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AGING: EVOLUTION OF POLICIES IN THE PORTUGUESE CONTEXT

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Abstract: This article is an exploratory study, deeply theoretical, supported by legislative, documentary and bibliographic sources. It intends to identify and characterize in an evolutionary way the social policy of care in old age, which emerged mainly in the Portuguese welfare state, trying to demonstrate some of its weaknesses. It analyzes the social responses aimed at the elderly and the new proposals adapted to Portuguese society in order to meet the needs of elderly people in need of care.
Keywords: Elderly, Old Age, Social Policy, Social Responses.

INTRODUCTION

It is intended that the present article, resulting from an exploratory, profoundly theoretical study, supported by legislative, documentary and bibliographic sources, can stimulate future investigations of greater scope and depth.

Initially, we seek to provide an overview of demographic aging worldwide and, particularly, in Portugal.

Later, in an evolutionary perspective, it deals with old age policies and social responses, whose purpose is to try to overcome problems emanating from the rapid and excessive aging of the population in Portugal.

In this text, the Aging in Place concept is also highlighted as an alternative to the social responses framed by Portuguese legislation, also giving emphasis to the recent legislation of the Statute of the Informal Caregiver, analyzing its contribution to the aforementioned informal caregiver.

AGING WORLDWIDE AND IN PORTUGAL

Population aging represents one of the most relevant demographic phenomena in 21st century societies. The acceleration in demographic aging worldwide and particularly in Europe is fundamentally due to economic growth in developed societies, advances in medicine, health care and social policies oriented towards the diversity and specificity of the social needs of the elderly.

This phenomenon has significant socio-economic consequences with an impact on the design of social and sustainability policies, as well as on individual changes that will lead to the adoption of new lifestyles. (Desmet, 2017).

For many centuries, the world population increased very slowly, having a significant growth, from the second half of the 18th century.

However, it was after the Second World War that there was an exponential population increase.

> One of the most important social transformations that took place in the last 50 years is related to the demographic increase of the elderly. We are therefore witnessing the growing and new phenomenon of population aging in all economically developed societies. This event turned the so-called elderly into a social group that increasingly attracts individual and collective interest, due to its implications at a family, social, economic, political, etc. (Osório, 2007, p. 11)

According to the United Nations in 2050, the population over 60 years of age will have grown by 45%, from 287 million in 2013 to 417 million in 2050 and reaching 440 million in 2100. The annual growth in the most developed countries is expected to is 1% by 2050 and 0.11% from 2050 to 2100. In the least developed countries, annual growth is expected to be 2.9% up to 2050 and 0.9% up to 2100.

In 2019, the National Statistics Institute (INE) refers (Graph 1), among the 28 countries of the European Union (EU), Portugal as the fourth oldest country in the EU, only surpassed by Finland, Greece and Italy.

We can underline this Portuguese

demographic characteristic, alluding to the evolution of the age pyramid (2019 with a projection to 2080) which presents, in the 2080 projection, a high reduction in the proportion of young people in the total population and an increase in the proportion of the population aged 65 or over, resulting in an inverted pyramid (Graph 2).

In view of this reconfiguration of demographic structures in which aging has a notable prominence, we must recognize the manifest impact that the aging process has on man's relationship with time, with the world and with his own history. (Beauvoir, 1970).

In view of this evidence, it is necessary to rethink "the arithmetic of ages, ages and life cycles, and, inevitably, the very concept of old age" (Bandeira, 2012, p.22), as a way of finding solutions adjusted to the new needs and that aim to promote the construction of a more inclusive and adequate society for the elderly.

EVOLUTIONARY SUMMARY OF OLD AGE POLICIES

Until the First Republic, established on October 5, 1910, Portugal followed European trends with regard to the organization of equipment and services, whose responsibility was the responsibility of religious orders and mutual societies, based on religious volunteering.

After the declaration of the Republic, on May 25, 1911, an assistance law was published and some public facilities such as civil hospitals, hospices and asylums were made official. The religious orders removed from the management of equipment and hospitals soon after the publication of the aforementioned legislation, only resumed their educational and assistance responsibilities when Portugal entered the First World War.

Decree-law nº 494 of March 1916 creates the Ministry of Labour, later appearing, in 1919, the law on mandatory social insurance, which aimed to protect against illness resulting from work accidents, old age and disability and the survival of family members. in the form of cash benefits (Carvalho, 2010; Leal, 1998; Costa and Maia, 1985).

After the implementation of the Estado Novo (1926), the period of corporatism appears, in which two phases can be identified in the development of social protection,

> The first, in the 30's and 50's and the second, during the 60's until the mid-70's. In the first phase, a social protection system was developed, composed of two areas, social security and social assistance. (Carvalho, 2010, p.62)

A - 1930S TO 1950S

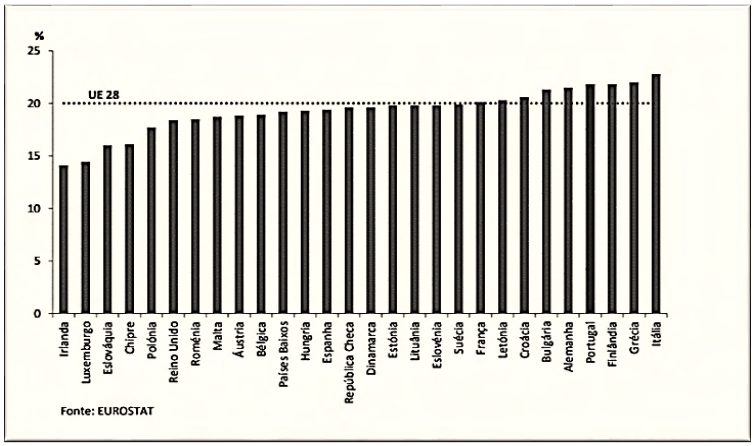
The Social Security Law published in 1936 was only regulated ten years after its publication. The regulations provided for the existence of mandatory social insurance, optional insurance and the creation of the general health and hospital action sector.

Decree-Law Number: 1998, of 15 May 1944, which created the assistance statute, reinforced the supplementary role of the State, giving rise to the reorganization of assistance and reinforcing the role of religious organizations (Decree-Law Number: 35108, of 7 November 1945).

In 1956, an attempt was made to reform the assistance, observing an investment in health equipment. The Ministry of Health, which emerged in 1958, became part of the responsibility for care,

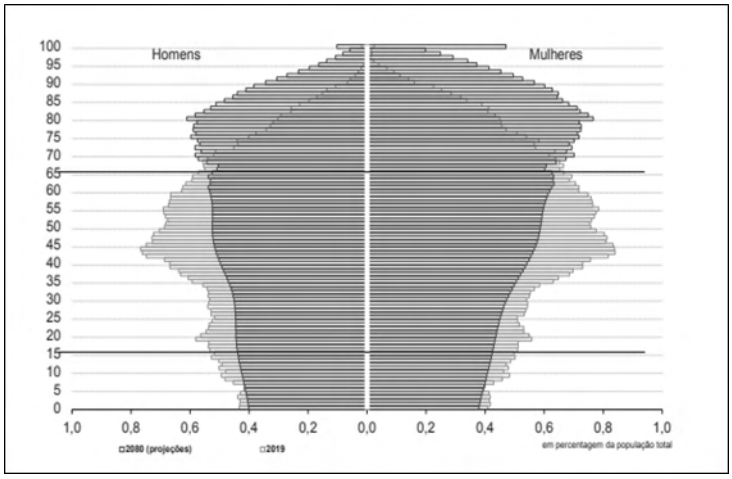
This way, health and assistance were confused, acquiring a hygienist medical-social profile. This orientation prevailed until the mid-1960s. (Carvalho, 2010).

In these decades, social protection was based on a welfare system associated with social insurance, which could be free or mandatory, organized by mutual societies and savings banks. It was a corporate-based



Graph 1 - Proportion of elderly people (%), EU28, 2018

Source: INE, 2019



Graph 2 - Age Pyramids, Portugal, 2019 (estimates) and 2080 (projections)

Source: INE (2019)

system financed by employers and employees (Carvalho, 2010).

B - 60'S TO 1974

The 1960s witnessed the recognition of protection in old age, illness, death and family burdens.

Decree-Law Number: 2115, of June 15, 1962, ended the exclusivity of welfare institutions linked to corporate bodies, allowing the State to create new institutions. In this context of changes, the first Basic Law of Health and Assistance Policy was published (Decree-law nº 2120, of July 19, 1963), which maintained the premise that the State must have a supplementary action within the scope of health and assistance policy. This diploma also recognized, to mercies, mutual societies and foundations, the responsibility for the provision of social assistance and health services.

In 1965, the National Pension Center was created (ministerial order nº 21546, of 23 September) and social security institutions were regulated (Decree-law nº 45548, of 23 September), aimed at protecting beneficiaries and their families in the event of disability, old age and death.

The Invalid Assistance Institute appears in 1971, replacing the Rehabilitation and Protection Service for the Disabled and Elderly. Carvalho (2010) tells us that the notion of invalid, synonymous with disabled, was replaced by that of handicapped and associated with the elderly.

It can then be seen that until the 1970s, social protection in Portugal had a corporate character, being conceived as a set of social assistance, mutual societies and social security measures. This system was, at the beginning, reductive, both in the field of personal application (people, fields of activity and professions covered) and in the field of material application (events covered).

It is concluded that until 1974, social intervention in Portugal was restricted to mere corporatist charitable assistance, with the predominance of ethical-religious or socio-political norms in the organization and the donation of available resources by the private organizations that traditionally managed them. The State resigned from any commitment to social protection of the population, based on a principle of subsidiarity, strengthening, on the other hand, private initiatives such as Misericórdias and Mutualidades (Joaquim, 2015).

C - FROM 1974 TO THE FIRST DECADE OF THE 21ST CENTURY

> It was from 1974 onwards that the concept of the Welfare State, as we know it today, began to emerge in Portugal. It was only with the Constitution of the Portuguese Republic of 1976 that State interventionism was reinforced, from a perspective of social solidarity, through the consecration of "private institutions of social solidarity", associating these institutions to the social security system, thus abandoning the principle of supplementary role of the State in the field of social assistance (Joaquim,2015,p.9)

In Portugal, Social Security was one of the achievements of the 25th of April 1974.

Social Security is a fundamental right of all citizens, whether or not they are active, being one of the most important functions of the State.

In this context, it was only after 1974 that it was possible to speak, albeit incipiently, of universal coverage of foreseen and unforeseen risks (Barreto, 2003). Universality was implemented gradually, covering citizens of all social conditions.

According to Carvalho (2005) we can identify three phases in the period of construction of the social security system, the first period, from 1974 to 1985, corresponding

to the process of emergence of the social security system, the second period, from 1985 to 1995, corresponding to the its development and the third period, from 1996 to 2006, corresponding to its consolidation.

1.º PERIOD 1976 TO 1985

The new regime introduced in 1974 advocated a new social policy that would improve the quality of life of citizens and serve the interests of workers.

In this context, the welfare and assistance systems were replaced by an integrated public social security system (Decree-Law Number: 203, of 15 May 1974), implementing measures to protect against disability, incapacity and old age).

The social pension was also instituted (Decree-Law Number: 217, of 27 May 1974) covering people over 65 years of age and disabled people outside the corporate and social security system, associated with involuntary risk.

The first democratic Portuguese Constitution was published in 1976, inscribing the civic, political and social rights of citizens for the first time in Portugal. The right to social security, work, health, education and housing is also enshrined, giving shape to sectoral social protection in these same areas.

In 1977, some social protection laws were also reformulated and the first attempt was made to create an organic law for social security (Decree-law nº 549 of 31 December).

It must be noted that on this date, social solidarity institutions are constituted as a kind of collective public utility (Decree-Law Number: 460 of November 7, 1977).

Another important event in this area, but centered on the provision of health care, was the creation of the National Health Service in 1979 (Decree-Law 56 of 15 September) in which the State "guarantees the right to health protection" (art. 1) and is "guaranteed to all citizens, regardless of their economic and social condition" (art. 4, no. 1).

With the evolution of the political situation and following legislative and economic changes, the most needy social strata are privileged. Thus, access to the social pension is reviewed (Decree-Law Number: 1980 and Regulatory Decree No. 52, of November 11, 1981) and protection for the death of the spouses through the widow's pension (Decree-Law Number: 160, of May 27, 1980 and Regulatory Decree No. 52, of November 11, 1981).

In 1982, the Constitution of the Republic is revised and some articles are reconfigured. The State assumes responsibility for the social security of vulnerable groups, young people, children, the elderly and the disabled, as well as the promotion of a policy for the elderly. It must be noted that the aforementioned policy for the elderly includes measures of an economic, social and cultural nature aimed at offering elderly people opportunities for personal fulfillment, through active participation in the life of the community.

Ten years after the 25th of April, the first Social Security Basic Law was published (Decree-Law about decentralization, solidarity and participation. Social security is structured in two systems: general or contributory regime and non-contributory regime, whose benefits were guaranteed as rights.

In this period, a new era of equipment and services for the elderly appears and a social action system was built based on the accountability of non-profit private entities (Carvalho, 2005).

Through Decree-Law Number: 119, of 25 February 1983, Private Social Solidarity Institutions (IPSS) were defined as social security entities, establishing their statutes and reformulating the concept of IPSS.

Social protection equipment for the elderly

was born, considered innovative for the time, such as day centers, social centers and the first home support. In addition to these changes, measures were taken to promote the elderly in society, namely the creation of public transport passes for the elderly.

> Since the late 1970s, the growth in the number of people over 65 in the Portuguese population has been visible. The increase in life expectancy, combined with the change in habits and lifestyles of the Portuguese, was decisive for the change in policy guidelines, although in this period the focus was given to the structuring and functioning of the public protection system. Care for the elderly at home or in social facilities gained expression from that period on. (Carvalho, 2010, p.72).

2.º PERIOD 1985 TO 1995

This period is characterized by Portugal's entry into the European Union (1986), constituting a fundamental milestone in the social, political and economic turnaround in Portugal.

In the 1980s, the central role of the State in terms of social protection for the elderly stands out, as well as in the attempt to improve the purchasing power of this population (updating pensions).

The Resolution of the Council of Ministers nº 15, of 23 of April of 1988 creates the National Commission for the Politics of the Third Age – CNAPTI, assuming the State responsibility for the care of the elderly. The networks of social facilities (day centres, social centers and home support) are expanded and improved, while other types of responses have emerged, such as family care and holiday camps. Family fostering, a form of social protection based on bonds of solidarity, is defined, in accordance with Decree-Law Number: , elderly people or people with disabilities, from adulthood, ensuring a socio-family and affective environment conducive to the satisfaction of their basic needs and respect for their identity, personality and privacy.

State intervention, with regard to policies for the elderly, is also evident in the following legislative measures: reformulation of the legal framework for disability, old age and death pensions and the supplement for dependent spouses, creation of the assistance allowance for third persons (Decree-Law Number: 29, of 23 January 1989) and the social supplement (Decree-Law Number: 329, of 25 September 1993) which supports elderly people in the non-contributory regime, in cases where the pension is lower the amount of the minimum social pension fixed.

Recognizing the need to establish a profession in the area of care provision, in 1989, by Decree-Law Number: 141 of 28 April, the conditions for exercising the profession of family helper were regulated (Carvalho, 2005).

Since the 1990s, there has been a concern with qualifying models of care and the regulation of social responses (Carvalho, 2010).

And also in this decade, the National Health Service was restructured (Basic Law nº 48, of 24 August 1990). This law provides for the payment of user fees (Decree-Law Number: 54, of April 11, 1992) but also provides for exemption for groups in need, including the elderly.

In 1994, the Joint Order nº 259 of the Ministry of Social Security and Labor and the Ministry of Health of 20 July creates an Integrated Support Program for the Elderly - PAII introducing a diversified and integrated vision in the provision of care - health and social support.

In the scope of the PAII, different projects were promoted in a first phase (resource and rehabilitation center, with multidisciplinary teams and technical aid banks, telecare, senior citizen passes, thermal treatments

and socio-recreational activities, training of human resources and informal caregivers) as well as the qualification and expansion of the traditional home support service with the extension of hours and services (Ribeiro, 1995).

3.º PERIOD 1996 TO 2006

In this period, the ongoing projects, within the scope of the PAII, are the same that were launched in the previous period.

Other measures aimed at the elderly were also developed within the scope of social action, such as the Programa Idosos em Lar - PILAR (Order no. number of places in homes and creating new responses, such as temporary housing.

In Portugal, the period between 1976 and 2002 is characterized by a very profound change in the way of treating the elderly, translated into different equipment and services that help the elderly to ensure the tasks for their daily lives and enable them to stay at home (Veloso, 2008).

The Organic Law of the Ministry of Solidarity and Social Security (Decree-Law Number: 35, of 2 May 1996) reconfigures the public social protection system, with the definition of direct administration services and social security bodies. Subsequently, in 2000, a new law defines the general bases of a new solidarity and social security system (Decree-Law Number: 17, of 8 August 2000, revoked by Decree-Law Number: and by Decree-Law Number: 4, of January 16, 2007).

According to Capucha et al. (2005, p.205)

> active policies acquired a "double meaning", as they aimed to simultaneously empower individuals and institutions, in a positive relationship between those who provide and those who receive, which reconciles social responsibility with effective participation, in a new perspective of citizenship. It means that the State assumes a fundamental role in the regulation and also in the provision of services (financial transfers and services) also assuming responsibility in the process public and private agents, formal and informal (welfare mix).

As of 2005, six policy measures for old age stand out:

1. Program for Expansion of the Social Equipment Network (PARES);

2. Support Program for Investment in Social Equipment (PAIES);

3. Housing Comfort Program for the Elderly (PCHI) which ends in 2013;

4. Solidarity Supplement for the Elderly (CSI);

5. Quality Models for Day Care Centers and Home Support Services;

6. National Network of Continuing Care (RNCC);

The first two PARES and PAIES Programs are the foundations for the development and consolidation of a network of social facilities in Portugal.

The Cooperation Program for the Development of Quality and Safety of Social Responses begins a work of requalification of social responses, aiming to meet the quality of its organization and functioning.

The fourth measure, the Solidarity Complement for the Elderly, is a cash support paid monthly, aimed at the elderly with low economic resources and aimed at maintaining their basic needs.

The Housing Comfort Program for Elderly People (PCHI) qualifies housing with the aim of improving the basic conditions of habitability and mobility of elderly people who benefit from home support services, in order to prevent and avoid their institutionalization.

The National Network of Continuing Integrated Care - RNCCI (Decree-Law N.º 101/2006, of 6 June) is created within the scope of the Ministries of Labor and Social Solidarity and Health, with the aim of

supporting the person in his or her recovery. or in maintaining their autonomy, as well as maximizing their quality of life. The RNCCI is based on guaranteeing the right of the person in a situation of dependence: to dignity, to the preservation of identity, to privacy, to information, to non-discrimination, to physical and moral integrity, to the exercise of citizenship and to informed consent for interventions carried out. The National Network of Integrated Continuing Care is made up of a set of institutions, public or private, that provide ongoing health care and social support to people in a situation of dependency, both in their homes and in their own facilities.

The RNCCI comprises inpatient units: convalescence, medium term and rehabilitation, long term and maintenance and palliative care. The network also includes outpatient units, hospital teams for continued health care and social support, and home health care and social support teams.

D - FROM 2007 TO PRESENT

The 2010/2014 financial crisis in Portugal started as part of the 2007/2008 global financial crisis, developing in the context of the Eurozone public debt crisis. Under these circumstances, the Portuguese system underwent profound changes, especially with regard to the more universalist model underlying it.

In 2011, the Government prepared a Social Emergency Plan (PES) to try to respond to the serious economic crisis that the country is going through, in order to respond to situations of social exclusion.

Between 2012 and 2013, within the framework of the PES, there was a change in the legislation of some social responses, namely: expansion of the basic services of the Home Support Service (Ordinance no. Installation of Residential Structures for the Elderly (Ordinance no.).

Also in 2012, the Basic Law on Palliative Care was published, enshrining the right and regulating citizens' access to this care, as well as defining the State's responsibility in this matter. Simultaneously, the same legislation gives rise to the National Palliative Care Network (RNCP), coordinated by the National Palliative Care Commission and integrated into the Central Administration of the Health System. However, the RNCP regulations will only come into force in 2015 (Ordinance No. 340/2015, of 8 October). The path of Palliative Care has been quite slow, having practically stagnated with the pandemic, with the Network being scarce in view of the needs of the population.

Despite the occupancy rate of ERPIs presenting values close to 100% and the number of places having been growing, the answers remain scarce. It does not seem like a desirable solution to indefinitely expand this social response to the detriment of others that can guarantee the maintenance of the elderly person at home.

An alternative to hospitalizations and ERPIs lies in the permanence of the elderly inserted in the community, in their own home, as long as possible, as they get older, even if they suffer from a functional or cognitive disease (Timmermann: 2012). This concept, Aging in Place, presupposes an articulation of actions at the level of the neighborhood and the surrounding environment, at the urban level, at the level of the housing structure, as well as the study and implementation of new home support strategies.

The maintenance of the elderly at home assumes, for the most part, the existence of a full-time caregiver, not excluding, however, support from a home support service.

This legislation, however, lacks a clear improvement with regard to the support to be given to the caregiver, when performing

their duties, in order to preserve their health and self-esteem. In this sense, legislation must provide for ongoing training for caregivers with technical supervision and support mechanisms to prevent burnout and preserve their constant connection to the surrounding community.

FINAL CONSIDERATIONS

The demographic changes registered in recent decades, which reveal an inverted age pyramid, entail a set of changes that call into question the current model of social and economic development. This concern leads European States, including Portugal, to find solutions that respond to the needs of the elderly population, providing them with quality of life as they age.

According to the Social Charter (2019), in 2018 there were 7300 responses addressed to the Elderly (ERPI, SAD and Day Center) in the mainland, 37% of which were SAD.

Between 1998 and 2018, SAD's grew by 108% and ERPI's by 105%. However, although the coverage rate has evolved positively, this growth is not expressive in view of the evolution of the number of individuals over 65 years of age.

It is therefore necessary to find alternatives that support the elderly in their environment, ensuring not only their basic needs but simultaneously creating quality living conditions and preserving the development of their activities with independence and autonomy.

It must be noted that factors such as security, maintenance of social networks, adaptation to the environment, housing conditions, transport, education or work are crucial for the quality of life of the elderly, so the improvement of these factors will only be possible with concerted social-political actions.

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