



**GABINETE DE ESTRATÉGIA E PLANEAMENTO**

## **PORTUGAL REPORT**

**UNITED NATIONS ECONOMIC COMMISSION FOR EUROPE (UNECE)**

**THIRD REVIEW AND APPRAISAL OF THE  
REGIONAL IMPLEMENTATION STRATEGY (RIS)  
OF THE MADRID INTERNATIONAL PLAN OF ACTION  
ON AGEING (MIPAA)**

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## GABINETE DE ESTRATÉGIA E PLANEAMENTO

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### ***Preliminary note***

This document is the report on the third review and appraisal of the implementation of the Madrid International Plan of Action on Ageing (MIPAA), in order to assess the four main goals of Vienna Ministerial Declaration of 2012 and the 10 Commitments of the United Nations Economic Commission for Europe, of the Regional Implementation Strategy (RIS) of greatest importance for Portugal, in the period from 2012 to 2016.

The report was developed by the Ministry of Labour, Solidarity and Social Security, by its Strategy and Planning Office, contributions having been gathered from the bodies responsible for the development and implementation of programmes and support measures for older generations, also from the Directorate General of Health and from other relevant civil society organisations in the context of the support for elderly. 13 contributions were received from the 19 bodies consulted.

Ageing has been assumed as a challenge in different areas of political action. The measures reported in the previous report and those currently in force are part of a cross-disciplinary policy on ageing, which maintains the following priorities:

- i. Access to the labour market and life-long learning for the elderly;
- ii. Adjustment of social protection to demographic and social changes;
- iii. Promotion of higher-quality independent living;
- iv. Active participation of the elderly in society;
- v. Expansion of the network of social services and facilities, promoting greater integration into communities;
- vi. Promotion of solidarity intergenerational;
- vii. Promotion of the community voluntary work;
- viii. Adaptation of the health care services to older people; and
- ix. Expansion of the National Network for Continued Integrated Care.

The report starts by identifying the methodology adopted to draw up the report, continuing with a general description of ageing in Portugal, illustrating the various measures that have been implemented since 2012 in response to the four goals of the Vienna Ministerial Declaration and the 10 UNECE commitments of the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA).



## ***General Information***

**1. Country Name: Portugal**

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**4. Name of the national ageing policy strategy document**

In the period in question (2012-2016), Portugal developed a series of measures and intergovernmental initiatives aimed at the elderly and a Joint Order<sup>1</sup> has recently been signed by the Minister of Labour, Solidarity and Social Security and the Minister of Health, with the aim of defining a strategy for active and healthy ageing, through cooperation between the different sectors. This Order intends to: i) contribute to the development of policies that improve the quality of life of the elderly; ii) raise awareness of the importance of active ageing and of solidarity between generations; iii) and promote cooperation and intersectoriality in the implementation of National Strategy for Active and Healthy Ageing, in line with the Strategy proposed by the World Health Organisation (WHO) and the Proposals of Action of the European Union for the promotion of Active and Healthy Ageing and Solidarity between Generations. With this in mind, an interministerial working group was set up and must submit a proposal for a National Strategy for Active and Healthy Ageing by April 2017.

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<sup>1</sup> Order no. 12427/2016, of 17 October.



## **1. Methodology**

The Strategy and Planning Office of the Ministry of Labour, Solidarity and Social Security gathered contributions to this report from departments of the Ministry, the Directorate-General of Health and some non-governmental civil society organisations that work with older generations. 13 contributions were received from the 19 bodies contacted.

Issues related to the elderly involve all levels of government (national, regional and local) and the private sector. Nevertheless, in the context of this report, emphasis was given to programmes that are the responsibility of central government, related to measures with regard to social action, vocational training, pensions and health. The various programmes developed at a local level by local authorities were not assessed here. Even so, some projects of an innovative nature organised by civil society organisations are presented.

To draw up this report, results were collected from the different programmes and initiatives, of national scope, focusing on an analysis and processing of qualitative information, carried out by the entities consulted and the presentation of quantitative information, with the compilation of the main statistical indicators, which are presented in an annex.



## 2. National Ageing Situation

Changes in the composition by age groups of the resident population in Portugal reveal the ageing of the population in recent years, as has indeed been the case in most developed countries. As a result of the falling birth rate and increased longevity in recent years, in Portugal there has been a fall in the young population (0 to 14) and the working age population (15 to 64), alongside an increase in the elderly population (65 and older). In 2015, 2.1 million people, almost 20% of the Portuguese population, were 65 and older. The proportion of elderly people in the population has been growing and this trend is expected to continue. According to national projections, in 2030, the elderly are expected to represent approximately 26% of the population, increasing to 29% in 2060. The number of people aged over 80 will more than double between 2015 and 2060 and is expected to rise from 614 000 to 1 421 000 people.

The number of elderly people has long exceeded the number of young people in Portugal, and the ageing index<sup>2</sup> reached 140 elderly for each 100 young people in 2015. In turn, the old-age dependency ratio, which lets us gauge the ratio of elderly people compared to the number of people of working age, has been continuously rising in recent decades, with 31 elderly people for each 100 people of working age in 2015.

The ageing of the population originates from two factors: increased longevity and the decline in fertility. In 2015, average life expectancy at 65 in Portugal was more than 19 years (close to 21 years for women and 17 years for men)<sup>3</sup>. The fertility rate (average number of children born per woman) was 1.30 in 2015, while it had been 1.55 in 2000 and, going back further, 2.25 in 1980. Demographic projections suggest an improvement in this indicator (1.6 in 2060), even so below the minimum limit for generation replacement (2.1).

	2010	2015	2030	2060
Resident population (in millions)	10.6	10.3	9.9	8.6
0-14	1.6	1.5	1.1	1.0
15-64	7.0	6.7	6.0	4.5
65 and over	2.0	2.1	2.7	3.0
Dependency ratio (65+/15-64)	28.6	31.3	45.5	67.0
Longevity index (80+/65+)	25.9	29.3	30.5	46.7
Ageing ratio (65+/0-14)	125.0	140.0	242.6	306.5
Life expectancy at 65	18.84	19.19		
H	16.94	17.32		
M	20.27	20.67		
Fertility rate	1.4	1.3	1.3	1.6
Net migration	3,815	-10,481	15,312	19,493

Source: INE

The ageing of the resident population in Portugal throughout the period under consideration contributed decisively to developments in the structure of the labour market. In this respect, in 2015, people aged 55 and over represented 19.5% of the total active population, while 14.8% were aged between 55 and 64. The inactive population presented a rise of 6.5% of people aged 55 and over who, in 2015, represented 47.8% of the total inactive population (45% in 2011 – 2.8 pp. more), of whom 36.5% were 65 and over.

<sup>2</sup> Reflects the ratio of elderly people compared to the number of young people.

<sup>3</sup> With regard to the indicator that measures healthy life expectancy at 65 years of age, the most recent year with statistical information for Portugal is 2014 and presents for women 5.6 years after 65 in which they can expect to live a healthy life and 6.9 years for men after the age of 65.



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Still under the effect of the crisis, the employment rate for people aged 55 and over maintained the downward trend previously reported, having fallen from 27.6% (2011) to 26.3% (2015), although an inverse trend has been noted for the 55-64 age group, whose employment rate increased from 47.8% (2011) to 49.9% (2015). These changes reflect two opposite trends: the increase in the working population aged between 55 and 64 (8.1% between 2011 and 2015) and the fall in the working population aged 65 and over (-16.5%).

On the other hand, the number of old-age pensions increased, between 2010 and 2015, by approximately 6.8%, reaching 2.5 million in 2015 (1.9 million in the general Social Security system, 150 000 in the scheme for rural workers and non-contributory and equivalent systems, 486 000 in the Portuguese civil servants retirement and survivor pensions funds (CGA-Caixa Geral de Aposentações)<sup>4</sup>).

In Portugal, in 2015, 18.3% of people aged 65 or over were at risk of poverty (16.0% for men and 19.9% for women).

Social transfers, including pensions, have a strong impact on the risk of poverty in this population segment. In 2015, pensions were responsible for a reduction of 68.6 pp in the risk of income poverty among the elderly and benefits for a further 3.1 pp, an overall impact higher than in 2010 (65.0 pp).

	2010	2015
<b>Poverty risk rate *</b>	18	19.5
18-64	16.2	18.2
65 e mais	20	18.3
<b>Sever material deprivation rate</b>	9.0	9.6
18-64	8.3	9.6
65 and over	9.6	8.4

\* year of income

Source: Eurostat

<sup>4</sup> In the case of the CGA, retirements due to invalidity are included.



### **3. National actions and progress in implementation of MIPAA/RIS**

#### **Goal 1: Longer working life is encouraged and ability to work is maintained**

##### **RIS Commitment 1: To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages**

Portugal has sought to address the various challenges posed by population ageing (support for the development and financial contribution of services and social responses aimed at the elderly in the areas of social security, health, education and employment) through an integrated and cross-sectional approach, ensuring the participation of the various parties involved and presupposing continuous articulation between the different national strategies and plans implemented by the various Ministries involved.

Social policies aimed at the elderly and dependent population were mostly integrated into the Social Emergency Programme, between 2012 and 2015. This Programme focused on five areas of action, including the area of low-income elderly people which favoured the promotion of independence and deinstitutionalisation by encouraging social responses to help them maintain their residence; and the expansion and diversification of the range of services, adapting them to changing needs by ensuring the flexibility and optimisation of the installed capacity.

During this period, the Government sought to reinforce services and responses in partnership, through so-called “public-private partnerships” between the State and social-economy organisations, which are particularly significant as social intervention partners. These partnerships are traditionally based on cooperation arrangements or agreements, contractual instruments between the State and social sector organisations, for the development of services and social responses aimed at defined population groups, namely children and young people, the adult population and the family and community.

These cooperation agreements between private social solidarity institutions and the Ministry of Labour, Solidarity and Social Security, which is responsible for them, specifically cover the following services and social responses, with regard to the elderly population: Home Help Services, Day-Care Centres, Residential Structures for the Elderly (ERPI), Social Centres and Night-Care Centres.

It should be noted that *Cooperation Agreements* have been established over the years between the Ministry of Labour, Solidarity and Social Security and entities representing private social solidarity institutions: the União das Misericórdias Portuguesas (Union of Portuguese Misericórdia Charities), the Confederação Nacional das Instituições de Solidariedade (National Confederation of Solidarity Institutions) and União das Mutualidades Portuguesas (Union of Portuguese Mutual Organisations).

In January 2012, the *Commitment for Growth, Competitiveness and Employment* was signed by the Government and most social partners. This agreement included a set of measures spread across three areas: (i) economic policies, (ii) active employment and vocational training policies, and (iii) labour legislation, unemployment benefits and labour relations. Under this agreement, particular attention was paid to older workers with longer professional careers, both in terms of access to active employment and vocational training policies and in terms of unemployment protection and legislation regulating labour relations.

Since the end of 2015, the Government has made a commitment to defend and strengthen the Welfare State, to implement policies that promote decent employment and a fair wage, to guarantee the sustainability of social security and to restore social minimums. The challenges facing Portugal in the social field are thus to reverse the existing demographic impact (measures to support the birth rate, reconciliation of work and family life, improved support for ageing and dependency), while guaranteeing the quality of the policies and social responses for all citizens and ensuring their sustainability.





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Changes to the **pension system** in recent years (between 2012 and 2015) focused on measures aimed at controlling the increase in public spending. However, since 2016, Portugal has been implementing measures aimed at addressing the challenges posed by social sustainability through pension adequacy, since this is often the only means of income of the population aged 65 and over. In this sense, and given a context of profound changes in professional life and in labour market standards, Portugal's goal in the coming decades will continue to be to guarantee the sustainability of pension systems in the medium and long term.

To ensure that public pension expenditure remains at an appropriate level in terms of percentage of GDP compatible with European rules and to provide all individuals with access to adequate pension plans and a decent standard of living, it is necessary to increase labour market participation, combined with pension systems and with effective incentives for the participation of older workers.

Public measures **to keep older workers in the labour market** include less favourable early retirement schemes, additional penalties for early retirement, financial incentives for deferred pensions and the possibility of accumulating an old-age pension with earned income.

Portugal has a comprehensive set of public incentives for the participation of older workers in the labour market, which may explain the national reference in terms of the employment rate of people over 65 years.

With regard to social security, in 2012 the system of flexibility in the early retirement age was suspended (with the exception of the long-term unemployed and certain professional groups)<sup>5</sup> and this suspension was repealed<sup>6</sup> in 2015, giving rise to a transitional regime in force during that year, which sought, however, to discourage withdrawal from professional life and thus encourage continued presence in the labour market.

Also regarding access to early retirement, the Portuguese government decided in March 2016 to extend the legal suspension of the early retirement scheme and to maintain a special rule according to which only beneficiaries aged 60 or over with 40 years or more of contributions are allowed to apply for an early pension under the flexibility scheme<sup>7</sup>. Other measures were adopted, such as an increase in the normal state pension age, which was raised from 65 to 66 in 2014, varying since 2016 according to the evolution of average life expectancy. Another of the measures taken was the change in the formula for calculating the Sustainability Factor, reflected in a change of the initial reference year for average life expectancy at 65, from 2006 to 2000, which would affect the aforementioned Sustainability Factor and consequently reduce in the value of early pensions<sup>8</sup>. The flexible early retirement scheme is currently being reviewed by the authorities, with changes expected in the short term.

In Portugal, there is also a monthly financial incentive for deferred pensions, with an upper limit defined at 70 years old, the credits varying between 0.33% and 1% per year of deferral, as well as the possibility of accumulating an old-age pension with earned income (a situation in which the pension is increased by 1/14 of 2% of the total remuneration recorded per year).

In the context of **health policies**, the National Health Plan 2012-2020 is a fundamental pillar of reform of the health system, oriented towards clinical quality, prevention and the promotion of healthy lifestyles, aiming to achieve health gains for the Portuguese population in general. One of the goals proposed by the National Health Plan for 2020 is to improve healthy life expectancy at age 65.

Portugal also continued to implement the National Network for Continued Integrated Care (RNCCI), set up in 2006, under the joint responsibility of the Ministry of Health and the Ministry of Labour, Solidarity and Social Security, with a focus on the coordination and organisation of "long-term care",

<sup>5</sup> Cf Decree-Law 85-A/2012, of 5 April.

<sup>6</sup> Cf Decree-Law 8/2015, of 14 January.

<sup>7</sup> Cf Decree-Law 10/2016, of 8 March.

<sup>8</sup> Cf Decree-Law 167-E/2013, of 31 December.



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providing structured responses to people in a state of dependency, at different levels of functionality in all life stages. Meanwhile, in 2016, the Government established as one of its priorities the expansion and improved integration of this Network. The National Coordination Commission of the RNCCI was created for this purpose and the RNCCI 2016-2019 Development Plan was presented. According to this Plan, “it is clear that the Network is intended for people who, *regardless of their age, are in a state of dependency*. However, 10 years after its creation, it is evident that most of its users are elderly (about 85%) and that records of its use by Children and Young People are merely isolated cases. It is therefore important to pay special attention to understanding the ageing process with all its determining factors and also to structure and extend the response to other age groups and other conditions, such as severe mental illness and dementia, situations with a very broad clinical spectrum and specificity of responses.”

In this context, the RNCCI 2016-2019 Development Plan restates the goals set out in the law that established this Network (Decree-Law 101/2006 of 6 June), which are as follows:

- a) Improving the living conditions and well-being of dependent persons through the provision of continued health care and/or social support;
- b) Keeping people with loss of functionality or at risk of losing functionality at home, provided that through home support they can be guaranteed the therapeutic care and social support necessary for provide and maintain comfort and quality of life;
- c) Support, monitoring and hospital care technically appropriate to each situation;
- d) Continuous improvement in the quality of the long-term health care and social support;
- e) Support for family members or informal carers, in the qualification and provision of the care;
- f) The networking and coordination of care in different services, sectors and levels of differentiation;
- g) The prevention of gaps in services and equipment, through progressive coverage at a national level of the needs of dependent persons in terms of integrated long-term care and palliative care.

### **RIS Commitment 2: To ensure full integration and participation of older persons in society**

In a context of increasing numbers of older people, it is even more crucial to create opportunities for older people to continue working and to promote solidarity between generations. Volunteering is an opportunity for intergenerational activities, enabling older generations to continue to work and contribute to the community by transmit their knowledge and the experience they have gained from life. In Portugal, a series of initiatives and projects have been developed, with the aim of encouraging greater participation and integration of older people in society. These include Universities of the Third Age and the “added value” project.



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### Universities of the Third Age

Among civil society initiatives, the “senior universities” project aimed at students over 50 years of age are still particularly important. These offer learning, culture, leisure and solidarity activities and include Universities of the Third Age Network Association (RUTIS), a member of the Economic and Social Council and a Private Institution of Social Solidarity and Public Utility that supports the community and the elderly, of national and international scope, created in 2005. RUTIS currently has 236 Universities of the Third Age (members), 38 000 senior students and 4 500 volunteer teachers at the senior universities. One of the main aims of RUTIS is to promote active ageing and Senior Universities<sup>9</sup> and to encourage the social participation of elderly people in society.

### “Added value” – senior volunteer

This volunteer project<sup>10</sup> for people over 55, created in November 2012, operates in the field of development cooperation in Portuguese-speaking African countries, and is promoted by the Calouste Gulbenkian Foundation. It brings together experienced professionals who volunteer to join ongoing projects, responding to the needs identified by partners working in Portuguese-speaking African countries. Candidates must have a specialised academic or technical background, professional experience and availability to join missions expected to last two months. In 2015, 107 applications were received to select the 15 candidates to be included in the “added value” volunteer pool, in the fields of health, education and engineering, comprising 47 members, carrying out 13 missions, 7 in São Tomé and Príncipe, 4 in Mozambique and 1 in Guinea Bissau.

### RIS Commitment 3: To promote equitable and sustainable economic growth in response to population ageing

The impact of demographic challenges, aggravated by the crisis that Portugal has suffered in recent years, has led to a reduction in economic growth and put public finances under pressure. Profound transformations in family structures reflect new social demands, which means not only adjusting the protection guaranteed to the elderly, but also guaranteeing the social protection needed in each phase of life.

To **protect the most economically vulnerable elderly people**, acknowledging that it is essential to increase income, guaranteeing minimum resources and meeting basic needs, a number of measures were implemented between 2012 and 2015:

- Updating of **minimum, rural and social pensions** in line with inflation (**shorter careers**).
- In tax terms, the **safeguarding of the groups that are most disadvantaged by income tax**, promoting the exemption of taxpayers with lower incomes, and also **exemption from charges in access to public health care** - extended to more than 5 million people (almost 50% of the resident population).
- The development of the **Social Rent Market** - implemented in the framework of a partnership between the State, municipalities and banks - which encourages the provision of houses at lower-than-market prices (rents up to 30% lower than those normally charged in the free market).
- **Social tariffs in the transport sector**.
- Revision of the legal regime for **social tariffs in the electricity and natural gas sector**.
- The **Food Emergency Programme**, part of the Meal Centre Network, helped to guarantee access to daily meals for the most deprived people and families.

<sup>9</sup> Name registered by RUTIS as a Certified Collective Mark with the Instituto Nacional da Propriedade Industrial

<sup>10</sup> <https://gulbenkian.pt/grant/mais-valia/>



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Since 2016, the rules for updating pensions have also been reinstated, thus ensuring that all pensions of less than 1.5 IAS [indexing reference of social support] (2 IAS from 2017) are updated at the beginning of each year in line with inflation. In order to strengthen pension adequacy and combat poverty among the elderly, the reference value of the Solidarity Supplement for the Elderly (CSI) was also reinstated, after five consecutive years without positive updates (including a reduction in the level of protection in 2013). It is recalled that the CSI is of particular importance, making a decisive contribution to both the effectiveness and the financial efficiency of the fight against poverty among the elderly, an objective that was acknowledged to have been achieved between 2005 and 2012, a period during which the poverty risk rate among the elderly fell by 11.5pp.

### **Solidarity Supplement for the Elderly**

The Solidarity Supplement for the Elderly (CSI), in force since 2006, is a monetary benefit of the solidarity subsystem aimed at combating poverty in the elderly population. The CSI aims to address the need to correct existing income asymmetries among the Portuguese, which are particularly penalising for the elderly, based on a policy of social minimums for the elderly, differentiating situations, with the aim of increasing the efficacy of the fight against poverty among the elderly.

In 2013, the reference value of the CSI was reduced from €5 022/year to €4 909/year, which led to a significant reduction in the coverage and level of protection of this support. In 2016, the amount of €5 022/year was re-established and the State Budget determined a further increase (to €5 059/year), effective as of 1 April 2016, bringing the level of access closer to the poverty line.

As of December 2016, the CSI supported around 161 000 thousand beneficiaries, although it should be noted that there had been a sharp reduction in recent years: Between December 2012 and December 2016, the number of beneficiaries fell by 29.8%.

In order to increase CSI take-up, the Government presented a publicity campaign in November 2016, with information on who can receive the benefit, access rules, the documents required and the locations where applications can be submitted. It also informed the public that CSI beneficiaries are entitled, in addition to the monthly pension supplement, to discounts on medicines, glasses and dental prostheses, as well as social tariffs on electricity, natural gas and transport.

### **RIS Commitment 5: To enable labour markets to respond to the economic and social consequences of population ageing**

Within the framework of the various national policy instruments aimed at the labour market, particular attention has been given to a **longer working life** for those who are integrated into the labour market and to promoting the transition to employment of the unemployed.

With regard to longer working life, the main priority continues to be improving the financial sustainability of the pension system, as well as pension adequacy, for which the following measures have been applied:

1. Change in the formula for calculating the sustainability factor and increased penalties for early access to pensions for beneficiaries with long contributory careers<sup>11</sup>;
2. Increase in the normal age of access to old-age pensions in 2014 and 2015 (to 66 years) and 2016 (to 66 years and 2 months)<sup>12</sup>;
3. Temporary suspension of the possibility of early access to old-age pensions between April 2012 and January 2015, while safeguarding the scheme for early retirement of the long-term unemployed and other specific schemes<sup>13</sup>. This suspension was repealed in January 2015 and

<sup>11</sup> Decree-Law 167-E/2013, of 31 December.

<sup>12</sup> Ministerial Order 378-G/2013, of 31 December, and Ministerial Order 277/2014, of 26 December.

<sup>13</sup> Decree-law 85-A/2012, of 5 April.



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transitional provisions were applied during 2015, determining that recognition of the right to early access to old-age pensions depends on whether the beneficiary is 60 or over and has 40 or more calendar years of registered earnings relevant for calculating the pension<sup>14</sup>. This last provision was maintained in 2016, up to the revision of the system of flexibility in the early retirement age.

With regard to the **promotion of employability and the transition to employment of the unemployed**, policy measures to support employment and training have given priority to access by socially disadvantaged groups, in particular the older unemployed (aged 45 and over), usually a majority in long and very long-term unemployment statistics, both because of their age and their lower levels of qualification compared to younger generations. Examples of this positive differentiation include measures to provide work placements for the unemployed, measures to support hiring the unemployed, measures aimed at the professional integration into social work and measures to encourage the acceptance of job offers, in combination with a percentage of the unemployment benefit.

Between 2011 and 2015, an analysis of data from the Employment and Professional Training Institute<sup>15</sup> (IEFP) concerning the number of people covered, by type of measure (employment, training and rehabilitation), aged over 55 years, showed an increase in the number of unemployed in that age group (+142.7%). If only men are considered, this increase is 150.8% and in the case of women, the increase in the different measures was 132.7%.

### Occupational Safety and Health

Aware of the need to plan for a longer working life and active ageing, it is considered that in the context of occupational safety and health, health monitoring is an opportunity for occupational physicians to provide specific support to promote the health of older workers and it is projected that workers over 50 will be required to undergo annual medical examinations.

#### **“Safe and healthy workplaces” Campaign**

In the context of occupational safety and health, the European Agency for Safety and Health at Work (EU-OSHA), implementing the EU Occupational Safety and Health (OSH) Strategic Framework 2014-2020, launched in April 2016 the ‘Safe and healthy workplaces’ 2016-17 Campaign<sup>16</sup>, focusing precisely on *healthy workplaces for all ages*, in which Portugal participates as focal point and main disseminator, through the Authority for Working Conditions. The Campaign’s main message highlights the fact that safe and healthy working conditions throughout the whole working life are good for workers, businesses and society as a whole. It includes four objectives: (i) promoting sustainable work and healthy ageing from the start of the working life; (ii) preventing health problems throughout the working life; (iii) providing ways for employers and workers to manage occupational safety and health in the context of an ageing workforce; and (iv) encouraging the exchange of information and good practice.

The conversion into fixed-term contracts of employment contracts of employees who continue to work 30 days after knowledge of retirement (both parties) is a transparent instrument for the maintenance and continuity of labour relations in the context of active ageing.

<sup>14</sup> Decree-Law 8/2015, of 4 January.

<sup>15</sup> Portuguese Public Employment.

<sup>16</sup> [www.healthy-workplaces.eu](http://www.healthy-workplaces.eu), where various resources are available: reports, case studies and a practical e-guide to managing occupational safety and health in the context of an ageing workforce; PowerPoint presentations, leaflets, posters and other campaign materials; information on the Healthy Workplaces Good Practice Awards; infographics; and animated videos.



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### **RIS Commitment 6: To promote life-long learning and adapt the educational system in order to meet the changing economic, social and demographic conditions**

The participation of older people in lifelong learning is crucial when discussing the challenges of an ageing population, particularly those related to the labour market and social security systems.

The Portuguese Government has recently defined as a priority upgrading the qualifications of the adult population (employed and unemployed) in order to develop skills that are critical for the modernisation of the economy and for the adaptation of workers to the needs of the labour market. Portugal believes that the development of new skills by older adults, whether they are in or out of the labour market, contributes greatly to the promotion of active ageing and is, above all, an excellent way to ensure intergenerational communication.

Boosting human capital, including older adults, one of the Government's priorities, is evident in the National Reform Programme, published in 2016, the first strategic pillar of which is "Qualifying the Portuguese." Under this pillar, an integrated adult education and training strategy - the Qualifica Programme - has been defined and this should contribute to achieving an adult participation rate in Lifelong Learning actions of 15% in 2020 and 25% in 2025 .

In the context of adult qualification, various forms of education and training are available that offer basic and secondary level certification and are part of the existing education provision and the National Qualification System (SNQ), namely: Adult Education and Training courses (EFA); certified modular training; Portuguese courses for speakers of other languages; the basic skills training programme and the Recognition, Validation and Certification of Competences (RVCC) process. The forms of training referred to are part of the National Qualifications Catalogue (CNQ) and there are also 22 training references, with level 2 qualifications, adapted to People with Impairments and Disabilities.

The RVCC is one of the qualification routes under the SNQ that was developed, between 2014 and 2016, by Centres for Qualification and Vocational Education (CQEP). In 2016, the legal regime that set up the CQEP was amended according to the provisions of the Qualifica Programme and Qualifica Centres were created. The RVCC process is based on benchmarks under the CNQ - Key Competence Benchmarks at basic and secondary levels and Professional Competence Benchmarks and since 2016 they have also been complemented by certified training.

The Qualifica Centres network in December 2016 consists of 261 centres, created in public and private educational establishments, training centres under direct or shared management in the network of the IEFP and other public and private entities, both local and regional.

#### **Validation of skills in Companies**

In the context of Validation of Non-Formal/Informal Learning (VNFIL) and in line with the recommendations of the document "European guidelines for validating non-formal and informal learning" published by CEDEFOP, particularly notable is the pilot project for validation of skills in companies that aims to develop professional RVCC processes in a real work context, with a view to encouraging the participation of companies and social partners in RVCC processes. This project was launched in 2015 and is being developed by the National Agency for Qualification and Vocational Education and Training (ANQEP) in conjunction with the SONAE Group and the CQEP of the Trade Union and Occupational Improvement Training Centre (CEFOSAP). It has already certified SONAE employees in the professions of "Logistics Operator" (QNQ level 2) and "Logistics Technician" (QNQ level 4).

The development of this project aims to create benefits for both employees and the company involved. It therefore offer the following benefits for employees: capitalising on the work context (experience and training) to develop and recognise skills; contribution to personal and professional development; promotion of lifelong learning; promotion of mobility in the labour market. For the company, the benefits will be: positioning of companies with more direct intervention in the National Qualification System; raising the level of qualification of human capital in companies; promotion of talent management within organisations.





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The Guidance service provided by the centres is based on the Lifelong Orientation Benchmark, an instrument that can be used to design and implement orientation activities for young people and adults. This benchmark is intended to enable people to understand, get involved with and be responsible for their life and career project, maintaining a positive perception of their identity, regardless of the roles they may play throughout their life .

### Adult Education

To meet the target set by the European Union for adult participation in lifelong learning activities (15%) by 2020, Portugal has been developing projects since 2012 under the “Implementation of the European Agenda for Adult Education “. Thus, between 2012 and 2014, the project focused on the drawing the attention of stakeholders to the importance of lifelong learning and in 2014 and 2015 on the promotion of basic skills training. Software was developed for distance training of adults in basic reading, writing, arithmetic and ICT skills.

The project for 2015 and 2016 aims to update the basic key competence benchmarks (1st, 2nd and 3rd cycles), available in the National Qualifications Catalogue, and also to include in it the Basic Skills Training Programme (reading, writing, arithmetic and ICT), in e-learning, using the software developed in 2014 and 2015. The updating of the key competence benchmarks along these lines will allow for the inclusion of adults with low reading, writing, arithmetic and ICT skills, in addition to adults with low qualifications, who will thus be able to successfully participate in lifelong learning activities and obtain qualifications.

### RIS Commitment 8: To mainstream a gender approach in an ageing society

The Portuguese Government believes that to address demographic challenges (in this case resulting from ageing), public policies must act in the various fields that can help to reinforce the population resident in Portugal, always with respect for gender equality.

The 5th National Plan for Gender Equality, Citizenship and Non-Discrimination 2014-2017 (V PNI)<sup>17</sup>, in the strategic area of Promotion of Equality between Women and Men in Public Policies, includes a strand on Social Inclusion and Ageing. Along the same lines, the 5th National Plan to Prevent and Combat Domestic and Gender Violence 2014-2017 includes some measures specifically aimed at the elderly, particularly women, given their special vulnerability.

The strategic objectives of the area of Social Inclusion and Ageing, in the V PNI, includes objectives to promote basic skills necessary for building and developing inclusive living projects with specific groups of more vulnerable women, namely rural women, immigrant women and older women, and to contribute to the prevention of the multiple factors that are at the root of the greater vulnerability of the elderly population in various fields. Among the measures in this strategic area, Measure 36 - Promoting access to information and knowledge among older women - can contribute to this goal.

Contributing to the implementation of measure 36, the Training Programme in Basic Skills, promoted by the Employment and Professional Training Institute covered 1 055 men and 664 women over 55 years in 2014. Although not specifically aimed at older women, this Programme aims to improve the skills and raise the qualification levels of the Portuguese population, in order to combat factors of social exclusion that prevent people from accessing information presented in written form, as well as hindering their integration into the labour market.

In the context of approaches to demographic challenges, it is also important to emphasize measures aimed at boosting the birth rate and balancing personal, family and professional life, such as some of the solutions recommended by the Labour Code<sup>18</sup>, related to the need to take action to improve opportunities for balancing work and personal and family life and to promote gender equality. Thus,

<sup>17</sup>Approved by Resolution of the Council of Ministers 103/2013, of 31 December.

<sup>18</sup> Amended in 2009 (Law 7/2009, of 12 February).



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subsequent amendments to the Labour Code<sup>19</sup> have strengthened existing mechanisms to facilitate the balancing of work and family responsibilities and to promote gender equality, including:

- Parental leave can be taken by parents at the same time between 120 days, paid at 100% of the reference income, and 150 days, paid at 100% or 80% of the reference remuneration according to whether or not 30 days are shared by parents (Article 40);
- this leave is increased by 30 days if each parent takes exclusively a period of 30 consecutive days or two periods of 15 consecutive days, after the period of mandatory maternal leave (6 weeks);
- there is mandatory leave for the father of 15 consecutive or non-consecutive working days, within 30 days from the birth of the child, five of which must be taken consecutively immediately after the birth (Article 43), paid at 100% of the reference income;
- workers with children under the age of 12 or a child, regardless of age, with a disability or a chronic illness living with him/her in the same household, who opts for part-time work or flexible working hours may not be penalised in terms of career appraisal and career advancement (Articles 55 and 56);
- workers with children up to the age of 3 are entitled to teleworking, when this is compatible with the activity performed and the employer has the resources and means to do so (Article 166).

With regard to the take-up of leave to which fathers are entitled, there has been a very positive development in the sharing of leave between mothers and fathers. Trends show an increase in the take-up of benefits intended for the father, both Initial Parental Benefits Reserved for the Father and the shared Initial Parental Benefit.

### **Goal 2: Participation, non-discrimination and social inclusion of older persons are promoted**

#### **RIS Commitment 1: To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages**

In the context of public policy programming, Portugal considers that improving the financial, economic and social sustainability of the social security system must take into account the age of retirement and life expectancy, demographic developments in the country, changes in the labour market and the income replacement rate, as well as the effectiveness of contributory systems in terms of equity and combating evasion and fraud. The following measures will contribute to construction of the social model envisaged for Portugal:

- Study the strengthening of the financing and sustainability of Social Security, through the **diversification of its sources of financing**;
- Ensure that **no changes are made to the rules for calculation of benefits awarded permanently**;
- **Reassess the sustainability factor** In the light of changes in both context and legislation;
- **Reassess exemptions and reductions in contributions** to Social Security;
- **Reinstate the transitional regime for access to early retirement pension** and reassess the whole early retirement scheme;
- Accelerate the **convergence of the Portuguese civil servants retirement and survivor pensions funds (CGA - Caixa Geral de Aposentações) and the General Social Security System (RGSS)**;

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<sup>19</sup> Law 120/2015, of 1 September.





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- Simplify and make **more transparent the social benefits system**, including a comprehensive and coordinated assessment of the welfare system and citizenship protection systems and the study of options for institutional simplification and simplification of the social benefits network.

To achieve these objectives, the Portuguese State will: (i) carry out an overall assessment of the welfare and citizenship protection systems; (ii) promote the dematerialisation of assistance services, favouring online assistance together with telephone assistance, adapted to the needs of citizens, and with face-to-face service with adequate territorial coverage, focusing in particular on those who have greater difficulty in accessing other channels (e.g. through the provision of public services at desks specifically intended for senior citizens); and (iii) implement new functionalities for consultation of contribution careers and the history of benefits received, a forecast of the pension to be received and the submission of applications online, as well as exploitation of the potential of mobile devices as emerging channels of communication, guaranteeing the possibility of permanent interaction between taxpayers and beneficiaries and the Social Security system.

### **RIS Goal 2 - To ensure full integration and participation of older persons in society**

The integration and participation of older people in society have also been concerns of many organisations and local authorities in Portugal. Among the initiatives promoting the integration and participation of the elderly in society are those that reduce the isolation and loneliness of older people and ensure living environments that seek to create new social habits, stimulate skills and rebuild social and affective networks through participation in sports and cultural activities.



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The **Intergenerational Programme**, launched in 2012 by the Santa Casa da Misericórdia de Lisboa (SCML), aims to take preventive action against situations of isolation and loneliness among elderly residents in Lisbon, as well as to help meet their needs and solve their problems. Teams of young people visited every parish in the city, street by street, door by door, between March and July 2012, and made more than 30 000 contacts with elderly people, applying a questionnaire to 22 823. During this period, these teams referred to the SCML Elderly Care Teams (EAI) 542 elderly people considered to be in urgently requiring support. Technical assessments were made of all these people, through home visits and they were referred to the most appropriate responses. The EAI of the SCML regularly monitor the older people who have been flagged by various entities, including the Public Security Police, Parish Councils and Civil Protection. Between 2013 and 2015, 3 517 elderly people were referred to the Support Teams for the Elderly.

To counter the isolation of the elderly population of Lisbon confirmed in the social diagnosis carried out by the Intergenerational Programme, in 2013, in partnership with some parish councils, the **“Live better” Project**, which seeks to create new social habits, stimulate skills and rebuild social and affective networks through participation in sporting and cultural activities.

From 2013 to 2015, regular and free physical activity sessions were held in the city’s gardens, encouraging the elderly to get out of their houses and participate in activities with other people, resulting in a total of 23 219 participations in physical exercise sessions in the gardens of Lisbon

In 2015 the “live better” Project sought to reach more older people in a variety of ways, promoting the cultural offerings of many different museums in the city and awareness at entities provide support for the elderly population, involving the participants in decision-taking about future initiatives. Thus, in addition to the sports sessions, the Intergenerational Programme developed two new activities: **“ConViver Melhor”**, a platform to collect and distribute tickets for cultural and recreational activities, that resulted in 42 visits to cultural venues, involving a total of 524 elderly people; and “awareness-raising activities” aimed at informing and training the elderly population about the Prevention of Falls, Healthy Eating and Active Life, with 15 actions involving 400 elderly people.

The **“Calm days” Programme**, an initiative of the INATEL Foundation, which aims to provide the senior population with mobility conditions and the possibility of getting to know new places and new people, by staying in hotels for periods of 15 days or more. Since 2012, 1 561 people have travelled this way.

For the older generation that emigrated many years ago, but whose life has not given them economic stability, the **“Portugal in the Heart” Programme** has offered Portuguese citizens over 65 who reside outside Europe and have not visited Portugal for more than 20 years an opportunity to actively discover its human, cultural, gastronomic and landscape heritage and to visit their native land once again. This Programme, with intergovernmental support, has been developed by the INATEL Foundation since 1996 and since then 698 emigrants have visited Portugal.

### **RIS Commitment 4: To adjust social protection systems in response to demographic changes and their social and economic consequences**

Social security systems are dynamic and as such are capable of adjusting to economic and social changes. In this sense, Portugal increased social pensions and minimum pensions corresponding to contributory careers of less than 15 years in years 2012 to 2015, in a general context of freezing of invalidity and old age pensions since 2010.

Also in this context, in 2016, due to the reinstatement of the rules for automatic updating of the pensions in the general social security system and the convergent social protection scheme (civil servants admitted up to 2006), which had been suspended in 2010 in order to reduce public expenditure, all statutory and regulatory invalidity and old-age pensions under the general scheme, awarded before 1 January 2015, of an amount equal to or less than €628.83, were updated by 0.4%. Pensions of more than €628.83 have not been updated.



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In the interests of the elderly, under the legal regime of old-age protection in the general social security system, an obligation was introduced for the administrator of the pension system to consult the beneficiary about their decision to access early retirement given the amount calculated, in order to guarantee that effective access to the pension is a conscious and informed decision. This way, from 2016, the effective deferral of the old-age pension will require the beneficiary to be informed in advance by the administrator of the general pension scheme of the amount of the pension to be awarded and the subsequent express declaration by the beneficiary of their interest in maintaining the decision to access the early pension.

Also in the field of social security, there are some rules that have made a sustained contribution to the increase in the effective retirement age, as well as to the high activity rate of the elderly in Portugal (the highest in the EU) - penalties for early access to the old-age pension, bonuses for access to the pension after the normal age of and actuarial increases in the pension for the exercising a professional activity. Some of these incentives were adjusted between 2012 and 2016.

It should be noted that between 2012 and 2015, the rules relating to the early access to the old-age pension under the flexibility scheme was suspended, as mentioned above.

Another measure related to calculation of the early retirement pension is the change, effective from 1 January 2015, in the rule of reduction of months of anticipation according to the years of contributory career, for the purpose of determining the overall rate of reduction of the pension, with the aim of making it fairer and more equitable and encouraging longer contributory careers. The months of anticipation are now reduced by four months for each year of contributory career exceeding 40 years (at the time of retirement), instead of the 12 month reduction for each three-year period that exceeded 30 years (at the age of 55).

### **RIS Commitment 8: To mainstream a gender approach in an ageing society**

The measures that respond to the strategic objectives of Social Inclusion and Ageing in the 5th National Plan for Gender Equality, Citizenship and Non-Discrimination 2014-2017 and with the greatest impact on older women are: Measure 31 - Monitoring social benefits under the solidarity subsystem from a gender perspective; Measure 34 - Develop awareness and training actions that include gender dimensions aimed at professionals working with vulnerable populations; Measure 36 - Cited above in *Objective 1*; and Measure 37 - Promote actions to train professionals from the security forces and social action services with regard to gender and ageing issues.

In compliance with Measure 37, five training actions were carried out in 2014 aimed at the public security forces, social security professionals and social networking professionals from the Municipal Councils of Odivelas and Palmela. The actions were organised by the authors of publications produced within the scope of the “Gender and Ageing: planning the future now!” project. In 2015, the Commission for Citizenship and Gender Equality (CIG) also carried out three awareness-raising actions aimed at the security forces, on the same theme.

On the other hand, the “Gender and Ageing: planning the future now!” project, coordinated by the CIG and funded by the European Commission, under the PROGRESS Programme, which ran from November 2010 to July 2012, focused on the issue of the relationship between Gender and Ageing, based on the observation that sexual belonging together with old age are strong factors of social discrimination. This project was also part of the National Action Programme of the European Year for Active Ageing and Solidarity between Generations.



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The project was based on a diagnosis<sup>20</sup> of the real conditions in which older men and women live in Portugal, identifying the problems they face in the various dimensions of their lives, particularly in education and training; health, housing; professional status (active or inactive); economic resources; social protection; family and issues of isolation and caring for other dependents; security and social participation and integration into their community.

Following this diagnosis, recommendations were made<sup>21</sup> aimed at promoting the integration of the twofold dimension of gender/age in policies, programmes, measures and actions of the Central and Local Public Administration services and of public and private entities whose actions are directed at or focused on the elderly population. Two guides were also drawn up and published<sup>22</sup> to support professional and organisational practices in the fields of social action and security, respectively. These practical guides are intended to support changes in institutional, organisational, technical and professional practices.

### **ImAGES Intergenerational Programme**

The SforAGE Project (Social Innovation for Active and Healthy Ageing), which was launched in 2012 and is due to end in 2016, is an international partnership financed by the European Union (under the EU FP7 framework). It has 19 partners from various sectors of society, such as: Universities, Public Administration, NGOs, among others. Under this project, the Centre for Social Research and Intervention at the University Institute of Lisbon (ISCTE-IUL) and Santa Casa Misericórdia de Lisboa set up the ImAGES Intergenerational Programme. SforAGE pursues to strengthen cooperation among the stakeholders working on active and healthy ageing. The ultimate goal is to put together scientists, end-users, civil society, public administrations and companies in order to improve the competitiveness of the European Union regarding the promotion of research and innovative products for longer and healthier lives.

This innovative program was purposely designed to intervene on age prejudice (ageism) and to promote solidarity between generations. The Needs Assessment Study has revealed that, as with adults, children and young people also share a paternalistic view of the elderly, perceiving them as incompetent but friendly.

The specific aims of the ImAGES programme was to deconstruct this type of negative stereotype and to change young people's representations about the elderly, providing situations of positive contact between young people and older people. In addition to Portugal, where 62 seniors from the SCML and 112 young people from the public schools were involved, the programme was also implemented and successful in other countries such as Lithuania, Austria, Italy and Brazil, highlighting significant changes in representations of age. The programme offers a free e-book<sup>23</sup>, with step-by-step explanations of the actions that should be taken to implement ImAGES.

<sup>20</sup> Cadernos Condição Feminina N.º 65 - *Género e envelhecimento: planear o futuro começa agora!, estudo de diagnóstico* / Heloísa Perista (coord.), Pedro Perista, 2012

<sup>21</sup> The recommendations were published by the CIG (Outra – *Género e envelhecimento: planear o futuro começa agora!, recomendações* / Heloísa Perista, Pedro Perista. 2012).

<sup>22</sup> The guides were published by the CIG, in its Collection Bem-me-Quer (N.º 17 - *Mulheres, homens e envelhecimento: um guia para Serviços de Ação Social* / Heloísa Perista, Pedro Perista. 2012, e N.º 18 - *Mulheres, homens e envelhecimento: um guia para as Forças de Segurança* / Heloísa Perista, Pedro Perista. 2012).

<sup>23</sup><http://www.levaonline.com/pt/livros/ciencias-sociais-e-humanas/antropologia-e-sociologia/images-ebook/>;

<http://www.levaonline.com/pt/livros/ciencias-sociais-e-humanas/antropologia-e-sociologia/images-a-idade-somos-todos-nos-ebook/>



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### Goal 3: Dignity, health and independence in older age are promoted and safeguarded

#### RIS Commitment 7: To strive to ensure quality of life at all ages and maintain independent living including health and well-being

In the context of social solidarity, the area of cooperation between the State and Private Social Solidarity Institutions or similar entities (PSSI) is of central importance in terms of the implementation of social protection measures and services. Through the model currently in force, the State provides PSSI with the necessary technical and financial support to ensure measures/services in the area of social protection/action.

##### - **Cooperation Agreements between the State and the Private Social Solidarity Institutions (IPSS)**

In 2015, there were 6 425 social responses with cooperation agreements between Social Security and Institutions or equivalent aimed at the elderly, covering 179 901 people, with a corresponding financial contribution of 544 177 381.00 euros. The distribution of the total number of users among the six social responses specifically intended for the elderly was as follows in 2015: Home Support Services (38.6%); Residential Structure for the Elderly (32.4%); Day Centre (22.7%); Social Centre (6.2%); Night Centre (0.1%); and Family Care (0.0%).

Regarding changes<sup>24</sup> in the number of cooperation agreements per social response, between 2012 and 2015 only the responses Residential Structure for the Elderly (ERPI), the Home Support Service and Day Centre recorded growth of 16.0%, 3.0% and 2.8%, respectively. In the period under analysis, the number of users for practically all responses increased, with the exceptions of Night Centres (-35.3%) and Social Centres (-6.1%).

Concerns about the quality of life and well-being of the elderly were also behind the intervention of the social security system, with an increase in the number of vacancies in residential structures for the elderly<sup>25</sup> and social facilities where social support activities are provided. Important changes in this area were introduced in 2014, with the adoption of a law<sup>26</sup> that altered the rules for the installation, operation and supervision of social support establishments managed by private entities and also<sup>27</sup> the regulatory model for family contributions due for the use of social services and facilities of private social solidarity institutions.

Another of the measures envisaged at that time was the expansion of the solidarity network of Meal Centres and, more effectively from 2016, access<sup>28</sup> to social tariffs for natural gas and electricity.

##### - **National Network for Continued Integrated Care**

As part of the expansion and improvement of the National Network for Continued Integrated Care (RNCCI), a national coordination office was created to reform the National Health Service in the area of continued integrated care, interconnecting health sector and social security networks; and rules were defined for coordination between hospital support teams in palliative care and pain management units.

Coordination of the RNCCI is carried out at national level and is based on operational, regional and local coordination. Regional coordination was consolidated with the creation of five regional coordinating teams (ECR), with one ECR for each Health Region. These teams are multidisciplinary, with representatives from Regional Health Administrations (ARS) and District Centres of the Social Security Institute (ISS, I.P.).

<sup>24</sup> Source: ISS, I.P. junho/2016 – Indicadores de Gestão Ação social 2015 – Suplemento/Gabinete de Planeamento e Estratégia.

<sup>25</sup> Cf Ministerial Order 67/2012, of 21 March.

<sup>26</sup> Decree-Law 33/2014, of 4 March.

<sup>27</sup> Technical Guidance Circular 4/2014, of 16 December, from Directorate-General of Social Security.

<sup>28</sup> Created by Decree-Law 138-A/2010, of 28 December and by Decree-Law 102/2011, of 30 September.



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At the level of local coordination, the operational coordination of the RNCCI is ensured by Local Coordinating Teams (ECL), including at least, from the health sector, one doctor and one nurse and, from the social security sector, preferably one social worker. There are currently around 86 ECL.

The proximity responses of the RNCCI are home and community-based, organised into long-term care and day unit teams. There are currently 6 585 of these teams in Portugal.

There are also palliative care responses in the inpatient unit for palliative care, with intra-hospital support teams in palliative care, and home-based responses through community support teams in palliative care.

New specific RNCCI responses are being developed in the areas of mental health, dementia and paediatrics.

In the period between 2012 and 2015, there was a gradual increase in the number of places in the Network's inpatient care units. In general terms, the number<sup>29</sup> of inpatient care places of different types in this period rose from a total of 5 911 places on 31 December 2012 to 7 759 contractual inpatient care places in operation, at the end of December 2015, distributed as follows: 784 at Convalescence Units (UC), 2 306 in Medium-Term and Rehabilitation Units (UMDR), 4 411 in Long-Term Care and Maintenance Units (ULDM) and 278 in Palliative Care Units (UCP).

The care type with the highest number of places was still ULDM, representing approximately 57% of the total internment care places in the RNCCI. Compared with 2014, in relation to the number of places supported by Social Security, there was a rise of 7% in ULDM and 12% in UMDR.

In regional terms in the types referred to above, there was a greater increase in Lisbon and Vale do Tejo, followed by the Centro region. The district with the highest number of places in all types of internment care is Lisbon, followed by Coimbra.

The number of contractual places is distributed among 214 Internment Units, of which there are 112 Private Social Solidarity Institutions (IPSS)/Santa Casa da Misericórdia, 55 IPSS/Others, 34 Private Institutions and 13 Service.

In 2015, the follow-up and monitoring of the patient care movement (inpatient units and home teams) highlighted the following provisional data: (i) 41 117 patients were referred; (ii) the Norte and Lisboa e Vale do Tejo regions are those with the highest referral percentages, 32% and 29% respectively; (iii) the number of patients admitted was 35 753; and (iv) 35 154 discharges were recorded.

With reference to the approved budget for social support expenditure, there was an implementation rate of 92.6%, amounting to 34 860 651.32 euros in 2015. The physical implementation of the RNCCI in the period 2012-2015 totalled support of 120 778 519.21 euros, rising from 26 456 838.32 euros in 2012 to 34 860 651.32 euros in 2015, representing growth in support of 31.8%.

To meet the growing needs of the population, over the 10 years of RNCCI's existence, the number of inpatient care places in the Network increased, on average, 1 000 inpatient care places per year, reaching 7 762 beds in June 2016. The accumulated number of patients assisted in 2016, since the beginning of the RNCCI, is 202 794.

### - Health + Social Security Coordination for Planning of Hospital Discharges

Considering the social reality of elderly and both physically and mentally disabled people who remain in hospitals, procedures were intensified for coordination between social security services and health services to promote the safety of these citizens. Thus, in September 2015, the "Health + Social Security Coordination Manual for Planning Hospital Discharges<sup>30</sup>" ("Saúde + Segurança Social para o Planeamento das Altas Hospitalares") was published, which aims to delimit Health + Social Security

<sup>29</sup> No. of internment care places was 6 642 on 31 December 2013 and 7 160 on 31 December 2014.

<sup>30</sup> Available at: <http://www.acss.min-saude.pt/Informação/Circulares/tabid/100/language/pt-PT/Default.aspx?PageContentID=100>.





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coordination, in order to ensure that: (i) the social service of the hospital carries out social assessment to identify and obtain more detailed information on the essential aspects; (ii) the social service of the hospital refers to Social Security citizens with planned clinical discharge remaining in hospital units due to social and clinical diagnoses and who require social integration; and (iii) Social Security's social action services develop the necessary procedures for social integration.

### - **Family Care for the Elderly and Adults with Disabilities**

Family Care<sup>31</sup> for the Elderly and Adults with Disabilities is also a social policy measure that consists of integrating, on a temporary or permanent basis, with suitable families, elderly or disabled adults who, for physical, mental or social reasons, cannot remain in their own homes. The technical monitoring of this measure is carried out by the District Centres of Social Security Institute (ISS, I.P) with the host families and people hosted. Between 2012 and 2015, the 2 314 existing host families hosted for 4 547 people and there was a decrease in hosted families of around -18.5%<sup>32</sup>.

### - **National Mental Health Programme**

In addition to activities to promote health and improve health care, covering the various life stages, the Priority Health Programmes coordinate, participate in or support initiatives and projects in the field of active and healthy ageing, including the National Mental Health Programme, which includes several actions/projects:

- Training for health professionals in the provision of care for people with Alzheimer's disease and other dementias (Alzheimer Portugal Association);
- Project: Identification of problems and psychosocial needs of elderly people in Day Care Centres and Residential Homes;
- Project: Characterisation of functional and biological factors with an impact on cognitive decline in the Portuguese Population (Cell Biology Neuroscience Centre, University of Coimbra);
- Incidence study of cognitive deficit and dementia in a representative sample of the Portuguese population (Research Centre of the Cognitive and Behavioural Studies and Intervention Centre of the Faculty of Psychology and Educational Sciences, University of Coimbra);
- Training of formal carers of elderly people in nursing homes (Escola Superior Dr. Lopes Dias, Polytechnic Institute of Castelo Branco);
- CuiDem Project - Care for Dementia (Centro de Atendimento 50+);
- Survey on the care situation of older people in the field of psychiatry and mental health and opinion questionnaire on forms of dementia;
- MentHA - Mental Health Ageing (Centre for Research and Development at the Beira Association).

### - **Preventing Diseases - "Prevent to win"**

The national level "Prevent to Win" projet was developed by the Union of Portuguese Mutualities (UMP) between March 2014 and March 2015, resulting from the organisation's perception and awareness of early diagnosis as a fundamental factor to prevent illness. This project promoted health screening programmes, with the objective of facilitating access to diagnoses and treatment referrals, focusing on cardiovascular diseases, respiratory diseases, hearing and vision problems in the general population and giving priority to the elderly and/or citizens at risk of social exclusion.

<sup>31</sup> Decree-Law 391/91, of 10 October.

<sup>32</sup> The number of host families fell from 642 to 523 and number of people hosted fell from 1 264 to 1 036.



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“Prevent to win” was promoted by nine partners in different regions of the country (Norte, Centro, Lisboa, Alentejo and Algarve), who carried out health screenings through voluntary, confidential and free instant tests and awareness raising actions aimed at promoting health education, active citizenship, well-being and healthy living. The project was also closely coordinated with the Regional Health Administrations, the Ministry of Health and the Ministry of Labour, Solidarity and Social Security.

Under the project, a number of activities were carried out, from the north to the south of the country, including health promotion and education actions, as well as campaigns to prevent pathologies. Among the various themes addressed in the context of information and awareness activities were those related to Active Ageing (fundamental issues, concepts and determining factors of ageing) and Active Ageing and Healthy Habits, in order to prevent and minimise the segregation and/or social and personal exclusion of the elderly.

In terms of results, the project has been successful, as all the objectives proposed, in terms of both number of hours and number of beneficiaries covered, have been exceeded. A total of 13 823 health screenings (compared to 4 665 screenings originally planned) were carried out, involving 5 304 men and 8 519 women. The information and awareness activities included 304 hours of training (compared to 216 hours originally planned), involving 760 men and 1 264 women.

### - Senior Tourism, Health and Spa Programme

In order to improve the quality of life and well-being of the elderly population and to encourage access and participation of low-income seniors in tourism programmes, since 2012/2013, the INATEL Foundation has been supporting national initiatives aimed at people over 55, some of which are the continuation of government initiatives, including the Senior Tourism Programme which aims to provide a tourism programme for the senior population and has already involved in its new phase (2012/2013) a total of 26 245 people; And the “Senior Health and Spa” programme, aimed at health and social tourism, offering the senior population access to spa treatments for periods of 12 to 13 days, thus guaranteeing the minimum number of treatments for immediate effects. This programme also includes outreach activities and day trips. Since its implementation, 4 954 participants have been involved in trips.

### **RIS Commitment 8: To mainstream a gender approach in an ageing society**

In the context of the 5th National Plan to Prevent and Combat Domestic and Gender Violence promoted by the CIG, Strategic Area 1 “Prevent, Raise Awareness and Educate” includes Measure 8 - Conduct awareness-raising actions about violence against older people, the aim of which is to increase the level of awareness and knowledge about domestic violence against elderly people.

In Strategic Area 2, “Protecting Victims and Promoting their Integration” includes Measure 28 - Ensure that there are responses at the district level capable of intervening with particularly vulnerable victims, such as the elderly and persons with disabilities, the aim of which is to create at least one specialised response per district with the capacity to intervene with particularly vulnerable victims, such as the elderly and people with disabilities.

#### **“It’s never too late” Campaign**

In 2014, the CIG promoted the “It’s never too late” campaign, aimed at older people, especially women, and aiming to raise awareness about violence against older people, alerting them about the special vulnerability of women to domestic violence. This campaign was relaunched in three regions (north, centre and south) of the country and the various sessions were presented by ambassadors, who sought to express the idea that it is Never Too Late to live a life without violence.





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Strategic Area 4 “Training and Qualifying Professionals” includes Measure 42 - Expand training actions to professionals who directly or indirectly intervene in the area of domestic and gender violence<sup>33</sup>. The objectives of this measure are to offer these professionals various areas of specific training in gender violence/domestic violence; creation of a benchmark and training support manual, aimed at intervention with particularly vulnerable victims, such as the elderly and persons with disabilities; and training of professionals to intervene with particularly vulnerable victims, such as the elderly and persons with disabilities.

### - “Ageing and violence” Project

The Ageing and Violence project<sup>34</sup>(2011-2014), funded by the Foundation for Science and Technology, was coordinated by the Department of Epidemiology of the National Health Institute Doutor Ricardo Jorge (INSA), and had as partner entities: CESNOVA from the Faculty of Social and Human Sciences of UNL (CESNOVA/FCSH); the National Institute of Forensic Medicine and Forensic Science (INMLCF, IP); the Portuguese Association of Victim Support (APAV); the Social Security Institute (ISS, IP) and the National Republican Guard (GNR). The project comprised two distinct studies: a population study of violence and a study of victims of violence.

The aim of this project was to estimate the number of victims of violence in the population aged 60 and over resident in Portugal, as well as to reconstruct the logic and conditions of the occurrence of such situations in the context of family life.

The main results allowed us to estimate that 12.3% of the population aged 60 and over have been the victim of at least one case of violent conduct from a relative, friend, neighbour or paid professional. Predominant among the victims are women (76.1%) and the age group from 60 to 69 (49.8%) predominated. Of the five types of violence assessed (financial, physical, psychological, sexual and neglect), financial violence and psychological violence both have a prevalence of 6.3%. Of the total number of victims, only one-third reported or complained about the situation of violence they had experienced.

The two studies are indicative of the importance of the problem in Portuguese society and the results show that victims of violence living in the community are above all victims of their own family, whether close or extended. Family ties, protection of the family and fear of reprisals are strong reasons to silence the victims of violence and complaints were still a taboo for many victims.

### - “Lives - Enhancement and Innovation in Dementia” (VIDAS)

In February 2014, an agreement was signed with the Union of Portuguese Misericórdias (UMP) to organise the pilot project “VIDAS” for patients with dementia, based on a specific training network for carers and professionals. Other partners in the project are the Alzheimer Association of Portugal and the Directorate-General of Health. Through investment of 3.6 million euros that includes training social institution staff, the aim of this project is to survey the population with dementia in order to ensure prevention and earlier diagnosis and to provide patients with a better quality of life, guaranteeing more appropriate treatment.

In the framework of the two-year study conducted under the “VIDAS” project, the UMP found that almost 80% of elderly people living in residential homes suffered from dementia, which suggests the need to transform these institutions, since they are not prepared to accommodate people with

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<sup>33</sup> a) Health professionals; b) Professionals from the Social Security technical teams; c) Education professionals; d) Professionals from the national victim support network; e) Professionals from employment centres; f) Professionals working in the area of immigrant reception and integration; g) Media professionals; h) Professionals working at support facilities for the elderly.

<sup>34</sup> Study available at: <http://www.insa.pt/sites/INSA/Portugues/ComInf/Noticias/Paginas/PubEnvelhecimentoViolencia.aspx>.



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dementia. The UMP study involved 1 503 elderly people from 23 institutions, aged between 46 and 105 years, most (709) aged 80 to 89, 30% male and 70% female.

### **Goal 4: Intergenerational solidarity is maintained and enhanced**

#### **RIS Commitment 1: To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages**

Promoting and strengthening intergenerational dialogue and intergenerational learning is the challenge of some of the existing social responses in Portugal, including Aldeia de Santa Isabel - “The House of People of All Ages”, which is a multi-purpose, social action facility, belonging to the Santa Casa da Misericórdia de Lisboa that hosts an Education-Training and Community Social Action project based on a culture of intergenerationality and also has a Home for Children and Young People; an Old People’s Home; a company specialising in social/vocational integration (for young people at risk aged 18 or over); and a Vocational Training Centre (for young people over 15 and up to 24, who have left the education system prematurely and are at risk of social exclusion).

One of the essential components of the operation of Aldeia de Santa Isabel and the Educational and Training Model of its Vocational Training Centre is its intergenerational dimension, developing integrated educational practices and processes, from a perspective of social, cultural and community activities, promoting intergenerational relations. The Vocational Training Centre conceives and develops, together with the homes for the elderly and children, a series of extracurricular activities called “Aldeia de Santa Isabel Intergenerational Programme”, which is a fundamental factor for the implementation of the strategies defined for each social response. The activity projects developed within the framework of these community and intergenerational dynamics include:

- “Living Longer, Learning More” - encourages the sharing of life and professional experiences between generations;
- “Heart Friend” - promotes various joint activities involving children/young people and the elderly;
- “Community Garden” - involving elderly and young trainees in the sharing of knowledge and agricultural activities;
- “Spelling Competition” - activity held during the school year in classrooms, promoting interaction and competition between students, young people from the Children’s Home and users of the Home for the Elderly;
- “Cooking Studio” and the “Dance Art” project (elderly and young people dancing, music of each generation); and the
- Aldeia de Santa Isabel Choir, with the participation of users and professionals.

#### **RIS Commitment 4: To adjust social protection systems in response to demographic changes and their social and economic consequences**

Under the overall goal of strengthening intergenerational solidarity, as mentioned in Objective 2, RIS 4 commitment, of the rules for automatic updating of pensions were reinstated in 2016. The normal age of access to the old-age pension also rose to 66 in 2014 and this was also in effect in force in 2015.

Starting in January 2016, the normal age for taking up old-age pensions automatically changed according to the evolution of the average life expectancy at 65 years of age between the second and third years preceding the year of retirement<sup>35</sup>, with the aim of adapting the pension system to demographic changes. Thus, in 2016, the normal age for access to old-age pensions increased by 2 months, to 66 years and 2 months, in accordance with the legally prescribed formula for setting the

<sup>35</sup> Cf Decree-Law 167-E/2013, of 31 December.



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normal age for access to the old-age pension, introduced at the end of 2013, which took into account the effects of the evolution of the average life expectancy at 65 between 2013 and 2014, the third and the second years preceding the year of retirement, respectively.

The calculation formula for the Sustainability Factor, which has been applied only to early retirement pensions and relative invalidity pensions since 2014, was also altered by moving back the initial reference year of the average life expectancy at age 65, as already mentioned. This had a negative effect led to a reduction of the amount of early retirements<sup>36</sup>. Thus, in parallel with the increase in the average life expectancy at age 65, the weight of the sustainability factor has also increased as a parameter that negatively affects the value of early retirement pensions, currently corresponding to 0.8666<sup>37</sup>, which should be an incentive for older beneficiaries to remain in the labour market, since this factor has a significant decreasing effect on the value of the statutory pension in early retirement (a direct reduction of 13.34% in 2016), to which must be added the normal 0.5% penalty for each month of anticipation.

Since 2014, the highest pensions have been subject to an Extraordinary Solidarity Contribution (CES), with the objective of involving current pensioners in the effort to financially rebalance the social security system, even though the application basis of this contribution has significantly fallen and it is expected to be completely eliminated in 2017, in compliance with the decisions of the Constitutional Court on this matter.

### **RIS Commitment 8: To mainstream a gender approach in an ageing society**

In order to increase opportunities for balancing work and personal and family life, but also as a means of strengthening intergenerational solidarity, the Labour Code establishes that, in specific situations, working grandfathers and grandmothers are entitled to miss work to provide assistance to grandchildren, in the place of their parents (Article 50). In the same vein, changes to the law<sup>38</sup> on public sector work have offered workers the possibility of half-day work, provided they are 55 or over and have grandchildren under the age of 12 or have children under the age of 12 or children, regardless of age, with a disability or a chronic illness.

#### **“It’s never too late” Campaign**

The “It’s never too late” promoted by the CIG in 2014, aimed at older people, especially women, also helped strengthen intergenerational solidarity by warning about how older people (and particularly women) are often abused by younger generations of their own family (“They tell me that it is best if they take care of my money”; “They tell me I’m no longer any use here” were some of the comments heard during the campaign).

### **RIS Commitment 9: To support families that provide care for older persons and promote intergenerational and intragenerational solidarity among their members**

The care provided by family members to dependent elderly people still represent a strong expression of family solidarity in today’s national reality. The social and political recognition of this act of caring is essential for the sustainability of a more cohesive and supportive society.

Temporary inpatient care stays in order for carers to be able rest are still recent services in Portugal. The measure of rest for carers is contemplated in the National Network of Integrated Long-Term Care, as the possibility of temporary stays by dependent persons in Long-Term Care and Maintenance Units (ULDM), due to family support difficulties or to need for rest of the primary carer, up to 90 days a year. Some social and private sector institutions offer temporary care solutions.

<sup>36</sup> Decree-Law 167-E/2013, of 31 December.

<sup>37</sup> Cf Ministerial Order 67/2016, of 1 April.

<sup>38</sup> Law 84/2015, of 7 August, which made the first amendment to the General Law on Public Sector Work, Law 35/2014, of 20 June.



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The creation of the informal carer and the definition of measures to support people (family, neighbours or friends) who care for dependents at home are part of the recommendations made to the government by the Assembly of the Republic. The Ministry of Health is working in this area in conjunction with the Ministry of Labour, Solidarity and Social Security, and expects to present measures on this matter in 2016.

### **“Takecare of Who Takes Care”**

The “Takecare of Who Takes Care” project, developed between 2009 and 2013 in five municipalities in the Entre Douro e Vouga region, was recognised as an innovative project in terms of intervention with informal carers of people with dementia. Up to May 2013, it had covered 288 informal carers from five municipalities, created 37 psycho-educational groups and outlined the profile of the informal carer in that region, involving a budget of around 193 000 euros. The results of the project showed that it should continue and in 2014 the project entered a second phase, continuing in those five municipalities and extending to the remaining 12 municipalities in the Greater Porto Metropolitan Area, until 2016. This new phase also aims to replicate the model by empowering an NGO in each municipality to implement the project in their area. The promoter of this project is Centro de Assistência Social à Terceira Idade e Infância de Sanguedo (CASTIIS) and its partners are Santa Maria da Feira Municipal Council, Centro Hospitalar de Entre o Douro e Vouga, EPE and CASO50+ Associação. In the first phase, it was financed by the Calouste Gulbenkian Foundation (FCG) and Santa Maria da Feira Municipal Council, while the second phase is funded by the Active Citizenship Programme, managed by the FCG.

Ageing and its social and economic impact have become some of the most important challenges of the 21st century, requiring the concerted action of all sectors. The intervention of business is essential to promote active ageing and intergenerational dialogue, particularly at the level of corporate social responsibility.

### **Active ageing in the business context**

In this framework, Corporate Citizenship Reflection and Support Group (GRACE<sup>39</sup>), started a project in 2012 with the goal of promoting Active Ageing and Solidarity among Generations in the Business Context, by drawing up a guide to good practices by and for companies, with information on how to act in terms of Human Resources and Community relations. The preparation of this guide to good practices was a way of making companies aware of active ageing and of their opportunities and challenges, and of introducing this theme into their work agenda, in the context of Corporate Social Responsibility, through inspiring good practices. In its field of action, GRACE considers, for example, that the role of companies in active ageing must be addressed, through the implementation of measures that encourage companies to adopt internal social responsibility practices that favour active ageing and support employees who are carers.

<sup>39</sup> [www.grace.pt](http://www.grace.pt)



#### 4. Regional Cooperation

##### **RIS Commitment 10: To promote the implementation and follow-up of the regional implementation strategy through regional co-operation**

Portugal is proud of the many and very important multilateral initiatives promoted through both the United Nations and the European Union in which it has participated, particularly under the United Nations Economic Commission for Europe (UNECE) in the Working Group on Ageing and the Ministerial Conferences on Ageing, at the International Labour Organization and the International Social Security Association.

Portugal attended the UNECE Conference on Ageing in León (2008) and supported the efforts of Member States to strengthen the existing rights of older people through better implementation and promotion of MIPAA.

Portugal has also participated in a number of conferences and working groups on demographic trends, pensions and ageing, organised in the context of the European Union, with a view to sharing experiences and good practices.

The various European Union groups and projects in which Portugal has participated include the national representation in the Working Group on Ageing of the Social Protection Committee and it participated in the preparation of Reports on Pension Adequacy between 2014 and 2018. In this context, it is also worth noting that there is a Portuguese representative in the Economic Policy Committee responsible for drawing up of the Ageing Report.

Also, as an associate partner, the National Health Institute Doutor Ricardo Jorge has participated in the European consortium - JA-CHRODIS Project<sup>40</sup> (Joint Action on Chronic Diseases and Promoting Healthy Ageing Across the Life Cycle), the main objective of which is to prevent chronic diseases and promote healthy ageing in the European population across the life cycle. Portugal has contributed to reflection on the global vision of interventions in health promotion and primary prevention carried out in Portugal, in the areas of cardiovascular disease, strokes and type 2 diabetes.

Also notable is the presence of Portugal in the European Innovation Partnership on Active and Healthy Ageing, launched by the European Commission in 2012. Through the Ageing@Coimbra consortium<sup>41</sup> the University of Coimbra has presented commitments to the implementation of programmes in the field of ageing, which served as the basis for the application by Coimbra Region and the Centro Region of Portugal to become a *European Reference Region for Active and Healthy Ageing*, a unique status in Portugal and one of only 32 reference regions in the EU. This consortium seeks to enhance the role of the elderly in society and encourage projects and programmes of innovative good practices in health care and social support, scientific research and technological applications, promoting the general well-being of the elderly and active and healthy ageing.

Lastly, Portugal is proud of the mission recently entrusted to organise the next UNECE Ministerial Conference on Ageing, to be held in Portugal in September 2017, as well as the organisation of a Forum with the participation of non-governmental organisations from civil society and academia.

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<sup>40</sup> At present JA-CHRODIS has 67 associated partners and collaborators from national and regional health and research departments from 25 Member States of the European Union and Norway.

<sup>41</sup> <http://www.ageingcoimbra.pt/>



## 5. *Conclusions and Recommendations for the future*

Despite the ageing of the Portuguese population, the current elderly population is living longer and in better living conditions than in the past. Indeed, developments in the social protection and health of the older population, resulting from policy measures, instruments and legislation, as referred to throughout this report, have increased the safety and health of older people. Portugal has made major adjustments to pension systems in line with demographic changes and labour markets and has created conditions for active and healthy ageing.

Portugal has embraced opportunities and challenges related to the ageing of its population through greater and better cooperation between government and social solidarity institutions. The challenges facing Portugal are to reverse the demographic impact (measures to support the birth rate, reconciliation of work and family life, improved support for ageing and dependency), while guaranteeing the quality of the policies and social responses for all citizens and ensuring their sustainability.

As a response to needs arising from the demographic transition and consequent epidemiological transition reflected in the increase in dependency situations, Portugal has been pursuing the adoption of a long-term care policy implemented through the National Network for Continued Integrated Care (RNCCI). This will continue its expansion, with improvements and an increase in the capacity of existing responses, but also through the development and diversification of new responses, with a better understanding of the phenomenon of ageing and dependency and their associated needs.

The development of the RNCCI also foresees the envisages expanding into the area of Integrated Long-Term Mental Health Care, as well as other areas that require more specific intervention, such as dementia. It also envisages strengthening the outpatient component of the RNCCI, through the implementation of Day Care Units in the field and the Promotion of Autonomy. It is an outreach response and its implementation must be based on knowledge of the territory, of transport links, of economic issues and of the preferences of patients and their families.

In Portugal, considering that in 2030 the elderly will represent 26% of the population, the challenges of ageing require concerted efforts in the different Ministries, suggesting the following measures, according to the Major Planning Options for 2016-2019<sup>42</sup>:

- *“Reacting to the demographic challenge”* by promoting an *Agenda for quality of life for all*, which includes:
  - Launching programmes of cities and towns that are friendly to the elderly and to citizens with reduced mobility, in close collaboration with local authorities;
  - Promoting inclusive mobility for all citizens;
  - Including the elderly population in community service programmes with the aim of supporting and assisting the education of disadvantaged youth;
  - Continuing to eliminate barriers to mobility in public spaces;
  - Promoting quality of life; and
  - A new generation of housing policies.
- *“Ensuring the sustainability of Social Security”*;
- *“Promoting employment, tackling precariousness”*, which includes the launching of the *“Generation-Contract”* programme, combining issues of inclusion and job participation profiles with generational balances and different life-cycle phases and generational balances in the labour market; and
- *“Promoting adult education and lifelong learning”*, which includes continuing with the implementation of the Qualifica Programme.

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<sup>42</sup> Law 7-B/2016, of 31 March.



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Portugal is committed to achieving these goals to build a society for all ages and to strengthen the well-being observed over the last few years.



## **6. ANNEXES**

List of Statistical Indicators on Active Ageing



## Annex to the Guidelines for National Focal Points on Ageing

### List of suggested statistical indicators on active ageing<sup>1</sup>

UNECE member States are asked to provide an annex with statistical data — if possible for three distinct years in order to observe the dynamics. Please note that most of the suggested indicators refer to the population aged 55 years and older. Attention should be paid to the suggested variables for corresponding indicators: you may use other proxy measures if these variables are not available. Please indicate in the table the actual variable and source used.

**COUNTRY:** Please type the name of your country here

INDICATOR	SUGGESTED VARIABLE	POSSIBLE SOURCE	Year 1 (2005 or close)			Year 2 (2010 or close)			Year 3 (2015 or close)		
			TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
<b>1. Labour market (older people's contribution through paid activities)</b>											
1.1. Employment rate for the age group 55–59	Same as indicator	Labour Force Survey - Eurostat	58	67	49.9	57.9	65.2	51.3	61.2	66.9	56.1
1.2. Employment rate for the age group 60–64	Same as indicator	Labour Force Survey - Eurostat	41.7	47.7	36.5	40.2	45.4	35.7	37.7	44	32.2
1.3. Employment rate for the age group 65–69	Same as indicator	Labour Force Survey - Eurostat	27.7	35.1	21.5	23.9	28.7	20	18.2	23.6	13.6
1.4. Employment rate for the age group 70–74	Same as indicator	Labour Force Survey - Eurostat	19.2	24.7	15	19.2	24.2	15.2	13	18.9	8.4

<sup>1</sup> This list of indicators is based on the Active Ageing Index methodology and broadly corresponds to the main focus areas of the 2012 Vienna Declaration.

For more information, please consult the AAI wiki (<http://www1.unece.org/stat/platform/display/AAI/Active+Ageing+Index+Home>) or contact the Secretariat on [ageing@unece.org](mailto:ageing@unece.org).

INDICATOR	SUGGESTED VARIABLE	POSSIBLE SOURCE	Year 1 (2005 or close)			Year 2 (2010 or close)			Year 3 (2015 or close)		
			TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
<b>2. Participation in society (older people's contribution through unpaid activities)</b>											
2.1. Voluntary work by older adults (aged 55+)	Percentage of older population (aged 55+) providing unpaid voluntary work through the organizations (at least once a week)	European Quality of Life Survey (EQLS) ND									
2.2. Care to children, grandchildren by older population (aged 55+)	% aged 55+ who provide care to their children and grandchildren (at least once a week)	European Quality of Life Survey (EQLS) ND									
2.3. Care to older adults by older population (aged 55+)	Percentage of older population (aged 55+) providing personal care to elderly or disabled relatives (at least once a week)	European Quality of Life Survey (EQLS) ND									
2.4. Political participation of older population (aged 55+)	Percentage of older population (aged 55+) taking part in the activities or meetings of a trade union, political party or political action group, or signing petitions, including email and online petitions	European Quality of Life Survey (EQLS) ND									

EUROSTA

T\_Percentage of part-time employment of adults by sex, age groups, number of children and age of youngest child [lfst\_hhptechi]

INDICATOR	SUGGESTED VARIABLE	POSSIBLE SOURCE	Year 1 (2005 or close)			Year 2 (2010 or close)			Year 3 (2015 or close)		
			TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
<b>3. Independent, healthy and secure living</b>											
3.1. Physical exercise for older adults (aged 55+)	Percentage of people aged 55 years and older undertaking physical exercise or sport almost every day	Relevant survey									
3.2.1 Access to dental care (for those aged 65+)	Percentage of people aged 55 years and older who report <b>no unmet need</b> for dental examination or treatment during the last 12 months preceding the survey	Relevant survey-SILC	87	88.3	86	87.3	89.4	85.8	81.5	82.1	81
3.2.2 Access to health care (for those aged 65+)	Percentage of people aged 55 years and older who report <b>no unmet need</b> for medical examination or treatment during the last 12 months preceding the survey	Relevant survey-SILC	92	93.6	90.9	97.3	98.1	96.7	94.5	95.6	93.8
3.3. Independent living arrangements (for those aged 75+)	Percentage of people aged 75 years and older who live in a single household alone or in a couple household	Relevant survey									
3.4. Relative median income (for those aged 65+)	Ratio of the median equivalised disposable income of people aged 65 and above to the median equivalised disposable income of those aged below 65	Income and living conditions statistics / relevant survey	0.76	0.76	0.75	0.85	0.92	0.81	0.92	0.98	0.89
3.5. On poverty risk (for those aged 65+)	100 – Percentage of people aged 65 years and older who are at risk of poverty (using the <b>60</b> per cent of median income threshold)	Income and living conditions statistics / relevant survey	26.1	25.8	26.4	20	18	21	17	14	19
3.6. On severe material deprivation (for those aged 65+)	100 – Percentage of people aged 65 years and older who are severely materially deprived (having an enforced inability to afford at least <b>3</b> out of the 9 selected items <sup>2</sup> )	Income and living conditions statistics / relevant survey	31.3	27.7	33.9	24.4	21	26.8	22.2	18.8	24.5
3.7. Physical safety (for those aged 65+)	(% 55+ years who are feeling very safe or safe to walk after dark in their local area) substitut: Crime, violence or vandalism in the area	Relevant survey - SILC survey	9.7			9			14.6		

3.8. Lifelong learning (for those aged 55–74)	Percentage of people aged 55 to 74 who stated that they received education or training in the four weeks preceding the survey	Labour Force Survey	0.4	:	0.5	0.9	0.7	1	3.3	2.9	3.7
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<sup>2</sup> 1) to pay their rent, mortgage or utility bills; 2) to keep their home adequately warm; 3) to face unexpected expenses; 4) to eat meat or proteins regularly; 5) to go on holiday; 6) a television set; 7) a washing machine; 8) a car; 9) a telephone

INDICATOR	SUGGESTED VARIABLE	POSSIBLE SOURCE	Year 1 (2005 or close)			Year 2 (2010 or close)			Year 3 (2015 or close)		
			TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
<b>4. Capacity and enabling environment for active ageing</b>											
4.1. Life expectancy at age 55	Same as indicator	Demographic statistics: Life Expectancy estimates	26.4	24	28.5	27.7	25.1	30	28.6	26	31
4.2. Healthy life expectancy at age 65	Same as indicator	Healthy life expectancy estimates		6.5	5.2		7.1	5.8		6.9	5.6
4.3. Mental well-being (for those aged 55+)	An index that measures self-reported feelings of positive happy moods and spirits	Based on WHO ICD-10 measurement									
4.4. Use of ICT by older adults (aged 55–74)	Share of people aged 55 to 74 using the Internet at least once a week	ICT Survey or any other relevant survey		3		4	5	4	6	6	6
4.5. Social connectedness of older people (aged 55+)	Share of people aged 55 or more that meet socially with friends, relatives or colleagues at least once a week	Relevant survey									
4.6. Educational attainment of older people (aged 55+)	Percentage of older persons aged 55 to 64 with upper secondary or tertiary educational attainment	Labour Force Survey / general statistics on educational attainment by age groups	12.7	14	11.6	15.7	16.7	14.9	24.4	24.5	24.3
<b>5. Other indicators (if applicable)</b>											

**For your information, please see the list of the surveys, data from which were used to calculate the Active Ageing Index for EU28 countries:**

[EU-Labour Force Survey \(LFS\)](#)

[European Quality of Life Surveys \(EQLS\)](#)

[EU-Statistics on Income and Living Conditions \(SILC\)](#)

[European Social Survey \(ESS\)](#)

[Eurostat ICT Survey](#)

[European Health and Life Expectancy Information System \(EHLEIS\)](#)