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Beyond Home Care: The Limits of the Current Model and New Community-Based Approaches

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Executive summary

Portugal has the third oldest population in Europe, and the number of people living with dementia is expected to double by 2080 to approximately 420,000. The current system is entirely focused on the end of the care pathway — on established dependency — and this approach is simultaneously insufficient, unsustainable, and systematically late. Dementia is not an inevitable consequence of growing old. Forty-five percent of cases are attributable to modifiable risk factors: social isolation, physical inactivity, low cognitive stimulation, and uncontrolled cardiovascular risk. Clinical trials such as FINGER have demonstrated that lifestyle interventions in people at risk produce sustained cognitive improvement. And in people with established disease, the evidence is equally clear: cognitive stimulation, physical and social activity, and structured caregiver support slow disease progression and preserve autonomy for longer. The question is no longer whether it is possible to change the trajectory of dementia before or after diagnosis. It has become how to do so at population scale. The answer is structural: the environment in which people age, and the way care is organised, are themselves the intervention. This project starts from this premise to propose a reorientation of public policy — from a system focused on the end of the care pathway to a model that diversifies and anticipates. The evidence produced by the project confirms that this path is achievable in Portugal today. The Home360 programme demonstrated that a structured psychosocial home-based intervention for people with dementia improves or stabilises quality of life, caregiver burden, and behavioural symptoms. The A Casa cooperative showed that demand for collaborative forms of ageing exists and is well-articulated, and that the main obstacle is regulatory, not cultural. The review of European models confirmed that the countries with the best outcomes got there through community-based responses that act before the crisis, not only after. The evidence exists, the models exist, the social demand exists. What is lacking is the political will to remove the barriers that prevent these solutions from scaling.

Recommendations

- Create a specific modality of intensive and integrated home-based support for people with dementia, with an individual care plan, caregiver empowerment, and effective coordination with health care services.
- Develop intermediate responses between living independently at home and entering a care home, namely through pilot programmes in collaborative housing and housing with care.
- Integrate housing, urban planning, and the built environment into the national strategy for dementia prevention and promotion of ageing with autonomy, with an interministerial programme and age-friendly design criteria in local planning.
- Create integrated financing and outcome-based payment tied to measures of autonomy, combining public funds, philanthropy, and private social impact capital.

Recipients

Ministry of Labour, Solidarity and Social Security; Ministry of Infrastructure and Housing; Ministry of Health; Secretary of State for Social Action and Inclusion; Secretary of State for Housing; Santa Casa da Misericórdia de Lisboa and third-sector organisations in the home care sector; Local authorities.

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Introduction

Portugal faces a silent structural crisis in ageing. With 1.57 older adults for every young person, it has the third oldest population in Europe, and projections indicate that the number of people living with dementia will double by 2080 — from approximately 200,000 to 420,000. The impact is profound: on families, who absorb the bulk of informal caregiving; on the National Health Service, which bears the cost of avoidable hospitalisations and emergency admissions; and on Social Security, where public spending on long-term care (0.5% of GDP) amounts to less than a third of the European average (1.7%). The annual cost of adequate care ranges from €18,000 to €24,000 per person — far beyond the public funding available (€4,000–6,000 per year under conventional home care services). The current model is simultaneously insufficient and unsustainable.

Medicine has sought to intervene ever earlier in dementia, yet pharmacological results remain modest. The accumulated evidence points in a different direction: 45% of cases are attributable to modifiable risk factors. Trials such as FINGER have demonstrated that multimodal lifestyle interventions produce sustained cognitive improvement. The relevant question has shifted to how prevention can be implemented effectively and sustainably at population scale. The PATEO project answered this question with real-world evidence: the environment in which people age is itself the intervention.

The PATEO consortium set out to demonstrate that alternatives to the current model are achievable in Portugal today. The evidence was anchored in two concrete case studies: the Home360 programme, a structured psychosocial home-based intervention delivered to 237 people with dementia and 248 caregivers in the municipalities of Oeiras and Sintra; and A Casa cooperative, a pioneering model of self-managed senior cohousing currently being implemented in the Montijo region. A review of European models completed the comparative framework, with particular attention to Buurtzorg (Netherlands) and Trabensol (Spain).

Main Results

Home360 is a five-month psychosocial intervention based on the Dementia Context Manager methodology, structured around Individual Intervention Plans (IIPs) acting across five domains: emotional support to the dyad, psychoeducation and caregiver empowerment, environmental adaptation, coordination with community resources, and cognitive, motor and sensory intervention. As a pilot programme, its results — obtained from a sample of approximately 250 dyads with pre-post intervention comparison — were positive across all dimensions assessed: quality of life of the person with dementia (QoL-AD), behavioural symptoms (NPI), and caregiver burden (Zarit Burden Interview). The estimated direct cost was €410 per month per dyad — that is, for two beneficiaries simultaneously (the person with dementia and their caregiver). For comparison, the national average cost of a conventional Home Care Service (SAD) is €362.49 per month (2025 data). Home360 thus supports two beneficiaries with documented clinical gains at a unit cost equivalent to that of standard home care for one.

Implication: the cost-effectiveness of this approach is favourable given that conventional home care does not include systematic intervention targeting the caregiver, nor simultaneous action across the cognitive, behavioural and environmental domains.

The review of comparable European models reinforces this picture. The countries with the best outcomes in long-term care achieved them through community-based and preventive models, not through the expansion of institutional capacity. Buurtzorg, based on small autonomous community nursing teams (~12 professionals), has documented improvements in user satisfaction alongside reductions in administrative costs. The self-

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managed senior cohousing model of Trabensol (Spain) demonstrates that housing models with integrated care functions are sustainable when the regulatory framework permits it.

Implication: the barriers to disseminating these models in Portugal are not cultural or demand-related — they are regulatory, financial and organisational.

The qualitative study of the A Casa cooperative identified concrete barriers: three parallel and independent licensing procedures with no coordination mechanism, inability to access bank credit for cooperative members over 65, and the absence of a specific legal framework for housing with integrated care functions. This last gap is partially addressed by Decree-Law No. 269/2023, which created the figure of Collaborative Housing. However, the decree frames this as a modality of social support — subject to a licensing regime comparable to that of assisted residential facilities and dependent on a managing entity — bringing it, in practice, close to the assisted living model. The decree does not elaborate on mechanisms for collective self-organisation, resident-led management, or the intergenerational criteria that define cohousing in the European literature. Trabensol, in Spain, demonstrates that genuinely self-managed collaborative housing initiatives are achievable — but their success rested on a regulatory framework that allowed residents to act simultaneously as developers and managers of the project, something the Portuguese decree does not provide for. Genuine collaborative housing presupposes a significant level of collaboration among future residents, from conception through to day-to-day management, which is not operationalised in the current regulatory framework.

Implication: the legal instrument exists, but its regulatory architecture replicates the logic of a social care facility rather than creating an enabling framework for community-based initiatives. This structurally limits the replication of models such as A Casa.

Recommendations

Based on the evidence produced and the international models reviewed, we identify four priority axes of intervention for Portuguese public policy on ageing, long-term care and housing.

Axis 1 — Intensive and integrated home-based support for people with dementia

Portugal has no home care modality specifically designed for people with dementia or high dependency and their caregivers. What exists is a fragmented offer of isolated services — home care, day centres, neurology outpatient appointments — coordinated on a case-by-case basis according to locally available resources, with no defined protocol, no guarantee of uniform coverage, and no systematic outcome evaluation. This fragmentation has direct consequences: caregiver burden is not addressed in a structured way, functional decline is not arrested early, and institutionalisation frequently occurs due to the collapse of informal support systems rather than objective clinical need.

The evidence from the Home360 pilot demonstrates that it is possible to do better, with existing resources and at a comparable cost. A specific modality of intensive home-based support for dementia must ensure that the response acts simultaneously on the person with dementia and the caregiver, covers the cognitive, behavioural, environmental and health coordination domains, and is sufficiently structured to be replicable regardless of local resources. The evaluation protocol must include indicators of functional status, caregiver burden and avoidable health service use, enabling progressive scaling based on pilot results.

Incrementally adapting conventional home care is not sufficient: the existing model was designed for basic care needs, not for the clinical and relational complexity of dementia. Adding isolated services without conceptual

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and organisational integration perpetuates exactly the problem it seeks to solve.

Recommendation: Establish a specific modality of intensive home-based support for dementia within the National Network for Continuous Care (RNCCI), with integrated intervention targeting the person-caregiver dyad, a structured and replicable protocol, and systematic evaluation of functional outcomes, caregiver burden and avoidable hospitalisations.

Axis 2 — Intermediate responses between living at home and institutional care

The Portuguese care system for older adults rests essentially on two poles: living independently at home, with or without home care support, or entering a care home. These options are insufficient to address the heterogeneity of ageing trajectories — particularly for people with partial loss of autonomy who do not require institutionalisation but would benefit from a more structured environment with community support and proximity to care. The absence of intermediate responses accelerates premature institutionalisation and places excessive strain on informal caregivers.

The international evidence is clear on the way forward: collaborative housing models, housing with care and other community-based solutions preserve autonomy, reduce isolation and are sustainable when the regulatory framework allows it. Trabensol, in Spain, demonstrates that genuinely resident-led initiatives are viable. Portugal created the figure of Collaborative and Community Housing in 2023 (Decree-Law No. 269/2023), but the current framework treats it as a social support modality dependent on a managing entity, replicating the logic of assisted residential facilities and preventing self-organisation by residents. The barrier is not one of evidence or demand — it is regulatory.

Expanding the capacity of care homes and residential facilities to absorb unmet demand is the option with the highest cost per capita and the lowest return in terms of autonomy. The European countries with the best long-term care outcomes took the opposite path.

Recommendation: Launch pilot programmes in collaborative housing and housing with care, accompanied by a revision of Decree-Law No. 269/2023 to create an enabling framework for cooperative and community-based initiatives — including a single licensing mechanism, access to credit regardless of the age of cooperative members, and legal recognition of resident-led shared management.

Axis 3 — Housing and urban planning as instruments of prevention

The prevention of dementia and dependency does not begin in the health system — it begins in the built environment where people live. The evidence on the environmental determinants of ageing is robust: social isolation, physical inactivity, exposure to pollution, lack of pedestrian mobility and difficulty accessing services are modifiable factors with documented impact on cognitive and functional trajectories. In Portugal, urban planning and building licensing do not systematically incorporate active ageing criteria, and coordination between housing, health, social security and local authorities is fragmented or non-existent.

Maintaining urban planning without active ageing criteria carries no immediate political cost, but it carries a growing and deferred social cost: environments that accelerate isolation, physical inactivity and cognitive decline translate, over time, into greater dependency, higher health service use and increased pressure on the long-term care system.

Recommendation: Launch an interministerial programme — Housing, Health, Social Security and local authorities — to integrate age-friendly and dementia-friendly environment criteria into urban planning and building licensing: pedestrian accessibility, proximity to services, green spaces, reduction of isolation and pollution exposure. Make age-friendly design a mandatory requirement in the licensing of new construction and publicly funded urban rehabilitation projects.

Axis 4 — Integrated financing and outcome-based payment tied to autonomy

The current financing of care for older adults is managed across different ministries and local

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authorities, with logics, instruments and performance indicators that do not speak to one another. This fragmentation has direct practical consequences: duplication of structures, coverage gaps for people with complex needs that cut across multiple sectors, and the absence of collective accountability for outcomes in autonomy and quality of life. Funding rewards activity — consultations delivered, meals provided, hours of support logged — rather than value: gains in functional status, reductions in caregiver burden, or hospitalisations avoided.

Maintaining fragmented sectoral financing requires no administrative disruption, but it perpetuates a system that is unable to respond to the complexity of ageing with dependency — and increasingly unable to sustain the demographic pressures that lie ahead.

Recommendation: Create an integrated financing mechanism, aligning regulation across Health, Social Security, Housing, local authorities and Justice, oriented by value-based indicators: functional status, autonomy, quality of life and avoidable service use. Use social innovation financing to test and scale new models before their integration into the public system. Shift from activity-based to value-based indicators as the criterion for public contracting

Conclusion

The PATEO project produced convergent evidence from three independent sources: the Home360 programme demonstrated that an integrated home-based response for dementia is clinically effective and economically viable; the study of the A Casa cooperative identified with precision the regulatory, financial and organisational barriers that prevent the replication of community-based models; and the review of European experiences confirmed that the systems with the best long-term care outcomes got there through a community-based and preventive path, not through the expansion of institutional capacity. The three bodies of evidence point in the same direction and mutually reinforce one another.

What is at stake is not a lack of knowledge or of models — it is a political choice about how to allocate available resources and what kind of ageing we want to make possible. The evidence exists, the models exist, and the social demand exists. What is missing is the will to remove the barriers that prevent these solutions from scaling. Portugal has the opportunity to become a European reference in community-based and preventive long-term care. Persisting with assistentialist home care models or waiting for there to be enough care home places for everyone is not an answer — neither for health nor for social cohesion.

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