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## Population Aging and Public Policies

O Envelhecimento da População e as Políticas Públicas

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## Editorial

(EN: 15–20)

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O envelhecimento da população é, sem dúvida, um sinal do avanço civilizacional. Mesmo assim, este representa um dos maiores desafios para as políticas públicas que a sociedade contemporânea enfrenta. Para além do impacto mais evidente sobre a sustentabilidade financeira a longo prazo dos sistemas de proteção social — em particular no que respeita ao pagamento regular de pensões — a combinação de uma maior longevidade humana que beneficia cada vez mais as pessoas reformadas, por um lado, e de uma baixa taxa de natalidade, com reflexos a prazo no número de população ativa, por outro, têm inúmeras implicações multissetoriais, algumas das quais são o foco desta edição especial.

Serão vários os desafios que obrigam atores quer do setor público, quer da sociedade civil a uma adaptação ágil, bem coordenada e em tempo útil. Se, por um lado, já se exigem condições e relações de trabalho mais flexíveis para acomodar necessidades emergentes — que o contexto da COVID-19 só veio acicatar — por outro lado, também terão de ser criadas as condições para que quem ainda está no ativo possa ser o mais produtivo possível. No plano da saúde, os serviços de prestação de cuidados terão de ser fortemente adaptados, os ecossistemas habitacionais reconfigurados e a mobilidade fortemente promovida. No domínio cívico, também não poderemos descurar o efetivo exercício da cidadania e da participação em todas as fases da vida — para tal, terão de ser criadas as necessárias condições para fazer face a estas diferentes exigências.

Perante um sustentado amadurecimento das sociedades modernas e uma população idosa cada vez menos homogénea, com percursos e expectativas de vida cada vez mais diferenciadas, estarão as comunidades a responder adequadamente? Serão as políticas públicas já em curso as mais apropriadas, ou, no mínimo, suficientes para enfrentar todos estes desafios? Estas foram as duas principais questões de partida subjacentes ao número temático que aqui se apresenta, que tem por objetivo dar um pequeno contributo para o debate em curso sobre o que se pretende das políticas públicas num contexto de envelhecimento demográfico. Este é um debate que tem de ser plural, envolvendo — para já — tanto os investigadores da academia como os *policy makers* e os valiosos técnicos que os assessoram, na forma como melhor responder aos desafios elencados. É a todos eles que este número especial se destina.

Como reflexo da multidisciplinaridade do tema “envelhecimento da população”, a equipa editorial deste número recebeu inúmeras propostas de artigos subordinados a múltiplos temas. Depois de um rigoroso e minucioso processo de revisão por pares, os artigos que acabaram por ser selecionados para compor este número versam não apenas uma variedade de desafios, como também uma diversidade de contextos territoriais: incidindo sobre Portugal, França, Alemanha, Itália, e Brasil. Os editores foram, assim, ao encontro da dimensão mundial que o envelhecimento demográfico assume atualmente. Só uma estratégia dessa natureza, com uma abordagem internacional, identificando e refletindo sobre diferentes práticas e preocupações, é capaz de informar as políticas públicas.

Este número especial da revista abre com um artigo de António Fonseca, intitulado “*Aging in Place em Portugal*”. Focado em Portugal, recolhe e sistematiza iniciativas locais em como operacionalizar o conceito de “*Aging in Place*”. A riqueza quer da metodologia usada, quer dos resultados a que chegou, permitem identificar várias boas práticas, devidamente enquadradas nas especificidades territoriais. Esta é uma pesquisa que vai ao encontro das questões de partida deste número,

informando os leitores sobre a forma como as comunidades locais em Portugal estão a responder ao desafio de *envelhecimento no lugar*, como é desejo da maioria das pessoas (Daré, 2010). Na área do envelhecimento demográfico, quem decide sobre as políticas públicas tem atualmente à sua disposição não só uma crescente evidência científica, como também uma evolução política a que temos assistido do longo das últimas décadas. Um dos paradigmas que procura atenuar os efeitos nefastos que o processo de envelhecimento demográfico acarreta, encontrando respostas inovadoras e adequadas às necessidades e exigências das pessoas que envelhecem, é o “*Aging in Place*”. Nele valoriza-se a casa e a comunidade, que são considerados como os lugares privilegiados para se envelhecer, com segurança, independência e autonomia (WHO, 2015). Para além da habitação, o conceito estende-se à comunidade, que é constituída pela família, amigos, vizinhos, associações e entidades de prestação de serviços (Iecovich, 2014).

O artigo seguinte neste número é da autoria de Philippe Pitaud e intitula-se “*Personnes âgées, technologies numériques et rupture du lien social: risques de l'exclusion ou leurs de l'inclusion?*”. A complexidade das questões inerentes ao processo de envelhecimento estende-se aos seus efeitos sobre a participação social. Recorrendo à dicotomia inclusão-exclusão social, podemos analisar esses mesmos efeitos. Estão implicados os recursos pessoais e comunitários que as pessoas têm à sua disposição, favoráveis à articulação entre o indivíduo e as características da sociedade na qual envelhece. Neste sentido, urge medidas que combatam a exclusão social e que promovam a cidadania nas idades mais avançadas (Walker, 2002). Esta preocupação é avivada pelo progresso tecnológico das sociedades modernas, que ocorre a uma velocidade difícil de acompanhar pelas pessoas mais velhas, mais desfavorecidas, menos educadas ou menos familiarizadas com as TIC (Tecnologias de Informação e Comunicação), pois, como diz Gil (2019: 1), “o facto de os idosos constituírem o maior grupo de cidadãos infoexcluídos, esta realidade irá torná-los socialmente excluídos”.

O artigo de Philippe Pitaud foca-se na sociedade contemporânea francesa, onde se recolheram sinais de agravamento desta desordem no âmbito do isolamento e solidão. É uma pesquisa de investigação-ação visando minorar os efeitos adversos da transição digital na vida social das pessoas mais velhas, refletindo sobre o campo de ação das políticas públicas na exclusão digital dos cidadãos idosos. Este é um artigo que interessa não apenas aos franceses, mas a todos nós, pelas recomendações relativas ao equilíbrio social e aos princípios de justiça social.

Como assegurar o pagamento regular e socialmente justo das pensões ao longo das próximas décadas é a questão central à sustentabilidade financeira dos países da OCDE. Em todos estes países o envelhecimento — embora a ritmos diferentes — coloca esse desafio uma vez que é estimado um aumento significativo e

constante ao longo do tempo do número de cidadãos reformados em relação ao número da população ativa nestas economias. Isso faz com que seja cada vez mais difícil assegurar o financiamento necessário à manutenção das prestações sociais.

No artigo intitulado “*Reformas Alemãs das Pensões e do Mercado de Trabalho e o Potencial Aumento da Desigualdade Social Entre Trabalhadores de Idade Mais Avançada e Pensionistas*”, os autores Moritz Hess, Jürgen Bauknecht, Gerhard Naegele e Philipp Stiemke focam-se na Alemanha e nas políticas públicas com vista ao aumento da idade efetiva da reforma. Concluem que houve um aumento significativo do número de trabalhadores mais velhos, algo que atribuem a vários fatores: i) o bom desempenho do mercado de trabalho no período estudado — ao ponto de a discussão ter passado de como combater o desemprego para como suprir a falta de mão de obra qualificada, ii) uma forte participação das mulheres, e ainda iii) o facto de haver mais trabalhadores saudáveis e mais qualificados do que havia anteriormente. O lado menos positivo é que os trabalhadores menos qualificados e de menor rendimento, por questões de ordem financeira, são virtualmente obrigados a aumentar a idade de reforma, algo que terá agravado a desigualdade social.

Na mesma temática, mas agora direcionada para a idade de reforma em Portugal, com um artigo intitulado “*Retirement Age: One Size Does Not Fit All*”, a autora Margarida Castro Rêgo recorre a dados do *Survey of Health, Aging and Retirement in Europe (SHARE)* para analisar a heterogeneidade nas preferências quanto à idade com que os trabalhadores abandonam o mercado de trabalho. Conclui que, enquanto o adiamento da idade de reforma está mais associado a trabalhadores com rendimentos mais elevados, a antecipação da idade de reforma (i.e., antes da idade legal de reforma) é mais frequente em trabalhadores desempregados ou com problemas de saúde. Estes são *insights* fundamentais para os agentes políticos desenharem políticas públicas mais adequadas a reforçar a sustentabilidade social do sistema público.

No artigo intitulado “*Caring for non-self-sufficient older people in Italy: from a familistic system to the immigrant live-in careworker model*”, a autora Carla Facchini debruça-se sobre os cuidados prestados a pessoas mais velhas dependentes. O setor da saúde reúne um dos conjuntos de desafios que mais preocupa as políticas públicas, pelo seu carácter multissetorial e pelo facto de o aumento de anos de vida saudável não ser diretamente proporcional aos ganhos em termos de longevidade.

Acresce, ainda, que um maior número de pessoas muito velhas implica um maior número de pessoas com doenças crónicas, mais vulneráveis e mais suscetíveis a situações de incapacidade e de dependência. A par de estratégias de prevenção que evitem ou adiem doenças crónicas associadas à idade, as respostas de pres-

tação de cuidados de longa duração baseiam-se em: i) cuidados formais, relativos a assistência médica e cuidados pessoais de apoio às AVD, bem como assistência social e ajuda na realização de AIVD; ii) cuidados informais, com respostas ancoradas na rede informal e solidária, efetivados sobretudo pelos elementos da esfera familiar (OECD, 2018).

Na pesquisa realizada sobre o caso da Itália, Carla Facchini analisa as limitações impostas pela estrutura e configurações familiares na prestação de cuidados aos elementos mais velhos, que levou à transição de um modelo assente no sistema familiar para um modelo baseado na coresidência de trabalhadores imigrantes cuidadores de idosos (os chamados “*badanti*”). No seu artigo, a autora caracteriza a prestação de cuidados da responsabilidade dos “*badanti*” e as restrições relativas à efetivação de cuidados domiciliários, nomeadamente a oferta limitada de serviços e subsídios generalizados.

As sociedades europeias estão a envelhecer depressa e as preocupações com as políticas dirigidas ao envelhecimento refletem-se na multiplicidade de análises de problemas sociais e de ordem política. Mas a extensão que o envelhecimento demográfico exhibe faz-se sentir, cada vez mais, noutros pontos geográficos do globo. A encerrar este número temático, Beltrina Côrte e Vera Brandão apresentam o artigo intitulado “*Territórios de Fragilidades: Envelhecimento e Políticas Públicas – um projeto de educação continuada*” que é focado na realidade brasileira e espelha a importância da dimensão territorial na análise da problemática e no processo de formulação de políticas. Emergindo da preocupação com os espaços periurbanos caracterizados por carências múltiplas — como, por exemplo, o saneamento básico, a habitação, a acessibilidade, a educação e a saúde — que interferem negativamente na longevidade das populações, o artigo analisa um projeto de educação continuada na cidade de São Paulo. O objetivo desse projeto é melhorar a atuação na rede de serviços sociais, que integram a proteção social básica, dirigidos às pessoas mais desfavorecidas. Sendo um resultado de uma parceria entre a UNESCO e a Fundação São Paulo, a natureza do objeto de análise constitui-se relevante no seio da governança e das ações colaborativas, na resposta ao envelhecimento populacional enquanto problema social complexo, de natureza de desorganização social, por resultar de deficiências de um dado sistema social, traduzidas na falta de recursos para fazer face às necessidades sociais (Carmo, 2011). A metodologia aplicada nesse artigo possibilita um acervo de narrativas que permitem refletir sobre: i) competências e habilidades, desafios e oportunidades dos espaços; ii) compromissos, reconhecimento, dificuldades e conquistas; e, ainda, iii) a atuação de todos os envolvidos na superação dos desafios de vida-trabalho e articulação de saberes.

Em jeito de conclusão, este número especial pretende dar um pequeno contributo na formulação de melhores políticas públicas que sejam efetivas respos-

tas aos múltiplos desafios sociais colocados pelo envelhecimento demográfico que — vale a pena frisar — é um sinal do avanço civilizacional. Se num contexto pré-COVID-19 este já era um problema difícil, agora com a pandemia torna-se ainda mais claro que as sociedades contemporâneas têm vulnerabilidades que urgem ser colmatadas bem antes de se manifestarem em toda a sua amplitude. Que este número especial seja mais um estímulo dirigido aos agentes políticos nos diversos níveis para que — de facto — preparem, com tempo (que já começa a escassear) um futuro com maior comodidade e dignidade para os mais velhos, sem descurar a produtividade da população ativa que tem e terá de continuar a criar valor.

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## Editorial

(PT: 9-14)

### **Pedro G. Rodrigues**

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Although an aging population is a clear sign of civilizational advance, it nonetheless represents one of the greatest challenges for public policies in contemporary societies.

Besides its most evident impact on the long-term financial sustainability of social protection systems — particularly with regard to the regular payment of pensions — the combination of greater human longevity that increasingly benefits retired people, on the one hand, and a lower birth rate, with long-term effects on the number of professionally active people, on the other, have numerous multisectoral implications, some of which are the focus of this special issue.

There are several challenges going forward that require actors from both the public sector and civil society to quickly adapt and in a well-coordinated and timely manner. If, on the one hand, more flexible working conditions and arrangements are already required to accommodate emerging needs — which the context of COVID-19 has only exacerbated — on the other hand, conditions will also have to be created so that those who are still professionally active can be as productive as possible. In the health field, care services will have to be greatly adapted, living ecosystems reconfigured and mobility strongly promoted. In the civic domain, the conditions for the full exercise of citizenship will have to be guaranteed, in all phases of life.

Faced with a progressive maturation of modern societies and an increasingly heterogeneous elderly population, with increasingly differentiated life paths and expectations, are communities responding in an adequate form? Are current public policies appropriate, or, at the very least, sufficient to face the multiplicity of challenges? These were the two main questions underlying the theme presented in this edition, which aims to make a small contribution to the ongoing debate on public policy requirements in a context of demographic aging. This is a debate that must be plural, involving — for now - both academy researchers and policy makers, and the valued technicians who advise them, addressing how to best meet the challenges pointed out. This special issue is dedicated to all of them.

As a reflection of the multidisciplinary nature of the ‘aging population’ theme, the editorial team of this issue has received numerous proposals for articles on multiple fronts. After a rigorous peer review process, the articles that were eventually selected to compose this issue address not only a variety of challenges, but also a diversity of territorial contexts: focusing on Portugal, France, Germany, Italy, and Brazil. The editors thus considered the current worldwide state of demographic aging. Only a strategy of this nature, with an international approach, identifying and reflecting on different practices and concerns, can inform public policies.

This special issue of the magazine opens with an article by António Fonseca, entitled ‘*Aging in Place in Portugal*’. Focused on Portugal, it collects and systematizes local initiatives on how to operationalize the ‘Aging in Place’ concept. The richness of both the methodology used and the results achieved allow us to identify several good practices, duly framed within the territorial specificities. This research addresses the initial questions of this issue, informing readers on how local communities in Portugal are responding to the challenge of *aging in place*, as is desired by most people (Daré, 2010). In the area of demographic aging, those who decide on public policies currently have at their disposal growing scientific evidence. In addition, over the last few decades, this theme has gained increasing po-

litical importance. One of the paradigms that seeks to mitigate the harmful effects that the process of demographic aging brings, finding innovative and appropriate responses to the needs and demands of people who age, is ‘Aging in Place’. It values the home and the community, which are considered the privileged places to age, with security, independence, and autonomy (WHO, 2015). In addition to housing, the concept extends to the community, which is made up of family, friends, neighbors, associations, and service providers (Iecovich, 2014).

The next article in this issue was written by Philippe Pitaud and is entitled ‘*Personnes âgées, technologies numériques et rupture du lien social: risques de l’exclusion ou leurs de l’inclusion?*’. The complexity of the questions inherent to the aging process extends to its effects on social participation. Using the inclusion-social exclusion dichotomy, we can analyze these same effects. The personal and community resources that people have at their disposal, which are favorable to the articulation of the individual with the characteristics of the society in which he or she ages, are taken into consideration. In this sense, measures to combat social exclusion and to promote citizenship at older ages are urgently needed (Walker, 2002). This concern is heightened by the technological progress of modern societies, which occurs at a speed that is difficult to keep up with by older people, more disadvantaged, less educated or less familiar with ICT (Information and Communication Technologies), because, as Gil (2019: 1) affirms, “the fact that the elderly constitute the largest group of info-excluded citizens, this reality will make them socially excluded”.

Philippe Pitaud’s article focuses on contemporary French society, where signs of this growing disorder in the context of isolation and loneliness have been observed. It is an action research aimed at alleviating the adverse effects of the digital transition on the social life of older people, reflecting on the field of action of public policies on the digital exclusion of older citizens. This is an article that interests not only the French, but all of us, due to the recommendations regarding social balance and the principles of social justice.

How to ensure the regular and socially fair payment of public pensions over the coming decades is the central issue for the financial sustainability of OECD countries. In all these countries, which are aging — albeit at different rates — this challenge arises because a permanent and very significant increase in the number of retired people relative to professionally active people in an economy is expected. This makes it increasingly difficult to secure the financing necessary to maintain social benefits.

In the article entitled ‘*German Pension and Labor Market Reforms and the Potential Increase in Social Inequality Among Older Workers and Pensioners*’, authors Moritz Hess, Jürgen Bauknecht, Gerhard Naegele and Philipp Stiemke focus on

Germany and public policies for raising the effective retirement age. They conclude that there has been a very significant increase in the number of older workers, something they attribute to several factors: i) the good performance of the labor market in the period under study — to the extent that the discussion has shifted from how to combat unemployment to how to make up for the lack of skilled labor, ii) the strong participation of women, and iii) the fact that there are more healthy and more qualified workers than there were before. The less positive side is that less qualified and lower income workers, for financial reasons, are virtually forced to raise the retirement age, which has worsened social inequality.

On the same theme, but with a focus on retirement age in Portugal, with an article entitled *'Retirement Age: One Size Does Not Fit All'*, author Margarida Castro Rêgo uses data from the Survey of Health, Aging and Retirement in Europe (SHARE) to analyze the heterogeneity in preferences regarding the age at which workers leave the labor market. Interestingly, she concludes that while deferred retirement is more associated to higher income workers, early retirement (i.e., before the legal retirement age) is more common among unemployed workers or workers with health problems. These are key insights for policy makers to design more appropriate public policies aimed at enhancing the social sustainability of the public system.

In her article *'Caring for non-self-sufficient older people in Italy: from a familistic system to the immigrant live-in careworker model'*, author Carla Facchini focuses on care for older non-self-sufficient people. The health sector brings together some of the challenges that most concern public policies, due to its multi-sectoral character and the fact that the increase in healthy life years is not directly proportional to gains in terms of longevity.

Moreover, a greater number of very old people implies a greater number of people with chronic diseases, more vulnerable and more susceptible to situations of disability and dependence. In addition to prevention strategies that prevent or postpone age-related chronic diseases, long-term care responses are based on: i) formal care, related to medical care and personal care in support of ADL as well as social assistance and help in the realization of IADL; ii) informal care, with responses based on the informal and solidarity network, carried out mainly by elements of the family sphere (OECD, 2018).

In her research on the case of Italy, Carla Facchini analyzes the limitations imposed by family structure and configurations in the care of older elements, which led to the transition from a model based on the family system to a model based on the co-habitation of immigrant workers caring for the elderly (the so-called *'badanti'*). In her article, the author characterizes the provision of care provided by

'badanti' and the constraints related to home care provision, namely the limited supply of general services and subsidies.

European societies are aging fast and the concerns with the policies directed at aging are reflected in the multiplicity of analysis of social and political problems. But the extent of demographic aging is increasingly being felt in other geographical parts of the world. Closing this thematic issue, Beltrina Côrte and Vera Brandão present the article entitled '*Territórios de Fragilidades: Envelhecimento e Políticas Públicas – um projeto de educação continuada*' which is focused on the Brazilian reality and reflects the importance of the territorial dimension in the analysis of the problem and in the process of policy formulation. Emerging from the concern with peri-urban spaces characterized by multiple deprivation — such as basic sanitation, housing, accessibility, education and health — that negatively interfere in the longevity of populations, the article analyses a continuing education project in the city of São Paulo. The objective of this project is to improve performance in the network of social assistance services, which include basic social protection, directed at the most disadvantaged people. As a result of a partnership between UNESCO and the São Paulo Foundation, the nature of the object of analysis is relevant within governance and collaborative actions, in response to population aging as a complex social problem, of a social disorganization nature, since it results from deficiencies in a given social system, translated into lack of resources to meet social needs (Carmo, 2011). The methodology applied in this article allows for a collection of narratives that allow us to reflect on: i) skills and abilities, challenges and opportunities of the spaces; ii) commitments, recognition, difficulties and achievements; and, further, iii) the actions of all those involved in overcoming the challenges of life-work and articulation of knowledge.

In conclusion, this special issue aims to make a small contribution to the formulation of better public policies that are effective responses to the multiple societal challenges posed by demographic aging, which — it is worth emphasizing — is a sign of civilizational advance. If in a pre-COVID-19 context this was already a difficult problem, now with the pandemic it has become even clearer that contemporary societies have vulnerabilities that need to be urgently addressed well before they manifest themselves in full. Let this special number be a further stimulus to political agents at various levels to — in fact — prepare, with time (which is already starting to run out) a future with greater comfort and dignity for the elderly, without neglecting the productivity of those that are professionally active and who will have to continue to create value.

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# ***Aging in Place*, Envelhecimento em Casa e na Comunidade em Portugal**

Aging in Place in Portugal

(EN: 41-58)

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## **RESUMO**

*Aging in place* significa a capacidade de continuar a viver em casa e na comunidade ao longo do tempo, com segurança e de forma independente. A promoção e valorização de modalidades de envelhecimento em casa e na comunidade onde ela se insere é um modelo de intervenção social atualmente privilegiado pela Organização Mundial de Saúde à medida que se envelhece (WHO, 2015). Neste artigo apresentaremos os principais dados resultantes da recolha e sistematização de cerca de oitenta iniciativas de base local, explorando o modo como o conceito de *Aging in place* é operacionalizado em Portugal por entidades públicas, privadas e associativas. As iniciativas identificadas estão disseminadas por todo o país e dividem-se em doze categorias: apoio aos cuidadores; combate ao isolamento; gerotecnologias; apoio domiciliário; centros de dia e de convívio; intervenção social; lazer e aprendizagem; habitação e espaços físicos; saúde, nutrição e atividade física; segurança; mobilidade; e bem-estar psicológico. Embora algumas iniciativas façam mais sentido num determinado contexto social, outras há que podem ser reproduzidas em qualquer local, valendo essencial-

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mente pelos seus objetivos de caráter universal, como combater o isolamento ou promover a mobilidade. Numa perspetiva integrada, estamos perante um bom conjunto de exemplos do que pode ser feito localmente, no sentido de facilitar às pessoas que assim o desejarem, a possibilidade de envelhecerem em casa e na comunidade envolvente, preservando dessa forma a sua identidade e assegurando um sentido de continuidade no seu ciclo de vida.

**Palavras-chave:** *Aging in place*, Envelhecimento, Portugal

#### **ABSTRACT**

Aging in place means the ability to continue living at home and in the community over time, safely and independently. The promotion and enhancement of aging modalities at home and in the community is a model of social intervention currently favored by the World Health Organization as people get older (WHO, 2015). In this article we present the main data resulting from the collection and systematization of about eighty local initiatives, exploring how the concept of aging in place is operationalized in Portugal by public, private and associative entities. The initiatives identified are spread across the country and fall into twelve categories: support for caregivers; fight against isolation; gerotechnologies; home support; day and social centres; social intervention; leisure and learning; housing and physical spaces; health, nutrition and physical activity; safety; mobility; and psychological well-being. While some initiatives make more sense in a particular social context, others can be replicated anywhere, essentially because of their universal objectives, such as combating isolation or promoting mobility. All in all, we are looking at a good set of examples of what can be done locally to make it easier for people who so desire to grow old at home and in the surrounding community, thereby preserving their identity and ensuring a sense of continuity in its life cycle.

**Keywords:** Aging in place, Aging, Portugal

## **1. Introdução**

*Aging in place* significa a capacidade de continuar a viver em casa e na comunidade ao longo do tempo, com segurança e de forma independente. Este conceito requer uma abordagem interdisciplinar, valorizando intervenções em diferentes escalas: nacional, regional, comunitária e individual. Atualmente, nos países economicamente mais favorecidos, quando os idosos começam a perder autonomia e capacidades, a opção é muitas vezes a institucionalização, enquanto nos países economicamente mais frágeis o *Aging in place* surge não como uma opção, mas sim uma inevitabilidade, dadas as limitações dos sistemas de segurança social e a falta de alternativas institucionais.

O nosso ponto de vista é que o *aging in place* não seja percecionado como um recurso, mas antes como a primeira opção, pelas vantagens de inclusão social e de recompensa emocional que, na maior parte das situações, traz associadas.

À pergunta «qual o lugar ideal para envelhecer?», as pessoas mais velhas respondem geralmente: «aquele que eu já conheço!» Na verdade, envelhecer no lugar

onde se viveu a maior parte da vida e onde estão as principais referências dessa vida (relacionais e materiais) constitui uma vantagem em termos de manutenção de um sentido para a vida e de preservação de sentimentos de segurança e familiaridade. Isto é alcançado tanto pela manutenção da independência e autonomia, como pelo desempenho de papéis nos locais onde se vive. Assim, o *Aging in place* atua de múltiplos modos, que precisam de ser tidos em conta na definição de ações e políticas dirigidas aos mais velhos.

Neste artigo apresentamos uma recolha e sistematização de iniciativas implementadas em Portugal e que classificamos como boas práticas neste domínio, em linha com as que são preconizadas pela Organização Mundial de Saúde, para a qual o *Aging in place* consiste em ter o apoio social necessário para viver, com segurança e de forma independente, em casa e na comunidade à medida que se envelhece (WHO, 2015). Pretende-se ir além do reconhecimento da importância dos serviços de apoio domiciliário, chamando a atenção para iniciativas que, pelo seu carácter inovador, possam efetivamente constituir-se como boas práticas neste domínio. Assim se evidencia a importância do *Aging in place* como estratégia global para manter as pessoas idosas não só a viver em suas casas, mas também a participar na vida das suas comunidades, pelo tempo mais alargado que lhes for possível.

## 2. O Envelhecimento Populacional a as Respostas Tradicionais

Já todos o sabemos: o mundo está a envelhecer rapidamente. Segundo estimativas da Organização Mundial de Saúde, em termos globais o número de pessoas com mais de 60 anos poderá alcançar os 22% em 2050 e atingir um valor da ordem dos 34% na Europa, o que significará então que um em cada três europeus terá 60 ou mais anos de idade.

Fazendo parte da região mais envelhecida do planeta, em Portugal a tendência para o envelhecimento populacional é ainda mais acentuada, o que faz de Portugal um dos países mais envelhecidos do mundo (Fernandes, 2014). Perante estes dados, é inevitável que se questionem as perspetivas tradicionais sobre os modos de vida em idade avançada e sobre o tipo de recursos a mobilizar para responder aos desafios do envelhecimento populacional.

Em Portugal, as primeiras respostas universais destinadas às pessoas mais velhas começaram a emergir após o 25 de Abril de 1974, quer através de modalidades de ação social (por via da criação de serviços e equipamentos), quer através da prestação de apoio económico (sob a forma de subsídios, reformas e pensões). Uma das faces mais visíveis da política social de apoio aos idosos foi sem dúvida a evolução do número de equipamentos sociais, com incidência nas respostas Centro de Dia (com um crescimento de 28% ao longo da década de 1990) e Lar de Idosos/

Estrutura Residencial para Pessoas Idosas (passando de 600 em 1994 para 895 em 1996). Os anos seguintes iriam acentuar este investimento, tendo ocorrido, entre 2000 e 2011, um crescimento de 38% da resposta Lar de Idosos/Estrutura Residencial para Pessoas Idosas e 30% da resposta Centro de Dia (Guedes, 2014).

Apesar do número de pessoas a residir em instituições constituir uma pequena minoria do total da população idosa portuguesa, a Estrutura Residencial para Pessoas Idosas tornou-se um ícone das respostas sociais para a velhice, surgindo mesmo associada a um sinal de desenvolvimento social por, desse modo, atender-se às necessidades dos mais velhos através de um serviço permanente de prestação de cuidados. É verdade que as instituições de acolhimento residencial constituem atualmente uma resposta imprescindível em situações de extrema vulnerabilidade ou quando mais nenhuma outra alternativa se revela suficiente para corresponder às necessidades da pessoa idosa (que podem ir do abandono social à degradação das condições materiais de vida), mas também não é menos verdade que a entrada numa instituição residencial provoca sempre uma rutura com o quadro de vida anterior da pessoa e quase sempre com a comunidade a que ela pertencia.

Não obstante, a taxa de ocupação das Estruturas Residenciais para Pessoas Idosas apresentar valores próximos dos 100% (e frequentemente com listas de espera em número idêntico ou até superior às vagas disponíveis), não é possível nem seguramente desejável prosseguir indefinidamente a expansão desta resposta em detrimento de outras que visem garantir a manutenção da pessoa idosa no seu domicílio.

Com este propósito, o Serviço de Apoio Domiciliário tem vindo a fazer o seu caminho, sendo a resposta social que apresentou maior crescimento na década de 2000 (na casa dos 59%). O investimento realizado nos últimos anos tendo em vista a sua disseminação por todo o país e a diversificação dos serviços prestados aos respetivos utentes tem seguramente contribuído, de forma discreta mas efetiva, para a manutenção de um número considerável de pessoas idosas no seu meio habitual de vida, retardando ou evitando mesmo a institucionalização.

### **3. As Pessoas Mais Velhas e as Comunidades**

Ao invés de ser “um problema”, o envelhecimento da população constitui um feliz ponto de chegada do desenvolvimento humano. Viver mais tempo é fruto de conquistas diversas sob o ponto de vista médico, tecnológico e social. Todavia, a existência de um número cada vez mais elevado de idosos saudáveis e ativos constitui igualmente um desafio para as comunidades, sejam elas urbanas ou rurais. À medida que envelhecem, as pessoas têm necessidade de viver em ambientes que lhes proporcionem o suporte necessário para compensar as mudanças associadas

ao envelhecimento, algumas delas sinónimo de perda de capacidades. A criação e manutenção de contextos favoráveis e facilitadores do envelhecimento é uma tarefa indispensável para a promoção do bem-estar das pessoas idosas e para que elas possam continuar a ser, pelo maior tempo possível, autónomas e socialmente relevantes.

O lugar onde a pessoa vive não é apenas a sua casa, também é a comunidade onde essa casa se insere. A organização do espaço, o tipo de edifícios, a rede de transportes, a disponibilidade de serviços na zona envolvente à habitação, tudo isso são variáveis que contribuem para um envelhecimento verdadeiramente participativo ou, pelo contrário, para um envelhecimento socialmente excluído. Manter uma vida autodeterminada e tão aproximada possível à que se manteve durante décadas só será viável, à medida que se envelhece, se o ambiente construído e o ambiente natural estiverem preparados para respeitarem a evolução das capacidades individuais e, com isso, preservarem a confiança e a autoestima individuais.

Se em alguns casos são as próprias pessoas mais velhas que reivindicam e fazem acontecer oportunidades de participação social, noutros casos essa participação tem de ser efetivamente promovida. É por isso que a conceção de programas e projetos que estimulem um envelhecimento verdadeiramente participativo na vida das comunidades se afigura importante para maximizar a funcionalidade de muitas pessoas idosas que, de outra forma, se tornariam passivas ou mesmo dependentes. Não se trata apenas de facilitar a vida das pessoas, mas de lhes permitir usufruir plenamente e em segurança, aquilo que os rodeia, a começar pelo espaço físico e a terminar nas ligações sociais.

A possibilidade de viver em casa e de estender essa vida à comunidade envolvente obriga, por tudo isto, a considerar vários níveis de intervenção:

- A habitação deve ter em conta que as necessidades das pessoas se transformam à medida que elas envelhecem e que, se não a queremos transformada numa prisão, os espaços exteriores são tão importantes como a habitação em si mesma;
- Os serviços e os recursos indispensáveis à vida quotidiana (saúde, transportes, compras, lazer, etc.) deverão permitir a satisfação das necessidades individuais, mas igualmente a concretização de oportunidades de cariz social, cívico e económico;
- Para que envelhecer em casa e na comunidade não seja sinónimo de “ver o tempo a passar”, atitude tão comum nas instituições, a inclusão social das pessoas mais velhas deve contemplar a participação em funções úteis e socialmente reconhecidas.

#### 4. *Aging in Place*, Envelhecer em Casa e na Comunidade

A possibilidade de se “envelhecer bem” implica uma constelação de fatores que a determina. Um desses fatores, com forte influência na manutenção da autonomia e do controlo sobre o meio, é a relação da pessoa idosa com o ambiente residencial, isto é, com a habitação e com o contexto físico e social envolvente. A preocupação com a definição de ambientes adequados para os mais idosos deverá encarar o processo de envelhecimento atendendo sobretudo às fragilidades a ele associadas e prestando particular atenção a aspetos relacionados com a mobilidade. Mas o desafio atual vai mais além e consiste em encontrar soluções que correspondam ao objetivo de promover a qualidade de vida, nomeadamente, através da integração social.

O que significa *Aging in place*? *Aging in place* significa viver em casa e na comunidade, com segurança e de forma independente, à medida que se envelhece (WHO, 2015). A compreensão deste conceito implica a necessidade de adaptação do ambiente físico e social à vida quotidiana ao longo do tempo. Com efeito, a maioria das pessoas idosas deseja permanecer num ambiente que lhes seja familiar e, preferencialmente, permanecer na mesma casa e na mesma comunidade (Iecovich, 2014). Está aqui implícito o desejo de controlar a maioria dos aspetos relacionados com a vida diária (cuidados pessoais, rotinas e outras atividades significativas para cada indivíduo), ou seja, mais do que a tradução literal “envelhecer num lugar”, *Aging in place* traduz o desejo de envelhecer num ambiente familiar que se adapte às modificações que o processo de envelhecimento traz consigo. Dado que, à medida que envelhece, o indivíduo passa mais tempo em casa e na comunidade próxima, tal acaba por reforçar esta relação com o ambiente que o circunda.

O processo de *Aging in place* traduz-se num processo de adaptação ambiental com implicações a nível social, psicológico e ambiental. Trata-se de um conceito absolutamente contemporâneo, motivado pela responsabilidade social em proteger os idosos, principalmente os mais vulneráveis, e reflete uma mudança de paradigma nas políticas sociais de apoio aos idosos ao considerar prioritária a vontade da pessoa idosa em permanecer no seu ambiente familiar e comunitário o maior tempo possível e de modo independente, com saúde e beneficiando de apoio social. A promoção da independência e da autonomia instrumental das pessoas mais velhas, proporcionando-lhes oportunidades para manter a interação social e o acesso a serviços diversos, constitui porventura um dos principais desafios do envelhecimento geral da população, atendendo à exigência dos mais idosos relativamente à manutenção de um estilo de vida onde, para além do conforto material, seja assegurada uma integração social ativa. O conceito de *Aging in place* representa, também, um desafio acrescido atendendo à diversidade das necessidades individuais, pois deparamo-nos com necessidades específicas para cada indivíduo

consoante os seus recursos, as suas necessidades e preferências, que também variam ao longo do processo de envelhecimento.

Daqui decorre a necessidade de uma abordagem complexa quanto aos diferentes níveis de intervenção que os objetivos de *Aging in place* acarretam. No relatório do 2º Fórum Global da Organização Mundial de Saúde sobre *Inovação para Populações Envelhecidas* (WHO, 2015), são identificadas as cinco principais áreas de intervenção no processo de *Aging in place*: pessoas, lugares, produtos, serviços personalizados, políticas de apoio social (no original, *the 5 P's - People, Place, Products, Person-centered services, Policy*). A par da preocupação com a habitação e os espaços exteriores, é necessário desenvolver programas de natureza social que considerem, por um lado, as progressivas limitações funcionais dos indivíduos e, por outro, a manutenção da autonomia e participação na sociedade. No mesmo sentido, a implementação de programas de assistência ao domicílio, incluindo a teleassistência, são importantes para reforçar uma autonomia com impacto na qualidade de vida. Em resumo, esta nova realidade, que conjuga uma população cada vez mais envelhecida com a necessidade de respostas diversificadas, coloca novos desafios, expressos de modo concertado nas áreas de intervenção definidas pela Organização Mundial de Saúde.

Para Iecovich (2014), *Aging in place* apresenta várias dimensões relacionadas entre si: uma dimensão física (a casa, a aldeia, o bairro, a cidade onde se vive), uma dimensão social (envolvendo relacionamentos e contactos interpessoais), uma dimensão emocional e psicológica (relacionada com um sentimento de pertença e ligação a um lugar), e uma dimensão cultural (ligada aos valores, crenças e significados que as pessoas atribuem a um determinado espaço). Assim, quando falamos em *place* não estamos a referir-nos apenas a um lugar físico de residência, mas sim a todo um contexto que permite que a pessoa mais velha preserve os significados da sua vida, incluindo uma identidade social que pode ser mantida mesmo quando a pessoa se torna incapacitada. Nesta perspetiva, o *lugar (place)* reflete uma extensão da identidade pessoal, permitindo a preservação da integridade do 'eu' e promovendo um sentido de continuidade entre as diferentes etapas do ciclo de vida.

O conceito de *Aging in place* pressupõe também que, à medida que as pessoas mais velhas se tornam cada vez mais frágeis ou até doentes, possam viver em segurança em suas casas, desde que sejam disponibilizados apoios e serviços adequados às suas necessidades. Permanecer em casa durante o envelhecimento e manter o máximo possível de independência, privacidade, segurança, competência e controlo sobre o meio ambiente, é o objetivo a atingir, sem esquecer que o termo *place* refere-se não apenas ao lugar de habitação da pessoa, mas também à sua comunidade, composta pelo ambiente físico (ambiente circundante e serviços locais disponíveis) e social (familiares, amigos, vizinhos). Habitualmente, as

pessoas mais velhas associam à ideia de *Aging in place* a possibilidade de poderem efetuar escolhas relacionadas com a sua vida, terem acesso a serviços (de saúde, nomeadamente) e facilidades diversas (compras, oportunidades recreativas), disfrutarem de relações sociais e interação com outras pessoas, sentirem-se seguras em casa e no exterior, e acima de tudo manterem uma sensação de independência e autonomia (Iecovich, 2014).

Quais são os objetivos do *Aging in place*? Primeiro, do ponto de vista das pessoas idosas e das suas famílias, permanecer nas suas casas e comunidades o maior tempo possível proporciona controlo sobre as suas vidas e permite manter um sentido de identidade, promovendo o bem-estar. Qualquer deslocalização implica a perda de relações sociais, mudanças nas rotinas diárias e estilos de vida, e frequentemente perda de independência. Segundo, do ponto de vista dos decisores políticos, o cuidado institucional é mais dispendioso do que a prestação de cuidados na comunidade. Esta constatação tem inspirado os decisores políticos a implementar medidas que dão prioridade ao envelhecimento em casa e a oferta de serviços neste domínio começou a proliferar, fornecendo novas opções para aqueles que precisam de assistência no domicílio para continuarem a manter uma vida tão independente quanto possível.

Todavia, se é verdade que a investigação fornece-nos evidências dos benefícios do *Aging in place*, também é verdade que mudanças ambientais podem gerar resultados positivos quando se promove o ajustamento pessoa-ambiente através da melhoria das condições de vida e do controlo pessoal, diminuindo a pressão ambiental (Lawton, 1998). Envelhecer onde sempre se viveu pode ser negativo quando as comunidades sofrem mudanças socioeconómicas e demográficas que as desfiguram (devido a processos como a gentrificação), transformando espaços outrora acolhedores em ambientes onde as pessoas mais velhas se sentem inseguras ou vivem permanentemente com a sensação de estarem fora do seu lugar. No entanto, diferentes grupos de idosos podem reagir de forma diferente às mudanças ambientais; enquanto alguns poderão efetivamente experimentar um sentimento de exclusão, outros poderão continuar a experimentar uma forte sensação de inserção social, independentemente das mudanças ocorridas.

À medida que envelhecem, as pessoas tornam-se mais sensíveis e vulneráveis ao seu ambiente social e físico. De acordo com a hipótese da docilidade ambiental (Lawton & Simon 1968), a influência do ambiente aumenta à medida que o estado funcional da pessoa idosa diminui. Lawton (1989) enfatiza o papel da interação entre a competência pessoal e o ambiente físico no bem-estar dos idosos, mostrando como a introdução de mudanças em casa (remoção de obstáculos ou colocação de ajudas à mobilidade) pode aumentar a independência. O modelo de competência-pressão ambiental introduzido por Lawton afirma que a interação entre com-

petências pessoais e as condições ambientais, sociais e físicas, determina até que ponto uma pessoa será capaz de envelhecer no local onde vive. De acordo com este modelo, um ajustamento entre as competências pessoais disponíveis e a pressão ambiental exercida pelo contexto pode resultar em consequências positivas, enquanto uma incompatibilidade entre competências e contexto pode resultar numa adaptação desfavorável. A adaptação em idade avançada reflete a interação entre características pessoais e ambientais. O modelo teórico de Lawton foi, porém, ao longo dos tempos criticado devido a várias limitações. Primeiro, não oferece uma estratégia teórica precisa para medir o ambiente pessoal. Em segundo lugar, o modelo afirma que o ambiente controla o comportamento do indivíduo, mas não tem em conta atributos individuais (como a personalidade) nem como as pessoas mais velhas manipulam o ambiente como um recurso para atender às suas necessidades. Em terceiro lugar, este modelo é bastante estático e não dá a devida atenção às mudanças ocorridas nos locais, urbanos ou rurais, em que as pessoas mais velhas vivem e envelhecem.

Para que o *Aging in place* seja possível, é necessário criar “comunidades habitáveis” (Iecovich, 2014), um conceito que liga o *design* físico, a estrutura social e as necessidades de todas as gerações que compartilham um local comum. Nas últimas décadas tem proliferado a implementação de programas e serviços que visam a criação destas comunidades, em tipo e variedade. Entre estes contam-se diversos serviços de apoio domiciliário, cuidados de saúde no lar, hospitalização domiciliária, cuidados paliativos domiciliários, programas de nutrição e serviços de apoio para cuidadores e familiares. Em resumo, nas próximas décadas, o *Aging in place* será uma estratégia comum utilizada para atender às necessidades complexas, variadas e crescentes das pessoas idosas, adaptando as respostas e desenvolvendo modelos inovadores de cuidado dirigidos a pessoas idosas, ainda autónomas ou já dependentes.

Disso são exemplo inovações tecnológicas recentes, como a teleassistência, o teleatendimento domiciliário e outros dispositivos que tenham como objetivo fornecer soluções para aumentar a segurança em casa e promover a independência, capacitando desse modo o *Aging in place*. Muitas gerotecnologias já estão disponíveis e outras serão certamente introduzidas num futuro próximo, funcionando como mecanismos compensatórios da interação pessoa-ambiente e habilitando as pessoas mais velhas a envelhecer com maior segurança.

Outro exemplo é o projeto Cidades Amigas das Pessoas Idosas (WHO, 2007), que tem como objetivo promover o bem-estar físico e psicossocial dos habitantes mais velhos e assim melhorar a qualidade de vida de toda a comunidade. Este modelo incorpora todos os aspetos do ambiente natural, construído e social, e inclui a avaliação de necessidades relacionadas com serviços sociais, participação e

inclusão, transportes públicos, fornecimento de informações, apoio comunitário, programas recreativos e sociais, participação cívica e segurança em casa e em espaços exteriores. Fazer de uma cidade uma *cidade amiga das pessoas idosas* exige que os decisores políticos e os prestadores de serviços dediquem atenção a várias questões-chave: planeamento, habitação, transporte, saúde e serviços sociais, prestação de cuidados de longa duração, atividades sociais e de integração social de idosos, capacitando-os para envelhecerem em suas casas e nas comunidades onde vivem.

Em síntese, *Aging in place* é uma expressão comum no pensamento atual sobre práticas de envelhecimento, significando genericamente viver em casa e na comunidade com algum nível de independência, permitindo às pessoas mais velhas manterem autonomia e ligações sociais com amigos e familiares. Envelhecer em casa também permite que as ligações sociais com familiares e amigos continuem. Embora a maioria das discussões sobre *Aging in place* se concentre em casa, há reconhecimento crescente que, além da habitação, as comunidades (bairros ou aldeias, consoante estejamos a falar em ambiente urbano ou rural) são fatores cruciais na valorização que as pessoas fazem do *Aging in place*. Embora as condições objetivas da comunidade onde se vive e a capacidade funcional individual sejam importantes, os sentimentos subjetivos sobre essa comunidade podem ser uma fonte significativa de satisfação, independentemente de aspetos objetivos de adequação ou segurança. Para auxiliar o envelhecimento em casa e na comunidade, é necessário ter em conta não apenas as opções de habitação, mas também o transporte, oportunidades recreativas e serviços que facilitem a atividade física, a interação social, o envolvimento cultural e a educação contínua.

Wiles *et al.* (2012) exploraram o significado de *Aging in place* para pessoas mais velhas em duas comunidades da Nova Zelândia. Para a maioria das pessoas idosas que participaram no estudo, o foco do conceito é “a casa”. Apesar dos fatores associados à casa serem os mais importantes, outros aspetos são igualmente relevantes quando as pessoas têm a oportunidade de considerar amplamente o que torna agradável o ambiente onde vivem. Desses aspetos, destaca-se o sentido comunitário; as pessoas não estavam apenas ligadas a uma casa em particular, mas também a um “lugar” em concreto, a uma comunidade “acolhedora”. Embora tal possa ser visto como idealizado, as pessoas mais velhas são efetivamente mais propensas a expressar opiniões positivas acerca do local onde moram, assentando essa atitude em evidências muito pragmáticas: ser saudado por outras pessoas ao longo da rua, sentir-se seguro, conhecer o supermercado local, saber o nome do farmacêutico. Aqueles que deixaram um dia a comunidade e a ela retornam mais tarde procuram justamente essa familiaridade, não de uma casa, mas de pessoas e lugares que transmitiam uma percepção de acolhimento. Neste sentido, a vontade

de envelhecer na comunidade não é apenas um estado interno ou emocional, mas tem um impacto material e tangível.

Finalmente, o significado de conceitos como “autonomia” varia significativamente. No estudo de Wiles *et al.* (2012), alguns participantes eram autônomos sem qualquer ajuda externa, enquanto outros recorriam à assistência familiar. Quando pensamos sobre *Aging in place* e sobre maneiras de ajudar as pessoas a “permanecerem no lugar”, precisamos de reconhecer que esse “lugar” opera em diferentes níveis. Isso pode significar pensar apenas em “casa” como habitação ou considerar a casa num sentido mais amplo, considerando também aspetos da comunidade: acesso a redes sociais, a serviços de transporte, a recursos de saúde e a oportunidades de ocupação do tempo.

## 5. A Recolha de Boas Práticas

Este projeto de investigação foi baseado na recolha de iniciativas de base local que se disponibilizaram para, inicialmente, preencherem o protocolo de recolha de dados e receberem depois o investigador numa entrevista presencial, possibilitando o contacto direto com as iniciativas selecionadas e o aprofundamento da recolha de informação. À data da realização desta investigação (entre outubro de 2017 e abril de 2018), todas as iniciativas identificadas estavam a ser implementadas.

A recolha das 81 boas práticas de *Aging in place* foi sistematizada em dez categorias, representando diferentes expressões das cinco principais áreas de intervenção no processo de *Aging in place* segundo a Organização Mundial de Saúde: pessoas, lugares, produtos, serviços personalizados e políticas de apoio social.

### Apoio aos cuidadores

BOA PRÁTICA	ENTIDADE PROMOTORA	LOCALIDADE(S)
Apoio ao Cuidador	Associação para o Desenvolvimento de Novas Iniciativas para a Vida	Lisboa (e todo o país)
Apoio na Demência	Associação Alzheimer Portugal	Lisboa (e todo o país)
Cuidar de Quem Cuida	Centro de Assistência Social à Terceira Idade e Infância de Sanguedo	Área Metropolitana do Porto
CuiDem – Cuidados para a Demência	Associação CASO50+	Região Norte
+ Cuidar	Câmara Municipal de Gondomar	Gondomar
Gabinete de Ensinos	Santa Casa da Misericórdia de Águeda	Águeda

## Combate ao isolamento

BOA PRÁTICA	ENTIDADE PROMOTORA	LOCALIDADE(S)
A Vida Vale	Associação Odemira+	Odemira
Abraço Amigo	Grupo de Ação Social do Porto	Porto
Chave de Afetos	Santa Casa da Misericórdia do Porto	Porto
Combate ao Isolamento	Santa Casa da Misericórdia de Vila Viçosa	Vila Viçosa
Coração Amarelo	Associação Coração Amarelo	Lisboa, Porto, Cacém, Cascais, Oeiras, Sintra, Porto de Mós
Cuidar à distância	Liga dos Amigos do Centro de Saúde de Alfândega da Fé	Alfândega da Fé
Ludoteca Itinerante	Santa Casa da Misericórdia de Mértola	Mértola
Mais Proximidade Melhor Vida	Associação Mais Proximidade Melhor Vida	Lisboa
Na Rua com Histórias	Associação Histórias Desenhadas	Lisboa
Projetos de estágio	Escola Superior de Educação do Instituto Politécnico de Viseu	Viseu
Sorriso Sénior	Câmara Municipal de Alfândega da Fé	Alfândega da Fé
VintAGING 65+ felizes	Escola Superior de Saúde de Santa Maria	Porto
+ Laços	Junta de Freguesia de Câmara de Lobos	Câmara de Lobos

## Gerotecnologias e investigação

BOA PRÁTICA	ENTIDADE PROMOTORA	LOCALIDADE(S)
CordonGris	Santa Casa da Misericórdia de Lisboa	Lisboa
GrowMeUp	Cáritas Diocesana de Coimbra (num consócio internacional liderado pela Universidade de Coimbra)	Coimbra
Impacto do Delirium no Idoso, na Família e no Profissional de Saúde	Centro de Investigação em Tecnologia e Serviços de Saúde. Faculdade de Medicina da Universidade do Porto. Centro Hospitalar de S. João.	Porto
Plano Gerontológico e Idanha-a-Nova	Instituto Politécnico de Castelo Branco e Câmara Municipal de Idanha-a-Nova	Idanha-a-Nova
+ TV4E	DigiMedia, Universidade de Aveiro	Aveiro

### Inovação em Apoio Domiciliário

<b>BOA PRÁTICA</b>	<b>ENTIDADE PROMOTORA</b>	<b>LOCALIDADE(S)</b>
Apoio Domiciliário Noturno	Associação Humanitária Social e Cultural de Pinhanços	Pinhanços (Seia)
Apoio Domiciliário Noturno	Santa Casa da Misericórdia de Oliveira de Azeméis	Oliveira de Azeméis
Papel dos voluntários no Serviço de Apoio Domiciliário	Santa Casa da Misericórdia da Venda do Pinheiro	Venda do Pinheiro
Serviço de Apoio Domiciliário da Santa Casa da Misericórdia de Esposende	Santa Casa da Misericórdia de Esposende	Esposende
Serviço de Apoio e de Desenvolvimento Pessoal e Social	Centro Social e Paroquial de Oliveira do Douro	Oliveira do Douro (Vila Nova de Gaia)

### Inovação em Centro de Dia

<b>BOA PRÁTICA</b>	<b>ENTIDADE PROMOTORA</b>	<b>LOCALIDADE(S)</b>
Centro de Dia S. João de Deus	Santa Casa da Misericórdia do Porto	Porto
Parque de Reminiscências	Santa Casa da Misericórdia de Almada	Trafaria (Almada)

### Intervenção na vida da comunidade

<b>BOA PRÁTICA</b>	<b>ENTIDADE PROMOTORA</b>	<b>LOCALIDADE(S)</b>
A Avó Veio Trabalhar	Associação Fermenta	Lisboa
Lar Aldeia	Sport Club Operário de Cem Saldos	Cem Saldos (Tomar)
Programa Municipal de Voluntariado	Câmara Municipal de Lisboa	Lisboa
Ser Mais-Valia	Associação Ser Mais-Valia	Lisboa

### Lazer, atividade física e aprendizagem ao longo da vida

<b>BOA PRÁTICA</b>	<b>ENTIDADE PROMOTORA</b>	<b>LOCALIDADE(S)</b>
Bibliomóvel	Câmara Municipal de Proença-a-Nova	Proença-a-Nova
Bibliófilo Vai a Casa	Câmara Municipal de Odivelas	Odivelas
Centro de Ativ'ldades	Câmara Municipal da Covilhã	Covilhã
Clique Sem Idade	Câmara Municipal de Palmela	Palmela
Espaços Maior Idade	Câmara Municipal de Ílhavo	Ílhavo
Lado a Lado	Associação Em Contato Tavira	Tavira
Mais Desporto Mais Saúde	Câmara Municipal de Rio Maior	Rio Maior
Promoção do Envelhecimento Ativo	Câmara Municipal de Odivelas	Odivelas
Santo Tirso Ativo	Câmara Municipal de Santo Tirso	Santo Tirso
Teatro Sénior	Câmara Municipal de Silves	Silves

### Melhoria das condições de habitação

<b>BOA PRÁTICA</b>	<b>ENTIDADE PROMOTORA</b>	<b>LOCALIDADE(S)</b>
Programa de Apoio Municipal para Adaptação e Requalificação de Habitações	Câmara Municipal de Pombal	Pombal
Bricosolidário	Câmara Municipal do Sabugal	Sabugal
Casa Aberta	Câmara Municipal de Lisboa	Lisboa
Oficina da Cidadania	Câmara Municipal de Lisboa	Lisboa
Oficina Domiciliária	Câmara Municipal de Belmonte	Belmonte

## Recursos de saúde, animação, nutrição e acompanhamento psicológico

BOA PRÁTICA	ENTIDADE PROMOTORA	LOCALIDADE(S)
Acompanhamento Psicológico ao Domicílio	AMI – Fundação de Assistência Médica Internacional	Lisboa
Apoio Social e de Saúde	Câmara Municipal de Vinhais	Vinhais
Beyond Silos - Cuidados Integrados ao Domicílio	Santa Casa da Misericórdia da Amadora	Amadora
Equipas/Unidades Domiciliárias de Cuidados Paliativos	Ministério da Saúde; Serviço de Saúde da Região Autónoma da Madeira; Secretaria Regional da Saúde da Região Autónoma dos Açores	Região Autónoma dos Açores, Região Autónoma da Madeira, Distritos de: Beja, Bragança, Évora, Faro, Guarda, Lisboa, Madeira, Porto, Setúbal, Viana do Castelo, Viseu
HIT – Homecounseling Intervention Therapy	Faculdade de Psicologia e Ciências da Educação da Universidade de Coimbra	Coimbra
Hospitalização Domiciliária	Instituto Português de Oncologia do Porto	Região Norte
INCOGNUS – “Inclusão, Cognição, Saúde”	Santa Casa da Misericórdia de Vila Velha de Ródão	Vila Velha de Ródão
Nutrition UP 65	Faculdade de Ciências da Nutrição e Alimentação da Universidade do Porto	Região Norte
Programa Sol Poente	Unidade de Cuidados na Comunidade Cubo Mágico da Saúde – ACES Baixo Vouga	Oliveira do Bairro
Promoção da Saúde do Idoso	Unidade de Cuidados na Comunidade da Senhora da Hora; Unidade de Cuidados na Comunidade de Matosinhos; Unidade de Cuidados na Comunidade de S. Mamede de Infesta	Senhora da Hora, Matosinhos, S. Mamede de Infesta
Saúde + Perto	Associação Social Saúde + Perto	Ponte de Lima
Saúde.Come	EpiDoC Unit /Faculdade de Ciências Médicas da Universidade Nova de Lisboa	Região de Lisboa e Vale do Tejo
Saúde Sobre Rodas	Câmara Municipal de Vila Nova de Foz Côa	Vila Nova de Foz Côa
Unidade Móvel de Saúde e de Apoio Psicológico e Social	Mutualista Covilhanense	Covilhã
Volunteering Home Care	Faculdade de Psicologia e Ciências da Educação da Universidade do Porto	Porto

## Segurança, mobilidade e bem-estar

BOA PRÁTICA	ENTIDADE PROMOTORA	LOCALIDADE(S)
10.000 Vidas	Associação Nacional de Cuidado e Saúde	Lousã
Apoio à População Idosa	Câmara Municipal de Almodôvar	Almodôvar
Apoio, Proteção e Qualidade de Vida	Câmara Municipal de Abrantes	Abrantes
Centro de Noite	Centro Cultural e Social de Santo Adrião (Braga)	Braga
Centro de Noite	Centro Social e Paroquial da Encarnação	Encarnação (Mafra)
Contrato Local de Desenvolvimento Social de Coruche	Cáritas Paroquial de Coruche, equipa CLDS3G / Câmara Municipal de Coruche	Coruche
Conversas de Gente Miúda e Graúda	Câmara Municipal de Mangualde	Mangualde
Envelhecer Bem, Envelhecer Ativo	Câmara Municipal de Miranda do Douro	Miranda do Douro
Guimarães 65+	Câmara Municipal de Guimarães	Guimarães
Proteção à População Idosa	Câmara Municipal de Angra do Heroísmo	Angra do Heroísmo
Serviço Municipal de Apoio ao Idoso	Câmara Municipal de Amarante	Amarante
Serviço de Teleassistência Municipal	Câmara Municipal de Lisboa	Lisboa
Serviços de Proteção e Proximidade a Idosos	Câmara Municipal de Paredes	Paredes
Sintra Social	Câmara Municipal de Sintra	Sintra
Teleassistência a Pessoas Vulneráveis	Guarda Nacional Republicana – Comando Territorial da Guarda	Distrito da Guarda
Transporte Público Flexível	Várias	Alcanena, Almada, Anadia, Batalha, Beja, Barreiro, Bragança, Coimbra, Comunidade Intermunicipal Médio Tejo, Comunidade Intermunicipal de Trás-Os-Montes, Funchal, Leiria, Lisboa (Alvalade), Loures, Ourique, Pinhel, Portalegre, Sousel, Viana do Castelo, Viseu

## Conclusões

Algumas notas de síntese deste trabalho:

- Há um claro empenho de diversas instituições, públicas e privadas, no sentido de facilitar às pessoas que assim o desejarem a possibilidade de envelhecerem em casa e na comunidade, preservando dessa forma a sua identidade e assegurando um sentido de continuidade no seu ciclo de vida;
- As iniciativas recolhidas e sistematizadas estão disseminadas por todo o país, não havendo propriamente uma predominância de ambientes urbanos ou rurais; embora algumas iniciativas façam mais sentido num contexto determinado, outras há que podem ser reproduzidas em qualquer local do país, valendo essencialmente pelos seus objetivos e metodologias seguidas;
- Algumas iniciativas nascem de políticas desenhadas pelos respetivos promotores, enquanto outras resultam da perceção real de que as pessoas idosas necessitam de medidas diferenciadas para poderem continuar a viver nas suas casas e nas suas comunidades; neste último caso, a realidade impôs-se e suscitou a necessidade de criação de soluções de *Aging in place*;
- Os Serviços de Apoio Domiciliário (SAD) poderão ser uma fonte considerável de suporte para um envelhecimento em casa e na comunidade; SAD mais “capacitados” sob o ponto de vista da diferenciação de prestação de serviços e de recursos humanos a eles afetos poderão ser um recurso básico e acessível de promoção de um verdadeiro *in place*;
- A motivação inicial que levou à realização deste trabalho mantém-se válida: é importante dar a conhecer — e dessa forma valorizar — o que de mais significativo tem sido feito para promover o *Aging in place* em Portugal, onde a população mais velha constitui a essência em largos setores do território nacional.

Concluindo, nas últimas décadas, face à necessidade de lidar com a crescente pressão dos cuidados que é necessário prestar a uma população cada vez mais envelhecida, uma prioridade crucial definida pelos formuladores de políticas tem sido a preferência por soluções de *Aging in place* em vez do acolhimento residencial. Todavia, o *Aging in place* requer algumas pré-condições específicas, como por exemplo, uma rede ativa de apoio formal e informal e um contexto habitacional adequado. Algumas questões de investigação futura podem, assim, ser relevantes:

1. Que contextos habitacionais (considerados numa tripla dimensão: características da habitação, características do edifício, características do ambiente circundante em que os idosos vivem) favorecem *versus* dificultam o *Aging in place*, afetando as estratégias de prestação de cuidados dos idosos, em particular dos idosos mais frágeis?
2. Quais são os principais riscos associados ao *Aging in place*? Uma atenção especial deve ser dada ao potencial isolamento dos idosos mais frágeis e com problemas de mobilidade, em termos de cuidados psicológicos, sociais e materiais.
3. Qual o papel das políticas públicas no apoio às práticas de *Aging in place*? Que inovações podem ajudar a reduzir o risco de isolamento? Neste caso, a chamada de atenção é tanto para as inovações (sociais e tecnológicas) como para a implementação de políticas “amigas dos idosos” em termos de habitação, ocupação e uso de ambientes urbanos e territoriais, e políticas de assistência e saúde.

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## Aging in Place in Portugal

*Aging in Place*, Envelhecimento em Casa  
e na Comunidade em Portugal

(PT: 21-39)

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### **ABSTRACT**

Aging in place means the ability to continue living at home and in the community over time, safely and independently. The promotion and enhancement of aging modalities at home and in the community is a model of social intervention currently favored by the World Health Organization as people get older (WHO, 2015). In this article we present the main data resulting from the collection and systematization of about eighty local initiatives, exploring how the concept of aging in place is operationalized in Portugal by public, private and associative entities. The initiatives identified are spread across the country and fall into twelve categories: support for caregivers; fight against isolation; gerotechnologies; home support; day and social centres; social intervention; leisure and learning; housing and physical spaces; health, nutrition and physical activity; safety; mobility; and psychological well-being. While some initiatives make more sense in a particular social context, others can be replicated anywhere, essentially because of their universal objectives, such as combating isolation or promoting mobility. All in all, we are looking at a good set of examples

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of what can be done locally to make it easier for people who so desire to grow old at home and in the surrounding community, thereby preserving their identity and ensuring a sense of continuity in its life cycle.

**Keywords:** Aging in place, Aging, Portugal

## RESUMO

*Aging in place* significa a capacidade de continuar a viver em casa e na comunidade ao longo do tempo, com segurança e de forma independente. A promoção e valorização de modalidades de envelhecimento em casa e na comunidade onde ela se insere é um modelo de intervenção social atualmente privilegiado pela Organização Mundial de Saúde à medida que se envelhece (WHO, 2015). Neste artigo apresentaremos os principais dados resultantes da recolha e sistematização de cerca de oitenta iniciativas de base local, explorando o modo como o conceito de *Aging in place* é operacionalizado em Portugal por entidades públicas, privadas e associativas. As iniciativas identificadas estão disseminadas por todo o país e dividem-se em doze categorias: apoio aos cuidadores; combate ao isolamento; gerotecnologias; apoio domiciliário; centros de dia e de convívio; intervenção social; lazer e aprendizagem; habitação e espaços físicos; saúde, nutrição e atividade física; segurança; mobilidade; e bem-estar psicológico. Embora algumas iniciativas façam mais sentido num determinado contexto social, outras há que podem ser reproduzidas em qualquer local, valendo essencialmente pelos seus objetivos de carácter universal, como combater o isolamento ou promover a mobilidade. Numa perspetiva integrada, estamos perante um bom conjunto de exemplos do que pode ser feito localmente, no sentido de facilitar às pessoas que assim o desejarem, a possibilidade de envelhecerem em casa e na comunidade envolvente, preservando dessa forma a sua identidade e assegurando um sentido de continuidade no seu ciclo de vida.

**Palavras-chave:** *Aging in place*, Envelhecimento, Portugal

## 1. Introduction

Aging in place means the ability to continue living at home and in the community over time, safely and independently. This concept requires an interdisciplinary approach, valuing interventions at different levels: national, regional, community and individual. Currently, in high-income countries, when the elderly begin to lose their autonomy and abilities, institutionalization is most often the option, whereas in low-income countries aging in place is not an option, but an inevitability given the limitation of social welfare systems and the lack of institutional alternatives.

Our perspective is that aging in place should not be seen as a resource, but as a first choice, for the benefits of social inclusion and emotional reward, which in most cases are associated with it.

To the question “*where is the ideal place to grow old?*” older people generally respond: “*the place I already know!*” In fact, aging in the place where one has lived for most of their life and where the main references to that life (relational and material) are, is an advantage in terms of maintaining a sense of life and preserving

feelings of security and familiarity. This is attained as much by maintaining independence and autonomy, as by their role in the place where they live. Thus, aging in place acts in multiple ways that should be considered when defining actions and policies aimed at older people.

In this article we present a collection and systematization of initiatives implemented in Portugal, which we classify as good practices in this field, keeping in line with those recommended by the World Health Organization, when it comes to aging in place as having the social support necessary to live safely and independently, at home and in the community, as you grow old (WHO, 2015). The aim is to go beyond acknowledging the importance of home care services by drawing attention to initiatives that, due to their innovative nature, can effectively constitute good practices in this field. In other words, highlighting the importance of aging in place as a comprehensive strategy to not only keep the elderly living in their own homes, but also participating in the life of their communities for as long as possible.

## **2. Aging of the population and the traditional response**

We all know it already: the world is rapidly aging. According to World Health Organization estimates, globally the number of people over 60 could reach 22% by 2050 and reach 34% in Europe, which means that one in three Europeans will be 60 years or older.

Being part of the most aged region on the planet, in Portugal the trend of an aging population is even more pronounced, which makes Portugal one of the countries with the most aged population in the world (Fernandes, 2014). Given these data, it is inevitable to question traditional perspectives on old-age lifestyles and on the type of resources needed to respond to the challenges of an aging population.

In Portugal, the first universal response aimed at older people began to emerge after April 25, 1974, either through social actions (creation of services and facilities), or through the provision of economic support (in the form of subsidies and pensions). One of the most visible aspects of the social policy to support the elderly was, undoubtedly, the increase of social welfare facilities, with a focus on Day Centers (with an increase of 28% throughout the 1990s) and Nursing Home/Residences for the Elderly (from 600 in 1994 to 895 in 1996). Investment in such welfare facilities was accentuated in the following years, with an increase of 38% in the number of Nursing Homes/Residences for the Elderly and of 30% in Day Centers between 2000 and 2011 (Guedes, 2014).

Even though the number of people living in institutions makes up a small minority of the total Portuguese population, Residences for the Elderly have become

an icon of the social response to old age. They appeared to be associated with a sign of social development by meeting the needs of the elderly through permanent care services. It is true that residential care institutions are currently an essential response to situations of extreme vulnerability or when no other alternative is deemed sufficient to meet the needs of the elderly (which can range from social abandonment to the degradation of material living conditions). However, it is also no less true that being admitted into a residential care institution always causes a break in the person's previous life situation and almost always with the community to which the person belonged.

Despite the occupancy rate of Residences for the Elderly being close to 100% (frequently with waiting lists with the same number or even higher than the number of places available), it is neither possible nor desirable to continue the indefinite expansion of this type of response to the detriment of others that aim to ensure that the elderly remain in their homes.

To this end, the Home Support Service has been carving its path, and represents the social response with the highest growth rate in the 2000s (approximately 59%). Investment made in recent years regarding the dissemination of Home Support Services across the country and the diversification of services provided to the users has certainly contributed, discretely but effectively, to keeping a considerable number of elderly people in their usual living environment, delaying or even avoiding institutionalization.

### **3. Older people and the communities**

Contrary to being "*a problem*," the aging population represents a joyful point of arrival in human development. Living longer is a result of various achievements from a medical, technological and social perspective. However, the existence of an increasing number of healthy and active old people also represents a challenge to both urban and rural communities. As they age, people have the need to live in an environment that provides them with the necessary support to compensate for the changes associated with aging, some of which synonymous with the loss of abilities. The creation and maintenance of favorable and facilitating contexts for aging is an indispensable task to promote the well-being of the elderly and keep them autonomous and socially relevant for as long as possible.

The place where a person lives is not only their home, it is also the community to which that home belongs. Spatial organization, the type of building, the transportation network, the availability of services in the surrounding area of the house, all of these are variables that contribute to a real participatory aging or, in contrast, to a socially excluding aging process. As you age, maintaining a self-determined life and as close as possible to the one maintained for decades is only

viable if the created environment and the natural environment are prepared to respect the evolution of individual abilities, and thus preserve individual confidence and self-esteem.

If, in some cases, older people are the ones who claim and make opportunities for social participation to happen, in other cases, such participation has to be effectively promoted. For this reason, the design of programs and projects that encourage a truly participatory aging within the communities is important, in order to maximize the performance of many elderly people who would otherwise become passive or even dependent. It is not just a matter of making people's lives easier, but allowing them to fully and safely enjoy that which surrounds them, starting with physical space and ending with social relationships.

To this end, the possibility of living at home and extending that life to the surrounding community requires the consideration of various levels of intervention:

- The house must take into consideration that people's needs change as they age and, if we do not want it to become a prison, outdoor spaces are just as important as the house itself;
- The services and resources indispensable to daily life (health, transportation, shopping, leisure, etc.) should allow for the satisfaction of individual needs, but also the realization of social, civic and economic opportunities;
- So that aging at home and in the community are not synonymous with "watching time go by", a very common attitude in institutions, the social inclusion of the elderly must include participation in useful and socially recognized roles.

#### **4. Aging in place, aging at home and in the community**

The chance of "*aging well*" implies a constellation of factors that determine it. One of those factors, with strong influence in maintaining autonomy and control over the environment, is the relationship of the elderly person with the home environment, that is, with the house and the surrounding physical and social context. Concern with the definition of suitable environments for the elderly should take into account the weaknesses associated with the aging process, giving special attention to aspects related to mobility. Nonetheless, the current challenge goes even further and consists of finding solutions that correspond to the aim of promoting quality of life, namely through social integration.

What does aging in place mean? Aging in place means to live at home and in the community, safely and independently as you age (WHO, 2015). Understanding this concept implies the need to adapt the physical and social environments to

everyday life over time. Indeed, most elderly people wish to remain in a familiar setting, preferably, to remain in the same house and same community (Iecovich, 2014). The desire to control most aspects related to daily life (personal care, routines and other activities significant to each individual) is implicit here. This is to say, more than the literal translation of “aging in place,” aging in place reflects the desire to age in a familiar environment that adapts to the changes that the aging process entails. Given that, as a person ages, the individual spends more time at home and in the nearby community, this reinforces their relationship with the environment that surrounds them.

The aging in place process translates into a process of environmental adaptation with social, psychological and environmental implications. It is a completely contemporary concept, motivated by the social responsibility to protect the elderly, especially those most vulnerable, and reflects a paradigm shift in social policies to support the elderly by considering, as a priority, the elderly person’s wish to remain in their family and community environment for as long as possible and independently, healthy and benefitting from social support. The fostering of independence and instrumental autonomy of older people, providing them with opportunities to maintain social interaction and access to various services is perhaps one of the main challenges to the general aging of the population, considering the demand of the elderly to keep a lifestyle where, apart from material comfort, an active social integration can be ensured. The concept of aging in place also represents an added challenge given the diversity of individual needs, as we are faced with the specific needs of each individual according to their resources, needs and preferences, which also vary over the aging process.

Hence the need for a complex approach to the different levels of intervention that the goals for aging in place entail. In the report of the 2<sup>nd</sup> World Health Organization Global Forum on *Innovation for Aging Populations* (WHO, 2015), five main areas of intervention in the aging in place process are identified: people, place, products, person-centered services, and social support policies (in the original, *the 5 P’s – People, Place, Products, Person-centered services, Policy*). In addition to concerns with housing and outdoor spaces, it is necessary to develop programs of a social nature that consider, on the one hand, the progressive functional limitations of the individuals and, on the other, maintaining autonomy and participation in society. Along the same lines, implementation of home care programs, including tele-assistance, is important to reinforce autonomy with impact on quality of life. To summarize, this new reality that combines an increasingly aging population with the need for diversified responses, poses new challenges, expressed in a concerted manner in the areas of intervention defined by the World Health Organization.

According to Iecovich (2014), aging in place presents several related dimensions: a physical dimension (the house, village, neighborhood, city where one lives), a social dimension (involving relationships and interpersonal contacts), an emotional and psychological dimension (that has to do with a feeling of belonging and connection to a place), and a cultural dimension (related to values, beliefs and meanings people give to a certain space). Thus, when we talk about *place* we are not only referring to a physical place of residence, but to an entire context that allows the elderly to preserve the meanings of their life, including a social identity that can be maintained even when a person becomes disabled. In this perspective, the *place* reflects an extension of personal identity, allowing the preservation of integrity of the *T* and promoting a sense of continuity between the different stages of the life cycle.

The concept of aging in place also assumes that, as older people become more fragile or even ill, they can live safely in their own homes, as long as support and services adequate to their needs are made available. Remaining at home during aging and maintaining as much independence, privacy, safety, competency and control over the surrounding environment as possible, is the goal to attain, without forgetting that the term *place* refers not only to the place of residence of the individual but also to his/her community, made up by the physical (surrounding environment and local services available) and social environment (family, friends, neighbors). Usually, older people associate the idea of aging in place with the possibility of being able to make choices related to their life, having access to services (namely, health) and leisure (shopping, recreational opportunities), enjoying social relationships and interactions with other people, feeling safe and secure at home and outside, and above all else maintaining a sense of independence and autonomy (Iecovich, 2014).

What are the goals of aging in place? First, in the perspective of the elderly and their families, remaining in their homes and communities for as long as possible provides them with control over their lives and allows them to maintain a sense of identity, promoting well-being. Any relocation implies the loss of social relationships, changes in daily routines and lifestyles, and often loss of independence. Second, in the perspective of policymakers, institutional care is more expensive than providing care services to the community. This finding has inspired policymakers to implement measures that prioritize aging at home, and delivery of services in this area has proliferated, offering new options to those who need home care assistance to continue to live as independent a life as possible.

Nevertheless, if it is true that research provides us with proof of the benefits of aging in place, it is also true that environmental changes can generate positive results when promoting the human-environment adjustment by improving the

living conditions and personal control, reducing environmental pressure (Lawton, 1998). Aging where one has always lived can be negative when communities undergo socio-economic and demographic changes that disfigure them (due to such processes as gentrification), transforming once welcoming spaces into environments where the elderly feel insecure or permanently live with the feeling of being *out of place*. However, different groups of old people may react differently to changes in their surroundings; while some may effectively experience a feeling of exclusion, others may continue to experience a strong feeling of social inclusion, regardless of the changes that have occurred.

As people grow older they become more sensitive and vulnerable to their social and physical environment. According to the environmental docility hypothesis (Lawton & Simon, 1968), the influence of the environment increases as the functional state of the elderly person decreases. Lawton (1989) emphasizes the role of interaction between personal competence and physical environment in the well-being of the elderly, demonstrating how introducing changes at home (removal of obstacles or addition of mobility aids) can increase independence. The environmental press-competence model introduced by Lawton states that the interaction between personal competences and environmental, social and physical conditions determines the extent to which a person will be capable of aging in the place where he/she lives. According to this model, an adjustment between the available personal competences and the environmental pressure exerted by the context may result in positive consequences, whereas an incompatibility between competences and context may result in an unfavorable adaptation. Adaptation in an advanced age reflects the interaction between personal and environmental characteristics. Nevertheless, Lawton's theoretical model was criticized over time due to several limitations. First, it does not provide an accurate theoretical strategy to measure personal environment. Second, the model states that the environment controls the individual's behavior, but does not take into consideration individual attributes (such as personality) or how the elderly manipulate the environment as a resource to satisfy their needs. Third, this model is quite static and does not give due consideration to the changes that occur in the places, urban or rural, where the elderly live and grow old.

For aging in place to be possible, it is necessary to create "livable communities" (Iecovich, 2014), a concept that links physical design, social structure and the needs of all generations who share a common place. In later decades, the implementation of programs and services aimed at creating these communities has spread, in type and variety. Among these are various home support services, home health care, home hospitalization, home palliative care, nutrition programs and support services for caregivers and family members. In short, in the following dec-

ades, aging in place will be a common strategy used to meet the complex, varied and growing needs of the elderly, adapting the response and developing innovative models of care aimed at older people both independent and dependent.

Examples of this are recent technological innovations, such as tele-care, home tele-assistance and other devices with the objective of offering solutions to increase safety at home and promote independence, thus empowering aging in place. Many gerontechnologies are already available and others will assuredly be introduced in the near future, acting as compensatory mechanisms for the human-environment interaction and enabling older people to age more safely.

Another example is the *Age-Friendly Cities* project (WHO, 2007), aimed at promoting the physical and psycho-social well-being of older people and thus improving the quality of life of the entire community. This model incorporates all aspects of the natural built and social environment, and includes the assessment of needs related to social services, participation and inclusion, public transportation, provision of information, community support, recreational and social programs, civic participation and safety at home and in outdoor spaces. Making a city an age-friendly city requires that policymakers and service providers pay attention to several key-issues: planning, housing, transportation, health and social services, delivery of long-term care social activities and social integration of the elderly, enabling them to age in their homes and the communities in which they live.

In summary, aging in place is a common expression in current thinking on aging practices, generally meaning living at home and in the community with some level of independence, allowing older people to maintain autonomy and social relationships with friends and family. Aging at home also enables the continuation of social relationships with family and friends. Despite the majority of discussions about aging in place focusing on the home, it is increasingly acknowledged that other than the home, communities (neighborhood or village, whether referring to an urban or rural environment) are crucial factors in the value people attribute to aging in place. Although the objective conditions of the community where one lives and the functional ability of the individual are important, subjective feelings about said community may be a significant source of satisfaction, regardless of the objective aspects of adequacy or safety. To assist aging at home and in the community, it is necessary to consider not only housing options, but also transportation, recreational opportunities and services that facilitate physical activity, social interaction, cultural involvement and continuous education.

Wiles et al. (2012) explored the meaning of aging in place for the elderly in two communities in New Zealand. For the majority of elderly people who participated in the study, “*the home*” is the focus of the concept. Although factors associated with the home are the most important, other aspects are equally important when

people are given the opportunity to consider what makes the environment where they live pleasant. Of these aspects, the sense of community is worth highlighting; people were not only connected to a particular home, but also to a specific “*place*”, to a “*welcoming*” community. Although this can be viewed as ideal, the elderly are more likely to express positive opinions about the place where they live based on very pragmatic evidence: being greeted by other people on the street; feeling safe; shopping at the local supermarket; knowing the pharmacist’s name. Those who one day left the community and later return seek precisely that familiarity, not of a house, but of people and places that convey a sense of welcoming. In this sense, the desire to age in the community is not only an internal or emotional state, but also has a material and tangible impact.

Finally, the meaning of concepts like “autonomy” vary significantly. In the study conducted by Wiles *et al.* (2012) some participants were autonomous, with no outside help, while others had the assistance of family. When we think about aging in place and ways of helping people “remain in place”, we need to acknowledge that this “*place*” operates at different levels. This may mean thinking of “home” as merely a house or considering a home in a broader sense, by also considering aspects of the community: access to social networks, to transportation services, to health care and to occupational opportunities.

## 5. Collection of good practices

This research project was based on a collection of locally based initiatives made available to initially fill the data collection protocol. A face-to-face interview with the researcher was later conducted, enabling direct contact with selected initiatives and further exploring the data collected. At the time of this research (between October 2017 and April 2018), all initiatives identified were being implemented.

The collection of 81 good practices of aging in place was systematized into ten categories, each representing different expressions of the five main areas of intervention in the aging in place process according to the World Health Organization: people, place, products, person-centered services and policies (social support).

## Support for Caregivers

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
Support for caregivers	ADVITA - Associação para o Desenvolvimento de Novas Iniciativas para a Vida	Lisbon (and across the country)
Support in Dementia	Associação Alzheimer Portugal	Lisbon (and across the country)
Cuidar de Quem Cuida (Caring for the Caregiver)	Centro de Assistência Social à Terceira Idade e Infância de Sanguedo	Metropolitan Area of Oporto
CuiDem – Cuidados para a Demência (Care for Dementia)	Associação CASO50+	Northern Region
+ Cuidar	Municipality of Gondomar	Gondomar
Gabinete de Ensinos	Santa Casa da Misericórdia de Águeda	Águeda

## Combating Isolation

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
A Vida Vale	Associação Odemira+	Odemira
Abrço Amigo	Grupo de Ação Social do Porto	Oporto
Chave de Afetos	Santa Casa da Misericórdia do Porto	Oporto
Combating Isolation	Santa Casa da Misericórdia de Vila Viçosa	Vila Viçosa
Coração Amarelo	Associação Coração Amarelo	Lisbon, Oporto, Cacém, Cascais, Oeiras, Sintra, Porto de Mós
Cuidar à distância	Liga dos Amigos do Centro de Saúde de Alfândega da Fé	Alfândega da Fé
Ludoteca Itinerante	Santa Casa da Misericórdia de Mértola	Mértola
Mais Proximidade Melhor Vida	Associação Mais Proximidade Melhor Vida	Lisbon
Na Rua com Histórias	Associação Histórias Desenhadas	Lisbon
Internship projects	School of Education of the Polytechnic Institute of Viseu	Viseu
Sorriso Sénior	Municipality of Alfândega da Fé	Alfândega da Fé
VintAGING 65+ felizes	Santa Maria Health School	Oporto
+ Laços	Parish Council of Câmara de Lobos	Câmara de Lobos

### Gerontechnologies and Research

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
CordonGris	Santa Casa da Misericórdia de Lisboa	Lisbon
GrowMeUp	Cáritas Diocesana de Coimbra (within an international Consortium led by the University of Coimbra)	Coimbra
Impact of Delirium on the Elderly, Family and Health Care Professionals	Research Center for Health Technologies and Services. Faculty of Medicine of the University of Porto. S. João Hospital Center.	Oporto
Gerontological Plan Idanha-a-Nova	Polytechnic Institute of Castelo Branco and Municipality of Idanha-a-Nova	Idanha-a-Nova
+ TV4E	DigiMedia, University of Aveiro	Aveiro

### Innovation in Home Support

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
Night Home Care /Overnight Care	Associação Humanitária Social e Cultural de Pinhanços	Pinhanços (Seia)
Night Home Care/Overnight Care	Santa Casa da Misericórdia de Oliveira de Azeméis	Oliveira de Azeméis
Role of Volunteers in Home Support Services	Santa Casa da Misericórdia da Venda do Pinheiro	Venda do Pinheiro
Home Support Service of Santa Casa da Misericórdia de Esposende	Santa Casa da Misericórdia de Esposende	Esposende
Personal and Social Development and Support Service	Centro Social e Paroquial de Oliveira do Douro	Oliveira do Douro (Vila Nova de Gaia)

### Innovation in Day Centers

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
S. João de Deus Day Center	Santa Casa da Misericórdia do Porto	Oporto
Parque de Reminiscências	Santa Casa da Misericórdia de Almada	Trafaria (Almada)

**Intervention in Community Life**

<b>GOOD PRACTICE</b>	<b>PROMOTING INSTITUTION</b>	<b>GEOGRAPHICAL AREA(S)</b>
A Avó Veio Trabalhar	Associação Fermenta	Lisbon
Lar Aldeia	Sport Club Operário de Cem Soldos	Cem Soldos (Tomar)
Municipal Volunteer Program	Municipality of Lisbon	Lisbon
Ser Mais Valia	Associação Ser Mais Valia	Lisbon

**Leisure, physical activity and lifelong learning**

<b>GOOD PRACTICE</b>	<b>PROMOTING INSTITUTION</b>	<b>GEOGRAPHICAL AREA(S)</b>
Bibliomóvel (mobile library)	Municipality of Proença-a-Nova	Proença-a-Nova
Bibliófilo Vai a Casa	Municipality of Odivelas	Odivelas
Centro de Ativ'ldades	Municipality of Covilhã	Covilhã
Clique Sem Idade	Municipality of Palmela	Palmela
Espaços Maior Idade	Municipality of Ílhavo	Ílhavo
Lado a Lado	Associação Em Contato Tavira	Tavira
Mais Desporto Mais Saúde	Municipality of Rio Maior	Rio Maior
Promoting Active Aging	Municipality of Odivelas	Odivelas
Santo Tirso Ativo	Municipality of Santo Tirso	Santo Tirso
Teatro Sénior	Municipality of Silves	Silves

**Improvement of Housing Conditions**

<b>GOOD PRACTICE</b>	<b>PROMOTING INSTITUTION</b>	<b>GEOGRAPHICAL AREA(S)</b>
Municipal Support Program for Housing Adaption and Rehabilitation	Municipality of Pombal	Pombal
Bricosolidário	Municipality of Sabugal	Sabugal
Casa Aberta	Municipality of Lisbon	Lisbon
Oficina da Cidadania (Citizenship Workshop)	Municipality of Lisbon	Lisbon
Oficina Domiciliária (Home Workshop)	Municipality of Belmonte	Belmonte

**Health, animation, nutrition and psychological counseling**

<b>GOOD PRACTICE</b>	<b>PROMOTING INSTITUTION</b>	<b>GEOGRAPHICAL AREA(S)</b>
Psychological counseling at home	AMI – Fundação de Assistência Médica Internacional	Lisbon
Social support and health care	Municipality of Vinhais	Vinhais
Beyond Silos - Cuidados Integrados ao Domicílio (Integrated home care)	Santa Casa da Misericórdia da Amadora	Amadora
Home Palliative Care Teams/ Units	Ministry of Health; Health Service of the Autonomous Region of Madeira; Regional Secretariat of the Autonomous Region of the Azores	Autonomous Region of the Azores, Autonomous Region of Madeira, Districts of: Beja, Bragança, Évora, Faro, Guarda, Lisbon, Madeira, Oporto, Setúbal, Viana do Castelo, Viseu
HIT – Home counseling Intervention Therapy	Faculty of Psychology and Education Sciences of the University of Coimbra	Coimbra
Home Hospitalization	Portuguese Oncology Institute - Porto	Northern Region
INCOGNUS – “Inclusão, Cognição, Saúde” (Inclusion, Cognition, Health)	Santa Casa da Misericórdia de Vila Velha de Ródão	Vila Velha de Ródão
Nutrition UP 65	Faculty of Nutrition and Food Science of the University of Oporto	Northern Region
Sol Poente Program	Community Care Unit Cubo Mágico da Saúde – ACES Baixo Vouga	Oliveira do Bairro
Promoting Health for the Elderly	Community Care Unit of Senhora da Hora; Community Care Unit of Matosinhos; Community Care Unit of S. Mamede de Infesta	Senhora da Hora, Matosinhos, S. Mamede de Infesta
Saúde + Perto	Associação Social Saúde + Perto	Ponte de Lima
Saúde.Come	EpiDoC Unit /Faculty of Medical Sciences of the University Nova de Lisboa	Lisbon and Tagus Valley Region
Saúde Sobre Rodas	Municipality of Vila Nova de Foz Côa	Vila Nova de Foz Côa
Mobile Health Care and Psychological and Social Support Unit	Mutualista Covilhanense	Covilhã
Volunteering Home Care	Faculty of Psychology and Education Sciences of the University of Porto	Oporto

**Security, mobility and well-being**

<b>GOOD PRACTICE</b>	<b>PROMOTING INSTITUTION</b>	<b>GEOGRAPHICAL AREA(S)</b>
10.000 Vidas	Associação Nacional de Cuidado e Saúde	Lousã
Support for the Elderly	Municipality of Almodôvar	Almodôvar
Support, Protection and Quality of Life	Municipality of Abrantes	Abrantes
Night Center	Centro Cultural e Social de Santo Adrião (Braga)	Braga
Night Center	Centro Social e Paroquial da Encarnação	Encarnação (Mafra)
Local Social Development Contract of Coruche	Cáritas Paroquial de Coruche, team CLDS3G / Municipality of Coruche	Coruche
Conversas de Gente Miúda e Graúda	Municipality of Mangualde	Mangualde
Envelhecer Bem, Envelhecer Ativo	Municipality of Miranda do Douro	Miranda do Douro
Guimarães 65+	Municipality of Guimarães	Guimarães
Protection for the Elderly	Municipality of Angra do Heroísmo	Angra do Heroísmo
Municipal Elderly Support Service	Municipality of Amarante	Amarante
Municipal Telecare Service	Municipality of Lisbon	Lisbon
Protection and Proximity Services for the Elderly	Municipality of Paredes	Paredes
Sintra Social	Municipality of Sintra	Sintra
Tele-assistance for Vulnerable People	National Republican Guard –Territorial Command of Guarda	District of Guarda
Flexible Public Transportation	Various	Alcanena, Almada, Anadia, Batalha, Beja, Barreiro, Bragança, Coimbra, Intermunicipal Community of Médio Tejo, Intermunicipal Community of Trás-Os-Montes, Funchal, Leiria, Lisbon (Alvalade), Loures, Ourique, Pinhel, Portalegre, Sousel, Viana do Castelo, Viseu

## 6. Conclusions

Some summary notes of this work:

- There is a clear commitment from different public and private institutions to make it easier for people who wish to age at home and within the community, thus preserving their identity and ensuring a sense of continuity in their life cycle;
- The initiatives, collected and systematized, are disseminated across the country, there is no predominance of urban or rural environments; even though some initiatives make more sense in a specific context, others can be replicated anywhere in the country, essentially valued by the objectives and methodologies followed;
- Some initiatives arise from policies designed by the promoters, whereas others result from the real perception that elderly people need different measures in order to continue living in their homes and in their communities; in the latter case, reality imposed itself and raised the need to create aging in place solutions;
- Home Support Services (SAD) could be a considerable source of support for aging at home and in the community; SAD that are more “prepared” from the point of view of differentiating service delivery and related human resources may be a basic and accessible resource for promoting real aging in place;
- The initial motivation that led to this work remains valid: it is important to make known — and in this way value — the most significant things that have been done to promote aging in place in Portugal, where the older population is the essence in large sectors of the country.

In conclusion, in later decades given the need to deal with the growing pressure of care services necessary for an increasingly aging population, a crucial priority defined by policymakers has been the preference of aging in place solutions rather than residential care. However, aging in place requires some specific pre-conditions, such as an active network of formal and informal support and an adequate housing context. Some future research questions may therefore be relevant:

1. Which housing contexts (considered in a triple dimension: characteristics of the house, characteristics of the building, characteristics of the surrounding environment where the elderly live) favor *versus*

- impede the aging in place process, affecting the provision of care strategies for the elderly, particularly the most vulnerable?
2. What are the main risks associated with aging in place? Special attention should be given to the potential isolation of the most fragile elderly and those with mobility problems, with respect to psychological, social and material care.
  3. What is the role of public policies in supporting aging in place practices? What innovations can help reduce the risk of isolation? In this case, call for attention is as much for innovation (social and technological) as it is for the implementation of “aging-friendly” policies with regards to housing, occupation and use of urban and territorial environments, and assistance and health care policies.

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# Personnes âgées, technologies numériques et rupture du lien social: risques de l'exclusion ou leurs de l'inclusion?

The Elderly, Digital Technologies and the Breakdown of Social Ties:  
Risks of Exclusion or Lures of Inclusion?

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## RÉSUMÉ

Quand on est âgé, en France en 2019, il ne suffit pas d'être dans la rue pour être exclu voire se sentir exclu d'une société qui, avec sa révolution numérique imposée aux citoyens, tourne de plus en plus le dos à certaines composante du corps social. En effet, face à la numérisation à outrance prônée par les instances dirigeantes et autres technocrates qui se propage à la vitesse d'un Tsunami, les personnes âgées, souvent des femmes seules et/ou veuves appartenant aux catégories défavorisées de la société, généralement peu ou pas instruites et encore moins au fait de la gestion des pratiques informatiques minimales, se retrouvent déjà ou vont se retrouver sous peu, abandonnées sur le bord du chemin de ce type de modernisation qui n'a rien d'inclusive. Quelques acteurs de proximité du champ social et médico-social, le défenseur des Droits tirent déjà la sonnette d'alarme et font remonter les discours d'angoisse de ces personnes âgées qui ne savent plus comment faire face à la déshumanisation des services publics : « moi, j'ai 78 ans, j'ai une tout petite retraite, pas d'ordinateur et de toutes façons, je sais pas faire. Alors c'est embêtant maintenant parce que je dois me faire aider et je ne connais pas de gens qui peuvent m'aider. Il va falloir que je me rende sur place. C'est loin de chez moi, il faut attendre longtemps et je suis fatiguée. Et puis faut être certaine qu'il y aura quelqu'un ! ». Conscient de cette dynamique d'exclusion en marche et parce que nous

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recueillons depuis des mois les signes de ce désarroi qu'aggravent l'isolement et la solitude, notre démarche de recherche-action vise à terme à mettre en oeuvre des contre-actions dont le but est de contrecarrer les effets néfastes induits de la transition numérique sur la vie sociale des personnes âgées tout en cherchant à les libérer de l'enfermement négatif dans lequel leur incapacité à gérer pour elles-mêmes cette transition les a conduits insidieusement. C'est cette altération des existences humaines des plus fragiles qui se trouvent au cœur de notre démarche de chercheurs-praticiens comme de nos actions; ceci tel un faible rempart contre l'inhumanité du système qui se met en place inexorablement lorsqu'un robot vous signale : «vous avez dépassé la date critique (deadline en anglais et dans ce mot, il y a le mot « mort ») de dépôt de votre dossier sur le portail lambda, l'administration ne peut plus rien pour vous ». Il y a là, n'en doutons pas, un champ d'action immédiat pour les politiques publiques notamment en matière de lutte contre l'exclusion numérique des citoyens âgés. Pour le moment et comme toujours, en France, les opérateurs associatifs et humanitaires pallient avec leurs faibles moyens, à cette absence des pouvoirs publics mais une telle situation ne saurait durer sans affecter à terme, gravement l'équilibre sociétal et les principes moraux de justice sociale comme l'accès aux droits pour tous.

#### **ABSTRACT**

When you are old in France in 2019, you do not have to be living on the street to be excluded or even feel excluded from a society that is increasingly turning its back on some of its members, because of the digital revolution imposed on citizens. In fact, faced with the excessive digitization advocated by governing bodies and other technocrats, which is rising speedily like a Tsunami, the elderly, often single women and/or widows belonging to underprivileged categories of society, generally with little or no education, and even less awareness in terms of management of minimal IT practices, are already or will soon find themselves on the sidelines of this type of modernization, which has nothing inclusive about it. A few local actors in the social and medico-social field and rights activists are already sounding the alarm and raising the voices of anguish in defense of these elderly people who no longer know how to cope with the dehumanization of public services: *"I am 78 years old, I have a very small pension, no computer and anyway, I do not know how to do anything. So, it is annoying now because I have to get help and I do not know people who can help me. I am going to have to go there. It is a long way from home, I have to wait a long time and I am tired. And then you must be sure that there will be someone there!"*. Aware of this dynamic of exclusion that is currently taking place and because we have been collecting the signs of this disarray for months, aggravated by isolation and loneliness, our action-research approach aims in the long run to implement counter-actions that aim to offset the harmful effects induced by the digital transition on the social life of the elderly, while seeking to free them from the negative confinement into which their inability to manage this transition by themselves has insidiously led them. It is these changes in the aspects of the most fragile of human existences that are at the heart of our approach as researchers-practitioners, as well as of our actions; acting like a mild buffer against the inhumanity of the system that is inexorably set up when a robot signals to you: "You have exceeded the deadline [note that this word contains the word 'dead'] for the submission of your file on the lambda portal and therefore the administration can no longer do anything for you." There is no doubt that this is an immediate field of action for public policies, particularly in the fight against the digital exclusion of older citizens. For

the time being, as always, in France, associations and humanitarian actors compensate for this absence of public authority with their limited means, but such a situation cannot last without in the long term seriously affecting societal balance and the moral principles of social justice, such as access to rights for all.

## 1. Introduction

Quand on est âgé, en France en 2019, il ne suffit pas d'être dans la rue pour être exclu voire se sentir exclu d'une société qui, avec sa révolution numérique imposée aux citoyens, tourne de plus en plus le dos à certaines composante du corps social.

En effet, face à la numérisation à outrance prônée par les instances dirigeantes et autres technocrates qui se propage à la vitesse d'un Tsunami, les personnes âgées, souvent des femmes seules et/ou veuves appartenant aux catégories défavorisées de la société, généralement peu ou pas instruites et encore moins au fait de la gestion des pratiques informatiques minimales, se retrouvent déjà ou vont se retrouver sous peu, abandonnées sur le bord du chemin de ce type de modernisation qui n'a rien d'inclusive.

Quelques acteurs de proximité du champ social et médico-social, le défenseur des Droits tirent déjà la sonnette d'alarme et font remonter les discours d'angoisse de ces personnes âgées qui ne savent plus comment faire face à la déshumanisation des services publics : *« moi, j'ai 78 ans, j'ai une tout petite retraite, pas d'ordinateur et de toutes façons, je sais pas faire. Alors c'est embêtant maintenant parce que je dois me faire aider et je ne connais pas de gens qui peuvent m'aider. Il va falloir que je me rende sur place. C'est loin de chez moi, il faut attendre longtemps et je suis fatiguée. Et puis faut être certaine qu'il y aura quelqu'un ! »*.

Conscient de cette dynamique d'exclusion en marche et parce que nous recueillons depuis des mois les signes de ce désarroi qu'aggravent l'isolement et la solitude, notre démarche de recherche-action vise à terme à mettre en oeuvre des contre-actions dont le but est de contrecarrer les effets néfastes induits de la transition numérique sur la vie sociale des personnes âgées tout en cherchant à les libérer de l'enfermement négatif dans lequel leur incapacité à gérer pour elles-mêmes cette transition les a conduits insidieusement.

Pour ce faire, nous envisageons la création au sein de l'Institut de Gérontologie Sociale d'une antenne de médiation à titre expérimentale qui verra l'accueil des personnes âgées en détresse et leur permettra d'avoir un lieu où résoudre leurs difficultés en la matière ; ceci dans le cadre d'un processus d'appui et d'apprentissage.

Toutefois et auparavant dans le cadre d'une démarche scientifique de recherche-action, nous avons souhaité explorer ce champ de connaissance en émergence.

Dans cette dynamique, on rappellera que les technologies numériques ont envahi nos espaces quotidiens et bien évidemment celui des personnes âgées qu'elles soient à domicile (déclaration numériques à effectuer, utilisation d'un ordinateur, d'un téléphone portable, utilisation d'un parc-mètre numérique au mode d'emploi ésotérique, disparition des guichets de banque remplacés par des machines impersonnelles, etc...) ou en institution avec l'apparition dans certains EHPAD (nouvelle dénomination des maisons de retraite) de robots (Zora, la solution robotique au service des seniors. Du haut de ses 58 centimètres, le petit robot franco-belge est de plus en plus employé par les établissements de santé pour venir en aide aux personnes âgées in Le Monde.fr du 21.04.2015) ou d'autres produits issus de la robotique.

Tout ceci pose la question du lien social, des plus et des moins introduits par cette révolution des pratiques que certaines personnes âgées perçoivent comme une violence qui leur est faite.

Dans le même temps, pour certaines d'entre elles, on voit apparaître une dynamique intergénérationnelle à l'envers avec l'aide des petits enfants pour faire fonctionner un ordinateur, un téléphone portable ou tout simplement effectuer une démarche administrative de plus en plus dématérialisée.

Nous sommes à un tournant de ce mouvement voire de cette révolution qui, comme toutes les révolutions, va laisser un certain nombre de personnes sur le bord de la route.

Comme le note Meyer (2017), « Qui se souvient encore que la télécommande — cet objet commun de notre quotidien — a d'abord été conçue pour des personnes en situation de handicap ? Personne n'en maîtrise vraiment toutes les fonctionnalités, mais toutes et tous l'utilisent aujourd'hui. Il en va de même pour l'ordinateur et le téléphone portable qui nous sont déjà indispensables d'autant qu'ils nous relient au monde entier par la toile des toiles *i.e.* l'Internet. Pour un français en 2016, le temps moyen journalier est de 4h48 (soit 3h40 *via* son ordinateur et 1h08 *via* son téléphone, *JND Statista*). Pour comprendre pareille évolution des usages de ces technologies, on le voit, il faut nécessairement « en prendre la mesure » (Vidal, 2012) et *de facto* revenir au quotidien de toutes et tous où ces usages prennent sens pour chacun différemment. Mais « Comprendre est autrement plus complexe. Au plus près de son étymologie, cela consiste à prendre ensemble tous les éléments du réel (des plus anodins à ceux réputés d'importance) et non d'appliquer, ou tenter d'appliquer des théories préétablies. C'est s'ajuster à ce qui est, et non décider, péremptoirement, ce que doivent être l'individu, la société, le social... ». C'est le parti pris qu'a été le nôtre avec ces propos de Maffesoli (2015) pour traiter de la question des technologies numériques au profit/service des personnes en situation de vulnérabilité et/ou de handicap. Parti pris, mais pari difficile tant cette « transition »

digitale affecte aujourd'hui toutes les sphères de notre existence avec un vocabulaire (une *novlangue*) qu'il nous faut aussi comprendre et prendre au sérieux.

Ainsi de la « Silicolonisation du monde comme irrépressible libéralisme numérique » (Sadin, 2016) à la naissance d'un « *Homo Mobiquitus* », un communicateur ouvrant une ère numérique « mobiquitaire » *i.e.* tout faire de partout avec un smartphone (Miranda, 2016), en passant par la « datafication de notre société » (Ibekwe SanJuan, 2016) permettant une interconnexion croissante et quasi instantanée (le *Big Data*) des informations que nous produisons au quotidien... ne compte-t-on plus les néologismes comme les expressions substituées — et souvent encore incompris(es) — pour qualifier cette révolution (du) numérique au XXI<sup>e</sup> siècle.

Le développement des technologies nouvelles (ici numériques) par et pour l'Homme se retrouve dans toutes les civilisations et à travers toutes les époques. En partant de ce principe, les personnes âgées de cent ans en 2017, avaient neuf ans lors de l'invention de la télévision, ont connu le premier calculateur Z1 en 1937 et l'invention de l'IRM par Isidor Isaac Rabi en 1938. L'adaptabilité de l'humain a rendu possible l'exploitation et l'utilisation au quotidien de ces technologies, aujourd'hui considérées comme anodines pour certaines. La question de la capacité d'adaptation des individus, qui peut diminuer avec l'avancée en âge, devient alors centrale.

Ces technologies vantent un quotidien de l'immédiat où l'attente serait bannie (parcmètres numériques, guichets de banques automatiques, caisses automatiques...) avec l'argument de toujours chercher à gagner plus de temps, ce qui n'intéresse guère les personnes âgées dont le rapport à la temporalité n'est pas le même que celui des jeunes générations.

Ces aménagements du quotidien influent sur la relation à l'autre (accueils de banques qui ferment, employés de caisses licenciés) et il apparaît que les technologies informatiques ne facilitent pas nécessairement la sociabilité mais deviennent une condition sine qua non du lien social (ordinateurs, téléphones portables « intelligents»,...). Scardigli (1992) mettait déjà en évidence sa crainte de voir les personnes âgées « exclues d'un monde informatique dont elles ne parleront plus la langue ».

Dans ce contexte iconoclaste, les populations fragilisées et en particulier les personnes âgées, se trouvent au centre de ces préoccupations face aux effets pervers qui ne peuvent tendre, en l'état, qu'à les isoler et les marginaliser un peu plus chaque jour. Tout ceci pose d'emblée la question de la relation entre lien social et technologies numériques.

La question du lien social comme celle relative aux ordres sous-jacents de ce concept (amour, amitié, entendement sexuel-affectif, proximité, isolement so-

cial, exclusion...) est aujourd'hui récurrente dans le type de société éclatée dans lequel nous vivons.

Elle l'a certes toujours été dans toutes les sociétés humaines tant sa centralité détermine notre rapport à autrui et concentre la relation étroite que nous entretenons avec nos congénères quant elle ne définit pas notre manière d'habiter le monde. (Pitaud, 2010)

Dans la convivialité, Illich posant déjà le paradigme de ce désordre qui n'est pas au demeurant que le produit du seul désordre sentimental, désordre qui affecte ici et là, les simples unions affectivo-sexuelles des individus sociaux que nous sommes d'abord (*homo sociabilis*), nous entraîne vers cette centralité posant par là-même la question des échanges qui font de nous des êtres en perpétuelle quête de restitution. Mendras dans « *Éléments de sociologie* » (1984), souligne que toute vie sociale est faite d'échanges. L'exigence de réciprocité dans les actes sociaux est vivement ressentie par les individus de toutes les sociétés et de toutes les civilisations et une grande part des règles et des institutions a pour but de codifier et d'organiser les échanges.

Nous sommes avec la question du lien social, au centre de la vie sociale, une vie sociale qui se nourrit de la relation conviviale comme valeur éthique déterminante dans la spontanéité du don (Illich, 1975).

Dans cette dynamique penser l'exclusion revient d'abord à définir ce phénomène de mise à l'écart. Deux éléments sont important à noter. L'exclusion constitue une phase de vie de l'individu, avec une temporalité variable (Beck, 1992), période à court, long terme ou récurrente. Elle n'est donc pas un état, mais une étape plus ou moins bien gérée par le biais des politiques mises en œuvre, des ressources et capacités individuelles à faire face. L'exclusion n'est donc ni obligée, ni irréversible. On notera également, le caractère multidimensionnel du phénomène qui se compose à la fois d'indicateurs économiques (conditions de vie, condition d'habitat, situation économique), sociaux (entourage, lien social) et politique (programmes institutionnels).

L'exclusion est ainsi un phénomène polyforme qui peut naître à tout âge, dans toute société. Son approche nécessite de ce fait la prise en compte de l'espace dans lequel elle se développe. Effectivement, un individu exclu se trouve à l'écart d'un monde de référence, voire d'une micro-société telle l'éducation, la famille ou encore le travail.

A ce propos et à l'occasion d'un article (Pitaud et coll. 2017) paru dans le numéro spécial 2017 de la revue du Creai paca et Corse, nous avons déjà évoqué en tirant la sonnette d'alarme, les risques de l'exclusion résultant du tout numérique annoncé par le Gouvernement à l'horizon 2020.

En effet, il nous a semblé compte tenu de notre implication quotidienne sur le terrain qu'une telle démarche était productrice d'exclusion pour certaines populations dont nos aînés et que nombre d'entre elles courrait le risque effectif de rester sur les bas-côtés de la transition numérique.

Depuis, d'autres dont les petits frères des Pauvres, se sont saisis de ce thème notamment avec l'étude réalisée par la CSA (Petits frères des pauvres 2018).

Cette étude met l'accent sur la disqualification sociale qui s'accompagne fatalement de phénomènes de désocialisation comme la perte des liens sociaux, amicaux, familiaux, en particulier chez les personnes vieillissantes. Elle révèle que plus d'un quart des personnes de 60 ans et plus sont toujours en situation d'exclusion numérique, une exclusion qui touche particulièrement les plus de 80 ans et les personnes les plus précaires.

Le Défenseur des droits dans un article publié par le journal le Monde, « alerte d'ailleurs sur cette fracture numérique, indiquant dans son rapport qu'outre une fracture territoriale, il y a aussi une fracture sociale soulignant que 19% des français n'ont pas d'ordinateur à domicile et 27% pas de smartphone, sans compter ceux qui n'ont pas de scanner, équipement incontournable pour l'envoi de pièces justificatives.....Il y a là un paradoxe insoutenable, à savoir que la dématérialisation, qui est une plus-value pour la société, est en train de contribuer à élargir le nombre de laissés-pour-compte. »

On a vu donc apparaître ce que l'on nomme l'illectronisme à savoir un illettrisme numérique qui touche six personnes sur dix lorsqu'elles sont âgées de plus de 70 ans. C'est d'ailleurs parmi cette population que l'on rencontre une grande part des « abandonnistes » à savoir ces personnes qui ont dû renoncer à certaines démarches administratives car elles se sentent en décalage et trouvent cette usage trop compliqué. C'est également ce que dénonce dans un dossier paru en septembre 2018, la revue Valeurs Mutualistes de la MGEN, « L'illectronisme, la nouvelle exclusion sociale » (MGEN, 2018) alors que cette même Mutuelle a démultiplié ces derniers temps les accès et barrages numériques à ses services comme à ses interlocuteurs. La MGEN n'est pas ainsi à une contradiction près en écrivant page 10 de sa revue : « haro sur le fossé numérique ».

Cette fracture est reprise par les auteurs d'un excellent article paru également dans le Monde (2018) et intitulé « Les oubliés de la « start-up nation » au sein duquel des acteurs de terrain s'expriment sur ce sujet ; « Des démarches en lignes ont tout d'une langue étrangère pour certains »..... « Si les bénéficiaires du RSA n'ont pas d'ordinateur ou ne savent pas se connecter, ils n'y ont pas accès. » et de citer Jean-Marie Besse, Professeur de psychologie (Université Lumière-Lyon-II): « les différents sortes de malaises ressentis face au numérique devraient d'ailleurs in-

terpeller les fournisseurs de services sur leurs propres insuffisances plutôt que de rester implicitement sur l'idée que c'est « tant pis pour ceux qui ne suivent pas ».

C'est ce sur quoi surenchérit Meyer (2018), Professeur en sciences de l'information et de la communication (Université Nice-Sophia-Antipolis) quand il déclare dans un interview paru dans la revue ASH (2018) : « L'inclusion numérique est le « buzzmot » du moment. Soit il va y avoir une augmentation des inégalités car les personnes accompagnées seront de plus en plus marginalisées par les dispositifs numériques, soit, au contraire, on va aller vers une sorte d'égalité, dans le sens où tout le monde sera en permanence dépassé ».

A la fois confrontées au vieillissement progressif de leur population, mais aussi, dans une certaine mesure, aux limites du modèle politique et économique de la société de consommation, nos sociétés libérales sont à la recherche de nouveaux leviers pour à la fois entretenir la croissance économique et préserver les systèmes de retraite, particulièrement ceux par répartition. A l'heure où les discours prônant le vivre ensemble cherchent à se faire entendre, le phénomène sociologique de la montée de l'individualisme, loin de s'amenuiser, fragilise toujours plus le lien social, et particulièrement la place de nos aînés parmi leurs semblables. C'est dans ce contexte délicat que se pose la question de l'apport des Nouvelles Technologies (NT) comme réponse aux problèmes d'intégration sociale des personnes âgées, particulièrement celles qui sont fragilisées par la solitude ou la perte d'autonomie.

Compte tenu du vieillissement de la population française, les nouvelles technologies ont investi le champ de la gérontologie, participant ainsi au développement d'une nouvelle filière économique : la Silver économie. Les gérontechnologies occupent dès lors une place grandissante parmi les préoccupations des professionnels du médico-social notamment. Quel accueil les personnes âgées réservent-elles à tous ces changements ?

Caron, historien économique et spécialiste du monde industriel, émet comme d'autres l'hypothèse selon laquelle « nous serions entrés, depuis les années 1960, dans une troisième révolution industrielle, dominée par les biotechnologies, les « nouveaux matériaux », l'électronique et les technologies de l'information. L'Internet en est l'aboutissement le plus spectaculaire, comme le chemin de fer avait été l'aboutissement de la première révolution industrielle » (Caron, 2000).

## **2. Exclusion, stigmatisation et déshumanisation**

Les NT sont dites accessibles à toutes les catégories de personnes. Pourtant, de nouvelles formes d'exclusion ont vu le jour depuis l'avènement de ces technologies, notamment pour les personnes pauvres, ou encore analphabètes ou sous-scolarisées. C'est pour cela qu'il avait été conseillé aux travailleurs sociaux de permettre aux personnes les plus démunies ou nécessiteuses l'accès aux NT (Fusaro et Arse-

nault, 2008). L'exclusion numérique apparaît alors, et est d'ailleurs une réalité avérée chez les personnes âgées, comme le montrent les Petits Frères des Pauvres (2018) d'après une étude du CSA précitée. Ainsi sur l'ensemble des personnes de plus de 60 ans interrogées, l'étude révèle que 41% de femmes subissent cette exclusion numérique, contre 20% des hommes. Ainsi, à l'ère du tout digital, le fossé se creuse de plus en plus, pénalisant un nombre grandissant de personnes, notamment dans les démarches administratives du quotidien qui désormais se font en ligne. 28% des 60 ans et plus sont préoccupés par la solitude et l'isolement. Presque 66% des plus de 85 ans n'utilisent jamais internet contre 20 % des 60/74 ans. Après 60 ans, plus on avance dans l'âge et moins on est enclin à l'usage d'internet. Selon cette même étude, 69 % des sondés estiment que pour lutter contre la solitude et l'isolement, il faut faciliter l'accès à internet et aux réseaux sociaux ; mais 90 % estiment avant tout qu'il faut maintenir les commerces et services de proximité et 89 % ajoutent qu'il faut développer des solutions de transport adaptées, informer sur les aides et les allocations financières (CSA, 2017).

De nombreux travaux ont montré que le commerce est un lieu de création de lien social. Selon Bernard Cova (2000), « le lien importe plus que le bien », surtout pour les seniors. De plus, le plaisir n'est pas seulement tiré de l'acte de consommation en lui-même, mais avant tout de l'expérience vécue à ce moment-là. Ce n'est donc pas l'accumulation de biens qui compte mais la richesse de l'expérience. Les seniors attachent de l'importance à l'atmosphère du commerce et au moment bien vécu (Gallouj et al. 2010).

Alors que les incapacités des âgés devraient faire d'eux les principaux usagers des NT, en réalité elles ne leur permettent pas d'y accéder. L'adaptation des futures générations aux NT est compromise du fait de l'évolution ultra rapide des innovations (Bobillier-Chaumon et Ciobanu, 2009). La fracture numérique générationnelle est définie par l'inégalité à accéder et s'approprier des technologies, en référence à l'âge. C'est à la fois l'utilité de la technologie et la capacité à l'adopter qui peut engendrer le sentiment d'être dépassé, notamment face à une complexité technologique décuplée par une interface trop complexe et des notices inexistantes. La technologie est perçue comme ludique ou au contraire imposée, causant un sentiment de dépassement, notamment pour des technologies « complexes », telles que le téléphone portable, les réseaux et ce malgré l'aide apportée aux personnes âgées par la famille. Faisant partie intégrante de la communication pour les juniors, les technologies et les problèmes qui peuvent être liés à ces dernières prennent une plus grande importance pour les seniors (Dutot et Safraou, 2012). La fracture numérique est favorisée par le manque d'accès à internet, mais également de savoir et savoir-faire pour maîtriser les technologies. Elle provoque une division de la société, d'un côté une génération profite, s'approprie les technologies

et leurs bénéfiques ; d'un autre côté, une autre génération se retrouve exclue, faute d'accès à l'information (Rizza, 2006).

Après 70 ans, la fracture numérique prend d'autant plus son importance ; en effet, il n'apparaît pas naturel de faire usage de tablettes, liseuses, téléviseurs connectés, puisque ces appareils n'existaient pas quand les personnes étaient jeunes. Ce n'est donc pas qu'une question de budget. Le sociologue Mermet (2017) explique que « le pouvoir d'achat des seniors est élevé car ils n'ont bien souvent plus de dette, donc le coût de leur ménage est réduit. Ils bénéficient d'un revenu stable et régulier, et surtout disponible à la consommation. Ils passent en moyenne 20 heures par jour à domicile. Les plus de 75 ans, regardent la TV au moins quatre heures par jour. »

Les NT peuvent provoquer une stigmatisation des personnes âgées, accélérant l'apparition de dérives et de perte d'autonomie. Le risque pour les seniors est que ces technologies se substituent à la réalisation de tâches considérées comme plus ou moins élémentaires, car elles n'ont plus l'occasion de mobiliser leurs ressources pour des activités cognitives, physiques, sociales. Il existe un paradoxe dans l'utilisation des NT : d'un côté, elles apportent une autonomie, mais la restriction des activités engendrées par ces outils augmente la dépendance des personnes âgées. Ces dernières ne seraient plus en capacité de faire. Un « effet miroir » peut également être provoqué, c'est-à-dire que l'usage des NT, notamment celles d'assistance, influence les représentations que l'on a des personnes âgées. On se focalise plus sur la perte d'indépendance au détriment de ce que la personne est encore capable de faire. La dérive serait d'aboutir à un nouveau profil de personne âgée : le « senior à connotation socio-technique ». Même si cette dérive est peu probable pour les seniors d'aujourd'hui, encore bien souvent frileux à l'égard des dispositifs techniques, elle est par contre envisageable pour les générations d'âgés à venir (Bobillier-Chaumon et Ciobanu , 2009).

L'usage des technologies d'assistance créent des « marqueurs de vieillesse ». A l'occasion du programme de recherche « MNESIS », les chercheurs avaient observé que l'utilisation des NT avaient fait prendre conscience à certaines personnes âgées de leur difficultés et problèmes de santé (Bobillier-Chaumon et Du-bois, 2007). Par ailleurs, les seniors font usage des messageries électroniques afin de rétablir le lien social rompu du fait de l'éloignement géographique. Mais parfois, leurs mails restent sans réponse, ce qui accentue indéniablement le sentiment d'isolement (Bobillier-Chaumon et Ciobanu , 2009). Un phénomène de déshumanisation se produit, engendré par cette perte de sens, amplifié par la perte des sens.

Les obstacles à l'utilisation des NT peuvent être d'ordre physique ou mental. Les principales barrières se posent au niveau de la vue, les tremblements, l'arthrite et la perte de mémoire (Santior.fr, 2018). Plus on vieillit, plus l'acuité des cinq sens

se dégrade et entraîne une perte d'autonomie. 82 % des personnes de plus de 60 ans, en France, ont une déficience visuelle, et 33% une déficience auditive. Les principales affections liées à la vue sont la cataracte, le glaucome, la rétinopathie diabétique, les pathologies de la paupière et la dégénérescence maculaire liée à l'âge (DMLA). Les troubles sensoriels et cognitifs sont interdépendants. En effet, perdre l'ouïe va accélérer le processus de déclin cognitif, d'adaptation à l'environnement, d'entretien des réseaux relationnels et de communication. La perte des sens augmente notamment le sentiment d'insécurité, le repli, et les conduites d'évitement (Hugonot-Diener et al. 2017). Les déperditions auditives et visuelles vont affecter la capacité à communiquer de la personne âgée, pouvant la couper de son environnement social et familial en l'empêchant tout simplement de participer à une conversation.

La technologie numérique produit une accélération de l'information et donc de la communication. Cette accélération n'est bien souvent plus en phase avec le rythme biologique de la personne âgée, il faut donc prendre en considération ce phénomène lorsque l'on ouvre la voie aux technologies modernes. La télévision joue toujours un rôle indéniable dans le maintien du lien social de la personne âgée. Mais le fait de regarder des écrans sans échange avec autrui peut engendrer une souffrance nouvelle : l'enfermement sur soi, la non-prise en compte de l'individu dans son existence (Caradec, 1999).

Dans une étude sur « la relation des personnes âgées avec les NT », pour désigner l'ordinateur, les interviewés emploient les termes péjoratifs d'« objet froid » et de « machine », qui pourrait même dominer l'Homme. Autant le téléphone apparaît comme un « objet chaud », car il est considéré comme une prolongation de la main et de la voix, autant l'ordinateur se présente comme un écran entre la personne et la réalité. De plus, l'ordinateur fait essentiellement appel au sens de la vue, excluant quasiment les autres sens ou tout au moins diminuant nettement leur usage, à l'exception du toucher, quelque peu sollicité. Mais l'être humain ne peut avoir décemment une relation au monde qu'à travers ses cinq sens (Collos et Delomier, 2012).

Le placement des individus sous surveillance, mais aussi la substitution de la technologie à l'humain, la sur-simplification des tâches exposant la personne âgée à une forme d'infantilisation ou encore la suppression des objets auxquels les personnes sont parfois attachées, considérés comme des obstacles, des facteurs de chute, sont autant d'exemples qui montrent que les bénéficiaires de ces mesures peuvent avoir beaucoup à perdre. Les nouvelles technologies doivent rester du côté de « l'empowerment » des individus, et engendrer l'augmentation de leurs capacités d'action, de leurs prises sur le monde, et enfin de leur lien aux autres dans le cadre du libre choix. On pourrait conclure sur cet aspect en notant que pour être

un succès, le déploiement de ces technologies doit se faire dans une perspective de complémentarité et non de remplacement du contact humain.

### **3. Les perspectives d'amélioration**

De nombreuses améliorations voient le jour dans le champ des nouvelles technologies afin de favoriser le lien social au regard des personnes âgées. Cependant, en France, les accès aux NT notamment restent encore restreints. Il semblerait alors intéressant que la France envisage des nouvelles initiatives. Le but de cette démarche serait de rendre plus attractives, accessibles et sécurisantes les NT destinées aux personnes âgées. Dans cette optique, différents acteurs comme l'État, les professionnels travaillant dans ce domaine et les usagers, notamment les seniors, sont à mettre à contribution et à prendre en compte.

#### **3.1 Evolutions envisagées à l'échelle nationale**

L'accès à internet et aux réseaux mobiles facilite les échanges sociaux des personnes. En effet, de nombreuses maisons de retraite testent les nouvelles technologies afin d'encourager le maintien des liens sociaux de leurs résidents. De plus, cela aide à l'apprentissage et l'acceptation de ces nouveaux modes de communication (Cornet et Carré, 2008). Toutefois, la France recense encore 170 communes ne disposant pas de ces services. Des zones appelées « zones blanches » se définissent comme des territoires ruraux ne bénéficiant pas d'antennes de téléphonie mobile. Les habitants de ces zones ne peuvent donc pas accéder aux réseaux wifi, mobile et 3G/4G (Belouezzane, 2018).

En 2006, le Centre d'Analyse Stratégique (CSA) s'épanche sur le sujet des nouvelles technologies destinées aux personnes âgées. De cette étude découle l'idée de créer des secteurs d'activité propre à la gérontechnologie, les « géronto-pôles ». Ces derniers ont pour mission de travailler sur la recherche et la formation en gérontechnologie. Le CSA encourage le gouvernement à appuyer les professionnels œuvrant dans ce secteur, et à créer des « normes spécifiques » aux gérontechnologies. De plus, il recommande à la sécurité sociale de revoir les fonds alloués aux NT, par exemple ceux destinés à diminuer l'isolement des personnes âgées ou améliorer leur mobilité.

#### **3.2 Les personnes âgées au centre de Nouvelles perspectives**

Pour dynamiser le développement de ces nouvelles technologies destinées au public vieillissant, il faudrait davantage recueillir l'avis des personnes âgées. En effet, elles ne sont pas réticentes à l'utilisation de ces technologies mais l'intérêt et le sens qui leur est donné doivent être justifiés. Pour cela, deux mécanismes sont

à prendre en compte : trouver une utilité positive dans leur vie quotidienne, et s'inspirer de leur passé, leur conception de la vie et leur idéologie. Ces deux mécanismes représentent et englobent la notion « d'intéressement ». Les chercheurs doivent alors la prendre en compte lors de la conception des NT destinées à ce public. Cette notion semble ainsi être au centre de la démarche afin que les personnes âgées s'équipent et les utilisent (Caradec, 2001).

L'argument financier semble être également important pour favoriser le développement des gérontechnologies et développer leur utilisation. En effet, le coût de ces innovations technologiques est élevé par rapport aux ressources financières des potentiels usagers. En France, la sécurité sociale prend en charge un certain nombre de technologies destinées aux seniors en leur proposant des tarifs réduits (Portail national d'information pour l'autonomie des personnes âgées et l'accompagnement de leurs proches, 2017). Cependant, de nombreuses aides techniques, comme celles à visée sociale, ne sont pas prises en compte par l'assurance maladie, notamment dans le cadre de la maladie d'Alzheimer ou des maladies apparentées. Les difficultés financières rencontrées par les familles de personnes touchées par de lourdes déficiences excluent l'éventualité d'auto-financer ce type d'aides. Il semblerait donc important de mettre à jour la liste des aides techniques et d'envisager de rembourser partiellement ou en totalité les aides concernant des maladies lourdes touchant les personnes âgées (Rialle, 2007).

Le dernier argument avancé serait d'ordre plus économique et marketing, mais toujours dans une optique de favoriser l'utilisation et l'accompagnement des personnes âgées face aux nouvelles technologies. Il est proposé Bernard (2013) de développer la Silver économie en s'orientant vers des clients dits « solvables ». C'est-à-dire des personnes capables de consommer et d'investir dans les produits et projets proposés, afin d'inciter le développement des fonds vers de nouveaux marchés de la Silver économie. Cela serait de nature à rassurer les investisseurs. Si ces marchés se développent bien, alors les personnes les moins « solvables », ou plus vulnérables, pourront être aidées dans leurs dépendances par la commercialisation de masse. La Silver économie conduira, à terme, au développement du secteur industriel tourné vers « la robotique, la domotique, les dispositifs médicaux » en favorisant l'innovation. La communication est ici essentielle pour sensibiliser à cette démarche et garantir plus de transparence et de lisibilité aux usagers âgés. Le développement de nouvelles formes d'habitat est aussi concerné par cette économie, notamment les habitats collectifs ou partagés.

D'aucuns pourront juger cette démarche illusoire mais en la matière, toutes les voies permettant de réduire le fossé entre « nantis » et « pauvres » se doivent d'être explorées.

#### 4. Le cadre théorique de notre recherche-action

Dans son ouvrage « Vieillesse, technologie et vie quotidienne », Jobert (1993) intitule le chapitre 2 « La domotique : les personnes âgées relais de l'innovation ? ». En effet, la domotique est un champ d'innovation, encore en exploration quant aux fonctions à développer comme aux clients potentiels.

Les marchés sont encore en cours d'identification, la diffusion s'amorce avec deux orientations possibles : une diffusion très large correspondant à une banalisation des produits (produits pour tous) ou au contraire une diffusion très ciblée correspondant à des produits hyper spécialisés.

Dans un tel contexte, les acteurs sont multiples : fabricants, producteurs regroupés (ex. Chimène) afin de développer les produits, clients potentiels (prestataire de services spécialisés, professionnels du secteur sanitaire et social), usagers (particuliers, professionnel de terrain...). Les « organismes intermédiaires » sont des acteurs particuliers en ce sens qu'ils jouent un rôle d'interface voire de « formatage du marché ».

Quel rôle, quelle place pour les personnes âgées dans ce contexte ? Sont-elles ciblées et par quels acteurs pour être, comme l'indique Jobert (1993), des relais de l'innovation ?

Le champ théorique de notre approche appartient à l'école de l'interactionnisme symbolique dans ce sens où, avec Goffman (1968, 1975), on admettra que, plutôt que de considérer les institutions, les organisations ou, de manière plus générale, les faits sociaux comme des facteurs antérieurs et extérieurs aux individus, le paradigme actionniste propose d'analyser l'action des individus sur ces mêmes faits.

Dans cette dynamique, on s'intéresse au fait que l'interactionnisme symbolique se définit comme une interdépendance sujet/groupe qui aboutirait à créer des situations déviantes pour lesquelles les sujets chercheraient à trouver des solutions par des stratégies et des jeux.

Sur ce thème, Maffesoli, Fischer (2016) et bien d'autres relèvent que ces stratégies traduisent, en particulier, une quête identitaire qui, pour nous, se retrouverait dans ce que Flichy (1995) désigne comme l'enjeu d'une sociologie de la technique à savoir « comment se construit le lien social dans et par la machine ? »

Un tel champ théorique nous permet de traiter des relations entre les organismes intermédiaires, les prestataires de services et les usagers mais également d'observer le processus de stabilisation qui concerne, dans le champ de l'innovation technique, autant le fonctionnement opératoire de la machine que ses usagers, les concepteurs que les utilisateurs, les fabricants que les vendeurs.

Cette approche nous amène alors à nous interroger sur la construction sociale de la demande, sa structuration sur le terrain, l'articulation, la rencontre des ser-

vices offerts par les organismes intermédiaires, les institutions et les professionnels ; ceci au regard des attentes des usagers réels et potentiels.

A ce propos, on rappellera que les différents mondes sociaux vont s'affronter pour la définition d'une question, une pratique professionnelle par exemple ou dans le cadre de notre thème de recherche, pour la gestion de tel ou tel service, comme de son usage, dans des instances spécifiques ; ce que les interactionnistes nomment des forums (arènes). Dans ces forums, « différents sujets sont débattus, négociés, les représentants des différents mondes ou sous-mondes s'affrontent, tentent de se manipuler » (Strauss, 1978). Le concept de forum est essentiel dans l'approche interactionniste, c'est le lieu de l'affrontement et de la coopération entre les mondes sociaux. De là naîtra ou non l'élaboration d'un compromis ou consensus susceptible de modifier les relations entre les usagers et les pourvoyeurs de services.

Le rôle des usagers sera ici non négligeable dans la mesure où ils vont se trouver au cœur des enjeux et de la négociation correspondante.

Ils le feront de manière non homogène dans la mesure où il nous faut souligner l'importance de l'effet de générations qui se nourrit de l'hétérogénéité des usagers âgés comme de leur diversité à développer des « arts opératoires » différents et qui va consister, pour eux, à agir autrement que la façon définie à priori par le cadre d'usage. Cela devrait alors nous permettre d'étudier la place que ces mêmes usagers de services occupent dans cette dynamique interactive.

Nous rejoindrons par là même les travaux de Flichy (1995) qui propose une sociologie interactionniste de la technique qui s'intéressera à la dynamique des interactions au sein des mondes sociaux concernés par l'innovation et qui sont multiples ; « les groupes sociaux vont, compte tenu des représentations qui sont les leurs, construire socialement l'objet technique par le jeu de la définition des problèmes et de leur résolution ».

Actuellement, l'implication de les nouvelles technologies, les effets induits de par leur utilisation dans la vie quotidienne et les acteurs concernés par la programmation reste une réalité encore en partie méconnue, d'où il nous semble difficile de formuler des hypothèses qui soient construites sur des constats objectifs et non sur le reflet de convictions personnelles basées sur l'appréhension subjective des effets possibles ou probables.

## **5. Pour conclure**

L'essor des NT soulève des enjeux d'ordres sociaux et économiques forts, dont les intérêts se nourrissent parfois, mais s'opposent aussi lorsqu'ils se confrontent à des antagonismes inhérents à une catégorie de population aussi diversifiée. De nombreuses technologies innovantes sont effectivement de plus en plus dispo-

nibles pour accompagner et sécuriser les personnes âgées, améliorer les conditions de vie et la qualité des soins, au domicile ou en institution. Leur dimension utile est aujourd'hui reconnue et leur sophistication continue propose de percevoir, de communiquer et d'échanger toujours plus aisément. Elles peuvent favoriser le lien social, les solidarités entre les générations, et permettre ainsi aux personnes âgées de continuer à s'impliquer dans leur environnement. Mais ses apports sont paradoxalement porteurs d'effets négatifs et suscitent des inquiétudes, voire de profondes réticences chez les personnes âgées elles-mêmes, particulièrement parmi les plus fragilisées. Celles-ci perçoivent souvent l'usage de la technologie comme la cause d'une dégradation des relations avec leur entourage, avec pour conséquence la déprise sociale, parfois même la grande solitude et la dépression. La personne âgée, malade ou isolée, n'a-t-elle pas surtout besoin d'une présence réelle et non virtuelle ?

Cette recherche a révélé que bien souvent les NT sont d'abord sécurisantes pour leur entourage avant de l'être pour les personnes âgées elles-mêmes, car elles nécessitent entre autres une certaine capacité d'adaptation. Peut-être ne tenons-nous pas simplement assez compte de leur ressenti et de leurs réelles attentes ? Par ailleurs, l'une des questions majeures qui se pose maintenant n'est-elle pas celle de l'hyper connectivité des individus et des machines. La société contemporaine va-t-elle continuer d'avancer dans cette recherche consubstantielle d'efficacité et de rentabilité dans laquelle elle est engagée de longue date, et qui laisse de moins en moins de place à l'humain ? Ou bien les NT vont-elles être l'occasion de poser la question éthique de leur finalité et du mode de vie qu'elles promeuvent ? Le rôle de l'éthique serait certainement d'offrir un cadre de réflexion pour l'évaluation et la régulation du rapport bénéfice/risque lié aux technologies novatrices et à leur influence sur la question du vivre ensemble. L'enjeu serait donc de considérer le progrès technologique selon une vision qui n'obéisse pas seulement aux logiques économiques, mais qui se recentre sur les intérêts et le bien-être de l'humain, en s'assurant que l'efficacité technique n'efface pas la dimension relationnelle. Il s'agit bien d'effectuer un choix de société qui vise, comme le rappelle Ricoeur (1990), le « vivre bien avec et pour les autres dans des institutions justes ».

Pour achever cette réflexion, nous voudrions conclure avec Laurent (2018) quand il nous dit que « les institutions actuelles (famille, monde du travail, services publics) contribuent non pas à une exacerbation des caprices individuels, mais à un isolement croissant des personnes qui sape les fondements de la coopération sociale. Plus que l'individualisme choisi, c'est la solitude qui monte en puissance dans un certain nombre de pays occidentaux dont la France ».....

Ainsi, « Bon nombre d'innovations de la transition numérique visent, dans la lignée de la mythologie *nerd*, à déléguer aux machines la fonction même de lien social (les algorithmes qui gouvernent les réseaux sociaux ou le déploiement de

l'intelligence artificielle dans les services aux clients en sont de bons exemples). La coopération elle-même est déléguée aux machines qui se voient confier la mission de faire société à la place des humains. »

Le même auteur, dans son chapitre « la guerre contre le temps », nous indique que « ce début de XXI<sup>e</sup> siècle se caractérise par une double crise temporelle dont la première tient à l'accélération du présent sous l'effet de ce qu'il est convenu d'appeler la « transition numérique ». Le caractère révolutionnaire de cette dernière est souvent exagéré, mais elle déploie assurément dans l'espace public et la vie privée des innovations incessantes qui altèrent les existences humaines au quotidien (capacité d'attention, qualité du sommeil) et bousculent l'organisation sociale en profondeur.....la seconde crise temporelle rappelle plutôt la fin des années 1960 : l'avenir est comme obstrué par les crises écologiques. »

C'est cette altération des existences humaines des plus fragiles qui se trouvent au cœur de notre projet comme de nos actions ; ceci tel un faible rempart comme l'inhumanité du système qui se met en place inexorablement lorsqu'un robot vous signale : « vous avez dépassé la date critique (deadline en anglais et dans ce mot, il y a le mot mort) de dépôt de votre dossier sur le portail lambda, l'administration ne peut plus rien pour vous ».

Il y a là, n'en doutons pas, un champ d'action immédiat pour les politiques publiques notamment en matière de lutte contre l'exclusion numérique des citoyens âgés.

Pour le moment et comme toujours, en France, les opérateurs associatifs et humanitaires pallient avec leurs faibles moyens, à cette absence des pouvoirs publics mais une telle situation ne saurait durer sans affecter à terme, gravement l'équilibre sociétal et les principes moraux de justice sociale comme l'accès aux droits pour tous.

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# The Elderly, Digital Technologies and the Breakdown of Social Ties: Risks of Exclusion or Lures of Inclusion?

Personnes âgées, technologies numériques et rupture du lien social: risques de l'exclusion ou leurres de l'inclusion? (FR: 59-77)

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## ABSTRACT

When you are old in France in 2019, you do not have to be living on the street to be excluded or even feel excluded from a society that is increasingly turning its back on some of its members, because of the digital revolution imposed on citizens. In fact, faced with the excessive digitization advocated by governing bodies and other technocrats, which is rising speedily like a Tsunami, the elderly, often single women and/or widows belonging to underprivileged categories of society, generally with little or no education, and even less awareness in terms of management of minimal IT practices, are already or will soon find themselves on the sidelines of this type of modernization, which has nothing inclusive about it. A few local actors in the social and medico-social field and rights activists are already sounding the alarm and raising the voices of anguish in defense of these elderly people who no longer know how to cope with the dehumanization of public services: *"I am 78 years old, I have a very small pension, no computer and anyway, I do not know how to do anything. So, it is annoying now because I have to get help and I do not know people who can help me. I am going to have to go there. It is a long way from home, I have to wait a long time and I am tired. And then you must be sure that there will be someone there!":* Aware of this dynamic of exclusion that is currently taking place and because we have been collecting the signs of this disarray for

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months, aggravated by isolation and loneliness, our action-research approach aims in the long run to implement counter-actions that aim to offset the harmful effects induced by the digital transition on the social life of the elderly, while seeking to free them from the negative confinement into which their inability to manage this transition by themselves has insidiously led them. It is these changes in the aspects of the most fragile of human existences that are at the heart of our approach as researchers-practitioners, as well as of our actions; acting like a mild buffer against the inhumanity of the system that is inexorably set up when a robot signals to you: “You have exceeded the deadline [note that this word contains the word ‘dead’] for the submission of your file on the lambda portal and therefore the administration can no longer do anything for you.” There is no doubt that this is an immediate field of action for public policies, particularly in the fight against the digital exclusion of older citizens. For the time being, as always, in France, associations and humanitarian actors compensate for this absence of public authority with their limited means, but such a situation cannot last without in the long term seriously affecting societal balance and the moral principles of social justice, such as access to rights for all.

## RÉSUMÉ

Quand on est âgé, en France en 2019, il ne suffit pas d’être dans la rue pour être exclu voire se sentir exclu d’une société qui, avec sa révolution numérique imposée aux citoyens, tourne de plus en plus le dos à certaines composante du corps social. En effet, face à la numérisation à outrance prônée par les instances dirigeantes et autres technocrates qui se propage à la vitesse d’un Tsunami, les personnes âgées, souvent des femmes seules et/ou veuves appartenant aux catégories défavorisées de la société, généralement peu ou pas instruites et encore moins au fait de la gestion des pratiques informatiques minimales, se retrouvent déjà ou vont se retrouver sous peu, abandonnées sur le bord du chemin de ce type de modernisation qui n’a rien d’inclusive. Quelques acteurs de proximité du champ social et médico-social, le défenseur des Droits tirent déjà la sonnette d’alarme et font remonter les discours d’angoisse de ces personnes âgées qui ne savent plus comment faire face à la déshumanisation des services publics : « moi, j’ai 78 ans, j’ai une tout petite retraite, pas d’ordinateur et de toutes façons, je sais pas faire. Alors c’est embêtant maintenant parce que je dois me faire aider et je ne connais pas de gens qui peuvent m’aider. Il va falloir que je me rende sur place. C’est loin de chez moi, il faut attendre longtemps et je suis fatiguée. Et puis faut être certaine qu’il y aura quelqu’un ! ». Conscient de cette dynamique d’exclusion en marche et parce que nous recueillons depuis des mois les signes de ce désarroi qu’aggravent l’isolement et la solitude, notre démarche de recherche-action vise à terme à mettre en oeuvre des contre-actions dont le but est de contrecarrer les effets néfastes induits de la transition numérique sur la vie sociale des personnes âgées tout en cherchant à les libérer de l’enfermement négatif dans lequel leur incapacité à gérer pour elles-mêmes cette transition les a conduits insidieusement. C’est cette altération des existences humaines des plus fragiles qui se trouvent au cœur de notre démarche de chercheurs-praticiens comme de nos actions; ceci tel un faible rempart contre l’inhumanité du système qui se met en place inexorablement lorsqu’un robot vous signale : «vous avez dépassé la date critique (deadline en anglais et dans ce mot, il y a le mot « mort ») de dépôt de votre dossier sur le portail lambda, l’administration ne peut plus rien pour vous ». Il y a là, n’en doutons pas, un champ d’action immédiat pour les politiques publiques notamment en matière de lutte contre l’exclusion numérique des citoyens âgés. Pour

le moment et comme toujours, en France, les opérateurs associatifs et humanitaires pallient avec leurs faibles moyens, à cette absence des pouvoirs publics mais une telle situation ne saurait durer sans affecter à terme, gravement l'équilibre sociétal et les principes moraux de justice sociale comme l'accès aux droits pour tous.

## 1. Introduction

When you are old in France in 2019, you do not have to be living on the street to be excluded or even feel excluded from a society that is increasingly turning its back on some of its members because of the digital revolution imposed on citizens.

In fact, faced with the excessive digitization advocated by governing bodies and other technocrats, which is rising speedily like a Tsunami, the elderly, often single women and/or widows belonging to underprivileged categories of society, generally with little or no education, and even less awareness in terms of management of minimal IT practices, are already or will soon find themselves on the sidelines of this type of modernization, which has nothing inclusive about it.

A few local actors in the social and medico-social field and rights activists are already sounding the alarm and raising the voices of anguish in defense of these elderly people who no longer know how to cope with the dehumanization of public services:

I am 78 years old, I have a very small pension, no computer and anyway, I do not know how to do anything. So, it is annoying now because I have to get help and I do not know people who can help me. I am going to have to go there. It is a long way from home, I have to wait a long time and I am tired. And then you have to be sure that there will be someone there!

Aware of this dynamic of exclusion that is currently taking place and because we have been collecting the signs of this disarray for months, aggravated by isolation and loneliness, our action-research approach aims in the long run to implement counter-actions that aim to offset the harmful effects induced by the digital transition on the social life of the elderly, while seeking to free them from the negative confinement into which their inability to manage this transition by themselves has insidiously led them.

In order to do this, we are planning to create an experimental mediation unit within the *Institut de Gérontologie Sociale* (Institute of Social Gerontology), which will receive elderly people in distress and provide them with a place where they can resolve their difficulties in this area, as part of a process of support and learning.

Nevertheless, as had previously been done within the framework of a scientific approach of action-research, we wanted to explore this emerging field of knowledge.

Similarly, we recall that digital technologies have invaded our daily spaces and naturally that of the elderly, whether they are at home (filing digital declarations, using computer, a cell phone, using a digital parking meter with complicated instructions, disappearance of bank branches replaced by impersonal machines, etc.) or at institutions, with some EHPAD (new name of retirement homes) using robots (Zora, the robotic solution for seniors). Measuring a mere 58 centimeters, this small Franco-Belgian robot is increasingly used by health institutions to help the elderly (see [lemonde.fr](http://lemonde.fr) of 21.04.2015), as well as using other resources derived from robotics.

All this raises the question of the social bond, of the pluses and minuses introduced by this revolution in practices that some older people perceive as violence perpetuated against them.

At the same time, for some of them, we see an intergenerational dynamic appearing in reverse with the help of small children to operate a computer, a cell phone or simply to carry out an increasingly dematerialized administrative process.

We are at a turning point in this movement, perhaps even this revolution which, like all revolutions, will leave a certain number of people behind.

As Meyer (2017) notes:

Who still remembers that the remote control—that common everyday object—was first designed for people with disabilities? No one really masters all its functionalities, but everyone uses it today. The same goes for the computer and the cell phone, which are already indispensable to us, all the more so as they connect us to the whole world through the mother of all webs, i.e., the internet.

For a French person in 2016, the average daily time used on these devices is 4 hours and 48 minutes (3 hours and 40 minutes on a computer and 1 hour and 8 minutes on a cell phone (*JND Statista*). To understand such an evolution in the use of these technologies, we must necessarily “take its pulse” (Vidal, 2012) and in de facto terms analyze the daily life of each person, the manner in which these uses make sense for each person differently. However, according to Maffesoli (2015):

Understanding is much more complex. As close as possible to its etymology, this consists of looking at all the elements of reality (from the most insignificant to those deemed important) and does not consist of applying, or trying to apply, pre-established theories. It

involves adjusting to what is, and not deciding, peremptorily, what the individual, the society, the social must be [...].

This is the bias we have taken with these words of Maffesoli to address the issue of digital technologies for the benefit/service of people in vulnerable and/or disabled situations. A bias, but a difficult wager, given that this digital “transition” today affects all spheres of our existence with a vocabulary (a *newspeak*) that we must also understand and take seriously.

Thus, from the “Silicolonization of the world as irrepressible digital liberalism” (Sadin, 2016) to the birth of a “*Homo Mobiquitus*,” a communicator opening a “mobiquitary” digital era. Doing everything from everywhere with a smartphone (Miranda, 2016), through the “datafication of our society” (Ibekwe SanJuan, 2016) allowing for an increasing and almost instantaneous interconnection (Big Data) of the information that we produce on a daily basis... we no longer count the neologisms as the substituted—and often still misunderstood—expressions to qualify this digital revolution in the 21st century.

The development of new technologies (here digital) by and for humans can be found in all civilizations and throughout all eras. Based on this principle, people who were one hundred years old in 2017, were nine years old when television was invented, experienced the first Z1 calculator in 1937 and the invention of the MRI by Isidor Isaac Rabi in 1938. The adaptability of humans has made it possible to exploit and use these technologies on a daily basis, some of which are now considered commonplace by some people. The issue of the adaptability of individuals, which can diminish with age, then becomes central.

These technologies boast a daily life of the immediate where waiting is banned (digital parking meters, ATMs, checkout counters, etc.) under the banner of always trying to save more time, which is of little interest to older people, whose relationship with time is not the same as that of the younger generations.

These everyday arrangements influence the relationship with others (bank branches closing, cashiers laid off) and it appears that computer technologies do not necessarily facilitate sociability, but become a *sine qua non* of social bonding (computers, “smart” cell phones, etc.). Scardigli (1992) already highlighted his fear of seeing the elderly “excluded from a computer world whose language they will no longer speak.”

Within this iconoclastic context, vulnerable populations, and in particular the elderly, are at the center of these preoccupations in the face of the perverse effects which, as things stand, can only tend to isolate and marginalize them a little more each day. All this immediately raises the question of the relationship between social ties and digital technologies.

The question of the social bond, as well as that relating to the underlying orders of this concept (love, friendship, sexual-emotional understanding, closeness, social isolation, exclusion, etc.), is recurrent today in the type of fragmented society in which we live.

It has certainly always been so in all human societies because its central nature determines our relationship with others and concentrates the close relationship we have with our fellow human beings when it does not define our way of living in the world. (Pitaud, 2010).

In conviviality, Illich having already introduced the paradigm of this disorder that incidentally is merely the product of sentimental disorder, a disorder that commonly affects the simple affective-sexual unions of the social individuals that we are first and foremost (*homo sociabilis*), leads us towards this central nature, thereby posing the question of the exchanges that make us beings in perpetual search of restitution. Mendras, in “*Eléments de sociologie*” (1984), emphasizes that all social life is made of exchanges. The demand for reciprocity in social acts is strongly felt by individuals in all societies and civilizations, and most of the rules and institutions aim to codify and organize exchanges.

The social bond question is at the center of social life, a social life that is nourished by convivial relationships as a determining ethical value in the spontaneity of the gift (Illich, 1975).

In this dynamic, thinking about exclusion means first of all defining the phenomenon of exclusion. Two elements are important to note. Exclusion constitutes a phase in an individual’s life, with a variable time period (Beck, 1992), whether short, long term or recurrent. It is therefore not a state, but a stage that is more or less well managed through the policies implemented and the individual’s resources, and capacities to cope. Exclusion is therefore neither obligatory nor irreversible. We should also note the multidimensional nature of the phenomenon, which is made up of economic (living conditions, housing conditions, economic situation), social (entourage, social ties) and political (institutional programs) indicators.

Exclusion is thus a multifaceted phenomenon that can arise at any age, in any society. Its approach therefore requires taking into account the space in which it develops. Indeed, an excluded individual finds himself away from a world of reference, or even from a micro-society, such as education, family or work.

On this subject and regarding an article (Pitaud et al. 2017) published in the special 2017 issue of the *Creai paca et Corse* magazine, we had already raised the alarm about the risks of exclusion resulting from the all-digital approach announced by the government for 2020.

Indeed, it seemed to us, given our daily involvement in the field, that such an approach would produce exclusion for certain populations, including our elders, and that many of them would run the real risk of remaining on the sidelines of the digital transition.

Since then, others, including *Les petits frères des pauvres* (Little Brothers of the Poor), have taken up this theme, notably with the study carried out by the CSA (*Les petits frères des pauvres*, 2018).

This study focuses on the social alienation that is inevitably accompanied by phenomena of desocialization, such as the loss of social, friendly and family ties, particularly among the aging population. It reveals that more than a quarter of people aged 60 and over are still in a situation of digital exclusion, an exclusion that particularly affects the over 80s and the most precarious people.

The office of the *Défenseur des droits* (Defender of Rights), in an article published by the newspaper *Le Monde* states as follows:

[...] alerts us to this digital divide, indicating in its report that in addition to a territorial divide, there is also a social divide, stressing that 19% of French people do not have a home computer and 27% do not have a smartphone, not to mention those who do not have a scanner, an essential piece of equipment for sending supporting documents [...]. There is an unsustainable paradox here, namely that dematerialization, which is an added value for society, is contributing to widening the number of those left behind.

We have therefore seen the rise of digital illiteracy, which affects six out of ten people when they are over 70 years old. In fact, it is among this population that we find a large proportion of “quitters,” i.e., people who have had to give up certain administrative procedures because they feel out of step and find them too complicated to use. This is also what is denounced in a report published in September 2018 by *Valeurs Mutualistes* magazine published by MGEN, “*L’illelectronisme, la nouvelle exclusion sociale*” (MGEN, 2018), while this same mutual insurance company has recently multiplied access and digital barriers to its services and its interlocutors. MGEN continues to contradict itself by writing on page 10 of its journal: “haro sur le fossé numérique” (a rallying cry against the digital divide).

This divide is taken up by the authors of an excellent article also published in *Le Monde* (2018) entitled “Les oubliés de la ‘start-up nation’” in which actors in the field express themselves on this subject; “Online procedures have all the makings of a foreign language for some [...] If RSA beneficiaries do not have a computer or do not know how to connect, they do not have access to it.” To quote Jean-Marie Besse, Professor of Psychology (Université Lumière-Lyon-II): “The different kinds of discomfort felt in the face of the digital world should, moreover, challenge ser-

vice providers on their own inadequacies rather than implicitly remaining on the idea that it is “too bad for those who do not follow.”

This is what Meyer (2018), Professor of Information and Communication Sciences (Université Nice-Sophia-Antipolis), is emphasizing when he states in an interview published in the magazine *ASH* (2018):

Digital inclusion is the buzzword of the moment. Either there is going to be an increase in inequalities because the people supported will be increasingly marginalized by digital devices, or, on the contrary, we are going to move towards a kind of equality, in the sense that everyone will be permanently overwhelmed (Meyer, 2018).

Faced both with the progressive aging of their populations and, to some extent, with the limits of the political and economic model of the consumer society, our liberal societies are looking for new levers to both maintain economic growth and preserve pension systems, particularly those based on pay-as-you-go frameworks. At a time when discourses advocating living together are trying to assert themselves, the sociological phenomenon of the rise of individualism, far from diminishing, is increasingly weakening the social bond, and particularly the place of our elders among their fellow human beings. It is in this delicate context that the question arises regarding the contribution of new technologies (NT) as a response to the problems of social integration of the elderly, particularly those who are weakened by loneliness or loss of autonomy.

Given France’s aging population, new technologies have entered the field of gerontology, contributing to the development of a new economic sector: The Silver economy. Gerontechnologies are therefore occupying a growing place among the concerns of medical and social professionals in particular. How do the elderly welcome all these changes?

Caron, an economic historian and specialist of the industrial world, puts forward, like others, the hypothesis that “since the 1960s, we have entered a third industrial revolution, dominated by biotechnologies, ‘new materials,’ electronics and information technologies. The internet is the most spectacular outcome, just as the railway was the outcome of the first industrial revolution” (Caron, 2000).

## **2. Exclusion, stigma and dehumanization**

The NT are said to be accessible to all categories of people; however, new forms of exclusion have emerged since the advent of these technologies, especially for the poor, illiterate or undereducated. This is why social workers were advised to allow the most destitute or needy people access to NT (Fusaro and Arsenault, 2008). Digital exclusion then appears and is in fact a proven reality among the elderly, as shown by the *Les petits frères des pauvres* organization (2018) according to a study

by the CSA mentioned above. Thus, out of all the people over 60 years of age interviewed, the study reveals that 41% of women suffer this digital exclusion, compared with 20% of men. Thus, in the age of digital technology, the gap is widening, penalizing a growing number of people, especially in the administrative procedures of daily life that are now done online. Twenty-eight percent of people aged 60 and over are concerned about loneliness and isolation. Almost 66% of those over 85 never use the internet compared to 20% of those aged 60/74. After the age of 60, the older we get, the less inclined we are to use the internet. According to the same study, 69% of those surveyed believe that in order to fight loneliness and isolation, access to the internet and social networks must be facilitated; but 90% believe above all, that it is necessary to maintain local shops and services, and 89% add that it is necessary to develop adapted transportation solutions and provide information on financial aid and allowances (CSA, 2017).

Numerous studies have shown that a business is a place for creating social ties. According to Bernard Cova (2000), “The bond matters more than the product,” especially for senior citizens. Moreover, pleasure is not only derived from the act of consumption in itself, but above all from the experience lived at that moment. It is therefore not the accumulation of goods that counts, but the richness of the experience. Senior citizens attach importance to the atmosphere of commerce and the moment well lived (Gallouj et al., 2010).

While seniors’ disabilities should make them the primary users of NT, in reality their incapacities do not allow them to access NT. The adaptation of future generations to NT is compromised because of the very rapid evolution of innovations (Bobillier-Chaumon and Ciobanu, 2009). The generational digital divide is defined by inequality in accessing and appropriating technologies, with reference to age. It is both the usefulness of the technology and the ability to adopt it that can lead to a feeling of being overwhelmed, particularly in the face of technological complexity increased tenfold by an overly complex interface and non-existent records. Technology is perceived as playful or, on the contrary, imposed, causing a feeling of being overwhelmed, especially for “complex” technologies, such as cell phones and networks, despite the help provided to the elderly by the family. While technologies and the problems that can ensue from them are an integral part of communication for juniors, they take on greater importance for seniors (Dutot and Safraou, 2012). The digital divide is fostered by the lack of access to the internet, but also the lack of knowledge and know-how to master the technologies. It causes a division in society, on the one hand one generation benefits and appropriates the technologies and their benefits; while on the other hand, another generation finds itself excluded due to lack of access to information (Rizza, 2006).

After 70 years, the digital divide becomes all the more important; indeed, it doesn't seem natural to use tablets, readers, and connected TVs, since these devices did not exist when people were young. Therefore, it is not just a question of a person's budget. Sociologist Mermet (2017) explains it as follows:

The purchasing power of seniors is high because they often no longer have debt, so the cost of their household is reduced. They benefit from a stable and regular income, and above all, they are available for consumption. They spend an average of 20 hours a day at home. Those over 75 years old watch TV at least four hours a day.

NT can cause stigmatization of the elderly, accelerating the onset of drifting and loss of autonomy. The risk for the elderly is that these technologies replace the performance of tasks considered more or less elementary, as these tasks no longer create the opportunity to mobilize seniors' resources for cognitive, physical and social activities. There is a paradox in the use of NT: on the one hand, they bring autonomy, but the restriction of activities generated by these tools increases the dependence of the elderly. This makes the elderly unable to fend for themselves. A "mirror effect" can also ensue, i.e., the use of NT, especially those pertaining to assistance, influences the images we have of the elderly. The focus is more on the loss of independence, as opposed to being on what the person is still able to do. The drift would be to end up with a new profile of the elderly person: the "senior citizen with a socio-technical connotation." Even if this drift is unlikely for today's seniors, who are often still very timid with regard to technical devices, it is conceivable for future generations of older people (Bobillier-Chaumon and Ciobanu, 2009).

The use of assistive technology creates "age markers." During the "MNESIS" research program, researchers had observed that the use of NT had made some older people aware of their difficulties and health problems (Bobillier-Chaumon and Dubois, 2007). Moreover, seniors use electronic messaging in order to re-establish social ties that have been severed due to geographical distance. However, sometimes their emails go unanswered, which undeniably increases the feeling of isolation (Bobillier-Chaumon and Ciobanu, 2009). A phenomenon of dehumanization occurs, generated by this loss of meaning, amplified by the loss of the senses.

Barriers to using NT can be physical or mental. The main barriers are sight, tremor, arthritis and memory loss (Santior.fr, 2018). The older we get, the more the acuity of the five senses deteriorates and leads to a loss of autonomy. Eighty-two percent of people over 60 in France have a visual impairment and 33% have a hearing impairment. The main sight-related conditions are cataracts, glaucoma, diabetic retinopathy, eyelid pathologies and age-related macular degeneration (AMD). Sensory and cognitive disorders are interdependent. Indeed, loss of hearing will accelerate the process of cognitive decline, adaptation to the environment,

maintenance of relational and communication networks. The loss of the senses notably increases the feeling of insecurity, withdrawal, and avoidance behaviors (Hugonot-Diener et al. 2017). Hearing and visual loss will affect the older person's ability to communicate, potentially cutting them off from their social and family environment by simply preventing them from participating in conversation.

Digital technology produces an acceleration of information and therefore of communication. This acceleration is often no longer in phase with the biological rhythm of the elderly person, so this phenomenon must be taken into consideration when we expose the elderly to modern technologies. Television still plays an undeniable role in maintaining the social bond of the elderly person; however, watching screens without exchanging with others can lead to new suffering: being closed in on oneself, failing to take into account the individual's own existence (Caradec, 1999).

In a study on "the relationship of the elderly with the NT," in referring to the computer, the interviewees use the pejorative terms "cold object" and "machine," which could even dominate Man. As much as the telephone appears as a "warm object" because it is considered an extension of the hand and the voice, the computer appears as a screen between the person and reality. Moreover, the computer essentially appeals to the sense of sight, almost excluding the other senses or at least clearly diminishing their use, with the exception of touch, which is somewhat solicited. But human beings can only have a decent relationship with the world through their five senses (Collos and Delomier, 2012).

The placing of individuals under surveillance, but also the substitution of technology for human beings, the over-simplification of tasks exposing the elderly to a form of infantilization, or the removal of objects to which people are sometimes attached, considered as obstacles, fall factors, are all examples that show that the beneficiaries of these measures may have a lot to lose. New technologies must remain on the side of "empowerment" of individuals, and lead to an increase in their capacity for action, their hold on the world, and finally their link to others within the framework of free choice. We could conclude on this matter by noting that to be successful, the deployment of these technologies must be complementary and not a replacement for human contact.

### **3. Prospects for improvement**

Numerous improvements are emerging in the field of new technologies to promote social bonding with respect to the elderly; however, in France, access to new technologies in particular is still limited. It would therefore seem interesting for France to consider new initiatives. The aim of this approach would be to make new technologies for the elderly more attractive, accessible and secure. From this

perspective, various actors, such as the State, professionals working in this field and users, especially senior citizens, should be involved and taken into account.

### **3.1 Developments envisaged at the national level**

Access to the internet and mobile networks facilitates social exchanges between people. Indeed, many retirement homes are testing new technologies to encourage the maintenance of social ties among their residents. In addition, it helps people learn and accept these new modes of communication (Cornet and Carré, 2008); however, France still has 170 municipalities without these services. Areas known as “blank zones” are defined as rural territories that do not have cell phone antennas. Inhabitants in these areas are therefore unable to access Wi-Fi, mobile and 3G/4G networks (Belouezzane, 2018).

In 2006, the Centre d'Analyse Stratégique (CSA) focused on the subject of new technologies for the elderly. From this study stems the idea of creating sectors of activity specific to gerontechnology, namely the “geronto-poles.” The mission of the latter is to work on research and training in gerontechnology. The CSA encourages the government to support professionals working in this sector and to create “specific standards” for gerontechnology. In addition, it recommends that the social security office review the funds allocated to NT; for example, those intended to reduce isolation of the elderly or improve their mobility.

### **3.2 Older people at the center of new perspectives**

To boost the development of these new technologies for the aging public, more input from seniors is needed. Indeed, they are not reluctant to use these technologies, but the interest and meaning given to them must be justified. To do this, two mechanisms must be taken into account: to find a positive use in their daily lives, and to draw inspiration from their past, their conception of life and their ideology. These two mechanisms represent and encompass the notion of “stakeholding”. Researchers must then take it into account when designing NT for this audience. This notion thus seems to be at the center of the approach so that older people can equip themselves and use the NT (Caradec, 2001).

The financial argument seems to be equally important to promote the development of gerontechnologies and develop their use. Indeed, the cost of these technological innovations is high in relation to the financial resources of potential users. In France, the social security system supports a certain number of technologies for seniors by offering them reduced rates (Portail national d'information pour l'autonomie des personnes âgées et l'accompagnement de leurs proches, 2017). However, much of the technical aid, such as that with a social purpose, is not

taken into account by the health insurance system, particularly with respect to Alzheimer's disease or related diseases. The financial difficulties encountered by the families of people with severe disabilities preclude the possibility of self-financing this type of aid. It would therefore seem important to update the list of the types of technical aid and to consider partially or totally reimbursing aid for serious illnesses affecting the elderly (Rialle, 2007).

The last argument would be of a more economic and marketing nature, but always with a view to promoting the use and support of older people in the face of new technologies. Bernard (2013) proposes to develop the Silver economy by focusing on so-called "solvent" customers. That is to say, people capable of consuming and investing in the products and projects proposed, in order to encourage the development of funds towards new markets in the Silver economy. This would reassure investors. If these markets develop well, then the less "solvent" or more vulnerable people can be helped in their dependencies by mass marketing. The Silver economy will eventually lead to the development of the industrial sector focused on "robotics, home automation and medical devices" by promoting innovation. Communication is essential here to raise awareness of this approach and guarantee greater transparency and readability for elderly users. The development of new forms of housing is also related to this economy, particularly collective or shared housing.

Some may consider this approach illusory, but in this matter, all avenues to reduce the gap between "haves" and "have-nots" must be explored.

#### **4. The theoretical framework of our action-research**

In his book *Vieillesse, technologie et vie quotidienne* (Aging, technology and daily life), Jobert (1993) has entitled Chapter 2 «*La domotique: les personnes âgées relais de l'innovation?*». Indeed, home automation is a field of innovation that is still being explored in terms of functions to be developed and potential customers.

The markets are still being identified, and distribution is starting with two possible orientations: a very wide distribution corresponding to a banalization of products (products for all) or, on the contrary, a very targeted distribution corresponding to hyper-specialized products.

In such a context, there are many players: manufacturers, producers grouped together (e.g., Chimène) in order to develop products, potential customers (specialized service providers, professionals in the health and social sector), users (individuals, professionals in the field, etc.). "Intermediary organizations" are special players in that they play an interface role or even a "market formatting" role.

What role, what place for the elderly in this context? Are they targeted to be innovation relays, as Jobert (1993) indicates, and which players are targeting them?

The theoretical field of our approach belongs to the school of symbolic interactionism in the sense that, according to Goffman (1968, 1975), we admit that, rather than considering institutions, organizations or, more generally, social facts as factors prior to and external to individuals, the actionist paradigm proposes to analyze the action of individuals on these same facts.

In this dynamic, we are interested in the fact that symbolic interactionism is defined as subject/group interdependence that would lead to the creation of deviant situations for which the subjects would try to find solutions through strategies and games.

On this theme, Maffesoli & Fischer (2016) and many others point out that these strategies reflect, in particular, an identity quest which, for us, would be found in what Flichy (1995) calls the challenge of a sociology of technology, namely “How is the social bond built within and by the machine?”

Such a theoretical field allows us to deal with the relations between intermediary organizations, service providers and users, but also to observe the stabilization process which, in the field of technical innovation, concerns both the operational functioning of the machine and its users; the designers and the users; and the manufacturers and the vendors.

This approach then leads us to question the social construction of the demand, its structuring in the field, the articulation, the meeting of services offered by intermediary organizations, institutions and professionals; this with regard to the expectations of real and potential users.

On this subject, we will recall that the different social worlds will compete for the definition of a question, a professional practice, for instance, or within the framework of our research theme, for the management of such and such a service, as well as its use, in specific instances; what the interactionists call forums (arena). In these forums, “different subjects are debated, negotiated, representatives of different worlds or sub-worlds confront each other, try to manipulate each other” (Strauss, 1978). The concept of the forum is essential in the interactionist approach; it is the place of confrontation and cooperation between social worlds. From this, the development of a compromise or consensus may or may not emerge that can change the relationship between users and service providers.

The role of the users will be significant here insofar as they will be at the heart of the issues and the corresponding negotiations.

They will do so in a non-homogeneous way insofar as we must underline the importance of the generational effect, which feeds on the heterogeneity of elderly users, as well as on their diversity in developing different “operative arts” and which will consist, for them, in acting in a different way than the way defined a

priori by the framework of use. This should then enable us to study the place that these same service users occupy in this interactive dynamic.

In this way, we will join the work of Flichy (1995) who proposes an interactionist sociology of technology that will be interested in the dynamics of interactions within the multiple social worlds concerned by innovation; “social groups will, given their representations, socially construct the technical object through the definition of problems and their resolution.”

Currently, the implication of new technologies, the effects induced by their use in daily life and the actors involved in programming remains a reality that is still partly unknown, which makes it difficult to formulate hypotheses that are built on objective observations and not on the reflection of personal convictions based on subjective apprehension of possible or probable effects.

## **5. In conclusion**

The development of NT raises strong social and economic issues, whose interests sometimes feed on each other, but also clash when confronted with the antagonisms inherent in such a diverse population category. Many innovative technologies are indeed increasingly available to support and secure the elderly, improve living conditions and the quality of care, whether at home or in institutions. Their usefulness is now recognized and their continued sophistication makes it ever easier to perceive, communicate and exchange information. They can foster social ties and solidarity between generations, thus enabling the elderly to continue to be involved in their environment; however, their contributions paradoxically have negative effects and give rise to concern, even deep reticence among the elderly themselves, particularly among the most vulnerable. They often perceive the use of technology as the cause of a deterioration in relations with their entourage, resulting in social disaffection, sometimes even great loneliness and depression. Does not the elderly person, whether sick or isolated, particularly need a real and not a virtual presence?

This research has revealed that very often NT are first and foremost reassuring for those around them rather than being reassuring for the elderly themselves because they require, among other things, a certain capacity for adaptation. Perhaps we simply do not take enough account of their feelings and their real expectations? Moreover, one of the major questions that now arises is that of the hyper-connectivity of individuals and machines. Will contemporary society continue to advance in this consubstantial search for efficiency and profitability in which it has long been engaged, and which leaves less and less room for human beings? Or will the NT be an opportunity to raise the ethical question of their purpose and the way of life they promote? The role of ethics would certainly be to offer a frame-

work for reflection for the evaluation and regulation of the benefit/risk ratio linked to innovative technologies and their influence on the question of living together. The challenge would therefore be to consider technological progress according to a vision that not only obeys economic logic, but that refocuses on the interests and well-being of humans, ensuring that technical efficiency does not erase the relational dimension. It is indeed a question of making a societal choice that aims, as Ricoeur (1990) reminds us, at “living well with and for others in just institutions.”

To conclude this reflection, we would like to close with Laurent (2018):

Current institutions (family, work, public services) contribute not to an exacerbation of individual whims, but to a growing isolation of people that undermines the foundations of social cooperation. More than the individualism chosen, it is loneliness that is gaining ground in a number of Western countries, including France.

Thus, also according to Laurent:

Many of the innovations of the digital transition, in line with *nerd* mythology, aim to delegate to machines the very function of social bonding (the algorithms that govern social networks or the deployment of artificial intelligence in customer services are good examples). Cooperation itself is delegated to machines, which are entrusted with the mission of socializing instead of humans (Laurent, 2018).

The same author, in his chapter “*La guerre contre le temps*” tells us the following:

The beginning of the 21st century is characterized by a double temporal crisis, the first of which is the acceleration of the present under the effect of the so-called “digital transition.” The revolutionary character of the latter is often exaggerated, but it is certainly relevant in the public space and in the private life of the incessant innovations that alter human existence in daily life (attention span, quality of sleep) and shake up social organization in depth [...]. The second temporal crisis is rather reminiscent of the end of the 1960s: the future is, as it were, obstructed by ecological crises.

It is this alteration of the most fragile human existences that is at the heart of our project as well as of our actions; acting like a mild buffer against the inhumanity of the system that is inexorably set up when a robot signals to you: “You have passed the deadline [note that this word contains the word ‘dead’] to submit your file on the lambda portal, the administration can no longer do anything for you.”

There is no doubt that this is an immediate field of action for public policies, particularly in the fight against the digital exclusion of older citizens.

For the time being, as always, in France, the associations and humanitarian operators compensate for this absence of public authorities with their limited means, but such a situation cannot last without in the long term seriously affecting the societal balance and the moral principles of social justice, such as access to rights for all.

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# German pension and labour market reforms and the potential rise of social inequality amongst older workers and pensioners

Reformas alemãs das pensões e do mercado de trabalho e o potencial aumento da desigualdade social entre trabalhadores de idade mais avançada e pensionistas

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**ABSTRACT**

Policymakers in all European countries have implemented reforms aimed at delaying retirement and extending working lives mainly to mitigate financial pressure on public pay-as-you-go pension systems and to increase the supply of skilled labour. This could be a reason for an increase of older workers' labour force participation. This increase was particularly strong in Germany. In the paper at hand, we will answer two research questions: i) how can this steep increase in German older workers' employment rate be explained? Furthermore, and related to this: ii) have policies for longer working lives fostered inequality? We base our analysis on an extensive literature review and descriptive data analysis. We conclude that the rise of the employment rate of older workers in Germany has several causes. First, the German labour market has performed very well, so that the policy debate has shifted from unemployment to a lack of (skilled) labour. Second, there is a strong increase of female labour market participation. Third, due to cohort effects, today's older workers are healthier and better skilled than their predecessors. Finally, the pension and labour market reforms aimed at delaying retirement had an effect. However, we also find that lowskilled and low-income workers increasingly have to delay their retirement due to financial reasons. It seems that social inequalities in the retirement transition are increasing in Germany.

**Keywords:** Older Workers, Employment Policies, Social Inequality, Germany

**RESUMO**

Os formuladores de políticas de todos os países europeus implementaram reformas destinadas a atrasar a aposentadoria e a prolongar a vida profissional, principalmente para mitigar a pressão financeira sobre os sistemas públicos de aposentadoria e aumentar a oferta de mão de obra qualificada. Isso poderá ser um motivo para o aumento na participação da força de trabalho dos trabalhadores mais velhos. Este aumento foi particularmente forte na Alemanha. No presente artigo, responderemos a duas perguntas de pesquisa: i) como pode ser explicado esse aumento acentuado na taxa de emprego dos trabalhadores mais velhos da Alemanha? E, relacionado a isso: ii) as políticas para uma vida profissional mais longa promoveram a desigualdade? Baseamos a nossa análise em uma extensa revisão de literatura e análise descritiva. Concluímos que o aumento da taxa de emprego dos trabalhadores mais velhos na Alemanha tem várias causas. Primeiro, o mercado de trabalho alemão teve um bom desempenho, de modo que o debate sobre políticas passou do desemprego para a falta de mão de obra (qualificada). Segundo, há um forte aumento da participação feminina no mercado de trabalho. Terceiro, devido aos efeitos de grupo, os trabalhadores mais velhos de hoje são mais saudáveis e mais qualificados, do que os seus antecessores. Por fim, as reformas de previdência e do mercado de trabalho que tinham o objetivo de atrasar a aposentadoria funcionaram. No entanto, também descobrimos que trabalhadores com baixa qualificação e baixo rendimento têm a necessidade de adiar cada vez mais a aposentadoria devido a razões financeiras. Aparentemente parece que as desigualdades sociais na transição para a reforma estão a aumentar na Alemanha.

**Palavras-chave:** Trabalhadores Mais Velhos, Políticas De Emprego, Desigualdade Social, Alemanha

## 1. Introduction

Industrial nations in particular face a development often summarised under the heading of ‘triple aging’ with an increase in the absolute number of older people and the relative proportion of older people, as well as a sharp increase in the number of very old people in the total population. The main reasons are a steep increase in life expectancy and a decline in fertility, both over the last century. The demographic change influences many areas of society and poses challenges for social security systems (Brussig, 2018). The proportion of people paying contributions to the social security systems will decrease in the coming decades, and the proportion of benefit recipients will increase.

Political decision-makers in most European countries are responding with reforms to prolong working lives. In the course of these reforms, possibilities for early retirement were severely restricted and the statutory retirement ages were gradually raised (Ebbinghaus & Hofäcker, 2013). In addition, active labour market policies were implemented, and measures of life-long learning are supported with the aim of increasing older workers’ employability.

These reforms seem to take effect and older workers’ employment rates and effective retirement ages are increasing all over Europe. Although the causal link between the reforms and the increase of the employment rate and effective retirement age is only partially proven, these trends can be interpreted as positive. They are resulting in higher taxes and social contributions, as well as slower growth of pension costs, and at the same time, these developments provide the labour market with skilled workers. However, concerns are that advantages are unevenly spread over groups of workers and that low-skilled workers in particular are struggling to meet the requirement of the new credo of late retirement, which in effect increases social inequalities within older age groups.

In this article, we will explore and discuss this development in detail taking Germany as a case study. In Germany, the policy change was most fundamental and the increase in older workers’ employment rate the steepest. Our main research question is how these reforms aimed at extending working lives have affected the German labour market, as well as older workers. The paper makes three contributions to the existing literature. First, it gives a comprehensive, but also a holistic overview of the developments in Germany, while not narrowing on one policy area but discussing several important aspects. This offers the possibility of retracing the very strong policy shift in pension and labour market policies. Second, it goes beyond most previous literature by introducing several potential explanations for the steep increase of German older workers’ employment rate and discussing their interdependences. Third, the paper summarizes the literature on effects and influences the policy trends in Germany had on older workers

and pensioners while differentiating between different groups of older workers. It shows that the policy change has affected miscellaneous workers differently. Thus, it highlights and stresses the importance of not looking at older workers as one homogenous group.

The method of choice for the paper at hand is that of scoping review, which allows to give an overview of the literature on the topic of interest. “Scoping reviews are able to inform policymakers [...]. They share several characteristics of the systematic review in attempting to be systematic, transparent and replicable” (Grant & Booth, 2009, p. 101). Scoping reviews aim at including all relevant literature and previous findings on the topic of interest.

To this end we will first present how German policymakers have reacted to the maturation of the society. Then we will briefly show the increase of older workers’ employment rate and potential explanations for this increase. Finally, we will discuss the consequence of the increase for the heterogeneous groups of older workers and end with a general discussion.

## **2. The reaction of German policymakers to demographic aging**

### **2.1 The German pension scheme and the policy of early retirement**

Germany has the prototypical Bismarckian pension system so that the level of contributions and (later) benefits depends on the wage level. The public German statutory old age income security is financed on a pay-as-you-go principle and covers about 80 per cent of the employed population (Schulze, 2009). Not included are tenured civil servants and the self-employed (Leifeld, 2013). Currently, there are about 1.7 million tenured civil servants (destatis, 2019) and 4.0 million self-employed (Günther & Marder-Puch, 2019). Public pension benefits are the main source of income in old age (about three quarters), as occupational or private pensions are not mandatory in Germany (Bridgen & Meyer, 2014), despite political endeavours to strengthen the second and third pillar of old age security.

### **2.2 Pension and labour market reforms**

Financial problems in the public pay-as-you-go scheme, also fostered by policies supporting early retirement, led to a fundamental policy change in labour market and pension politics in Germany from one of early retirement to one of extending working lives. Although shortly interrupted by the German reunification, the main intention was to keep older workers longer in employment, to delay retirement and to increase older workers’ employment rate to relieve the pensions system from financial pressure and provide the labour market with workers. Several

of these efforts are discussed below. They are broadly categorised into pension and labour market policies.

### Pension policies

The legal retirement age rises stepwise from 65 to 67 over a period from the year 2012 to 2029 (Bauknecht, 2013), whereas ‘retirement with 67’ is legally in place in 2029, but the legal retirement year for the cohort of 1964 then will be 2031 instead of 2029. The reform was highly debated and strongly criticised from the left side of the political spectrum and trade unions with the main argument that in some or even many professions 67 is an unrealistic retirement age due to hard working conditions (FAZ, 2019). Due to its late start, the reform cannot account for rising employment or rising inequality between 2004 and 2014.

In addition, retirement before the official retirement age was made less financially attractive by the introduction of pension deductions for early retirement and the closing of other early retirement options (e.g., via long unemployment with high benefits or disability pension). Eligibility criteria for these were tightened and ‘bridging’ between labour market exit and retirement was shortened. Four main reforms affecting retirement before the official retirement age are discussed below.

The first pension reform was designed in 1989 and implemented in 1992. The main modification concerned the introduction of actuarial pension reductions by 0.3 per cent for every month the pensioner retired before the official retirement age, making early retirement financially less attractive (Radl, 2014; Rürup, 2002). This led to later employment exits (e.g., Lüthen, 2014), especially in the case of men. Yet also the time gap between labour exit and retirement entry became wider, indicating that unemployment partly substituted for formal early retirement.

The government subsidised an old-age part-time programme with the aim of delaying retirement. Employees who were at least 55 years old and worked for three out of the last five years could use the scheme to reduce their working hours to 50 percent of a full-time equivalent. The resulting income from wages was increased by 20 percentage points (to 70 percent) through subsidies from the Federal Employment Agency and often complemented by additional money from companies. Additionally, pension contributions for the half-time job were as high as would have been the case with the person working 90 per cent of full-time hours, also financed by the Federal Employment Agency. Amongst those using the scheme, the proportion of those in physically burdensome work was relatively low. Instead, it tended to be used by white-collar workers, while those in physical burdensome work rather used the disability scheme to exit the labour market (Wanger, 2010). Most evaluations of old-age part-time schemes come to the conclusion that the loss of working hours due to the lower number of working hours per week is larger

than any gains in working hours due to later retirement, also because positive effects of old-age part-time work on later retirement are weak or absent (for a summary see Bauknecht, Gerling & Hess, 2016; Hess, Bauknecht & Pink, 2018). The abolishment of the scheme raised employment among older people (Brussig, Knuth & Wojtkowski, 2009).

Early retirement via disability schemes became increasingly difficult. In 2001 the distinction between disability (inability to work) and occupational disability (inability to work in the last job) was abolished. Especially for those born after 1960, status security vanished since employment in a different (lower pay, lower status) job is considered appropriate (Bäcker, 2012). This should increase the employment of older workers. Since 2001 someone able to work for only 6 hours per day is no longer considered disabled (Bäcker, 2012). This shows that a disability pension is an option only for those with severe health problems. If someone applies for disability, medical officers check the documents and decide if rehab could re-establish workability (Bäcker, 2012). Also, in 2001 new deductions for disability in the time before 63 were introduced (0.3 per cent per month, as in the 'normal' retirement scheme). This age of 63 will be raised stepwise to 65 until 2024, yet the maximum of deductions will remain at 10.8 per cent (for three years; cf. Bäcker, 2012).

### Labour market policies

In 2005 the unemployment scheme was reformed. Earnings-related unemployment benefits were shortened, but duration still partly depends on age and previous employment duration. In addition, after a certain time of earnings-related unemployment benefits (mostly 12 months), benefits drop to a low lump-sum, including means-tests taking into account other household members' incomes and assets. Previously, long earnings-related unemployment benefits were used to bridge the time between work and retirement (Dlugosz, Stephan & Wilke, 2009). On the one hand, the main argument is that lower and shorter benefits reduce the unemployed workers' reservation wages, that is, they are more willing to accept low-paid jobs, while their reluctance to accept lower-paid jobs is an important barrier to re-employment (Dietz & Walwei, 2011). On the other hand, it is much harder for older people to find their way out of unemployment and back into employment compared to the total population (Brussig, 2015; Radl, 2007; Sieglén, 2016). Further, decreased generosity reduces incentives to use unemployment as an early retirement scheme (Duell & Vogler-Ludwig, 2012). Dlugosz and colleagues (2009) found evidence that shorter durations of earnings-related benefits reduced unemployment, especially for the oldest group (57–64), which exhibited the strongest decline in the duration of earnings-related unemployment benefits. A different study found that effects were small (Krebs & Scheffel, 2010). An explanation

can be that the new (early) date of expiration of the higher benefits is relevant mainly only for those short-term unemployed who do not find work in the first 12 months of unemployment.

Besides the reforms in the unemployment scheme, several active labour market measures aimed at older workers were implemented: different types of subsidies to decrease employers' wage costs, different measures to increase workers' employability and efforts to improve the hiring process. Three are discussed here as examples.

Older workers' incomes are higher not because they are older, but because they have a longer tenure (de facto seniority wages). Hence, older unemployed people had higher wages before unemployment than younger unemployed. As a result of this, their wage expectations for new jobs are comparatively high, which can be a barrier to re-employment. All of this negatively affects the hiring of older unemployed (Bovenberg, 2008; Keese, Hirsch & Bednarzik, 2006; OECD, 2011). To alleviate this problem, the recruitment of workers over 50 can be subsidised (§421f SGB [social security code] III). The research institutes ZEW, IAB and IAW (2006) assessed the effects of integration subsidies for persons with short unemployment. These subsidies were found to increase the probability of re-employment. The authors stated that this effect was not very high but also not negligible. However, in contrast, Boockmann, Zwick, Ammermüller and Maier (2007) state that due to deadweight effects there is no net effect due to hiring subsidies since subsidised hiring merely substitutes for unsubsidised hiring. Findings on net effects on employment are contradictory. If these effects are positive, such measures also decrease inequality, since the re-employment of unemployed people raises the incomes of the previously unemployed. If these effects are not positive, inequality is not reduced since those not obtaining jobs due to deadweight effects are also unemployed and therefore also belong to the group with low incomes.

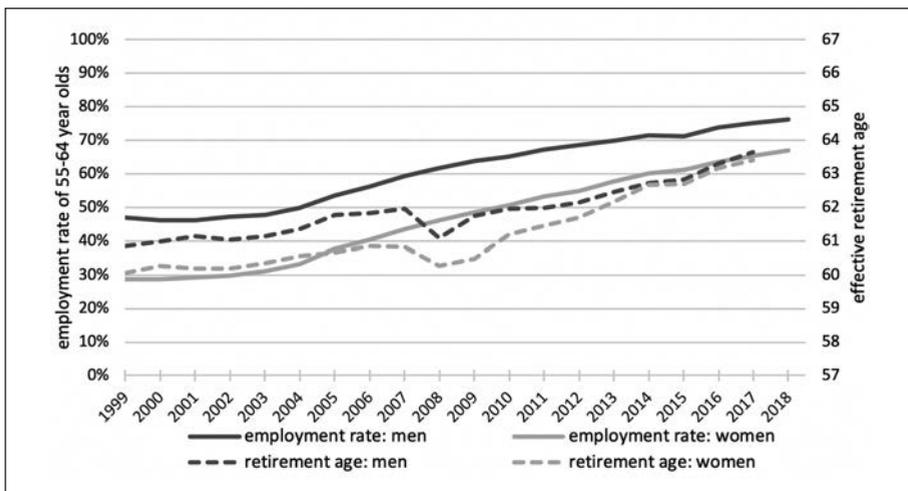
The German programme 'Perspectives 50plus – employment pacts for older workers in the regions' aimed at reintegrating older long-term unemployed back into the labour market. It included about 78 regional employment pacts with local job centres and lasted from 2005 to 2015. The pacts included further vocational training, job application training, internships and wage subsidies. Individual counselling and coaching were considered crucial parts of the programme (Duell & Vogler-Ludwig, 2012). The programme activated around one-third of the older long-term unemployed workers and placed about one-seventh of them (nearly 25,000) in the regular labour market. Some of these received wage subsidies and only a minority of those leaving unemployment also exited public financial support, partly due to the high share of part-time workers among the re-employed. The high share of part-time workers resulted from the fact that part-time work

was more stable since participants in the programme often had reduced capabilities (Duell & Vogler-Ludwig, 2012). Only the phases from 2005 to 2010 were evaluated (Knuth, 2018). Results for the middle of project duration are considered to be positive (Duell & Vogler-Ludwig, 2012) since a high share of older long-term unemployed people were activated. Yet, the share of those older than 60 was low and the mean age at 54, so the programme mostly activated the ‘young old’, which is a group that is ‘easier’ to bring back into work than the ‘normal old’. For methodological reasons, a clear evaluation is difficult but results point in a positive direction (Knuth et al., 2012). An expedient strategy has been a financing model granting resources to official public employment offices based on the number of jobseekers integrated into the labour market. These offices had considerable leeway in terms of how to deploy these financial resources. They could use the funds, for instance, to hire additional staff or to outsource integration tasks to external providers using performance-related payments. The German experience of giving local job centres extensive leeway in terms of how to integrate the unemployed into the labour market and to grant financial benefits on their success appears to be a promising approach. Effects of wage subsidies for newly hired workers are less clear, although targeting those with very low re-employment probabilities reduces deadweight effects (Brown, Merkl & Snower, 2011), that is, the subsidising of employment which would have also happened without subsidies.

German policymakers have recognised the need to increase older workers’ employability. Besides paying wage subsidies they also strive to train older workers and establish the idea of life-long learning (Hess, 2017). An example is the pilot project ‘Training of low skilled older workers (WeGebAU)’ that funds training costs for older low-skilled workers (Duell & Vogler-Ludwig, 2012). In 2009, a total of 102,000 older workers used this programme (Lott & Spitznagel, 2010). Its effectiveness is however under discussion as Singer and Toomet (2013) found that participating in training financed by the ‘WeGebAU’ did not improve older workers’ job stability and long-term possibility of staying in employment. Although being essential for the employability of older workers, education and life-long learning do still not play a major role for German policymakers. This leaves considerable room for further improvement of the employability of older workers and, thus, for further increases of their employment rate. Especially in smaller companies and trades, older workers rarely participate in any kind of training measures (Goebel & Zwick, 2010). Furthermore, when looking at the participation rate of older employees in training measures, initial education is found to constitute a decisive factor: Almost 70 per cent of older workers with tertiary education participated in some kind of further training, whereas the respective rate for workers without a formal education is below ten per cent (Schmidt, 2009).

### 3. The increase of older workers' employment rate and actual retirement age

The employment rate of older workers (55-64 years) and the average retirement age have shown an impressive increase from a few years after the turn of the millennium onwards (Figure 1). The employment rate in particular has undergone substantial changes and can be separated into three general periods: From the 1970s until the early 1990s, the average employment rate decreased from over 50 to under 40 per cent. This overall development, however, was mainly determined by the male employment rate, which fell rapidly from just below 80 to 50 per cent. The rate of women remained stable at a low level of 25 per cent. The second phase is the 15 years between the German reunification in 1990 and 2005. During this period, the employment rate staggered around 40 per cent. In 2003/2004 a steep increase started that is still ongoing (Hess, 2016). Between 2003 and 2018 it rose from just under 40 per cent to over 70 per cent, which is an increase of 78 per cent<sup>1</sup>. Separated by gender, the rise was stronger for the females' employment rate but is still lagging behind males'. In 2018 it was at about 67 per cent for women and approximately 76 per cent for men. The development of the employment rate is mirrored in the average effective retirement age (Figure 1).

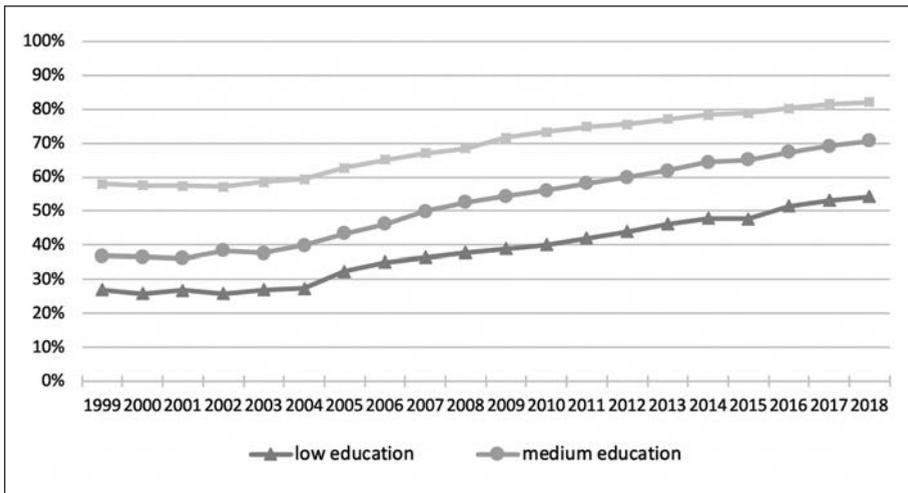


**FIGURE 1.** Employment rate of 55-64 year olds and effective retirement age

Source: retirement age: OECD 2019; employment rates: Eurostat 2019, Labour Force Survey (EU-LFS), own depiction.

1. Older workers' employment rates should be seen in comparison to the whole workforce (20-64-year olds). The latter increased between 2003 and 2018 by about 17 per cent from 68.4 to 79.9 per cent (Eurostat, 2019).

A closer look at the employment rates divided by educational level<sup>2)</sup> (Figure 2) shows that the increase was particularly strong for people with medium education, followed by low-educated. The medium-educated group was able to reduce the gap to the highly educated; the gap to the low-educated increased in parallel. Overall, female labour force participation increased strongly, but also offered more potential for growth due to the baseline situation.



**FIGURE 2.** Employment rates of 55-64 year olds by education

Source: Eurostat 2019, European labour force survey (EU-LFS), own depiction.

## 4. Alternative explanations for the increases

### 4.1 General labour market development

Although it can be assumed that the policy shift from ‘early retirement’ to ‘extending working lives’ is an important driver of the steep increase of the employment rates of older workers in Germany, other explanations must be considered and discussed as well. In a European comparison, the German labour market has improved remarkably since 2000, despite the 2008/2009 financial and economic crisis. This is reflected in the general employment and unemployment rate of German workers aged 15 to 64. Men’s employment rose from slightly less to slightly

2. Using the International Standard Classification of Education (ISCED 2011): low education = ISCED 0-2; medium education = ISCED 3-4; high education = ISCED 5-8.

more than 80 per cent, while that of women has increased by almost 10 percentage points from just over 60 to over 70 per cent. The unemployment rate increased until 2004, then it declined strongly from eleven to four per cent. The decline only stopped during the 2008/2009 crisis, but the trend did not reverse, showing the robustness of the German labour market in the last 15 years. Parts of the increase of older workers' employment rate can be attributed to the general good long-term development of the German labour market and its demand for workers, which is partly related to the labour market reforms depicted earlier in this article. However, the increase of employment rates amongst older people is much stronger than in the general population of employment age, so that other reasons other than just the general labour market development account for the development of the older workers' employment rate.

#### **4.2 Employers' new actions**

The rather good economic development and robustness of the labour market in Germany in combination with the demographic aging have led to a lack of labour and, in particular, qualified labour. "Simultaneous to the last economic upturn, beginning in 2006 a clear lack of skilled labour was revealed, which surprised companies as well as policymakers" (BMFSFJ, 2010, p. 176, authors' translation). One could assume that this lack of skilled labour will be exacerbated with the retirement of the baby-boomers around 2025/2030. It should be emphasised here that this does not affect the economy as a whole, but rather particular sectors like high technology and the health and care sector, as well as the crafts sector since about five years ago. In addition, one finds also strong regional differences in Germany. In the economically prosperous South, due to high labour demand, the lack of skilled labour is stronger. For different reasons, that is, structural change and out-migration, the lack of skilled labour is also strong in parts of Eastern Germany. In this context companies are increasingly relying on older workers as a pool of qualified and experienced workforce and, thus, are investing in older workers. Age-friendly or life-course oriented human resource measures are being offered to older workers. Using quasi-register IAB data, Göbel & Zwick (2010) find that almost 50 per cent of German older workers have had access to one human resources measure in the last year, whereas such measures are far more widespread in larger companies than in medium-sized or smaller companies. In addition, high-skilled specialists — the ones the companies want to retain — have much better access to human resource measures than low-skilled older workers.

### **4.3 Cohort and demographic effects**

The labour market effect might be reinforced by a demographic effect. In Germany, in particular, the generation of the baby-boomers (especially those born between 1960 and 1967) is important. They profited from the massive educational expansions in the 1960s and 1970s and have considerably higher shares with tertiary education than earlier generations. Today they are older workers and their retirement might reinforce the lack of skilled labour as they will leave the labour market in substantial numbers within the next years. In addition to the mentioned higher education of today's older workers, other cohort effects can also be identified as drivers for the increase of older workers' employment rate. For example, the new older workers are not only better educated but also healthier than their predecessors. Furthermore, there is an especially strong cohort effect regarding female employment, which will be discussed now.

### **4.4 Female labour market participation**

German labour market policies were characterised by the credo of the male breadwinner. Regarding not individuals, but families as the relevant smallest economic units, this conservative approach expects a clear division of labour between the husband (paid full-time work) and wife (domestic tasks, care for children and the elderly, part-time work if at all).

However, there has been a recent trend of increasing female employment rates as can be seen in Figure 1. One reason for this development is the slowly but steadily growing importance of the service sector (from 60 per cent in 1990 to 74 per cent of the employed in 2016, cf. destatis, 2017a), in which the share of female employees is higher. Further, due to cohort effects younger women entering the relevant age brackets substitute older women leaving these age brackets. These younger cohorts' skills and attitudes enable and encourage paid work. Women's disadvantage in formal education has declined; in parts even reversed in their favour. In addition, and partly related to this, the share of women who can/must rely on their husband's income has also declined, since the net marriage rate (marriages minus divorces) per 1,000 inhabitants declined from 4.1-4.2 between 1980 and 1983 to 2.6-2.9 between 2010 and 2013 (destatis, 2017b). Although this neglects different age profiles, it clearly shows changing circumstances. Furthermore, fewer women getting married and having children also results in less labour market drop-outs due to childbirth. Moreover, due to the introduction of legal entitlements to public childcare facilities, this sector has expanded strongly, enabling mothers to re-enter paid work after childbirth sooner. Counterintuitively, the quick re-entering of paid work has also been encouraged by the introduction of a parent's money.

Another factor accounting for rising female employment rates are changing demands within sectors, with a constant decline of physical demands due to the mechanisation and automatization of work. Due to these factors, female employment has risen and is expected to rise further, and younger female cohorts with higher employment rates replace older female cohorts with lower employment rates.

While all four developments — the reforms, employer's new actions, cohort and demographic effect and the rising female employment rate — seem reasonable explanations for the steep increase in older workers' employment rate, no causal inferences can be made.

#### **4.5 Reforms and inequality**

On the one hand, the increase in older workers' employment rate can be considered positive from an economic perspective as it relieves financial pressure from the social security system. Employees pay contributions for longer periods of time and at the same time have shorter pension entitlement periods. If it is assumed that income from employment is generally higher than income from pensions, tax revenues will also rise. Additionally, more (experienced and skilled) workers are available on the labour market, alleviating a sector-dependent and regional shortage of skilled workers (Vollmer, 2015).

On the other hand, the concern is that not all older workers benefit from the increase in employment participation. The development might benefit already privileged groups and, thus, exacerbate already existing inequalities. High-skilled workers with good wages and accordingly high pension claims are profiting from the reforms and the new attitudes of the employers. They have the personal resources and the workplace environment to delay retirement and due to high identification with their occupation, they also want to do so. If they still want to retire earlier, they have enough pension entitlements and high coverage with occupational and private pensions to afford early retirement. The fact that they are highly skilled and have the qualifications companies are searching for, makes them the main target group of the new age-friendly human resource measures. In contrast, low-skilled workers with interrupted careers and only low pension entitlements are increasingly worn down by the financial pressure to delay retirement, on the one hand, and only limited opportunities due to the labour market and their health situation, on the other. Whereas in the past they often used different early retirement pathways to exit the labour market early with comparably small pension deductions, they are now facing the need to work longer to accumulate enough pension claims for a sufficient pension above the poverty limit. They are also strongly dependent on the public pension, as they only have limited access to

second and third pillar old age security, as well as less savings and other forms of property, as e.g., real estate. At the same time, their chances on the labour market are limited as they do not have the skills and qualifications employers are in need of.

Investigating the effect of the new credo of late retirement, Buchholz, Rinklake and Blossfeld (2013, p. 881) come to the conclusion “[...] that the recent reversal of early retirement in Germany has been at the price of growing social inequalities in old age”. They show an increasing gap in retirement income and pension wealth between educational groups and that in particular spells of unemployment increasingly reduce pension income. This finding is supported by Heisig (2015) who finds that occupational differences in pension income for German men have increased significantly; Rinklake and Buchholz (2012) come to similar conclusions. The development of social inequality in retirement income and pension wealth is also apparent in the reasons for older workers to delay their retirement or even to work beyond the official retirement age.

Research shows that amongst those working beyond the official retirement age, those with high socio-economic status stay in the labour market because of a high identification with their occupation, while for those with low socio-economic status, financial reasons are once again more important (Hess, 2017; Hochfellner & Burkert, 2013; Naegele, 2013). This is supported by the finding that high-skilled workers assume to be able to synchronise their expected to their preferred retirement age, while low-skilled workers expect to have to work much longer than they would like to (Hess, 2016; Hess & Landmann, 2015).

Additionally, relative income poverty (<60 per cent of median income, adjusted for household size) in Germany rose from 14.7 per cent in 2005 to 15.5 per cent in 2018. Among older people (aged 65 and over) it rose from 11.0 per cent to 14.7 per cent over the same period (Statistische Ämter des Bundes und der Länder, 2018). For the 50 per cent poverty threshold, Ebbinghaus, Nelson and Nieuwenhuis (2019) show a similar rise between 2000 and 2015 (yet point out that in comparison to 1985 poverty in old age is still low). Although poverty amongst older people is still below the average of the entire population, it has experienced an increase within a few years. Further, the average of the entire population is partly boosted by a strong rise in the number of young people entering tertiary education. Although their outlook is positive, 35.3 per cent of students officially count as poor (der Paritätische, 2018). Analytical predictions by Haan and colleagues (2017) also show that the risk of poverty in old age will continue to rise in the future and may reach around 25 per cent in the second half of the 2030s; also Ebbinghaus et al. (2019, p.15) point out that “trends of more precarious work and in-work poverty” could lead to problematic contribution histories. In addition, Haan and colleagues

(2017) point out that the risk of old-age poverty is particularly high for people with low education, single women and people who have been affected by long-term unemployment or who have a migrant background.

## 5. Discussion

Faced with the progressive aging of society and the resulting financial pressure on the welfare state in general and the public old-age security scheme in particular, policymakers in Germany implemented several reforms aimed at delaying retirement and extending working lives. It seems as if the reforms are taking effect and older workers' employment rate is increasing rapidly. Generally, the recent development in older workers' employment rate is a positive development as it leads to higher tax and social security revenues, relieves the welfare state from monetary pressures and provides the labour market with skilled and experienced workers.

However, it might also have an unintended consequence: a re-emergence of social inequality in the transition from work to retirement. Already privileged workers from high socio-economic status are profiting more than low-skilled workers. The latter used different early retirement options in the past, yet now they are facing a tough choice; between retirement due to bad health or later retirement for financial reasons. If they retire early, they face large pension losses and might even face poverty in old age. If they delay retirement, however, they do so often in harsh and physically and psychologically demanding working conditions, which can further worsen their health status. In addition, they are not the main target group of the age-friendly human resource measures as they normally do not have the skills and qualification companies need. The high-skilled in contrast have clearly benefited from the recent development. Their working conditions are also superior to those of their low-skilled peers and as employers want to maintain them in the companies, they are even improving. In addition, due to higher contributions they also have higher pension claims in the public pension and are more often covered by occupational and private pensions, and, thus, have a comparably high overall pension income. So, for them retirement before the official retirement age is not as problematic from a monetary point of view. To summarise, the increase of older workers' employment rate in Germany has indeed had some unintended negative consequences.

When interpreting the implications and conclusion made in the paper, two caveats have to be acknowledged. First, as the topics presented and discussed here are so large it is an impossible task to include all previous literature. Second, one has to be careful when claiming causality. The literature review method used in the paper at hand does not allow for causal interpretation and although some of the trends discussed are very likely to stand in causal relation, this cannot be proven.

However, even when considering these limitations, the paper makes three contributions to the literature. It gives a holistic overview, considering different potential explanations for the steep increase of older workers' labor force participation. In addition, it acknowledged the heterogeneity of older workers and the potentially different effects the pensions and labour market reform have had on them. From a societal view it seems that current pensions and labour market policies in Germany are not appropriate and sufficient to face all challenges stemming from population aging. German policymakers, employers, trade unions and other stakeholders first have to acknowledge the potential (re)emergence of social inequalities in the retirement process. They have to acknowledge that not all older workers are benefiting from the development. Second, they have to develop and implement measures to mitigate existing problems in the late-career and retirement process and prevent the evolution of new ones. They should strive to enable all workers to work until the official retirement age and provide those who cannot work longer due to health or labour market reasons with the possibility to leave the labour market earlier with sufficient pension income or part-time work. In addition, they should abolish all barriers that prevent older workers from working longer if they want to.

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## Retirement Age: One size does not fit all

Idade da Reforma: *One size does not fit all*

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### ABSTRACT

The European population is aging and, by 2050, Portugal will face a most alarming scenario, with an old-age dependency ratio — i.e. the number of individuals aged 65 or older as a share of the active age population — above 65%, almost double the figure for 2016. Portugal has already undertaken measures to improve the financial resilience of the pension system, but still lacks a better understanding of its social sustainability. We resort to the Survey of Health, Aging and Retirement in Europe (SHARE) to study individual heterogeneity on pension preferences and find that poor health and unemployment are, together with age and the length of the contributory career, key elements to understand early retirement, while late retirement is associated with higher income. Identifying socioeconomic groups with incentives to deviate from the statutory retirement age is crucial to policy makers currently debating the retirement age in Portugal.

**Keywords:** Retirement age, Aging, Pensions, SHARE.

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**RESUMO**

A população europeia está a envelhecer e, até 2050, Portugal enfrentará um cenário preocupante, com um índice de dependência de idosos — i.e. o número de pessoas com idade igual ou superior a 65 anos em percentagem da população em idade ativa — acima dos 65%, quase duplicando o valor de 2016.

Portugal já tomou medidas para melhorar a solidez financeira do sistema de pensões, mas ainda carece de uma melhor compreensão da sua sustentabilidade social. Recorremos ao Inquérito sobre Saúde, Envelhecimento e Reforma na Europa (SHARE) para estudar a heterogeneidade individual sobre as preferências da população no que concerne à idade da reforma. O estudo permitiu verificar que os problemas de saúde aliados ao desemprego, idade e duração da carreira contributiva, são elementos-chave para compreender a reforma antecipada, enquanto as carreiras profissionais com remunerações mais elevadas estão associadas ao adiamento das reformas. A identificação de grupos socioeconómicos com incentivos para se manterem ativos para além da idade legal da reforma é crucial para os decisores políticos que atualmente debatem a idade da reforma em Portugal.

**Palavras-chave:** Idade da reforma, Envelhecimento, Pensões, SHARE.

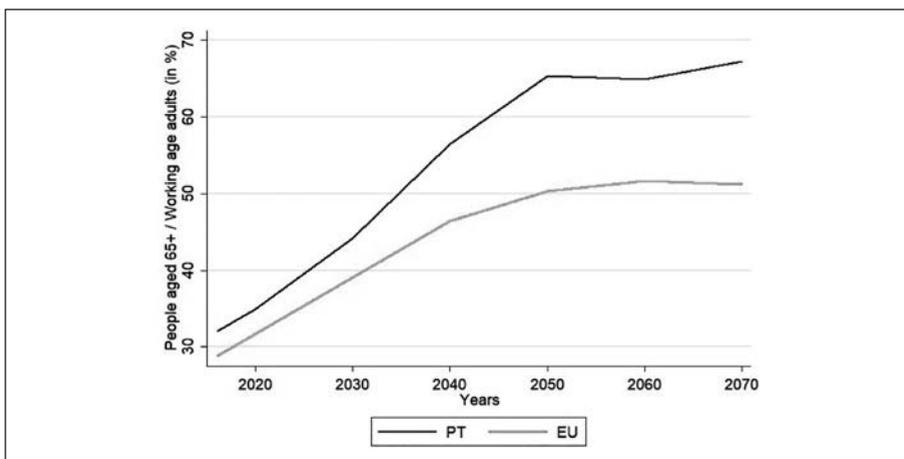
**1. Introduction: Addressing the challenge of aging**

The European population is aging. Portugal is expected to experience one of the most severe aging processes, resulting from a combination of life expectancy increases and the lowest fertility rate amongst the 27 European Union (EU) countries and the United Kingdom. In this context, the old-age dependency ratio — i.e. the number of people aged 65 years old or more for every 100 working age adults — is forecast to increase from its current level of 35% to more than 60% in 2050. As depicted in Figure 1, the gap vis-à-vis the EU average will increase markedly, reaching more than 10 percentage points (pp) in the last decades of the forecast horizon.

The aging process has profound consequences for the economic and social fabric of a country. As discussed by the European Commission (2018), its economic and fiscal implications go beyond the impact on pensions, such as health care or long-term care.

Pension spending is, however, the most significant of these. In the context of Pay-as-you-go (PAYG) pensions, where current workers finance the pensions of the current elderly, there are financial sustainability issues, since contributions may be insufficient to pay for benefits (see Willmore, L., 2004).

Measures to address the financial challenges risk endangering the adequacy of pensions to maintain a certain level of income in old-age. But even more fundamental than the financing challenge, there is, as Barr et al. (2001) puts it, the challenge of production: who will produce the goods and services that everyone consumes?



**FIGURE 1.** Old-age dependency ratio

Source: Author's own computation based on the European Commission (2018)'s estimates.

In past decades, countries have introduced important reforms to their pension systems, to contain the pressures of an ever-older population. In Portugal, two major reforms were introduced. Decree Law 35/2002 significantly reduced the generosity of the benefits paid, which are now based on lifetime average earnings and not on the best 10 of the last 15 years of contributions<sup>[1]</sup>. The second major reform promulgated by Decree-Law 167-E/2013 introduced the automatic indexation of the retirement age to life expectancy<sup>[2]</sup>. Due to this reform, the legal retirement age (LRA) increased from 65 to 66 years and 4 months in 2018, although long contributory careers (more than 40 years) benefit from a 4-month reduction per year after the 40th year.

These reforms were important steps to increase the financial sustainability of the system. As estimated by the European Commission (2018), the increase in the old-age dependency ratio will be counterbalanced by both the decrease in the coverage ratio (i.e. the number of pensioners per person aged 65 or more) and the decrease in the benefit ratio (i.e. the average pension relative to the average wage). This means that people will retire later and receive lower benefits. It is therefore important to understand whether the adequacy of pensions is not endangered,

1. Workers joining the system after 2002 are fully covered by these new rules. For those with more than 40 years of contributions, the best 40 years are considered.

2. Initially, the reform entailed a sustainability factor that decreased the value of the pension. Currently, the factor applies only to early and disability retirement.

both in terms of benefit level and in terms of age of take-up. In this project, we focus on the latter — the age at which people decide to retire.

As discussed by the OECD (2017), the automatic increase in the LRA does not compensate the effect of aging (figure 2). The legal retirement age will increase by two years up to 2050, but it would have to increase by close to 10 years to maintain the current old-age dependency ratio at the same level. Besides, the OECD (2017) predicts that the increase in the LRA will not to be matched by an increase in the effective retirement age, which will stagnate below 67 years of age while the statutory retirement age will continue to increase (figure 3). If there are no significant productivity gains to compensate for the reduction in the relative number of the working-age population<sup>[3]</sup>, and given the already large expected reduction in pension generosity<sup>[4]</sup>, the age of retirement will be a key element to address the challenges of population aging.

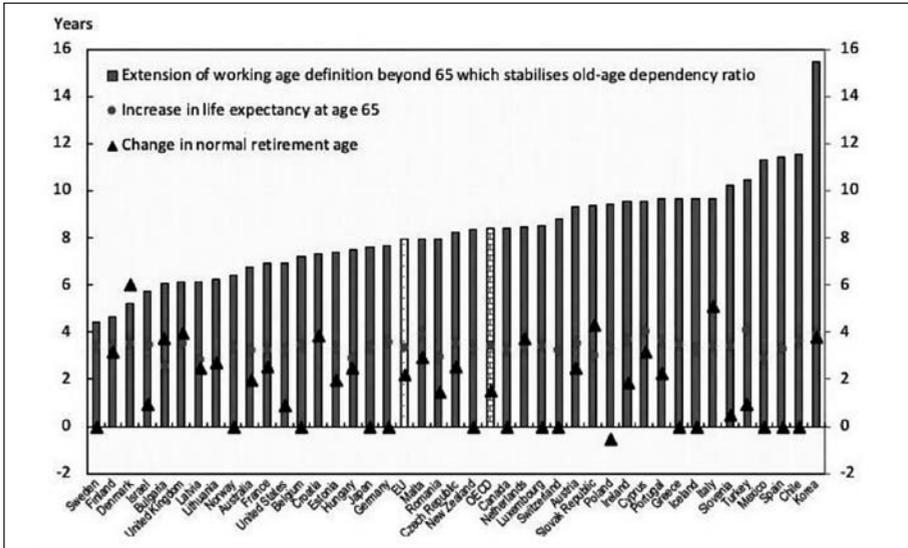
Active aging — where older workers remain in the labour market, in similar or in other functions, in full-time or in part-time — is frequently discussed as a possible option. Indeed, life expectancy increases have generally occurred in good health. However, there are important differences across socio-economic groups. Life expectancy is highly dependent on one's gender, education and income. Figure 4 shows that, according to the OECD (2017), a highly educated male is expected to live on average five more years than a low-educated male (three years more for females). In the same vein, there is a difference of more than 20 pp between high-income and low-income individuals reporting to be in good health (figure 5), indicating that the capacity to work also varies according to one's income (the same results hold for education differentials).

Departing from this heterogeneity across individuals in their ability to remain in the labour force, this study explores a micro-level database covering adults with 50 years or more, allowing for a better understanding of the forces shaping individuals' decision of when to retire. These results are informative for policy makers seeking public policy solutions to the aging challenge, particularly on how to ensure a stability of the system from both a financial and social perspective. We find that age, physical health, length of the contributory career and current employment status are the main factors impacting the expected retirement age for individuals that plan to do so before or at the LRA. Disentangling the effects of the covariates on these individuals from those that expect to postpone retirement, we

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3. In the past decades, productivity growth in Portugal — like in other OECD countries — has been decelerating, which hints that it may be difficult to rely on productivity increases.

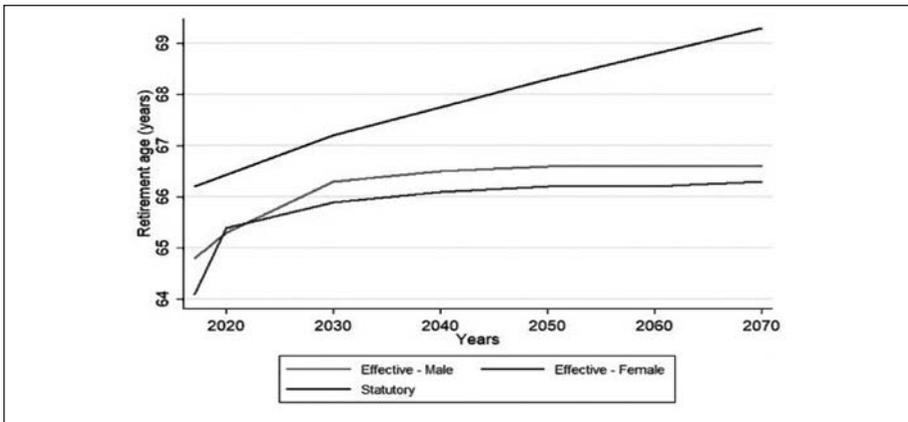
4. In line with the European Commission (2018), the gross replacement rate, i.e. the relation between the first pension and the last wage, is forecast to decrease by 12 pp between 2016 and 2050, from 68% to 56%.



**FIGURE 2.** Working life extension that ensures the current old-age dependency ratio by 2050

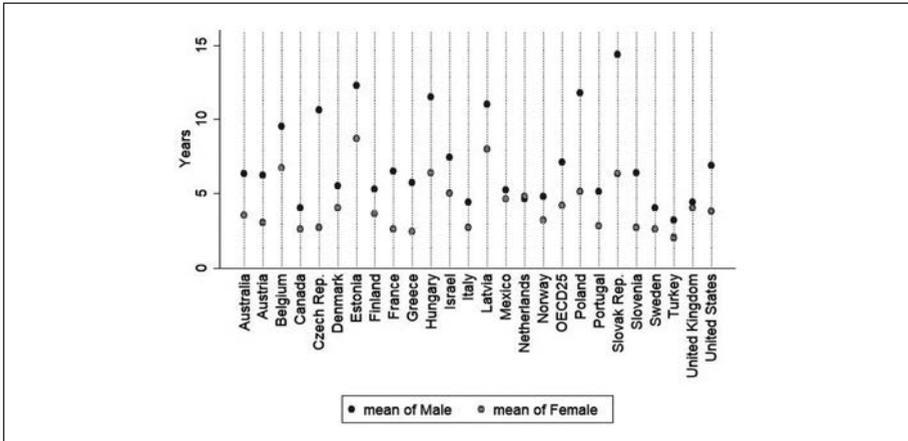
Source: VOX, CEPR Policy Portal (computations of Hervé Boulhol, Christian Geppert).

Note: The graph also compares changes in the LRA and life expectancy at 65.



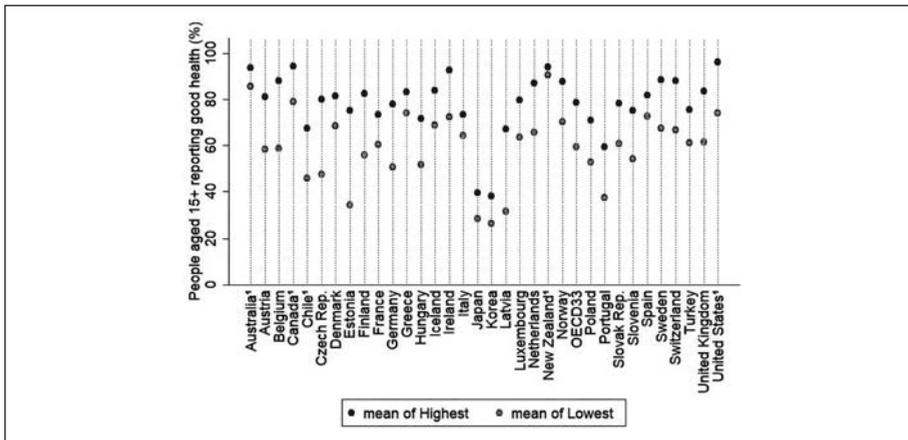
**FIGURE 3.** Projections on the statutory and effective retirement rates until 2070

Source: Author's own computation based on European Commission data.



**FIGURE 4.** Differences in life expectancy at 30, depending on education level (2015)

Source: Author's computation based on data from *Health at a Glance 2017: OECD indicators*. Note: We compare individuals with tertiary education with those with less than upper secondary education (by gender).



**FIGURE 5.** Self-reported health condition, depending on income level (2015)

Source: Author's computation based on data from *Health at a Glance 2017: OECD Indicators*.

find that being highly depressed, having a higher income and being satisfied with the job further increase the age at which individuals expect to retire.

The study is structured as follows: section 2 provides a brief overview of the history of the Portuguese pension system and revises the literature on the determinants of the retirement age (expected and effective) per category and section

3 presents the data set used to conduct the empirical study as well as a statistical overview of the variables retrieved from the sample. Consecutively, we present the empirical model used to model the determinants of different preferences regarding the planned retirement age in section 4. Section 5 is dedicated to the results of the previous analysis and robustness checks, succeeded by a discussion and conclusions in section 6.

## **2. Literature review**

In this section, we first provide a brief overview of the history of the Portuguese pension system. It is crucial to understand the way the system has evolved and the incentives it entails for individuals to remain in the workforce until or after the LRA.

### **2.1 Evolution of the Portuguese pension system**

#### **The retirement age in Portugal**

In 1886, individuals working in the manufacturing industry at 60 years of age or above became entitled to a pension. More than 40 years later, the system widened its personal and material applications, protecting employees of the trade, industrial and services sectors against sickness, disability, aging and death. From the 70's onward, the coverage of the system has been constantly changing (mostly expanding), reflecting the augmentation of workers' social rights and the fluctuations in economic cycles. In 1987, the LRA rose to 65 for men and 62 for women, as a result of a shorter career trend for women. Later in 1993, the LRA was standardized across genders to 65 with a transitory period of 6 years. Hence the adjustment only came into force in 1999. As of 2014, the LRA is indexed to the sustainability factor and is adjusted each year by  $2/3$  of the life expectancy gains. In 2018, it was 66 years and 4 months and is expected to grow close to one year every two decades, reaching 69 years and 4 months in 2070 (European Commission, 2018). However, the actual retirement age of new pensioners has always been inferior to the statutory age of the corresponding year. In 2001 and 2017, the mean effective retirement age was about 64 years old, having fluctuated slightly during that interim period. (Pordata, 2018).

#### **Early retirement**

In 1991, workers with at least 55 years of age and 30 years of contributions became entitled to early retirement benefits. As the scheme encompassed a large proportion of the active population, it was suspended between 2005-2007 and again in 2012-2014 due to financial distress. After 2007, a Sustainability Factor (SF) reduc-

ing the pension benefit was applied to old-age pensions, with a monthly penalty of 0.5% on early-retirement benefits. For each contributory year above the 40th year of contributory career, the penalty reduces by 4 months (OECD, 2017).

Following the second suspension period, the scheme suffered many modifications (back and forth) but the predominant one changed the SF formula by making it more severe — although only applicable to early-retirement pensioners — and narrowed the criteria for access to early retirement, requiring individuals to be at least 60 years of age and having 40 years of contributions to the system. In contrast, as of 2014 (set to 66), the LRA is indexed to life expectancy gains, enlarging the spectrum of individuals covered by the option of early retirement (in detriment of retirement at the LRA). For long contributory careers<sup>5</sup>, no penalties are applied (OECD, 2017).

Early retirement is also accessible to the long-term involuntary unemployed if they are: 1) at least 62 years old, became unemployed at the age of 57 or more and had at least 15 years of contributions or 2) at least 57 years old, became unemployed at the age of 52 or more, had at least 22 years of contributions and have exhausted the unemployment subsidy (a monthly penalty applies).

Together with Ireland and the UK, Portugal displays one of the lowest early-retirement pensions of the EU for individuals retiring 2 years before the LRA. If these same beneficiaries waited for the LRA to retire, their pension could increase at least 10 pp (European Commission, 2018). Nonetheless, with regards to pension and labour income combination, Portugal has relatively loose rules compared to its European peers. Individuals collecting early-retirement benefits are only restricted from receiving work-related income if it is paid by their former employer.

### Late retirement

The system features an option rewarding individuals to keep on working beyond the LRA until they are 70 years old. A monthly rate set according to the length of the individual's contributory career is multiplied by the number of months worked beyond the LRA. The pension amount will increase by this factor, with a maximum ceiling of 92% of the best reference earnings used to calculate the pension. According to the OECD (2017), the rewarding scheme on late retirement makes Portugal one of the five OECD countries with the highest financial incentives for working after the LRA. Also, the non-existence of barriers to accumulating pensions with paid work after the LRA, makes Portugal one of the countries with the largest incentives to postpone retirement.

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5. Since October 2018, long contributory careers concern individuals who are at least 62 years old and have more than 46 years of contributions to SS.

## 2.2 Previous studies on the retirement age

Resorting to the empirical literature on the topic, this section presents the existing results on the key variables impacting expected and effective retirement ages. The first is in general considered a good proxy of the second (e.g. Henkens & Tazelaar, 1997 on Dutch civil servants and Harkonmäki et al., 2009 for Finland), although they may not always coincide<sup>6</sup>.

Several demographic factors seem to impact individuals' retirement age though. For instance, gender is often discussed in retirement age models as the direction and significance of its effect varies across studies. While some find no impact (for example, Disney et al., 2006), others, such as Hank and Korbmacher (2013), argue that gender effects are actually significant once interacted with income, age and parenthood (for instance, male fathers staying longer in the labour market). Larsen and Pedersen (2017) focused on the probability of late retirement for older individuals and report heterogeneous effects of gender. For example, while Swedish low-educated women have a lower probability of retiring after the LRA, being Danish has the opposite effect. This is likely the result of cultural preferences rather than national incentive schemes.

When restricting to a younger Norwegian cluster, Dahl et al. (2003) show that male early retirement takes place, on average, earlier than female retirement. Still on early retirement, Alavinia and Burdorf (2008) find that it is negatively linked to individuals having a partner, which may be a consequence of matching employment behaviour with one's partner, if the latter works.

Demographic characteristics are only a small piece of a larger puzzle. Education seems to be another dimension playing a role in retirement age decisions. According to Alavinia & Burdorf (2008), early retirement is positively linked to lower levels of education. Blöndal & Scarpetta (1997) find that lower-educated individuals are more prone to respond to financial incentives for early retirement. De Preter et al. (2013) and Larsen & Pedersen (2017) find a positive impact of high education levels on late retirement, although with some exceptions in the latter, which might reflect higher financial needs faced by less educated individuals, having the obligation to remain at work.

Health often impacts retirement age decisions. Poor general health is frequently found to be a key factor decreasing actual (Dwyer & Hu, 2000 and Karpansalo et al., 2004) and planned (Mein et al., 2000 and Roberts et al., 2009) retirement ages. Bound et al. (1999) stress the relevance of timing and direction of

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6. Solem et al. (2016) and Carr et al. (2016) find mismatches between the two which may be the result of low education levels, potentially associated with competencies less valued in later stages of the career; poor health conditions, forcing individuals to exit the labour market earlier; and financial constraints, obliging the workers to remain in the labour force.

health condition variations, suggesting that declines tend to push individuals out of the labour force but the sooner they occur, the lower impact they have. Cai & Kalb (2006) and Alavinia & Burdorf (2008) observed individuals under 65 and found that self-reported poor health conditions are positively impacting early retirement. For Danish, German and Swedish individuals over 65 years old, Larsen and Pedersen (2017) found good health conditions to be positively associated with labour force participation after the LRA.

Kerkhofs et al. (1999) found the health status' effect on Dutch retirement decisions significant yet of volatile magnitude depending on the measure used, over-predicting its impact with self-reported health status measures. On the contrary, Dwyer & Mitchell (1999) and Blau & Gilleskie (2001) argue that the variation in the estimated coefficients is not significant in the US.

Studies that distinguish physical and mental health find both measures to be relevant determinants per se. Wahrendorf et al. (2012) focus on 11 European countries and estimate a positive linkage between lower retirement age and poor mental health conditions and high levels of stress, which according to Karpansalo et al. (2005) is increasingly impacting the number of disability pension recipients. Jokela et al. (2010) empirically corroborate such a relation with both poor physical and mental health conditions, which can be expected these conditions are the criteria for the attribution of such pensions.

Regarding the impact of income on retirement, the results of Mein et al. (2000) point to a positive association between high-labour-income earners and early retirement, possibly resulting from higher financial security and capacity to meet financial commitments with a reduced pension. The results of the empirical study conducted by Moreira et al. (2018) are in the same direction as these, although they discuss the possibility of non-linear effects, since individuals with household income on the 2nd quintile also display a higher propensity to plan an early retirement in some specifications of their model. This may be the result of low early-retirement pensions (which still grant more financial security than those of the 1st quintile) combined with the appealing scheme discussed in section 1.2.1, which allows their accumulation with additional labour income.

In this same study, Moreira et al. (2018) analyse the Portuguese case using the SHARE and find that the higher the replacement rate, the more prone respondents are to plan and early retirement. Inversely, their study suggests that the higher the expectation that the government will raise the LRA, the lower the probability of expecting to retire early. An expected rise of the LRA unmatched by a rise of the planned retirement age would most likely imply higher cuts on early-retirement pensions, hence individuals forecast this loss and delay their withdrawal from the labour market.

For 11 European countries, De Preter et al. (2012) look at sectorial differences and their results suggest that industrial workers prefer to retire at lower ages, on average, which is linked to the sector's increased propensity for poor health conditions (Blöndal and Scarpetta, 1997).

Job satisfaction is also empirically measured by different indicators throughout the literature, such as job demand and workplace social support (De Jonge et al., 2001) or recognition, job control and pay levels (Mansell et al., 2006). High levels are positively associated with the intended age of retirement, since individuals deriving higher satisfaction from work prefer staying longer in the job market (Mein et al., 2000, Blekesaune & Solem, 2005 and Siegrist et al., 2007). Poor job conditions positively impact retirement anticipation, and the effect is intensified once interacted with poor health conditions, as stressed by Moreira et al. (2018).

Cai (2010) cautions that health and job satisfaction may be highly correlated, since bad health may result from bad working conditions or lead to a lower working capacity, triggering early retirements. Mein et al. (2000) and Siegrist et al. (2007) find empirical evidence on the association of the two variables but independence of their effects on the dependent one. The latter argue that the variables display an association via factors that impact them both, such as depressive symptoms, but that there is no direct influence of one on the other, and hence no room for a correctly specified statistically significant joint effect on the expected retirement age.

Retirement incentives hinge critically on the features of the pension system and the incentives it embeds. Therefore, cross-country studies need to be complemented with national level analyses that can better inform on the impact of individual characteristics in particular national settings.

Regarding the UK, Mein et al. (2000) emphasize the significant impact of financial variables in early retirement decisions but note that the country's pension system is particularly less generous than most industrialized countries, which implies that the results cannot be generalized to other countries ~since the incentives for early (and late) retirement are country specific. Larsen & Pedersen (2017) focus on individuals with or over 65 years of age and study the late retirement determinants for Denmark, Germany and Sweden, identifying education, health and gender as the main drivers of employment in this stage of the individuals' life. However, the magnitude and shape of the effect varies deeply across countries (e.g., U-shaped effects of education interacted with gender for Germany and Denmark, but not for Sweden).

### 3. Data

#### 3.1 Dataset

The empirical analysis is performed using the Survey of Health, Aging and Retirement in Europe (SHARE) that comprises micro-data on health, socio-economic status and social and family networks of more than 120,000 individuals aged 50 or older from 27 European countries and Israel. Where possible, individuals are kept in the sample from one wave to the other, allowing for a panel structure. We use the easySHARE database, a simplified version of the main SHARE dataset (see Gruber et al., 2014 and Börsch-Supan et al., 2018 for methodological details), to which we have added several additional variables<sup>7</sup>.

Given our goal of assessing the determinants of retirement age for the specific setting of Portugal, we focus on waves 4 and 6, the only two waves that include data on Portugal. The first wave collected data from respondents in 2011 and the second in 2015. While a cross-country analysis may provide useful insights, the focus on a single country allows us to capture important national specificities that go beyond those captured by country fixed effects.

Our main model focuses on wave 6, using, in some specifications, lags of the explanatory variables or their change from one period to the other. We depart from a total of 1,676 individuals interviewed in wave 6, of which 1,505 are also part of wave 4. Of these, we target all those who are not yet retired, which represent around 34% of the sample.

#### 3.2 Variables and descriptive statistics

In this section, we provide an overview of the variables used in this paper. For additional details on the variables, please refer to Figure 6.

Our key dependent variable is the expected retirement age (ERA). In SHARE, respondents are asked which type of pensions they will be entitled to in the future among the following: public old-age, public early retirement/pre-retirement, public sickness/invalidity/incapacity, private (occupational) old-age or private early retirement. Subsequently, individuals report the age at which they expect to start collecting each type of pension (if entitled to)<sup>8</sup>. Since future disability pension recipients are substantially different from the other individuals (e.g., health condition), they are excluded from the analysis. We focus on those entitled to old-age

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7. The age at which individuals expect to collect one or more pensions, per pension; a measure of financial risk aversion; the replacement rate; the number of years of contributions; the expectation of the government raising the retirement age; and the sector of activity.

8. Apart from one observation, regardless of the number of pensions planned to be collected in the future (10 respondents are entitled to more than one pension), the respondents' reported age is unique (for that observation, the lowest value provided was the one assumed to be true).

pensions. Observations on retired individuals expecting to collect more funds in the future were also excluded.

Our final sample comprises 379 individuals (312 in the model with lagged variables), with 43% planning on taking an early retirement (on average, three years before the LRA) and 14% a late retirement (on average, two years after the LRA). The overall planned retirement age of the sample is close to 65 years of age (one year before the LRA).

For our set of regressors, and drawing from the literature, we focus on six main groups of variables, namely demographic characteristics, education and cognitive abilities, health condition, income indicators, pension features and job-related aspects. For some variables, the effects are likely non-linear and therefore categorical variables (dummy or not) are created by natural clusters or by visual inspection of the variables' distribution (residence location, education, cognitive capabilities, health (overall, chronic illnesses, limitations and depression indicators), household income and respective variations, expectations regarding the LRA and job satisfaction).

Table 1 presents the descriptive statistics for all variables, broken down by three main groups according to the reported expected age of retirement: before LRA, at LRA or after LRA. The section proceeds referring to statistically significant differences among those groups.

The average age of the respondents in our sample is close to 59 years of age and increases with the expected retirement age groups (i.e., before, at and after LRA), which may hint at a dynamic adjustment of the planned age of retirement, as individuals get older and therefore closer to their initial plans. More than half of the sample (61%) is female, with a significantly higher representativeness in the group that plans to retire at the LRA compared to the other two. In the sample, 87% of the individuals live with their partner and 29% dwell in a rural area or village<sup>9</sup>.

Close to 40% of the respondents have, at most, 4 years of schooling, 34% have between 5 and 8 years and 27% studied 9 years or more. The percentage of individuals who have studied between 4 and 9 years is significantly higher for early retirement seekers, reaching almost 40%, compensated by less highly educated respondents.

Based on the joint result of the cognitive capabilities tests (an equally weighted average of the numeracy, memory and orientation tests' scores, ranging from 0 to 15), we visually inspected the distribution of the variable and split respondents

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9. Individuals reported if their home was situated in a "big city", "the suburbs or outskirts of a big city", a "large town", a "big town" or a "rural area or village". Given the sample size, with the help of a visual inspection exercise, we transformed the original categorical variable into a dummy variable and tested if there is a significant impact of living in a "rural area or village" in the ERA.

into three groups: those with a score above 12 (at percentile 90 that is the score registered, so it falls slightly below that percentile), those with a score of up to 7 (grade associated to percentile 10, hence including individuals marginally above that percentile) and all others (reference group). Those planning on an early retirement have a significantly higher share of low scoring individuals and a corresponding lower share of high performing ones.

Using a self-assessed measure on physical health with five levels, ranging from poor to excellent, we constructed a variable that distinguishes the individuals who identify themselves as being in one of the two bottom levels, which we define as poor health individuals. 54% of the respondents report to be in poor health. From the 312 individuals who self-reported on their health status also in 2011, 22% claim to have suffered a deterioration in their health between waves.

Objective measures of health are also considered. One out of ten respondents face physical limitations, captured by a dummy that distinguishes individuals who have physical constraints when performing some basic physical activities. Sixty-four percent of the sample suffers from at least one chronic disease but this weight is significantly lower for the cohort planning on a late retirement vis-à-vis the at LRA group, which is an expected result since individuals free of (chronic) diseases are in better conditions to postpone retirement.

Regarding mental health, 11% of the respondents show high levels of depression. We classify as very depressed all those who report a level such as the one observed for percentile 90 (or above), corresponding to the last six levels of a twelve-layer scale, the EURO-D.

Household income is split into three groups: the reference group (category 0) for those with incomes between the percentiles 25 and 75; the poor (category 1), those below or at percentile 25; and the rich (category 2), those above or at percentile 75. Those planning to retire before and after the LRA do not show significant income differences when compared to those in the at LRA group.

In terms of income variation, we separate individuals into those who saw their income increase by 10% or more than the others. Until percentile 74, income only drops or increases by 1%, a fluctuation considered negligible. Above, changes start to display a higher magnitude and we draw a limit at 10%, creating a dummy variable for which 13% of the sample reports such an increase between waves. With regards to financial risk aversion, 12% are very risk averse, “not willing to take any financial risks”.

The average length of the contributory career is 32 years, with the group intending to retire early having the highest average length, more than 34. Around 6% of the respondents contribute to at least one private (occupational) pension scheme.

In terms of future prospects, the first wave in Portugal includes a question on expectations.

Forty-three percent of the respondents think that the government will raise the LRA. Those reporting that they want to retire at the current LRA are more confident that the government will not change the rules, which may indicate that people who have such strong convictions either adjust their behaviour expectations by projecting an earlier retirement to avoid future reforms or a late retirement to match the expected modifications.

The replacement rate, i.e., the ratio between the first pension and the last wage, is only available in the first wave, with reference to 2011 data, and is only reported by 58 respondents. This may hint that many respondents are not informed about their future pension entitlement, hence we use this as a proxy for whether individuals are informed or not about their future pension-related income. Bearing in mind the fragility of this indicator, 15% of respondents are classified as informed on their future pension entitlements.

Concerning the current employment status, 70% of the sample is employed, 18% unemployed and 12% are homemakers. For those looking for an early retirement, the weight of the unemployed is significantly higher while homemakers are over-represented in the group expecting to retire at the LRA. In 2011, more than three-fourths of the respondents work in the tertiary sector, 8% have a job in the primary sector and 14% in the secondary sector.

Respondents were asked to evaluate their job satisfaction on a four-level scale. Based on the answers to this question we constructed two indicators. The first distinguishes individuals who “strongly agree” to be satisfied with their job from the other three less satisfied levels. We find 11% of very satisfied respondents. The second level identifies 4% of the sampled individuals experiencing a decline in the job satisfaction self-reported level between waves.

Although just under one-fifth of the sample works in the public sector, when focusing on individuals predicting a late retirement, their weight rises to 32%, possibly due to the higher prevalence of highly qualified jobs in this sector, potentially more suitable for older workers.

TABLE 1. Descriptive statistics

VARIABLE	Total		Before LRA		At LRA		After LRA		
	OBS	% / MEAN	OBS	TO / MEAN	OBS	% / MEAN	OBS	TO / MEAN	
Age of expected retirement	379	65	163	63***	162	66	54	68***	
<b>Demography</b>									
Age	379	59	163	58**	162	59	54	60**	
Female	379	61%	163	56%**	162	68%	54	54%*	
Partner in the Household	379	87%	163	87%	162	87%	54	85%	
Rural	360	29%	157	26%	152	34%	51	24%	
<b>Education</b>									
Education (years)									
	[0;4] - ref	372	39%	162	38%	158	42%	52	35%
	4;9]	372	34%	162	40%**	158	29%	52	31%
	9;24]	372	27%	162	22%	158	29%	52	34%
Cognitive capabilities (score)									
	[0;7]	379	13%	163	17%*	162	11%	54	9%
	7;12] - ref	379	74%	163	73%	162	72%	54	76%
	13;15]	379	13%	163	10%*	162	17%	54	15%
<b>Health</b>									
Poor health		379	54%	163	53%	162	56%	54	50%
Health got worse		312	22%	137	24%	132	18%	43	26%
Chronically ill		379	64%	163	66%	162	69%	54	48***
Physical limitations		379	11%	163	11%	162	11%	54	11%
Very depressed		379	11%	163	12%	162	11%	54	6%
<b>Income</b>									
Household income									
	[p0;p25]	379	25%	163	23%	162	25%	54	30%
	]p25;p75[ - ref	379	50%	163	55%	162	47%	54	44%
	]p75;p100]	379	25%	163	22%	162	28%a	54	26%
Significant income variation		307	13%	133	14%	131	15%r	43	7%
<b>Pensions</b>									
Years of contributions		367	32	158	34***	157	30	52	32
Private		379	6%	163	8%	162	4%	54	2%
Expects government to raise LRA (lag)		219	43%	98	49%**	89	34%	32	50%*
Information on pensions (lag)		379	15%	163	13%	162	17%	54	15%
<b>Job</b>									
Current situation									
	Employed	289	70%	163	67%	162	70%	54	82%
	Unemployed	289	18%	163	27%***	162	11%	54	11%
	Homemaker	289	12%	163	6%***	162	19%	54	7%**
Sector of activity (lag)									
	Primary	289	8%	129	10%	118	8%	42	2%
	Secondary	289	14%	129	15%	118	13%	42	17%
	Tertiary	289	78%	129	75%	118	79%	42	81%
Very satisfied		379	11%	163	10%	162	11%	54	13%
Decline satisfaction		139	10%	57	12%	59	12%	23	0%
Public sector		379	18%	163	14%	162	19%	54	32%**

Note: Statistically significant difference in the percentage (average) observed for the before (or after) LRA vis-à-vis at LRA group with 1% (\*\*\*) , 5% (\*\* ) or 10% (\*) confidence. All values represent the share of individuals in the sample (or sub-samples) that display a certain characteristic, except for *age of expected retirement, age, and years of contribution*, for which we find average number of years. Source: author's own computation using micro data from SHARE.

## 4. Empirical strategy

### 4.1 The age of retirement

We want to test which individual characteristics have an impact on the decision regarding at which age an individual plans to retire. Our model is as follows:

$$ERA_i = \beta_0 + \sum_{(n=1)}^N \beta_n X_i + \varepsilon_i \quad (1)$$

where denotes the expected retirement age of individual  $i$  and  $X$  stands for the explanatory variables as presented in Table 2. After performing the White test and finding evidence of heteroskedasticity in the sample, we resorted to robust standard errors via the so-called sandwich estimator proposed by White (1980), which corrects for this misspecification.

Furthermore, as discussed in Section 2, the drivers of the retirement age may be different depending on whether the individual wants to take early retirement or , on the contrary, postpone retirement beyond the legal retirement age. For example, being one year older may be associated with an increase in the reported ERA for those who seek to retire before (or at) the LRA but has no such impact on the group planning on a late retirement.

We re-estimated our model, interacting the covariates with a dummy that equals 1 for those seeking a late retirement and 0 otherwise, capturing group-specific effects of a single variable. This model allows us to test the hypothesis that drivers of the retirement age vary between those who expect to retire before the LRA and those who plan to retire after it. Equation 2 allows to understand the intensive margin and is specified as follows:

$$ERA_i = \beta_0 + \sum_n \beta_n X_i + \sum_k \beta_k POST_i + \sum_j \beta_j X_j * POST_i + \varepsilon_i \quad (2)$$

where is equal to 1 if the respondent reported an beyond the and 0 otherwise.

It looks at individuals postponing retirement, and how late they will retire. Or equivalently, by how much they will postpone retirement. It still analyses all other individuals.

Following the same approach, we re-estimated the model using a dummy equivalent to 1 if the person seeks to retire early. As the construction is close to the symmetric of the first, we will not be scrutinizing the results obtained.

## 5. Results

### 5.1 Understanding the retirement age

The first three columns of Table 2 display the results of different specifications of equation 1, with the dependent variable being the age at which one predicts to retire. Coefficients are measured in years. Models (1) and (2) are based on 341 observations and differ only in the way health is measured (self-assessed in the first; observed in the second). Model (3) additionally controls for lagged or first differenced explanatory variables based on the previous wave. This allows for time dynamic effects at the cost of less observations (199 observations).

Living in rural areas does not seem to impact the expected retirement age. The more obvious connection between location area and expected retirement age would be due to higher prevalence of lower income families in these areas, which we control for with household income.

Turning to education and skills, and contrasting with Alavinia & Burdorf, 2008 and Solem et al., 2016, whose results point to a positive relation between early retirement and low education levels, we find no relation between education and retirement age nor with cognitive abilities. It may be that potential differences are captured by the employment status and income levels, as the first study does not account for these variables and the second only does so for income (in our literature research, we did not come across any study controlling for the current employment status). Focusing on health variables, we find individuals with physical health problems expecting to retire 0.9 to 1.4 years earlier than those in good health conditions, an effect that is in line with the vast literature on the subject (e.g., Roberts et al., 2009). Intuitively, we understand that being in poor physical health makes working less desirable from both demand and supply sides, as a low-health individual has less capability to work. To address a concern raised by several authors regarding the potential bias in the impact of different health measures — in particular self-assessment vs. observed health status — model 2 provides an alternative to the self-reported physical health measure used in model 1. According to Achdut et al. (2015), using more objective measures, e.g., being chronically ill and experiencing limitations in daily activities, does not lead to significantly different results. Also, we compared individuals who see their health condition deteriorate between the two waves (model 3) but find no impact on one's forecasted retirement age.

Concerning mental health, highly depressed respondents are expected to retire at least 1 year before individuals in better mental health conditions, a result in line with Wahrendorf et al. (2012). In our assessment, we show its relevance and while the sign of the coefficient is an expected (and consistent) result, there could

**TABLE 2.** Different specifications of the model

DEPENDENT VARIABLE: AGE OF EXPECTED RETIREMENT						
		MODEL (1)	MODEL (2)	MODEL (3)	MODEL (4)	
					EARLY	POST
<b>Demography</b>						
Age		0.22***	0.24***	0.26***	0.20***	0.05
Female		0.33	0.25	0.11	0.51	-0.26
Partner in the household		0.20	0.22	-0.79*	0.33	0.21
Rural		0.29	0.27	0.64	0.45	0.27
<b>Education and skills</b>						
Education						
	[4;9]	-0.24	-0.17	-0.12	-0.40	-0.23
	[9;24]	-0.38	-0.11	-0.57	-0.66	0.11
Cognitive capabilities						
	[0;7]	0.01	0.31	-0.07	-0.02	-0.52*
	[13;15]	0.27	0.32	-0.10	0.68	-0.80*
<b>Health status</b>						
Poor health		-0.88***		-1.13**	-1.11***	0.06
Health became worse				0.16		
Chronically ill			-0.75***			
Physical limitations			-0.21			
Very depressed		-1.04*	-1.28**	-1.87**	-0.97	1.11**
<b>Income</b>						
Household income						
	Poor	0.29	0.19	-0.08	0.17	0.04
	Rich	0.39	0.27	0.35	0.41	1.20***
Significant income variation				0.8		
<b>Pension-related</b>						
Years of contributions		-0.06***	-0.05***	-0.05**	-0.05***	-0.02
Private		-0.30	-0.39	-1.03	-0.10	0.48*
Expects government raises retirement age				-0.26		
Information scenario on pensions				0.02		
<b>Job-related</b>						
Current job situation						
	Unemployed	-1.77***	-1.72***	-2.34***	-1.83***	-0.06
	Homemaker	-0.95**	-0.9**	-0.3	-0.7	-0.24
Sector						
	Secondary			0.18		
	Tertiary			-0.43		
Very satisfied		0.35	0.29	0.22	0.38	0.92*
Public sector		0.22	0.34	0.32	-0.18	0.33
Constant		53.87***	52.94***	53.32***	54.76***	64.67***
Observations		341	341	199	341	
R-squared		25%	24%	30%	39%	

Note: The effects of the covariates on the ERA are statistically significant with 1% (\*\*\*) , 5% (\*\*) or 10% (\*) confidence. Source: author's own computation using micro data from SHARE.

be uncertainty in the magnitude of the effect (which depending on the specification, can vary by almost 1 year).

Income variables — both the level and the change from previous periods — are found not to be significant. This could result from an interaction of substitution and income effects, which are possibly cancelling out (e.g., a poorer household would need to continue working to keep a certain income stream, but the cost of leisure is low — the foregone wages v. retirement benefit differential — which may induce retirement). In a study including Portugal, Moreira et al. (2018) found non-linear significant effects as opposed to our study, which could already be indicative of forces pushing in opposite directions in one's ERA.

For robustness check purposes, education (years), cognitive abilities (test score) and household income are controlled for in the base model in a categorical form to allow for non-linear effects. We also test them in a continuous setting (or the entire score interval, in the cognitive test's case), but no statistically significant effects are found.

Concerning pension related variables, only the length of the contributory career impacts retirement plans, with longer careers reducing the planned retirement age, an expected result as this is a key element of pension entitlements. A respondent with a standard deviation above the average contributory career (respectively 41.2 and 30.6 years) will plan to retire close to half a year before those with an average contributory career's length. Because the minimum pension value changes according to the number of years of contributions (at 15, 20 and 30, more precisely), we substituted the length of the contributory career in the base model to check if the variable has non-linear effects. The results indicate that contributors with 15 to 20 years of contributions or more than 30 years expect to retire 1.8 years earlier than the others. Also, the length of the contributory career is expected to grow with age<sup>10</sup>, hence we included an interaction term between age and years of contribution in the model. The effect of one additional year of age on the expected retirement age is no longer significant but the joint test on years of contribution still indicates that this impacts the dependent variable. This result corroborates that age's significant effect in the base model is due to its interaction with the contributory career's length.

Private pension entitlements do not impact retirement plans. We also tested whether expectations of the government raising the retirement age impact retirement plans, a result found in Moreira et al. (2018). The authors use a cross-country sample, arguing for a small yet significant negative effect because people want to

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10. The average length of contributory careers of individuals interviewed in both waves is 29.7 in 2011 and 32.6 in 2015, corroborating this linkage.

retire before to avoid the application of new reforms. We found a negative yet not significant effect, which may be due to the reduced size of our sample. The replacement rate is certainly a key factor for retirement plans but as it is only answered by one-fourth of the respondents, we can only use this to build an information measure with regard to the future pension-related income, but we find no association with the dependent variable.

Regarding job-related regressors, we find the current employment situation to be one of the major determinants of the ERA, with unemployed individuals retiring at least 1.8 years before the employed and homemakers 0.9 years (in model 3, the unemployed retire 2.3 years before on average but being a homemaker has no statistically significant effect). Unemployed individuals anticipating retirement is in line with the expected as the pension system allows for long-duration unemployed to start collecting full-benefits earlier (see section 1.2.1). For homemakers, no such incentive exists so we suspect they expect to retire almost 1 year before the LRA due to increased financial needs as they grow older, making pension collection more urgent<sup>11</sup>, but this should be better explored in further research. In opposition to the findings of De Preter et al. (2012) on a negative association between working in the industrial sector and retirement age predictions, we find no sectorial differences.

Concerning job satisfaction, we find a positive yet not significant effect, but it may be that our measure is a crude one. Siegrist et al. (2007) follow a different approach, whereby satisfaction on the job is measured by a balance between efforts and rewards. We would like to test such an alternative measure of job satisfaction but the necessary variables for the ratio's computation have significantly less observations than the measure we use. Moreover, we include a variable accounting for declines in job satisfaction.

It would seem these are negatively linked to the ERA but, once included, we lose more than 200 observations and the coefficients on different employment status due to collinearity, and ultimately the variable is not linked to the expected retirement age. Likewise, belonging to the public sector does not impact the dependent variable. This is reasonable as we are controlling for the variables via which this condition could more obviously impact the dependent one, e.g., income or job satisfaction.

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11. Currently being a homemaker does not invalidate these individuals' years of past contributions, which is why they are entitled to pensions in the future.

## 5.2 Heterogeneous effects

As in Section 4, there may be important differences between the factors relevant for early and late retirement, which can be captured by model 4 that follows equation 2. For ease of exposition, we rearranged the coefficients and display directly the early and late retirement coefficients.

We find that age, physical health, length of contributory career and being unemployed are only relevant for those seeking to retire before the LRA. For individuals expecting to retire late, the ERA is negatively affected by both poor and good cognitive capabilities. The first can reflect low expectations on low-skilled job demand in older ages, and the second may be mirroring a preference for self-employment or leisure activities of older highly skilled workers. Inversely, it is positively impacted by high depression levels, private pension entitlements, higher job satisfaction (an effect widely observed in the literature, e.g. Davies et al., 2017) and relatively rich household incomes. The latter may actually be linked to less physically demanding jobs and a higher opportunity cost of retiring (that could be better analysed in possession of the respondents' future replacement rates).

## 6. Conclusions and way forward

Portugal is aging at a higher rate than its European peers. The old-age dependency ratio — i.e., the number of individuals aged 65+ compared to working age population — will increase from the current 32% to 67% by 2070. As put forward by the European Commission (2018) in its flagship publication *The Aging Report 2018*, the aging of the Portuguese population puts the fiscal sustainability of the pension system at stake, unless the envisaged reduction of pension benefits and increase in the legal retirement age are strictly maintained. The latter is the focus of our study. Given the important socio-economic differences in life expectancy and health in older ages, we explore the determinants of retirement age preferences in Portugal<sup>[12]</sup>. Understanding these differences is critical for policy makers to ensure the right incentives for late retirement while allowing those that cannot continue to work to leave the labour market at an earlier date. Our study could not be timelier, as the retirement age has been at the heart of the public policy debate<sup>[13]</sup>. The government has put forward the notion of a personal statutory retirement age — in the current proposal, based on length of the contributory career and age — acknowledging the fact that no individual path is the same.

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12. We focus solely on Portuguese data, as previous studies — e.g. Dal Bianco et al., 2015 — show that there are important differences across countries, beyond those captured by country fixed effects.

13. During the month of December 2018 alone, there were, according to Google data, more than 100 related news stories in Portuguese newspapers.

We find physical health and job market status, in particular, being unemployed or a homemaker, to be key determinants of the retirement age, reducing the planned retirement age. An unemployed person in poor health is likely to plan to retire 2 to 4 years before a healthy worker. As could be expected, these effects are only relevant for early retirement seekers, having no impact for those planning on retiring later. This means that policies aimed at increasing the effective retirement age, thereby reducing early retirement, need to be broadly based, namely by ensuring a more inclusive health system that mitigates health differences across individuals and by promoting labour market participation, for instance via effective active labour market policies as discussed by Boone, J., & van Ours, J. C. (2009). Nonetheless, the pension system needs to be flexible enough so that individuals in poor health are allowed to retire with adequate pension benefits. The incentives embedded directly in the pension system are also relevant for early retirement, as younger individuals with longer contributory careers opt to retire earlier.

The effect of mental health deserves further attention, as we show that depressed individuals tend to move away from the LRA, either by retiring earlier or by postponing retirement. This may be linked to different underlying reasons for the mental health condition, in some cases aggravated by the work environment (and thus calling for early retirement) and in other cases attenuated by it (and therefore warranting late retirement). Given the specificities of mental health conditions, a more detailed assessment should be done to understand the underlying causes and the possible policy answers.

Interestingly, income is not related to early retirement (apart from its impact on physical health) but it does impact late retirement. Richer individuals want to retire on average more than 1 year later than less wealthy counterparts. This may be linked to the generous late retirement incentives in Portugal, which can increase pension benefits by 92%, and therefore increase the opportunity cost of not postponing retirement for the richer household group. However, in a context of decreasing marginal utility of income, for those households, the value of each additional euro is lower. In that case, richer individuals may prefer to retire later because they have better, less physically demanding and more rewarding jobs (factors not well captured by our other covariates), meaning they would opt for late retirement irrespective of pecuniary incentives, challenging the effectiveness of the current late retirement incentive scheme.

While these results bring some light on the factors (positively or negatively) associated with the retirement age in Portugal, they do not allow to infer causal relations. As more data for Portugal is collected in the SHARE, the above analysis can be further developed, possibly relying on alternative, more robust identification strategies. It would also allow for a better understanding of dynamic effects —

e.g., changes in income or in health status — that, despite equally important, turn out to be not significant in our analysis based on a limited number of observations. Additional waves are also crucial to follow individuals across time. This would allow, for instance, for a deeper understanding of individual preference changes, a better comprehension of the effects of policy changes or to assess the link between planned and effective retirement age.

Finally, to fully understand retirement incentives, it is also important to duly capture cultural attitudes towards work in old age. The low old-age participation rates observed in Portugal (vis-à-vis those in other OECD countries — OECD, 2017) may also be linked to negative perceptions on active aging, both by younger employees and by employers. According to Eurobarometer data<sup>[14]</sup>, 82% of the respondents believe that older workers are not perceived positively by employers and more than 50% think that people should be forced to retire once they reach the legal retirement age. Hence, it is of great importance that further research focuses on labour demand factors, as employers play an active role in pushing (or pulling) individuals out of (into) the labour market, and on the role of social perceptions, in particular the relation between youth employment and labour market participation of older workers. Only an encompassing view of the determinants of the retirement age can lead to resilient public policy solutions.

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**APPENDIX****TABLE 1.** Description of the variables used in the main models

	<b>VARIABLE</b>	<b>DESCRIPTION</b>
<b>DEPENDENT (OR RELATED)</b>		
	Age of expected retirement	Age at which the respondent expects to collect either a private or public old-age or early retirement pension
	Early expected retirement	Dummy variable that equals one if individuals expect to collect a private or public retirement pension before the LRA in the corresponding year and zero otherwise
	Posterior expected retirement	Dummy variable that equals one if individuals expect to collect a private or public retirement pension after the LRA in the corresponding year and zero otherwise
<b>INDEPENDENT</b>		
<b>Generic</b>	Female	Female respondent
	Age	Age the respondent will complete by the end of the year (youngest individuals considered are 46 years old in 2011 or 50 years old in 2015)
	Education	Number of years of education completed by the respondent into three categories: 0 = [0,4], 1 = [5,9], 2 = [10,+∞[
	Rural	Dummy variable that equals one if the respondent lives in a village or rural area and zero if he/she reported living in an area different than these two
	Partner in the household	Dummy variable that equals one if the respondent lives with the partner in the household and zero otherwise
<b>Health-related</b>	Poor health	Dummy variable that equals one if the respondent self-reported his/her health status as fair or poor and zero otherwise
	Became in poor health	Resorting to Poor health, this dummy variable is set to one if the respondent did not have poor health in 2011 but had it in 2015, and zero otherwise
	Cognitive capabilities	Sum of the score of the respondent's results in a memory, orientation and numeracy tests categorised into two groups: 1 = [0,7], 2 = [8,15] (and 0 for those that did not take the tests)
	Very depressed	Dummy variable that equals one if the respondent's score in the EURO-D depression scale is between 9 and 12 and zero otherwise

TABLE 1. (cont.)

	VARIABLE	DESCRIPTION
<b>Income-related</b>	Household income percentile	The respondent's household income is categorised into three groups, per wave, with the first being individuals in the bottom 25% of household income and the second in the top 75% (the reference group is composed by the in between household incomes)
	Significant income variation	Categorical variable that takes the value one if the respondent's income was in the bottom 25% in the first wave and moved to the top 75% in the second wave and two if the inverse transition occurred (and zero otherwise)
	Risk averse	Dummy variable that equals one if the respondent reported the highest level of aversion regarding financial risks and zero otherwise
	Expected replacement rate	The percentage of the last salary the respondent expects to receive as a pension
	Years of contributions	Number of years the respondent has contributed to a private or public old-age or early retirement pension scheme
	Private scheme	Dummy variable that equals one if the respondent contributes for a private old-age or early retirement scheme and zero otherwise
	Expectation on government raising LRA	Dummy variable that equals one if the respondent expects his/her government to rise the LRA with 90% confidence or more and zero otherwise
<b>Job-related</b>	Current job situation	Categorical variable that differentiates the employment status of the respondent between employed, unemployed or homemaker
	Public sector	Dummy variable that equals one if the respondent is a civil servant and zero otherwise
	Very satisfied	Dummy variable that equals one if the respondent strongly affirms to be satisfied with his/her job and zero otherwise
	Decline satisfaction	Dummy variable that equals one if the respondent's level of satisfaction with his/her job falls from 2011 to 2015 and zero otherwise
	Sector	Respondent's kind of professional business, industry or services recoded in the three sectors of activity





# Caring for non-self-sufficient older people in Italy: from a familistic system to the immigrant live-in careworker model

Cuidar de idosos não autossuficientes na Itália: de um sistema familístico ao modelo de trabalhador corresidente imigrante

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## ABSTRACT

The aim of the article is to describe the specificities of the aging phenomenon in Italy and the social policies for non/self-sufficient elderly people, highlighting both the change from a model that relied heavily on a family system to a model based on co-resident immigrant workers to care for the elderly, and the contradictions of this new model. While in Italy the percentage of older people and very older is the highest in Europe, social policies for them involve a limited offer of home and residential services and widespread allowances. At the same time, in Italy, the rise of the aging population has been intertwined with the transformation of family structures, the increase of female employment, the lower capacity of families to take care of their non-self-sufficient relatives, and the improvement of older people's economic conditions. Due to these changes, a new care model has been established

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in the past two decades, based on the employment of live-in caregivers, usually immigrant women, so-called '*badanti*', who are hired and paid by the caretakers and their family. This model has led both caregivers and caretakers to experience a double dependency and a double solitude, which question its sustainability and the familistic nature of the system. This paper presents both demographic and economic data from institutional sources, and the regulatory framework on social policies, and, finally, the data that emerge from various research on immigration.

**Keywords:** Older people; social policies; familialism, immigrant women; informal care models.

## RESUMO

O objetivo do artigo é descrever as especificidades do fenômeno do envelhecimento em Itália e as políticas sociais para pessoas idosas dependentes, destacando a mudança de um sistema em que o apoio a pessoas idosas era prestado essencialmente por familiares, para um modelo em que o apoio é assegurado por pessoas imigrantes, que em muitos casos passam a residir no domicílio destes idosos, e as contradições que este novo modelo encerra. Apesar de em Itália a percentagem de pessoas idosas ser a mais elevada da Europa, é possível constatar que as políticas sociais de apoio à população idosa são limitadas, quer no que diz respeito a serviços de apoio domiciliário quer na atribuição de subsídios. Simultaneamente, em Itália, o aumento da população idosa tem estado interligado com vários fatores, nomeadamente a mudança nas estruturas familiares, uma maior integração da mulher no mercado de trabalho, a menor capacidade das famílias para cuidar dos seus familiares dependentes e a melhoria das condições económicas das pessoas idosas. Devido a estas mudanças, nas últimas duas décadas foi estabelecido um novo modelo de cuidados assente na contratação de cuidadores em permanência no domicílio, geralmente mulheres imigrantes, as chamadas "*badanti*" que são contratadas pelos cuidadores informais e seus familiares. Este modelo levou tanto os cuidadores como as pessoas idosas a vivenciar uma dupla dependência e uma dupla solidão, que põe em causa a sustentabilidade desta solução e a natureza familiar do sistema. O documento apresenta dados demográficos e económicos de fontes institucionais, o enquadramento jurídico das políticas sociais, e por último, dados de vários estudos sobre a população imigrante.

**Palavras-chave:** Pessoas idosas; políticas sociais; familialismo, mulheres imigrantes; modelos de cuidados informais.

## 1. Introduction

In the last few decades, all Western countries have faced a constant increase of their aging population, yet this increment has not been homogenous.

In Europe, in January 2019 the average ratio of the population aged 65 and over was 20.3% (Eurostat, 2020), but the percentage was 14-15% in Ireland and Luxembourg, 18-20% in Austria, France, Great Britain, the Netherlands, Spain and Sweden, and over 21% in Germany, Greece, Portugal and Italy, which is the 'oldest' country with 22.8%.

On top of these contrasting figures, the differences among European countries are even more significant in terms of the strategies used to tackle the aging phenomenon and the increased need for care. Central and Northern European countries have mainly developed home and residential services, while countries in Southern Europe have first delegated the responsibility of non-self-sufficient people to their respective families and then adopted a model based on the employment of immigrants, the so-called ‘badanti’ (Esping Andersen, 1990; Saraceno, 2008).

The aim of this essay is to analyze the Italian situation, with regard to the demographic and health aspects related to aging, as specifically discussed in the second paragraph, and with regard to public policies related to the older population, as described in the third paragraph. In the fourth paragraph, the rise of the ‘badanti’ model is discussed to highlight how this model is connected to the increase of non-self-sufficient very older people, a higher female employment rate, better economic conditions of older people, but also to the limited development of home and residential policies combined with the availability of immigrant workers (especially women) as live-in caregivers.

In the last paragraph, we highlight both the positive aspects and the challenges of the ‘badanti’ model. Among the positive aspects, we emphasize the economic gain for the workers and their home countries profiting from their remittances, and the social gain for the assisted older people and their countries that are not yet required to develop appropriate policies for non-self-sufficient citizens. At the same time, there are economic challenges for the older people and their families and social challenges for these immigrant workers who give up a normal family life and for their home countries that are deprived of family caregivers.

In a comparative perspective, the conclusions point out how this model is contradictory and hardly sustainable in the long run. In addition, the ‘badanti’ model also questions the traditional distinction between countries with a strong welfare state and familistic countries, defining a ‘third’ way for both immigration and emigration countries. In the former, the family becomes the ‘director’ of the care system. In the latter, emigrant people improve the economic conditions of their family while dismissing the care commitment towards them.

In both countries, this model affects responsibilities and family roles and has very little in common with the traditional familistic model.

For our analysis, we refer to the regulatory framework and public policies concerning the older population in the last decades, socio-demographic data collected by ISTAT (National Institute of Statistics), data on pensions and household income of older people, and research studies on both older people and ‘badanti’.

## 2. Aging, poly-pathologies and dependency

In 2019 in Italy, the ratio of citizens aged 65 or older was 22.8% (17.6% in 2001 and 13.2% in 1981), the ratio of those aged 85 or older was 3.6% (2.1% in 2001 and 0.8% in 1981), and the forecasts for 2050 are up to 34% and 7% respectively (ISTAT, 2020). This means that in a 40-year time frame, the relative share of the older population doubled, and the share of the very older population increased fourfold (Mazzola et al., 2015).

This increase can be related to the strong decline in the birthrate that has been registered in Italy since the 80's, which has resulted in Italy being one of the countries with the lowest rate in Europe with 1.3 births per woman. In the meanwhile, the improvement of life expectancy has been even more relevant, now standing at 80.8 years for men and 85.2 years for women, in comparison with 77.2 and 83.2 in 2001 and 71.1 and 77.8 in 1981 (demo.istat.it) respectively.

As these data highlight, the aging process has been characterized by two factors in the last decades: gender differentiation (favoring women) and the increase of very older people, or rather, people aged 80 or older.

Suffice it to say, in 2000, the ratio of living people aged 90 years and over was 14.7 for males and 24.3 for females, while in 2018 it was respectively 30.2% and 39.5%.

While the increase of the older population affects the social system altering the ratio between working people and retired people (Natali, 2011), and more generally the consumption patterns, the particular increase of very older people, and particularly very older women, has a very strong impact on the welfare and healthcare systems.

Although the health conditions of older people, consistent with the age group, have improved compared to the previous decades, the specific increase of very older people tends to entail growing pathologies and loss of self-sufficiency (OECD, 2018), which eventually leads to an increasing need for healthcare services and other personal care assistance (Blangiardo and Pesenti, 2017), posing a major challenge to families and public policy makers.

As far as Italy is concerned, the latest ISTAT data (ISTAT, 2018) show that over 11% of the older citizens (1.4 million people), mostly over 75, report serious difficulties in at least one daily activity of personal care such as dressing or undressing, cutting and eating food, lying down and getting out of bed or sitting and getting up from a chair, using the toilet, and taking a bath or a shower.

The number of people in difficulty increases even more when considering daily domestic activities (such as preparing meals, using the telephone, shopping, taking medication, doing light or occasional heavy housekeeping, and managing one's own financial resources): almost one third of the over 65s and almost half of the over 75s have serious difficulties in doing at least one such daily activity. As a re-

sult, 58% of the older population with serious difficulties need assistance in their personal care activities (Guerrini, 2019; ISTAT 2019b).

At the same time, in older age groups, women are more frequently affected by various diseases, with the exception of heart diseases and diabetes mellitus, which mainly affect males. The higher prevalence of chronic polyopathy in women, and especially of diseases such as osteoarthritis and osteoporosis, which have a high impact on mobility and functional autonomy in general, is also the basis for the higher rate of disability and dependence of the older female population (Facchini, 2016). The consequence of these trends is that while men at 65 have a life expectancy of 19.4 years and women of 22.9 years, the life span that is usually not burdened by any limitation is equal to 10.4 years for the former (similar to the average in Europe), and 10.1 years for the latter (slightly worse than the European average) (Rapporto Osservasalute, 2018).

### **3. Italian public policies for non-self-sufficient people**

In Italy, certain features of aging are particularly accentuated: higher life expectancy, a higher rate of older people (and especially very older people) and a higher rate of loss of self-sufficiency; however, the problems that this country is facing are very similar to those of other European countries, which are all engaged in problems related to the aging process and in the emerging needs associated with the increase of people with ill health conditions and limited self-sufficiency.

Nevertheless, there have been several response strategies. Since the 1980s, the Central-Northern European countries have already developed substantial home support services and/or residential/semi-residential structures (Rodriguez et al., 2016; Gori, 2017). On the contrary, Southern European countries (Italy, Greece, Portugal and Spain) have long delegated the burden of care of the non-self-sufficient older persons to their families and, in recent decades, to private players and, more precisely, to people (mainly immigrants) hired as domestic workers with tasks ranging from nursing and personal care to housekeeping. Another specific characteristic of this model is represented by the cohabitation of the worker with the person cared for.

Even among the Southern European countries, Italy embodies a specific case. Despite having rates of access to home-care services and hospitalization in residential facilities close to those of the other countries, it offers substantial financial support in cases of non-self-sufficiency.

Before discussing financial concessions, it is advisable to give an overview of home and residential care services. Both fall under the competence attributed by law to the Regions, with a consequent geographical differentiation in terms of regulations on access, allocated resources (Network Non Autosufficienza 2017), and,

therefore, their rate of use by older people, which is higher in the North compared to the South.

Home services include both the Home Assistance Service (Servizi Assistenziali Domiciliari – SAD) and the Integrated Home Assistance Service (Assistenza Domiciliare Integrata – ADI).

SAD has a purely social welfare nature and offers support for daily life activities and personal care to partially self-sufficient and non-self-sufficient older people. It is a service provided by municipalities (based on regional indicators and available resources) and performed either by city employees or by staff contracted out to third parties; access to it is also subject to assessments of economic and family conditions, which are carried out by social workers.

ADI mainly involves healthcare services (injections, catheter replacement, etc.) and it is provided by the National Health Service and is managed by Local Health Authority units. As this is a service with a health purpose, it is not dependent on income or family conditions.

The percentage of older people (over 65) who benefit from these services is 5.8% for the ADI, and 1.6% for the SAD (ISTAT, 2019a). In both cases, the data show a remarkably low average use: for the ADI less than 20 hours per user per year (Barbabella et al., 2017); for the SAD, given that the average annual cost per user is about 2,000 euros (ISTAT, 2019), we can assume an average of 3-4 hours per week, which can unlikely cover the different needs of the older person who requires them. For both, but especially for the SAD that depends on the finances of the municipalities, there are also significant geographical differences, with higher rates of use in the northern regions compared to the southern regions (ISTAT, 2019c).

Residential care ranges from social-care structures to healthcare structures that allow for hospitalization (temporary or permanent) of older people in facilities that differ by management type (public, private or accredited-private), and by the extent of care intensity (self-sufficient, partially self-sufficient and non-self-sufficient).

The fee component that is assignable to the ‘health’ cost is covered, on a lump-sum basis, by the public, while the ‘hospitality’ part is borne by the patients or their families, unless they have a low income and the Municipality intervenes. The most recent ISTAT research study on residential structures (2018, 2015 data) shows that there are about 288,000 older people living there; more than half of them are over 85 years old and three out of four are women. That is to say, almost 3% of the older population live in a residential structure — about 4% in the North, and less than 2% in the Centre and in the South (Pesaresi, 2009). This rate is similar to the one recorded in the 1960s, when extended families, in which several generations were living together, were much more widespread; this suggests that, even if this co-res-

idency model has disappeared, families continue to play a decisive role in taking charge of those who are no longer self-sufficient. On top of these services, there are structures for intermediate care that include high intensity care services provided by non-health structures. Stays here are of a temporary nature, and the main objective is to guarantee functional recovery (after hospital discharge), or to prepare to return home. They are managed by the National Health System and their use is therefore not conditioned by income or family conditions.

With regard to financial support, there are two types.

On the one hand, there are financial allowances (cash or in the form of vouchers) of a variable amount, which are provided by the municipalities to allow the user to buy on the market the social or health services they need, according to the overall budget of the municipality and the number of applicants. The assessment is made by the Social Workers who, on the basis of the levels of autonomy, income and family conditions, decide the amount provided. The percentage of older people who benefit from these contributions is about 0.5%.

On the other hand, there is the 'Accompanying' allowance paid by INPS (National Institute of Social Security, the key Italian authority in charge of the pension and welfare system) in case of 100% 'civil' invalidity. Beneficiaries show a 'need for continuous assistance not being able to perform daily life activities'. The assessment is carried out by a medical team and access is not conditioned by specific income or family conditions; it is also provided for hospitalized patients, unless they are totally dependent on the public; the amount is the same for all and it is currently € 515 per month.

Given its characteristics, this allowance does not concern the older citizens only, even if they account for about 70% of the approximately 2,000,000 allowances paid. That is to say, there are about 1,400,000 older citizens who receive this support, which represent just over 10% of the whole older population (Jessoula et al., 2018). This is a higher rate compared to other European countries that provide similar forms of financial support for non-self-sufficient people (France, Germany, Spain, etc.) but the amount varies depending on income, family conditions and the way the allowance is spent (Da Roit & Le Bihan, 2019).

In 2018, the overall economic expenditure totaled 13.6 billion — equal to 0.8% of GDP.

Because the use of this allowance depends only on non-self-sufficiency, there is a very clear relationship with the age group: the rate of use is in fact about 3.4% in the 65-75 and 11.1% in the 75-84 years age groups, and almost 39% among the over-85s (Pelliccia, 2018). Also in this case, the majority of those who use it are women.

For both economic supports, there are significant geographical differences: the support provided by the municipalities is used more in the Northern Regions; the

‘accompanying’ allowances, provided by INPS, which is a national body, are instead more widespread in the Central and Southern regions.

However, the data show that the ‘accompanying’ allowance has become, at least for the last 15 years, the main tool to support the care needs of the older population in all areas of the country (Ranci et al. 2019), and contribute to reduce the risk of poverty, along with the improved working histories of the current older population (much better protected compared to those of previous generations) and the characteristics of the pension system (on average more generous than in other European countries) (INPS, 2018; Ragioneria Generale dello Stato, 2018).

In this regard, it is sufficient to mention that the ISTAT report, ‘Poverty in Italy’ (ISTAT, 2017), shows that the population aged over sixty-four years has the lowest percentage of families in absolute poverty compared to other age groups, going from 6.1% in 2006 (equal to about 707,000 older citizens) to 3.8% in 2016 (about 508,000 older citizens).

While in 2005 almost half of absolute poor people (44.9%) were older people, in 2016 only 17% were aged 65 years or older. Similar considerations can be made with regard to relative poverty, which takes into account the size of the family and its overall income; its incidence rate among the older population has, in fact, fallen from 13.8% in 2005 to 8.2% in 2016.

This does not mean, obviously, that the older population is protected from the risk of poverty, but that this phenomenon has changed: from a widespread phenomenon to a problem linked to precarious work histories and/or to specific conditions, such as non-self-sufficiency. Another research (Luppi, 2018) seems to validate this hypothesis, showing that older people with a moderate or severe degree of non-self-sufficiency have a higher probability of living in a family with an income below the poverty line.

#### **4. The ‘live-in careworker’ model**

The lack of public policies in terms of home and residential services and the substantial improvement of the economic conditions of the older citizens are two of the elements underlying the rise, in the last two decades, of the ‘live-in careworker’ (in Italian *badanti*) model, which is marked by the cohabitation of the older person and the carer (female in the vast majority of cases – 90%) and by a full-time commitment, at least generally, throughout the day and week (Da Roit & Facchini, 2010; Rusmini, 2019).

A third element is embodied by the social changes that have occurred in the past decades, which have affected family networks, women’s employment and cultural models.

First of all, the declining number of children per woman, which in Italy began in the '60s and has been accentuated in the last decades, has led to a decrease in potential caregivers: if on average a woman who had reached the age of 80 years in 1980 could count on 5.4 children (including sons and daughters in law), an 80-year-old in 2010 can count on 4.4. This means that a growing number of older people (especially in the North where the birth-rate has started declining earlier) have few children to rely on and that an intensified demand for care is directed at a reduced number of potential caregivers. At the same time, as stated above, in recent decades the presence of extended families has decreased, while there has been an increase in the number of older people (especially women) living alone.

Secondly, although Italy is one of the European countries with a low rate of female employment, in recent years it has grown. In particular, the employment of women at an older age has increased, as a result of the greater involvement of adult women in the labour market in the previous decades, and the regulatory changes in the retirement age that have particularly affected the female population. Eurostat data show that, between 1995, 2005 and 2015, in Italy the employment rate of women aged 55-64 years rose from 13.5% to 22% and 36%. Therefore, there is an increase in the number of mature women (who have older parents, often non-self-sufficient), who have to reconcile employment, domestic work and their 'own' family care, which are still substantially performed by women. Hence, they tend to reduce the size of care support for their parents.

Finally, it is reasonable to believe that, even in a society traditionally focused on family solidarity, new social norms and cultural models are emerging (Leitner, 2013), which are much more based on targets of self-realization rather than on 'family duty' and willingness to provide 'direct' and continuous care (Gaymu et al., 2008).

Although it is not possible to establish the specific role played by the factors outlined above in the way the older citizens are supported, an historical comparison between different ISTAT surveys shows that, in fact, there is a downsizing of the informal aid received by older people. In 1990, about 20% of families with at least one older person still received unpaid personal care assistance, but by 2009 this rate had fallen to just over 15%. If we consider the families with at least one member aged 80 years or older, the rates go from almost 40% to just over 20% (Da Roit, 2017).

In the face of these 'endogenous' elements, the rise of the 'live-in careworker' (*badanti*) model has been strongly facilitated by an 'exogenous' element, which is the process of globalization that has occurred in the last two decades. The crises that have involved Latin America, the collapse of the social systems in Eastern Europe and the unprecedented possibility for their citizens of emigrating have

increased the number of people (especially women) available for domestic and nursing work in foreign countries (Ehrenreich & Hochschild, 2003; Catanzaro & Colombo, 2009).

The growing employment of immigrant live-in careworkers can therefore be traced back to the intertwining of the following factors: the increase in care needs due to the increase in the number of non-self-sufficient older people and very older people; the decrease in care services carried out by families; the lacking development of public policies for home and residential care; widespread economic support for non-self-sufficiency; and the availability of emigrant women to perform care work in other countries.

In Italy, this care work is carried out, in almost all cases, by women mostly from specific countries: Philippines, Peru and Ecuador, Belarus, Moldova, Poland, Romania and Ukraine). It is a job characterized by a considerable variety of wages, working conditions and heaviness (Da Roit & Facchini, 2010).

As far as wages are concerned, the average is around €1,100 per month, but the range varies significantly from €800 to €1,500. Above all, on the one hand there are situations characterized by a regular employment contract, and therefore by the payment of taxes, 13th month salary, paid leave and severance package; on the other hand, there are situations without a regular employment contract and therefore with less contractual protection (Ambrosini, 2018).

Also with regard to the heaviness of the job, the research shows a broad variety, which is related to the diversity of health conditions of the older person cared for. The large majority of cases is characterized by an average problematic situation. More specifically, there are two key extreme situations: older people with extremely compromised health conditions and a very high dependence, in terms of motor functions and/or cognitive functions, and older people who are substantially autonomous and for whom the presence of a person living at home works as a basic support and reassurance for the older person and their families. It follows that the burden of work can be very heavy in case of very limited autonomy (especially with cognitive problems), but more similar to generic domestic assistance and presence when the older person is instead substantially autonomous.

If the health and self-sufficiency conditions of the older person are very heterogeneous, their family type is more uniform, given that, as a rule, they are single — often female — older people, who are widowed or unmarried.

At the same time, while most '*badanti*' have a room at their disposal (in many cases even with a private bathroom), some have to sleep in the living room and therefore do not have any private space. What is interesting to note is that the salary and even more the contractual protections and the availability of private space seem to depend more on the socio-economic conditions of the older person

receiving care, than on their health conditions and the heaviness of the commitment required.

However, as undeclared work is frequent and about 80% of older people own their own home (and therefore do not have to pay a rent), it can be considered economically sustainable to employ a *'badant'* combining a modest pension, the 'accompanying' allowance and a small economic support by the children (Da Roit & Facchini, 2010).

Because of the substantial presence of undeclared work, or 'partially-declared' contracts, it is not possible to make accurate estimates. The data provided by INPS for 2017 indicate a total of 864,526 people insured under the domestic work or family care contract: 393,000 as *'badanti'* (90% of whom are foreign) and 469,000 as domestic workers (with a substantial, even if lower, presence of immigrants). Estimates on the spread of the phenomenon range from 800,000 to 1,500,000 (Censis, 2015), but it is reasonable to assume that the total number of *'badanti'* does not exceed 1,200,000 or 1,300,000. Almost half of them are without a regular employment contract — or with a contract that underestimates the actual working hours commitment (Barbera et al., 2017).

Bearing in mind that some of these workers can assist two people at once, the number of older people over 65 who are cared for by an immigrant live-in careworker is certainly higher than the sum of older people who are cared for at home with SAD or ADI (a total of less than 700,000) and those who are cared for at residential facilities (a little less than 300,000).

On the whole, the *'badante'* model has represented a significant change to the traditional image of Italian families, and in particular of the daughters, who take care of their older person. At the same time, this is a solution that has avoided tackling the problem and taking charge of non-self-sufficiency in an innovative way by strengthening social services: a way, therefore, of maintaining a household-centered model even during the downsizing of the care work carried out by families.

## 5. Positive factors and critical aspects of the immigrant live-in careworker model

The development of this model of care is apparently a winning strategy for all stakeholders: for the older person and their families, for the *'badante'*, and for the countries involved.

For the former, the *'badante'* is a valid alternative to both direct support from the state, and the use of residential services, which are usually more expensive and have a negative stigma, in the Italian cultural model, as they commonly imply poor living conditions and no family to care for their older people. Moreover,

there are no ‘waiting lists’ to respect and the times to find a carer are short, given the continuous availability of immigrant women to do this job. Besides, if you do not feel comfortable with the chosen person, you can easily look for a replacement. Finally, the fact that most of the caring takes place at home means that the older people feel less abandoned and their family feel less guilty for not taking care of them personally.

For immigrant workers, this work is, particularly financially advantageous because it does not require special training, and because, as you usually live with the ‘employer’, board and lodging are free. In fact, living together allows them to send most of their salary to their family (often in their country of origin), thus overcoming specific economic problems or achieving particular objectives (the purchase of a house, university for children) in what can be defined as ‘purpose-emigration’.

For the countries of immigration, this model has reduced the pressure of the demand for social welfare services and has procrastinated the need for the development of public policies in this sector. For the countries of emigration, this phenomenon has contributed to reducing tensions in the labor market and to reducing the spread of poverty; moreover, the remittances that these women workers send home constitute an important credit entry in the balance of payments.

Nevertheless, this model also entails contradictions and tensions.

It is key to consider the consequences for the countries of arrival and the countries of origin.

Focusing on the countries of arrival, the whole system and the resources allocated to non-self-sufficiency encourage a model that sees “women who replace other women in an activity that confirms itself as a female-only destiny”, as Sgritta writes (2009), and that does not foster quality employment and partially produce tax and/or social security revenues (Da Roit, 2017; Maino & Razetti, 2019).

Secondly, the increase in demand for care in the upcoming years (due to the absolute increase in the number of older persons in the older age groups), the reduction in the amount of pensions (due to the transition from the pay system to the contribution system), and the extreme difficulty in compressing the wages of ‘*badanti*’ will probably make it more difficult to proceed with the current model of “private welfare” (Österle A, 2016; Da Roit & Le Bihan, 2019).

Besides, the economic and demographic evolution of the countries, from which the apparently inexhaustible flow of carers comes, is uncertain. Economic transformations (as happened in Poland, initially one of the countries of origin of ‘*badanti*’) or demographic ones (as is happening in Romania) could reduce the availability of low-cost workers, thus making the Italian welfare state a “welfare without a future” (Sgritta, 2009; Ranci & Pavolini, 2013; León, & Pavolini, 2014).

Finally, the economic resources sent by *'badanti'* to their countries of origin constitute a not insignificant item on the liabilities side of Italy's balance of payments.

But problems will also arise (and in some cases have already arisen) for the countries of origin.

If, in a first phase, these countries benefit both from the remittances of immigrant women and from the improvement of the economic conditions of their families, the 'drainage of care' towards the countries of emigration (Guerrini, 2019) leads to an impoverishment of the resources of informal care in the families of origin and increases the demand — mostly unfulfilled — for educational support to needy children and for assistance to the older people, with negative social repercussions.

Regarding the older people who are being cared for and their families, it is important to bear in mind the great diversity of their health conditions and their care needs. Due to this variety, the employment of *'badanti'* constitutes a fairly adequate welfare response if the severity of the patient's conditions is 'intermediate', while it is difficult to believe that this applies even in highly compromised cases, especially if one considers that *'badanti'* do not normally have any specific training. At the same time, it is difficult to assess to what extent people who often have very limited knowledge of the language spoken by the older person can adequately play a role of reassurance and companionship. This means that if the older person does not feel 'abandoned', he or she may feel strongly 'alone': different languages, different life stories, often different cultural models (experiences, life and eating habits). It is a relationship marked by the ambiguity between the 'economic dimension regulated by law' and 'the emotional dimension nourished by the ethics of gift and solidarity', between strangeness and familiarity, between affection and the risks of abuse.

Then, if it is simple for the older people to dissolve the employment contract, it is equally simple for the *'badante'* who can leave at short notice, either because he or she is not well off or as a result of family problems, thus cutting off not only the welfare support (for which a replacement can be easily found), but also the emotional relationship that is normally created in a daily face-to-face relationship of two.

Moreover, since the *'badante'* obviously has a few half-days off during the week, it is also critical to find a temporary replacement when she or he is absent. This can be a family member, engaging one's free time, or another person.

Finally, the data on the spread of the care model based on *'badanti'* also among the lower-middle classes suggest that, in many cases, the income received by the older people (pension and, possibly, 'accompanying' allowance) is not always suf-

ficient to cover their overall needs. This situation makes it necessary not only to use their life-time savings, but also ask for support from their children, thus jeopardizing their economic conditions, especially if the care is prolonged over time. Furthermore a nighttime commitment may also be necessary, or to pay someone when the *'badante'* is on leave.

Finally, it is necessary to consider the fact that *'badanti'* work and live with the older person they care for to guarantee a presence for almost the whole day and the whole week. In addition, they are usually adult women, often married, with children, older people with parents and in-laws who live in the countries of origin.

This situation raises a number of issues.

The first is the onerous nature of the work, which is not necessarily related to the work itself which can be quite reasonable. The main issue is represented by the incessant availability to take care of the different needs of the older people, who are often sick, non-self-sufficient, and sometimes have a problematic character. Despite this, *'badanti'* cannot come across (or at least not systematically) as 'sad'. The risk of an 'emotional dissonance' between emotions and feelings and the possibility to externalize them is particularly strong (Molinier, 2009) and this dissonance contaminates the daily life and the overall experience of these female workers, thus fostering burn-out phenomena (Brotheridge & Grandey, 2002; Scotese, 2009; Facchini, 2018).

At the same time, the working condition of *'badanti'* is marked by loneliness, by a 'two-way' relationship, in which there are neither colleagues (with whom to discuss and share one's daily life), nor, frequently, other people other than the older people, who are often single, as previously mentioned. This loneliness is very similar to what the older person feels as they have in common the fact that they speak different languages and have different life histories and cultural models (experiences, habits and food).

There is a further difficulty, also shared with the older people, which is represented by the difficulty in building a true relationship in a context where the employment contract is overriding (Wharton, 2009).

The second issue is related to the fact that *'badanti'* are usually immigrant women, who leave their families in their countries of origin. It is therefore very difficult to assume that the distance, which often lasts for months, if not years, from their families does not affect the lives of these women and does not affect the way in which they live their daily lives, thus critically affecting their work of care (Facchini, 2018). This situation brings out the contradictions of a private (the term 'family' tends to appear less and less adequate) model of care based on mi-

grant women, who surely substantially increase the economic resources available to their families, but have their relational systems often massively disrupted.

Reading the interviews with '*badanti*' carried out in various studies, it is striking to note the connection they underline between the care of 'our' older people and the lack of care of 'their' children (or 'their' older people) and, more generally, they stress the association between the motivations behind their emigration (to respond to current family economic needs or to try to make a better future) and the slackening or the worsening of the relationships deriving from their emigration.

Of course, they are fully aware of the pivotal economic role undertaken in their family strategies, in which they are the main protagonists (Ehrenreich & Hochschild, 2003). But, they are also aware of the personal costs paid in terms of struggle, loneliness, hard work and distance from their families. Sure, this distance can partially be mitigated by the increasing access to low-cost and high-impact means of communication (Skype, Whatsapp...).

Nevertheless, the interweaving of all these aspects shows, in a completely new way, issues of identity and belonging, because of living simultaneously not only in two different societies (Parreñas Salazar, 2001), "here and there, members simultaneously of departure and arrival contexts" (Catanzaro & Colombo, 2009, p.49), but also as part of two different families: the one made up of their own family members, which is far away, and the one in which they live, which is outside of their family relationship.

It is necessary to understand if this being at the same time "here" and "there" is a form of 'double presence' for these women (defined as the peculiar ability of women to cross different time and cultural dimensions: the time of care, the time of work, the time of subjectivity) or if this situation implies the risk of a 'double absence' (Sayad, 2002): being, eventually, 'neither here', 'nor there', living an uprooted life in both contexts and both families (Facchini, 2018).

## **6. Conclusions: Is it still appropriate to consider the 'immigrant live-in careworker' model in Southern Europe as familism?**

While this analysis highlights current and upcoming challenges of the '*badanti*' model, it inevitably recommends a further reflection on the persistence of a familistic model and the complex relationship between social policies and informal solidarity.

Up to 10-20 years ago, it was still correct to speak of three models of welfare and care for non-self-sufficiency (Esping Andersen, 1990); the first one is the Scandinavian model, which involves a wide network of public care services with quality standards associated to a high level of defamilization of care; the second

model is predominant in Central-Western Europe and it is characterized by public services for low-income citizens and financial aid to families to cover the assistance costs, which is described as a form of ‘supported familism’; the third one is typical of the Mediterranean countries and is defined as familistic because care responsibilities are bestowed on families, given the limited presence of home and residential services (Le Bihan & Martin, 2006; Ferrera, 2010).

This classification is currently not appropriate anymore, at least for those countries that have adopted the ‘badanti’ model. In fact, the case of relatives (especially women) carrying out care work has become only one of the options, which is actually widespread only among low-income families (Degiuli, 2016).

This model still shares with the familistic one a few key characteristics: live-in care work, one-to-one and exclusive relationship between caregiver and caretaker, the leading role of the family from a decision making, organizational and economic point of view. What is completely different is the nature of the relationship between the older person and the caregiver. This relationship is no longer given by kinship, but by remuneration: no longer a ‘gift’ out of affection and/or obligation (with significant convolutions), but a contract-based relationship (with inevitable emotional implications). This model can be considered even less familistic if you look at it from the perspective of the live-in caregivers who give up a normal family life and are no longer able to take care of their own children, grandchildren and aging parents (Ehrenreich & Hochschild, 2003; Facchini & Da Roit, 2010; Kofman & Parcvati, 2015; Ranci et al., 2019).

This model, therefore, is marked by a double dependency: economic for the caregivers, but often relational for the caretakers, given that the older people, while formally making decisions on their life, can become subordinate to those who care for them. And, often, by a double solitude too, given that caregivers and caretakers have nothing in common, neither age, nor economic or family condition, nor even a language to communicate, but only the daily routine of living together combined with the relational ambiguities of care work.

Thus, this model cannot be defined as familistic anymore, as it is still centered on home care but executed by non-family members who perform a nearly servile work.

Finally, this analysis shows that the relation between social policies or, even better, between the lack of social policies and emerging care models is less linear than it was assumed. In fact, for a certain period of time the lack of social policies for the older population had stressed the role of family solidarity: within the couple and intergenerational, with a particular emphasis on women, as wives and daughters (Saraceno, 2008; Karamessini, 2009).

In the long run, this lack of public policies has triggered a model that is based on a one-to-one servant-like relationship rather than on family solidarity (Parreñas Salazar, 2001).

In other words, taking for granted a care model centered on solidarity has proven its limits, and now policy makers need to draw new paths that are truly innovative (Böcker et al., 2017; Greve, 2017).

To move in this direction, it is necessary that all public and private stakeholders cooperate. This is one of the most crucial challenges Europe is going to face in the coming years. Only if policy makers can question, share and integrate the knowledge and experience from the various models, will it be possible to manage one of the most significant socio-demographic phenomena of recent decades without devastating repercussions.

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# Territórios de Fragilidades: Envelhecimento e Políticas Públicas – um projeto de educação continuada

Territories of Frailty: Aging and Public Policy  
– A Project of Continuing Education

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## RESUMO

O envelhecimento populacional é considerado hoje como uma grande conquista e, simultaneamente, como um enorme desafio para os países em desenvolvimento, em especial no âmbito das políticas públicas para as pessoas idosas. O cenário é mais preocupante nos espaços periurbanos, que denominamos como “territórios de fragilidades”, nos quais se observa a sobreposição de carências múltiplas — saneamento básico, habitação, acessibilidade, educação e saúde — aliadas à desestruturação dos vínculos comunitários, os quais têm um impacto negativo na longevidade das populações. Propomos, neste texto, analisar este panorama através dos resultados do projeto de educação continuada para 420 profissionais da Secretaria de Assistência Social da cidade de São Paulo (Brasil), com o objetivo de aperfeiçoar a resposta dos serviços sociais, especialmente os que integram a proteção social básica da população mais carente. A metodologia de formação utilizada é centrada no profissional, no seu campo

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de atuação, e nos problemas cotidianos com que se depara através da análise das suas competências e capacidades para lidar com os desafios e oportunidades destas comunidades, o que possibilita a obtenção de várias narrativas em “primeira mão” e nos permite ter acesso à realidade vivida nestes espaços. Contribuindo para o enriquecimento desta reflexão, podemos observar as narrativas dos professores e supervisores, no âmbito do trabalho de campo, as dificuldades e conquistas na implementação do projeto, e a interação com os grupos de trabalho, o que nos permitiu, atenta a complexidade da temática, reunir dados decorrentes da atuação de todos estes intervenientes, em superação dos desafios associados ao equilíbrio das vidas pessoais e laborais, sobre o envelhecimento em territórios de fragilidades

**Palavras-chave:** envelhecimento; educação continuada; políticas públicas; territórios de fragilidades.

#### **ABSTRACT**

In the contemporary world, the progressive aging of the population is both a major achievement and a huge challenge for developing countries, especially when it relates to public policies for the elderly. The scenario is particularly worrying in peri-urban spaces, which we call “territories of fragility”, in which multiple deficiencies overlap — basic sanitation, housing, accessibility, education and health — those aspects coupled with the disruption of community ties, negatively impact the aging process. In this article, we analyze the previously presented scenario through the results of a continued education project that had as students 420 professionals that currently work in the Secretariat of Social Assistance of the city of São Paulo (Brazil). The aim of the project was the improvement of the work in the social assistance services network, especially the ones that are a part of the basic social protection, aimed at the most vulnerable part of the population. The use of professional-centered training methodology takes into account what happens in the field, it is based on daily problems, on the perception of skills and abilities, on the challenges and opportunities given by occupied spaces, in a dialogical and critical perspective. In other words, the result was a collection of 420 “first-hand” narratives that unveils a reality that is the opposite of what was expected. For the enrichment of the reflection, we present the commitments to this educational process — through the narratives of teachers and supervisors — in the work of recognizing the action field, the difficulties and achievements in the implementation of the project, and in practice with the groups. Content analysis indicates, in the complexity of the narrative, how all individuals that were a part of the project overcame life-work challenges and articulated knowledge about the aging process in territories of fragility.

**Keywords:** aging; continuing education; public policies; territories of fragility.

## **1. Introdução**

São Paulo é a maior e mais próspera cidade do Brasil, referência como centro financeiro e polo cultural, com uma população de 12,18 milhões de habitantes domiciliados em 96 distritos<sup>[1]</sup>, com 15% de pessoas acima de 60 anos, ou seja, 1,7

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1. Administrativamente, o município de São Paulo está subadministrado em 32 subprefeituras que administram os 96 distritos no município. Os distritos estão oficialmente agrupados em nove regiões (ou

milhões de pessoas idosas, das quais 5.776 com idades equivalentes ou superiores a cem anos (SEADE, 2017)<sup>[2]</sup>. Uma cidade de contrastes, multirracial, superpovoada, extensa, viva e desigual — espaço de vida e trabalho — um cenário extremamente desafiante onde se desenvolveu o projeto de Educação Continuada para os profissionais da Secretaria de Assistência Social.

Começamos por resumir as diferentes fases de implementação do projeto desde o seu processo de implementação e desenvolvimento, seguido da análise das narrativas dos docentes e profissionais envolvidos neste projeto recolhidas pelos coordenadores-investigadores. Na sua gênese, este projeto resultada do contrato entre a UNESCO e a Fundação São Paulo<sup>[3]</sup>, realizado na cidade de São Paulo — Brasil — no decorrer do ano de 2017, com objetivo de capacitar um universo de 420 profissionais, de diferentes áreas de conhecimento, dos quadros do Serviço Municipal de Assistência e Desenvolvimento Social (SMADS). O serviço é composto por técnicos e supervisores dos Centros de Referência de Assistência Social (CRAS), equipa técnica e gerentes dos Núcleos de Convivência de Idosos (NCIs). O trabalho com estes diferentes intervenientes pretendeu adequar a sua intervenção de acordo com a metodologia de atuação da Gerontologia Social que considera o envelhecimento como parte integrante do ciclo de vida onde os direitos e deveres dos cidadãos, como a liberdade, respeito e a dignidade são valores fundamentais e que norteiam os diferentes modos de viver e envelhecer.

O perfil dos profissionais foi composto por 41,2% da área do Serviço Social, 32,4% de Psicologia, 20,6% da Educação — áreas exigidas, por regulamento, na composição das equipas —, e 5,8% de outras áreas, tais como Direito, Educação Física e Terapia Ocupacional.

O NCI é um serviço da rede de proteção social básica<sup>[4]</sup>, que abrange pessoas idosas com idade igual ou superior a 60 anos em situação de vulnerabilidade e em risco pessoal e social. Oferece atividades socioeducativas planeadas de acordo com as necessidades, interesses e motivações da pessoa idosa, conduzindo a construção e reconstrução das suas histórias e vivências individuais e coletivas, na família e

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<sup>[2]</sup>“zonas”), levando em conta a posição geográfica e história de ocupação, cf. Plano Decenal de Assistência Social da Cidade de São Paulo 2016-2026.

2. O Estado de São Paulo, que tem o mesmo nome da sua capital — a cidade de São Paulo —, possui uma população de 44.3 milhões de habitantes. Área de 248.2 km<sup>2</sup> e PIB de 2 mil milhões de reais (SEADE, 2017).
3. Edital n. 0126/2016 de 27/07/2016 da UNESCO, formalizado por meio do Contrato de Prestação de Serviços – ref. SHS 00808/2016 - SA 2820/2016. Projeto 914 BRZ 3019 – Sistema Único de Assistência Social – São Paulo. Tendo como contratante a UNESCO e como contratado a Fundação São Paulo, mantenedora da Pontifícia Universidade Católica de São Paulo (PUC-SP).
4. Segundo a Tipificação Nacional de Serviços Sociais a rede de proteção social é composta pela rede de proteção básica e pela rede de proteção especial (de média e alta complexidade). <[https://www.prefeitura.sp.gov.br/cidade/secretarias/upload/assistencia\\_social/arquivos/portarias/portaria\\_46-2010.pdf](https://www.prefeitura.sp.gov.br/cidade/secretarias/upload/assistencia_social/arquivos/portarias/portaria_46-2010.pdf)>

no território. Os profissionais também identificam quais os idosos que podem beneficiar de prestações sociais como o Benefício de Prestação Continuada (BPC)<sup>[5]</sup>.

O objetivo geral do projeto foi contribuir através de modelos teóricos, metodológicos, técnicos, operativos e éticos para a construção crítica e criativa de novas alternativas de intervenção aos trabalhadores do Sistema Único de Assistência Social (SUAS); elevar a qualidade da prestação de serviços, programas, projetos, benefícios sociais, concessões de bolsas/auxílios financeiros e de gestão do Sistema; contribuir para a reconfiguração das políticas públicas da Assistência Social do município<sup>[6]</sup> e potencializar o pleno cumprimento das suas funções e garantia de direitos<sup>[7]</sup>, de modo a estabelecer programas abrangentes e preventivos que assegurem o acesso dos/as cidadãos/ãs aos seus direitos sociais.

A metodologia que sustentou o projeto de capacitação foi idealizada a partir do *Problem Based Learning (PBL)* — Aprendizagem Baseada em Problemas (ABP) — modelo mais adequado à realidade dos profissionais a serem capacitados, procurando um ensino inovador que pudesse ultrapassar a abordagem tradicional, combinado a teoria com a prática (Berbel, 1999; Savin-Baden, 2000; Ribeiro, 2008). A estratégia pedagógica ABP, muito utilizada em medicina e áreas análogas, também pode ser aplicada em grupos ligados às áreas das ciências sociais e humanas como facilitadora da construção de conhecimentos necessários para fazer face aos desafios impostos pela realidade pessoal-profissional, dos profissionais do presente projeto.

Colocou-se assim em prática uma nova forma de pensar e olhar a realidade a partir do reconhecimento do potencial existente entre a troca de conhecimentos acumulados com outros, formais ou não. Como indica Berbel (1998, s/p) nessa metodologia de formação o problema é o ponto principal do processo educativo contínuo, já que serve de estímulo para a aprendizagem ao longo da vida ao

provocar a motivação; promover o conhecimento de novas áreas do saber; estimular a criatividade; impulsionar o pensamento crítico;

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5. Cf Portaria nº 46/SMADS/2010. O serviço de busca ativa consiste em visitas domiciliares — destacada como uma das principais atribuições da Assistência Social, com objetivo de mapear os beneficiários do BPC, instituído pela Constituição Federal de 1988, regulamentado pela Lei Orgânica da Assistência Social, em 1993, com implantação em 1996. A partir do Decreto nº 8.805/2016, a inscrição no Cadastro Único passou a ser requisito obrigatório para a concessão e manutenção do benefício. Também é requisito para sua concessão a inscrição no Cadastro de Pessoas Físicas — exigindo-se o Cadastro de Pessoa Física (CPF) — documento feito pela Receita Federal que serve para identificar os contribuintes — do requerente e dos membros da família: <[http://www.mds.gov.br/webarquivos/publicacao/assistencia\\_social/Guia/Guia\\_BPC\\_2018.pdf](http://www.mds.gov.br/webarquivos/publicacao/assistencia_social/Guia/Guia_BPC_2018.pdf)>
  6. Município: divisão territorial do Estado que tem autonomia administrativa, com governo e leis próprias. Prefeitura: casa do Poder Executivo de uma cidade, onde o Prefeito, devidamente eleito pelo processo democrático, pratica os atos de governo.
  7. Resolução do Conselho Nacional de Assistência Social (CNAS) n. 6 de 13/04/16.

fomentar as capacidades de análise e decisão; desenvolver as capacidades e competências de trabalharem em grupo e de gestão de estresse; e trabalhar com habilidades.

Esta perspectiva metodológica articula-se com a observação participante, própria à antropologia do próximo, que articula as teorias da educação continuada à realidade dos territórios, princípio fundamental das práticas e dos estudos interdisciplinares. Na formação contínua de profissionais a perspectiva interdisciplinar começa a ser utilizada a partir dos anos de 1970, como resultado da discussão sobre a falta de integração das disciplinas, apoiando-se em teóricos fundamentais como Jean Piaget e Paulo Freire, que indicavam o sujeito como o foco central da aprendizagem.

Nesta perspectiva o docente assume o papel de “mediador” de múltiplos conhecimentos e procura não reproduzir o papel tradicional de “ensinar algo a alguém que não sabe”. Ele é o ponto de apoio na articulação do conhecimento teórico com o saber-fazer de modo a que o discente consiga articular estes dois conhecimentos, construindo o seu próprio conhecimento. Afirmar Altenfelder (2015, s/p), que o docente assume o papel de mediador na organização da “relação do aluno com os objetos de conhecimento, dando concretude, viabilizando e garantindo o processo de aprendizagem”, e completa:

É importante observar que não estamos falando de qualquer aprendizagem, mas de um processo que permita que o indivíduo possa se desenvolver. Nesta perspectiva, parte do conhecimento e questões derivadas do cotidiano de trabalho de cada profissional, trazidas ao grupo a ser capacitado para reflexão, partilha e busca de perspectivas-base que guiem as práticas, considerando os desafios para o trabalho social nas diferentes regiões do município de São Paulo, suas diversidades e peculiaridades.

Deste modo procurámos a promoção de um espaço de diálogo (Freire, 1980; 2005) entre as equipas envolvidas, visando o seu aperfeiçoamento profissional, técnico e ético-político, a reflexão e o estudo das questões quotidianas associadas ao trabalho e práticas profissionais das equipas, contributos para novas práticas e técnicas profissionais, metodologias e novos processos e rotinas de trabalho. Dotar as equipas dos conhecimentos teóricos e práticos sobre os fenómenos, contextos e dinâmicas sociais dos territórios. Terminar com práticas assentes no preconceito, assistencialismo e estigmatizadoras, ao mesmo tempo que se pretendeu promover o desenvolvimento de trabalho em cooperações, horizontal e interdisciplinar das equipas, especialmente através de ações que fortaleçam o vínculo comunitário (Brandão, Côrte e Silva, 2017).

O diálogo é o encontro entre os homens, mediatizados pelo mundo, para designá-lo. Se ao dizer suas palavras, ao chamar ao mundo, os homens o transformam, o diálogo impõe-se como o caminho pelo qual os homens encontram seu significado enquanto homens; o diálogo é, pois, uma necessidade existencial (Freire, 1980, p. 82-83).

Nesta perspectiva a concepção do docente como “sujeito da mudança” deve estar interiorizada por este, pois não se pode propor o exercício de um “olhar renovado” sobre as realidades sociais e as práticas se o docente mediador mantiver uma postura conservadora, inflexível e não democrática. O exercício do diálogo e partilha é fundamental, não só nas práticas formativas, mas na vida em sociedade. Assim, procurámos alinhar “corações e mentes” através de ações dinâmicas, comprometidas com o serviço e solidárias nas atitudes — entre colegas de trabalho, idosos, familiares e comunidade.

Neste projeto, o reconhecimento do “chão” do trabalho social na complexidade da metrópole de São Paulo assumiu, desde a sua concepção, uma relevância fundamental. Deste modo, a concepção metodológica também foi elaborada a partir das nossas experiências como investigadores e docentes mediadores neste “território de fragilidades e desigualdades” que é a mais desenvolvida metrópole do nosso país. O quotidiano ensina-nos, dispensando teorias, os desafios de viver em condições adversas numa cidade que nos apresenta duas faces, a da riqueza e da miséria convivendo lado a lado — espelho da desigualdade nacional. Deste modo, o projeto foi elaborado e proposto no contexto amplo de uma sociedade/cidade complexa, marcada por uma expressiva longevidade, na perspectiva da Gerontologia Social.

Perante o crescente aumento da população idosa e as perspectivas de longevidade avançada, idosos com idade igual ou superior a 85 anos, num contexto de precariedade crescente de espaços e relações, o projeto mostrou-se como uma possibilidade de reorganização de conhecimentos e práticas, a partir de encontros interpares — um esforço de reflexão crítica, cooperação e solidariedade — visando o aperfeiçoamento das práticas utilizadas (Côrte & Brandão, 2018; Schon, 2007).

## **2. São Paulo e as Políticas Públicas**

A cidade de São Paulo oferece-nos as suas múltiplas faces, indagando-nos e desafiando-nos. Na sua diversidade acolhe imigrantes de todos os países e migrantes internos — um “caldo de culturas” denso, indigesto a muitos, saboroso, mas com “doce e amargas” experiências — uma cidade antropofágica, que acolhe todos, “devora-os” de certa maneira e, ao incorporá-los, desafia a manutenção da identidade dos sujeitos — fundamental no desenvolvimento de sentido/sentimento de pertença e, conseqüente envolvimento social.

De pequena vila fundada em 1544 por padres jesuítas a grande metrópole, muitas são as histórias sobre os inúmeros desafios ao seu desenvolvimento, que foi lento e desigual por dois séculos. A partir do século XVIII muitos comerciantes de procedências diversas visitavam o país pelo potencial oferecido pela sua extensão territorial e as inúmeras riquezas naturais. Gradualmente imigrantes, de diferentes partes da Europa, que fugiam de conflitos armados, da fome e perseguições religiosas, chegam ao país em busca de um espaço de vida, trabalho, liberdade e progresso, e muitos estabeleceram-se na cidade que progredia. Destaca-se que, por volta de 1870, o governo brasileiro considerou a imigração organizada como benéfica à economia nacional em expansão, com destaque para a produção de café no Estado de São Paulo<sup>[8]</sup>, devido também ao término do ciclo de trabalho escravo (1888) e a procura pelo “branqueamento” da população.

Estimulados pela propaganda do governo brasileiro sobre “a terra da oportunidade”, muitos europeus — Alemães, Austríacos, Polacos, a maioria Italianos, Portugueses e Espanhóis — emigraram entre este período e o início da I Guerra Mundial — e estabeleceram-se em diferentes regiões, com realce para o sul do país. Entre as cidades do Sudeste, destacava-se São Paulo já em franca expansão.

Os diferentes povos que se estabeleceram na cidade, e que se juntaram à grande população de descendentes de escravos, espalharam-se por outras regiões do Estado e do país, promovendo a miscigenação do território, marcando a diversidade na formação da identidade brasileira, e em particular a paulista, marcada pela interculturalidade. São Paulo pode ser denominada “a cidade de mil povos”, pois nela se encontra a maior concentração de estrangeiros do país, de que é exemplo a maior comunidade de emigrantes Libaneses e Japoneses a viver fora do seu país; a maior comunidade de nordestinos fora do Nordeste; e a grande população afro-descendente, estruturalmente excluída<sup>[9]</sup>. Comunidades que foram envelhecendo, tornando hoje São Paulo na quinta capital com maior percentagem de população idosa (SEADE, 2017).

A cidade de “identidades múltiplas” cresceu desenvolveu-se e, no seu crescimento, foi ocupando espaços, mais ou menos organizados — as periferias — formadas a partir dos anos 1940 por muitos “anônimos e estranhos”, imigrantes e migrantes, de diferentes regiões do país, que vieram em busca de trabalho numa cidade em processo de industrialização e crescimento urbano e que se constituíram, desde o princípio, em territórios de desigualdades e fragilidades.

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8. O Brasil é uma República Federativa organizada politicamente em estados, municípios e distritos, e para administrar o país, existe uma divisão em governos: federal, estadual e municipal.

9. Segundo o censo do Instituto Brasileiro de Geografia e Estatística (IBGE) realizado em 2010, a população negra representava 37% dos habitantes do município de São Paulo, e a maioria vive na periferia da cidade.

Não existiam espaços urbanos para os trabalhadores e nem programas governamentais de habitação social, restando-lhes apenas como alternativa a “autoconstrução” de habitações precárias nos arredores do centro de São Paulo, sem acesso a saneamento e demais serviços públicos — transporte, educação e saúde. A precariedade das habitações começa a agravar-se, especialmente, a partir de 1970, com construções cada vez mais instáveis — barracas de madeira em zonas de risco — à beiras de riachos, em morros, alagadiços — as denominadas “favelas”, exemplos da expansão da precariedade urbana, e que se mantém até hoje (Scarlotto & Alves, 2018).

Neste contexto, consideramos território como espaço físico geográfico em concreto — a cidade de São Paulo — e suas subdivisões em regiões - multifacetadas e multidimensionais — mas também como palco de relações de poder, de trocas simbólicas, da sua história, em movimento contraditório e desafiador, no qual o trabalhador procura desenvolver o seu trabalho e exercer a sua cidadania. Os programas de apoio social têm como objetivo, entre outros, a promoção do exercício da cidadania pelos mais carenciados — permitindo trocas sociais, interações e o estabelecimento de relações no espaço de vida real, com os seus desafios. O território é assim considerado como um espaço geográfico e social complexo de lutas e conquistas (Saquet & Sposito, 2009). O Plano Decenal de Assistência Social da Cidade de São Paulo — 2016-2026, indica, de forma clara, a sua complexidade e o desafio que impõe ao trabalho social hoje e num futuro próximo:

São Paulo metrópole de 96 cidades. Seus distritos, chão da diversidade de sua geografia, trajetória e topografia social, são ponto de partida para pensar seu futuro. A cidade não é soma de distritos, mas circuitos de vidas em que cada assentamento é parte das características do sentido de cidade e cidadania na metrópole paulistana. Pensar a cidade para o presente e futuro sob o olhar da assistência social significa ajustar as lentes do olhar sob o filtro da dignidade humana. (p. 06)

Segundo Santinha (2014, s/p) as disparidades sociais nos territórios de intervenção devem ser foco prioritário do trabalho social visando à igualdade, equidade e promoção dos direitos humanos, aplicando igualmente a noção de justiça espacial. Afirma que:

[...] a procura de justiça implica perceber a relação dialética entre, não só as condições econômicas e sociais de diferentes grupos, mas também a geografia da injustiça, não sendo possível, portanto, compreender a questão da equidade sem considerar de que forma os serviços, as oportunidades e o próprio poder institucional se encontram geograficamente distribuídos.

Nas suas reflexões sobre “a ideia de justiça”, o economista Amartya Sen (2011, p. 12-13) indica que ao procurar a “justiça perfeita”, desconsidera-se “o modo como as pessoas vivem, e não meramente a natureza das instituições que as cercam [pois] o foco sobre a vida real na avaliação da justiça tem muitas implicações sobre a natureza e o alcance da ideia de justiça”, ou seja, em termos das liberdades e direitos, aqui aplicados às reflexões sobre os territórios onde são fixados os serviços propostos pelas políticas públicas. Afirma ainda (2011, p. 15) que “a democracia tem de ser julgada não apenas pelas instituições que existem formalmente, mas também por diferentes vozes, de diversas partes da população, na medida em que de fato possam ser ouvidas”.

No panorama desafiador desta “geografia da injustiça” no “chão das diversidades”, procurando a dignidade e justiça social, desenvolver um trabalho de colaboração, horizontal e interdisciplinar com as equipas, em espaço aberto a muitas vozes, visando ações que fortaleçam o vínculo comunitário em perspetiva ampla — família e comunidade — é um dos pontos de destaque do programa de apoio social aos idosos (Torres, 2017).

O envelhecimento populacional é considerado hoje como uma grande conquista e, simultaneamente, como um enorme desafio para os países em desenvolvimento, como o Brasil, em especial no âmbito das políticas públicas para os idosos — cenário que se mostra mais preocupante nos espaços periurbanos que denominamos “territórios de fragilidades” — em especial no Âmbito do Apoio Social, onde se observa a sobreposição de carências múltiplas — saneamento básico, habitação, acessibilidade, educação e saúde — aliadas à desestruturação dos vínculos familiares e comunitários, e ao aumento da violência, com impacto negativo sobre a longevidade das populações seja a nível do seu bem-estar físico ou social. Segundo Fazon, Siqueira e Teixeira (2019) a proteção social — redução de fragilidades, perdas, privações, danos e ofensas à integridade pessoal e familiar — deve ter como ponto de partida a análise do território, tendo em vista o planeamento de projetos, programas e serviços, para além da efetiva elaboração de políticas públicas que promovam os direitos.

Nesta perspetiva, fica evidente o enorme desafio da aplicação destes princípios na cidade de São Paulo, pela sua complexidade, diversidade e diferentes tipos de desigualdades sociais — evidenciadas no mapeamento detalhado das 96 regiões da cidade de São Paulo com cobertura de serviços sociais —, sendo estes os seus desafios e questões mais relevantes<sup>10</sup>.

O mesmo documento constatou, na sua análise, uma discrepância entre o que é proposto nas suas normas e as práticas quotidianas, com destaque para os inú-

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10. Cf. Plano Decenal de Assistência Social da Cidade de São Paulo – 2016-2026.

meros problemas técnicos e operacionais dos serviços, inerentes à complexidade da metrópole, além da existência de uma certa “cristalização” de conceitos e ações que dificultam a concretização e o alcance dos objetivos propostos, estes dados foram também corroborados pelos profissionais em formação.

O Núcleo de Convivência de Idosos (NCI) — um dos serviços dos programas da Secretaria de Assistência Social (SAS) dirigidos à população idosa — assume-se como espaço de atenção e convívio destinado, essencialmente, a uma população com idade igual ou superior a 60 anos, em situação de vulnerabilidade e exclusão social. O programa tem como prioridade: o desenvolvimento de atividades que contribuam para o processo de envelhecimento saudável; a autonomia e sociabilidade no fortalecimento dos vínculos familiares (como tradução de afetos); o convívio comunitário e prevenção de situações de exclusão social, por meio de atividades socioeducativas planejadas de acordo com características, interesses e necessidades desta faixa etária, especialmente considerando o cenário de fragilidades territoriais e sociais.

Este serviço tem parcerias com associações, fundações e organizações não governamentais, que formam a Rede de Proteção Social ao Idoso da Secretaria Municipal de Assistência e Desenvolvimento Social do Município de São Paulo – SMADS, com 92 unidades, em 50 dos 96 distritos, que atendem cerca 15 mil idosos, e revela uma procura crescente.

Alargando o campo de atuação das políticas públicas, a diferentes grupos da população, Fazon, Siqueira e Teixeira (2019, p. 184) sublinham que estas devem “facilitar a organização e a participação social, ao fornecer serviços, bem como oferecer apoio e suporte ao cidadão em situação de risco e de maior vulnerabilidade”. Destaca-se no âmbito deste campo o conceito de segurança social definido “como um conjunto integrado de ações de iniciativa dos poderes públicos e da sociedade destinado a assegurar os direitos relativos à saúde, à previdência e à assistência social” (Constituição Federal de 1988, art. 194).

Entre as ações previstas na política social está a identificação das vulnerabilidades sociais, de modo a assegurar uma resposta adequada às necessidades dos cidadãos e das famílias — núcleo básico da reprodução social — e a consequente redução/eliminação das mesmas, uma vez que são as vulnerabilidades sociais que fragilizam os cidadãos e famílias, conduzindo-os à exclusão.

### **3. Narrativas – Tempos, Espaços, Diversidades, Identidades**

O espaço deve ser considerado como uma totalidade, a exemplo da própria sociedade que lhe dá vida [...] o espaço deve ser considerado como um conjunto de funções e formas que se apresentam por processos do passado e do presente [...] o espaço se define como um

conjunto de formas representativas de relações sociais do passado e do presente e por uma estrutura representada por relações sociais que se manifestam através de processos e funções. (Santos, 1978, p. 122)

A epígrafe fornece o mote para pensar os espaços como topografia de identidades, em territórios de desigualdades e injustiças, na perspectiva socio-histórica e antropológica. Na manifestação do processo de desenvolvimento da cidade podemos apreender tempos e identidades continuamente recompostos, sempre em processo de negociação — um dinâmico devir — nas narrativas da cidade que, como organismo vivo, cresce, se desenvolve e se deteriora, numa expansão desigual, desordenada, não planeada, abandonada, constituindo-se em territórios de fragilidades e de identidades que se estilhaçam e recompõem — da cidade e dos seus habitantes, configurando a geografia da injustiça.

Os denominados “bairros nobre”, com casarões e jardins — alguns deles classificados pelo Instituto do Património Histórico — também se degradaram ficando muitas casas abandonadas e à venda, mas sem mercado devido à crise financeira do país — abandono e descida dos valores de mercado essa associada também ao aumento da violência e uma sensação (real) de perigo. Apesar de proibido por lei, muitos destes imóveis vão sendo descaracterizados e utilizados como edifícios comerciais.

Este é um dos muitos exemplos das dinâmicas da topografia identitária da cidade e dos indivíduos — dinâmica de degradação e recomposição — cujo centro histórico, um dos seus “cartões postais”, com belas e antigas construções, atualmente objeto de ocupação irregular ou servindo como estabelecimentos comerciais, ilegais, ou habitação compartilhada — os cortiços — onde num quarto moram famílias, sem condições mínimas de segurança e higiene. Nestes locais degradados o arrendamento não é barato, devido ao fácil acesso à rede de transportes públicos e outros serviços, bem como a empregos não qualificados.

Alguns edifícios foram restaurados, exibindo belas fachadas e interiores, mas os movimentos de restauro para colocação no mercado habitacional têm sido muito tímidos. Assim, o centro histórico exhibe resquícios de uma beleza antiga e deteriorada, pois com as mudanças, ocorridas ao longo dos anos, que deslocaram as empresas e o comércio para diferentes regiões da cidade — configurando “novos centros”. O centro histórico perdeu, assim como os seus moradores, essas funções, histórias e identidades, e ainda não encontrou impulso para novas perspectivas de ocupação dinâmica, com habitação e serviços.

Hoje observa-se a “verticalização do luxo”, com apartamentos sofisticados, com enorme área útil, e ainda áreas de lazer, com um forte dispositivo de segu-

rança privada, onde alguns se tentam blindar dos problemas desta grande metrópole, o que se mostra irreal. Como afirma Bentes (2011, p. 336) “São Paulo é uma megacidade que se revela partida entre ricos e pobres — incluídos e excluídos, conectados e desconectados — com sua estrutura básica diferenciada formando um mosaico, que marca os constantes contrastes existentes na cidade”.

Esta perspectiva é reforçada nos relatos dos profissionais discentes que mostram a face da exclusão, desigualdade, violência e vulnerabilidades da cidade e dos espaços periurbanos, pois grande parte dos NCI encontram-se nos bairros periféricos, mas também surgem narrativas das lutas para requalificação destas regiões, com potencial para criação de habitações, infraestruturas, serviços e emprego. Como afirmam Scarlto & Alves (2018, p. 170):

O que chamávamos de periferias nos anos 70, hoje, após muita luta de movimentos sociais, passam a se consolidar e nelas se gestam centralidades locais-periféricas, que permitem a seus moradores o acesso, além da infraestrutura, a bens e serviços [...] O que pode ser considerado uma conquista da sociedade local, tem seu lado contraditório: com as melhorias infraestruturais e sociais os preços do solo urbano aumentam e parcela da população que vivia nessas localidades não consegue mais aí se manter, migrando pela cidade e região metropolitana, formando outras periferias precárias, sendo novamente ponta de lança na expansão urbana.

Com a expansão da cidade surgem novos e diferentes fatores que contribuem para a complexidade e dinâmica do “movimento territorial e social” com os quais os profissionais se deparam na aplicação de políticas públicas adequadas em territórios de mudança. No caso dos NCI's, podemos considerar que acolhem e oferecem oportunidades de convívio, criam referências, afirmam o sentimento de pertença, favorecem o acesso a direitos sociais no âmbito da sua atuação, recompondo e fortalecendo a identidade destas comunidades e promovem ações transformadoras nos territórios, como narrado pelos profissionais, também designados como trabalhadores sociais, uma vez que independentemente da sua área de formação, a sua atuação tem como foco o campo social. Por outro lado, constituem um *locus* catalisador e um canal de expressão de necessidades e questões sociais que remetem para a esfera mais ampla do acesso a diferentes recursos e serviços, o que equivale a apropriar-se da própria cidade em movimento e mudança, transcendendo o território distrital.

As narrativas de campo confirmam a leitura do território como configuração topográfica e morfológica, local onde se efetiva o exercício da cidadania, nas histórias de lutas partilhadas, e no qual se faz o exercício de participar e reivindicar direitos a uma vida digna — habitação, saneamento, educação, acesso aos serviços

de saúde, ao lazer — sendo ainda nas relações quotidianas o local de afirmação identitária e onde se demonstra a solidariedade entre pares. É no reconhecimento das “tramas do vivido” que as políticas públicas devem atuar, não só numa perspectiva assistencialista, mas com uma visão de futuro perspetivando um espaço em mudança permanente que sofre de modo mais contundente as oscilações/instabilidades económicas e políticas.

Devemos indicar que no Brasil, historicamente, sempre imperou a desigualdade — política, económica, social, racial, regional e cultural — considerada estrutural a todos os níveis, sendo poucos os momentos em que o povo teve esperança com a realização de pequenos progressos nessa área. A igualdade para todos parece hoje um objetivo de difícil alcance, mas a igualdade relativa, em movimento constante, é possível pela conquista de mais direitos pelos grupos sociais menos favorecidos, por meio de políticas públicas abrangentes e de garantia de direitos, mínimos necessários a uma vida digna.

Hoje o país atravessa, mais uma vez, um momento de instabilidade económica e social, com o aumento das já alarmantes desigualdades económicas devido à recessão e dificuldades de acesso ao mercado de trabalho, aliada a mudanças e confrontos político-ideológicos, geradores de violência, impactando negativamente, entre outros, os programas da assistência social, o que pode atingir o acesso a bens sociais, a curto e médio prazo, bens esses cujo acesso já se considerava consolidados (PNAD, 3.º trimestre, 2019)[11].

O recente Mapa da Desigualdade (2019)[12] revela um panorama amplo da desigualdade que vai além do desequilíbrio na distribuição da riqueza, abrangendo também desigualdades em função do género e da raça colocando também em destaque as desigualdades regionais e, conseqüentemente, as disparidades existentes entre as diferentes regiões da cidade. Revela, assim, que “as desigualdades impactam toda a sociedade, pois são geradoras de índices de criminalidade e violência (social e simbólica); nos tipos e na remuneração do trabalho; no nível de stress e nas doenças que afetam a população — sinais de uma sociedade desequilibrada e com baixos índices de bem-estar social”.

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11. Pesquisa Nacional por Amostra de Domicílios Contínua (PNAD) — realizada em 2012, em todo o território nacional, visa acompanhar as flutuações trimestrais e evolução, em curto, médio e longo prazo da força de trabalho, e outras informações necessárias para o estudo do desenvolvimento socioeconômico do País. Acessível em: <https://www.ibge.gov.br/estatisticas/sociais/trabalho/17270-pnad-continua.html?=&t=o-que-e>

12. O Mapa de Desigualdade é um trabalho da Rede Nossa São Paulo — organização da sociedade civil apartidária — que desde 2012 realiza a recolha de dados, partilhados com todas as instituições públicas e sociedade civil, visando o combate à desigualdade, pela promoção dos direitos humanos, pela participação e controle social, e pela transparência e respeito pelo meio ambiente. Acessível em: <https://www.nossasaopaulo.org.br/2019/11/05/mapa-da-desigualdade-2019-e-lancado-em-sao-paulo/>.

Neste contexto chama atenção para a média de idade das pessoas que morreram em 2018 (data-base da pesquisa): Moema — bairro de classe média alta — a idade média ao morrer é de 80,57; na Cidade Tiradentes — bairro periférico e carido — a idade é de 57,31, ou seja, mais de vinte anos de diferença entre estes dois distritos na mesma cidade. O contexto indica a grande importância das políticas públicas como ponto de apoio e referência para parte significativa da população de São Paulo, na superação das diferenças, concretizando uma melhor qualidade de vida para todos (Côrte e Lopes, 2019).

Na cidade de São Paulo as mudanças nos programas de Assistência Social passam, neste momento, por cortes de recursos o que pode levar à descontinuidade de programas de apoio aos mais fragilizados, promovendo o aumento dos índices de desigualdade. Não é a primeira vez que isto ocorre, e a sociedade civil deve estar atenta e atuar, manifestando-se contra casos de perdas sociais, mais suscetíveis aos “humores políticos”.

O sociólogo Polaco Zigmunt Baumann (1925-2017), cujas obras nos deixam sempre a refletir após a sua leitura faz o alerta (de 2013), transpondo-nos para um cenário global do qual fazemos parte e que reconhecemos como atual:

A mistura explosiva de crescente desigualdade social e o volume cada vez maior de sofrimento humano relegado à condição de “colateralidade” (marginalidade, exterioridade, “removibilidade”, de não ser parte legítima da agenda política) tem todos os sinais para se tornar, potencialmente, o mais desastroso problema que a humanidade será forçada a confrontar, administrar e resolver no século atual. (p. 16)

#### **4. Narrativas dos territórios de desigualdades e injustiças**

A condição de autor é aquela da pessoa que ao narrar suas experiências toma consciência desses diferentes papéis, herdados, construídos, improvisados, nos cenários da vida [...] o narrador passa a se assumir como autor responsável pela continuidade de sua história e de sua atuação no mundo. A condição de agente social é aquela de quem age, não para exercer papéis preconcebidos, mas em função de uma ação refletida e auto (trans) formadora. (Passeggi & Cunha, 2014, p. 55)

A epígrafe indica a relevância da proposta dialógica no processo de formação contínua, idealizada como possibilidade de oferecer espaços narrativos, propícios à auscultação do grupo dos trabalhadores sociais, na perspectiva etnológica do estudo de campo em pequena escala — com a imersão do investigador na realidade cotidiana — através de uma observação participante e do diálogo com o outro, procurando conhecer os fenômenos sociais mediados pelas explicações extraídas

do “ambiente” cultural no qual estão imersos os atores. Nesta perspectiva apoiamos-nos nos princípios da antropologia cultural — etnologia urbana ou etnologia do próximo — considerando as necessidades partilhadas por todos os seres humanos, independentemente das suas características, e que pode ter como objeto de estudo os fenómenos sociais que necessitam de ser analisados através de fatores culturais (Augè e Colleyn, 2012).

A seleção, análise e apresentação dos conteúdos narrativos dos profissionais, ao longo do processo de formação, aqui apresentados como referentes à realidade do seu quotidiano profissional, segue a orientação proposta por Bardin (2002, p. 43) que indica que se devem encontrar os significados dos discursos, cujos conteúdos são expressos pela palavra, falada e escrita, revelando o que interessa aos intervenientes no estudo.

A análise de conteúdo trabalha a palavra [...] a prática realizada por emissores identificáveis. Retomando a metáfora do jogo de xadrez utilizada por Saussure [...] a análise de conteúdo tenta compreender os jogadores ou ambiente do jogo num momento determinado, com o contributo das partes observáveis.

As narrativas obtidas quer através da observação pelos investigadores, quer através da formação — expressas pelas palavras dos trabalhadores profissionais, enquanto formandos — indicam-nos o “campo de jogo” permitindo identificar zonas mistas de vulnerabilidade e fragilidade, nas diferentes regiões da cidade, incluindo a sua área central e o seu centro histórico, algo que pode ser observada quotidianamente por quem vive e transita pela cidade.

Esta abordagem procurou ultrapassar “saberes”, estabelecidos e predeterminados, na compreensão dos problemas e desafios do trabalho quotidiano, expressos em inseguranças, desafios e oportunidades, fragilidades e competências, atinentes ao meio envolvente, na procura de possíveis caminhos. O movimento de reflexão partilhada em espaço narrativo — reforçado pelo apoio teórico — favoreceu a construção individual e coletiva do profissional sujeito do conhecimento.

Neste artigo, não podemos apresentar os longos e inúmeros relatos de uma forma integral, portanto extraímos deles os principais pontos, atento o grande volume de dados, procurando revelar o que de fato ocorre no dia a dia destes profissionais, contemplando neste artigo os tópicos mais relevantes e os resultados obtidos.

Os projetos dialógicos de trocas de “saberes-fazer” propiciam espaços narrativos que indicam caminhos de descobertas a serem percorridos em conjunto — por profissionais formandos e docentes mediadores — a partir de questões que geram a reflexão de todos os intervenientes, esta perspectiva implica a partilha,

parceria e interação interdisciplinar e intersubjetiva. É um desafio que exige clareza dos objetivos, tempo de encontro e reflexão na procura de ações que geram a integração e a compreensão.

Este conjunto de conhecimentos deve ser pensado como relações e interfaces, características da interdisciplinaridade, que se refletem na Assistência Social e na Gerontologia Social e, nesta perspectiva, sugerem o desenvolvimento de um novo olhar e pensar a respeito dos vários significados e dimensões da realidade, como indica o documento que norteia a Educação Permanente do Sistema Único de Assistência Social (SUAS, 2013, p. 17), que se alia à proposta pedagógica dos cursos de formação continuada na área gerontológica, no qual se afirma que:

[...] a interdisciplinaridade permite a ampliação do foco da visão profissional, favorecendo maior aproximação das equipes profissionais à integralidade das situações experimentadas por usuários e beneficiários do Sistema, podendo, por isso mesmo, contribuir na formulação de respostas às questões, demandas, problemas e dificuldades que emergem dos processos de trabalho e das práticas profissionais.

Assim, as propostas de atividades na primeira fase do estudo — Encontros Reflexivos — abordaram as bases teóricas interdisciplinares na área do envelhecimento focando-se na bibliografia de referência nesta matéria, para alinhamento de conteúdo. Este processo teórico foi sempre intermediado por momentos de reflexão, a partir dos problemas trazidos pelos profissionais e/ou que surgiram ao longo da investigação e que motivaram questões suscitadas, pela equipa de docentes mediadores. A esta fase seguiram-se os relatos individuais, escritos e partilhados — por meio dos quais se revelaram as diferentes perspectivas pessoais e profissionais do trabalhador social em ação; as dúvidas e inconsistências do conhecimento teórico sobre o processo de envelhecimento e mesmo das bases teóricas, indiciando ainda uma visão enviesada; as dificuldades em promover a efetiva ação em rede intersetorial; o desfasamento entre as exigências legais e a aplicação das mesmas à realidade, e/ou seu desconhecimento, muitas vezes ligados à comunicação e atuação não efetiva entre supervisores e equipas dos NCIs, entre outras questões.

As Oficinas Propositivas, segunda etapa do projeto, pegou nos contributos do material produzido e registado na primeira etapa delineando a construção dos planos de trabalho dos NCIs, visando potenciar as suas práticas socioeducativas. Nesta etapa, a utilização do modelo SWOT propiciou novas e importantes reflexões sobre os territórios, e nele os desafios e as oportunidades da atuação profissional. O termo SWOT é um acrónimo das palavras em inglês Strengths (forças), Weaknesses (fraquezas), Opportunities (oportunidades), Threats (ameaças) e representa uma balança onde é possível comparar os fatores internos e externos de

cada empresa, serviço ou produto e, deste modo, focar o que precisa ser melhorado ou modificado. Este instrumento foi adaptado para o cenário do serviço onde atuam os trabalhadores sociais.

Neste modelo de análise as forças são “aspectos internos positivos” que propiciam um bom rendimento, tendo como exemplo a equipa de NCI experiente no serviço prestado aos idosos com graus de vulnerabilidade variável. As fraquezas são “aspectos internos negativos” que acarretam um “prejuízo” ao serviço, tendo como exemplo a equipa reduzida com falhas sérias na qualificação; falhas nas parcerias intersetoriais; e falta de interlocução entre os profissionais envolvidos, especialmente NCI’s e CRAS<sup>13</sup>.

Como fatores externos positivos surgem oportunidades, que não dependem diretamente do Serviço, mas que lhe agregam valor, como exemplo a crescente população envelhecida e ativa, vista como capital social. As ameaças são fatores que não estão diretamente no controlo do Serviço, mas que podem impactá-lo negativamente, como a falta de recursos; mudanças radicais nas políticas públicas e interferências externas, como o desvio das verbas para outros fins. Indicamos aqui apenas 5 tópicos do extenso rol de fatores internos — força (positivo) e fraquezas (negativo) — apresentados pelos profissionais.

Foram consideradas Forças Internas (positivas) — O Orgulho de ser um/a profissional da Assistência Social; Respeito no atendimento ao idoso viabilizando as suas potencialidades, na perspetiva dos direitos; Reconhecimento do processo de aprendizagem com os idosos; NCI como espaço de construção de família afetiva e na superação da depressão e luto; espaço de fomento do interesse em novas aprendizagens e aprimoramento.

As Fraquezas Internas (negativas) — Conhecimento insuficiente dos documentos norteadores da PNAS<sup>14</sup> e das conceções gerontológicas e legislações específicas para os idosos; Falta de diálogo com colegas que atuam em outras políticas setoriais, inviabilizando ações conjuntas em casos de alta complexidade; Relações tensas entre os representantes do CRAS e profissionais dos Serviços; Falta de espaço na agenda dos profissionais dos NCI para partilhar as questões vivenciadas na sua prática e planeamento; Conceção errada de que o profissional deve proporcionar autoestima, autoconfiança e autonomia aos seus utentes, impossibilitando a construção de um espaço de diálogo e de construção coletiva nas propostas de intervenção junto aos idosos.

Fatores Externos — Oportunidades (positivo) — Articulação entre serviços (assistência, saúde, educação, cultura) nas atividades; Promoção de lideranças ido-

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13. CRAS – Centro de Referência da Assistência Social.

14. PNAS – Política Nacional de Assistência Social.

sas regionais (política e social); Organização e incentivo na participação em associações de moradores, na proteção e gestão do meio ambiente; Promoção e gestão de círculos comunitários de ajuda mútua; Valorização da cultura local como potencial para fortalecimento de vínculos comunitários e intergeracionais; Parcerias institucionais para desenvolvimento de projetos de geração de riqueza e/ou espaço no mercado de trabalho.

Fatores Externos — Ameaças (negativo) — Extensão do território de intervenção, aliado à degradação do meio ambiente na região e problemas de acessibilidade (região/serviço); Empobrecimento crescente da população idosa — desemprego; carências habitacionais; violência institucional e familiar; Distribuição não equitativa de apoios (BPC); Regiões dominadas pelo narcotráfico geradoras de insegurança e violência; Ausência de NCI's em regiões extensas e com alto grau de vulnerabilidade.

Após este exercício foi realizado, pelos profissionais formandos, um levantamento fotográfico do território no qual se localizam os NCI's, este material foi posteriormente partilhado e analisado em grupo, é de realçar que alguns profissionais trouxeram desenhos que traduziam fielmente as realidades observadas. Esta atividade propiciou outro espaço narrativo, expondo novas fragilidades, especialmente em “territórios do tráfico”, como: andar de uniforme para identificação e proteção; pedir autorização do “chefe” para entrada de estranhos na comunidade; circular só em veículos “autorizados”, com vidros abertos e mãos à vista; contratar auxiliares da própria comunidade, evitando a circulação de “estranhos”; além de proteção “especial” ao NCI quando a avó/tia do “chefe” estivesse no local, entre outros problemas, nomeadamente a degradação ambiental.

Ao longo do processo destacam-se, assim, dois problemas relevantes inter-relacionados — os desafios de plena efetivação e aplicação de leis específicas — portarias e normativas técnicas, norteadoras das políticas públicas — decorrentes tanto da burocracia própria do sistema, como os ligados às fragilidades territoriais devido ao problema da violência. Numa metrópole como São Paulo o quotidiano dos trabalhadores da assistência social, bem como da maior parte da população, é marcado pela falta de tempo; desconforto em vários níveis; exigência de respostas imediatas; a pressa constante na vida pessoal e profissional, entre outros problemas. Considerando que a “aceleração da vida” fecha a possibilidade de ter tempo de parar, pensar, olhar, escutar mais devagar, observando detalhes, suspendendo a tensão e a pressa, visou-se que os encontros de formação pudessem proporcionar um tempo de “cultivar a atenção e a delicadeza, abrir olhos e os ouvidos [...] falar sobre o que nos acontece [...] escutar os outros, cultivar a arte do encontro, calar muito, ter paciência e dar-se tempo e espaço” (Larrosa, 2015, p. 25).

O exercício de reaprender e refazer, individual e coletivamente, não é fácil, mas constatámos que ele se concretizou no movimento de reflexão e escuta sensível individual e coletiva, considerando que aprender e ensinar com e a partir da interdisciplinaridade e intersubjetividade é um processo que conecta, pela reflexão, experiências, análises de casos/ problemas, entre outras possibilidades que surgiram dos encontros de integração e expresso também nas avaliações finais pelos profissionais formandos.

Ao longo do processo o movimento de reflexão e escuta, aliado às bases teóricas e análise do “campo de jogo” favoreceram a construção individual e coletiva dos profissionais, que se materializou no Seminário Final<sup>15</sup>, realizado na Pontifícia Universidade Católica de São Paulo (PUC-SP), aí foram apresentados os *banners* dos projetos de cada NCI envolvido, divulgados a todos os participantes, em evento aberto ao público, o que permitiu alargar a divulgação deste projeto de política pública e de valorização do trabalhador social que tem como foco o sujeito que envelhece na cidade de São Paulo, em territórios com múltiplas fragilidades.

Desde a primeira ação — mapeamento dos territórios de atuação — foram utilizados procedimentos integrativo-narrativos que ofereceram os dados necessários para a caracterização do serviço, e as particularidades próprias a cada uma das regiões, dando voz e registrando as impressões, sentimentos e exigências dos trabalhadores dos NCI's, base para a capacitação pretendida, na perspectiva da Gerontologia Social. O trabalhador social passou a ser considerado, ao longo do processo, o narrador que revela, na primeira pessoa, a voz interna do grupo no qual vive e atua, indicando os desafios da aplicação das políticas públicas no campo de atuação — Quem fala? De onde fala? Com quem fala? Quem escuta?

Neste ponto destacamos que antes de procedermos à capacitação dos profissionais, quisemos auscultar os trabalhadores dos NCI de forma a fazermos um diagnóstico do seu campo de atuação. Esta etapa preliminar foi realizada através da elaboração de um roteiro de observação e questionários-base utilizado em 31 NCI (de 96 existentes à época) de diferentes regiões do município de São Paulo, realizado pela equipa de investigadores que depois formou os profissionais, o que permitiu captar a realidade dos territórios de atuação, tendo em conta as suas características e múltiplas exigências, segundo os princípios já definidos da pesquisa etnológica.

No primeiro momento de trabalho de campo, os investigadores criaram grupos de trabalho, em duplas e trios, para análise dos desafios reais vividos pelos trabalhadores sociais da nossa metrópole — desde as suas deslocações — autocarro,

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15. <<https://www.portaldoenvelhecimento.com.br/importancia-dos-ncis-para-se-longevidade-em-sao-paulo/>>.

metro, táxi, e mesmo a pé a zonas de difícil acesso, muitas “interditas” pelo tráfico de droga, onde só é possível aceder com a necessária “licença”. Constatámos também o sofrimento e fragilidades vividas pelas populações da periferia; os desafios do trabalho social e, também, as suas grandes conquistas e ainda as extremas necessidades em áreas geográficas de fragilidade, injustiça e exclusão.

Os dados recolhidos nesta etapa, que se ampliaram e confirmaram no processo de capacitação, indicaram que a maioria dos NCI (74,2%) tinham sido criados nos últimos 17 anos, sendo relevante considerar que 32,3% das unidades foram implementadas nos últimos 7 anos, com significativa ampliação da rede no período posterior à promulgação do Estatuto do Idoso em 2003. A maioria dos serviços (64,5%) funcionava a tempo inteiro de 8 horas (25,8%) ou de 12 horas (38,7%), mas após entrevista aos trabalhadores sociais foi evidenciada uma contradição — unidades localizadas em áreas de maior vulnerabilidade funcionam a tempo parcial, e outras situadas em áreas de menor vulnerabilidade atuam a tempo inteiro.

Os trabalhadores sociais indicaram a necessidade de estender os períodos de funcionamento nessas áreas, para melhor atendimento aos idosos mais vulneráveis socialmente, e alertaram para o fato de que nas áreas mais centrais da cidade, com melhores infraestruturas físicas e um nível socioeconómico mais elevado, muitos idosos atendidos não obedeciam aos critérios propostos por esta política pública. Relatam, entretanto, que, nestes casos, a procura está ligada ao sentimento de solidão dos idosos, o que muitos consideram uma fragilidade maior, justificando o atendimento destes.

Em relação ao financiamento das atividades dos NCI — muitos com origem em organizações não governamentais, como paróquias católicas ou associações espíritas e evangélicas — foi informado que a maior fonte de recursos está nos protocolos existentes com a Secretaria Municipal de Assistência Social (SMADS) e que 35% são contrapartidas das organizações protocoladas, relativas a eventos e campanhas (19,4%) e doações de pessoas físicas ou jurídicas (16,1%) como fonte de financiamento adicional.

Os profissionais relataram como maior dificuldade o mapeamento dos beneficiários do BPC<sup>16</sup> — de modo a incentivá-los a participar nas atividades oferecidas — pelo fato de as informações pessoais dos possíveis beneficiários encontrarem-se frequentemente desatualizadas, dificultando ou inviabilizando o contacto, a que se soma ainda a recusa dos idosos em receber os profissionais por medo de perder o referido benefício. A estes constrangimentos acrescem os impedimentos de

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16. Destaca-se que o BPC se refere ao rendimento mensal básico no valor de 1 salário mínimo, destinada às pessoas idosas (a partir de 65 anos) e às pessoas com deficiência que comprovem não possuir meios de prover à sua subsistência, nem contem com o apoio da sua família.

aproximação a territórios “demarcados” e de difícil acesso — problemas que também são impeditivos para que os próprios idosos circulem e frequentem os NCI.

Confirma-se, assim, o cruzamento de dois dados que indicam as dificuldades da aplicação integral desta, e outras, políticas públicas — a burocracia do sistema — que surge também em outras instâncias na articulação de diferentes serviços; e a violência e as dificuldades de acesso aos territórios — que de modo perverso criam barreiras à circulação de pessoas — agentes públicos e população em geral, e de modo mais evidente aos idosos — demarcando claramente a “geografia da injustiça”.

## **5. A título de conclusão: desafios para os profissionais e políticas públicas na área do envelhecimento**

Apontamos que ao longo do processo de capacitação muitos foram os desafios e alguns ajustes foram realizados devido a necessidades que surgiram no seu desenrolar, circunstância que consideramos natural face a uma metodologia que propõe a construção conjunta do saber-fazer, visando práticas cada vez mais adequadas para ir de encontro às exigências do serviço. Observamos, desde o início, uma certa resistência à proposta geral de capacitação por parte de muitos profissionais formandos (mas contornada ao longo do projeto), ainda presos a sistemas burocráticos no processo de ensino-aprendizagem, no qual o professor ensina e os alunos aprendem, numa relação vertical de soberania em que um sabe mais que o outro.

No contexto do processo vivido, aqui relatado, e seguindo a metodologia proposta, a relação entre profissionais formandos e docentes-mediadores procurou ser horizontal, entrelaçando conhecimentos e competências dos dois grupos. Refletir sobre a realidade do rápido envelhecimento, e o seu impacto nas políticas sociais existentes, rever conhecimentos “cristalizados”, provocar reflexões, se não novas, inovadoras foi a estratégia, e os docentes foram os mediadores deste trabalho coletivo.

Ao longo do processo de educação continuada ficaram evidenciados os desafios, e relevância do Serviço, muitos dos quais coincidem com os já indicados no Plano Decenal de Assistência Social da Cidade de São Paulo 2016-2026.

1. A relevância social dos NCI – Núcleos de Convivência de Idosos enquanto serviços integrantes de uma rede de apoio social à população com mais de 60 anos de idade, com o desafio de promover o sentimento de pertença e convivência social em oposição ao segregacionismo e ao isolamento, representam oportunidades para a expressão de necessidades e exigências sociais pessoais, familiares e comunitárias, acesso à informação quanto a direitos sociais, trocas culturais e

socioafetivas entre gerações, usufruto de benefícios advindos de um diversificado conjunto de atividades sociais, culturais, recreativas, lúdicas e de lazer. O objetivo do Serviço é atender, de modo geral, ao postulado da inserção territorial dos serviços públicos, observando os índices de vulnerabilidade e risco social tendo em conta diversos fatores, nomeadamente intergeracionais, intergênero, riqueza, étnico-raciais e socioterritoriais.

2. Outro desafio é a necessidade de investimento na formação contínua dos trabalhadores, de modo a suprir lacunas e debilidades teórico-metodológicas e técnico-operativas na gestão e funcionamento das unidades dirigidas a pessoas idosas, destacando-se a necessidade de supervisão efetiva no acompanhamento das ações. Além deste apeto, ficou evidente a reprodução dos modelos assistenciais em relação aos idosos e a falta de maior sensibilização à participação cívica.
3. A ausência de uma cultura de planeamento e avaliação das ações foi identificada na dinamização de eventos e atividades de interesse, uma vez que estas não estavam de acordo com o previsto na Política Nacional de Assistência Social no âmbito do apoio social básico e o Estatuto do Idoso, e sem a clara e consistente demonstração de resultados que expressem a amplitude e a profundidade do alcance social dos serviços ficando os resultados, algumas vezes, circunscritos apenas às metas quantitativas — negligenciando as qualitativas — e a alguns procedimentos administrativos, embora necessários, determinados pelos protocolos com a gestão municipal.
4. A existência de polaridades nos papéis exercidos pelos profissionais: muitos excessivamente burocráticos; outros com forte grau de envolvimento, sem o equilíbrio necessário ao funcionamento adequado ao serviço.
5. A precaridade da formação superior expressou-se tanto na compreensão das tarefas como na expressão escrita e oral dos profissionais, observada especialmente no processo de execução dos *banners* apresentados no Seminário final.

O projeto de capacitação evidenciou, por um lado, as dificuldades na gestão e operação de um serviço de absoluta relevância social — os Núcleos de Convivência de Idosos — para a capital metropolitana, e por outro lado, demonstrou as potencialidades de uma política pública, efetivamente voltada para a qualidade de vida, a dignidade e cidadania, segundo valores democráticos.

Face a esta realidade desafiante, aguardamos, trabalhando mesmo em cenário adverso, esperançosos que este seja mais um “tempo de turbulências”, ao qual posamos resistir e superar, procurando atingir importantes metas para a promoção de uma vida íntegra, democrática, com redução dos cruéis “danos colaterais”, com equidade e igualdade de direitos para todas as idades.

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## Territories of Frailty: Aging and Public Policy – A Project of Continuing Education

Territórios de Fragilidades: Envelhecimento e Políticas Públicas  
– um projeto de educação continuada

(PT: 169-193)

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### ABSTRACT

In the contemporary world, the progressive aging of the population is both a major achievement and a huge challenge for developing countries, especially when it relates to public policies for the elderly. The scenario is particularly worrying in peri-urban spaces, which we call 'territories of fragility', in which multiple deficiencies overlap — basic sanitation, housing, accessibility, education and health — those aspects coupled with the disruption of community ties, negatively impact the aging process. In this article, we analyze the previously presented scenario through the results of a continued education project that had as students 420 professionals that currently work in the Secretariat of Social Assistance of the city of São Paulo (Brazil). The aim of the project was the improvement of the work in the social assistance services network, especially the ones that are a part of the basic social protection, aimed at the most vulnerable part of the population. The use of professional-centered training methodology takes into account what happens in the field, it is based on daily

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problems, on the perception of skills and abilities, on the challenges and opportunities given by occupied spaces, in a dialogical and critical perspective. In other words, the result was a collection of 420 ‘first-hand’ narratives that unveils a reality that is the opposite of what was expected. For the enrichment of the reflection, we present the commitments to this educational process - through the narratives of teachers and supervisors - in the work of recognizing the action field, the difficulties and achievements in the implementation of the project, and in practice with the groups. Content analysis indicates, in the complexity of the narrative, how all individuals that were a part of the project overcame life-work challenges and articulated knowledge about the aging process in territories of fragility.

**Keywords:** aging; continuing education; public policies; territories of fragility.

## RESUMO

O envelhecimento populacional é considerado hoje como uma grande conquista e, simultaneamente, como um enorme desafio para os países em desenvolvimento, em especial no âmbito das políticas públicas para as pessoas idosas. O cenário é mais preocupante nos espaços periurbanos, que denominamos como “territórios de fragilidades”, nos quais se observa a sobreposição de carências múltiplas — saneamento básico, habitação, acessibilidade, educação e saúde — aliadas à desestruturação dos vínculos comunitários, os quais têm um impacto negativo na longevidade das populações. Propomos, neste texto, analisar este panorama através dos resultados do projeto de educação continuada para 420 profissionais da Secretaria de Assistência Social da cidade de São Paulo (Brasil), com o objetivo de aperfeiçoar a resposta dos serviços sociais, especialmente os que integram a proteção social básica da população mais carente. A metodologia de formação utilizada é centrada no profissional, no seu campo de atuação, e nos problemas cotidianos com que se depara através da análise das suas competências e capacidades para lidar com os desafios e oportunidades destas comunidades, o que possibilita a obtenção de várias narrativas em “primeira mão” e nos permite ter acesso à realidade vivida nestes espaços. Contribuindo para o enriquecimento desta reflexão, podemos observar as narrativas dos professores e supervisores, no âmbito do trabalho de campo, as dificuldades e conquistas na implementação do projeto, e a interação com os grupos de trabalho, o que nos permitiu, atenta a complexidade da temática, reunir dados decorrentes da atuação de todos estes intervenientes, em superação dos desafios associados ao equilíbrio das vidas pessoais e laborais, sobre o envelhecimento em territórios de fragilidades

**Palavras-chave:** envelhecimento; educação continuada; políticas públicas; territórios de fragilidades.

## 1. Introduction

São Paulo is the largest and most prosperous city in Brazil, a reference as a financial and cultural centre, with a population of 12.18 million inhabitants living in 96 districts<sup>[1]</sup>, with 15% of people over 60 years of age, i.e., 1.7 million elderly people,

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1. Administratively, the municipality of São Paulo is sub-administered through 32 subprefectures that administer the 96 districts in the municipality. The districts are officially grouped into nine regions (or “zones”), taking into account the geographical position and history of occupation, cf. Decennial Plan of Social Assistance of the City of São Paulo 2016-2026.

of whom 5,776 are 100 years of age or more (SEADE, 2017)<sup>[2]</sup>. A city of contrasts, multiracial, overpopulated, large, alive, and unequal — living and working space — an extremely challenging scenario in which the Continuing Education project for professionals of the Social Assistance Secretariat was developed.

We begin by summarizing the different phases of implementation of the project from its implementation and development process, followed by the analysis of the narratives of the teachers and professionals involved in this project gathered by the research coordinators. This project is the result of a contract between UNESCO and the São Paulo Foundation<sup>[3]</sup>, conducted in the city of São Paulo — Brazil — in the course of 2017, with the objective of training a universe of 420 professionals, from different areas of knowledge, from the staff of the Municipal Social Assistance and Development Service (SMADS). The service is composed of technicians and supervisors from the Social Assistance Reference Centres (CRAS), technical team and managers from the Elderly Coexistence Centres (NCIs). The work with these different actors intended to adapt their intervention according to the methodology of Social Gerontology which considers aging as an integral part of the life cycle where the rights and duties of citizens, such as freedom, respect and dignity are fundamental values, and which guide the different ways of living and aging.

The profile of professionals was composed by 41.2% of the Social Service area, 32.4% of Psychology, 20.6% of Education — areas required, by regulation, in the composition of the teams-, and 5.8% of other areas, such as Law, Physical Education and Occupational Therapy.

NCI is a service of the basic social protection network<sup>[4]</sup>, which covers elderly people aged 60 and over in situations of vulnerability and personal and social risk. It offers socio-educational activities planned according to the needs, interests and motivations of the elderly person, leading to the construction and reconstruction of their individual and collective histories and experiences, in the family and in

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2. The State of São Paulo, which has the same name as its capital — the city of São Paulo — has a population of 44.3 million inhabitants. It has an area of 248.2 km<sup>2</sup> and a GDP of 2 trillion reais (SEADE, 2017).

3. Edict No. 0126/2016 of 27/07/2016 of UNESCO, formalized through the Service Provision Contract — ref. SHS 00808/2016 –SA 2820/2016. Project 914 BRZ 3019 — Single Social Assistance System — São Paulo. Having as contractor UNESCO and as contractee the São Paulo Foundation, manager of the Pontifical Catholic University of São Paulo (PUC-SP).

4. According to the National Classification of Social Assistance Services, the social assistance protection network is composed of basic protection network and special protection network (of medium and high complexity). <[https://www.prefeitura.sp.gov.br/cidade/secretarias/upload/assistencia\\_social/arquivos/portarias/portaria\\_46-2010.pdf](https://www.prefeitura.sp.gov.br/cidade/secretarias/upload/assistencia_social/arquivos/portarias/portaria_46-2010.pdf)>

the territory. Professionals also identify which elderly people can benefit from social benefits such as the Continuous Cash Benefit (BPC)<sup>[5]</sup>.

The general objective of the project was to contribute through theoretical, methodological, technical, operating and ethical models to the critical and creative construction of new alternatives of intervention for the workers of the Single System of Social Assistance (SUAS); to raise the quality of service provision, programmes, projects, social benefits, grants/funding and management of the System; to contribute to the reconfiguration of the public policies of the municipality's<sup>[6]</sup> Social Assistance and to enhance the full fulfilment of its functions and guarantee of its rights<sup>[7]</sup>, in order to establish comprehensive and preventive programmes that ensure the access of citizens to their social rights.

The methodology that supported the training project was based on Problem Based Learning (PBL) — a model best suited to the reality of the professionals to be trained, seeking an innovative teaching that could go beyond the traditional approach, combining theory and practice (Berbel, 1999; Savin- Baden, 2000; Ribeiro, 2008). The PBL pedagogical strategy, widely used in medicine and similar areas, can also be applied in groups linked to the areas of social sciences and humanities as a facilitator of the construction of knowledge necessary to face the challenges imposed by the personal-professional reality of the professionals of this project.

A new way of thinking and looking at reality has thus been put into practice by recognising the potential that exists between the exchange of knowledge accumulated with other types of knowledge, formal or otherwise. As Berbel (1998, w/p) indicates in this training methodology, the problem is the main point of the continuous educational process, since it serves as a stimulus for lifelong learning by

provoking motivation; promoting knowledge of new areas of knowledge; stimulating creativity; boosting critical thinking; fostering analysis and decision-making skills; developing skills and competences of working in groups and stress management; and working with skills.

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5. Cf Ordinance No. 46/SMADS/2010. The active search service consists of home visits — highlighted as one of the main attributions of Social Assistance, with the objective of mapping out the beneficiaries of BPC, established by the Federal Constitution of 1988, regulated by the Organic Law of Social Assistance, in 1993, with implementation in 1996. As of Decree No. 8.805/2016, registration in the Single Registry became a mandatory requirement for granting and maintaining the benefit. A further requirement for its granting is registration in the Cadastro de Pessoas Físicas (Individual Taxpayer's Registry) — a document issued by the Federal Revenue that serves to identify taxpayers — of the applicant and family members: <[http://www.mds.gov.br/webarquivos/publicacao/assistencia\\_social/Guia/Guia\\_BPC\\_2018.pdf](http://www.mds.gov.br/webarquivos/publicacao/assistencia_social/Guia/Guia_BPC_2018.pdf)>.
  6. Municipality: territorial division of the State that has administrative autonomy, with its own government and laws. City Hall: home of the Executive Power of a city, where the Mayor, duly elected by the democratic process, practices acts of government.
  7. Resolution of the National Council of Social Assistance (CNAS) No. 6 of 13/04/16.

This methodological perspective combines with participant observation, specific to the anthropology of others, which ties the theories of continuing education to the reality of territories, a fundamental principle of interdisciplinary practices and studies. In the continuing education of professionals, the interdisciplinary perspective began to be used from the 1970s, as a result of the discussion on the lack of integration of disciplines, relying on fundamental theorists such as Jean Piaget and Paulo Freire, who indicated the subject as the central focus of learning.

In this perspective the teacher assumes the role of a ‘mediator’ of multiple types of knowledge and tries not to reproduce the traditional role of ‘teaching something to someone who does not know’. He is the point of support in the articulation of theoretical knowledge with know-how so that the learner can articulate these two types of knowledge, building his own knowledge. Altenfelder (2015, w/p) states that the teacher assumes the role of mediator in the organisation of the “student’s relationship with the objects of knowledge, giving concreteness, enabling and guaranteeing the learning process”, and finishes by saying:

It is important to note that we are not talking about any learning, but a process that allows the individual to develop. In this perspective, it stems from the knowledge and questions derived from the daily work of each professional, brought to the group to be trained for reflection, sharing, and seeking basic perspectives that guide the practices, considering the challenges for social work in the different regions of the city of São Paulo, its diversity and peculiarities.

In this way we sought the promotion of a space for dialogue (Freire, 1980; 2005) between the teams involved, aiming at their professional, technical and ethical-political improvement, the reflection and study of daily issues associated with the work and professional practices of the teams, contributions to new professional practices and techniques, methodologies and new work processes and routines. Providing the teams with theoretical and practical knowledge about the social phenomena, contexts and dynamics of the territories. Ending with practices based on prejudice, welfarism and stigmatisation, while promoting the development of cooperative, horizontal and interdisciplinary work of the teams, especially through actions that strengthen community ties (Brandão, Côrte & Silva, 2017).

Dialogue is the encounter between men, mediated by the world, to designate it. If in speaking their words, in calling the world, men transform it, dialogue is the way in which men find their meaning as men; dialogue is therefore an existential necessity. (Freire, 1980, p. 82-83)

In this perspective, the conception of the teacher as the ‘subject of change’ must be assimilated by the teacher, because one cannot propose the exercise of a

‘renewed gaze’ on social realities and practices if the mediating teacher maintains a conservative, inflexible and undemocratic posture. The exercise of dialogue and sharing is fundamental, not only in formative practices, but in life in society. We have thus sought to align ‘hearts and minds’ through dynamic actions, committed to service and in solidarity in attitudes — among co-workers, the elderly, family and the community.

In this project, the recognition of the ‘floor’ of social work in the complexity of the metropolis of São Paulo assumed, from its conception, a fundamental relevance. In this way, the methodological conception was also elaborated based on our experiences as researchers and teaching mediators in this ‘territory of fragilities and inequalities’ which is the most developed metropolis in our country. Daily life teaches us, theories aside, the challenges of living in adverse conditions in a city that presents us with two faces, that of wealth and misery living side by side — a mirror of national inequality. In this way, the project has been elaborated and proposed in the broad context of a complex society/city, marked by an expressive longevity, from the perspective of Social Gerontology.

In the face of the growing elderly population and the prospects of advanced longevity, elderly people aged 85 and over, in a context of growing precariousness of spaces and relationships, the project proved to be a possibility of reorganising knowledge and practices, starting from peer meetings — an effort of critical reflection, cooperation and solidarity — aiming at improving the practices used (Côrte & Brandão, 2018; Schon, 2007).

## **2. São Paulo and Public Policies**

The city of São Paulo offers us its many faces, asking and challenging us. In its diversity it welcomes immigrants from all countries and internal migrants — a dense ‘broth of cultures’, indigestible to many, tasty, but with ‘sweet and sour experiences — an anthropophagic city, which welcomes all, ‘devours’ them in a certain way and, by incorporating them, challenges the maintenance of the identity of the subjects — fundamental in the development of sense/sense of belonging and, consequently, social involvement.

From a small village founded in 1544 by Jesuit priests to a large metropolis, many are the stories of the countless challenges to its development, which has been slow and unequal for two centuries. From the 18th century onwards, many merchants from different origins visited the country for the potential offered by its territorial extension and the countless natural riches. Gradually, immigrants from different parts of Europe, fleeing armed conflicts, hunger and religious persecution, arrived in the country in search of a place to live, work, freedom and progress, and many settled in the city that was progressing. It is noteworthy that

around 1870, the Brazilian government considered organized immigration to be beneficial to the expanding national economy, especially the production of coffee in the State of São Paulo<sup>[8]</sup>, also due to the end of the slave labour cycle (1888) and the quest for the “whitening” of the population.

Spurred by the Brazilian government’s propaganda on ‘the land of opportunity’, many Europeans — Germans, Austrians, Poles, mostly Italians, Portuguese and Spaniards — emigrated between this period and the beginning of World War I — and settled in different regions, particularly in the south of the country. Among the cities in the Southeast, São Paulo was already booming.

The different peoples who settled in the city, and who joined the large population of slave descendants, spread out to other regions of the State and the country, promoting the miscegenation of the territory, marking the diversity in the formation of the Brazilian identity, and that of São Paulo, marked by interculturality. São Paulo can be called ‘the city of a thousand peoples’, as it is home to the country’s largest concentration of foreigners, an example of which is the largest community of Lebanese and Japanese emigrants living outside their country; the largest community of north-easterners outside the Northeast; and the large African descendant population, structurally excluded<sup>[9]</sup>. Communities that have been aging, making São Paulo today the fifth capital with the highest percentage of elderly population (SEADE, 2017).

The city of ‘multiple identities’ developed and grew by occupying more or less organized spaces — the peripheries — formed since the 1940s by many ‘anonymous and strange’ immigrants and migrants from different regions of the country, who came in search of work in a city undergoing industrialization and urban growth, and which settled formed, from the outset, in territories of inequality and fragility.

There were no urban spaces for workers and no government social housing programmes, leaving them only as an alternative the ‘self-construction’ of precarious housing on the outskirts of downtown São Paulo, without access to sanitation and other public services — transport, education and health. The precariousness of housing starts to worsen, especially since 1970, with increasingly unstable constructions — wooden shacks in areas of risk — on the edge of streams, on hills, swamps — the so-called ‘favelas’, examples of the expansion of urban precariousness, and which remains to this day (Scarito & Alves, 2018).

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8. Brazil is a Federative Republic organized politically into states, municipalities and districts, and in administrative terms the country is divided into federal, state and municipal governments.

9. According to the census of the Brazilian Institute of Geography and Statistics (IBGE) conducted in 2010, the black population represented 37% of the inhabitants of the municipality of São Paulo, and most live in the peripheral regions of the city.

In this context, we consider territory as a concrete geographical physical space — the city of São Paulo — and its subdivisions into regions — multifaceted and multidimensional — but also as a stage of power relations, of symbolic exchanges, of its history, in a contradictory and challenging movement, in which the worker seeks to develop his work and exercise his citizenship. Social support programmes aim, among other objectives, to promote the exercise of citizenship by those most in need — allowing social exchanges, interactions and the establishment of real-life relationships with their challenges. The territory is thus considered as a complex geographic and social space of struggles and conquests (Saquet & Sposito, 2009). The City of São Paulo's Decennial Plan of Social Assistance — 2016-2026, clearly indicates its complexity and the challenge it poses to social work today and in the near future:

São Paulo, a metropolis of 96 cities. Its districts, ground of the diversity of its geography, trajectory and social topography, are the starting point to think about its future. The city is not the sum of districts, but of life circuits in which each settlement is part of the characteristics of the sense of city and citizenship in the metropolis of São Paulo. To think of the city for the present and future under the gaze of social assistance means to adjust the lenses of the gaze under the filter of human dignity. (p. 06)

According to Santinha (2014, w/p, social disparities in the intervention territories should be the priority focus of social work aimed at equality, equity and the promotion of human rights, also applying the notion of spatial justice. He stated that:

[...] the quest for justice implies understanding the dialectic relationship between not only the economic and social conditions of different groups, but also the geography of injustice, and it is therefore not possible to understand the question of equity without considering how services, opportunities and institutional power itself are geographically distributed.

In his reflections on 'the idea of justice', the economist Amartya Sen (2011, p. 12-13) points out that in seeking 'perfect justice', one disregards "the way people live, and not merely the nature of the institutions that surround them [because] the focus on real life in the evaluation of justice has many implications for the nature and scope of the idea of justice", that is, in terms of freedoms and rights, applied here to reflections on the territories where the services proposed by public policies are established. He also states (2011, p. 15) that "democracy has to be judged not only by the institutions that exist formally, but also by different voices, from different parts of the population, to the extent that they can actually be heard".

In the challenging panorama of this ‘geography of injustice’ on the ‘floor of diversities’, seeking dignity and social justice, developing a collaborative, horizontal and interdisciplinary work with the teams, in a space open to many voices, aiming at actions that strengthen the community bond in a broad perspective — family and community — is one of the focal points of the programme of social support for the elderly (Torres, 2017).

The aging population is considered today as a great achievement and, at the same time, as an enormous challenge for developing countries, such as Brazil, particularly in the field of public policies for the elderly — a scenario that shows itself to be more worrying in the peri-urban spaces that we call ‘territories of fragility’ — especially in the field of Social Support, where multiple deprivations — basic sanitation, housing, accessibility, education and health — overlap, together with the breakdown of family and community ties, and an increase in violence, with a negative impact on the longevity of populations, whether in terms of their physical or social well-being. According to Fazon, Siqueira & Teixeira (2019) social protection — reduction of fragilities, losses, privations, damages and offenses to personal and family integrity — should have as its starting point the analysis of territory, with a view to planning projects, programs and services, in addition to the effective elaboration of public policies that promote rights.

From this perspective, the enormous challenge of applying these principles in the city of São Paulo is evident, due to its complexity, diversity and different types of social inequalities — evidenced in the detailed mapping of the 96 regions of the city of São Paulo with coverage of social services — these being its most relevant challenges and issues<sup>10</sup>.

The same document found, in its analysis, a discrepancy between what is proposed in its norms and daily practices, with emphasis on the numerous technical and operational problems of the services, inherent to the complexity of the metropolis, besides the existence of a certain ‘crystallization’ of concepts and actions that hinder the achievement and attainment of the proposed objectives, these data were also corroborated by the professionals in training.

The Centre for the Coexistence of the Elderly (NCI) — one of the services of the Social Assistance Secretariat (SAS) programs directed at the elderly population — defines itself as a space of attention and conviviality essentially aimed at a population aged 60 or over, in a situation of vulnerability and social exclusion. The program has as its priority: the development of activities that contribute to the process of healthy aging; autonomy and sociability in the strengthening of family bonds (as the translation of affections); community coexistence and prevention

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10. Cf. Decennial Plan of Social Assistance of the City of São Paulo — 2016-2026.

of situations of social exclusion, through socio-educational activities planned according to the characteristics, interests and needs of this age group, especially considering the scenario of territorial and social fragilities.

This service has partnerships with associations, foundations and non-governmental organizations, which form the Social Protection Network for the Elderly of the Municipal Secretariat of Assistance and Social Development of the Municipality of São Paulo – SMADS, with 92 units, in 50 of the 96 districts, which serve about 15 thousand elderly, and has a growing demand.

Extending the scope of public policies to different population groups, Fazon, Siqueira & Teixeira (2019, p. 184) stress that they should “facilitate organization and social participation by providing services, as well as offering assistance and support to citizens in situations of risk and greater vulnerability. Within this field, the concept of social security is defined “as an integrated set of actions of initiative of the public authorities and society aimed at ensuring the rights related to health, welfare and social assistance” (Federal Constitution of 1988, art. 194).

Among the actions foreseen in social policy is the identification of social vulnerabilities in order to ensure an adequate response to the needs of citizens and families — the basic nucleus of social reproduction — and the consequent reduction/elimination of these, since it is the social vulnerabilities that weaken citizens and families, leading them to exclusion.

### **3. Narratives – Times, Spaces, Diversities, Identities**

Space must be considered as a totality, following the example of the very society which gives it life [...] space must be considered as a set of functions and forms which present themselves through past and present processes [...] space is defined as a set of forms representing social relations of the past and the present and a structure represented by social relations which manifest themselves through processes and functions. (Santos, 1978, p. 122)

The above text provides the motto to think of spaces as topography of identities, in territories of inequalities and injustices, from the socio-historical and anthropological perspective. In the manifestation of the development process of the city, we can apprehend times and identities that are continuously recomposed, always in the process of negotiation — a dynamic becoming — in the narratives of the city that, as a living organism, grows, develops and deteriorates, in an unequal, disorderly, unplanned, abandoned expansion, constituting territories of fragilities and identities that are shattered and recomposed — of the city and its inhabitants, configuring the geography of injustice.

The so-called ‘noble districts’, with mansions and gardens — some of them classified by the Institute of Historical Heritage — have also deteriorated, leaving many houses abandoned and for sale but without a market due to the financial crisis of the country — abandonment and decline of market values also associated with an increase in violence and a (real) sense of danger. Although forbidden by law, many of these properties undergo alterations to their original features and are used as commercial buildings.

This is one of the many examples of the dynamics of the identity topography of the city and of individuals — dynamics of degradation and recomposition — whose historic centre, one of its ‘postcards’, with beautiful old buildings, currently the object of irregular occupation or serving as commercial, illegal, or shared housing — the tenements — where families live in a room, without minimum conditions of safety and hygiene. In these rundown places renting is not cheap, due to easy access to public transport and other services, as well as unskilled jobs.

Some buildings have been restored, displaying beautiful façades and interiors, but the restoration movements for the housing market have been very timid. Thus, the historic centre displays remnants of an old and deteriorated beauty, because with the changes, which have occurred over the years, businesses and commerce have moved to different regions of the city — setting up ‘new centres’. The historic centre has lost, as have its residents, these functions, histories and identities, and has not yet found the impetus for new perspectives of dynamic occupation, with housing and services.

Today we see the ‘verticalization of luxury’, with sophisticated apartments, with generous floor space and leisure areas, with strong private security, where some try to shield themselves from the problems of this great metropolis, which is unrealistic. As Bentes (2011, p. 336) states, “São Paulo is a megacity that is split between rich and poor — included and excluded, connected and disconnected — with its differentiated basic structure forming a mosaic, which marks the constant contrasts existing in the city.”

This perspective is reinforced in the reports of the student professionals who show the face of exclusion, inequality, violence and vulnerabilities of the city and peri-urban spaces, since a large part of the NCIs are found in peripheral neighbourhoods, but narratives of the struggles for requalification of these regions, with potential for the creation of housing, infrastructure, services and employment also arise. As Scarlto & Alves states (2018, p. 170):

What we called peripheries in the 1970s, today, after much struggle by social movements, are now consolidated and local-peripheral centralities are managed in them, allowing their inhabitants access, in addition to infrastructure, to goods and services [...] What can

be considered an achievement of local society has its contradictory side: with infrastructural and social improvements, the prices of urban land increase and a portion of the population that lived in these localities can no longer stay there, migrating through the city and metropolitan region, forming other precarious peripheries, being again the spearhead of urban expansion.

With the expansion of the city new and different factors emerge that contribute to the complexity and dynamics of the 'territorial and social movement' that professionals face in the application of appropriate public policies in changing territories. In the case of the NCIs, we can consider that they welcome and offer opportunities for conviviality, create references, affirm the feeling of belonging, promote access to social rights in the scope of their action, recomposing and strengthening the identity of these communities and promoting transformative actions in the territories, as narrated by the professionals, also designated as social workers, since regardless of their area of training, their action is focused on the social field. On the other hand, they constitute a locus catalyst and a channel for the expression of needs and social issues that refer to the broader sphere of access to different resources and services, which is equivalent to appropriating one's own city in movement and change, transcending the district territory.

The field narratives confirm the interpretation of the territory as a topographic and morphological configuration, a place where citizenship, in the stories of shared struggles, and participating and claiming rights to a dignified life — housing, sanitation, education, access to health services, leisure — is exercised. In terms of day-to-day relationships, it is also the place of identity affirmation and solidarity among peers. It is in the recognition of the 'plots of life' that public policies must act, not only from a welfare perspective, but with a vision of the future envisioning a space in permanent change that suffers more strongly from economic and political fluctuations/instability.

It is important to mention that in Brazil, historically, inequality — political, economic, social, racial, regional and cultural — considered structural at all levels has always prevailed, with few moments in which the people have had hope by making little progress in this area. Equality for all seems difficult to achieve today, but relative equality, in constant movement, is possible through the achievement of more rights by the least favoured social groups, by means of comprehensive public policies and the guarantee of rights, the minimum necessary for a dignified life.

Today, the country is once again going through a time of economic and social instability, with an increase in the already alarming economic inequalities due to recession and difficulties in accessing the labour market, combined with political and ideological changes and confrontations that generate violence, with a negative

impact, among others, on social assistance programmes, which may affect access to social goods in the short and medium term, goods whose access was already considered consolidated (PNAD, 3rd quarter, 2019)<sup>[11]</sup>.

The recent Map of Inequality (2019)<sup>[12]</sup> reveals a broad picture of inequality that goes beyond the imbalance in the distribution of wealth, covering also inequalities on the basis of gender and race, as well as highlighting regional inequalities and, consequently, the disparities that exist between the different regions of the city. It thus reveals that “inequalities have an impact on society as a whole, as they generate crime and (social and symbolic) violence indices; on the types and remuneration of work; on the level of stress and diseases affecting the population — signs of an unbalanced society with low levels of social welfare”.

In this context attention is drawn to the average age of the people who died in 2018 (the baseline date of the survey): Moema — upper middle-class neighbourhood — the average age at death is 80.57; in Cidade Tiradentes — a peripheral and deprived neighbourhood — the age is 57.31, i.e., more than twenty years of difference between these two districts in the same city. The context indicates the major importance of public policies as a point of support and reference for a significant part of the population of São Paulo, in overcoming differences, and achieving a better quality of life for all (Côrte & Lopes, 2019).

In the city of São Paulo, changes in Social Assistance programmes are currently undergoing cuts in resources, which may lead to the discontinuity of support programmes for the most vulnerable, promoting an increase in inequality indices. This is not the first time this has happened, and civil society must be alert and act, manifesting itself against cases of social loss, more susceptible to ‘political moods’.

The Polish sociologist Zigmunt Baumann (1925-2017), whose works always leave us reflecting after being read, warns (from 2013), transposing us to a global scenario of which we are a part and which we recognize as current:

The explosive mixture of growing social inequality and the increasing volume of human suffering relegated to the condition of “collaterality” (marginality, exteriority, “removeability”, of not being a le-

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11. National Continuous Household Sample Survey (PNAD) — conducted in 2012, throughout the national territory, aims to follow quarterly fluctuations and the evolution, in the short, medium and long-term, of the work force, and other necessary information for the study of the socioeconomic development of the country. Accessible at: <<https://www.ibge.gov.br/estatisticas/sociais/trabalho/17270-pnad-continua.html?=&t=o-que-e>>.

12. The Map of Inequality is a project of Nossa São Paulo Network — a nonpartisan civil society organization — which since 2012 has been collecting data, shared with all public institutions and civil society, with a view to combating inequality, promoting human rights, participation and social control, and transparency and respect for the environment. Accessible at: <<https://www.nossasaopaulo.org.br/2019/11/05/mapa-da-desigualdade-2019-e-lancado-em-sao-paulo/>>.

gitimate part of the political agenda) has all the signs to potentially become the most disastrous problem that humanity will be forced to confront, manage and solve in the present century. (p. 16)

#### 4. Narratives of territories of inequality and injustice

The condition of author is that of the person who, in narrating his experiences, becomes aware of these different roles, inherited, constructed, improvised, in the scenarios of life [...] the narrator takes on the role of author responsible for the continuity of his history and of his actions in the world. The condition of a social agent is that of one who acts, not in order to exercise preconceived roles, but according to a reflected and self (trans) formative action. (Passeggi & Cunha, 2014, p. 55)

The above text indicates the relevance of the dialogical proposal in the process of continuous training, idealized as a possibility of offering narrative spaces, propitious to the listening of the group of social workers, in the ethnological perspective of the small-scale field study — with the immersion of the researcher in everyday reality — through participant observation and dialogue with the other, seeking to know the social phenomena mediated by the explanations extracted from the cultural ‘environment’ in which the actors are immersed. In this perspective we rely on the principles of cultural anthropology — urban ethnology or ethnology of others — considering the needs shared by all human beings, regardless of their characteristics, and which may have as their object of study the social phenomena that need to be analysed through cultural factors (Augé & Colleyn, 2012).

The selection, analysis and presentation of the narrative contents of the professionals, throughout the training process, presented here as referring to the reality of their daily work, follows the orientation proposed by Bardin (2002, p. 43) which indicates that the meanings of the speeches, whose contents are expressed by the spoken and written word should be found, revealing what is of interest to those involved in the study.

The analysis of content works the word [...] the practice carried out by identifiable emitters. Returning to the metaphor of the game of chess used by Saussure [...] content analysis tries to understand the players or environment of the game at a given moment, with the contribution of the observable parts.

The narratives obtained either through observation by the researchers or through training — expressed by the words of the professional workers as trainees — indicate the ‘playing field’ allowing us to identify mixed zones of vulnerability and fragility, in the different regions of the city, including its central area and its

historical centre, something that can be observed daily by those who live and pass through the city.

This approach sought to overcome ‘types of knowledge’, established and pre-determined, in the understanding of the problems and challenges of daily work, expressed in insecurities, challenges and opportunities, fragilities and skills, related to the environment, in the search for possible paths. The movement of shared reflection in narrative space — reinforced by theoretical support — favoured the individual and collective construction of the professional subject of knowledge.

In this article, we cannot present the long and numerous reports in full, therefore we extract from them the main points, paying attention to the great volume of data, trying to reveal what in fact occurs in the daily life of these professionals, contemplating in this article the most relevant topics and the results obtained.

The dialogic projects of exchanges of “know-hows” provide narrative spaces that indicate paths of discovery to be traversed together — by professional trainees and mediating teachers — based on questions that generate the reflection of all stakeholders. This perspective implies sharing, partnership and interdisciplinary and intersubjective interaction. It is a challenge that requires clarity of objectives, time for meeting and reflection in the search for actions that generate integration and understanding.

This set of knowledge must be thought of as relations and interfaces, characteristics of interdisciplinarity, which are reflected in Social Assistance and in Social Gerontology and, in this perspective, suggest the development of a new perspective and thoughts about the various meanings and dimensions of reality, as indicated in the document that guides the Permanent Education of the Single System of Social Assistance (SUAS, 2013, p. 17), which combines with the pedagogical proposal of the courses of continuous training in the gerontological area, which states that:

[...] the interdisciplinarity allows the broadening of the focus of the professional vision, favoring a greater approximation of the professional teams to all of the situations experienced by users and beneficiaries of the System, being able, for this very reason, to contribute to the formulation of answers to the questions, demands, problems and difficulties that emerge from work processes and professional practices.

Thus, the proposals for activities in the first phase of the study — Reflective Meetings — approached the interdisciplinary theoretical bases in the area of aging, focusing on the reference bibliography in this matter, for content alignment. This theoretical process was always mediated by moments of reflection, based on the problems brought by the professionals and/or that arose throughout the re-

search and that motivated questions raised by the team of mediating teachers. This phase was followed by individual, written and shared reports — through which the different personal and professional perspectives of the social worker in action were revealed; the doubts and inconsistencies of the theoretical knowledge about the aging process and even of the theoretical bases, indicating also a biased view; the difficulties in promoting effective action in intersectoral networks; the gap between the legal requirements and their application to reality, and/or their lack of knowledge, often linked to communication and ineffective action between supervisors and teams of NCIs, among other issues.

The Propositional Workshops, the second stage of the project, took the contributions of the material produced and registered in the first stage outlining the construction of the work plans of the NCIs, aimed at enhancing their socio-educational practices. At this stage, the use of the SWOT model provided new and important reflections on the territories, and on the challenges and opportunities of professional action. The term SWOT is an acronym for Strengths, Weaknesses, Opportunities and Threats, and represents a scale where it is possible to compare the internal and external factors of each company, service, or product and thus focus on what needs to be improved or modified. This instrument has been adapted to the service scenario where social workers operate.

In this model of analysis, the forces are “positive internal aspects” that provide good performance, taking as an example the NCI team experienced in the service provided to the elderly with varying degrees of vulnerability. Weaknesses are “negative internal aspects” that lead to a ‘loss’ of service, taking as an example the reduced team with serious failures in qualification; failures in intersectoral partnerships; and lack of interlocution between the professionals involved, especially NCIs and CRAS<sup>13</sup>.

Positive external factors are opportunities that do not depend directly on the Service, but that add value to it, such as the growing aging and active population, seen as social capital. Threats are factors that are not directly under the control of the Service but can impact it negatively, such as lack of resources; radical changes in public policies and external interference, such as diversion of funds for other purposes. We indicate here only 5 topics from the extensive list of internal factors — strength (positive) and weaknesses (negative) — presented by professionals.

The following were considered as Internal Forces (positive) — Pride in being a Social Assistance professional; Respect in caring for the elderly, rendering viable their potentials, from a rights-based perspective; Recognition of the learning process with the elderly; NCIs as a space for building an affective family and

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13. CRAS – Social Assistance Reference Center.

overcoming depression and grief; space for fostering interest in new learning and improvement.

Internal Weaknesses (negative) — Insufficient knowledge of the guiding documents of PNAS<sup>14</sup> and of gerontological conceptions and specific legislation for the elderly; Lack of dialogue with colleagues with functions in other sectoral policies, making joint actions impossible in cases of high complexity; Tense relations between representatives of CRAS and professionals of the Services; Lack of space in the agenda of the professionals of the NCIs to share the issues experienced in their practice and planning; Misconception that the professional should provide self-esteem, self-confidence and autonomy to his/her users, making it impossible to build a space for dialogue and collective construction in the proposals for intervention with the elderly.

External Factors — Opportunities (positive) — Articulation between services (assistance, health, education, culture) in activities; Promotion of regional elderly leaderships (political and social); Organization and encouragement of participation in neighborhood associations, protection and management of the environment; Promotion and management of community circles of mutual aid; Valuing local culture as a potential for strengthening community and intergenerational bonds; Institutional partnerships for the development of projects to generate wealth and/or space in the labor market.

External Factors — Threats (negative) — Extension of intervention territory, allied to environmental degradation in the region and accessibility problems (region/service); Growing impoverishment of the elderly population — unemployment; housing shortages; institutional and family violence; Non-equitable distribution of support (BPC); Regions dominated by drug trafficking generating insecurity and violence; Absence of NCIs in large and highly vulnerable regions.

After this exercise, a photographic survey of the territory where the NCIs are located was carried out by the trained professionals; this material was later shared and analysed as a group; it should be noted that some professionals brought drawings that faithfully reflected the realities observed. This activity provided another narrative space, exposing new fragilities, especially in 'trafficking territories', such as: walking in uniform for identification and protection; asking the 'boss' for authorization for strangers to enter the community; driving only in 'authorised' vehicles, with the windows down and hands within view; hiring assistants from the community itself, avoiding the circulation of 'strangers'; in addition to 'special' protection for the NCI when the grandmother/daughter of the 'boss' was at the location, among other problems, namely environmental degradation.

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14. PNAS – National Policy of Social Assistance.

Throughout the process, two relevant interrelated problems stand out — the challenges of full implementation and enforcement of specific laws — technical ordinances and norms, which guide public policies — arising both from the system's own bureaucracy, and those linked to territorial fragility due to the problem of violence. In a metropolis like São Paulo, the daily lives of welfare workers, as well as the majority of the population, are marked by lack of time; discomfort at various levels; the demand for immediate responses; the constant haste in personal and professional life, among other problems. Considering that the 'acceleration of life' closes the possibility of having time to stop, think, look, listen more slowly, observe details, suspend tension and haste, the aim was that the training meetings could provide a time to "cultivate attention and delicacy, open eyes and ears [...] talk about what happens to us [...] listen to others, cultivate the art of meeting, be very quiet, have patience and give ourselves time and space" (Larrosa, 2015, p. 25).

The exercise of relearning and re-training, individually and collectively, is not easy, but we have seen that it has become concrete in the movement of individual and collective reflection and sensitive listening, considering that learning and teaching with and from interdisciplinarity and intersubjectivity is a process that connects, through reflection, experiences, analysis of cases/ problems, among other possibilities that have emerged from the integration meetings and expressed also in the final evaluations by the professionals being trained.

Throughout the process, the movement of reflection and listening, together with the theoretical bases and analysis of the 'playing field' favoured the individual and collective construction of the professionals, which materialized in the Final Seminar<sup>15</sup>, held at the Pontifical Catholic University of São Paulo (PUC-SP), where the banners of the projects of each NCI involved were presented, disclosed to all participants, in an event open to the public, which allowed the dissemination of this project of public policy and valorisation of the social worker that focuses on the subject who ages in the city of São Paulo, in territories with multiple fragilities.

Since the first action — mapping the territories of action — integrative-narrative procedures were used that offered the necessary data for the characterization of the service, and the particularities of each region, giving voice and registering the impressions, feelings and demands of the NCIs' workers, the basis for the intended training, in the perspective of Social Gerontology. The social worker is now considered, throughout the process, the narrator who reveals, in the first person, the internal voice of the group in which he lives and acts, indicating the challenges

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15. <<https://www.portaldoenvelhecimento.com.br/importancia-dos-ncis-para-se-longevidade-em-sao-paulo/>>.

of the application of public policies in the field of action — Who speaks? Where does he speak from? Who does he speak to? Who is listening?

At this point we highlight that before training the professionals, we wanted to listen to the NCIs' workers in order to undertake a diagnosis of their field of action. This preliminary stage was carried out through the elaboration of an observation roadmap and baseline questionnaire used in 31 NCIs (out of 96 existing at the time) from different regions of the municipality of São Paulo, carried out by the team of researchers who then trained the professionals, which allowed us to capture the reality of the territories of action, taking into account their characteristics and multiple demands, according to the principles already defined in ethnological research.

In the first moment of fieldwork, the researchers created working groups, in pairs and trios, to analyse the real challenges faced by the social workers of our metropolis — from their travels — bus, metro, taxi, and even on foot to areas of difficult access, many 'forbidden' by drug trafficking, where access is only possible with the necessary 'licence'. We have also seen the suffering and fragility experienced by the people of the periphery; the challenges of social work and also its great achievements and the extreme needs in geographical areas of fragility, injustice and exclusion.

The data collected at this stage, which were expanded and confirmed in the capacity building process, indicated that most of the NCIs (74.2%) had been created in the last 17 years, and it is relevant to consider that 32.3% of the units have been implemented in the last 7 years, with significant expansion of the network in the period after the enactment of the Elderly Statute in 2003. Most of the services (64.5%) operated full time, 8 hours (25.8%) or 12 hours (38.7%), but after an interview with social workers a contradiction was evidenced — units located in areas of greater vulnerability operate part-time, and others located in areas of lesser vulnerability operate full time.

Social workers indicated the need to extend the periods of operation in these areas, to better serve the most socially vulnerable elderly, and warned that in the more central areas of the city, with better physical infrastructure and a higher socioeconomic level, many elderly people served did not meet the criteria proposed by this public policy. They report, however, that in these cases the demand is linked to the feeling of loneliness of the elderly, which many consider a greater fragility, justifying their care.

Regarding the financing of NCIs' activities — many originating from non-governmental organizations such as Catholic parishes or spiritist and evangelical associations — it was reported that the largest source of resources is in the existing protocols with the Municipal Social Assistance Secretariat (SMADS) and that 35% are consideration of the registered organizations, concerning events and

campaigns (19.4%) and donations from individuals or companies (16.1%) as an additional source of financing.

The professionals reported as the greatest difficulty the mapping of BPC<sup>16</sup> beneficiaries — in order to encourage them to participate in the activities offered — due to the fact that the personal information of the possible beneficiaries is often outdated, making contact more difficult or impossible, to which is added the refusal of the elderly to receive the professionals for fear of losing the referred benefit. To these constraints must be added the impediments to approaching ‘demarcated’ and inaccessible territories — problems that are also impediments for the elderly themselves to circulate and attend the NCIs.

This confirms the crossing of two data that indicate the difficulties in the full implementation of this, and other, public policies — the bureaucracy of the system — that also appears in other instances in the articulation of different services; and the violence and difficulties of access to territories — that in a perverse way create barriers to the movement of people — public agents and population in general, and more clearly to the elderly — clearly demarcating the ‘geography of injustice’.

## **5. By way of conclusion: challenges for professionals and public policies in the area of aging**

We point out that throughout the training process many challenges were faced, and some adjustments were made due to the needs that arose in its unfolding, a circumstance that we consider natural in view of a methodology that proposes the joint construction of know-how, aiming at practices that are increasingly adequate to meet the demands of the service. We observed, from the beginning, a certain resistance to the general proposal of training on the part of many professionals undergoing training (but circumvented throughout the project), still stuck to bureaucratic systems in the teaching-learning process, in which the teacher teaches, and the students learn, in a vertical relationship of sovereignty in which one knows more than the other.

In the context of the process carried out, reported here, and following the proposed methodology, the relationship between professional trainees and teacher-mediators sought to be horizontal, interweaving the knowledge and skills of the two groups. Reflecting on the reality of rapid aging, and its impact on existing social policies, reviewing ‘crystallised’ knowledge, provoking reflections, if not new, innovative was the strategy, and the teachers were the mediators of this collective work.

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16. BPC refers to the basic monthly income of 1 minimum wage, which is intended for elderly people (aged 65 and over) and for people with disabilities with no means of providing their own maintenance or having it provided by their family.

Throughout the process of continuing education, the challenges, and relevance of the Service became evident, many of which coincide with those already indicated in the Decennial Plan of Social Assistance of the City of São Paulo 2016-2026.

1. The social relevance of NCIs – *Núcleos de Convivência de Idosos* (Centers for the Coexistence of Elderly People) as services that are part of a social support network for the population over 60 years of age, with the challenge of promoting a sense of belonging and social coexistence as opposed to segregation and isolation, represent opportunities for the expression of personal, family and community needs and demands, access to information regarding social rights, cultural and socio-affective exchanges between generations, and the enjoyment of benefits arising from a diverse set of social, cultural, recreational, leisure and entertainment activities. The aim of the Service is to meet, in general, the postulate of the territorial insertion of public services, observing the indices of vulnerability and social risk taking into account several factors, namely intergenerational, inter-gender, wealth, ethnic-racial and socio-territorial.
2. Another challenge is the need to invest in the continuous training of workers, in order to overcome theoretical-methodological and technical-operational gaps and weaknesses in the management and operation of units for elderly people, highlighting the need for effective supervision in the monitoring of actions. In addition, the reproduction of welfare models in relation to the elderly and the lack of greater awareness of civic participation have become evident.
3. The absence of a culture of planning and evaluation of the actions was identified in the dynamics of events and activities of interest, since these were not in accordance with the provisions of the National Policy of Social Assistance in the scope of basic social support and the Statute of the Elderly, and without the clear and consistent demonstration of results that express the breadth and depth of the social reach of the services, with the results sometimes limited only to quantitative targets — neglecting qualitative ones — and to some administrative procedures, although necessary, determined by the protocols with the municipal management.
4. The existence of polarities in the roles exercised by professionals: many excessively bureaucratic; others with a strong degree of involvement, without the balance necessary for the proper functioning of the service.

5. The precarity of higher education was expressed both in the understanding of the tasks and in the written and oral expression of the professionals, observed especially in the process of carrying out the banners presented at the final Seminar.

The training project highlighted, on the one hand, the difficulties in the management and operation of a service of absolute social relevance — the Centers for the Coexistence of Elderly People — for the metropolitan capital, and, on the other hand, demonstrated the potential of a public policy effectively directed towards the quality of life, dignity and citizenship, according to democratic values.

In the face of this challenging reality, we hope, working in an adverse scenario, that this will be another ‘time of turbulence’, which we can resist and overcome, seeking to achieve important goals for the promotion of an honest, democratic life, with a reduction of the cruel ‘collateral damage’, with equity and equal rights for all ages.

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## INFORMATION FOR AUTHORS

### EDITORIAL POLICY

Papers submitted for publication go through a double-blind peer review, limiting possible bias in the process. The journal has reviewers specialized in its many areas of publication. Editors have the final decision on the publication of each paper, based on the reviewers' judgment.

The articles submitted to *Public Sciences and Policies* must be unpublished in Portugal and in foreign countries and cannot be under evaluation for publication in any other publication vehicle. Remove any identification/mention to the authors of the article in the submitted file, ensuring, therefore, the Blind Peer Evaluation.

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### DOUBLE BLIND REVIEW EVALUATION

The submitted papers will be reviewed in a double-blind peer review process, and the Editorial Board reserves the right not to publish the articles received when this decision is supported by the evaluation of the reviewers.

The process is divided into three stages:

- Stage 1: Initial assessment in desk review by the Editorial Board, who will decide on the advancement of submitted articles to the peer-review stage.
- Stage 2: Detailed evaluation of the selected articles by reviewers in a double-blind process. Reviewers may suggest changes to authors. This phase aims to stimulate a constructive dialogue between reviewers and authors, aiming to improve the quality of the text until its final version for publication. The number of times a text returns to authors does not mean low quality but rather a stimulus to its improvement.
- Stage 3: The Editorial Board has the final decision over the publication of the selected articles, supported by the evaluations from reviewers.

### MANUSCRIPT STRUCTURE

- Title in Portuguese and English.
- Abstract in Portuguese and English with a maximum of 500 words. The abstract must indicate, clearly, the aim of the work, the methodology adopted relevance to scientific community, results archived and principal conclusions.

- Three to five keywords in Portuguese and English.
- Introduction with proper framework, problem stated, aim of investigation, relevance, and contribution to the field in study.
- Theoretical framework.
- Methodological approach used to fulfil the study.
- Discussion of results, with interpretation and implications.
- Conclusion, mentioned limitations and future lines for the investigation.
- References, following the American Psychological Association (sixth edition).

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- Paper: A4 (29,7 x 21 cm).
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- Font: Times New Roman, size 12 for title, abstract, content and references and size 10 for tables, figures and footnotes.
- Spacing: Simple (between characters, words and lines), and indentation (1.25cm) at the beginning of paragraphs.
- Alignment: text justify.
- Size of the article: The article should contain between 5,000 and 8,000 words, including title, abstract, content itself, tables, figures, notes and bibliographical references.
- Details: **Bold** should only be used for titles and subtitles; *Italic* should only be used for words in a foreign language; "Double quotes" should be used for direct quotes and sentences of interviewees; and [Brackets] should be used within double-quote text to isolate material that in the original font was enclosed in quotation marks.
- References: American Psychological Association (sixth edition).
- Any table, graphic or figure must be send in its original version and in editable files, when not produced in Word.

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A *Ciências e Políticas Públicas* é uma revista científica publicada pelo Centro de Administração e Políticas Públicas do Instituto Superior de Ciências Sociais e Políticas, Universidade de Lisboa. A revista aceita artigos em todos os campos das Ciências Sociais. Os textos submetidos para publicação são apreciados em regime de revisão por pares em duplo anonimato, de modo a assegurar a isenção no processo de revisão. A revista conta com uma bolsa de revisores, especialistas nas várias áreas em que publica. Os editores tomam a decisão final sobre a publicação dos artigos, fundamentada pelos pareceres dos revisores.

Os textos submetidos à *Ciências e Políticas Públicas* devem ser originais e inéditos, em Portugal e no exterior, e não devem encontrar-se sob outro processo de avaliação para publicação em outro veículo de divulgação de conhecimento científico.

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A publicações submetidas são apreciadas num regime de revisão por pares em duplo anonimato, reservando-se o Conselho Editorial a não publicar os artigos recebidos quando esta decisão se encontre apoiada pelo parecer dos revisores. O processo é dividido em três etapas:

- 1.ª Etapa: Apreciação inicial dos artigos em *desk review* pelo corpo editorial. É decidido a passagem de artigos à fase de revisão.
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A revista aceita a submissão de artigos para publicação em todas as áreas das Ciências Sociais, devendo as submissões estar de acordo com as seguintes normas:

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- Resumo em português e em inglês com, no máximo, 500 palavras. O *abstract* deverá indicar, de

forma clara e sucinta o objetivo do trabalho, a metodologia utilizada para a realização do estudo, a relevância para a comunidade científica, os resultados e as conclusões alcançadas.

- Lista de três a cinco palavras-chave em português e em inglês.
- Introdução com o enquadramento adequado, exposição do problema, objetivo da investigação, relevância e contribuição para a área em estudo.
- Enquadramento teórico.
- Metodologia utilizada para a concretização do estudo.
- Resultados e discussão de resultados, com interpretação e implicações.
- Conclusão, mencionando limitações e proposta de futuros passos da investigação.
- Referências bibliográficas devem seguir a norma da American Psychological Association (sexta edição).

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- Artigo: A4 (21 cm x 29,7 cm).
- Margens: superior e esquerda 3,0 cm, inferior e direita 2,0 cm.
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- Referências bibliográficas: American Psychological Association (sexta edição).
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