



Challenges for the operation of councils for the rights of older people and their social consequences

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Abstract

Objective: to understand the perceptions of councilors about the functioning of councils for the rights of older people in the state of Rio Grande do Norte. *Method:* This is an analytical cross-sectional study with a quantitative approach carried out with municipal councilors for the rights of older people in the state of Rio Grande do Norte. 109 councilors participated, with a predominance of full members, female, from government representation and with a higher education level. *Results:* Several challenges were identified for the performance and operation of the councils, among which stand out: isolated actions, low participation of government members and representation of civil society, little time for discussion in meetings and the need for valid instruments to monitor the actions of the councils. Low technical knowledge of the councilors and aversion to divergences and political positions were also evidenced. *Conclusion:* it is essential to ensure intersectoral policies, greater independence from the executive and, above all, greater training of councilors and democratic political strengthening so that they can not only promote, but exercise a socio-political protagonism based on a collective construction and social representation.

Keywords: Aging. Public policy. Rights of Older People. Social Participation. Right to health.

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INTRODUCTION

There is a growing demand for new forms of social organizations due to global aging. It is essential to rethink aging as an essentially social phenomenon and not reduce it to merely chronological and biomedical aspects. In order to meet the demands for representativeness and social participation of older people in Brazil, Law 8842, of January 4, 1994¹, created the National Council for the Rights of the Older Person (CNDI), which consists of a joint body, with an advisory and deliberative character.

The CNDI represents the maximum sphere of participation and social control in the promotion, protection and defense of the rights of older people. The council is committed to formulating, monitoring, inspecting and evaluating social protection policies for this population group. However, the councils for the rights of older people are still fragile, timid and hostage to the actions of managers of the executive branch, since they depend on them for their establishment, from creation to administrative and financial functioning².

However, in 2019, decree n^o. 9.893³ was sanctioned, which aimed to demobilize and centralize the actions of the CNDI. Articulation between government entities and civil society was restricted, the number of councilors, meetings was reduced and its members were submitted to the federal government, solely to the Ministry of Women, Family and Human Rights, hindering the execution of intersectoral policies. Although partially revoked by Decree n^o. 10,643 of 2021⁴, it made clear the purposes of neoliberalism in the face of institutions that seek to strengthen participation and social control.

This neoliberal rationality operates through subjectivation processes guided by discourses saturated with individualist and mercantilist messages whose normativity underlies a specific rationale for governing the life of the population⁵. Neoliberal capitalist society distances itself from older people, judging them as impotent and unproductive beings and, on the other hand, establishes standards of being and living associated with the moralization of physical attributes. A moral filter refractory to old age itself is encouraged based on the exaltation of the

signs of youth, characterized by expressive physical valences, readiness to work and productivity. On the contrary, the older one appears, the less social capital one has⁵⁻⁸. Still in the flourishing of the 21st century, while society enhances longevity, it denies older people their value and social importance⁹.

In view of the exposed challenges and the need for greater visibility and strengthening of social control of public policies for dignified aging, this study aimed to understand the perceptions of councilors about the functioning of councils for the rights of older people in the state of Rio Grande do Norte.

METHOD

This is a cross-sectional study of an analytical nature with a quantitative approach. The study was carried out in the state of Rio Grande do Norte (RN), which has a little over 3.5 million inhabitants¹⁰ of which approximately 500,000 are older people, according to IBGE projections for the year 2022¹¹ and accompanying demographic characteristics. The global trend regarding the significant increase in the older population. It is associated with a substantial increase in life expectancy of almost 140% in the last 40 years, from 55.5 years in 1980 to 76.4 years in 2019¹¹, being considered the second largest magnitude among the Brazilian states in this period.-

Data collection was carried out between the months of September and November 2019 with the municipal councilors present in the training on the Social Control of the Rights of the Older Person, offered in five pole municipalities of the state by the State Council for the Rights of the Older Person of Rio Grande do Norte (CEDEPI/RN). CEDEPI/RN was created by State Law n^o. 6,254, of January 10, 1992¹² and became deliberative, and not just advisory, through the approval of Decree n^o. 29,737, of June 1, 2020¹³.

According to CEDEPI records, there were a total of 75 municipalities with Municipal Councils for Older People (CMPIs) implemented (44.9% of the state), with only 33 of them active¹⁴. Among the 172 participants in the training events, it was observed that some were not councilors (36.5%) and there was a greater participation of those from the

municipalities of the metropolitan region (36.0%), with a lower participation of the municipalities from regions farther from the capital. The sample was given by convenience, with a size defined by the number of responding participants, considering as inclusion factors: being a municipal councilor and being present in the regional trainings that took place in five municipalities of RN: Natal, Mossoró, Pau dos Ferros, Santa Cruz and Caicó and was considered an exclusion factor: the presence of psychomotor and/or visual disorders that hinder the ability to write and/or read.

A structured questionnaire based on research carried out by the Applied Economic Research Study¹⁵ (IPEA) was used for data collection, in addition to other research that discussed the main challenges for constituting councils on the rights of older people^{16,17}. The questionnaire was developed by authors with expertise in aging during a meeting to discuss and define, by consensus, the indicators related to the construct of interest. This questionnaire was structured by 18 closed questions and one open question, divided into three axes: a) characterization of the councilors; b) performance of councilors and c) operation of councils for the rights of older people in the municipalities of RN. The purpose of the open question was to collect information about some peculiarity of the council to which the respondent belongs, considering one of the three axes mentioned or even a consideration about the questionnaire itself.

The questionnaires for situational analysis of the RN councils were given to the councilors at the beginning of the training and a report was made on their application and on the research objectives, as well as clarified that the data will not be personified and, therefore, the link was not discriminated from the councilors to their respective. The collection took place at the end of the meeting. For analysis, we performed the simple sum of the marked items, but in question 3.3 we added the inverse score, that is, for priority “1” (highest priority) we attributed 3 points and for priority “3” (lowest priority among those scored) we attributed 1 point.

We consider the challenges for the functioning of the CMPIs as a dependent variable in view of the following independent variables: a) characterization of the councilors of the municipalities; b) performance and c) operation of CMPIs. We also used, as a method of analysis, the Foucauldian precepts of Biopower, which consist of an immaterial power anchored in bodies and their acts and which aspires to ensure discipline through the regulation of life and normalization of customs¹⁸.

The study was approved by the Ethics Committee of the University Hospital Onofre Lopes (CEP/HUOL) of the UFRN under opinion number 5.224.483.

RESULTS AND DISCUSSION

109 municipal councilors from RN were interviewed. In Table 1, the results referring to the axis of the interviewees' characterization questionnaire are compiled.

There was a predominance of women regarding the occupation of councilors for the rights of older people. Similar characteristics were found in the study by IPEA¹⁵ (2012), in which 12 full councilors and six alternates of the CNDI participated, of which 75% were female.

The predominance of women can be explained by their historical role in the field of social care policies and their low socio-political protagonism. They are ahead in a context of low social capital, as in Brazil there is still a tradition of improvising equipment structures regarding the care of older people, in addition to the low investment in the qualification of teams and representatives¹⁹. However, in the National Congress, where power relations have a wide magnitude, women occupy approximately 15% of the vacancies. Brazil remains one of the countries with the worst female political empowerment index, occupying the 156th position in a list of 190 countries²⁰.

Table 1. Characterization of the interviewees. Natal, RN, 2022.

Variable	n (%)
Sex	
Male	20 (18,3)
Female	87 (79,8)
Color/race	
White	46 (42,2)
Black	7 (6,4)
Yellow	1 (1)
Brown	52 (47,7)
Did not answer	3 (2,8)
Education	
Elementary School	6 (5,5)
High school	21 (19,3)
Incomplete higher	14 (12,8)
Higher education	28 (25,7)
Specialization	34 (31,2)
Incomplete master's degree	1 (0,9)
Complete master's degree	4 (3,7)
Complete doctorate	1 (0,9)
Political stance	
Left	21 (19,3)
Center	8 (7,3)
Right	13 (11,9)
Does not know	11 (10,1)
Did not answer	56 (51,4)
Age Group	
Up to 19	1 (0,9)
20 to 29	19 (17,4)
30 to 39	29 (11)
40 to 59	39 (35,8)
60 or more	18 (16,5)
Did not answer	3 (2,8)
Council status	
Holder	55 (50,5)
Deputy	26 (23,9)
Others	17 (15,6)
Does not know	2 (1,8)
Did not answer	9 (8,3)
Social representation	
Public Power	65 (59,6)
Civil society	36 (33)
Did not answer	8 (7,3)

The results regarding the characterization of the interviewees show that the level of education, 62.4% have at least completed higher education, of the councilors is well above the national proportion, which is only 17.4% of the population with higher education²¹, while the racial issues reproduce the Brazilian social distribution, which in 2018 consisted of 43.1% whites, 9.3% blacks and 46.5% browns²². Most of the councilors represented the public authorities, were holders and were between 31 and 60 years old. This representation was also verified in a study carried out by IPEA¹⁵, in which 69% of the CNDI councilors were aged between 41 and 60 years.

Souza and Machado²³ (2018), consider important the participation of older people in instances of promoting the rights of older people. This is because a greater representation of the main stakeholders in the councils would make it possible to single out and give life to local demands, aiming at the development of their own political guidelines. The lack of this authentic diagnosis of the local reality, in turn, can limit participatory management and the socio-political role of the older person, making municipalities mere executors of federal policies. Other authors, however, defend the technical capacity and educational level as the main assumptions of the board of councilors representing civil society for the greater possibility of exercising an active role in decision-making²⁴.

One cannot accept the idea of incommensurability, focusing only on one variable, in this case, age classification or technical capacity to occupy an essentially political position. It is believed that the ideal would be for councilors, in addition to having a high level of education, to be primarily older people. There is a caveat, as the composition of the councils by older people does not guarantee the legitimacy of local demands, as they may not represent and have not experienced the reality of communities with low social capital, which are the ones that most need public social assistance. For example, in the study carried out by IPEA¹⁵, 94% of the councilors participating in the survey had a monthly income at least 44.7% higher than the national average and almost 50% had an income at least 189.5% higher than the national average.

To corroborate this context, the concept of habitus is brought up, which consists of a tendency

to homogenize the forms of behavior and thoughts referring to people who occupy the same social spaces, being elitist, making it difficult to understand in relation to material needs and interests of less favored social groups²⁵. Therefore, the CMPIs must materialize other strategies to represent the values and needs of the older people in the different performance scenarios beyond technical capacity, highlighting the development of valid instruments to evaluate and monitor decision-making by different social strata, including older people, this being an attribution of the CNDI according to Decree n°. 4,227 of 2002²⁶.

It should also be noted that eight councilors did not know their social representation on the councils and worse, a large part was averse to political stances, with a denial of response by more than 50%. It is reiterated that approximately 10% did not even know their political stances. This fact confronts the function of the councils, which inaugurate a pattern of political activity and consolidation of democracy and social representation of older people, with the purpose of allowing society to participate in defining priorities for the political agenda, as well as in formulating, in monitoring and controlling public policies²⁶. Indeed, political positioning itself is a democratic exercise.

In this way, the councilors seem to be unaware of the scope of their role, which is essentially political. Without a proper understanding of their role, councilors will hardly be able to become subjects of politics, instead of objects manipulated by neoliberal hegemonic powers, which naturalize and blame the health conditions of older people linked to the interests of capital^{7,16,27}. Only in this way will it be possible to act to transform, as such a conquest can never exist if the concrete reality is hidden. This lack of preparation was also reflected in the completion of the questionnaire according to the paragraph referring to the limitations of the study. The need for training councilors was also highlighted in a study carried out by the National Front for Strengthening Councils for the Rights of the Older Person (FFC)²⁸.

The absence of political positioning and the strangeness of the truths that constitute us sustain a social order disguised as technical objectivity in order to legitimize the hegemonic neoliberal biomedical model, which subsidizes the State's lack of

responsibility²⁹. Population aging becomes a burden to be carried from the perspective of neoliberal policies. The State is more concerned with managing older people in order to ensure a reduction in health costs than, in fact, with caring for them. The burden of the State, subverted to the care of an unproductive body marked by old age, conditions changes towards a “reprivatization” of old age, which values individual responsibility and blames negligent older people on their bodies, making them solely responsible for diseases or other conditions that may affect them¹⁷. Generalizing to old age what can be experienced by only a minority of old people and, even more, blaming them for the inability to follow a broad prescription of aging “without old age”, is one of the cruelest paradoxes of productivism.

The neoliberal capitalist imperative distances itself from older people, judging them as impotent and unproductive beings. The social dimensions and natural singularities of the older people are ignored as a perverse counterface of productivity and, moreover, as a pathological state to be treated and, if possible, prevented³⁰. The market, oblivious to social issues, is still a benchmark for all spheres of life. The principle of depoliticization and isolation is consolidated, tending to individualize what should be the object of collective analyzes and political struggles⁷. This approach seeks to deactivate any initiative that has a political or demanding character³⁰.

However, political polarization has been experienced, further weakening debates that promote

participation and social control as instruments of political empowerment³¹. Otherwise, we are increasingly subjected to a neoliberal ideological institution and, therefore, responsible for everything that happens to us, ignoring the social determinants of health. It is necessary, in fact, to deepen democracy. “But in reality, we really need to rescue it from the caricature it has become”²⁷ in order to give voice to the divergences, and not only meet the hegemonic neoliberal precepts that are far from the real values, needs and socio-political protagonism of the older person.

In the axis of the questionnaire referring to the performance of the councilors, an attempt was made to evaluate the composition of the council in terms of the number and forms of choices of the civil or public sectors represented, as well as the degree of articulation of the councils with the public power and civil society (details in Table 2).

In general, there is satisfaction on the part of the councilors with regard to the action taken in the face of the issues raised, but there is less satisfaction with the way of choosing the councilors within the social entities, with a margin of non-satisfaction of 27% of the respondents, very similar to the IPEA study¹⁵, which had 25% of non-satisfaction of the respondents.

In the axis referring to the functioning of the CMPIs, we list some aspects related to the satisfaction of the councilors, as well as the biggest obstacles, as shown in Tables 3 and 4, in general, we list the main initiatives to promote the effectiveness of the councils.

Table 2. Performance of Municipal Councilors for the Rights of Older People. Natal, RN, 2022.

2.1 How do you consider the composition of the council in relation to each of the items below					
	Very satisfactory (%)	Satisfactory (%)	Not very satisfactory (%)	Unsatisfactory (%)	Did not answer (%)
Total number of councilors	27 (24,8)	62 (56,9)	15 (13,8)	1 (0,9)	4 (3,7)
Diversity of sectors represented	18 (16,5)	63 (57,8)	18 (16,5)	3 (2,8)	7 (6,4)
Form of choice of entities with seats on the council	15 (13,8)	65 (59,6)	19 (17,4)	2 (1,8)	8 (7,3)
Form of choosing councilors within the entities	17 (15,6)	57 (52,3)	26 (23,9)	2 (1,8)	7 (6,4)
2.2 Evaluate your degree of articulation with the other sectors of the council, according to the table below (mark with an "X" the column corresponding to each sector)					
	Very satisfactory (%)	Satisfactory (%)	Not very satisfactory (%)	Unsatisfactory (%)	Did not answer (%)
Public Power	28 (25,7)	61 (56)	9 (8,3)	2 (1,8)	9 (8,3)
Civil society	20 (18,3)	49 (45)	28 (25,7)	2 (1,8)	10 (9,2)

Table 3. Functioning of Municipal Councils for Older People. Natal, RN, 2022.

3.1 Evaluate the influence of the Council's performance in relation to the:					
	Very satisfactory (%)	Satisfactory (%)	Not very satisfactory (%)	Unsatisfactory (%)	Did not answer (%)
Public policies to protect older people	15 (13,8)	54 (49,5)	26 (23,9)	3 (2,8)	11 (10,1)
Civil society initiatives	6 (5,5)	43 (39,4)	41 (37,6)	5 (4,6)	14 (12,8)
Productive sector initiatives	2 (1,8)	38 (34,9)	43 (39,4)	8 (7,3)	18 (16,5)
Government initiatives	9 (8,3)	53 (48,6)	26 (23,9)	5 (4,6)	16 (14,7)
Perception of public opinion on the topic	6 (5,5)	40 (36,7)	37 (33,9)	10 (9,2)	16 (14,7)
3.2 Is the language used in meetings easily understood and appropriated by all councilors?					
No					4 (3,7)*
Yes, partially					40 (36,7)
Yes, fully					55 (50,5)
Did not answer					10 (9,2)
3.3. In your opinion, what are the main difficulties and obstacles faced by the council? (mark a maximum of 3 alternatives, listing from 1 to 3 in order of priority. Where 1 equals the main difficulty and 3 equals an important difficulty, but less priority in relation to the others).					
Low representation of the older population, when represented, they do not reach those who actually use public services					97 (13,0) †
Low participation of government members in meetings or deliberations					89 (11,9)
Lack of structure					88 (11,7)
Low qualification of civil councilors					70 (9,3)
Little time for discussion in meetings					65 (8,7)
Low political priority by the executive					50 (6,7)
Excessive bureaucracy					39 (5,2)
Unpaid tenure					38 (5,1)
Little divergence in the opinions of the councilors					36 (4,8)
Very sparse meetings					34 (4,5)
Political matters outside the council					31 (4,1)
Guidelines and subsidies for discussion made available at short notice					24 (3,2)
Maintenance of clientelist standards in the relationship with the executive					24 (3,2)
Coexistence of very different narratives about the problems of old age and their solutions					23 (3,1)
Too many meetings					17 (2,3)
*others					9 (1,2)
Did not answer					15 (2)

* Percentage referring to the number of respondents to items 3.2; †Percentage referring to the total score of the respondents of items 3.3, where we scored 3 points for the item with priority one, 2 points for what had intermediate priority and 2 points for the item that had the lowest priority of the three listed (priority 3).

Differently from the performance axis, in the functioning of municipal councils there were some indicators in which satisfaction was not very predominant. In question 3.1 “Evaluate the influence of the Council's performance in relation to:” the results point to the maintenance of sectoral fragmentation in the structures of the councils' organizations, with a low satisfaction of the councilors in face of intersectoral policies, highlighting the productive, governmental and social sectors.

Intersectorality is conceptualized as a fundamental strategy to face health problems related to social determinants. The proximity of isolated knowledge, without generating new articulations or prosperity of dialogues, is not able to promote synergistic and lasting solutions²³. The councils end up reaffirming the fragility of intersectoral policies based on the low participation of civil society and government representatives in the meetings. The study carried out by the FFC also observed the need for a more aligned action between the councils themselves in the different governmental, federal, state and municipal levels²⁸.

Other aspects were pointed out as obstacles to the functioning of the councils with regard to indicator 3.3, as shown below: “In your opinion, what are the main difficulties and obstacles faced by the council (check a maximum of 3 alternatives, listing from 1 to 3 in order of priority. Where 1 equals the main difficulty and 3 equals an important difficulty, but

less priority in relation to the others)”, of which we highlight: little time for discussion in meetings; lack of structure; low political priority by the executive; low qualification of civil councilors; low participation of government members in meetings or deliberations and the low representation of the older population. The last two indicators reaffirm the fragility of intersectoral policies while the indicator “low qualification of civil councilors”, endorses the previous discussion related to the characterization of the interviewees.

The short time for discussion may be related to the low divergence of opinions among the councilors. These issues bring to light a culture that tries to hide disagreements and seeks recognition through consensus. Other authors point out that the lack of plurality of ideas in decision-making is related to the low technical capacity of the body of civil society councilors, particularly with regard to knowledge of legislation and the functioning of the state machine²⁴. Disagreements rarely appear and when they do, they tend to be seen as consequences of vested interests and even the annoyance of certain councilors¹⁷.

As for the aspects associated with the main initiatives to promote greater legitimacy and effectiveness of action in the councils, we highlight the need to develop an evaluation and monitoring through valid instruments, intersectoral actions and the construction of specific policies, which arise from the community reality (details in Table 4).

Table 4. Main initiatives to promote the effectiveness of the Councils on the Rights of Older People. Natal, RN, 2022.

4.1 Are council goals and actions based on valid indicator systems?	
Yes	74 (67,9)*
No	22 (20,2)
Did not answer	13 (11,9)
4.2 Are there mechanisms to monitor older people care activities?	
Yes	45 (41,3)*
No	46 (42,2)
Did not answer	18 (16,5)
*If yes, which	

to be continued

Continuation of Table 4

4.3 Which of the initiatives would be the most important to ensure the performance of the councils?	
Valid instrument to identify problems, evaluate and monitor the actions of the councils	40 (21,3)†
Seek incentive mechanisms for participation by certain segments.	39 (20,7)
Tax incentives, such as tax deductions, for cash donations made to institutions providing services aimed at the older population	36 (19,1)
Improve the means of communication and dissemination of the council's work	36 (19,1)
Expand articulation with other councils at different levels of the federation	28 (14,9)
Debureaucratization of councils	4 (2,1)
Did not answer	5 (2,7)
4.4 In the exercise of your mandate as a councilor, is there a support base?	
Yes	80 (73,4)*
No	11 (10,1)
Not applicable/Did not answer	18 (16,5)
4.4.1 If yes, which entity represents the support base	
Executive	59 (72)*
Legislative	4 (4,9)
Judiciary	3 (3,7)
Other social representation	16 (19,5)
4.5 In your opinion, what would be the most important practice to guarantee the social protection of the older person?	
Legitimate existing laws	48 (44)*
Re-signify them to adapt to local reality	57 (52,3)
Did not answer	4 (3,7)
4.6 Do you think that the set of Brazilian laws and norms regarding older people are efficient?	
Yes	28 (25,7)*
No	76 (69,7)
Did not answer	5 (4,6)
4.7 Are the councils in which you operate characterized, in fact, as a deliberative body?	
Yes	82 (75,2)*
No	9 (8,3)
Did not answer	18 (16,5)

* Percentage referring to the total score of the respondents; † Percentage referring to the total score obtained from respondents in items 4.3, where we add 1 point for each mark.

Questions 4.1 “Are the goals and actions of the councils based on valid indicator systems?” and 4.2 “Are there mechanisms to monitor older people care activities?” are complementary, but they show a certain contradiction of the respondents regarding the understanding of a system of valid indicators, since in question 4.1, 77% of respondents associated the actions of the councils with systems of valid indicators and in item “4.2”, the respondents cited routine monitoring activities, such as: visits, communication, civil whistleblowing, labor gymnastics, home care

program, among others, which do not characterize valid evaluation/monitoring instruments. This fact is ratified in sequence by question “4.3”, in which the use of valid instruments is pointed out as one of the most important initiatives to ensure the performance of the councils.

Also in question 4.3, the importance of improving the means of communication and mechanisms to encourage plural participation to promote intersectoriality was also highlighted. Another point

highlighted in an intermediate way in question 3.3, but more evident in question 4.3 was the need for tax incentives and financial resources. Questions 4.5 “In your opinion, what would be the most important practice to guarantee the social protection of the older person?” and 4.6 “Do you think that the set of Brazilian laws and norms regarding older people are efficient?” bring a uneasiness of councilors regarding the inefficiency of laws to protect older people. Public policies must be evaluated and readjusted periodically, since they need to follow the changes that occur in society over time, so that their guidelines become effective². Moreover, in order to meet the health needs and expectations of each community and support its own political agendas, it is necessary to link the informational activity to the autonomy of the places in an ascending way, doing justice to the function of formulating public policies of the councilors so that they are not only mere executors of national policies.

Of the 109 participants, 19 (17.4%) answered the open questions, but there were no innovative facts to what had already been commented. Much praise, nine of which are objectives and related to the research initiative (47.4% of respondents), in addition to specific criticisms to make the questionnaire more succinct, to cover councils in the implementation phase, in addition to questions about what would be a valid indicator although we have been available for any queries. It was also commented on the importance of financial resources for the functioning of the councils and a criticism for having a question about the political position of the councilors, as there seems to be a paradox, since the councilors occupy a political position, but are afraid or uncomfortable to express their positions confidentially.

The study had limitations due to the mistaken understanding of the councilors for completing two questions: in question 3.3, where they were asked to list only three alternatives, listing from 1 to 3 in descending order of priority, from highest to lowest, 13 respondents did not respect the maximum amount and 30, instead of scoring, marked an “x”. Thus, in item 3.3 we scored 2 points for each marking of “x”, the forecast was 3 points for marking 1 (highest priority); 2 points for marking 2 (intermediate priority) and 1 point for marking 3 (lowest priority), however,

all markings were considered, even if there were more than three as stated. In item 4.3, mistakes were also noticed in filling out the questionnaire, where 39 people marked more than one item despite the statement requesting only one initiative. Thus, all markings were taken into account, adding 1 point for each marking.

The way of allocating the sample by convenience in a training meeting is also a limitation for the representativeness of the data, however, the final size of the sample is considered relevant in view of the existence of just over 30 active councils. It was also not possible to analyze the participation of different municipalities, as this data was not collected to avoid a possible identification of respondents. Furthermore, it was not possible to establish parameters regarding the characterization, performance and functioning of the councils due to the lack of studies in this context.

FINAL REMARKS

Despite the reported support from the executive branch, it was observed that the structural weakness and the need for qualification and active participation of council members, especially people aged 60 or over and civil society, who had a lower proportion of participation, reflect in a perception that the effectiveness of the set of laws and legal bases is still far from the real needs and expectations of the older person. Thus, the need for efforts towards participatory management and a centrality that involves older people participant in the communities is evident. These mechanisms reposition the relationship between the State and society in the construction of public policies closer to people's reality.

To this end, it is necessary to strengthen the main representative entity of the older person based on some aspects, among which we highlight: a) mandatory executive powers for their creation and guarantee of independence, with the aim of ensuring greater legitimacy and autonomy in their functions; b) training of councilors to carry out their activities; c) development of valid instruments so that they can evaluate, monitor and identify priority indicators for improving the quality of services provided to the older person, considering the different areas of social action and d) consolidation of the transversal

principle of intersectoriality in view of the complexity and association of several variables that permeate the sociopolitical protagonism of the older person.

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