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Poverty Intervention in Relation to the Older Population in a Time of Economic Crisis: The Portuguese Case

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Abstract

In times of economic crisis, the distribution and impact of its effects vary greatly among social groups, due to the different level of exposure and availability of resources. This article conducts a policy analysis of the most important public policies and programmes fighting elderly poverty in Portugal, in the last two decades. It critically analyses the actual social and political situation, from three main perspectives: poverty approach; gender mainstream and public-private partnerships. The latest restriction measures have been jeopardizing the fight against poverty conducted in the last 15 years. Although poverty among the elderly is presently considered a political priority, no comprehensive policies are being developed. The policy interventions are directed towards extreme situations of poverty and dependency. Preventive measures are excluded from policies planning. The state is increasingly delegating to the social sector the social care responsibilities. Gender mainstream is still a rhetoric concept.

Keywords: social intervention, older people, gender, poverty, policy analysis, public programmes



Intervención sobre la Pobreza de la Población de Edad Avanzada en Tiempos de Crisis Económica: El Caso Portugués

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Resumen

En tiempos de crisis económica, la distribución y el impacto de sus efectos varían mucho entre sectores sociales, debido a sus diferentes niveles de exposición y disponibilidad de recursos. Este artículo propone un análisis de las principales políticas públicas y programas de lucha contra la pobreza entre las personas mayores en Portugal, en las últimas dos décadas. Se analiza críticamente la situación social y política actual a partir de tres perspectivas: pobreza, género y patrocinio público-privado. Las recientes medidas de restricción han comprometido la lucha contra la pobreza de personas mayores en los últimos 15 años. Aunque este tipo de pobreza es considerada actualmente una prioridad política, no se están desarrollando políticas adecuadas. Las intervenciones están dirigidas a situaciones extremas de pobreza y de dependencia. Las medidas preventivas son excluidas de los planes. El Estado delega cada vez más las responsabilidades de asistencia social en el sector privado no lucrativo. La perspectiva de género es todavía un concepto retórico.

Palabras clave: intervención social, personas mayores, género, pobreza, políticas públicas.

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Portugal is facing a very difficult economic and social situation. The excessive government deficit and the public and private debt lead the Portuguese government to apply for the Union financial assistance, which was granted in May of 2011. Accordingly with the memorandum of understanding that details the general economic policy conditions that have to be implemented, extensive and profound reforms have to be carried out in several public domains (*Memorando de Entendimento sobre as Condicionalidades de Política Económica*, 2011). In Portugal, heavy budgetary constraints are rapidly taking place. Central and local public administration reform of structure and services organisation is in course of action. Social and economic policies are being restructured.

The present political discourse justifies the measures being taken by the need to guarantee a higher cost-effective use of public money, while maintaining or even increasing the quality of social provision. Nonetheless, political and social experience demonstrates that public policy reform, regardless of the time and context, may provoke social and economic unexpected side-effects (Rossi et al., 1979).

In times of economic crisis, the distribution and impact of its effects vary greatly among social groups, due to the different level of exposure to the social problems and availability of resources. Therefore, the mentioned initiatives, along with the different austerity measures that address the public in general, have the potential to considerably reduce the life conditions of the most vulnerable groups. Also, the national capacity to respond to major development challenges, like the present economic crisis, highly depends on the maturity, flexibility and comprehensiveness of public policies (Jackson & Howe, 2003). In Portugal, some social policies have been characterised as “discontinuous, fragmented, and sectarian” (Rodrigues et al., 1999: 44) which question their capacity to effectively respond to the demands of the actual social and economic circumstances.

Elderly poverty is a structural problem in Portugal (Capucha, 2005; Rodrigues et al., 1999). The rate of Portuguese adults aged 65 years and more that in 2011 were at-risk-of-poverty was of 20% (Eurostat, 2014a). In the same year, the percentage of adults aged 65 years and more that faced severe material deprivation was of 7,7% (Eurostat, 2014b). Furthermore, Portuguese women present “a higher incidence, intensity and severity of income poverty” (Bastos et al., 2009, p. 773), which compromises gender

equality as a strategic factor for development and prosperity (European Union, 2010a). In fact, in 2011, the risk of poverty rate was higher for women (21,4%) than for men (18%) and the same happens with severe material deprivation rates, with 8,7% for women and 6,2% for men (Eurostat, 2014a, 2014b).

Active ageing is a central issue in relation to a sustainable development (Council of the European Union, 2011; European Union, 2010a; 2010b; 2010c; 2010d). In Europe, poverty and social exclusion of older people are social domains that have been addressed mainly through national pension schemes and other forms of social benefits governed by public authorities. Quasi-public and private agencies also have been playing a key role, due to the widespread recognition that a wider and joint social effort is necessary to address such a complex and difficult problem.

Availability and access to social care is an important aspect in the fight against poverty, promotion of a positive and dignifying quality of life, and to prevent physical and mental health deterioration. Therefore, in the last decades the balance between public, social and private responsibility in these matters has become more complex. Issues such as the discussion on the nature of the organisation that provide a higher governance effectiveness and service quality, the adequate roles and functions of both public, social and private agencies, have been strongly influencing the national strategies and policies in the country.

It is important to highlight the difference among approaches in poverty intervention, in particular among poverty eradication and alleviation of the effect of poverty. The public services and the civil society initiatives that aim at alleviating the effect of poverty normally focus on providing basic means (e.g. food, cloths, and shelter) and are indiscriminately directed to all people living in poverty. Measures that aim to bring people out of poverty have to tackle the specific conditions that maintain the person in poverty, which is to say to implement complex, integrated and individualized plans, supported by well structured and multi-services interventions (Bastos et al., 2009).

Quality of services is also a key issue. In fact, it is necessary to look not only to what extent services are provided, but how they are provided in interactional terms. In particular, if and how can health and social services promote active ageing, that is, an active role for older people and full

participation in social life. This is important not only to ensure quality of life to the older population, but also to prevent the inevitable social cost of their exclusion, in terms of their increasing dependence and vulnerability.

The present Portuguese government identified the elderly as a political priority in the fight against poverty (Portugal - *Presidência do Conselho de Ministros*, 2011). Having the above situation as a reference, what does change with the establishment of this particular political priority? The objective of this article is, therefore, to critically assess the ability of the actual political strategy to fight poverty and social exclusion among the elderly, in a context of quite strong financial constraints and social uncertainty. With that purpose, the article analyses the actual political intentions and strategies regarding elderly poverty and the most recent past of the Portuguese public policy, in three main dimensions: poverty approach, gender mainstream and, public, social and private partnerships. Considering poverty as a multi-dimensional social problem, we intend to identify and analyse the dimensions that have been targeted by public policy and the type of strategies being used to address them. Also, and once evidence strongly states that poverty is strongly related to gender (Arber & Ginn, 1991; Bastos et al., 2009; Ginn & Arber, 1991), we aimed at verifying and critically assess in what extent the different policy components integrate a gender perspective.

With that purpose, a comprehensive policy analysis (Vedung, 1997) was developed, looking at a selection of components of the social policies planning, namely, type of poverty approach, gender mainstream and public, social and private partnerships. Three main official documents were selected - the Integrated Support Program for the Elderly, the National Action Plan for Social Inclusion and, the XIX Constitutional Government Program – and analysed through textual analysis (Watson, 1997; 2009; Smith, 1990; 2005). The study only focused on continental territory, once the Regions of Azores and Madeira have special political and administrative autonomy regimes.

The present study is part of an ongoing research project entitled “Ageing, poverty and social exclusion: an interdisciplinary study on innovative support services” (Carvalho, Rego & Paoletti, 2011; Paoletti & Carvalho, 2012; Carvalho & Paoletti, 2012; Paoletti, 2013; Paoletti & Gomes, 2014).¹ The project aims at looking at the role of social work and

social services in combating poverty among older people, describing the efforts done at policy level and the good practices in service provision in order to fight inequalities and social exclusion, in relation to the older population.

The article is structured in five parts. First, we provide a brief historical background of the main social and economic developments in Portugal in this sector. Then, we present the most relevant and actual data on ageing and poverty among the elderly, from a gender perspective. The third part of the article addresses provision of social care and the political dynamics between public and private responsibility; two case studies are then introduced. They consist on the analysis of the two main national programs regarding the elderly developed in the last two decades in Portugal. The article proceeds with the description and analysis of the present governmental policy, and it ends highlighting the most relevant points of the overall analysis.

Elderly Poverty and Social Care Provision in Portugal: The Background

In the last five decades Portugal has known a remarkable social and economic development. Until the 60s, national economy was prevalently based on agriculture. The industrial sector had a minor economic impact, although in expansion. Demographically, the country was characterised by large families, high rate of child mortality and a significant emigration, mainly male, for economic and political reasons. Health services and social security services, were sparse and fragmented, normally attached to professional corporative structures, for example the medics' in the health sector (Barreto, 1995; 2000; 2003). Poverty affected all age groups, but affected most the children and young people. At this time, the older people had little significant demographic weight.

The democratic revolution of 1974 was a fundamental turning point in the Portuguese society, at all levels of development. The constitution of 1976 introduced fundamental human rights, particularly of social nature. In this new light, social inequality was no longer acceptable and, as a result, social policies were implemented for the first time (e.g. National Health Service, public school and social security system) and they were developed

during the following decades, contributing to an unprecedented social, cultural and economic growth (Rodrigues et al., 1999). Since 1974 in Portugal the main measures were social pension (from non-contributory regime, social pension, ensuring universal access to old age protection, pensions for the older people); the reforms of education, health (1979, with the creation of the national health service) and social protection systems (first act of social security system published in 1984) (Portugal - Lei de Bases da Segurança Social, 1984).

Poverty in Portugal has an historical structural nature. Despite the accelerated country modernisation, it still persists, though its social contours have changed. As the social and economic life conditions improved for the majority of the population, poverty started being associated with specific social groups: homeless, disabled people, children, migrants, older people, poor workers and singles parents among others (Capucha, 2005; 2010).

The recent accelerated demographic ageing phenomena brought social visibility to the issues that surround ageing. In Portugal, elderly poverty has gained particular political attention, not only due to demographic ageing, but also because of social risks as low social pensions, social isolation and physical and cognitive dependency (Metelo et al., 2010).

In Portugal, and until the democratic revolution of April of 1974, the social intervention for older people was fragmented, limited, and mainly promoted by the civil society and the charities. The republican Constitution of 1976 asserted social rights. Social security, health and education system were created and universal access was granted. In the end of the seventies and early eighties several forms of social support for the older people were developed, mainly of traditional nature (e.g. nursing homes, home care services, day centres). During the 80s these social facilities for the older people knew a slow progression, mainly due to rigid and conservative ways of governance and social care models, sometimes even with situations of disrespect and abuse of user's rights (Dias, 2005). However in this period regulations and laws were created, regulating the action of social facilities in the nonprofit organization (Portugal - Estatuto das Instituições de Solidariedade Social – IPSS, 1983).

In 1986 Portugal joined the European Economic Community. The integration at the European level, the influence of the European social

policies and the access to the European strategic funds were key-elements for the national social policy development. In fact, at the beginning of the 90s poverty became a social priority, mainly due to the exogenous influence of the European strategies (Rodrigues et al., 1999), not only in the public agenda, but also among civil society actors.

In the same decade, social policy started being directed to the promotion of social innovation and quality standards, through the social participation of the different social actors and of the elderly, as the target group. As a consequence, the social-democratic government (1991-1995) created in 1994 the Integrated Support Program for the Elderly (*Programa de Apoio Integrado a Idosos – PAII*),² whose characteristics and strategic importance will be the focus of a separate analysis. Essentially the program intended to qualify the existing social services and to create new and innovative ones that integrated both social and health care (Portugal - Despacho Conjunto nº 166, 1994).

Following the European Union indications concerning the impacts of demographic ageing, integrated and continuous social care become a political priority. This type of services has been progressively implemented in the country, mainly through public-private partnerships, and in 2016 it is expected a national coverage.

Social intervention models slowly changed in the country. Network intervention, multidisciplinary teams, quality assurance and evaluation, integrated diagnosis and active users' participation in decision making, together with their families, gradually took place.

In 2000 the Lisbon Agenda politically reinforced the importance of social cohesion and equality of opportunities. The socialist government launched in 2001 the National Action Plan for Social Inclusion (*Plano Nacional de Acção para a Inclusão – PNAI*), reprogrammed every two years, until 2010 (Portugal - Ministério do Trabalho e da Solidariedade Social, 2010). The strategic significance of this plan will also be discussed separately.

In 2006, the new socialist government created the Social Equipments Network Program (*Alargamento da Rede de Equipamentos Sociais – PARES*) aimed at providing financial support to the creation of private institutions of social solidarity (*instituições privadas de solidariedade*

social – IPSS) and for the renovation and maintenance of the premises of the existing ones.

Since 1999 and until 2009 the public investment in the public-private partnerships grows 57% (Metelo et al., 2010), which clearly demonstrates the increasing importance of the social sector in the provision of social care. In 2009, 40,6% of the global public expenditure with social care was spent with the elderly (Metelo et al., 2010). Before presenting in details these main policy developments, it is useful to examine data on ageing and poverty in Portugal.

Ageing, Poverty, and Gender in the Portuguese Society

Portugal has an increasing older population and this trend is likely to intensify (European Commission, 2006; Eurostat, 2010; OECD, 2008). The older population in Portugal has increased substantially in the last 30 years. In the census 1981, older people represented 11,4% of the population; according to the last census of 2011, the elderly represents 19,1 % of the population, with a significant difference in relation to sex, with 16,8 % of older man and 21,3 % of older women (INE, 2012). The mentioned public agency also estimates that by 2050 the proportion of young people in the population (0-14 years) will decrease to 13% and the elderly group (65 and more years) will increase to 32%. This last figure almost duplicates the value found in 2007, of 17,4%.

Poverty among the elderly is still a social problem all over Europe. Recent data derived from the European Union Statistics on Income and Living Conditions (EU-SILC dataset) show that in 2008, on average, 19% of all older people in the European Union countries members are at risk of being poor (Zaidi, 2010). Portugal is no exception; in 2008 the country had 22% of older people at risk of being poor, which situates it above the European average (Zaidi, 2010). As Hoff (2008) points out:

The highest prevalence of old-age poverty can be found in Southern Europe, even surpassing relative poverty levels in Central and Eastern Europe: a third of Portuguese pensioners and nearly 30 per cent of their Greek and Spanish counterparts live in poverty (p. 12).

Accordingly with [Zaidi \(2010\)](#), although the country has shown in the period 2004-2008 a regular tendency to a decrease of the risk-of-poverty rate for people in retirement age (from 29% in 2004 to 22% in 2008, exception for the years 2006 and 2007 that presented the same value), the most recent social and economic events adds uncertainty to this continuous positive development.

Women and men are profoundly influenced by contextual factors of economic, social and cultural nature that diversely shape their life trajectories. At old age, the result of the intricate combination of the social opportunities and resources experienced by each individual assumes greater social rigidity; this is a time when the majority of people retires from the labour market and economically reorganise their lives based on pension income or other social benefits they may be entitled to. Although retirement age is increasing in many European countries, labour markets discourage the employment of older workers ([Samorodov, 1999](#)) and therefore this is a life phase predominantly supported by acquired social rights.

For the majority of European countries, older women present a much higher risk of monetary poverty than men of the same age; in 2008, on average older women have a poverty rate of about 22% as compared to older men poverty risk rate of about 16%. The risk increases with age; on average, almost 24% of all women aged 75 and plus have a risk of falling in poverty ([Zaidi, 2010](#)). Portugal is no exception. A national study ([Bastos et al., 2009](#)) that covers the period 1995-2001 showed that in global terms women were more affected by poverty than the whole population. The development of gender-sensitive policies is therefore an urgent priority.

Social Care and the Political Dynamics between Public, Social and Private Responsibility

In Europe and in other Western Countries the welfare systems have been progressively restructured, moving increasingly towards a marked economy in the provision of social care ([Aronson, 2002](#); [Aronson & Neysmith, 2001, 2006](#); [Cowden & Singh, 2007](#); [Lymbery, 2010](#); [Scourfield, 2006](#)). The marketisation discourse of care provision is presented as a form of creating a competition among different service providers and, in theory, better services and possibility of user's choice. In relation to the privatization of

services in the United Kingdom, [Scourfield \(2006, p. 10\)](#) says: “The quasi-marketisation of community care has proven to be both theoretically and practically flawed.” In this country, creating a competitive market in the provision of social care, for example, has been difficult, if not impossible, with the state tendency to give contracts to large providers. Moreover, there is no evidence of improvement in the quality of care, quite the contrary. In fact, high quality integrated care depends primarily on stability of employment ([Scourfield, 2006](#); [Wistow & Hardy, 1999](#)), and the typology of contracts used so far hasn’t allowed “independent home care providers to plan for the future and run a viable business” ([Scourfield, 2006, p. 11](#)).

[Cowden & Singh \(2007\)](#) highlight how the critique of the Welfare state developed in the 70’s, by the New Social Movement in the UK, were progressively incorporated into the new right wing discourse. The criticism towards state provision was not meant to undermine the Welfare system as such: “but making it more accountable to the people who used it, and less dominated by professionals who decided what was best for the service users” ([Cowden & Singh, 2007, p. 9](#)). Thatcherism, and the New Labour after, show important continuities in reducing the state role in care provision and in using a rhetoric that transformed the progressive criticisms of the New Social Movements towards the Welfare system into a discourse to justify cuts in state expenditure in social care: “the language of progressive social movements has been appropriated and become a passenger on the vehicle of ‘welfare retrenchment’” ([Cowden & Singh, 2007, p. 18](#)). At the heart of the problem there is a different conceptualization of service users: “as primary citizens (with rights) or consumers (able to exercise choice)” ([Lymbery, 2010, p. 15](#)). The democratizing process of social intervention invoked and actually started in the early 70s was progressively transformed: “We are seeing the construction of a new hegemony in which progressive critiques have been incorporated into a system driven by managerial rather than democratizing imperatives” ([Cowden & Singh, 2007, p. 20](#)). Private enterprises’ participation in provision of social care in UK could appear similar to the welfare mix that it is found in Portugal, but in fact it is the result of a very different process.

In Portugal, the civil right to a social security system was established in 1976, after the democratic revolution of 1974, and the parliament law that

establishes the basis of the social security system dates from 1984, which gives an idea of the youth of the system. The first and main effort of the social security system was to establish, extend and regulate the social protection and assistance (e.g. pensions, unemployment protection). The provision of direct social care resulted as very limited. Although the socialist ideology that supported the revolution and the subsequent state reforms appealed to universal and equitable benefits, the system immaturity, the lack of public resources, the heavy bureaucracy, the deficient public governance and the structural economic difficulties of the country severely limited the state response to the social problems of the most vulnerable groups. In the *Carta Social* (2013) we can see the place that charities have in social intervention. More than 80% the social facilities for the older people are run by nonprofit Organization.

In the beginning of the social security system establishment, the relationship between the state and the Private Institutions of Social Solidarity (IPSS) was defined as complementary; the state “recognize and value [their] action in the social security objectives achievement” (Portugal - *Lei de Bases da Segurança Social*, 1984).

Due to the missing public response, civil society reacted with the creation and development of many IPSS.³ In the last two decades, the IPSS have been gaining significant social and political importance; their proximity and knowledge of the population group’s problems, management flexibility, ability to adapt goals, and value for money are some of the recognized benefits. In some areas, their action revealed invisible social needs later assumed by the state, through new lines of funding or direct intervention, through the creation of social facilities (Carvalho, 2014).

The severe budgetary contingencies that the social security system kept on facing supported the political discourse of delegating in the social sector the responsibility to create and maintain social care. In the late 80s and during the 90s, the systematization of support to the IPSS by the state (e.g. creation of funding programs and regulation of cooperation protocols) was a sign of an increasing mature relationship.

In the Portuguese context these private agencies present several interdependencies with the state. In general, their main funding source comes from public programs (national or European) and cooperation protocols celebrated with regional public agencies. According to an official

survey, 38,8% of the IPSS budgets comes from public funds (Hespanha et al., 2000). Shares from the associated members, services payment or other type of sales represent a minor portion of the budget. The provision of social care with the minimum quality required is a significant financial investment. Cessation or suspension of financing agreements is therefore a quite stressful factor in an IPSS management.

In Portugal we witness an inverted process, comparing to various European Countries in which direct state intervention in provision of services is increasingly changing into private enterprises' participation in service provision. In Portugal Social services are provided by NGOs (IPSS). An agreement was established between IPSS and Social Security that pays a per capita sum defined for each type of social facility and service, in a means tested model according to which people contributes according to their income. In some cases, the "welfare-mix" appears to evolve in direct state intervention, for example in the area of childhood, social services were initially created by IPSS, but later they were assumed by the state, extending compulsory schooling. Nevertheless the present financial crisis in Portugal makes very doubtful a direct intervention of the state in the creation and running of services for older people. In fact even the scarce existing support services for older people appear at risk.

The "*Relatório 2012 Carta Social*" points out a tendency of reduction in the percentage of the use of services (*Carta Social Relatório, 2012*). In fact older people cannot afford to use services, since they have to pay in order to use them. Services may be closing down because of the users' reduction. In fact Social Security contribution is per capita, as pointed out above. The explanation for this fact is a greater control of the action of the IPSS, which translates into greater control of the budget that the state gives them. Moreover cutting the pensions of older people, the co-payment performed by elders is modified in order to grant access to social facilities.

The participation process implied in the organization of the IPSS and direct inclusion of citizen in the running of services is a very valuable social capital that should not be dispersed. A particularly important policy in the line of democratization of social intervention in Portugal is the policy document that creates the "Rede Social" (*Portugal - Conselho de Ministros, 1997*), networks of institutions, NGOs and associations at the municipality level that contribute to plan and coordinate various types of social

intervention and cultural activities. In some cases, the social climate created in these networks appears to be supportive of the type of critical practices advocated by Cowden & Singh (2007):

Front-line staff should reclaim the agenda of critical practice and argue for this not just as a vehicle for social inclusion, but most critically, in the long term, as a means by which new insights into power and powerlessness can be gained and new emancipatory policies constructed (p. 21).

The “Rede Social” tends to integrate different institutional realities with voluntary intervention, creating concrete sites where professionals and organized citizens can discuss, plan and evaluate social intervention and social support services.

Having presented the main orientation in relation to service provision in Portugal, we turn to examine two of the main documents in relation to policy intervention that affected the older population: PAII (The Integrated Support Program for the Elderly) and PNAI (The National Action Plan for Social Inclusion case).

The Most Recent Political Orientations in Portugal

The Integrated Support Program for the Elderly

The Integrated Support Program for the Elderly (*Programa de Apoio Integrado a Idosos – PAII*) was conjointly created by the Ministry of Health and the Ministry of Social Security in 1994 (Portugal - Despacho Conjunto n. 166, 1994), and is still on going. Its main political orientation is to keep older people integrated in their communities, socially active and with a good level of autonomy. In its nature, the PAII is a funding program that supported the creation and maintenance of social facilities and services for older people. The funding eligible types of services are integrated home support services, continues care, day centres, centres for temporary admission of disabled older people and training activities for professional and voluntary staff. Cooperation among the social and health sector is a fundamental evaluation criteria. The agencies that could apply to the program could be public and private; social security organisations and IPSS

could apply to it in equal terms. The financial resources of the program derived not from the ministries budget, but from the national lottery.⁴ This is a clear example of the scarcity of public resources.

The program is not sustained by a social intervention strategic map, which is to say that it is entirely dependent on the local initiatives. The nonprofit organizations were invited to submit projects which were assessed by social security. The construction of the social facilities depended on the private sector, profit and nonprofit, and were funded in this case by social game, Joker, run by the *Santa Casa da Misericórdia de Lisboa* (Holy house of mercy). No social and geographical mapping has been guiding the creation of services at national or regional level. The program's resources distribution is left to the initiative of local agencies. Although community initiatives normally appear as a reaction to local problems, the provision of social care unsurprisingly results as fragmented and ultimately socially unfair, since there is no planning in the distribution of services according to old people needs.

On the other hand, though, it represents an interesting experience of citizens' participation and of democratization in the social development of the country. In fact, access to funding did empowered IPSS. They enlarged their activity and tried new models of intervention. Their action brought visibility to the elderly social problems, in particular poverty, isolation, insecurity and loneliness. IPSS rapidly became advocates of different social groups. The growth of cooperation and networking was another positive result. In a society traditionally accustomed to a vertical organisation, this type of funding programs added legitimacy to new forms of social organisation. Integrated and complementary care services developed substantially, resulting in the reduction of the hospitals elderly in-patients, for example (Campos, 2008).

Although the main political concern of PAII was provision of social care to the most vulnerable elderly, access to services is not an issue that is directly addressed, or valued in the program. Criteria for admission to services and users' payment are not identified, or specified. Moreover no criteria are established for older people being exempted from an eventual payment or co-payment. Throughout its existence, the PAII did not present any references to gender concerns. In that sense, elderly people are presented as a homogeneous group.

There are no evaluations of the program results on the quality of services, which is unquestionably an area of further research. It certainly promoted elderly social care in the country, since it clearly increased social facilities directed to older people (Metelo et al., 2010). Nonetheless, the lack of political strategic choice resulted in an “open” program that worked more as an emergency answer of financial and technical nature to the social needs, rather than a proactive, inclusive and long-term strategy.

The National Action Plan for Social Inclusion represents a significant effort in the direction of integrating different policy instruments and creating strategic priorities, but still presenting evident limitations in relation to strategic planning.

The National Action Plan for Social Inclusion case

The National Action Plan for Social Inclusion (*Plano Nacional de Acção para a Inclusão – PNAI*) was created in 2001 by the Ministry of Labour and Social Solidarity (Portugal - Ministério do Trabalho e da Solidariedade Social, 2001) and had a biannual life period until 2010. The Plan resulted from the compromise of Portugal in the Framework of the Social Inclusion Process at EU level (Open Method of Coordination). This is why the measures were systematized: to build a plan responding to the method’s demands. It also resulted from the need to organise and systematise all the different public measures and programs that aimed at social inclusion and that previously existed in a fragmented, sectional and often invisible manner, even for professionals. The plan addressed a series of measures related to income, housing, social integration, care, and services networking. We are going to examine in particular the last PNAI (2008-2010), as the most significant in relation to the present situation (Portugal - Ministério do Trabalho e da Solidariedade Social, 2008).

Poverty and social exclusion are central to this plan; elderly poverty is identified as a main risk factor for social inclusion and the fight against poverty is considered a political priority. Poverty and social inclusion are not explicitly defined, but the reference to “social inequalities” seems to frame it with reference to civil and human rights. Moreover the plan recognizes the importance of “promot[ing] active social inclusion” (Portugal - Ministério do Trabalho e da Solidariedade Social, 2008, p. 21)

which implies active involvement of people leaving in poverty in defining their life projects. It is also pointed out that interventions should aim at “interrupting cycles of poverty”, that is to say that measures should not just compensate the effect of poverty, but eradicate it.

The multi-dimensional nature of poverty is acknowledged in this policy intervention, through the creation of focal points in each ministry: “to incorporate measures to combat poverty and promote social inclusion into a range of social policies and at the heart of political action i.e. - to ensure the mainstreaming of social inclusion” (Portugal - Ministério do Trabalho e da Solidariedade Social, 2008, p. 66). Even if specific areas are not identified in the policy document, the creation of focal points appears as a positive mainstream initiative.

In the plan there is just a generic mention to social care; to reinforce and consolidate the network of services and to implement the national network of long-term care (Portugal - Ministério do Trabalho e da Solidariedade Social, 2008, p. 13). The importance of service quality in relation to the ageing population is not mentioned. The plan does not recognize a specific value of the social services involvement in planning and carrying out planned interventions for fighting poverty among older people, although supposedly they would be one of the best agent for it.

The plan explicitly recognises the importance of gender as an explaining factor of the social exclusion phenomena. The three main political priorities of the plan, which includes the fight against poverty among the elderly, are referred to be implemented “according to a gender perspective” (Portugal - Ministério do Trabalho e da Solidariedade Social, 2008, p. 13). Besides this broad recognition, the document does not offer information on the specific social problems that, within the poverty dimension, need to be addressed from a gender perspective, in order to guarantee more social equity and justice. The political measures designed to address poverty are not presented as gender-sensitive or reveal other components that may allow inferring of the chosen orientations. In fact, the elderly are presented in the text as a homogeneous group, indistinctive target of the public and private intervention. In this way, the plan transfers – although implicitly – the responsibility of gender mainstream for each one of the public programmes being implemented (e.g. housing, income) and to the different agencies on the field. The plan evaluation report of 2009 (Portugal -

Ministério do Trabalho e da Solidariedade Social, 2010) does not address the issue of poverty among the elderly from a gender perspective. The topic of gender is in fact mentioned on the report, but in connection with other social problems and goals, rather than the social exclusion of the older population. All the programs that exclusively target the elderly, with the exception of housing support program,⁵ don't even present implementation data or results disaggregated by sex or age groups. These data do not allow liable conclusions on the impact that these public measures have been having in the social trajectories of both women and men.

The emergence of the economic crisis urges to critically look at the actual national poverty strategy and its possible future impacts on the life conditions of the older people group.

The Actual Political and Social Scenario

The actual government program⁶ explicitly recognizes poverty as a growing phenomenon and therefore a political priority. In the government's perspective actual poverty derives not only from the existing forms of poverty but also and especially from the emergent ones, in particular unemployment raise and families over debt (Portugal - Presidência do Conselho de Ministros, 2011). The same document also identifies the poor elderly as one of the priority groups, due to their economic and material deprivation, social isolation and lack of accessibility to services.

The actual political effort towards poverty and social exclusion is placed on the social or nonprofit sector strengthening, through the promotion of the financial autonomy and sustainability of its agencies. The actual governmental strategy considers that the *misericórdias* and the IPSS, among others, are the key-actors to create and develop social services in the fight against poverty. These organisations have to change though. The government intends to promote financial autonomy and sustainability through legal norms that make non-profit intervention more flexible, productive and innovative. Essentially the state wants to “reduce [their] dependency to the state subsidies” (Portugal - Presidência do Conselho de Ministros, 2011, p. 84).

Economic self-empowerment of non-profit agencies is surely beneficial for their activity. However, when they are providing services to socially

deprived groups that cannot participate financially, this solution appears extremely problematic. Also, the high financial dependency of public funds makes it difficult, at least, in a medium-term, to guarantee a good level of financial independency. A price for the services provided turns out to be one of the last survival options for an IPSS, which creates significant difficulties for clients economically in need.

Accordingly to the actual governmental vision, the central state withdraws from its responsibilities of creating and developing social services for the most vulnerable populations. The state considers that there are actors better positioned for this type of interventions. The state role should be confined to create good working conditions, regulate and supervise the functioning of services. There is a clear transfer of the state social responsibility to the civil society and third sector based on efficiency arguments and the need to create more employment. In the actual governmental plan, the non-profit sector is repeatedly mentioned as a source of economic growth because of employment creation (Accordingly with the government program the social economy in Portugal is presently responsible for approximately 180.000 work positions).

The network cooperation among all actors, including the state, is presented as an innovative aspect of the governmental program: “the emergency social program will be structured according with this new and innovative model, through a national solidarity network” (Portugal - Presidência do Conselho de Ministros, 2011, p. 82). However, social network cooperation, formal or informal, has known a long and positive progress in the last decades in the Portuguese society (Hespanha et al., 2000), and for that reason the adjective innovative sounds inflated here.

One of the official solutions of the actual government consists on extending the formal capacity of existing services, for example, increasing the number of in-patients that a nursing home can assist (there is a considerable waiting-list for nursing home admittances). Although there is an imperative need to provide immediate answers, this measure potentially conflicts with agencies capacity to maintain and improve services quality.

The present governmental political discourse proclaims the fight against poverty as a transversal effort. The different measures that improve public governance (e.g. fiscal transparency; public money accountability) and wield influence on poverty determinants (e.g. school dropout, parallel

economy) will have a medium to long-term effect on the reduction of social inequalities. Specifically about poverty, the dimensions that appear as imperative are food, clothing and medicines scarcity. Unquestionably the recent economic crisis has made emerge shocking social situations and further deteriorate the most fragile ones. However a four years program in poverty intervention that concentrates on primary needs is totally reductive of the complexity of the problem, reducing poverty exclusively to its material dimensions. Eradicating poverty is not even an issue taken into consideration.

Conclusion

The European Union is facing demographic ageing, an unprecedented and inescapable development (European Commission, 2006). Countries ought to prepare their national structures to face the profound social and economic impacts that demographic ageing will produce in every society. Public investment in elderly social care is by force of reason a long-term strategy. Moreover, the relevant literature highlights also the importance of adopting integrated strategies in relation to poverty intervention (European Commission, 2008; Johnsen & Teixeira, 2010) addressing the multiple factors that affect poverty and social exclusion. The relevance of a commitment to a long-term approach is also highlighted, promoting permanent solutions, that is, client-centered services, addressing specific problems, through a definite plan of intervention. Nonetheless, the actual social intervention policy is totally lacking in this respect. The minimization of social support emerges as economically and socially short-sighted and ineffective, in relation to the older population. Many older people, in particular among the oldest old, have frail equilibrium that can easily be shattered, implying drastic decrement for their quality of life, increasing dependency and multiplying costs and the need of care for societies and for their families, quite often for the female family members.

Both PNAI and PAII are examples of the general difficulties of the public administration in Portugal. There is a limited and not well-documented evaluations; lack of external evaluations; lack of an integrated planning; and lack of former public policy studies that support the intervention. Both the national programs heavily rely on a strategy that aims

at reinforcing the civil society role, through the enlargement and capacity reinforcement of the social sector response, both financial and materially. Although both programs identify social objectives that should be pursued, the initiative of making things happen totally depends on the organisations and public agencies that exist on the ground. The actual government reinforces this policy orientation, but withdrawing resources.

The issue of gender equality is mentioned on the policy design, but there is no information as the implementation process goes. In PNAI, gender equality remains an abstract concept, with no definition of clear goals. Therefore it is impossible to evaluate the impact of the different measures on the life conditions of both women and men. In time of crisis, when the official discourse is on cohesion and union, will a topic like gender have the tendency to disappear? The democratic demand for social justice and equity urges national governments to clarify their position and the correspondent public investment in order to reduce the differences that unfairly persist among citizens. Public policy that aims at reducing poverty should therefore be critically assessed from gender perspective. A poverty approach without a gender perspective has the potential to drastically reduce its effectiveness once part of the explaining factors remains untouched.

In order to plan services in accordance with the European and international orientation in relation to active ageing (Council of the European Union, 2011; World Health Organisation, 2002) and social inclusion (European Union, 2010a; 2010b), it is necessary to promote institutional networks and multidisciplinary teams, social and health integrated approaches in the intervention with older people; action plans that effectively promote the active participation of older people in decision making in relation to organization of care arrangements (Carvalho, 2012). The policy interventions are now directed mainly towards extreme situation of poverty and dependency. Preventive measures are excluded in ideation and planning of services.

The economic and financial global crises, together with the restriction measures imposed by the *Memorando de Entendimento sobre as Condiçionalidades de Política Económica* (2011) jeopardize the fight against poverty conducted in the last 15 years, causing again the rising of poverty among older people in Portugal. The present government took some decisions that have a great impact in the life of pensioners and older

people: the cut on pensions; the suspension of the creation of the network of integrated health and social care; the rise of the tax of access to health services; the cut on exempted prescriptions; restrictions in the access to supplementary medical examinations and access to free transportations of sick people (Portugal - Presidência do Conselho de Ministros, 2011).

In this scenario of restriction of policies fighting poverty, there is no action plan for social inclusion. Although in the past these plans were criticized for the generic character of their intervention, in fact the PNAI had a useful role of guide for the organizations and the professionals that were developing activities in the area of combating poverty. Moreover, it represented a political effort, a first attempt, at creating a national strategy against poverty and social exclusion. In particular, the creation of focal points in each ministry “to ensure the mainstreaming of social inclusion” (Portugal - Ministério do Trabalho e da Solidariedade Social, 2008, p. 66) appears as effective institutional instruments towards poverty reduction and eradication.

Notes

¹ <https://apseclunl.wordpress.com/>

² The following national government, formed by the socialist party, guaranteed in 1996 the continuation of the national program.

³ There were also frequent cases in each the public agencies (mainly through the municipalities) worked as a promoter and an organiser of the civil motivations and desire to intervene.

⁴ The national lottery and other social games are run by the Lisbon *Misericórdia* (Santa Casa da Misericórdia de Lisboa).

⁵ The program refers having supported more women, 57,5% of the beneficiaries, than men, with 42,5% of representation.

⁶ The actual government is based on a coalition between the Partido Social-Democrata, who won the elections in June 2011, and the Partido Popular, both parties being identified with the right wing, although a moderate one for the first one.

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