmes of the subjects in the sociocultural and scientific training components of the general Occupational Courses (see below), while the vocational and traineeship components are based on the training referentials set out in the National Qualifications Catalogue (CNQ). The various partner enterprises, entities and institutions are involved in the provision of traineeships in a business context, and also contribute to the teaching of the vocational component.

These courses lead to the award of a Level 4 qualification (Year 12 and Level 4 certificate) included in the National Qualifications Framework (QNQ), and seek to respond to the requirements of the desired occupational outlets.

Education and Training Courses (CEFs)

The Education and Training Courses are training pathways that are organised in a sequence of training stages (from Type 1 to Type 7). These Courses are intended for students aged 15 or more, whose academic qualifications are below the Second or Third Basic Education Cycle, or have not completed Secondary Education, or have completed it (depending on the type of Course), and who are interested in obtaining a vocational certification. These offers are designed to enable students to conclude their compulsory education by means of a flexible pathway that is adapted to their individual interests, allowing them to either pursue their studies or training or achieve a qualified entry into the world of work (in the case of the secondary level Courses). As such, each Course corresponds to an education/training stage (from Type 1 to Type 7), eligibility for which is linked to the student's existing level of scholastic and vocational qualifications. At the end of each stage, students are awarded a given academic and vocational certification. Regardless of the specific typology, all the CEFs include four components – sociocultural, scientific, technological and practical.

Occupational Courses (CPs)

The Occupational Courses are pathways that enable students to conclude their secondary education and obtain a vocational certification that provides a Level 4 qualification in terms of the National Qualifications Framework. Ministerial Order no. 74-A/2013 of 15 February 2015 laid down the norms governing the organisation, *modus operandi*, evaluation and certification of these Occupational Courses (and revoked the Ministerial Orders that had previously been applicable to them). The Courses culminate with a project presentation known as a Professional Aptitude Test (PAP), which is designed to demonstrate the competencies and know-hows the student has developed over the course of the training.

Integrated Education and Training Programme (PIEF)

The Integrated Education and Training Programme was created by Joint Order no. 948/2003 of 26 September 2003, and amended in July 2012 by Order of the Secretary of State for Basic and Secondary Education (publication of the Curricular Design Model to be adopted at the national level).

PIEF is a temporary, exceptional socio-educational and training measure for young persons aged 15 or over who have either dropped out of school, or are in one of the following situations: their age is 3 or more years above the norm for their school year; they are in an at-risk or endangered situation, as defined in Article 2 of Law no. 147/99 of 1 September 1999 (Law governing the Protection of Endangered Children and Young Persons); or they are the object of promotion and protection (of the rights of children and young persons), educational tutelage or criminal proceedings.

This training offer is designed to be an alternative to the general offer, and is an integrated response that involves inter-institutional cooperation with the Institute of Employment and Vocational Training (IEFP, IP) and the Social Security Institute (ISS, IP). It seeks to reintegrate students into an educational environment, ensure that they attend compulsory education, and/or are legally integrated into the labour market, by means of the development and implementation of an individualised Education and Training Plan.

In the 2015/16 academic year, there were 145 operational PIEF classes with 1,540 students in 93 school clusters and unclustered schools across the country.

Priority Intervention Educational Territories Programme (TEIP3)

TEIP is a Measure that has been implemented in Portugal since 1996, and has been adapting over the years to the needs of the students and schools inserted into disadvantaged contexts.

The objectives of the Programme's third generation (TEIP3), which was launched in 2012 by Normative Order no. 20/2012 of 3 October 2012, were to: (i) improve learning quality, as reflected in students' educational success; (ii) fight dropping out and early leaving in the education system; (iii) create conditions that favour educational guidance and a qualified transition from school to the active life; and (iv) progressively articulate the action of schools with that of their partners in the educational territories which are the object of priority intervention.

This Measure is currently providing support to 137 school clusters and unclustered schools (17% of all Portuguese schools) in disadvantaged/vulnerable situations. These institutions are inserted into markedly disadvantaged socioeconomic and cultural contexts with large numbers of students and families at risk of academic and social exclusion.

With support from the Ministry of Education, schools that are integrated into TEIP implement a Multiyear Improvement Plan (PPM), which lasts for three academic years. These Plans include four fields or axes of intervention: improving teaching and learning (focused on the diversification of classroom strategies); preventing dropping out, absenteeism and indiscipline; school management and organisation; and relations between school, families and the community.

In order to enable schools to implement the actions provided for in their PPMs, the Ministry of Education allocates them additional resources. Depending on the objectives that have been set and the particular actions in question, these resources can include the hiring of additional teaching staff and specialists such as psychologists, social service staff, sociocultural organisers and mediators.

In addition, TEIP provides funding for training teaching and non-teaching staff, hiring an external expert (or “critical friend”), and giving disadvantaged students extra meals (breakfast, tea). In 2015/16, the Programme enabled TEIP schools to recruit 443 teachers and 275 specialists in order to deal with the challenges facing them and implement their PPMs.

The various success indicators (proportion of students who repeat years or drop out, and conclusion and success rates) used to evaluate TEIP reveal a positive variation. The rates for the TEIP clusters have accompanied the trend towards a positive variation in the national rates, and the negative gap between performance of TEIP and non-TEIP clusters has narrowed nationally at every level of education.

This improvement has been even more evident in secondary-level science and humanities courses, where the TEIP schools have equalled or exceeded all the national rates. The First Basic Cycle has also experienced substantial improvements in both the year-repetition and dropping-out rate and the success rate. As an example, the repetition/dropout rate at TEIP clusters fell from 14.3% in 2006/07 to 7% in 2014/15 – a much steeper improvement than that for the rest of the country’s clusters, which went from 5.8% in 2006/07 to 4.5% in 2014/15.

Portuguese as a Second Language (PLNM)

In order to improve the educational success of newly arrived migrant students in the Portuguese educational system, the Ministry of Education is implementing educational policies designed to support learning the Portuguese language as both an object of study and a language for learning in its own right. This support takes the shape of the provision of the school subject Portuguese as a Second Language (*Português Língua Não Materna* - PLNM) at ISCED 1, 2 and 3, as defined in Articles 10 and 18 of Executive Law no. 139/2012 of 5 July 2012.

The intention is thus to ensure that all students who are non-native Portuguese speakers enjoy equal conditions for achieving educational success, regardless of their mother tongue, culture, social background, origin and age. All public basic and secondary schools in the Portuguese educational system offer these measures.

Educational measures taken within the scope of the European Agenda for Migration

Recently, within the scope of the European Agenda for Migration, a national-level action plan was developed by a working group including representatives from several ministries (with responsibility for foreign affairs, education, border services, health, employment and migration) and working with non-governmental organizations, such as the Refugee Support Platform (PAR) or the Portuguese Refugee Council (CPR).

On the basis of the experience acquired through implementation of the PLNM subject, the Ministry of Education has implemented extraordinary educational measures regarding the reception and inclusion of the students at Portuguese schools who belong to the refugee contingent.

Extraordinary Educational Measures

These measures include: specific guidelines for the equivalence of studies; gradual integration into the national curriculum, according to the opinion of the multidisciplinary teams and the school's pedagogical council, on the basis of the students' needs and the available resources; reinforcement of the PL2 language classes; possibility given to schools to develop other projects or educational modalities, subject to Directorate-General of Education (DGE) approval.

2.4 Housing sector

The right to housing is one of the essential rights that are guaranteed in the Portuguese Constitution. In this respect, it is important to remember that housing is a complex asset – i.e. that access to it promotes access to other rights and makes it easier for individuals to achieve social inclusion.

The Institute of Housing and Urban Renewal (IHRU) is the Public Institute with the responsibility and powers to ensure access to housing. It works in two sectors that complement one another: social housing (it manages the country's second-largest public-sector housing stock); and the management of specific programmes designed to promote accessibly priced housing.

Social housing

IHRU owns real estate assets that are predominantly made up of apartments intended to respond to housing shortages on the part of lower-income households.

IHRU's housing stock is subject to various different rental regimes, but the assisted rental regime is the most common one. In parallel, there are also contracts signed under the social rental regime that have been transiting to the assisted rental regime.

In the case of the social rental contracts (Ministerial Order no. 288/83 of 17 March 1983), the amount of the rent is determined by each household's incomes and composition, with a maximum limit equal to the so-called "technical rent".

In that of the assisted rental contracts (Executive Law no. 166/93 of 7 May 1993), rents are also calculated in accordance with household income and make-up and are subject to the same ceiling.

As part of its responsibility to guarantee the right to dignified housing, the state seeks to ensure that homes are in a habitable condition by promoting, arranging and carrying out maintenance (repairing taps, plumbing, painting, repairing lifts etc.) and major rehabilitation (damp-proofing and painting building exteriors, structural and roof repairs, etc.) work. Much of these major works has been funded by a loan which IHRU took out with the European Investment Bank (EIB).

In 2010-2014, 2,982,839€ was invested in the rehabilitation of 1,054 individual homes owned by the state. In 2009-2014, 34,580,905€ was also invested in major rehabilitation work to various groups of buildings encompassing 4,992 homes.

Specific forms of housing support

- The PROHABITA Programme, as described in the previous Report. In 2014, the Housing Access Funding Programme (PROHABITA) was responsible for the rehabilitation of 1,608 dwellings.

- **Social Rental Market (MSA)**

In the light of the country's current economic and financial situation, the Social Emergency Programme was used to create the "Social Rental Market" initiative, which is an exchange offering property for rent at 20-30% below market rates.

The objective of this initiative is to respond to the housing needs of households that do not possess the conditions needed to access the open housing market, or experience difficulties in doing so, but whose declared incomes are still too high to entitle them to social housing.

IHRU actively associated itself with this initiative, which is a mechanism for making the rental market more dynamic by increasing the availability of homes for this segment and simultaneously allowing the state to earn a return on its assets. MSA is managed via an IT platform that can be accessed at www.mercadosocialarrendamento.mss.pt.

2.5 Cultural sector

In the last few years, the cultural sector has come to be seen as an essential pillar of democracy, innovation and sustainable development. In fulfilment of the constitutional requirement of democratic access to cultural enjoyment and creation for all, little by little, actions have been promoted and arranged more or less all over the country, in such a way as to ensure that everyone has access to and can take part in forms of artistic expression and cultural heritage.

The national theatres and the national and regional museums – acting particularly via their educational sections – are beginning to implement integrated and integrating strategies within their different contexts in such a way as to ensure accessibility for all, whether the constraints people face are functional or socioeconomic and individual or shared by groups of citizens. Along with the right to enjoy culture, there has also been a growing awareness that for people in the socially weakest positions, the simple act of participating in and living art and culture in itself possesses a potential to integrate and mobilise that is sustained by frameworks of gains in self-concept and shared identity.

The following are some of the initiatives that took place during the reference period and were designed to facilitate access to culture by groups in vulnerable situations:

Conimbriga Monographic Museum

- The Museum implemented a protocol with the Directorate-General of Reinsertion and Prison Services (DGRSP) for the integration of inmates under the open prison regime

into archaeological site-maintenance teams. 5 inmates joined these teams in 2015/2016.

- It also worked with the local DGRSP teams to allow inmates to do community work. 13 inmates were integrated in this way in 2015/2016.
- The Museum took part in joint projects with the Institute of Employment and Vocational Training to provide work for unemployed persons under Employment Insertion Contracts (CEIs). 4 such persons were integrated in 2015.
- Donation 61 – This solidarity initiative involved collecting food and other items from museum visitors, which were then distributed via social solidarity channels. 150 containers of food and other products were distributed in 2015.

Batalha Monastery

- The Monastery created video guides in sign language, in a project coordinated by the Digital Inclusion Resource Centre at Leiria Polytechnic Institute (CRID-IPL).
- It also created a pictographic guide for children with special educational needs and visitors with cognitive deficits, again in a project coordinated by CRID-IPL.
- The “Stone and Bronze Solidarity” action is a guided tour, gamelan concert and tea party for CERCI users – i.e. persons with mental and motor disabilities (50 persons covered).
- There were also specific visits for blind persons, which were organised in collaboration with the Batalha Council Area Community Museum and the Portuguese Association of Blind and Partially-Sighted Persons (ACAPO, 100 persons covered).
- Support was also provided for visits by deprived elderly persons, which were arranged by a variety of entities – parish councils, local authority social support services, institutions of mercy, etc. (1,800 elderly persons covered).

Alcobaça Monastery

- The Monastery gave guided tours to users of the Alcobaça Centre for Special Education, Rehabilitation and Integration (CEERIA).
- It also took part in an activity designed to raise the awareness of and train young people about citizenship, which was organised in partnership with the Alcobaça Voluntary Fire Brigade (CBVA) and included an exhibition, workshops and simulations of the work firemen and women do in the health, social protection and fire and bad-weather prevention and fighting/rescue fields (260 children covered).
- As in Batalha, support was also provided for visits by deprived elderly persons, which were arranged by a variety of entities – parish councils, local authority social support services, institutions of mercy, etc. (650 persons covered).
- Guided tours were provided at the request of a number of universities for seniors (350 persons covered).

National Museum of Ethnology (MNE)

- The Museum held guided tours of its permanent and temporary exhibitions for groups of deprived persons, groups of persons with cognitive disabilities, and groups of senior citizens.
- The same types of visitor were also taken around some of the Museum's reserve collections.

The National Pantheon

- The Pantheon provided guided tours for deprived elderly persons, which were arranged by a variety of entities – parish councils, local authority social support services, institutions of mercy (1,200 visitors/ year).
- It also hosted visits by young persons from social reinsertion institutions (55 visitors/year) or who were in social rehabilitation processes (50 visitors/year).
- Together with visits by both young persons and adults with disabilities or incapacity (160 visitors/year).

Machado de Castro National Museum

- The inclusion project "Touching the Museum" is an intervention designed to promote access to art and cultural facilities by blind and partially-sighted audiences. Created in January 2012, it consists of guided tours, an accessible scale model of the Æminium cryptoporticus, tactile guidance paths, a mini-guide published in braille on 15 of the Museum's exhibits, and audio-descriptions. This partnership with ACAPO's Central Portugal Office results in 10-12 actions each year.
- The inclusion project "US in the museum" is an intervention with various aspects and target groups. One of these uses art to raise awareness of culture and citizenship in socioeconomically disadvantaged environments – namely former sex-workers who have been flagged or institutionalised. Created in 2013, in partnership with Team STAND-UP TALL, which is an employment body, it includes four actions held twice a year.
- "US in the museum" also has a programme for homeless persons who have been flagged or institutionalised. It takes the form of four actions held eight times a year, and is conducted in partnership with private charities (IPSSs) that focus on integrating the homeless: Integrar, Cais, the Padre Américo Shelter, Lighthouse (CARITAS), and ANAI Coimbra (elderly homeless persons).
- "US in the museum" also works with persons with cognitive disabilities, trisomy 21 and autism spectrum, using non-formal education mechanisms and augmentative and alternative communication in both IPSS and museum contexts. This is a partnership with both IPSSs (namely APPACDM and APCC) that focus on groups with special educational needs (SENs), and state schools.

Jerónimos Monastery and the Tower of Belém

- Since 2007, there have been free prearranged guided tours of both these national monuments for blind and partially-sighted persons, with guides in braille and tactile indications that were produced in partnership with the Ministry of Education's Special Education Department (DEE-ME) (60 visitors/year).
- Working closely with teachers at the Lisbon Casa Pia's Jacob Rodrigues Pereira Education and Development Centre, both monuments also provide guided tours with Portuguese sign language for deaf students.
- They also host groups from a variety of institutions, such as: Mother's Help, the Lisbon Psychiatric Hospital Centre, the Alcoitão Rehabilitation Centre, refugee centres, shelters and homes for endangered children and young persons, day centres belonging to the Child Support Institute (IAC), and retirement homes (450 people/year).
- In articulation with the Lisbon Institution of Mercy (SCML), the Jerónimos Monastery also offers free guided tours under the LivTogether Better ("*ConViver Melhor*") Programme – "Inter-generations" (172 people in 2015).

The Cinema and Audiovisual Institute (ICA)

- By offering inexpensive tickets for its Cinema Festival, ICA seeks to use films to create cultural habits and enable every layer of the population to gain access to culture. The first edition of the Festival was held in 2015, in collaboration with the Union of Performance and Entertainment Associations (UAED).
- ICA's "Portuguese Cinema in Movement" initiative brought Portuguese films to some of the most disadvantaged villages and towns in the country, whose populations do not usually have access to cinemas (June to September, 2013-2015).

São João National Theatre (TNSJ)

- TNSJ organises performances with the participation of disadvantaged communities. During the reference period, these included: "*Porto São Bento*" (Carlos Alberto Theatre, 2012), which was directed by Nuno Cardoso and included performers who lived in social housing projects; and "*MAPA – O Jogo da Cartografia*" (São Bento da Vitória Monastery, 2014), which was directed by Hugo Cruz and coproduced with PELE – Social and Cultural Contact Space and the Educational Department of the House of Music (*Casa da Música*) in Porto.

Other support

In order to foster access to culture by people in vulnerable situations, in 2014 the admission prices of a number of museums were restructured to include free entrance for unemployed persons. Half-price tickets were also created for persons over the age of 65. The participating museums are:

- Santa Clara-a-Velha Monastery
- The Ceramics Museum
- Joaquim Manso Museum

- José Malhoa Museum

Via the Foster Culture Fund (FFC), the Ministry of Culture (MC) provides grants to economically struggling artists and authors whose works present cultural merit (both conditions must be met).

The Ministry determines the economic criteria for awarding the grants, while the question of cultural merit is assessed by a commission with five members, four of whom are appointed by the Ministry of Culture and one by the Ministry of Labour, Solidarity and Social Security. Fulfilment of the economic criterion must be verified before the merit of the works can be evaluated.

Table no. 114
Grants to artists

Year	Nr. beneficiaries	Amount executed
2012	161	737,750 €
2013	143	680,748 €
2014	137	646,478 €
2015	126	604,416 €
Total	567	2,669,392 €

Source: GEPAC, Ministry of Culture

3. Poverty statistics (no. of persons and households in situations of poverty and social exclusion) and methodology followed

Portugal bases its social analyses on a variety of available sources and data, particularly the primary statistical information system in this area – the Survey of Living Conditions and Income (ICOR), which is carried out annually by Statistics Portugal (INE). The Survey initially gives rise to the publication of a set of provisional indicators, which are then followed at a later date by an overall range of indicators that are published in articulation with Eurostat.¹

The multidimensionality inherent in the concept of poverty, which goes beyond the question of incomes and also entails aspects such as access to the labour market and other issues linked to material deprivation, such as the possession of amenities, the satisfaction of basic needs and the household's financial capacity, led to the proposal of a composite index for monitoring the goal – the At-Risk of Poverty or Social Exclusion (AROPE) rate. AROPE is the product of the combination and intersection of three indicators: the number of people at risk of relative monetary poverty; the number of people experiencing severe material deprivation; and the number of individuals living in households with very low work intensity.

¹ ICOR is the Portuguese version of an annual European survey of a panel of respondents, which is then fed into the overall European Statistics on Income and Living Conditions (EU-SILC), which replaced the European Community Household Panel (ECHP) in 2004. The results of these surveys serve as the basis for the main indicators of the distribution of monetary incomes and inequalities, and particularly focus on the indicators regarding monetary poverty, material deprivation and inequalities that are used in the European Union. Since 2010, ICOR has also been used to monitor both the poverty and social exclusion target set within the framework of the Europe 2020 Strategy, and the latter's underlying integrated indicator, inasmuch as it is the product of 3 of the indicators treated here.

The following table gives the values for Portugal, in both percentages and absolute numbers, since 2010 (year of survey), which is the year when the effects of the crisis and the ensuing austerity measures began to take effect at the social level.

Table no. 115
Population at risk of poverty and/or social exclusion,
Portugal, 2010-2015 (in % and thousands)

Indicator	Unity	2010	2011	2012	2013	2014	2015	Variation 2010-2015	Variation 2012-2015
At risk of poverty and/or social exclusion	(1000)	2.693	2.601	2.667	2.879	2.863	2.765	72	98
	%	25,3	24,4	25,3	27,5	27,5	26,6	1,3	1,3
At risk of monetary poverty(*)	(1000)	1903	1.919	1.887	1.966	2.030	2.019	116	132
	%	17,9	18,0	17,9	18,7	19,5	19,5	1,6	1,6
In severe material deprivation	(1000)	958	881	910	1.148	1.108	997	39	87
	%	9,0	8,3	8,6	10,9	10,6	9,6	0,6	1,0
Very low labour intensity per capita (*)	(1000)	700	666	791	950	934	826	126	35
	%	8,6	8,3	10,1	12,2	12,2	10,9	2,3	0,8

Source: EU-SILC 2010-2015, Eurostat

(*)Income refers to Year nr 1

The way in which these three indicators combine ends up determining the variation in the integrated indicator. It is also important to note that the latter refers to the year in which the survey was conducted (as do the values for severe material deprivation), whereas the other two refer to the preceding year.

In 2015 (reference year for the survey), Portugal thus had 2,765 thousand individuals in situations of poverty and/or social exclusion – around a hundred thousand more than in 2012.

The variation in the integrated indicator and the various indicators that go to make it up worsened until 2013, which was the year in which the consequences of the crisis for the population were the most evident. The situation then stabilised in 2014, and improved slightly in the last year of the reference period – 2015.

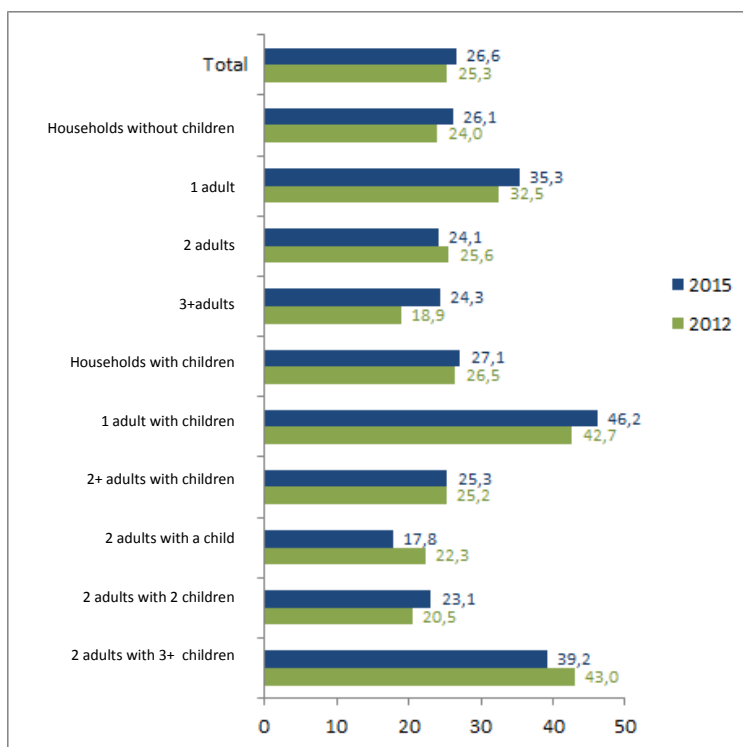
The reality is that in Portugal, poverty and social exclusion are phenomena that are still heavily marked by structural factors, which require on the one hand a medium and long-term intervention, and on the other an intervention that is integrated on various levels: a more balanced distribution of incomes, via social transfers and taxation; a more inclusive and sustainable labour market; a more encompassing education system that does more to intervene in breaking down the intergenerational transmission of poverty; and a social protection system that is more effective, efficient and capable of adapting to mutations in social reality.

What is more, the difficult context of the economic and financial adjustment that we have been through in recent years has had repercussions on the social level, amplifying the challenges facing public interventions in the social inclusion and employment, education, health and housing fields.

The fall in family incomes that has been associated with the increase in both the amount and duration of unemployment, the rise in the number of precarious jobs and the cut-back in social spending, has led to an increase in households' exposure to situations of poverty and social exclusion. This has above all affected households with dependent children, and particularly single-parent families (which, although numbers have fallen slightly, are still numerous, with a

rate of 39.2% in 2015), isolated adults (35.3% in 2015), and households with 3 or more adults (+5.4 p.p. from 2012 to 2015).

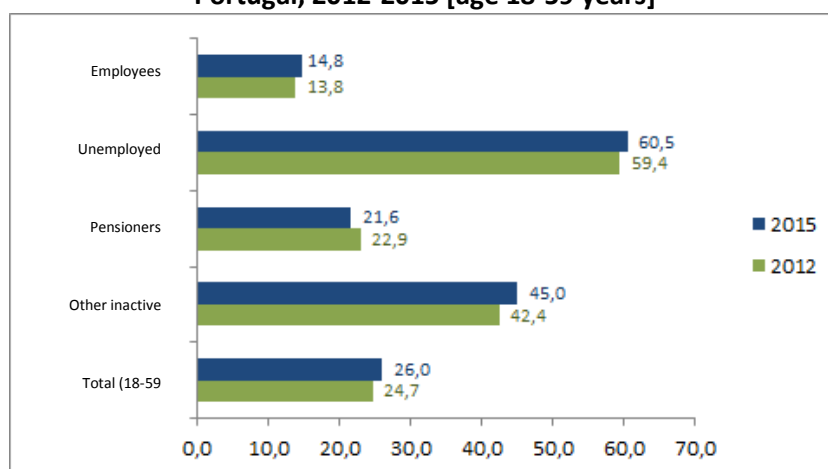
Graph no 15
At-risk of poverty and/or social exclusion rate, by household composition,
Portugal, 2012-2015



Source: EU-SILC 2012-2015, Eurostat

The unemployed adult population presented a 60.5% rate of poverty and/or social exclusion, in a continuation of the upward trend in this value that had been recorded in previous years. It is also important to mention the cases of insufficient resources possessed by households that include working adults, with 14.8% of people who were in work in 2015 also finding themselves in a situation of poverty and/or social exclusion. This position is typically associated with very low levels of schooling, or employment situations that are marked by instability and are also reflected in high levels of wage inequality.

Graph no 16
At-risk of poverty and/or social exclusion rate, by employment situation,
Portugal, 2012-2015 [age 18-59 years]



Source: EU-SILC 2012-2015, Eurostat

Impact of social transfers

The contribution made by benefits linked to sickness and incapacity, families, unemployment and social inclusion has fallen since 2011. In 2015, it had a 26% effect on a reduction in the risk of poverty, compared to the 29% recorded in 2010 and 2011.

Income from retirement and survivor's pensions displays a growing importance in this respect, contributing to a 47.8% decrease in the risk of poverty in 2014. However, from the point of view of an analysis of the impacts of social transfers on poverty, of particular interest is the effect of other social transfers (i.e. other than pensions), inasmuch as pensions are probably more of a primary form of income derived from the recipient's contribution history and the underlying intergenerational contract.

Table no. 116
Impact of social transfers on poverty reduction

Year of income	Risk of poverty before social transfers (%)	Risk of poverty after social transfers relating to pensions (%)	Risk of poverty after all social transfers (%)	Pension effect (%)	Effect of other social transfers (%)	Total effect (%)
2010	42,5	25,4	18,0	-40,2%	-29,1%	-57,6%
2011	45,4	25,3	17,9	-44,3%	-29,2%	-60,6%
2012	46,9	25,5	18,7	-45,6%	-26,7%	-60,1%
2013	47,8	26,7	19,5	-44,1%	-27,0%	-59,2%
2014	47,8	26,4	19,5	-44,8%	-26,1%	-59,2%

Source: EU-SILC 2011-2015, Eurostat

Taken as a whole, social transfers were responsible for the 59.2% reduction in the risk of monetary poverty in 2014 – the same impact as in 2013, but below that recorded in 2011 and 2012.

Response to the conclusion of non-conformity

The Committee concludes that the situation in Portugal is not in conformity with Article 30 of the Charter on the ground that there was a lack of a co-ordinated policy in housing matters with regard to Roma (Collective Complaint No. 61/2010).

With regard to the access of Roma families to housing, we would clarify that Roma community members in Portugal are entitled to benefit from housing programmes on an equal basis with every other citizen.

We would take this opportunity to provide the European Committee of Social Rights with updated information on the developments in Portugal, in terms of the work of the High Commissioner for Migration in the field of the integration Roma communities, namely the approval of the National Strategy for the Integration of Roma Communities (ENICC) (Council of Ministers Resolution no. 25/2013 of 27 March 2013).² ENICC is designed to meet the specific needs of Portuguese Roma communities, through the establishment of a multidimensional and participatory action plan for 2013-2020. This information is seen as being of particular importance, considering the provisions of paragraph 19 of the document "Decision on merits - complaint No. 61/2010" of the European Committee of Social Rights.

It is important to underline that not only all the various ministries participated in the preparation of this Strategy, but so did civil society organizations, representatives of Roma communities, experts and others. In addition, not only in the preparation procedure, but also in the ENICC monitoring and evaluation procedures, there was broad participation by several ministries, civil society organizations, municipalities, representatives of Roma associations and experts, among others. In line with the Strategy's Priority 1, 24 June 2013 saw the creation of the Advisory Group for the Integration of Roma Communities (CONCIG), which is also responsible for the analysis and monitoring of the situation of Roma communities in Portugal.

The Strategy comprises measures included in the initiatives/programmes that are already in place, and establishes a broad set of new actions intended to complement existing responses or remedy weaknesses detected in the intervention in relation to Roma communities, namely those that were subject to the analysis of collective complaint no. 61 and the corresponding report of the European Committee of Social Rights.

As such, we will now present a set of priorities, measures and targets established in the ENICC, which are designed to respond to the majority of issues raised by the Committee:

I. With regard to the

I. Alleged Violation of Article E taken in conjunction with Article 31§1

Article E – Non-discrimination

Article 31 – The right to housing

Regarding housing, the introductory text of the National Strategy for the Integration of Roma Communities (ENICC) states the following:

² Available at:

<http://www.acidi.gov.pt/cfn/516e7cd65a94f/live/Resolu%C3%A7%C3%A3o+do+Conselho+de+Ministros+n.%C2%BA+25%2F2013>

+

"The promotion of social housing in Portugal is achieved through cooperation between the State, Autonomous Regions and Municipalities, and the State is responsible for the financial support and definition of the conditions governing access to supported housing on the basis of insufficient household incomes.

Considering the principle of a universal right of access to housing programmes on equal terms for all communities and ethnic groups, no specific responses have been created for Roma communities; however, best practices were established or reinforced in order to improve the materialization of public policies concerning those communities. The aim is therefore to ensure equal treatment in the access of Roma communities to housing, by taking into account their specific customs in terms of housing and public-space use, and combat the discriminating factors against this community.

In this context, and in order to adjust the housing solutions to these communities' specific customs, it is necessary to make a preliminary diagnosis of their needs, identifying priority cases, regardless of whether or not they are men or women from the Roma community. It is therefore necessary to develop housing access practices that promote the integration of Roma communities. "

In this sense, (in response to paragraphs 29, 33, 40, and 53 of the Committee's report) the Strategy's Housing Axis, which is monitored by the Institute of Housing and Urban Renewal (IHRU), has established 4 Priorities, 10 Measures and 10 Targets aimed at responding to identified weaknesses in terms of Roma communities' housing conditions.

Additionally, within this scope and in response to paragraphs 30, 32 and 46 of the Committee's report, ENICC has set the following priorities, measures and targets:

Priority 26 – To improve knowledge about the Roma communities' housing situation.

Measure 26.1 – To develop studies and research on the Roma communities' housing situation.

Target – The promotion of at least one study by 2020.

In this context, acting in partnership with the High Commissioner for Migration, in 2013 IHRU's Housing and Urban Renewal Observatory launched a questionnaire as part of a study on housing conditions of Roma communities, to be applied across the country's municipalities. The questionnaire was sent to 308 municipalities, 231 of which responded (75%). The results showed that 141 municipalities had Roma residents and 88 municipalities did not.

In response to paragraphs 41, 43, 48, 49, 50, 51 and 52 of the Committee's report, ENICC has also established the following priorities, measures and targets:

Priority 27 – To strengthen the practices that promote the integration of Roma communities within the framework of housing policies.

Measure 27.1 – To strengthen transparency and promote equality in social housing policies.

Target – The dissemination of the Local Housing Programmes' technical references in 100% of municipalities by 2020.

Measure 27.2 – To strengthen the inclusive nature of housing projects.

Target – Awareness-raising of the 90% of municipalities with Roma residents with regard to the specific features of Roma culture, in order to provide for their rehousing, by 2020.

Measure 27.3 – To develop mediation mechanisms in order to prevent tensions, conflicts and exclusion situations.

Target – The adoption of an intercultural mediation as a strategy for facilitating the integration of Roma communities in 60% of social housing neighbourhoods by 2020.

According to the ENICC monitoring service, preparatory work was undertaken to prepare the *Housing Strategy* to be promoted by IHRU, and this procedure was completed in 2014.

In response to paragraphs 31, 32, 33, 36, 37, 38, 39, 41, 42, 44, 46, 48 and 52 of the Committee's report, it is important to highlight the following ENICC priorities, measures and targets:

Priority 28 – To adjust housing responses and rehabilitate rehousing areas.

Measure 28.1 – To rehabilitate the physical appearance, houses and infrastructures of/in Roma community neighbourhoods.

Target – The preparation of a specific housing rehabilitation programme financed by the European Regional Development Fund (ERDF), according to Regulation (EC) no. 1080/2006, by 2020.

Measure 28.2 – To promote housing responses that foster integration and avoid territorial segregation.

Targets – The revision of technical standards and the promotion of good practices in this area by 2020.

Measure 28.3 – Whenever possible, to solve situations concerning spaces informally occupied by Roma communities through rehabilitation or rehousing measures.

Target – Whenever possible, to solve situations concerning spaces informally occupied by Roma communities through rehabilitation or rehousing measures, by 2020

Measure 28.4 – To meet the needs of non-sedentary populations.

Target – The promotion of minimum hygiene and well-being conditions in 80% of Roma camps until the families' rehousing procedure is completed, by 2020.

With regard to paragraph 39 of the Committee's report, according to information gathered by the High Commissioner for Migrations (ACM), negotiations are underway between the local authorities and Roma families in Sobral da Adiça, to study solutions in terms of the supply of drinking.

Also, in accordance with paragraph 42 of the Committee's report, rehabilitation works were carried out in the Roma neighbourhood of *Bairro das Pedreiras*, in the municipality of Beja, with the aim of improving the housing conditions in this neighbourhood and significantly reducing the wall there, in order to eliminate its allegedly segregating effect.

At the level of the physical appearance of the housing and the rehabilitation of the infrastructure in Roma neighbourhoods, as well as the solving of problems in areas informally occupied by Roma communities through rehabilitation or rehousing measures, ENICC has already carried out 4 interventions in different areas, which significantly improved the living conditions of the Roma families covered. IHRU has conducted rehabilitation projects that benefited buildings occupied by Roma families, as well as the respective neighbourhoods' infrastructure, namely in the areas of Campo Maior, Contumil, Cabomor and Peso da Régua, covering 89 Roma families.

Within this context, it is also important to underline ENICC Priority 29, which includes the following provisions:

Priority 29 – To promote access to the rental market/private property.

Measure 29.1 – To increase owners' confidence in renting their houses to Roma families.

Measure 29.2 – To develop Roma families' capabilities to comply with the specific housing requirements in multifamily houses.

Target – The promotion of pilot projects for the creation of seven structures for the

monitoring of rental contracts, through the establishment of partnerships between municipalities and civil society organizations, by 2020.

II. With regard to the

II. Alleged Violation of Article E taken in conjunction with article 16

Article E – Non-discrimination

Article 31 – The right of the family to social, legal and economic protection

Where paragraphs 55, 59 and 60 of the Committee's report are concerned, it is worth highlighting that the National Strategy for the Integration of Roma Communities (ENICC) provides for the establishment of measures aimed at obtaining relevant information about Roma communities with a view to better planning, implementation and evaluation of interventions in this area. Considering the legal limits on the collection of sensitive information, ENICC therefore establishes the following:

Priority 2 – To conduct a national cross-cutting study designed to get to know the social, economic and cultural situation of Roma communities and promote several studies in the social sciences field.

Measure 2.1 – To conduct a national cross-cutting study designed to get to know the social, economic and cultural situation of Roma communities.

Target – A national survey to be conducted by 2014.

In this context, with the support of the Technical Assistance Operational Programme of the European Social Fund and after evaluating several proposals from national research centres, the High Commissioner for Migrations (ACM) approved the financing of a *National Study on Roma Communities*. This study was completed in 2014, provided a picture of the situation of Portuguese Roma communities in the different areas covered by ENICC, and is its primary diagnostic tool.

In addition, ENICC establishes the following priorities, which may respond to the Committees' conclusions:

Priority 15 – To develop an integrated and multi-sectoral approach/action with active participation of Roma people and families and of Roma community representatives in the Social Action field.

Measure 15.4 – To know more and act better after understanding the sociological differences within Roma communities, including the impact of social action measures, specifically covering Roma people who are or have been recipients or beneficiaries of social action measures, by 2020.

Target – The conduct of an exploratory study on Roma people who are or have been recipients or beneficiaries of social action measures, by 2020.

Priority 18 – To know more about the school situation of Roma students and trainees.

Measure 18.2 – To monitor a database of itinerant students that enables an organized registration of students' data per Regional Directorate of Education (DRE) and per school group.

Target – The preparation of an annual report by 2020, aimed at disseminating the situation of children and young people within the school context, with recommendations on this issue.

Priority 26 – To improve knowledge about the housing situation of Roma communities.

Measure 26.1 – To develop studies and research on the housing situation of Roma

communities.

Target – The promotion of at least one study, by 2020.

Priority 30 - To promote improved knowledge of Roma communities.

Measure 30.1 – To identify potential target groups of the initiative Target - in 2013.

The response to the provisions of paragraph 58 of the Committee's report is to be found in the set of measures and targets established in the abovementioned Priority 28 "*To adjust housing responses and rehabilitate rehousing areas*".

III. Regarding the

III. Alleged Violation of Article E taken in conjunction with article 30

Article E – Non-discrimination

Article 31 – The right to protection against poverty and social exclusion

As previously mentioned and in response to paragraphs 61, 62, 65 and 71 of the Committee's report, the National Strategy for the Integration of Roma Communities (ENICC) was created as an integrated, multidimensional and participatory intervention plan aimed to meet the specific needs of Portuguese Roma communities, on the basis of five fundamental axes: (1) Education, (2) Housing, (3) Training and Employment (4) Health, and (5) the Cross-cutting Axis (which includes dimensions in the areas of Discrimination, Roma History and Culture, Education for Citizenship, Knowledge Improvement, Gender Equality, Justice and Safety, Mediation, and Social Security).

With regard to paragraph 66 of the Committee's report, it is important to mention that within the previously mentioned measures and targets of the ENICC housing axis, Priorities 27, "*To strengthen the practices that promote the integration of Roma communities within the framework of housing policies*" and 28, "*To adjust housing responses and rehabilitate rehousing areas*", are in fact intended to strengthen the inclusiveness of housing projects and promote integrating housing solutions, in order to avoid territorial segregation and solve problems in areas informally occupied by Roma communities through rehabilitation or rehousing measures.

The response to the provisions of paragraphs 67, 68, 69 and 70 of the Committee's report is to be found in the previously mentioned Priority 27, "*To strengthen the practices that promote the integration of Roma communities within the framework of housing policies*", namely in terms of a focus on intercultural mediation to promote rehousing projects that are more appropriate to the needs of Roma communities (Measure 27.3 "*To develop mediation mechanisms in order to prevent tensions, conflicts and exclusion situations*").

Furthermore, the combination of Priorities 12 ("*To promote the training of Roma socio-cultural mediators*"), 13 ("*To generalise, in the medium term, the Municipal Mediators Project*") and 14 ("*To raise public institutions' awareness of intercultural mediation, as a strategy for promoting more inclusive services*") is designed to develop and strengthen the coordinated work with municipalities in terms of projects/initiatives aimed at Roma communities, namely in the housing area.

Response to additional information requests

The Committee asks that the next report contain more detailed information on resource allocation for measures to combat poverty and social exclusion, including on whether the allocations match the increase in poverty rates.

In response to the observation and conclusions of the European Committee of Social Rights, we consider the report contains the detailed information that was available. Notwithstanding this, we would like to add some clarifications.

First of all, we should point out that despite the austerity measures adopted since 2010, there has been a considerable effort and investment in developing employment and social protection at the national level in this last decade. There has been an emphasis on increasing the efficacy of levels of social transfers, combined with the need to improve the efficiency of social protection, and to protect those who are most in need. Data show that the at-risk-of-poverty rate is strongly influenced by social transfers in Portugal. The impact of pensions and other social benefits such as those presented in the last Report play a relevant role in the reduction of poverty and social exclusion, as it was shown by the analyses provided therein.

Under Article 30, we have presented an analysis showing both the variation in poverty and social exclusion and the impact of social transfers on poverty reduction. As we already said in the present Report, in Portugal the Social Protection System plays a key role as a primary instrument for fighting poverty and social exclusion in Portugal. Actually, the so-called system for socially protecting citizenship aims to ensure that citizens enjoy basic rights and equal opportunities, as well as to promote well-being and social cohesion. Among others, one of its main roles is the prevention and the eradication of poverty and social exclusion, in particular through the solidarity subsystem. Bearing that in mind, detailed information on that subsystem and with regard to resources (expenses and coverage) has been provided throughout the Report.

In addition, the social welfare service plays an important role in the prevention of poverty and the promotion of social cohesion. Information in this respect has been provided in the response regarding Article 9 (numbers and amounts concerning this system).

In conclusion, despite the fact that the information that was provided was not organized by the main anti-poverty measures, we consider that detailed information on the resources allocated to poverty has been provided.

The report provides no information on how the measures to combat poverty and social exclusion are monitored and evaluated in Portugal. The Committee asks that the next report contain detailed information in this respect.

Portugal recognises the importance of strengthening integrated governance, transparency and stakeholder participation in the design, implementation and monitoring of the policies in this field.

However, we would note here that both the Strategy for Social Protection and Inclusion (EPSIS), whose final cycle ran from 2008 to 2010, and the National Action Plan for Inclusion (PNAI) 2008-2010, have been discontinued.

Since the launch of the Europe 2020 Strategy in 2010, the primary monitoring and evaluation instruments in the social field have been: firstly, the National Reform Plan (PNR), under which in March 2011 Portugal adopted a national goal of reducing the number of people in a situation of poverty and/or exclusion by 200 thousand by 2020; secondly, the alternating National Social Report (RSN) and Strategic Report (RE), which are produced every two years by the Social Protection Committee (CPS). All these documents are available on the European Commission's website.

With reference to 2012-2015, there was a strengthening of the partnership response, namely in the shape of the so-called "public-social partnerships" – i.e. between the state and the organisations in the social economy, which took on particular importance as both promoters of social interventions and wealth-generating economic agents. In general terms, the promotion of the social economy has been based on cooperation protocols – i.e. instruments that contractually link the state and social sector organisations and strengthen the idea that partnership is a form of participatory social management with action methodologies that are more active, more decentralised, closer to citizens and families, and based on the sharing of common responsibilities.

In this respect, it is important to point to the multiyear 2013-2014 and 2015-2016 Cooperation Protocols between the Ministry of Solidarity and Social Security and the Union of Portuguese Institutions of Mercy (UMP), the National Confederation of Solidarity Institutions (CNIS) and the Union of Mutualist Associations (UM). While this was not a new instrument, its nature was innovative in the sense that for the first time, it brought a degree of flexibility to the management of the funds allocated to cooperation agreements, thereby enabling the social sector to develop a more active participation in the cooperation area.

The entry into force of the Law governing the Bases of the Social Economy and the creation of the Permanent Commission for the Social Sector (CPSS) both also helped to reinforce this philosophy of interventions that should be shared, decentralised and close to citizens.