Models for integrated social care and support in Portugal - MAASIP

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Executive summary

Integrated social care and support has been developed in various territorial contexts, particularly at the municipal level. Implementation experiences show different configurations, methodologies, results and impacts. At the same time, the process of transferring powers to local authorities in the field of social action has given new thrust to the integration of services and responses, while exposing the persistence of constraints and introducing new challenges arising from the reorganisation of the system itself. In order to respond to these (old and new) challenges, this study presents a set of eight strategic recommendations addressed to municipalities, to the Social Security Institute, I.P. and to the National Association of Portuguese Municipalities, aimed at strengthening the coherence, coordination and effectiveness of integrated social care and support models.

Recommendations

- Deepening the work of municipalities within the Social Network;
- Valuing the social work involved in social care and support;
- Promoting the continuous training of professionals;
- Clarifying criteria and procedures;
- Reviewing access to the Social Security Information System;
- Monitoring the implementation of integrated social care and support;
- Creating working groups at the supra-municipal level;
- Considering a municipal model of social care and support that integrates the areas of Social Action, Education and Health.

Target entities:

Municipalities; Social Security Institute, I.P.; National Association of Portuguese Municipalities.

Introduction and Problem Statement

There have been efforts for the development and implementation of innovative methodologies aiming at the integration of social services and/or social care and support at the European level (e.g. Lara Montero et al., 2016; EC/DG EMPL, 2022). This has also been the case in Portugal (ADEIMA *et al.*, 2005; CET-ISCTE/CESIS, 2005; Tomás, 2012; CESIS/CET, 2015; Bracons, 2017; Marques, 2017).

However, the models for integrated social care and support in Portugal lacked mapping, as well

as assessment and evaluation regarding its configurations, methodologies, results and impacts, thus limiting learning possibilities.

This need gave rise to project MAASIP – *Models of integrated social care and support in Portugal*, funded by the Foundation for Science and Technology, as part of the Science4Policy 2024 competition.

It was developed by CESIS – Centre for Studies for Social Intervention, in collaboration with the National Association of Portuguese Municipalities (ANMP) and the Social Security Institute, Public Institute (ISS, I.P.) between December 2024 and March 2026.

The study surveyed, systematised and analysed national experiences of integrated social care and support, in the context of the transferring of powers in the field of social action to local authorities and inter-municipal entities.

In this way, it also aimed to support decision-making regarding the adoption of integrated care and intervention models in municipal contexts, as well as to contribute to the design and implementation of new measures.

Analysis / Key Findings

Methodological note

The complex and still insufficiently explored nature of integrated social care and support models in Portugal justified the adoption, within the scope of the MAASIP study, of a multifaceted methodological approach based on the integration of diverse sources of information. Alongside a review of relevant literature, an online questionnaire was made available to all Portuguese municipalities, which yielded 223 valid responses (72.4% of Portuguese municipalities); fifteen interviews were conducted with professionals and beneficiaries in six different municipalities; four focus groups took place, involving 60 professionals – technical and managerial staff – and four members of the executive bodies of 55 municipalities.

Before the transfer of powers

Based on the responses to the questionnaire, it can be concluded that, at the time of the transfer of powers in the field of Social Action to the municipal level, more than a hundred municipalities had already implemented a model of social care and support that could be described as 'Integrated Care' (IC). Most of these initiatives were developed by (or in conjunction with) municipalities, resulting not only from the commitment of professionals, but also from a political commitment made at the local level.

In about half of the cases, these experiences were formalised through protocols based on partnership work, fundamentally triggered by the existence of the Social Network programme. In the remaining cases, it relied on an informal partnership based mainly on collaboration between professionals.

Seeking to identify the main characteristics of these experiences, it is worth highlighting the inter-institutional work that such collaboration enabled. In fact, with varying degrees of formalisation, the vast majority of (self-)identified IC initiatives involved several public and private entities, with one of them (often the local authority and, sometimes, the local authority together with social security services) taking the lead.

In 80% of cases, there was a wide range of areas involved, the most frequent being social action in general, but also services providing in-kind support, the network of facilities and services, and services in the fields of housing, health, education and employment.

One of the expressions of this interinstitutional work was the discussion of cases among professionals, which is perceived by many stakeholders as a positive element that promotes innovation in intervention. However, this practice is not without tensions, as it can mean — or be understood as — an exposure of possible technical weaknesses.

Access to and sharing of information is an essential component of integrated responses and services. However, this remains one of the main limitations to the implementation of

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integrated social care and support. Although Social Security and Social Care and Support Service teams currently use the same tool to record information on beneficiaries, the data extraction available for municipalities is limited, which creates constraints on the planning of responses at local level.

> "What is important to understand is that municipalities need to plan based on concrete data. In other words, we need to know the characteristics of the population we are supporting." (Interviewed professional)

It is also important to note that the implementation of integrated social care and support services requires the creation of a common culture around the objectives of care and the principles that should guide intervention with the people who use it.

Finally, it is important to highlight the relevance of the case manager, present in 70% of the responding municipalities, due to the central role they play, namely in preventing the duplication of reports of problems and needs by beneficiaries.

The most frequently cited obstacle to IC experiences, prior to the transfer of powers, relates to the unequal commitment, and consequent unequal involvement, on the part of partner entities. In addition, the issue of sharing responsibilities and, in particular, the ability of services to meet the needs not only of the population identified by them, but also by other

> "It has changed a lot. Now it is much better, because we do not have to run around to different places. It is just one place and they already know what we need." (Interviewed beneficiary)

> "The first time I needed help, I went to […] and felt lost there. I walked back and forth with no one to help me solve my problems. Since I have been receiving support here, my life has changed completely... for the better! I got my residence visa; I got a wheelchair for my son; I got a job... they helped me with everything." (Interviewed beneficiary)

partner entities, has not always been achieved, leading to situations where some entities continued to work mainly for themselves. Various aspects related to the scarcity of resources were also mentioned.

Nevertheless, in the vast majority of cases, the IC methodology will have produced results that have been identified/recognised by the partnership, which can be organised into three distinct categories: i) in local organisational systems; ii) in professional practices; iii) among the beneficiaries themselves.

Regarding local organisational systems, the results of the IC point to greater resource efficiency, both directly and indirectly, through a reduction in waiting lists and service times. They also point to a simplification of processes in general, specifically including decision-making processes, but also considering improvements in communication and inter-institutional work. In terms of changes in professional practices, there is a greater rationale for intervention, based on a better understanding of beneficiaries, of their needs and of existing resources. Interventions are also based on a greater capacity for dialogue with beneficiaries, on monitoring and evaluation, and on case discussion. In sum, a more person-centred social intervention, promoting a holistic and integrated approach.

Figure 1 – The person at the centre of social intervention: holistic and integrated approach

Source: Authors own elaboration

Regarding the results produced among beneficiaries, the following are identified in particular: greater consistency between responses and needs and greater proximity of services. The greater capacity for skills development, which can be linked to the increased participation of people throughout the process, from diagnosis to the design of the intervention plan, and the elimination (or at least reduction) of people's "pilgrimage" to different services, recounting/repeating their problems, are effects of the IC that demonstrate how this approach promotes greater respect for the people themselves.

After the transfer of powers

The transfer of powers to local authorities in the field of social action appears to be an important driver of AI, as this practice is currently underway in at least 180 municipalities.

In addition, the transfer of powers has introduced changes to the IC model in around two out of three municipalities where it was being implemented. The main – and most obvious – change regards the strengthened role played by municipalities. Other reported changes include an increase in capacity to carry out multidisciplinary work, the increased possibility of assigning case managers, and increased capacity to discuss cases between entities.

Current IC experiences are defined, from the perspective of the municipalities that promote them, among other aspects, by the fact that all processes have a case manager, who centralises all the information on the processes they manage, negotiating and updating the intervention plan with the person/family and assessing compliance with that plan. They are also defined by the discussion of cases between professionals from different partner organisations who provide responses to individuals/families benefiting from social care and support, as well as by the existence of a network – both formal and informal – of organisations that manage responses that are essential for the social integration of the most disadvantaged individuals/families.

With the transfer of powers, there has therefore been a 'strengthening' of social intervention at the local level:

> "I believe that social intervention has been strengthened by decentralisation. Because of the proximity of the municipalities; because of the resources we have; because of our ability to provide support more quickly." (*Focus group* participant)

Policy Options and Recommendations

The integration of social responses, as a guiding principle, underpins the process of transferring powers to local authorities and intermunicipal entities in the field of social action.

This transfer was implemented by Decree-Law 55/2020 of 12 August (amended by Decree-Laws 23/2022 of 14 February and 87-B/2022 of 29 December).

The terms for implementing this transfer of powers to municipalities regarding social assistance and support services for individuals and families in situations of vulnerability and social exclusion were regulated by Order 63/2021 of 17 March. The preamble to this Order states that "the actions of local authorities constitute, in the field of social action, particularly in terms of social care and

support, an important factor in combating social exclusion, but also in promoting population and territorial cohesion, enabling synergies to be created between existing resources and skills in the community and integrating innovative perspectives on the decentralisation of social intervention, based on participatory democracy and the introduction of methodologies for planning social intervention at local level".

The results of the MAASIP study highlight the need for a renewed deepening of the integrated social care and support experiences developed, both before and after the transfer of powers. These results, combined with the participatory dynamic that involved consulting various municipalities and their respective

professionals, support the formulation of the following recommendations:[1]

Recommendations to Municipalities

Recommendation 1: To strengthen the work of local authorities within the Social Network

The transfer of social action responsibilities to municipalities is a strategic step that can strengthen and expand integrated social care and support practices. In this regard, it is important that municipalities continue to deepen their work within the Social Network, binding local social security services as active partners and assuming the Social Care and Support Service as a service that intersects the responsibilities and practices of different entities in terms of planning, intervention and evaluation of public policies.

Recommendation 2: To value the social work involved in social care and support

The appreciation of social work involved in social care and support can be expressed in different ways: in the composition of teams (which should tend to be multidisciplinary) and in their duties; in the identification of performance indicators that recognise the specificities of this work; in the openness shown to discussing the ratios established regarding the support provided to households, in or outside the scope of Social Integration Income (RSI) processes.

Recommendation 3: To promote continuous training for professionals

Municipalities and other entities providing social care and support should take on a clearer and more structured role in the continuous training of their professionals. In the field of integrated social care and support, this training should cover topics such as the diagnosis, the promotion of participation, the role of the case manager, and the clarification of concepts associated with the integration of services.

Recommendations to the Institute of Social Security, I.P.

Recommendation 4: To clarify criteria and procedures

Criteria and procedures must be clarified, and their standardisation should be promoted, not only among teams at the municipal level, but also among teams of the District Social Security Centres. This need is particularly acute with regard to the articulation with the National Social Emergency Line.

Recommendation 5: To review access to the Social Security Information System

It is important to reflect and act to ensure access to the information contained in the Social Assistance and Monitoring subsystem (integrated into the Social Security Information System), so that it constitutes a tool at the service of the community. This would avoid the waste of financial and human resources - particularly time - associated with the creation of multiple municipal databases, a practice that runs counter to the logic of integrating services and responses.

Recommendation 6: To monitor the implementation of integrated social care and support

Regular and continuous monitoring is needed, in conjunction with the National Association of Portuguese Municipalities, of how integrated social care and support is implemented in different territories, with a particular focus on how they promote the integration of services and responses.

Recommendations to the National Association of Portuguese Municipalities

Recommendation 7: To create working groups at the supra-municipal level

It is recommended that working groups are set up at the supra-municipal level, with the aim of

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[1] These recommendations were validated by ANMP and ISS, IP., within the scope of the collaborative work developed in the MAASIP project.

strengthening the effectiveness of the implementation of Integrated Social Care and Support, through the systematic identification of constraints and the sharing of solutions and good practices that improve the responses provided to beneficiaries.

Recommendation 8: To consider setting-up a municipal model for social care and support that integrates the fields of social action, education and health

Finally, in the context of the transfer of powers – which also covers the areas of education and health - the National Association of Portuguese Municipalities could promote a broad reflection, involving the government areas of Labour, Solidarity and Social Security, Education and Health, with a view to designing a municipal model for social assistance and support that would integrate social Action, education and health in a coordinated manner. A model of this nature would make it possible to more effectively achieve one of the main objectives of Integrated Care: the prevention of poverty and social exclusion.

Conclusion

The implementation of integrated social care and support in Portugal has adopted various models and configurations.

This process has not been without limitations and constraints, in many cases related to access to and sharing of information, as well as unequal commitment and consequent unequal involvement on the part of partner entities.

In any case, the results of IC are widely recognised and can be organised into three distinct categories: i) in local organisational systems; ii) in professional practices; iii) among beneficiaries.

At the same time, with the transfer of powers in the field of social action to local authorities, current IC experiences are defined, from the perspective of the municipalities that promote them, among other aspects, by the fact that all processes have a case manager; by case discussions; and by the existence of a network

– both formal and informal – of entities that manage responses and provide services that are essential for the social integration of the most disadvantaged individuals/families.

The process of transferring powers to local authorities in the field of social action has given new thrust to the integration of services and responses, while exposing the persistence of constraints and introducing new challenges arising from the reorganisation of the system itself.

In order to respond to these (old and new) challenges, this study presents a set of eight strategic recommendations addressed to municipalities, to the Social Security Institute, I.P. and to the National Association of Portuguese Municipalities, aimed at strengthening the coherence, coordination and effectiveness of integrated social care and support models.

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