1ST REPORT

ON THE IMPLEMENTATION OF THE COUNCIL RECOMMENDATION ON ACCESS TO AFFORDABLE HIGH-QUALITY LONG-TERM CARE

PORTUGAL

REPÚBLICA PORTUGUESA
TRABALHO, SOLIDARIEDADE E SEGURANÇA SOCIAL

REPÚBLICA PORTUGUESA
SAÚDE

INDEX

1- CONTEXT AND BASELINE

In Portugal, data obtained from the 2021 Census, published by Statistics Portugal, reveals a significant increase in the elderly population and a decrease in the young population. For every 100 young people there are now 182 elderly people. Portugal is, therefore, one of the countries with the highest Aging Index in the world and recent projections place Portugal as the 4th country to age most quickly.

In the 2021 Census, Portugal had 2.4 million people aged 65 or over, having one of the highest dependency rates in EU (36.9 in 2021).

Forecasts from the Statistics Portugal indicate that the number of elderly people will increase from 2.4 to 3.0 million in 2080. The aging rate in Portugal will almost double, rising to 300 elderly people for every 100 young people, in 2080, as a result the decrease in the young population and the increase in the elderly population.

The data point to a growing need for long-term care in Portugal, being one of the leaders in needs in EU terms, given the current ageing, the speed of aging and the dependence rate of the current population.

Furthermore, long-term care does not only respond to the older population, but to all those who need support to maintain their independence and autonomy, among which people with disabilities stand out.

The demographic reality and its expected evolution in EU terms led the European Council to define long-term care as one of its priorities and issue Recommendation 13948/22 of November 25, 2022 on access to affordable high-quality long-term care.

The member states, including Portugal, adopted the recommendation made and took actions to respond to its recommendations.

In June 2023, a working group, with representatives from the Ministry of Labour, Solidarity and Social Security and Ministry of Health, was formed to prepare a proposal for an action plan for long-term care. The work resulted in an action plan with a proposal for structural measures, which is under discussion at governmental level, a situation that has suffered some delay due to the early elections and the change of government that occurred in 2024.

The 1st Report answer to the Recommendation invite the Member States to share with the Commission, within 18 months of its adoption, the set of measures taken or planned to implement it, building where relevant on existing national strategies and plans and considering national, regional and local circumstances.

Objective and scope of the recommendation

1. *This Recommendation aims to improve access to affordable, high-quality long-term care for all people who need it.*

2. *This Recommendation concerns all people in need of long-term care, and all formal and informal carers. It applies to long-term care provided across all care settings.*

Definitions

3. *For the purpose of this Recommendation, the following definitions apply:*

    a. *'long-term care' means a range of services and assistance for people who, as a result of mental and/or physical frailty, disease and/or disability over an extended period of time, depend on support for daily living activities and/or are in need of some permanent nursing care. The daily living activities for which support is needed may be the self-care activities that a person must perform every day, namely activities of daily living, such as bathing, dressing, eating, getting in and out of bed or a chair, moving around, using the toilet, and controlling bladder and bowel functions, or may be related to independent living, namely instrumental activities of daily living, such as preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone;*

b. 'formal long-term care' means long-term care provided by professional long-term care workers, which can take the form of home care, community-based or residential care;

c. 'home care' means formal long-term care provided in the recipient's private home, by one or more professional long-term care workers;

d. 'community-based care' means formal long-term care provided and organized at community level, for example, in the form of adult day services or respite care;

e. 'residential care' means formal long-term care provided to people staying in a residential long-term care setting;

f. 'informal care' means long-term care provided by an informal carer, namely someone in the social environment of the person in need of care, including a partner, child, parent or other person, who is not hired as a professional long-term care worker;

g. 'independent living' means that all people in need of long-term care can live in the community with choices equal to others, have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others, and are not obliged to live in a particular living arrangement;

h. 'domestic long-term care worker' means any person engaged in domestic work who provides long-term care within an employment relationship;

i. 'live-in care worker' means a domestic long-term care worker who lives with the care recipient and provides long-term care.

1.1- DIAGNOSIS OF THE GAPS AND REMAINING CHALLENGES

The long-term care services in Portugal are managed by the Ministry of Labour, Solidarity and Social Security and by the Ministry of Health. Each ministry is responsible for several responses that are made available to users, mostly by private institutions of non-profit social solidarity, but also by public institutions and private institutions of a profitable character. The provision of care for Portugal was previously characterized in the joint report of the European Commission and the Social Protection Committee in 2021.

Long-term care involves several services and assistance all of which are included in this analysis proposed by the European recommendation, namely: integrated continued care (inpatient and home care); mental health care with the exception of hospital admissions; palliative care (inpatient and home care); residential homes for people with disabilities; units that promote autonomy for people with disabilities; home disability support teams; nursing homes; day centers; social security home support; and informal caregivers. We are therefore faced with a recommendation for the entire system of people's care, excluding primary health care and hospitals.

To perform an accurate and adjusted analysis to the European Council's recommendation, the diagnosis of the needs and the existing challenges, an analysis will be made following the points of the recommendation, starting from point 4 to point 11.

Recommendations on adequacy, availability and quality

4. *It is recommended that Member States ensure the adequacy of social protection for long-term care, in particular by ensuring that all people with long-term care needs have access to long-term care that is:*

    a. *timely, allowing people in need of long-term care to receive the necessary care as soon as, and for as long as needed;*

Portugal has a system that allows access to long-term care to those who need it, through registration in health services or social services (depending on the typology of care) or through registration with the institutions themselves that provide long-term care.

After access to long-term care, the provision of care is maintained during the time that is required and there is often the need to maintain care throughout the life of users.

LTC is provided in response to dependency associated with (among other things) the ageing process. It is aimed at providing humanized, qualified and comprehensive care at the point when it is needed, and reflecting the diversity of ways in which ageing is experienced, by the creation of proximity services throughout the territory. LTC responds to increasing social, health and demographic challenges: for example, the ageing of the Portuguese population; the heterogeneous nature of the social situation of older people; the prevalence of chronic debilitating illnesses; and the decreasing availability of 'traditional' family carers. Both the health and the social security systems are necessarily involved in responding to such challenges.

There are some challenges identified such as:

- To solve the remaining constraints in access to long-term care;
  - related to the management and speed of access to long-term care;
  - to the absence of availability of an appropriate number of vacancies;
- To improve care transition problems among different types of care available. However, a significant effort is being made to respond to hospital needs to release capacity by creating background social capacity to residential care. An improvement is needed at this regard aiming at avoiding the permanence of old people in hospital due to lack of social residential response.

b. comprehensive, covering all long-term care needs, arising from mental and/or physical decline in functional ability identified through an assessment based on clear and objective eligibility criteria, and in coordination with other support and welfare services;

In 2006, Portugal created a more differentiated typology of long-term care, the national network for integrated continuous care (RNCCI). The RNCCI − created in 2006 and implemented after 2007 − provides rehabilitation services in the convalescent care medium- and long-term care and homecare. There are also specific responses in terms of mental healthcare and pediatric care. The network was set up jointly by the Ministries of Health and of Labour, Solidarity and Social Security.

Portugal presents, as a good practice of articulation between the health sector and the social sector, the creation of the national network for integrated continuous care, which since its creation in 2006 has assumed the responsibility and coordination of both areas. Furthermore, there is an effort to coordinate health and social issues in the creation of joint share points, including the development of joint IT platforms, as mentioned later in this report.

Additionally, there are still some improvements to be made and constraints to overcome as far as articulation between the different typologies, and communication between different types of responses is concerned to strengthening the necessary multidisciplinary in the evaluation and monitoring of the users of the system and allowing a better adaptation of care to the real needs of each of the people who need care.

Palliative care was part of RNCCI between 2006 and 2017. In 2017, this type of care was autonomized and the National Palliative Care Network (RNCP) was created.

There are some challenges identified such as:

- To reinforce some care typologies, namely national network for integrated continuous care, mental health care, palliative care, residential homes for people with disabilities, continuous integrated home care teams, palliative home care teams and home support services, offering more typologies that promote greater autonomy and independence;
- To have better articulation between the different typologies of care;
- To have better adaptation of the care offered compatible to the user´s needs;
- To reinforce the multidisciplinary care.

c. affordable, enabling people in need of long-term care to maintain a decent standard of living and protecting them from poverty and social exclusion due to their long-term care needs as well as ensuring their dignity.

The long-term care system has social support for financial vulnerability situations, also having a percentage of public reimbursement that varies according to the complexity and typology of care and the income available from each user.

Despite this situation, there are still necessary optimizations to ensure the existence of higher quality care, with greater sustainability, so that user´s and/or family's income is enough to prevent the risk of poverty.

There are some challenges identified such as:

- To increase the sustainability of long-term care with a lower need of support by the most vulnerable;
- To guarantee social protection avoiding the risk of poverty to those requiring care.

5. It is recommended that Member States continuously align the offer of long-term care services to long-term care needs, while providing a balanced mix of long-term care options and care settings to cater for different long-term care needs and supporting the freedom of choice, and participation in decision-making, of people in need of care, including by:

a. developing and/or improving home care and community-based care;

Care is available at home and in the community, as mentioned previously, however, the existing offer is not fully suited to user's needs.

There are some challenges identified such as:

- To increase home care services;
- To develop home care adjusted to people's effective needs.

b. closing territorial gaps in availability of and access to long-term care, in particular in rural and depopulating areas;

Long-term care covers the entire Portuguese territory. However, with increasing demand in some locations, it will be necessary to reinforce the response capacity, ensuring proper access to everyone.

There are some challenges identified such as:

- To increase the availability of care in the regions according to demand;
- To continuously monitor the needs of care in each region according to demand.

c. rolling-out accessible innovative technology and digital solutions in the provision of care services, including to support autonomy and independent living, while addressing potential challenges of digitalization;

Over the past few years some technological innovations have been tested in long-term care in Portugal, but there is still a need to spread the use of innovative digital solutions and promote autonomy and independent life.

There are some challenges identified such as:

- To increase the availability of technological solutions in the setting of long-term care;
- To capacitate the long-term care users to proper use of technologies.

d. ensuring that long-term care services and facilities are accessible to persons with specific needs and disabilities, and respecting the equal right of all persons with disabilities to live independently in the community, with choices equal to others;

There are specific answers to people with disabilities, especially in some institutions. There are also projects promoting the autonomy of people with disabilities, that include a personal caregiver to help in the daily life tasks. In this regard, Portugal has some best practices in place.

There are also legislative protection and measures to facilitate integration of people with disabilities in the labour market, including active labour market policies (ALMPs).

Some work has also been developed, however the improvement of buildings and public spaces for people with disabilities is still necessary.

It is essential to strengthen the system's capacity to offer support that promotes greater autonomy and facilitates community reintegration.

There are some challenges identified such as:

- To increase availability of training units and to increase autonomy of people with disabilities;
- To improve accessibility of buildings and public spaces to people with disabilities;

- To improve the independent living model.

> *e. ensuring that long-term care services are well-coordinated with prevention, healthy and active aging and health services and that they support autonomy and independent living, restoring as far as possible, or preventing the deterioration of physical or mental conditions.*

There is coordination between different types of care at local and central levels, but there is a need to make it faster and less bureaucratic to provide the most appropriate care for each person.

Long-term care often lacks the necessary focus on promoting autonomy and timely rehabilitation to maintain users' abilities, despite some progress in recent years. The system needs to further promote the autonomy and independence of users, with the recovery and maintenance of their physical and mental abilities, by carefully evaluating and improving timely access to the appropriate types of care to achieve better outcomes.

There are some challenges identified such as:

- To reinforce and facilitate care transitions;
- To improve coordination between healthcare services and long-term care providers at the local level.

> *6. It is recommended that Member States ensure that high-quality criteria and standards are established for all long-term care settings, tailored to their characteristics and to apply them to all long-term care providers irrespective of their legal status. To that effect, Member States are invited to ensure a national quality framework for long-term care in accordance with the quality principles set out in the Annex and to include in it an appropriate quality assurance mechanism that:*
>
> > *a. ensures compliance with quality criteria and standards across all long-term care settings and providers in collaboration with long-term care providers and people receiving long-term care;*

Portugal has a well-adapted quality system for care provision, overseen by the Quality Department of the General Directorate of Health. This system is a subsidiary of the Accreditation Model of Andalucía Sanitary Quality Agency (ACSA Accreditation Model) and uses its quality manuals which are already validated and tested for long-term care.

This system is currently being used by some institutions that provide palliative care and continued care. However, it needs to be disseminated using specific manuals for other types of long-term care.

The Cooperation Program for the Development of Quality and Safety of Social Responses promotes quality of social responses at public, private and solidarity levels.

This is a Program signed in March 2003 between the Ministry of Social Security and Labour, the National Confederation of Solidarity Institutions, the União das Misericórdias and the União das Mutualidades Portuguesas.

The Social Security Institute (ISS), within the scope of its mission, assumed responsibility for managing the Program. Nowadays, quality certification is maintained through the ISS manuals, like home care and residential care (ERPI e SAD).

Regarding quality indicators to be assessed for each type of care, the need for them to be defined is highlighted, as recently envisaged in the legislative changes made that define the needs of care-providing institutions.

There are some challenges identified such as:

- To improve the quality system for all types of long-term care;
- To define quality indicators to be evaluated in all types of care.

b. provides incentives to and enhances the capacity of long-term care providers to go beyond the minimum quality standards and to improve quality continuously;

Existence of gradual incentives according to the level achieved in quality indicators is not currently implemented in Portugal.

There are some challenges identified such as:

- To evaluate and approve an incentive system based on the improvement of quality in all types of long-term care.

c. allocates resources for quality assurance at national, regional and local levels and encourages long-term care providers to have financial resources for quality management;

Portugal has a healthcare assessment entity acting as a subsidiary of ACSA which has initiated evaluations for certain long-term care types, specifically continuing care and palliative care, the quality department of the General Directorate of Health.

It is necessary to apply and make available other manuals for the remaining care types ensuring the sustainability of institutions that provide long-term care through adequate financial resources for assessment and specialized human resources.

There are some challenges identified such as:

- Ensure that the long-term care action plan promotes the widespread implementation of a quality management system to all long-term care providers.

d. ensures, where relevant, that requirements regarding the quality of long-term care are integrated in public procurement;

The results of quality assessments conducted by assessment entities are made publicly available. These results can be conveniently accessed through prominent internet platforms, like the Social Security and Health website, which also includes links to related areas such as active and healthy aging or the 'Carta Social' website.

There are some challenges identified such as:

- To facilitate the consultation of the quality evaluations, including by publishing all results on institutional websites.

e. promotes autonomy, independent living, and inclusion in the community in all long-term care settings;

There is legislative reference, such as Ordinance No. 349/2023, November 13rd and Ordinance No. 269/2023, August 28th, that long-term care should promote autonomous life and inclusion in the community, but the evaluating indicators have not been put into place yet.

There are some challenges identified such as:

- To define quality indicators to evaluate all types of care.

f. ensures protection against abuse, harassment, neglect and all forms of violence for all persons in need of care and all carers.

There is a legislative reference indicating that long-term care should prevent violence and neglect, but specific indicators for effective evaluation and preventative measures have yet to be defined and implemented.

There are some challenges identified such as:

- To define quality indicators to be evaluated in all types of care;
- The need of training to prevent violence in long-term care settings.

Carers

7. It is recommended that Member States support quality employment and fair working conditions in long-term care, in particular by:

a. promoting national social dialogue and collective bargaining in long-term care, including supporting the development of attractive wages, adequate working arrangements and non-discrimination in the sector, while respecting the autonomy of social partners;

In Portugal, ongoing negotiations between the government and social sector partners in the include discussions on annual increases in workers' wages, yet there remains a need to ensure more attractive working conditions, particularly through improved wages for these workers.

As many workers of this sector may earn the national minimum wage, or close to it, the increases in the minimum wage, namely in recent years may has also have a significant effect on long-term care professionals.

There are some challenges identified such as:

- To improve the working conditions to the long-term care workers, including the wages increase and continuous training.

b. without prejudice to Union law on occupational health and safety and while ensuring its effective application, promoting the highest

standards in occupational health and safety, including protection from harassment, abuse and all forms of violence, for all long-term care workers;

Long-term care workers are protected under national health and safety legislation, which protects them, and is also monitored by the Ministry of Labour, Solidarity and Social Security authorities to ensure their protection.

There is, however, a need to improve the specific training for health and safety at work in this sector.

There are some challenges identified such as:

- The need for specific training for health and safety at work.

c. addressing the challenges of vulnerable groups of workers, such as domestic long-term care workers, live-in care workers and migrant care workers, including by providing for effective regulation and professionalization of such care work.

There is specific legislation, namely Law No. 13/2023 of April 3, for long-term care domestic workers, promoting the protection of these workers' rights and enhancing their integration into the community.

There are some challenges identified such as:

- To increase the availability of specialized training for long-term care workers, including capacity-building for domestic caregivers, live-in care workers and migrant care workers with specific modules.

8. It is recommended that Member States, in collaboration, where relevant, with social partners, long-term care providers and other stakeholders, improve the professionalization of care and address skills needs and worker shortages in long-term care, in particular by:

a. designing and improving the initial and continuous education and training to equip current and future long-term care workers with the necessary skills and competences, including digital ones;

In Portugal there are various private training entities along with, public training entities such as the Active Aging Skills Center, that offer both initial and ongoing training for this group of workers.

There are some challenges identified such as:

- To capacitate at least 70% of long-term care workers until 2026.

b. building career pathways in the long-term care sector, including through upskilling, reskilling, skills validation, and information and guidance services;

There are no skills-based careers in long-term care.

There is a need to create careers based on the acquisition of specific skills for the long-term care sector.

There are some challenges identified such as:

- To define skills-based careers in long-term care.

c. establishing pathways to a regular employment status for undeclared long-term care workers;

Portuguese legislation namely Law No. 13/2023 of April 3, requires that the work of long-term caregivers be declared, and the lack of declaration by workers has become criminalized.

There is a need to promote information campaigns and additional inspection to prevent this occurrence.

There are some challenges identified such as:

- To promote information campaigns and additional inspection to prevent undeclared work in long-term care.

d. exploring legal migration pathways for long-term care workers;

The exploration of legal migration to provide long-term care is a necessity in Portugal, and the establishment of agreements with Portuguese-speaking countries has been

initiated so that this can be achieved in the short term, namely with Cabo Verde, Mozambique, Guinea Bissau and São Tomé and Príncipe.

There are some challenges identified such as:

- To establish cooperation agreements with Portuguese-speaking countries and execute them to enhance the long-term care workforce.

e. strengthening professional standards, offering attractive professional status and career prospects and adequate social protection to long-term care workers, including to those with low or no qualifications;

Currently, there are no standards that ensure an attractive professional status for long-term care professionals, especially for those with few or no qualifications.

There are some challenges identified such as:

- To define skills-based careers in long-term care.

f. implementing measures to tackle gender stereotypes and gender segregation and to make the long-term care profession attractive to both men and women.

Although legislation, namely Law No. 60/2018, of August 21st, aimed to prevent gender-based inequalities in opportunities, concrete measures are needed for the long-term care sector, where the percentage of women is much higher than the percentage of men.

There are some challenges identified such as:

- To reinforce the need to make the long-term care profession more attractive to men.

9. It is recommended that Member States establish clear procedures to identify informal carers and support them in their caregiving activities by:

a. facilitating their cooperation with long-term care workers;

In Portugal, the informal caregiver statute, revised in 2024 establishes a professional liaison with healthcare and social services.

However, this measure has not been fully implemented and the relationship between informal caregivers and formal caregivers needs to be strengthened.

There are some challenges identified such as:

- To fully implement the informal caregiver statute;
- To enhance the relationship between informal and formal caregivers.

b. supporting their access to the necessary training, including on occupational health and safety, counselling, healthcare, psychological support and respite care, as well as supporting them in balancing work and care responsibilities;

Portugal is making efforts to provide necessary training for informal carers, whether through private or public entities, such as the Active Aging Skills Center, which provides a set of free courses.

There are still no specific lines of advice and support for informal caregivers.

The informal caregiver statute provides rest periods for the caregiver, effective implementation is needed.

There are some challenges identified such as:

- To spread free training among informal caregivers;
- To strengthen the effective implementation of the caregiver's right to rest, with temporary care provision by formal caregivers.

c. providing them with access to social protection and/or to adequate financial support, while making sure that such support measures do not deter labour market participation.

The informal caregiver statute provides financial support for informal caregivers and there are measures to promote their protection, protecting them from penalization in labour market.

Monitoring the application of the statute is essential, with necessary adaptations made according to identified needs.

There are some challenges identified such as:

- To evaluate the adequacy of the support provided by the informal caregiver statute.

Governance, monitoring and reporting

10. It is recommended that Member States ensure sound policy governance in long-term care, including an effective coordination mechanism to design, deploy and monitor policy actions and investments in that area, in particular by:

a. having in place a long-term care coordinator or another appropriate coordination mechanism, in accordance with national circumstances, supporting the implementation of this Recommendation at national level;

In April 2023, the coordinator of the National Action Plan for Active and Healthy Ageing was appointed by the Ministry of Labour, Solidarity and Social Security as the portuguese focal point for the European Union concerning this matter.

There are some challenges identified such as:

- To appoint a coordinator or another appropriate coordination mechanism;
- To approve the National Action Plan for the Long-term Care.

b. involving relevant stakeholders, for example, social partners, civil society organizations, social economy actors, professional training and education institutions, care recipients and other stakeholders, at national, regional and local levels in the preparation, implementation, monitoring and evaluation of long-term care policies, and improving the consistency of long-term care policies with other relevant policies, including policies in the area of healthcare, employment, education and training, broader social protection and social inclusion, gender equality, rights of persons with disabilities and children's rights;

A specific Action Plan for Long-term care was drawn up (and submitted to government), involving long-term care stakeholders through interviews. This included associations

representing care providers, current regional and local coordinators, public institutions involved, and representatives from professional workers' orders.

During the implementation and monitoring phase of the plan, stakeholders must be involved again with a clearly defined and transparent evaluation process for implementation.

There are some challenges identified such as:

- To keep the stakeholders involved in the implementation, monitoring and evaluation of the action plan for long-term care.

c. ensuring a national framework for data collection and evaluation, underpinned by relevant indicators, where relevant and possible sex and age-disaggregated, collection of evidence, including on gaps in long-term care provision;

Data collection is currently conducted by different public institutions involved, namely the Executive Directorate of the National Health Service, the Central Administration of Health Services, the Social Security Institute and the Strategy and Planning Office of the Ministry of Labour Solidarity and Social Security.

There is a recognized need for well-defined indicators, to be monitored and evaluated within the scope of the quality processes of service providers and the need of a single long-term care management platform.

There are some challenges identified such as:

- To create a specific system for real-time monitoring of long-term care.

d. gathering lessons learned, successful practices and feedback on long-term care policies and practices, including from care receivers, care givers and other stakeholders, in order to inform policy design;

An analysis of best practices in the field of long-term care was conducted, identifying successful practices and promoting their dissemination, while correcting any additional needs identified.

As there are still not adequate and standardized quality assessment mechanisms, there is currently no systematic and structured way of identifying best practices.

There are some challenges identified such as:

- To collect and better disseminate the best practices in long-term care.

e. developing a mechanism for forecasting long-term care needs at national, regional and local levels and integrating it into the planning of long-term care provision;

Needs identification for integrated long-term care in Portugal is currently underway.

There is no system that allows an adequate and centralized assessment of the needs in each region for the various types of long-term care, namely having a continuous assessment of the real population needs.

Additionally, it will be necessary to reassess needs with the expected evolution of the long-term care system.

There are some challenges identified such as:

- To create a specific system to better monitor long-term care and predict the needed evolution.

f. strengthening contingency planning and capacity to ensure continuity of long-term care provision when confronted with unforeseen circumstances and emergencies;

The COVID 19 pandemic led to the development of a contingency plan that ensured, in national terms, with the coordination of the Ministry of Labour, Solidarity and Social Security, the continued provision of long-term care in Portugal.

The providers also developed and implemented their own contingency plans and ensured the continuity of care provision.

It is necessary to keep plans updated, reinforce coordination between institutions and implement training systems so that all professionals are aware of them.

There are some challenges identified such as:

- To monitor the providers of care to keep the contingency plans updated.

g. taking measures to raise awareness, encourage and facilitate the take-up of available long-term care services and support by people in need of long-term care, their families, long-term care workers and informal carers, including at regional and local levels;

Accessing long-term care in Portugal and identifying the providers and their offers at a national, regional or local level. is not an easy process Identifying the service offered by the provider often involves direct contact with the institutions, and there are some providers that have all the information on their websites.

The existing system makes it very difficult for certain types of care to accurately determine the number of users waiting for an adequate response and the specific type of care required.

There are some challenges identified such as:

- To create a system that facilitates access to the information about all the available caregivers and the portfolio of services available at a national, regional and local level.

h. mobilising and making cost-effective use of adequate and sustainable funding for long-term care, including by making use of Union funds and instruments and by pursuing policies conducive to the sustainable funding of long-term care services that are coherent with the overall sustainability of public finances.

The percentage of Portuguese GDP allocated to long-term care is 0.51%, far from the 1.74% European average and the 2.5% currently recommended.

Investment in long-term care needs to be increased along with a review of the financing system and considering other possibilities such as the inclusion of the complexity of care provided to users and the quality of services provided.

There are some challenges identified such as:

- To increase the amount of funding made available for long-term care;
- To review the way in which funding is allocated to care providers.

11. It is recommended that Member States communicate to the Commission, within 18 months from the adoption of this Recommendation, the set of measures taken or planned to implement it, building where relevant on existing national strategies or plans and taking into account national, regional and local circumstances. Where appropriate, subsequent progress reports should be based on relevant reporting mechanisms and fora, including those under the Social Open Method of Coordination, the European Semester and other relevant Union programing and reporting mechanisms, such as the national recovery plans.

This report presents a careful assessment of the diagnosis made, the needs identified in long-term care, as well as the Care Action Plan drawn up and the implementation of measures. It addresses the necessary evolution of long-term care in Portugal, following the recommendations of European Commission.

1.2- STAKEHOLDERS INVOLVEMENT

National, public, social and private sector stakeholders were engaged through interviews to gather their contributions during the preparation of the Long-Term Care Action Plan. Various entities will participate in the implementation of the Action Plan searching the best solutions for each of them throughout the expected evolution of the system and the specific execution of each measure.

The following entities were specifically consulted:

- Union of Portuguese Mercies
- Union of Portuguese Mutualities
- National Confederation of Solidarity Institutions
- Home Support Association
- Portuguese Cooperative Confederation
- National Continuing Care Association
- Regional Coordination Teams for Continuing Care
- National Mental Health Coordination
- National Coordination of Dementias

- National Palliative Care Commission
- Social Security Institute
- National Institute of Rehabilitation
- Central Health Services Administration

The consultation was carried out through a structured interview with the following questions:

1- Identification of positive aspects and aspects to improve in the current care system

2- Identification of the aspects that can help to improve the access and the equity in the provision of long-term care

3- Identification of measures that contribute to the financial sustainability of the care system.

The contributions were taken into consideration by the team that drafted the Long-Term Care Action Plan proposal.

2- POLICY OBJECTIVES AND MEASURES (TO BE) TAKEN

2.1- OVERALL POLICY RESPONSE

To describe the gaps identified in relation to the objectives of the Recommendation concrete measures will be identified following the points of the recommendation, starting from point 4 to point 11.

As requested, the implemented responses or those in the implementation phase are explained in the following section of this report.

It should be noted that the Long-Term Care Action Plan is under discussion at governmental level, a situation that has suffered some delay due to the early elections that took place and the government change that occurred in 2024.

Recommendations on adequacy, availability and quality

4. *It is recommended that Member States ensure the adequacy of social protection for long-term care, in particular by ensuring that all people with long-term care needs have access to long-term care that is:*
    a. *timely, allowing people in need of long-term care to receive the necessary care as soon as, and for as long as, needed;*

The gaps identified were:

- Insufficient number of available long-term care facilities;
- Management of applications for care;
- Problems in the transition between types of care.

To fill these gaps, the following measures were implemented and are currently underway:

1- Increase in long-term care vacancies:
    - There was an increase in vacancies in the various types of care, namely in home care, nursing homes, integrated continued care, and palliative care.
    - New vacancies have also been created in some new typology of care dedicated to mental health, in autonomy promotion units and in collaborative housing.
2- To ensure a short-term improvement, an access and management platform was developed with a big great interoperability with other implemented systems. It

facilitates more timely and effective coordination between the health and social areas.

3- The Long-Term Care Action Plan is expected to implement a structural reform to evolve and integrate various types of long-term care. This reform will adequately address improvements in access management, ensuring greater equity, and facilitating transitions between the various types of care.

b. comprehensive, covering all long-term care needs, arising from mental and/or physical decline in functional ability identified through an assessment based on clear and objective eligibility criteria, and in coordination with other support and welfare services;

The gaps identified were:

- Typologies of care that promote greater autonomy and independence.
- Better adaptation of the care offered with the need of the users.
- Need to reinforce the multidisciplinary cared offered.
- Coordination and transition between care typologies.

To fill these gaps, the following measures were implemented and are currently underway:

1- Implementation of new typology of care dedicated to mental health, in autonomy promotion units and in collaborative housing.
2- Preparation of measures that involve the initial assessment and preparation of a multidisciplinary, individualized care plan adapted to all types of long-term care. These measures are included in the Long-Term Care Action Plan.
3- Coordination of all types of long-term care, changing the focus of the providers' offerings to the user's needs, with a more fluid and articulated transition between care. This proposal is also defined in the Long-Term Care Action Plan.
4- For immediate improvement, a share point platform was implemented between the health and social areas, making it easier to provide appropriate responses to each user.

c. affordable, enabling people in need of long-term care to maintain a decent standard of living and protecting them from poverty and social exclusion due to their long-term care needs as well as ensuring their dignity.

The gaps identified were:

- Weak quality of care to everyone, regardless of the financial conditions of each person.
- Low financial support to the most vulnerable.

To fill these gaps, the following measures were implemented and are currently underway:

1- The ongoing and planned increase in places in long-term care facilities enhances access, particularly with the availability of social support.
2- The commitment to increasing the quality of care and its sustainability has been ensured with progressive increases in the state's contribution to care.
3- There were also legislative changes that led to the need for quality managers in institutions providing long-term care, with the implementation and monitoring of quality indicators expected to ensure improved standards for all users.
4- There was an increase in the solidarity supplement for the elderly, which currently stands at 600 euros, ensuring that all elderly people have income above the poverty threshold.
5- Additionally, the access criteria for the solidarity supplement for the elderly was revised, excluding the income of direct family members from consideration. This change aims to enhance the dignity of elderly recipients by focusing solely on their own income.
6- A legislative change was also made to ensure that beneficiaries of the solidarity supplement for the elderly have access to medicines free of charge.

5. *It is recommended that Member States continously align the offer of long-term care services to long-term care needs, while providing a balanced mix of long-term care options and care settings to cater for different long-term care needs and supporting the freedom of choice, and participation in decision-making, of people in need of care, including by:*
    a. developing and/or improving home care and community-based care;

The gaps identified were:

- An insufficient number of vacancies in home care.
- Bad adjustment of home care to people’s needs.

To fill these gaps, the following measures were implemented and are currently underway:

1- Increase in available home care facilities.
2- Coordination between the various home care providers, providing a multidisciplinary offer tailored to the user's needs, regardless of the providers involved in providing the response. This reform is foreseen in the Long-Term Care Action Plan.

b. closing territorial gaps in availability of and access to long-term care, in particular in rural and depopulating areas;

The gaps identified were:

- Low availability of care in the different regions.
- Inexistence of monitoring the offers and the demands of care in all regions.

To fill these gaps, the following measures were implemented and are currently underway:

1- An evaluation of care demands was conducted and the increase in responses were adjusted to the needs identified in each region.
2- The care reform outlined in the Action Plan aims to achieve greater uniformity in access, monitoring and provision of care across regions, including the rural and depopulating areas.

c. rolling-out accessible innovative technology and digital solutions in the provision of care services, including to support autonomy and independent living, while addressing potential challenges of digitalization;

The gaps identified were:

- Lack of an innovative technology and digital solutions to provide autonomy and independent life;
- Lack of a proper use of technology to capacitate the long-term care users.

To fill these gaps, the following measures were implemented and are currently underway:

1- Home Care Project 4.0.
2- Acquisition of technical aids for application in households, including the creation of a centralized management system and its reuse.

3- Training and capacity building for users of new technologies through the Active Aging Skills Center and senior universities.

d. ensuring that long-term care services and facilities are accessible to persons with specific needs and disabilities, and respecting the equal right of all persons with disabilities to live independently in the community, with choices equal to others;

The gaps identified were:

- Weak availability of units that promote the autonomy of people with specific needs and disabilities.
  Non-adjustment of homes and public spaces for people with specific needs and disabilities in their community.

To fill these gaps, the following measures were implemented and are currently underway:

1- Construction and operation of units that promote the autonomy of people with specific needs or disabilities.
2- Training and qualification programs for people with disabilities at the Public Employment Service (Employment and Vocational Training Institute).
3- Support programs for the employability of people with disabilities from the Employment and Professional Training Institute.
4- Home adaptation program for people with specific needs or disabilities.
5- Accessibility project in public buildings and public spaces.

e. ensuring that long-term care services are well-coordinated with prevention, healthy and active aging and health services and that they support autonomy and independent living, restoring as far as possible, or preventing the deterioration of physical or mental conditions.

The gaps identified were:

- Inefficient transition between different levels of care;
- Poor coordination between care provides by the health services and the long-term care providers.

To fill these gaps, the following measures were implemented and are currently underway:

1- Implementation of new models of articulating care, as defined in the proposed Long-Term Care Action Plan.
2- Facilitation of transitions between different care typologies.

6. It is recommended that Member States ensure that high-quality criteria and standards are established for all long-term care settings, tailored to their characteristics and to apply them to all long-term care providers irrespective of their legal status. To that effect, Member States are invited to ensure a national quality framework for long-term care in accordance with the quality principles set out in the Annex and to include in it an appropriate quality assurance mechanism that:

a. ensures compliance with quality criteria and standards across all long-term care settings and providers in collaboration with long-term care providers and people receiving long-term care;

The gaps identified were:

- Inadequate quality certification process in long-term care;
- Non-existence of quality indicators in long-term care.

To fill these gaps, the following measures were implemented and are currently underway:

1- Implementation of measures that promote quality in long-term care that are approved in the Active and Healthy Aging Action Plan 2023-2026.
2- Legislative changes focusing on quality management in all types of long-term care, being implemented in 2023 also in nursing homes and collaborative housing.
3- Identification of the recommended standards manual for long-term care, in coordination with the quality department of the General Directorate of Health.
4- Definition of quality indicators for long-term care.
5- Training and qualification of long-term care professionals for quality care provision.

b. provides incentives to and enhances the capacity of long-term care providers to go beyond the minimum quality standards and to improve quality continuously;

The gaps identified were:

- Inexistence of an incentives framework to improving care provision.

To fill these gaps, the following measures were implemented and are currently underway:

1- Consider the possibility of implementation of a new financing model that increases funding for providers according to the quality of care provided to their users. This possibility is on the proposal of Long-Term Care Action Plan.

c. allocates resources for quality assurance at national, regional and local levels and encourages long-term care providers to have financial resources for quality management;

The gaps identified were:

- Providers can't allocate the proper number of resources for quality management.

To fill these gaps, the following measures were implemented and are currently underway:

1- Implementation of measures that promote quality in long-term care approved in the Active and Healthy Aging Action Plan 2023-2026.
2- Consider the possibility of implementing a new financing model with incentives allocated to a quality control system.

d. ensures, where relevant, that requirements regarding the quality of long-term care are integrated in public procurement;

. The gaps identified were:

- Difficult consultation of the quality evaluations by publishing all results in a specific website.

To fill these gaps, the following measures were implemented and are currently underway:

1- Implementation of measures that promote quality in long-term care approved in the Active and Healthy Aging Action Plan 2023-2026.
2- Publish the results of the quality system evaluation in the Active Ageing website.
3- Prioritize the best qualified institutions in the agreements.

e. promotes autonomy, independent living, and inclusion in the community in all long-term care settings;

. The gaps identified were:

- Lack of autonomy, independent living and inclusion in the community in the quality indicators of long-term care.

To fill these gaps, the following measures were implemented and are currently underway:

1- Implementation of measures that promote quality in long-term care approved in the Active and Healthy Aging Action Plan 2023-2026.
2- Definition of quality indicators specific to autonomy, independent living and inclusion in the community as indicated in the Long-Term Care Action Plan.

f. ensures protection against abuse, harassment, neglect and all forms of violence for all persons in need of care and all carers.

. The gaps identified were:

- Non-existence of quality indicators to all types of care, including violence prevention;
- Weak prevention of violence in the providers.

To fill these gaps, the following measures were implemented and are currently underway:

1- Continuous monitoring of violence against the caregivers or users as a quality indicator of Long-Term care.
2- Provide training for caregivers and individuals receiving care on the topic of violence, promoting its detection, reporting and triggering action mechanisms for its prevention, as defined in the Active and Healthy Aging Action Plan 2023-2026.

Carers

7. It is recommended that Member States support quality employment and fair working conditions in long-term care, in particular by:

a. promoting national social dialogue and collective bargaining in long-term care, including supporting the development of attractive wages, adequate working arrangements and non-discrimination in the sector, while respecting the autonomy of social partners;

. The gaps identified were:

- Low wages and inadequate working condition in the setting of long-term care.

To fill these gaps, the following measures were implemented and are currently underway:

1- Define the careers for long-term care with better wages and working conditions, as defined in the Active and Healthy Aging Action Plan 2023-2026.

b. without prejudice to Union law on occupational health and safety and while ensuring its effective application, promoting the highest standards in occupational health and safety, including protection from harassment, abuse and all forms of violence, for all long-term care workers;

. The gaps identified were:

- Insufficient capacitation of long-term care professionals to occupational health and safety.

To fill these gaps, the following measures were implemented and are currently underway:

1- Capacitation of the care professionals in occupational health and safety by the Active Ageing Skills Center.
2- Adaptation of the workplaces and application of the highest standards of occupational health and safety to long-term care, as defined in the Active and Healthy Aging Action Plan 2023-2026.

c. addressing the challenges of vulnerable groups of workers, such as domestic long-term care workers, live-in care workers and migrant care workers, including by providing for effective regulation and professionalization of such care work.

. The gaps identified were:

- Lack of training to the most vulnerable groups of workers.

To fill these gaps, the following measures were implemented and are currently underway:

1- Professionals training by the Active Ageing Skills Center.

8. It is recommended that Member States, in collaboration, where relevant, with social partners, long-term care providers and other stakeholders, improve the

professionalization of care and address skills needs and worker shortages in long-term care, in particular by:

a. designing and improving the initial and continuous education and training to equip current and future long-term care workers with the necessary skills and competences, including digital ones;

. The gaps identified were:

- Inexistence of continuous training of all professionals.

To fill these gaps, the following measures were implemented and are currently underway:

1- Continuous training of the professionals by the Active Ageing Skills Center.

b. building career pathways in the long-term care sector, including through upskilling, reskilling, skills validation, and information and guidance services;

The gaps identified were:

- Inexistence of career pathways in long-term care.

To fill these gaps, the following measures were implemented and are currently underway:

1- Create career pathways in long-term care as approved in the Active and Healthy Ageing Action Plan 2023-2026.
2- Training of the professionals by the Active Ageing Skills Center.

c. establishing pathways to a regular employment status for undeclared long-term care workers;

The gaps identified were:

- Inexistence of campaigns to avoid undeclared work.

To fill these gaps, the following measures were implemented and are currently underway:

1- Launch of campaigns to avoid undeclared work and enforce legal compliance, particularly for domestic workers.

d. exploring legal migration pathways for long-term care workers;

. The gaps identified were:

- Lack of training programs for migrants;
- Unawareness of new legal migration pathways.

To fill these gaps, the following measures were implemented and are currently underway:

1- Train migrants to long-term care with the Active Ageing Skills Center.
2- Explore new pathways of legal migration to work in long-term care with Portuguese-speaking countries namely with Cabo Verde, Mozambique, Guinea Bissau and São Tomé and Príncipe, as approved in the Active Ageing Skills Center action plan.

e. strengthening professional standards, offering attractive professional status and career prospects and adequate social protection to long-term care workers, including to those with low or no qualifications;

The gaps identified were:

- Inexistence of career pathways in long-term care for all professionals.

To fill these gaps, the following measures were implemented and are currently underway:

1- Create career pathways in long-term care as approved in the Active and Healthy Ageing Action Plan 2023-2026.
2- Capacitation of the workers by the Active Ageing Skills Center including those with low or no qualifications.

f. implementing measures to tackle gender stereotypes and gender segregation and to make the long-term care profession attractive to both men and women.

The gaps identified were:

- Inequities in gender in long-term care services.

To fill these gaps, the following measures were implemented and are currently underway:

1- Implement campaigns to tackle gender stereotypes and gender segregation in long-term care, as approved in the Active and Healthy Ageing Action Plan 2023-2026.

9. It is recommended that Member States establish clear procedures to identify informal carers and support them in their caregiving activities by:

a. facilitating their cooperation with long-term care workers;

The gaps identified were:

- Bad implementation of the informal caregiver's statute.
- Weak relationship between informal caregivers and long-term care workers.

To fill these gaps, the following measures were implemented and are currently underway:

1- Fully implement the informal caregiver statute published in the law in 2019 and revised in 2024, as specified in the Active and Healthy Ageing Action Plan 2023-2026.
2- Introduction of informal caregivers as part of the care system and not just associated to the care system, as defined in the Long-Term Care Action Plan.

b. supporting their access to the necessary training, including on occupational health and safety, counselling, healthcare, psychological support and respite care, as well as supporting them in balancing work and care responsibilities;

The gaps identified were:

- Weak dissemination of free training among informal caregivers.
- Ineffective implementation of the caregiver´s right to rest.

To fill these gaps, the following measures were implemented and are currently underway:

1- Information campaigns about the informal caregiver statutes published in the law in 2023.
2- Free training to informal caregivers By the Active Ageing Sills Center.
3- Informal Caregivers Help Line.
4- Informal Caregivers Manual of Care.
5- Implement the conditions to ensure the right to rest of the informal caregiver.

c. *providing them with access to social protection and/or to adequate financial support, while making sure that such support measures do not deter labour market participation.*

The gaps identified were:

- Lack of adequate measures to evaluate the support provided by the informal caregiver statute.

To fill these gaps, the following measures were implemented and are currently underway:

1- Information campaigns about the informal caregiver statute published in the law in 2019 and revised in 2024.
2- Informal Caregivers Help Line.
3- Evaluation report of the support to informal caregivers.

Governance, monitoring and reporting

10. It is recommended that Member States ensure sound policy governance in long-term care, including an effective coordination mechanism to design, deploy and monitor policy actions and investments in that area, in particular by:

a. *having in place a long-term care coordinator or another appropriate coordination mechanism, in accordance with national circumstances, supporting the implementation of this Recommendation at national level;*

The coordinator or another appropriate coordination mechanism is under discussion at governmental level.

b. *involving relevant stakeholders, for example, social partners, civil society organisations, social economy actors, professional training and education institutions, care recipients and other stakeholders, at national, regional and local levels in the preparation, implementation, monitoring and evaluation of long-term care policies, and improving the consistency of long-term care policies with other relevant policies, including policies in the area of healthcare, employment, education and training, broader*

social protection and social inclusion, gender equality, rights of persons with disabilities and childrens' rights;

The gaps identified were:

- Low engagement of stakeholders involved in the evolution of long-term care.

To fill these gaps, the following measures were implemented and are currently underway:

1- Keep the stakeholders involved in a consultant group of the Action Plan for Long-Term Care.

c. ensuring a national framework for data collection and evaluation, underpinned by relevant indicators, where relevant and possible sex and age-disaggregated, collection of evidence, including on gaps in long-term care provision;

The gaps identified were:

- Non-existence of a single information system to monitor to all long-term care services.

To fill these gaps, the following measures were implemented and are currently underway:

1- Create a platform to monitor long-term care, as defined in the Action Plan for Long-Term Care.

d. gathering lessons learned, successful practices and feedback on long-term care policies and practices, including from care receivers, care givers and other stakeholders, in order to inform policy design;

The gaps identified were:

- Lack of a systematic approach to identifying best practices in long-term care.

To fill the gaps, the following measures were implemented and are currently underway:

1- To share best practices in long-term care in national meetings, as defined in the Active and Healthy Ageing Action Plan 2023-2026.

e. developing a mechanism for forecasting long-term care needs at national, regional and local levels and integrating it into the planning of long-term care provision;

The gaps identified were:

- Lack of a specific approach to identify the needs of long-term care at a national and regional level.

To fill these gaps, the following measures were implemented and are currently underway:

1- Create an informatic system that identify the needs of long-term care at a national and regional level, as identified in the Long-Term Care Action Plan.

f. strengthening contingency planning and capacity to ensure continuity of long-term care provision when confronted with unforeseen circumstances and emergencies;

The gaps identified were:

- Contingency plans are not updated.

To fill these gaps, the following measures were implemented and are currently underway:

1- Contingency plans are part of the quality control system of long-term care, as approved in the Active and Healthy Ageing Action Plan 2023-2026.

g. taking measures to raise awareness, encourage and facilitate the take-up of available long-term care services and support by people in need of long-term care, their families, long-term care workers and informal carers, including at regional and local levels;

The gaps identified were:

- Difficult access to information about all available caregivers and the range of services offered at national and regional levels.

To fill these gaps, the following measures were implemented and are currently underway:

1- Create a system to easily access long-term care at a national and regional level, as identified in the Action Plan for Long-Term Care.

h. mobilising and making cost-effective use of adequate and sustainable funding for long-term care, including by making use of Union funds and instruments and by pursuing policies conducive to the sustainable funding of long-term care services that are coherent with the overall sustainability of public finances.

The gaps identified were:

- Insufficient investment in long-term care.
- Inadequate allocation of funding in long-term care.

To fill these gaps, the following measures were implemented and are currently underway:

I. Increase investment in long-term care in Portugal.
II. Consider the implementation of a new way of allocation of founding to long term care based in the complexity of care provided and the quality of services, as referred in the Action Plan of Long-Term Care.

11. It is recommended that Member States communicate to the Commission, within 18 months from the adoption of this Recommendation, the set of measures taken or planned to implement it, building where relevant on existing national strategies or plans and taking into account national, regional and local circumstances. Where appropriate, subsequent progress reports should be based on relevant reporting mechanisms and fora, including those under the Social Open Method of Coordination, the European Semester and other relevant Union programing and reporting mechanisms, such as the national recovery plans.

No gaps have been identified.

2.2- DETAILED DESCRIPTION OF THE MEASURES

Below we describe the main measures that have been implemented or are planned to be implemented in coming years.

It should be noted that measures aimed at long-term care, including the Long-Term Care Action Plan, are globally included in the Active and Healthy Aging Action Plan 2023-2026.

I. Active and Healthy Ageing Action Plan 2023-2026

Aim:

The Active and Healthy Aging Action Plan 2023-2026 is a strategic policy that defines concrete activities approved with allocated funding, for implementation between 2023 and 2026 in Portugal.

The Plan was approved on December 7th, 2023, and published in the official gazette of the Republic through Council of Ministers Resolution No. 14/2024.

Type:

Action Plan

Target Group:

Portuguese population. The action plan includes measures for the oldest population but also for younger people, promoting prevention to achieve an overall better quality of life.

Results and impact:

All activities within the plan have impact and result indicators and have a global main goal: Improve the quality of life of the population after 65 years old.

Timeline:

The measures and the activities of the Plan have already begun implementation, with approximately of the activities currently underway. The remaining activities are scheduled to be implemented in 2024 and 2025 and continue in 2026.

Financial Resources:

It is estimated that the total investment in the activities foreseen in the Action Plan will be 1300 million euros over the course of 3 years. Around 1100 million euros provide will come from European Union funds, mainly through the Portuguese Recovery and Resilience Program.

The annual operating costs of long-term care are estimated at around 1050 million euros per year (0.4% of Portuguese gross domestic product) funded by the Portuguese state budget.

Implementation body(ies):

The Action Plan has a national coordinator, Nuno Silva Marques, with support from the Active Aging Competence Center. Specific activities within the plan are indicated by the national entities responsible for their implementation.

In the case of long-term care, the main entities involved in implementation include the Central Health Care Administration, the NHS Executive Board and the Social Security Institute.

Executive Summary

A.1 - Strategic framework and definition

Demographic evolution has led to a very significant increase in the aging rate of the Portuguese population, which, in 2021, was 178.4 elderly people for every 100 young people. This situation is due to the successes achieved that led to a very significant increase in average life expectancy, associated with a reduction in the birth rate.

The increase in life expectancy in Portugal was not accompanied by a significant improvement in the indicator that assesses well-being and quality of life after the age of 65, in which Portugal has values lower than the European Union average. After identifying the causes, it is important to act and prepare the society that is constantly changing and progressively evolving in its aging process.

The Green Book on Aging defines the European strategy for active and healthy aging, and the strategy adopted in this area.

The Active and Healthy Aging Action Plan is the guide and the catalyst for transformation in Portuguese society, aiming to ensure optimal conditions for everyone, maximizing their longevity and quality of life, leaving no one behind. The plan’s primary goals are to

maintain and restore autonomy, enhance quality of life, and capitalize on economic and social opportunities in an evolving society.

A.2 - Strategic pillars, catalysts and objectives

The active and healthy aging process involves intervention in multiple aspects, with 6 essential pillars of action being defined:

I. Health and well-being
II. Autonomy and independent living
III. Lifelong development and learning
IV. Healthy working throughout the life cycle
V. Income and economics of aging
VI. Participation in society

A.2.1 - Pillar I – Health and well-being

The health and well-being pillar consists of 3 sub-pillars, 35 measures and 67 concrete activities.

A.2.1.1- Subpillar I.i – Health promotion and disease prevention

In this sub-pillar, activities and measures focus on health promotion, primary disease prevention and early detection and action on the disease stand out, aiming to reduce early mortality and reduce the burden of disease and dependence in coming decades. The measures are focused on promoting protective behaviour's (example: physical activity, nutrition, sleep, etc.) that are fundamental at a physical and mental level, in the cardiovascular, mental illness and dementia, oncological and musculoskeletal areas, the main causes of morbidity and mortality and dependency in the population and respective determining factors (risk and protection).

A.2.1.2 - Subpillar I.ii – Integrated and long-term care

This sub-pillar highlights measures aimed at facilitating access to care using new technologies and support lines, such as the NHS 24 line and the NHS 24 desks, in addition to the creation of new responses such as the 60+ line, to respond to specific needs of Senior citizens, and 60+ managers.

Care will be delivered within a network structure that is currently under evaluation. Measures have already been identified to increase capacity in continued care, in palliative care, in the national network of Nursing Homes for the Elderly (NHE) and in various types of home support. It is intended to take concrete measures to improve the quality of services provided with a focus on the user, including some innovations for this network structure with Automatic External Defibrillators (AED), training and qualification of professionals, improvement of working conditions and enhance teams training and differentiation.

The major focus in providing care is on maintaining autonomy and preserving the capabilities of users, aiming to keep them in their homes by significantly strengthening home support services.

All measures are being considered and integrated within the framework of continued and long-term care which are currently being implemented.

A.2.1.3 - Subpillar I.iii – Training caregivers and improving conditions for providing care

Training and qualification formal caregivers will be prioritized, encouraging their specialization and enhancing the quality of care provided. This measure will be complemented by improvements in working conditions and careers, aimed at increasing the attractiveness and retention of skilled professionals.

Specific measures are being implemented to support informal caregivers, including those who are not family members of the person being cared for. These measures focus on promoting their training and qualification, facilitating their entry and integration into the care network and providing support. Additionally, a hotline for clarification and good practice manuals will be available to assist informal caregivers

The measures also increase the promotion of self-care by citizens.

A.2.2 - Pillar II – Autonomy and independent living

Pillar II of autonomy and independent living is divided into 3 subpillars, 23 measures and 32 activities.

A.2.2.1 - Subpillar II.i – Independent living

The promotion of independent living has involved several measures, including the Social Radar program, initiatives to mitigate the impacts of isolation, collaborative housing and autonomy reinforcement units, and investment, previously mentioned, in differentiated and multidisciplinary home support.

A.2.2.2 - Safe and elderly-friendly environments

Measures aimed at ensuring safe, healthier and elderly-friendly environments include initiatives that ensure safer housing adapted to the needs of elderly people, homes adaptation, creation of smoke-free spaces, public safety and prevention of violence against the elderly.

A.2.2.3 - Subpillar II.iii – Accessible environments

These measures cover affordable and accessible housing programs, removal of barriers in cities and towns, existence of adequate spaces for leisure activities, public transport and proximity services.

A.2.3 - Pillar III – Development and lifelong learning

Pillar III of development and lifelong learning includes 1 sub-pillar, 5 measures and 8 activities.

These measures focus on initial training to acquire skills (including reskill and upskill), digital training and support for civil society programs such as Senior Universities.

A.2.4 - Pillar IV – Healthy working throughout the life cycle

Pillar IV of healthy working throughout life is divided into 3 sub-pillars, 8 measures and 9 activities.

A.2.4.1 - Subpillar IV.i – Participation in the labour market

Labour market participation measures focus on vocational training and requalification activities, promoting employment after the age of 50, new gradual and flexible ways of retirement and reconciling work and family life.

A.2.4.2 - Subpillar IV.ii – Adaptation of professional careers and workplaces

They translate adaptation measures, in careers and workplaces, to the new working

reality for a higher average age of workers, as well as measures to promote health and safety at work.

A.2.4.3 - Subpillar IV.iii – Promotion of intergenerational diversity in the workplace

Intergenerational diversity in the workplace must be encouraged and associated with campaigns to combat ageism in the workplace.

A.2.5 - Pillar V – Income and economics of aging

Pillar V of income and economy has 2 sub-pillars, 3 measures and 4 activities.

A.2.5.1 - Subpillar V.i – Individual income guarantee

In this sub-pillar, measures are defined to ensure the individual income of the elderly, such as social and other supplements and the enhancement of pensions.

A.2.5.2 - Subpillar V.ii – Economics of aging

The area of aging economics proves to be important for our country and represents several supports for its development that are mentioned in the catalysts.

In this sub-pillar, senior entrepreneurship stands out as a measure to promote senior participation in society, ensuring their income and promoting employment.

A.2.6 - Pillar VI – Participation in society

Pillar VI participation in society has 1 sub-pillar, 9 measures and 15 activities

In this pillar, measures were listed to enhance volunteering, participation in political, social and cultural life, intergenerational programs and senior citizens empowerment.

A.2.7 - Catalysts

In this context, and with a transversal impact on the various pillars, catalysts were also identified in the areas of science and innovation (including funding programs) communication, stereotypes, education, and literacy.

A.3 - Governance

The Active and Healthy Aging Action Plan has a national coordinator appointed by joint order from the Minister of Labour, Solidarity and Social Security and the Minister of Health.

A.4 - Monitoring

The Action Plan will be monitored by a Consultative Council the composition, organization and functioning of which are defined by government order from the areas of work, solidarity and social security and health. Those will conduct participatory monitoring involving civil society entities and decision-making members at the national level.

A.5 - Final considerations

The Active and Healthy Aging Action Plan is inclusive, relying on contributions from all societal actors who are integrated into it, including the general population who defines, applies and benefits from its initiatives.

It is time to act, combine everyone's efforts towards a common objective, and adjust as needed to ensure effectively the implementation of the plan.

II. Long-Term Care Action Plan

Aim:

The Long-Term Care Action Plan corresponds to measure 1 of Subpillar I.II - Integrated and Long-Term Care of the Active and Healthy Aging Action Plan 2023-2026.

The following items are about the Long-Term Care Action Plan proposed by a working group with representatives from the Ministry of Labour, Solidarity and Social Security, and the Ministry of Health. These structural measures were presented to the new government, are under discussion at the governmental level, and have not been approved yet.

Measure 1 aims to ensure a continuum of care that ensures the most appropriate support with enhanced coordination between continued, palliative care, residential homes and home support and between these and the pre-hospital system, primary health care, and hospitals.

Type:

Action Plan

Target Group:

Population in need of long-term care.

Results and impact:

The plan aims to impact all types of care by enhancing accessibility to long-term care, improving care coordination, and most importantly, aligning care services to the real needs of the population while maintaining its sustainability.

Timeline:

The plan is undergoing governmental approval, and although specific measures have been implemented during its development in 2023 and 2024, it is expected to be officially approved in 2024. Implementation will start after its approval, with multi-annual planning scheduled until 2030.

Financial Resources:

The planned investments to increase the capacity of long-term care are expected to amount to around 900 million euros, mainly sourced from the recovery and resilience program.

The annual operating costs of long-term care are estimated at around 1050 million euros per year (0.4% of Portuguese gross domestic product) funded by the Portuguese state budget.

Implementation body(ies):

In the context of long-term care, Central Health Care Administration, the NHS Executive Board and the Social Security Institute are the main entities responsible for its implementation.

Summary

Considering the recent elections in Portugal and the new government taking office in April 2024, the long-term care action plan is still in the approval phase.

In the summary provided here, specific details of the measures included in the proposal will not be indicated, given the need for government approval.

However, the plan was developed in accordance to European recommendations for long-term care, and the issues addressed in the plan will be outlined in a generic manner.

The Long-Term Care Action Plan includes the framework for its implementation; conducts current diagnosis of the situation; defines the long-term care model including the vision for 2030, strategic intervention axes, governance, processes; organization of care in terms of human, material and financial resources; short-, medium- and long-term development plan; and final considerations.

The framework of a new RNCCI Management Model considers the integration of the entire type of care, with a focus on the user and their needs. It anticipates that the responses of Integrated and Long-Term Care will be adapted to these needs.

The integration of care implies very agile coordination and the existence of flows between the various types, allowing each system's users to always benefit from the best care available for their situation.

In all types of care, users aim to integrate into the community and, if possible, independently.

The focus on differentiating human resources for Integrated and Long-Term Care implies rethinking appropriate ways to ensure their recruitment and retention in the system, for example, national careers can be defined.

The human resources of Integrated and Long-Term Care must have their qualification and training ensured through the academic training of its members, along with the acquisition of specific skills, provided by a set of private and public training entities specialized in this area, such as the Active Aging Skills Center.

Institutions/providers must also promote the training of their professionals in methodologies for continuous improvement in the quality-of-care provision. This will support the quality certification of institutions and the services they provide.

The issue of patient diversity should also be considered of particular importance, requiring a review of the financing model. Given that the level of dependence and the degree of complexity of patients represent major cost drivers.

The strategy underlying the recommended solutions must be based on the quality of care and health gains. To this end, it is necessary to define quality indicators and indicators of health gains for this level of care.

Sustainability must be based on the importance of contracting, which has not yet been applied to this level of care, as a tool that favors the distribution of resources based on results.

III. Adequacy, availability and quality

a. Increase capacity of LTC

Long-term care in Portugal involves multiple types, which is why the increase in capacity that is planned for each of them is presented below.

Integrated Continuing Care Network

Aim:

The general objective defined for the integrated continuing care network (ICCN) was the provision of continuous integrated care for people who, regardless of age, are in a situation of dependence. Rehabilitation, readaptation and social reintegration contribute to this objective, as well as the provision and maintenance of comfort and quality of life, even in irrecoverable situations.

The increase in the capacity of the ICCN includes the strengthen of home and outpatient responses and the increase in the admission responses.

Type:

Investment.

Target Group:

Population that needs rehabilitation, readaptation and social reintegration.

Results and impact:

Ensure access to personalized, quality care, preferably provided at home or in community-based services, according to the health and social conditions of each person;

Expand outpatient responses, allowing each person to remain in their local and family context;

Facilitate the mobility of professionals, creating conditions to respond to people;

Promote the use of new technologies, helping to give them equal accessibility at national level.

Timeline:

It started in 2023 and is ongoing in coming years (see summary).

Financial Resources:

The investments planned to increase the capacity of NCCI are referred in the summary.

Implementation body(ies):

The main entities involved in implementation are the Central Health Care Administration, the NHS Executive Board and the Social Security Institute.

Summary:

Being located throughout the national territory, NCCI includes home, outpatient, inpatient and residential care, with specific characteristics and intervention profiles, namely:

At home, there are Integrated Continuous Care Teams (ICCT), in the General Network, and Home Support Teams (HST), for adults and Childhood and Adolescents, in the area of Continuous Integrated Mental Health Care (CIMHC);

Outpatient responses exist in Pediatric Integrated Continuous Care (PICC), with the Pediatric Outpatient Unit (POU), and in CIMHC, with the Socio-Occupational Units (SOU) for adults and Socio-Occupational Units - Childhood and Adolescence (SOU-ICA).

It is also important to mention the Day and Autonomy Promotion Units (DAPU), which will soon be a reality as previously mentioned.

The hospitalization responses are the same as the Convalescent Units (CU), Medium-Term and Rehabilitation Units (RU), Long-Term and Maintenance Units (MU), the General Network, the Palliative Care Units (PCU) and the Care Unit Integrated Pediatrics Level 1 (CUIP 1) in the area of PICC.

Residential responses correspond to the CIMHC area and are translated into Maximum Support Residences (MaSR), Moderate Support Residences (MoSR), Autonomous Residences (AR), Autonomy Training Residences (ATR) and Autonomy Training Residences - type A Childhood and Adolescence (ATR~CA).

Strengthen home and outpatient responses

1. Expand and integrate current home responses, provided by multidisciplinary and multidisciplinary teams

Portugal intends to:

- Ensure the profitability of available resources and continuity of care for users, while addressing a deeper understanding of the aging phenomenon, dependence and associated needs;
- Develop and specialize home care, using ECCI and ECSCP as a starting point;
- Increase the availability of clinical services and social benefits at home;

- Create an innovative home-based social support model, that simultaneously focuses on the proximity and flexibility of the support delivered, considering the user's needs, delaying the dependence and the need for institutionalization, aligned with the objectives of the Active and Healthy Ageing Action Plan;
- Enhance social support for people in situations of social isolation, by creating teams, that, strengthen the results of the already existing institutional support network, establishing a mapping and monitoring mechanism for socially vulnerable situations, while actively and proactively mobilizing community resources.

The RRP also introduced the opportunity to enhance the capacity of these teams by funding electric vehicles adapted for home care, medical equipment and devices, IT and communication equipment, among others.

In this financing framework, the potential to of establish in the public sector the following was identified:

- 50 Integrated Continuous Care Teams, serving a total of 1000 people;
- 10 Community Palliative Care Support Teams, serving a total of 100 people.

And in the private and social sector:

- 10 Mental Health Home Support Teams, serving 100 people.

2 - Increase institutionalization responses

The planned inpatient responses to NCCI are based on the population over 65 years old at NUT III, considering the territorial, geographical and cultural diversity across the country.

The identified needs for strengthening NCCI's response include expanding the number of facilities across all types of hospitalization, aiming to meet the goals set for 2030.

The table below shows the projected vacancies for convalescence care in each region:

Region	**North**	**Center**	**Lisbon and Tejo Valley**	**Alentejo**	**Algarve**
Goal number of Vacancies	1131	638	1163	182	155
Current coverage rate	31%	58%	27%	96%	48%

Increase in 2024	112	16	107	11	0
Coverage rate 2024	41%	61%	36%	105%	48%
Increase RRP	460	200	700	0	60
Coverage rate 2026	82%	92%	97%	105%	86%
New vacancies 2030	206	50	40	0	21

The table below shows the projected vacancies for rehabilitation care in each region:

Region	**North**	**Center**	**Lisbon and Tejo Valley**	**Alentejo**	**Algarve**
Goal number of Vacancies	1293	729	1329	208	178
Current coverage rate	79%	130%	66%	110%	73%
Increase in 2024	48	26	101	3	0
Coverage rate 2024	83%	133%	74%	111%	73%
Increase RRP	160	0	420	0	20
Coverage rate 2026	95%	133%	106%	111%	84%
New vacancies 2030	62	0	0	0	29

The table below shows the projected vacancies for maintenance care in each region:

Region	**North**	**Center**	**Lisbon and Tejo Valley**	**Alentejo**	**Algarve**
Goal number of Vacancies	3232	1823	3322	519	444
Current coverage rate	54%	83%	36%	77%	74%
Increase in 2024	23	8	46	82	11
Coverage rate 2024	54%	83%	35%	93%	76%
Increase RRP	1280	200	1900	40	60
Coverage rate 2026	94%	94%	95%	100%	90%
New vacancies 2030	192	109	165	0	46

These projections are in the process of being revised to consider the projected population aged over 65 in the year 2030.

Recovery and Resilience Plan

Expansion of the NCCI and NCP, in which several goals were defined to strengthen the resilience of the health system and ensure equal access to quality services in the health sector.

This global investment, of €290,800,000.00, consists on a structured and phased program to financially support promoters in the public, private and social sectors.

Therefore, to fulfil this objective, funding has been authorized for the establishment of:

- 6,670 new inpatient places
  - 1420 Convalescent places;
  - 600 Medium-Term and Rehabilitation places;
  - 3,480 Long-Term and Maintenance places;
  - 770 places of different types of Mental Health;
  - 400 low-complexity Palliative Care places;
- 1200 home care places
  - 50 Integrated Continuing Care Teams;
  - 10 Mental Health Home Support Teams;
  - 10 Community Support Teams in Palliative Care
- 730 outpatient places
  - 500 Day Unit and Autonomy Promotion places;
  - 230 places in the Socio-Occupational Unit (adult and Childhood and Adolescence)

National Palliative Care Network

Specialized PC are one of the components of the SNS, which aims to be sustainable, highly qualified and accessible.

Expanding the existing palliative care responses in Portugal is important, integrating a palliative approach in all health care contexts, with generalist palliative care and specialized palliative care.

Establish Community Support Teams in Palliative Care across all Primary Health Care Groups that currently do not have them, while enhancing the provision of human

resources in existing teams, investing in their specific training and professional development.

The Strategic Plan for the Development of Palliative Care (SPDPC) in Portugal for the 2023-2024 biennium, maintains the focus on ensuring adequate provision of human resources at the PC, optimizing digital platforms as tools for work and knowledge promotion, as well as clear definition of quality criteria and guidance to achieved set goals.

The Plan is developed along 4 axes:

Priority axis i – person-centered care;

Priority axis ii – training;

Priority axis iii – quality;

Priority axis iv – organization.

With the funding of the Portuguese Recovery and Resilience Plan, Portugal will increase the capacity of Palliative Care in all the regions, as we can see in the table below:

Region	**North**	**Center**	**Lisbon and Tejo Valley**	**Alentejo**	**Algarve**
Current Vacancies	25	15	112	14	0
Increase RRP	180	98	82	14	26
Number vacancies 2026	205	113	194	28	26

Through the RRP it was also possible to ensure funding for 10 new community or home Palliative Care Teams.

Answers in Mental Health

Portugal has the National Mental Health Plan which has the following objectives:

- Ensure access to quality mental health services; Promote and protect patients' rights;
- Reduce the impact of mental disorders and contribute to promoting the mental health of populations;

- Promote the decentralization of mental health services, to allow better access and participation by communities, users and families.

Decree-Law No. 113/2021, December 14th, which creates the National Coordination of Mental Health Policies and establishes the general principles and rules for the organization and operation of mental health services, introduces, in the reform, the following innovative aspects:

- Consecration of the general principle that mental health services should prioritize the full recovery of people with mental illness;
- Consecration of the general principle that the evaluation of mental health policies and plans must include the participation of independent entities, such as representatives of user associations and family members;
- Mental health policy planning through three fundamental instruments, namely, the National Health Plan, the National Mental Health Plan and Regional Mental Health Plans;
- Organization of mental health services according to a model that includes national, regional and local advisory bodies, national and regional coordination structures and regional and local mental health services;
- Centralized coordination of mental health policies at national level, by a team that includes a national coordinator of mental health policies, who is specifically responsible for promoting and evaluating the implementation of the aforementioned policies, namely through monitoring the implementation of the National Plan of Mental Health;
- Mental health care provision in hospitals and psychiatric hospital centers will be reduced, aiming to deinstitutionalization and community reintegration of people with mental illness residing there. This also involves integrating local care providers into mental health services locations;
- Integration of mental health services with primary health care and integrated continuing care and psychosocial rehabilitation services, ensuring the necessary continuity of care.

To support this reform, an investment program is being implemented to complete the mental health reform and implement the dementia strategy, with the aim of contributing to facing the challenges that the country faces in the mental health sector, exacerbated

by the impact of the COVID-19 pandemic that require an increasingly robust, resilient and effective NHS to respond to the population health needs particularly in mental health.

The NCCI within the scope of Mental Health includes the following types of response:

- Autonomy Training Residences;
- Autonomy Residences
- Autonomy Training Residences – Type A (Childhood and Adolescence);
- Socio-Occupational Units;
- Socio-Occupational Units – Type A (Childhood and Adolescence);
- Maximum Support Residences;
- Moderate Supportive Residences;
- Home Support Teams.

With the funding of the Recovery and Resilience Plan, Portugal will experience the following increase in mental home care within its network:

- the creation of 40 community mental health teams, 20 teams for the Adult Population and 20 teams for Children and Adolescents;

In addition to the measures and sub-measures described in Component 01: NHS, there is also provision for financial support aimed at expanding Continuous Integrated Mental Health Care responses. This includes enhancing capacities in residential units and socio-occupational units and home support teams, allowing the investment to contract with partners in the social and/or private sector, and expansion of installed capacity as indicated below:

- 108 Autonomy Training Residences;
- 84 Autonomy Training Residences – Type A (Childhood and Adolescence);
- 42 Autonomy Residences
- 210 Socio-Occupational Units;
- 20 Socio-Occupational Units – Type A (Childhood and Adolescence);
- 288 Maximum Support Residences;
- 72 Maximum Support Residences Type A (Childhood and Adolescence);
- 176 Moderate Supportive Residences;

To respond to the situation of chronically ill patients, the investment RRP -RE-CO1-i03 Completion of the Mental Health Reform and implementation of the Dementia Strategy

includes, in Target i3.5, the creation of 500 appropriate responses to the people needs with institutionalized chronic mental illness who do not benefit from NCCI's provision of care.

These responses, known as Residential Reintegration Structures (RRS), aim at the transition and integration into the community of people with serious mental illness, with prolonged and/or disabling evolution, institutionalized in Psychiatric Hospitals, in Local Mental Health Services or in institutions contracted by them.

Other typologies of care

Long-term care in Portugal also includes other types of care, with less differentiation of health care and greater social support, thus complementing the type of responses.

Increasing network capacity also involves expanding these types of responses, planned increases until 2026, supported by considerable investment from the Portuguese state budget through the PARES program and the recovery and resilience plan.

The increase in vacancies already contracted and currently underway are:

- 13 973 vacancies in Nursing Homes
- 4 681 vacancies in Day Centers
- 7 596 vacancies in Home Care Services

New typologies of care

1- Day and Autonomy Promotion Units

It is intended to implement the first Day and Autonomy Promotion Units (UDPA), as along with new outpatient rehabilitation services, to ensure the recovery of the health and well-being conditions of the elderly, dependent or vulnerable individuals.

Through the Recovery and Resilience Plan (PRR), which will undoubtedly be a lever for its implementation, a total of 500 UDPA positions were put out to tender in the different regions, to be created in the private and social sector. These units be financed by the PRR, facilitating the achievement of the defined goals.

For this purpose, targets were defined by NUT III, according to the resident population aged 65 or over, with the needs identified in each region:

Region	North	Center	Lisbon and Tejo Valley	Alentejo	Algarve
Goal number of Vacancies	808	456	830	130	110
Current coverage rate	0%	0%	0%	0%	0%
Units proposed by RRP	7	4	7	1	1
Vacancies by RRP	175	100	175	25	25
Coverage Rate 2025	22%	22%	21%	19%	23%
Vacancies in 2030	633	356	655	105	85
Units in 2030	25	14	26	4	3

These projections are in the process of being revised to consider the projected population aged over 65 in the year 2030.

Collaborative and Community Housing

Ordinance No. 269/2023, August 28th establishes the conditions of installation, organization and operation that the social response Collaborative and Community Housing must comply with.

Innovation, qualification and expansion of response capacity within the network of social support equipment and services is a priority that has been assumed by the Ministry of Labour, Solidarity and Social Security.

In the context of expanding the network of social responses, there is a need to encourage innovative social residential responses based on a model of collaborative and community housing that contemplates new typologies, such as cohabitation or the existence in the same space of audiences with different support needs.

This model's principle is a housing solution that is organized in a community context, with community living as its main objective, ensuring a balance between privacy and the

collective environment, which is intended to be more familiar, personalized and humanized.

In fact, collaborative housing is intended to respond to the expectations and specific needs of people and families, who organize themselves as a community, with collaboration between residents. The implementation of collaborative housing projects involves sharing common spaces, ensuring, at the same time, the existence of a private space, along with a commitment to mutual assistance and the development of generational and intergenerational experiences.

Collaborative Housing pursues the following objectives:

a) Ensure the well-being and quality of life of residents;

b) Ensure a safe, comfortable, accessible and humanized environment;

c) Promote strategies for developing common experiences, within a community perspective, with respect to individuality, interests and privacy of each person and/or family;

d) Promote social relations, intergenerationally, coexistence, mutual help and community spirit;

e) Maintain or allow family reunification;

f) Prolong autonomy and independent life;

g) Prevent social isolation and/or loneliness;

h) Encourage the adoption of environmentally sustainable and ecological behaviors;

i) Enhance the creation of jobs and self-sustainable communities.

Procedures have already been launched and a total of 2032 vacancies for collaborative and community housing are in the process of adaptation or construction, with financing ensured by the Recovery and Resilience Plan.

b. Inclusion units and measures to persons with a disability

1- Residential Homes

Portugal has a network of institutions dedicated to people with disabilities, called residential homes.

To ensure access to institutionalized care for all those who need it, there was an increase in 1917 places in residential homes, all over the country, financed by the RRP.

2- Activities and training center for inclusion

Activity and training center for inclusion is a community-based social response for people with disabilities, with different degrees of dependence and disability based on the assumption of promoting autonomy, independent living, quality of life, personal and professional development and inclusion.

It provides a set of activities, according to the client's concrete assessment, their capabilities, functionality, interests and needs, being planned and organized on an individual basis, valuing their choices.

Focusing on community care, an investment was made to increase the capacity of this response, creating an additional 3416 vacancies by 2026, financed by the RRP.

3- Inclusion Desk

The Inclusion Desk's mission is to provide specialized and accessible information and mediation for people with disabilities and/or disabilities, their families, organizations and others who directly or indirectly intervene in disability.

The main themes are accessibility, priority service, medical certificate of multipurpose disability, tax benefits, culture, sport and leisure, education, employment and professional training, parking, housing, early intervention, independent living support model, non-discrimination, parenting, social benefit for inclusion, support products/technical aids, social protection, health and provides information and clarification of caregivers' doubts.

Overall, 90.2% of all recognized Caregivers are being monitored.

4- Personal Assistance

Personal assistance is a specialized service to support independent living. It involves assistance to people with disabilities or incapacity, helping them to carry out activities

that, due to limitations resulting from their interaction with environmental conditions, they cannot independently carry out.

The responsibility to request personal assistance lies with the individual with a disability or their legal representative.

Personal assistance may be available in several areas:

- Support activities in the areas of hygiene, nutrition, health maintenance and personal care;
- Support activities in domestic assistance;
- Travel support activities;
- Communication mediation activities;
- Support activities in a work context;
- Activities to support professional training attendance;
- Activities to support higher education and research;
- Support activities in culture, leisure and sport;
- Support activities in the active search for employment;
- Activities to support the creation and development of social support networks;
- Activities to support participation and citizenship;
- Decision-making support activities, including the collection and interpretation of information necessary for decision-making.

5- *Qualification of people with disabilities and disabilities*

The Measure supports the promotion of actions aimed at acquiring and developing professional skills for engaging in the labour market. Its goal is to enhance the employability of people with disabilities, giving them skills adjusted to the entry, re-entry or permanence in the workforce.

c. ***Multidisciplinary Care***

Integrated continued care has multidisciplinary teams, with different levels of care tailored to meet the needs of rehabilitation or maintenance of the autonomy and independence of its users.

Remaining care, particularly home care, requires reinforcement of the multidisciplinary nature of the care teams, which includes nurses, physiotherapists, speech therapists, psychologists, nutritionists, social assistants, and other professionals. This approach ensures that care can be tailored to the specific and individual needs of each user.

Multidisciplinary care is essential to adjust care to the user´s needs.

The action plan for long-term care considers the necessary multidisciplinary teams.

d. Home Care

Home care is the type of response that provides care to users within their community, in the comfort of their homes.

Long-term care in Portugal reflects a growing emphasis on home hospitalization and home treatment for patients with rare diseases, the latter being successfully tested in a pilot in Guimarães and currently disseminated in a normative way throughout the country, constituted winning bets on the quality of life of users.

1- Strengthening the home care network

The previous points outline the increases already realized and planned in the home care network, and the need to monitor the evolution and adjustment over time, according to the demand for care.

2- Integration of care between health and social

Home care should provide its users with all types of care they need. Effective coordination at local and regional level of health care with social care ensures an adequate response where care is adjusted to long-term care users, rather than users having to adjust to the care provision each institution.

The Long-term Care Action Plan includes provisions for integrating care, to enhance the adequacy of services provided to users and reinforce the trust of users and their families in home care.

3- Use of telemonitoring technologies and stimulation of autonomy

The SAD 4.0 project foreseen in the recovery and resilience program outlines the use of technologies, with the supply of tablets and respective applications suitable for preserving the independence and autonomy of home support users.

The equipment also enables telemonitoring of users and their connection with teams of care providers.

The SAD 4.0 project is defined in the Recovery and resilience Plan in Component C3 - Social Responses, with a planned budget allocation of 17.1 million euros and the objective of covering 35,400 people.

Its implementation is scheduled for 2024 and 2025, with plans for it to remain structurally available in the long-term care system thereafter.

4- Adaptation of homes and technical aid

Keeping people in their homes also implies the possibility of carrying out the necessary adaptation of the houses of the most vulnerable citizens, which is planned and funded by the recovery and resilience program.

The program envisages carrying out small works to adapt the houses of the most vulnerable and the acquisition of technical aid to help overcome user's dependencies.

The adaptation of houses is foreseen in the Recovery and Resilience Plan, C3- Social Responses, with a budget allocation of 10 million euros for the adaptation of at least 1000 houses.

Order No. 3219/2024, March 26th defines the creation of a pilot project that complements and enhances the system of technical aids/allocation of support products, not replacing it, but improving the quality of care provided to users.

The order is specifically aimed at:

1 - Create a pilot project, lasting 24 months, that complements and enhances the system of technical aid/allocation of support products, not replacing it, but improving the quality of care provided to users.

2 - Designate the Active Aging Competence Center (CCEA) as responsible for the management and implementation of activity 7, of sub pillar ii, measure 4, "Create a national system for control, availability and reuse of technical aids/support products for

citizens with dependence", of the Active and Healthy Aging Action Plan 2023-2026, contained in annex i of Resolution of the Council of Ministers no. 14/2024, January 12nd, and, consequently, for the management of the pilot project referred to in previous number.

This program aims to reinforce home support services, thus ensuring action at all levels, with the aim of keeping people in their houses.

e. ***Social support to prevent poverty and exclusion***

The main users of long-term care are the elderly population.

The Portuguese government invested in a support contribution for the elderly with greater economic vulnerability, and in 2024 the supplement was increased to 600 euros, thus placing it above the poverty threshold.

Ordinance No. 154-A/2024/1, May 22nd carries out the extraordinary update of the reference value of the solidarity supplement for the elderly.

Article 3 of Ordinance No. 154-A/2024/1, May 22nd states that the reference value of the solidarity supplement for the elderly is updated by €600, setting its value from June 1, 2024, onwards at €7208, corresponding to an update of 9.1%.

With the granting of this supplement, no elderly person has a total income below the poverty threshold, giving them a more dignified life.

Furthermore, Decree-Law 35/2024, May 21st, revises the criteria for granting the solidarity supplement for the elderly, eliminating the relevance of children's income. This measure ensures that only the income of the applicant and his or her spouse or the person living with them in a de facto union are considered when determining the applicant's resources for this social benefit. In this way, an important result of social justice is achieved.

There is also additional support for those who receive the solidarity supplement for the elderly, and the provision of medicines is completely free of charge for all of them. This support additionally helps the vulnerable population, facilitating their access to the best care in terms of drug treatment.

Decree-Law No. 37/2024, May 28th, makes the second amendment to Decree-Law No. 252/2007, July 5th, creating a regime of additional health benefits for beneficiaries of the solidarity supplement for seniors.

Article 2(a) of Decree-Law No. 37/2024, May 28th states that financial participation is granted in 100% of the portion of the price of medicines not reimbursed by the State.

This measure will reach more than 140,000 beneficiaries, increasing support and promoting their dignity.

f. Quality in LTC

Portugal has a quality system from the General Directorate of Health that is currently applied to long-term care, palliative care and mental health care, with some care institutions already duly assessed and certified.

Moreover, as decisive steps towards the global implementation of a quality system in different types of care, the 2023 legislative update for nursing homes and collaborative housing implies the existence of a quality management system by providers. Additionally, the short-term publication of quality indicators to be evaluated regularly has already been defined.

The legislation on nursing homes was revised with the publication of Ordinance No. 349/2023, November 13rd. Ten years after the legislation on nursing homes came into force, there is a need to adapt existing rules, prioritizing the quality of services provided, and introducing criteria to promote active and healthy aging. On the other hand, it is important to create specific rules regarding residential structures for small elderly people to allow the provision of care in smaller, more family-oriented units, prioritizing the personalization of services.

Thus, Article 15-A of Ordinance No. 349/2023, November 13rd states that:

1 - Nursing Homes must have a technician who ensures quality management functions, duly appointed by the institution's management.

2 - The position of quality manager can be combined with other functions in Nursing Homes, being able to provide various equipment.

3 - Nursing homes must monitor quality indicators, established by order of the member of the government responsible for the government area of work, solidarity and social security, after consultation with representatives of the social sector and the profit sector.

Ordinance No. 269/2023, August 28th creates the rules that enables the existence of collaborative housing as a new type of response, aiming to collaborative housing response to the expectations and specific needs of people and families, who are self-employed, organized as a community, with collaboration between residents. The implementation of collaborative housing projects involves sharing common spaces, ensuring, at the same time, the existence of a private space, along with a commitment to mutual assistance and the development of generational and intergenerational experiences.

In article 22 of Ordinance No. 269/2023, August 28th it is stated that:

1 - Collaborative Housing must have a technician who ensures quality management and impact assessment functions.

2 - These functions can be combined with others.

3 - Collaborative Housing with implemented quality and impact assessment mechanisms have priority and positive discrimination when concluding cooperation agreements with the Social Security Institute, I. P..

The Active and Healthy Aging Action Plan aims to focus on disseminating quality assessment and certification of all types of long-term care, defining the indicators to be evaluated, considering the provision of increase d financing to certified entities based on the level of quality achieved, and promoting and encouraging people receiving care to consider quality in their choices.

During 2024 and 2025, the necessary steps will be taken to implement a quality system for long-term care available for all types of care and for all care-providers.

IV. Carers

a. Careers and working conditions for LTC

The Active Aging Action Plan includes defining careers paths, promoting the recruitment and retention of long-term care professionals, and in implementing measures that promote their attractiveness and appreciation.

The planned timing for approaching stakeholders involved is scheduled for 2024 and 2025.

Additionally, measures are planned to improve working conditions, including training professionals in methods that prevent occupational diseases and accidents at work, a situation already initiated by the Active Aging Competence Center in the training courses.

b. Capacitation of caregivers

Training of caregivers has been conducted since the beginning of 2024, and more than 1,500 caregivers for the elderly have already been trained through free offered to all institutions by the Active Aging Skills Center.

Additionally, the Active Aging Skills Center arranged for the training to be included in the national qualifications catalogue, which will be important for its inclusion in a training path associated with career progression in the field of caregiving.

c. Informal caregivers

Portugal has an approved statute for informal caregivers, covering both primary caregivers or auxiliary caregivers.

The statute provides caregivers with the possibility of obtaining recognition and support such as the following:

- economic support accordingly to the incomes of the caregiver;
- connection to the health sector and social sector with support for the preparation of individual care plans;

- direct to the caregiver's rest;
- occupational protection measures to avoid penalties.

Until today, 15,287 informal caregivers have been recognized in Portugal.

In 2023, there was an important regulation for informal caregivers, Ordinance No. 335-A/2023 of November 3, which defines and establishes the terms and conditions for the informal caregiver's rest.

Ordinance No. 335-A/2023 regulates the application of informal caregiver's rest period, within a period of 30 days as defined in the Specific Intervention Plan, The Ordinance's articles define the informal caregiver's rest period, the conditions for caregiver rest, referral for caregiver rest, the advantages of caregiver rest for accessing formal care, and the financial contribution for caregiver rest.

Furthermore, in 2022, the Commission for Monitoring and Evaluation of the Informal Caregiver Statute was established by Ordinance No. 269/2022, dated November 8. This Commission includes the different stakeholders involved in the application of the Informal Caregiver statute, such as the associations representing the informal caregivers.

This Commission has developed its work, proposing changes and improvements to the statute of informal caregivers and issuing an annual report to guide the formulation of public policies. The work of the Commission resulted in proposals for amendments to the statute in 2023, which were subsequently incorporated into the statute review of 2024.

Law no. 20/2024, of February 8, amends the Informal Caregiver Statute regime, approved as an annex to Law no. 100/2019, of September 6.

The change makes access to the statute more comprehensive, amending Article 2, in paragraphs 3 and 4, to state that:

3 - A non-primary informal caregiver is defined as a spouse or civil partner, relative or similar up to the 4th degree in the direct or collateral line of the person receiving cared or an individual who lives in the same house as the person being cared for. This caregiver provides regular but not constant monitoring and care, and may or may not receive compensation for their professional activity or for the care provide to the person being cared for.

4 - Parents with shared custody of the person being cared for can both be considered non-main informal caregivers under the terms of the previous paragraph.

Additionally, the training and qualification of informal caregivers is provided free of charge by the Active Aging Competence Center, since November 5, 2023. Training is accessible to all informal caregivers, regardless of whether they have formal recognition under the statute. Training is available on a continuous basis.

There are also other support measures for informal caregivers outlined in the Active Aging Action Plan:

- The informal caregiver support line to clarify doubts in the health and social areas;

- The support manual for informal caregivers;

- The national meeting of informal caregivers.

The implementation of these additional measures is scheduled for 2025 and 2026.

d. Prevention of Violence in LTC

Preventing violence against the elderly and protecting caregivers from becoming victims of violence requires information, training and qualification of all those potentially involved The Active Aging Competence Center is currently finalizing specialized courses on this matter, which will be offered free of charge in all institutions.

e. Protection of Domestic Workers

Law No. 13/2023 of April 3 amends the Labour Code and related legislation.

Considering the specificities of domestic work, greater protection was given to those who perform these functions. Thus, since May 2023, new rules, rights and obligations have been in force affecting both the worker and the employer.

The new law provides greater social protection to domestic employees, particularly in situations of: Death; Old age; Invalidity; Illness; Professional diseases; Parenting; Family expenses; Charges in the field of disability; Finally, unemployment (only those who deduct it from their actual earnings are eligible for unemployment benefit).

Domestic work is subject to a contract, which may verbal and not necessarily have to be in writing. When the work is temporary or for a specific duration, the contract can be either fixed-term or uncertain term. Furthermore, other conditions such as accommodation or food may or may not be included in the contract.

If there is a mandatory contract, Social Security contributions are required. Therefore, when an employer hires a domestic employee, they must register the employee with Social Security. If the employee is already registered, the employer must inform Social Security about the start of employment with a new employer.

It is the employer's responsibility to pay the social contributions for domestic workers. Payment must be made between the 10th and the 20th of the month following the period to which the contributions apply. But first, the worker must choose whether to declare the actual salary or a predefined value (conventional remuneration), equivalent to the Social Support Index. It should be noted that these contributions divided: part is paid by the employer and another part deducted from the worker's salary by the employer). In any case, it is the employer who is accountable for remitting all Social Security contributions.

V. Governance, monitoring and reporting

a. LTC Governance

It should be noted that the Long-Term Care Action Plan is under discussion at governmental level, a situation that has suffered some delay due to the early elections that took place and the change of government that occurred in 2024.

However, the implementation of some of the measures described in the following points has begun.

Interoperability Health/Social Security Information Systems

The RNCCI is supported by a computer application managed by Central Administration of Health Services and Shared Services of the Ministry of Health, entitled SI RNCCI - RNCCI Information System, it is a solution exclusively for this area that ensures the needs of all levels of the network, keeping focus on the main element – the User. It is a

dynamic system, which has been updated to more speed in the process of referencing and integrating users into the RNCCI and also to establish interoperability between Health and Social Security.

SI-RNCCI has: Real-time web operation; Nominative access permission, according to different levels of the RNCCI teams; Accommodates the user's process, in the various phases/states; Patient management; Issue invoicing by type in the healthcare sector; Reports (without statistical module).

Within the scope of SIMPLEX[1], the process of interoperability between the Social Security and Health information systems is underway, aiming to dematerialize and simplify the process of referencing RNCCI users and billing to the providers.

Improvement of social-health articulation to resolve cases with hospital discharge without vacancies in long-term care.

Creation of a SharePoint, aiming to have in a single place a list of users referred by hospitals, validated by the ISS, as well as the vacancies available in different national institutions. One member of the Board of Directors and at least two members of the Social Service of each ULS, previously designated, have access to this SharePoint in the SNS. Several Teams meetings were held to explain how SharePoint works and since January 1, 2024, this is the only way for ULS to make their referrals;

- Revision of the Articulation Manual - Health + Social Security - for the planning of hospital discharges, having allowed the preparation of a Joint Information Circular, whose recipients were the Hospital Institutions of the SNS and District Centers and Central Services of the ISS, IP;
- Preparation of the Hospital Discharge Protocol.

Through Ordinance No. 256/2023 of August 10th, the first amendment was made to Ordinance No. 38-A/2023, of February 2nd. This amendment established the terms and conditions for interinstitutional coordination to refer and monitor people who, for social reasons, remain hospitalized after clinical discharge from an SNS hospital, using of temporary and transitional reception in a social response.

The aim was, therefore, to implement innovative action strategies, through a new mechanism to respond to identified social needs, expanding the universe of units with capacity to accommodate people discharged from hospital, without an adequate response in the family network, as well as in existing community resources. In fact, after identifying additional potential to expand response capacity, whether through public facilities or other entities with suitable, spaces it has become essential to change regulations. This amendment aims to include the contracting of new facilities for temporary and transitional reception, which can also occur in reception entities with characteristics suitable for hospital discharges or in public, private, non-profit or profit facilities or at the Santa Casa da Misericórdia de Lisboa (SCML). This will be facilitated through the signing of a cooperation protocol or program contract, subject to approval by the members of the Government responsible for the areas of work, solidarity and social security and health.

The publication of Ordinance No. 256/2023, August 10th not only increased the ISS's capacity to find answers available from its different partners, but also facilitate the establishment of a protocol between the ISS, with SCML, for the use of 27 vacancies at the Hospital de Santana, for the ULS in the Lisbon Metropolitan area.

It was also possible, within the scope of the ISS's powers, to make 100 places available, of a profitable nature, for hospital users awaiting social response.

b. Financing and sustainability of LTC

It is hoped that the funding model will evolve to become fairer and more appropriate, guaranteeing the sustainability of care.

The Action Plan for Continuing Care proposes the implementation of a new funding model that includes contractualization based on the quality of services provided.

c. Monitor LTC

The changes to the care delivery model and the definition of quality indicators that are underway will lead to the existence of appropriate IT platforms to continuously evaluate the care provided, allowing its monitoring in all aspects (process, safety, results, satisfaction and sustainability).

The evolution of the monitoring system will start after the approval of the new model. Until then, monitoring will continue by entities from the Ministry of Health and the Ministry of Labour, Solidarity and Social Security.

d. Stakeholders' involvement and best practices

The coordination of long-term care will continue to involve the various stakeholders throughout the evolution of the intended care system.

Additionally, meetings will be held to identify, share and promote the dissemination of best practices, with publication on public websites, including the active aging website.

3- REMAINING CHALLENGES AND NEEDS FOR EU SUPPORT

3.1- REMAINING CHALLENGES

The existence of a monitoring system, with common indicators assessed across all EU countries, allows benchmarking within the European Union.

3.2- EU SUPPORT

There is EU financial support to facilitate the transformation from institutionalization to home care, with a high quality of care for users, based on the achievement of agreed goals and targets.

This situation will be very relevant to ensure equity in access to quality long-term care in EU, applying the principle of solidarity and cohesion.