

Improving Public Policies to Tackle Child Poverty – The Contribution of Children’s Participation

João Zenha Martins, Odete Severino Soares, Maria Ana Carneiro
NOVA School of Law/Faculty of Law, NOVA University Lisbon (NSL)

Executive Summary

Child poverty remains one of the most significant social challenges in Portugal, affecting children's well-being, development, participation and equal opportunities. Its multidimensional nature requires integrated, place-based public policies informed not only by statistical evidence but also by the lived experiences of children, families and professionals. The Cascais Decide – Participatory Child Poverty Assessment and Public Policy Recommendations project, developed by NOVA School of Law in partnership with the Municipality of Cascais and the DYPALL Network, seeks to address this challenge through a participatory assessment that places children at the centre of knowledge generation and the development of public policy recommendations.

This Policy Brief brings together the available scientific and documentary evidence, the territorial context of the Municipality of Cascais, and the preliminary evidence generated through the project. The analysis highlights that more effective responses to child poverty depend on integrated approaches, stronger cross-sectoral coordination and the meaningful participation of children in the design, implementation and evaluation of public policies that affect their lives. Based on this evidence, the Policy Brief puts forward recommendations aimed at strengthening collaborative governance, children's participation, the continuous production of local evidence and the coordination of local responses, contributing to more informed, inclusive, effective and child-rights-based public policies.

At the time of writing, fieldwork is still ongoing. The recommendations presented therefore reflect the best evidence currently available and will be further refined and consolidated in the project's Final Report.

Key Policy Recommendations

- Institutionalise permanent mechanisms for children's participation in the design, implementation and evaluation of local public policies.
- Strengthen cross-sectoral coordination across education, health, social services, housing, culture, youth services and civil society organisations to provide integrated responses to child poverty.
- Develop continuous local evidence by complementing quantitative indicators with qualitative evidence gathered from children, families and professionals.
- Build the capacity of professionals and organisations in children's rights, meaningful participation and participatory methodologies.
- Embed a child-rights-based approach by systematically integrating the principles of the UN Convention on the Rights of the Child and the European Child Guarantee into local public policies.

Target Audience

This Policy Brief is intended for policymakers, public administrators and practitioners responsible for the design, implementation and evaluation of public policies affecting children and families. It is particularly relevant for national and local government authorities, municipalities, education, health and social services, Child Protection Commissions, civil society organisations, academic institutions and all stakeholders working to prevent and address child poverty.

Introduction and Problem Statement

Child poverty is one of the most persistent social problems in Portugal. The available measurement instruments - essential to size the phenomenon - do not capture how poverty is lived by children: when it worsens, where it shows, the shame and anxiety it produces, and the concrete barriers to accessing public support. At municipal level, where proximity policies are designed, there is a lack of localised qualitative knowledge and, above all, of children's voice in the diagnoses that underpin decisions.

In 2024, the at-risk-of-poverty rate for children (under 18) was 17.6% in Portugal (INE/ICOR). In Cascais, although there is no official municipal rate, several indicators show the scale and territorial distribution of the problem: School Social Support covers 25.7% of pupils (5,064 of 19,720), with strong asymmetries across parishes - 51.9% of pupils with a bracket in Alcabideche, against 12.8% in S. João do

Estoril (DPIN/CMC); the municipality counts 2,945 minimum-income (RSI) recipients and 13,997 family-allowance recipients (PORDATA/ISS, 2025); in a recent municipal study on material deprivation, 87% of respondents were in severe material deprivation (CESIS, 2025); and, on housing, the 2021 Census occupancy index (12.7% of overcrowded dwellings nationally) offers a proxy extractable for the municipality. What was still missing was localised qualitative knowledge and, above all, children's voice - which Cascais Decide has now produced.

Cascais Decide responds to this double gap: it produces a participatory diagnosis of the needs associated with child poverty in the municipality, systematically integrating children's own perspective, and translates that evidence into clear, applicable and territorially appropriate recommendations

Analysis and Key Findings

The study - qualitative, participatory and exploratory - was led by NOVA School of Law (scientific coordination), with fieldwork by DYPALL Network and institutional mediation by Cascais Municipality - led by the Child Promotion Division (DPIN), with contributions from the municipal social-action and Social Network units (DAPS, DRES, DINT and UPDT) -, within the Child Guarantee framework. It combined context-indicator analysis, interviews with families and professionals, focus groups with professionals, and exploratory focus groups and Design Thinking workshops with children and young people (8-10 and 11-14), followed by thematic analysis and three-voice triangulation (children, families and professionals). Children did not merely answer adults' questions: they identified the problems, proposed solutions and prioritised them by vote, with real influence on the content of the diagnosis, in line with Article 12 of the United Nations Convention on the Rights of the Child (1989). The study complied with the opinion of the IHMT-ITQB-NSL Ethics Committee, with informed consent and assent (from legal guardians and from the children themselves, respectively) and full separation between

identifying data (DYPALL) and analytical data (NOVA).

Preliminary evidence points to child poverty that is simultaneously material and relational. On food, the absence of breakfast and afternoon snack is reported matter-of-factly and the school meal works as a nutritional base; the discomfort in speaking about hunger is a central interpretive point, revealing why indicators under-estimate deprivation - in one workshop, a child wrote "when I'm hungry" and chose not to show the paper. On housing, overcrowding, evictions with children and unaffordable market rents stand out. On access to services, the gap between the support that exists and the support that reaches families is one of the most robust convergences, and child and youth mental health emerges as a crisis with insufficient public response.

"there is already food support and even so there is hunger" - child

"there are families who work, earn the minimum wage, and the rent exceeds the minimum wage" - professional

Given voice, children brought to the fore - alongside material dimensions - the relational

Triangulation across children, families and professionals reveals robust convergences, sustained by the three voices (Figure 1). Equally cross-cutting, and flagged by professionals themselves, is the listening deficit at every level: children feel their views do not reach decision-makers (at school, in services, at the municipality); families report requests left

unanswered; and professionals themselves feel their field knowledge is not taken into account in decisions. What emerges, then, is the need for listening with consequence - which the recommendations take up -, in line with the Lundy model (2007): giving voice is not enough; children need a safe space to express themselves, an audience that actually listens, and real influence - their views being taken into account in decisions, and what changed being fed back to them. It is the most structural finding of the diagnosis.

Priorities identified by children

Most-voted proposals in the workshops, each with a recipient named by the children themselves



The marked proposals tied in the vote, at the level of the space priorities; the tie will be resolved in the validation with children.

Figure 2 – Priorities identified by children in the workshops.

Source: Cascais Decide, *Design Thinking workshops with children* (2026).

Policy Options and Recommendations

The recommendations result from a continuous chain that starts from the evidence gathered, organises it into themes, translates themes into priorities and submits them to validation. Eleven candidate recommendations were taken to

institutional validation with professionals; they are preliminary until validation with children. They are organised by the Child Guarantee dimensions:

Recommendation	How it applies in Cascais
Food support: dignify and de-stigmatise	progressively replace the food parcel with a card, create alternatives for those who do not want to be seen in the queue, and link meals to summer activity spaces.
Housing: protect children	avoid evictions with children and address overcrowding, creating solutions before inspecting informal renting.
Transport and mobility	reinforce routes, timetables and sheltered stops in the peripheral areas; take up the children's proposal of a dematerialised pass.

Proximity services with a face

socio-educational responses (play centres, youth spaces) are concentrated inside the flagged neighbourhoods, which limits children's circulation; open facilities also outside those neighbourhoods,

Priorisation by impact and feasibility and the final ranking of priorities close after validation with children.

Conclusion

Preliminary evidence shows that listening directly to children, families and professionals produces knowledge that aggregate indicators miss - namely the under-reporting of deprivation out of shame and the centrality of relational dimensions. The areas of robust convergence - food, housing, transport, mental health and a cross-cutting listening deficit - offer a solid basis for adjusting local responses and for programming the Child Guarantee in the territory.

At national level, Cascais Decide is a replicable model of participatory municipal diagnosis, with tested ethical safeguards and documented instruments, adaptable to other municipalities. The final ranking of priorities and the definitive conclusions close after validation with children and the completion of prioritisation with professionals. In line with the participatory design, a child-friendly version of this diagnosis will be produced and returned to the participants.

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CONTACT

science4policy@planapp.gov.pt

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