



# **CULTURE ON PRESCRIPTION**

## **Culture on Prescription PR1**

National Report - Portugal



Co-funded by  
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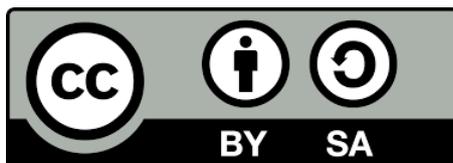
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## Credits

We would like to thank all the experts who kindly agreed to share their experiences with us and gave us insights into national characteristics. Their names and some of the features have been partly changed to protect their anonymity.

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## 1. Introduction

The European Erasmus+ project “Culture on Prescription” (COPE) is the collaborative effort of multiple organisations from Belgium, Ireland, Portugal, Germany, Netherlands, and Romania which aims to identify current best practices in Social Prescribing (SP) and develop solutions combining culture and health promotion to address loneliness and isolation among vulnerable population groups, such as older people living alone or people with mental health concerns. COPE wants to promote their active involvement in cultural activities, strengthen their social interaction by connecting with the local community, and help to provide them with the feeling of being more resilient in the challenges of their daily lives.

By implementing the project, we aim to:

- Spread knowledge on a promising, evidence-based approach to addressing loneliness, isolation and mental health challenges through facts, figures and examples of good practice and provide models that can be easily adapted in parts of Europe where practical experiences with Social Prescribing schemes are limited or non-existent.
- Create new concepts for "Culture on Prescription" offerings combining positive impacts on health through cultural activities and learning efforts.
- Provide resources and practical support to facilitators in social and healthcare provision in running non-clinical offerings for persons concerned by or at risk of loneliness or social exclusion.
- Elaborate guidelines for decision-makers in municipalities and associations on how to adopt the approach of Social and Cultural Prescribing in their specific local and organisational setting.
- Create an implementation framework.

We will be developing solutions that are inclusive, sustainable and scalable. The consortium members will present the 'Culture on Prescription' offerings, the underlying methodology and project outcomes in terms of accompanying material and feedback from learners and other stakeholders in social and healthcare provision. We also want to strengthen our local, regional, national and European networks, broaden our portfolios with new and attractive offers to our primary audiences from the social and healthcare sectors, support the training of staff and volunteers, and provide the opportunity for cross-border knowledge.

## 2. Methodology

To gain an insight into current practice, best practice and literature on social and cultural prescribing, each COPE project partner carried out research at a national level to add to current knowledge and to support the development of cultural prescribing in later stages of the project.

The study adopted a convergent parallel mixed methods design, using qualitative and quantitative methods of inquiry. The study was framed by the following overarching research questions:

1. *What is required to enable and facilitate social prescribing?*
2. *What are current behaviour and attitudes toward social and cultural prescribing?*
3. *What is considered best practice?*

Within this research methodology, data was collected in several different ways from different participant cohorts:

- Project partner observations and logs, and other artefacts designed as part of the project, etc., to be retained and catalogued as data;
- The creation of a database of best practices in social prescribing across Europe to be used for analysis and for open publication following the completion of the research.
- Semi-structured interviews with stakeholders involved in voluntary, health and local government sectors engaging in social prescribing practices.

In Portugal, SHINE 2Europe (<https://shine2.eu/>) carried out desk research according to pre-defined search criteria and interviewed (face to face and online) 8 stakeholders of different areas, namely a public manager, a museum manager, a journalist, a project manager in the culture field, representatives of social and health care services and a psychologist. It is important to mention that all respondents have been duly informed of the project and its aims, signed the informed consent, and agreed with the interview. The interviews had a duration of about 45 to 60 minutes.

The quantitative and qualitative data were analysed with equal priority. The qualitative data was analysed following a data-led approach (Braun & Clarke, 2006) and six phases of thematic analysis. Following the analysis of the qualitative and quantitative data sets, they were then compared using a side-by-side comparison approach (Creswell, 2014).

As there are a variety of levels at which social and/or cultural prescribing is being offered and delivered at a local and national level across COPE partner countries, a two-pronged approach was developed for this research.

For partners in countries with social/cultural prescribing already established, their key focus was:

- a. Identify current social/cultural prescribing

- b. Identify best practice
- c. Identify weaknesses/challenges/concerns
- d. Identify future potential/trends/recommendations

For partners in countries that recognise the potential of social/cultural prescribing and who are exploring options of how to develop and facilitate cultural prescribing, their key focus was:

- e. Identify the need for social/cultural prescribing
- f. Identify existing projects that could align with cultural prescribing, and which demonstrate the potential to adapt to applying it in a social/cultural prescribing context.
- g. Identify new opportunities for cultural prescribing
- h. If they exist, identify current forms of social/cultural prescribing

For the desk research, a review of literature and information relating to services, benefits and engagement of social and cultural prescribing was carried out. This included but was not limited to:

- a formal structured process or through an unofficial, organic structure
- community and health services provided events to engage and encourage participation in social and cultural activities in the communities.
- health programmes such as smoking cessation, healthy eating or promoting cultural or social activities
- examples of best practices, and innovations in this emerging area.

The results of this research for Portugal are in the following chapters. For information on other national reports developed as part of the project Culture on Prescription and for other project publications, please visit <https://culture-on-prescription.eu/>.

### **3. Brief national overview of ageing in Portugal**

Portugal is the fourth country in the European Union with the highest percentage of older adults, right after countries like Italy and Greece (EUROSTAT, 2021). Since the 1960s, the number of people over 65 has increased from about 700.000 to more than two million, while at the same time, the number of births has declined. In the 1970s, for every older adult over 65, there were two children under 10. In 2014, statistics show exactly the opposite - for every child under 10, there are about two older adults (OBSERVADOR, 2014). Updating this information with the last census, made in 2021, there is a total of 2.010.064 older adults in Portugal and there is a total of 1.007.734 children under 10. This means the proportion is maintained (PORDATA, 2021).

The increase in the number of older adults also means that the Portuguese are living longer. In the 1970s, at 65 years of age, women could expect to live 14 years longer and men 12 years longer. In 2020, as average life expectancy increases, women expect to live more than 20 years and men 17 (PORDATA, 2021b).

In 2020, Portugal documented 22.1% of people over 65, positioning it above the European average itself, which stood at 20.6% (EUROSTAT, 2021). Looking at the last 10 years, this indicator shows an increasing trend. In 2011, there were about 18.7% of Portuguese over the age of 65, a figure that has been rising over time, registering 21.8% in 2019. Contrarily, in 1960, the birth rate (number of births in 1.000 residents) was 24.1% (PORDATA, 2021c), while in 2021 this percentage was 7.7%.

There is a third factor that has contributed to the changing of Portuguese society, which is the emigration rate. From 2011 until 2016, 277.964 Portuguese residents left the country to live abroad for more than one year<sup>1</sup>. In 2020, the number was 25.886 Portuguese residents that have left Portugal to live abroad for more than one year (PORDATA, 2021). This departure is reported to be mainly due to the search for a better quality of life (OBSERVADOR, 2021).

Against this background is possible to conclude that the Portuguese society is facing one of the most important social transformations of the 21<sup>st</sup> century. A transformation with implications in all sectors of society: labour and financial markets; search for goods and services, including housing; transport and social protection; and family structures and links between generations.

Furthermore, it is important to emphasize that these factors also contribute to the isolation of older adults. With the young people of the family living far away, older adults are more vulnerable, and at risk of facing loneliness and isolation.

## **4. Overview of lonely/isolated older people in Portugal**

Loneliness is currently one of the most frequent problems in our society, especially at the level of older adults. This factor, associated with others such as diseases, disability/physical limitations and weak financial conditions, constitute risk factors where it is necessary to intervene: to locate, determine and signal the older adults at risk, promoting their referral to competent institutions.

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<sup>1</sup> Person (national or foreign) who, during the reference period, having remained in the country for a continuous period of at least one year, left him with the intention of residing in another country for a continuous period of one year or more.

In 2021, the Portuguese Republican National Guard (GNR)<sup>2</sup> signalled, 44.484 older adults living alone in their houses, many of whom were completely isolated. That is 2.045 more than in the same period in 2020, an increase of 4.8%, according to the balance sheet of Operation Censos Sénior (Senior Census) 2021 (DN, 2021). The operation Censos Sénior has the main objective to geo-reference and survey the number of older people living alone and/or in situations of isolation, covering the entire national territory (GNR, 2020).

Older adults might be isolated for several reasons (for example, impaired mobility, or hearing capacity), and COVID-19 had intensified the situation. But other reasons worsen the risk factors: relatives residing in separate places, as many of them have children abroad or had passing away. There are also areas of the country where isolation is greater, especially in the interior regions and with a more ageing population. Vila Real concentrates 11.7% of the isolated older adults (5.191) and Guarda 11.3% (5.012). Coimbra has 2.78% (1.254); in Porto, 946 older adults are isolated (2.1%) and, in Lisbon, 2.5% (1.125) (DN, 2021).

In terms of public policies, whenever GNR finds a person alone and/or isolated, they signal for the militaries to visit them on daily patrols. Also, this military force has carried out a series of actions that have focused on personal contact with vulnerable people. In that they aim to raise awareness and alert isolated citizens to adopt safety behaviour, reducing the risk of becoming victims of crime, particularly regarding violence, fraud, and theft (DN, 2021).

The Public Security Police (PSP)'s mission, among others, is to protect, help, assist citizens and defend and preserve their assets that are in dangerous situations. Among the most vulnerable groups, older people tend to stand out, due to often being more isolated and in need of specific support. Due to this social dependence, security weaknesses increase, and PSP's role is also to contribute to the reduction of crime rates and acts that specifically victimize this group. The "65 Support Programme Older Adults in Security" is a special programme of policing. Police action with the older population, included in a preventive context, is carried out either through awareness-raising actions or through home visits with evaluation, signalling and monitoring. They also advise older adults to attend or request support from social institutions and may strengthen the policing of places commonly frequented by them (PSP, 2022).

Other public policies can be found in the services portal of the Portuguese Social Security<sup>3</sup>. For example, host families. There are families able to integrate older adults, temporarily or permanently, to provide them with a stable and safe environment. The family hosting intends to avoid or delay as much as possible their hospitalization in institutions, ensuring a social, family, and affective situation for older people who live in isolation and/or in a situation of

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<sup>2</sup> The National Republican Guard is a security force of military nature in Portugal, consisting of military personnel organized into a special body of troops and endowed with administrative autonomy, with jurisdiction over the entire national territory and the territorial sea.

<sup>3</sup> Social Security is a system that aims to ensure citizens' basic rights and equal opportunities, as well as to promote well-being and social cohesion for all Portuguese or foreign citizens who work or live in the territory (Segurança Social, 2021).

insecurity. After submitting their applications, families who meet the requirements and are selected become available for foster care. Each family receives a subsidy of between €222 and €450 to help with expenses (Segurança Social, 2021b).

Also, to support older people and promote a better quality of life, the *Estratégia Nacional para o Envelhecimento Ativo e Saudável 2017-2025* (National Strategy for Active Ageing 2017-2025), developed by the Government and the National Health Service, promotes guidelines for integration and social participation. The strategy mentions that positioning the older person in the whole system of intergenerational relations constitutes a democratic imperative and a political challenge that ageing societies face. The programme mentions culture on several occasions, and places as state policy the promotion of active and healthy ageing within the scope of sectoral policies at the national and local level, among them, the promotion of social, cultural, sports, tourism and activities aimed at the old people (REPÚBLICA PORTUGUESA, 2016).

## 5. Overview of social and/or cultural prescribing in Portugal

This chapter presents the main concepts and methodology of social and cultural prescribing that have been so far discussed in Portugal. To better support the desk research, COPE/SP stakeholders were interviewed. The data collected from these interviews will also be presented below.

### 5.1 Social and cultural prescribing concepts and intervention methodology.

#### 5.1.1 Social prescribing

Social Prescribing (SP) is an intervention that allows connecting primary health care users with existing support resources in the community. It seeks to maximize responses to the social, emotional, and practical needs of users, helping to find solutions that contribute to improving health and wellbeing, but also optimizing the use of national health services (ENSP, 2021).

**Social prescribing is a holistic approach, involving different areas of health and social care. It is a non-medical response, which sees the person/patient in its fullness.**

The idea is focused on a non-biomedical intervention. Based on the identified needs and the co-designed plan, the person is directed to a varied set of social responses from the community resources, such as physical activities, dance groups, arts and crafts, professional training, education activities, food bank support, and day-care centre (HOFFMEISTER, 2021). In this context, a medical doctor treating a person, e.g. with a diagnosis of depression, may prescribe medicine (e.g. medication), but can also prescribe volunteering. Social prescribing can thus reduce the use of medication, overuse of health services, emergencies, etc. According to ENSP (2021), SP brings gains to health, not only for the user but also to the national health system. These responses can be provided by different institutions, including

local authorities, social services, community, and voluntary organizations (HOFFMEISTER, 2021).

The Portuguese stakeholders participating in the interviews also defined the concept of social prescribing in Portugal. Amongst others, they underlined that SP is a suggested practice to improve the social habits of people, they referred to SP as a tool to combat isolation and loneliness as well as SP being able to improve the community's quality of life. They also pointed out how SP, in some cases, is the only possible prescription to improve the well-being of a patient and to promote healthy lifestyles without medical intervention.

From the stakeholder consultation undergone, it was clear that social prescribing is still a new idea that needs further efforts to be implemented in Portugal. Two of the respondents acknowledged that they have never heard about the concept but understand its benefits. One of the respondents mentioned that this idea can be a new "trend" but highlighted that it may require precaution in its implementation.

An initiative promoted by the Portuguese Health Ministry in 2016 and implemented in Family Units might be considered the beginning of the implementation of SP in Portugal, although not having used its methodological approach (DECO, 2022). Family Units are the basic units of the Portuguese National Health Service, where population is attended, and health care is providing. Working in a Family Unit are General Practitioners<sup>4</sup> (GP), nurses, social workers, and might also employ other professionals like psychologists, nutritionist, oral hygienists, etc.

The initiative implemented on these Family Units had the goal of encouraging people to do more physical exercise, as Portugal has the lowest physical activity rates in Europe, estimating that only 15% of Portuguese adults comply with the recommendations of the World Health Organization (MELO, 2020). GPs and nurses from the Family Health Units were advised to assess the level of physical activity of users, using digital tools to facilitate their counselling and monitoring. Furthermore, a care network well synergised with the promoters of physical exercise in the community and multidisciplinary consultations was created (PÚBLICO, 2017). As GPs prescribe traditional therapies, they could also choose to prescribe a guide of physical activity recommendations in the electronic system.

The physical activity assessment tool is included in the consultation support system in primary health care and records weight, height, blood pressure and other data, raising questions to

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<sup>4</sup> General practitioners/family doctors are specialist physicians, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care irrespective of age, sex and illness. They care for individuals in the context of their family, their community, and their culture, always respecting the autonomy of their patients. In negotiating management plans with their patients, they integrate physical, psychological, social, cultural and existential factors, utilising the knowledge and trust engendered by repeated contacts. GPs promote health, prevent disease, provide cure, care, or palliation and promote patient empowerment and self-management. This is done either directly or through the services of others according to health needs and the resources available within the community (European Academy of Teachers in General Practice, 2011).

assess how many times a week and how long the user did moderate to vigorous physical activity and had sedentary behaviours. In 2018, GPs assessed the levels of physical activity and sedentary behaviours of more than 58.000 users (ATLAS DA SAÚDE, 2019). Since then, the Portuguese government is continuously investing in training and other pilot projects for physical activity promotion (MINISTÉRIO DA SAÚDE, 2020).

In another example, a pilot project applying the SP approach at the Lisbon Downtown Family Health Unit in 2018 and the Almirante Family Health Unit in May 2019 has begun (ENSP, 2021). Lisbon Downtown Family Health Unit provides healthcare to approximately 27.500 patients with a high variability of sociodemographic characteristics. Also, it is predicted that there will be five health care centres offering SP on their initiative by 2022. For these projects and initiatives, there are no funds allocated for the project implementation, including project management (EUROHEALTHNET, 2022).

After explaining and discussing this concept, the Portuguese stakeholders interviewed, highlighted the importance of the SP to quality-of-life improvement and as a relevant tool for fighting ageism. Some of their quotes are presented:

"If society mobilizes for ageing with home care provision, leisure activities, creates conditions of socialization, provide stools to older adults to acquire knowledge for self-care, social contact, family, transport, health among other needs, ageing will be more active and pleasant and people can enjoy some comfort after the work of a lifetime in older age. Social and cultural prescribing will make the older adults feel better and, consequently, also physically better."

"The older population needs to be seen in a more dynamic way; this is the only way they will feel included. Often older adults feel that their role in society is over. It is necessary to take off them this feeling of ineptitude. 'Get out of the box.'"

"Our society needs social and cultural prescribing to solve health (physical and mental) and social problems. Our society is increasingly individualised, and people have a solitary tendency. So, the important thing is to create links, even with people we do not know. Nowadays, it is easier to create these communities, the means of transport are easier, the quality of life is better, and there are more facilities for this to happen. There are more difficulties because people are more individualized and more suspicious. Culture, moments of conviviality, allow us to overcome the barrier of isolation that we have."

### 5.1.2 Social prescribing methodology

Hoffmeister and other authors analysed the Social Prescribing in Lisbon Family Health Units. It is mentioned that:

1. The intervention starts when a healthcare professional (GP, nurse, or psychologist), during an appointment with a patient, identifies social needs. Due to the characteristics of the patients, these needs can relate to social isolation,

- migrant integration, mental health, physical activity, employment and training, or housing issues. At that moment, the need for the SP arises (HOFFMEISTER, 2021).
2. The healthcare professional makes an appointment (the social prescribing) through an online platform with the link worker. In the Portuguese context, the link worker<sup>5</sup> is the unit's social worker. (HOFFMEISTER, 2021).
  3. At that moment, the patient is encouraged to schedule an appointment with the social worker to continue the support of the SP. The number of appointments with the link worker depends on each user's needs, but as documented, the SP intervention takes around 4–6 appointments per patient (HOFFMEISTER, 2021).
  4. If the patient complies with the SP and makes an appointment with the social workers, they will help to identify the issues that impact their health and well-being, based on the person's priorities, interests, values and motivations. (HOFFMEISTER, 2021).
  5. The social worker will also check what are the potential responses to these problems provided by the community, such as volunteering, gymnastics classes, social care organizations, etc. (HOFFMEISTER, 2021).
  6. Throughout the SP intervention, the social worker communicates with the patient through face-to-face or phone calls to follow the compliance and satisfaction with the activity plan. After that, the healthcare professional is informed about the patient's development (HOFFMEISTER, 2021).

**This kind of intervention allows to enlarge the role of the social worker and its relationship within primary care connecting people to community groups and statutory services and providing personalised emotional and social support (HOFFMEISTER, 2021).**

For those stakeholders interviewed who already knew about the concept, it was possible to discuss this methodology and collect tips on how it would be applied and implemented in practice:

“SP should be the provision of a service to the community to promote a healthier lifestyle. Instead of the usual advice or encouragement, this prescribing should be understood as equal to a medical prescribing.”

“Any of these prescribing, to be called prescribing should have the same method of functioning as a prescribing. There must be proof that this recipe has been passed and a place where to "raise" it or where to carry it out. For example: if someone prescribes to a person that they should go for a walk 5 times a day or should go talk to a friend once a week, this recipe should exist in physical format.”

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<sup>5</sup> A link worker is a non-health or social care professional based in primary care practices or community and/or voluntary organisations, who support access to a range of community-based resources and supports for health and social care (KIELY et al., 2020).

"The patient involvement in society should be evaluated, its lifestyle, daily routine, and then habits that would improve these routines without resorting to medication or drug therapies should be prescribed."

It is possible to see that the SP concept and methodology are gaining some momentum in Portugal. In May 2022, the EurohealthNet Country Exchange discussed SP and gathered good practices in the field in Portugal as well. The Country Exchange Visit, hosted by the National Institute of Health Dr Ricardo Jorge (INSA), e.g., discussed examples of SP and other health-promoting primary care strategies, such as positive health to explore the political, financial, and practical enablers that connect community and primary health care and social services. (EUROHEALTHNET, 2022)

As a result, a report was published with insights from the discussion, such as the idea of beginning SP with physical activity but there are more to be done. In order to define a path, the report collected good practice examples and mentioned experiences with SP in other countries. One of the ideas mentioned was the importance to make it easier for patients to schedule appointments and the need to improve the digital infrastructure. Thus, SP can be promoted and create incentives for tech companies and policymakers (EUROHEALTHNET, 2022).

Practically, the report mentions that in Portugal there is an easy manner for GPs to implement SP. The GP can refer a patient to a social worker using an electronic platform and noting the patient medical records. The appointment will then generate an automatic email that will be sent to the social worker and the GP of the patient. The social worker is in return in charge of cross-checking with the third sector organisations whether the patient is complying with the prescription. The system although in place is, however, often not used, with the practitioners not providing feedback to the authorities in this regard (EUROHEALTHNET, 2022).

In the opinion of one interviewee, "social and cultural prescribing are increasing in Portugal, but there is an extreme need for investment. For example, the concepts are not yet well defined or rooted and for this reason, it is perhaps not yet possible to speak even in cultural or social prescribing".

### 5.1.3 Cultural prescribing

Social prescribing allows us to connect people in need of primary health care to existing support resources in the community. This is allowing a differentiated and specific response contributing to improve peoples' health and wellbeing. Community resources such as museums and botanical gardens thus can be essential assets because they can maximize responses to peoples' social, emotional, and practical needs (ULISBOA, 2022) by integrating them into SP interventions.

**Citizens have always used cultural spaces – museums, galleries, botanical gardens – as a refuge from the stress and anxieties of daily life, although traditionally museums had not been seen as potential players in the health sector. However, this is changing.**

With the COVID-19 pandemic, healthcare systems around the world are increasingly recognising that culture, art, and museums can enhance person-centred approaches to addressing health, wellbeing, and mental health problems (ULISBOA, 2022).

As cultural prescribing is a new concept in the Portuguese reality, it was difficult for the interviewed Portuguese stakeholders to discuss its implementation. However, one of them conceptualized, mentioning that “cultural prescribing will have the same premise as SP and aims to promote the well-being of people through the experimentation of culture, sensations, arts, music, theatre, and perceptions. Once again, instead of resorting solely to medication or therapies, users should be encouraged to do certain activities such as visiting an exhibition, participating in singing lessons, going to see a play... thus helping in their rehabilitation.”

In such way, the aim of these interventions is to contribute to health and wellbeing, through activities based on the resources available in the community, which can support the process of recovery and integration of populations. Medical doctors can prescribe workshops, citizens reunions, concerts, and other events in complementarity to conventional treatment (E-CULTURA, 2021).

## **5.2 Practices of social or cultural prescribing in Portugal**

The desk research developed demonstrated that, although it is not very well known, there are some initiatives that apply the methodology of social and cultural prescribing in Portugal. Those projects are explained in the following sections.

### **5.2.1 Social prescribing in Lisbon Downtown Family Health Unit and Almirante Family Health Unit**

As already mentioned, the pilot project at the Lisbon Downtown Family Health Unit, in May 2018, and at the Almirante Familiar Heath Unit, in 2019, was the first example of SP implementation in Portugal. In the first 15 months of project’s implementation, 147 users had a SP consultation, after being referred by health professionals from these health units. Users of all age groups are more than half female (62%) and 42% are migrants, of over 17 nationalities. The main reasons for reference are social isolation, access to social benefits, sedentary lifestyle, social integration of migrants, mental health, and functional dependence (ENSP, 2021).

As one result of the intervention the integration of immigrant women had been facilitated (DECO, 2022). In general, the network of partnerships allows to give more diverse and frequent responses to the patients. Different activities were promoted by 24 social partners – Associations, Private Institutions of Social Solidarity and Parish Councils – , for example,

classes at the Senior University, Portuguese courses for migrants, and support in the search for employment and training, integration in day centres (ENSP, 2021).

Martino Gliozzi, coordinator of the Lisbon Downtown Family Health Unit mentioned that in about half of the consultations they conduct, the most suitable solution is social. SP has lessened the frustration of the Family Unit team that sometimes has social problems ahead and cannot solve them with medication. They realized that solving the social part has an impact on mental and physical health. Paula Massano, a social worker at Almirante Family Health Unit, states in one of the interviews that “social prescribing promotes the empowerment of the society, the advantage is the model and involvement of health professionals in social services, as many of the situations that lead to health consultation are social.”(DECO, 2022).

#### 5.2.2 NOVA GIPS (Research Group on Social Prescribing)

The National Health Public School (ENSP-NOVA), in partnership with Health Center Groups (ACES) from Central Lisbon, launched the NOVA Research Group on Social Prescribing (NOVA GIPS), with the mission to strengthen the research, implementation, evaluation and dissemination of SP in Portugal.

The research group intends to promote and support activities related to SP in Portugal, based on interdisciplinary work. The objective is to organize a national network of partners, comprising health professionals, social workers, representatives of local government and the social sector, solidarity and volunteer, community representatives, academics, financiers, patients and citizens. With this national network, it will be more easy to share knowledge and best practices together, to support social prescribing at the local and national level, and to inform investigations and excellence assessments.

Co-coordinated by Prof. Sónia Dias and Dr Cristiano Figueiredo, social prescription is mentioned as a great contribution to benefiting the health and wellbeing of the population. This is a complex health intervention which mobilize a wide variety of responses from the third sector, public institutes, and municipalities, with local specificities and time variations, making the planning and evaluation of SP very challenging. Dr Andreia Coelho, the social worker that participates in the project, explains that knowing well the surrounding community, SP allows greater proximity between partners and better articulation in the field of social work (ENSP, 2021).

#### 5.2.3 Museums and Wellbeing - Cultural Prescribing

The National Museum of Natural History and Science of the University of Lisbon (MUHNAC-ULisboa) is developing a social prescribing project, in partnership with other entities. The aim of this project is to ensure that the museum and botanical gardens are spaces prepared for cultural prescribing, particularly for university students, seniors and neighbouring communities.

This cultural prescribing aims at the development of SP interventions, suggested by General Practitioners, social workers, and psychologists, which include interaction with the heritage

and collections of museums and botanical gardens properly prepared for this purpose. The museum leads a consortium involving the Lisbon Downtown Family Health Unit, the Almirante Family Health Unit (doctors and social workers), the São Roque and Santa Casa da Misericórdia Museums, the University of Lisbon and the NOVA University. This consortium focused in social prescribing for students in their Student Support Offices; the University of Edinburgh (Scotland) support the research on this subject, as it began, a few years ago, social prescribing programmes in its museums.

In practice, it is intended that, in the face of a list of voluntary activities previously defined by the curators of scientific and duly approved collections, health providers can adapt to each individual the type of task to be performed. They will then have a tutor at the Museum and Gardens who will accompany them and give feedback to general practitioners, social workers, and psychologists on progress in health and wellbeing.

The tasks and voluntary activities in museums and gardens are previously defined by the respective curators and, after receiving approval by health providers, these adapt to each prescribing profile the type of task to be performed. At MUHNAC-Lisboa a full-time tutor already accompanies the interventions in MUHNAC and its botanical garden. The tutor is in continuous contact with GPs, social workers and psychologists to support the health and wellbeing of the participants the best possible way. (ULISBOA, 2022b)

#### 5.2.4 Transforma - Programa para uma Cultura Inclusiva do Alentejo Central (Programme for an Inclusive Culture of central Alentejo)

This initiative is being developed by the Intermunicipal Community of Central Alentejo (CIMAC), which covers the 14 municipalities of the district of Évora. The Intermunicipal Community cooperates with cultural agents and the health sector (primary care), to implement cultural prescribing processes complementary to conventional medical prescribing and social support where possible.

With an investment of 1.9 million Euros of community funding, Transforma, foresees a total of 26 actions, in addition to the eight already ongoing until March 2023. They are supported by a consortium of national associations working in culture (E-CULTURA, 2021).

## **6. Examples of best practices in Social and Cultural Prescribing in Portugal**

In this chapter, some examples of best practices in Portugal related to culture and social prescribing are presented

Interviewees were asked if they knew good practices in this field and some of them provided ideas of what can be considered within the scope of this methodology. For several of them, there are organisations that use similar practices that could be disseminated and reproduced

in other fields, but there is a need for more dynamism and to reproduce and follow these good examples. For example, one interviewer states that “The most social prescribing that I am aware of is the transfer of buses and tickets for events by local authorities. It works a bit as an incentive and access to culture, but it cannot be said that it is a prescribing in the true sense of the concept.”

One other interviewee reported that SP is currently an incentive on the part of non-profit organizations, municipalities, and other organizations to have a cultural involvement of the population or a fight against isolation and loneliness through strategies to promote social and cultural activities. However, they also pointed out that Social Prescribing still has a long way to go before these concepts are seen as important as medical or pharmacological therapies. One other consulted stakeholder revealed that: “At the moment, with the true definition of social prescribing, things are only being done in a less "official" way, as the examples given by what nursing teams often do.” In some Day Centres or Home Support Services, activities, games, and tours are often organized, and they meet what social or cultural prescribing should be, but that is still far from what she believes may be a true definition of SP.

It was referred that in one of the Coimbra convention centres, S. Francisco Convent, cultural prescribing was provided through a public mediation service, which works with schools, day centres, and nursing homes, where several activities were developed to involve the citizens. Also, in the Municipal Chamber, inclusive workshops, and exhibitions, for example destined to blind people and people with mental disabilities were developed, because culture was seen as a therapy. “The fact that people participate and feel that they are capable, develops their self-esteem, which will help them overcome their difficulties and provide for more mental health.”

In nursing, it was reported that the SP methodology is already integrated into day-to-day life. Not fully linked to culture, but undoubtedly done in various ways in the daily work in a hospital. As a rule, patients of all ages are advised by the nurse or doctor to explore the social field of their lives. When nurses are treating older users, they try to work with the family and understand how patients can be socially more active. In these cases, social prescribing is based on the incentive to go have coffee with a neighbour, stimulate conversation, give regular walks and other activities that attenuate isolation and promote healthier and less sedentary lifestyles. In the case of children, this work is also done mainly with families, encouraging them to do activities with children in their means. Also, in the case of adolescents, this work is carried out directly with young people, perceiving the means in which they are involved, encouraging them to have healthy life habits, perceiving the peer groups in which they are part, to mitigate or prevent risks.

Based on this feedback, it is possible to highlight some good practices that somehow relate to SP or partially apply its methods:

### **Project I at the Museum - [Projeto EU no musEU](#)**

The "EU no musEU" project is embodied in the promotion of quality of life and active citizenship for all, regardless of their needs and profiles, in a matrix of respect for fundamental rights and freedoms, based on studies attesting to the added value of non-pharmacological intervention in dementia. This project aimed to promote the quality of life and well-being of Alzheimer's patients and their caregivers, through the enjoyment and (re)interpretation of works of art from the Museum's collection. It is a way of applying the culture on prescription methodology.

One of the stakeholders interviewed explained that this programme is not only for the public with intellectual and social vulnerability. It is also about the work of art and the spaces of the museum, by creating conditions for recognition of one's own citizenship and for the growth of teams. The sessions take place once a month, in separate groups: one for people with dementia and the other for caregivers. Using a person-centred methodology, the approaches aim at cognitive and cultural stimulation based on appreciation and reflection of/on works of art, museum spaces, scientific and ethnographic or anthropological contents in dialogue with life histories, both complemented with interventions by other arts, namely theatre, stories, music, short stories, yoga and mindfulness. It also has sessions provided by external experts and thematic exhibitions. The volunteers of the programme are active professionals or retirees from different areas of knowledge, predominantly health, or education, contributing with their experience and culture to the enrichment of dialogues (ALZHEIMER PORTUGAL, 2020).

### **EU\_SHAFE Project – [Projeto EU SHAFE](#)**

The EU\_SHAFE project will improve policies and practices in seven European regions by developing a comprehensive approach to Smart Healthy Age-Friendly Environments (SHAFE). EU-SHAFE selected and re-designed concrete and scalable interventions in social innovation for SHAFE, that will be implemented as realistic innovative models for the future. In Portugal, the good practice selected to replicate is the social prescription made in Hamburg, Germany. With the creation of networks and partnership with the Higher School of Technology of Coimbra, Caritas Coimbra will apply the concept in a social neighbourhood in the northern part of the city. In this way, students and volunteers of the Higher School will support the community in health literacy sessions and in the application of social prescriptions for the improvement of quality of life.

### **Cycling without age - [Pedalar Sem Idade](#)**

Volunteers offer 45-60 mins bike rides to people with reduced mobility. Among its objectives, Cycling Without Age has been keen to challenge ageism and discrimination based on a person's age. It does so by creating relationships between generations, between pilots and passengers, home care employees and family members (EUROHEALTHNET, 2022).

## SOS Loneliness - [SOS Solidão](#)

The SOS Loneliness Line, created in complementarity and articulation with the SOS Older Person Service of the Bissaya Barreto Foundation, was activated in an emergency context caused by the coronavirus pandemic (COVID-19), to support older citizens who felt alone and were socially and/or geographically isolated. It is a phone service guaranteed by a professional, that aims to give psychological support to combat loneliness; promote sharing and companionship in isolation; prevent risk situations; Intervene the proximity network; empower the older population in situations of loneliness/insolation; etc.

## 7. Overview of the potential of social and cultural prescribing in Portugal

This chapter will present ideas and suggestions of potential stakeholders of relevance to the social and cultural prescribing in Portugal. Furthermore, it will present the potential resources for social and cultural prescribing in Portugal and the stakeholders' perspectives about challenges and barriers to the implementation of the social and cultural prescribing.

### 7.1. Potential stakeholders, facilitators, and other relevant professionals in the culture field

The stakeholders interviewed mentioned relevant ideas and partners for collaboration to implement social prescribing, that are valid across regions and countries and represent key gatekeepers in the field:

- “I would say doctors as a complement to the prescribing they make in their profession. Then other agents such as nurses, physiotherapists, health technicians in general.”
- “Museums, health centres, social centres, day centres, mental health services, swimming pools, exhibition halls, concert halls, local authorities, parish councils, universities, hypermarkets, pharmacies, grocery stores.”
- “City Halls, Health Centres, non-profit organizations, museums, associations, gymnasiums, sports and cultural structures, theatres, music academies...”
- “I think partnerships can be developed with health centres, day centres, leisure centres, all those directly linked to this population.”
- “It is important to involve all leaders and those responsible for older adults support institutions or artistic and cultural groups.”

- “The History or the History of Art University classes could, for example, play a key role as a facilitator of this practice and could even be part of the University curriculum.”
- “It is important that the Medicine, Nursing, Psychology and Social Assistant University classes be aware of the importance of these social and cultural activities.”
- “Local newspapers can be a good vehicle for dissemination.”
- “Groups of volunteers (such as those volunteers who visit patients in the hospital but who could support the implementation of cultural or social prescribing).”
- “IPSS or other similar organizations; municipalities; local media; health centres. For these means to work, the transport network must benefit social and cultural prescribing and there must be human resources involved from the various organizations both to prescribe and to assist in its implementation.”

Based on these ideas, it is possible to highlight some institutions that might be important stakeholders to the development and implementation of Culture on Prescription.

#### **Machado de Castro Museum – [Museu Machado de Castro](#)**

The National Museum of Machado de Castro integrates the area classified by UNESCO as world heritage of the Good University of Coimbra - Alta and Sofia. It is one of the most important museums of fine arts and archaeology in the country, which presents important collections of painting, sculpture, and decorative arts, going through a history of more than two thousand years.

#### **Culture house - [Casa da Cultura](#)**

This large cultural centre in Coimbra houses the Municipal Library of Coimbra, the Centre of Contemporary Art, the Exploratory Infante D. Henrique and the Bonifrates Theatre.

#### **Corner House Cultural Association - [Casa da Esquina Associação Cultural](#)**

Casa da Esquina is situated in the centre of Coimbra. It aims to be a point in the cultural network of Coimbra and national where experiences can be crossed and through which new projects with national and international artists, in various areas, can be crossed. Since 2008, this space allowed to capture new audiences and function as a space with various valences (reception, training, artistic residencies, debates, exhibition, projection, creative space, etc.).

#### **Coimbra Colectiva**

Independent media agency, owned by the non-profit association COOL - Associação Coimbra Colectiva - Journalism solutions and financed through donations and journalism scholarships. The focus is on the coverage of solutions and the appeal to citizen activism,

because they believe that together all can be part of the construction of a better Coimbra, more sustainable, fairer, more inclusive and with more opportunities.

### **O Teatrão**

Teatrão is a professional theatre company founded in 1994, and which since 2010 has been a public utility institution. Since its foundation its projects are developed in the city of Coimbra, maintaining until 2001 a regular and almost exclusive activity around theatre for children, date from which it decided to extend its action to a more heterogeneous audience – the adolescent and adult – with whom it has established a continuous dialogue, very close.

### **Girassol Natural Therapy Centre - [Centro de Terapias Naturais Girassol](#)**

Girassol Natural Therapy Centre operates in a former medical post that has been reactivated, is located on top of a village surrounded by nature. This Therapy Centre provides adequate services to older adults, more vulnerable and even unprotected population. With various services and natural therapies, they excel in environmental sustainability and contact with nature. Users have nursing care services, measurement of vital signs and others (blood pressure, glycemia, weight, for example), physical rehabilitation services in which acupuncture, massage, osteopathy, general practice, nutrition consultations, among others, are included.

### **Agency for the Promotion of Downtown Coimbra - [Agência para a Promoção da Baixa de Coimbra \(APBC\)](#)**

The Agency for the Promotion of Downtown Coimbra (APBC) is a non-profit association established since 2004 which aims to promote the urban centre of Coimbra as an Open-Air Shopping Center by enhancing trade and services, and as an area in which Trade, Culture, Tourism and Leisure are combined.

### **Bissaya Barreto Foundation – [Fundação Bissaya Barreto](#)**

Bissaya Barreto Foundation, in Coimbra, is a non-profit organization that has the objective of contributing to the promotion of the population of the central region of Portugal, through the purpose of giving organized expression to the duty of solidarity and social justice among individuals and proposes to support, promote and carry out activities in the social, education, health, Culture, Vocational Training and others.

### **Atheneu of Coimbra – [Ateneu de Coimbra](#)**

Atheneu of Coimbra is a non-profit organization and a Support Centre for the older adults, currently with about ninety users. Lectures, Colloquiums, Theatre and Music Shows, Varieties, Photography Exhibitions, Painting and Sculpture, Visits and Cultural Tours, Puppets, Cinema, Video, Photography, Chess and Checkers, Ballroom Football, Table Tennis, Fishing and Camping, Traditional Games, Athletics Home Support, Day Centre, all this fits the objectives of the Athenaeum of Coimbra: culture, coexistence, and solidarity.

### Parish Council of Santa Maria Maior in Lisbon - [Junta de Freguesia de Santa Maria Maior](#)

The local government/Parish of Santa Maria Maior in Lisbon is a local government, which is a smaller unit than a municipality, among other things provides social and wellbeing services to empower the population. These services include a third-age university, summer holiday camps for children, a social kitchen, financial coaching, a shopping experience where all items are for free, a social beauty salon, and many more. It is developing several outreach activities to make sure that the most in need are aware of and benefit from the services (EUROHEALTHNET, 2022).

### Association fighting loneliness and isolation - [Associação Mais Proximidade](#)

The organisation works with older people to fight loneliness and isolation by helping them to maintain their autonomy. In the area where the organisation operates, most of the houses do not have an elevator which in practice imprisons people with reduced mobility at home. Home visits, phone calls, and birthday celebrations are the preferred activities (EUROHEALTHNET, 2022).

### Academy Association - [Portugal Multicultural](#)

Portugal Multicultural Academy Association is an organization for the immigrants' support and education, including health literacy. They receive people and listen to their health needs, help access the health system, and interpret information that people receive from their doctors (EUROHEALTHNET, 2022).

### City Council of Coimbra Tourism and Culture Division - [Câmara Municipal de Coimbra](#)

This department has in its dependence the libraries, the historical archives, and the S. Francisco Convent, in addition to the museums of the municipality, such as the Casa de Anto, which is the Fado and Song Museum of Coimbra, Chiado, the Centre of Contemporary Art, and the House of Writing - Casa Miguel Torga. The activity of the Chamber Municipality is to promote culture and contribute so that private initiative, associations, or entrepreneurs, can develop different projects. The City Council of Coimbra tries to develop different initiatives and events, for example, the City Festivals, the Book Fair, among others.

### [Ageing@Coimbra](#)

Ageing@Coimbra emerged, in 2014, as an additional resource to reinforce the Centro Region of Portugal' capacity to respond to the demands in the territory in the city of Coimbra, also aiming at better organizing, straightening, and aligning universities, regional authorities, business companies and civil society into a quadruple helix-based approach on AHA.

## 7.2. Potential sources for funding

Stakeholders referred different funding sources that may be considered, such as the budget of local authorities already aimed at promoting activities of this kind (cultural, social and sports). Also, institutions can, for example, apply for European funds to ensure the start of the SP implementation.

Moreover, General Directorates of Arts or Culture, the European Union calls for proposals, the CIM (Intermunicipal Communities), Foundations, among others, were mentioned. It was highlighted that municipalities should have a specialized office in this area that would support associations and the individual artists to make such proposals and guarantee budget. The support could be monetary but also in tools, training, and address various needs, such as unemployment and vocational training.

Examples of these potential funding sources are:

### **City Council of Coimbra support to cultural associative initiatives - [Câmara Municipal de Coimbra](#)**

The City Council of Coimbra promotes financial support every year to support cultural associative initiatives to stimulate quality production and cultural creativity; safeguard the essential features of local culture and heritage; and invest in cultural development and democratization of access to culture. There are open applications for permanent support or one-off activities.

### **Portugal's Recovery and Resilience Plan - [Plano de Recuperação e Resiliência Portugal](#)**

Valorisation of cultural heritage as a factor of identity, social cohesion, knowledge, development, education, tourism, and economy is a theme under the plan. The general objective of this component is to value arts, heritage, and culture as elements of affirmation of identity, social and territorial cohesion and the increase of economic competitiveness of regions and countries through the development of cultural and social activities of high economic value. The budget foreseen is 93 M€ to Digital transition and cultural networks and 150 M€ to Cultural Heritage.

## 7.3. The conditions for successful implementation of cultural prescribing

In this subchapter some stakeholders' tips and ideas to the successful implementation of social and cultural prescription are presented:

“Involve specialists (they should be the ones prescribing)”

“Make the social and cultural prescribing accessible to all”

“When we are dealing with vulnerable persons, we should be careful. We need to respect the person and your health condition. The person must be analysed as a complete package, which has different conditions. We cannot run the risk of taxing them and in the prescription, there is a requirement of a minimum standardization.”

“Deal with economic barriers - Culture should be accessible to everyone or free of charge”

“Made transports accessible”

“Any intervention must be transformative. By being transformative it is only feasible when the intermediation that is made, creates conditions for the person to appropriate and use to his advantage”

“When dealing with vulnerable people and applying the social prescription methodology, networking should be used, all partners that will intervene should be heard. Only then will it be possible to have the flexibility and a focus to adjust to each person.”

“We should be careful with the “trends”.

“Older adults should not have tasks.”

“Cultural stigmas should be addressed. For older adults (even more isolated), cultural stigmas and their social framework do not allow them to enjoy this type of activity. Often people also have a certain degree of cultural illiteracy and therefore cannot understand the benefits that culture or the arts can bring them.”

“Deal with ageism in culture. The activities should be inclusive and for all ages.”

“Establish local networks. We cannot take the person away from their environments”.

“To promote the participation of older people, we must go to their memories”.

“Promote knowledge and a full dissemination of the programs and activities.”

When disseminating, do it in a simple way, a comprehensive and accessible language”.

## References

- ALZHEIMER PORTUGAL. Programa “EU no museu”. Virginia Gomes. Isabel Santana. (2020) Available in: <https://alzheimerportugal.org/programa-eu-no-museu-2/>
- ATLAS DA SAÚDE. Médicos de família avaliaram níveis de atividade física de 58.000 utentes. 25 de janeiro de 2019. Available in: <https://www.atlasdasaude.pt/publico/content/medicos-de-familia-avaliaram-niveis-de-atividade-fisica-de-58000-utentes>
- BRAUN, V., CLARKE, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- CRESWELL, J.W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. London: Sage.
- DECO (2022). Prescrição social: a intervenção que vai além dos medicamentos. Available in: <https://www.deco.proteste.pt/saude/hospitais-servicos/noticias/prescricao-social-intervencao-vai-alem-medicamentos>
- DN. (2021) Mais idosos a viverem isolados e a pandemia contribuiu para a situação. Available in: <https://www.dn.pt/sociedade/mais-idosos-a-viverem-isolados-e-a-pandemia-contribuiu-para-a-situacao-14317457.html>
- E-CULTURA (2021). Évora avança com projeto pioneiro na área da cultura. Available in: <https://www.e-cultura.pt/artigo/29029>
- ENSP (2021). NOVA GIPS: Prescrição Social na resposta aos desafios da pandemia. Available in: <https://www.ensp.unl.pt/prescricao-social-na-resposta-aos-desafios-da-pandemia-nova-grupo-de-investigacao-em-prescricao-social/>
- EPORTUGAL. (2022) Apoio Social Para Idosos. Available in: <https://eportugal.gov.pt/cidadaos/apoio-a-familia/apoio-social-para-idosos>
- EUROHEALTHNET (2022). EuroHealthNet Country Exchange Visit - Promoting health in the community: social prescribing and other strategies. Available in: [https://eurohealthnet.eu/wp-content/uploads/220630\\_cev\\_finalreportcountryexchangevisitsocialprescribing.pdf](https://eurohealthnet.eu/wp-content/uploads/220630_cev_finalreportcountryexchangevisitsocialprescribing.pdf)
- EUROPEAN ACADEMY OF TEACHERS IN GENERAL PRACTICE (2011). The European Definition of General Practice / Family Medicine. Short version. *WONCA, Europe*. Available at: <https://www.woncaeurope.org/file/3b13bee8-5891-455e-a4cb-a670d7bfdca2/Definition%20EURACTshort%20version%20revised%202011.pdf>
- EUROSTAT (2019). *Ageing Europe: Looking at the Lives of Older People in the EU*. Vol. 315. Luxembourg.

EUROSTAT (2021). More than a fifth of the EU population are aged 65 or over. Available in: <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20210316-1>

GUARDA NACIONAL REPUBLICANA (2021). Comunicado “Operação Censos Sénior 2021”. GNR. <https://www.gnr.pt/comunicado.aspx?linha=4604>

HOFFMEISTER LV, et al. (2021) Evaluation of the Impact and Implementation of Social Prescribing in Primary Healthcare Units in Lisbon: A Mixed-Methods Study Protocol. International Journal of Integrated Care. 2021 Available in: <https://www.ijic.org/articles/10.5334/ijic.5592/>

KIELY, B., CROKE, A., O'SHEA, E., CONNOLLY, D., & SMITH, S. M. (2020). Effectiveness of link workers providing social prescribing on health outcomes and costs for adult patients in primary care and community settings. A protocol for a systematic review of the literature. *HRB open research*, 2, 21. <https://doi.org/10.12688/hrbopenres.12936.2>

MINISTÉRIO DA SAÚDE. (2020) Programa Nacional Para A Promoção Da Atividade Física. Lisboa: Direção-Geral da Saúde, 2020. Available in: <http://noticias.ecosaude.pt/wp-content/uploads/2021/04/Rel-Exerc-Fisic-SNS-2020.pdf>

Observador (2014). Quem são e como vivem os idosos em Portugal. Available in: <https://observador.pt/2014/09/30/quem-sao-e-como-vivem-os-idosos-em-portugal/>

OBSERVADOR (2021). Porque emigram os portugueses? Available in: <https://observador.pt/opiniao/porque-emigram-os-portugueses/>

PORDATA. (2021). Censos da População. Available in: <https://www.pordata.pt/Subtema/Portugal/Censos+da+Popula%C3%A7%C3%A3o-27>

PORDATA. (2021b). Esperança de vida aos 65 anos: total e por sexo (base: triénio a partir de 2001). Available in: [https://www.pordata.pt/Portugal/Esperan%C3%A7a+de+vida+aos+65+anos+total+e+por+sexo+\(base+tri%C3%A9nio+a+partir+de+2001\)-419-5196](https://www.pordata.pt/Portugal/Esperan%C3%A7a+de+vida+aos+65+anos+total+e+por+sexo+(base+tri%C3%A9nio+a+partir+de+2001)-419-5196)

PORDATA. (2021c). Taxa bruta de natalidade. Available in: <https://www.pordata.pt/Portugal/Taxa+bruta+de+natalidade-527>

PSP (2022) Apoio 65 - Idosos Em Segurança. Available in: <https://www.psp.pt/Pages/atividades/programa-apoio-65.aspx>

PÚBLICO. (2017) Um SNS mais próximo da atividade física? Pedro Teixeira e Henrique Martins. 26 de novembro de 2017. Available in: <https://www.publico.pt/2017/11/26/impar/noticia/um-sns-mais-proximo-da-atividade-fisica-1793909>

REPÚBLICA PORTUGUESA (2017). Estratégia Nacional Para O Envelhecimento Ativo E Saudável 2017-2025. Available in: <https://www.anmp.pt/wp-content/uploads/2020/03/198a.pdf>

[SEGURANÇA SOCIAL.](https://www.seg-social.pt/familia-de-acolhimento-de-idosos-e-adultos-com-deficiencia) Família de acolhimento de idosos e adultos com deficiência. *Segurança Social*. <https://www.seg-social.pt/familia-de-acolhimento-de-idosos-e-adultos-com-deficiencia>

SEGURANÇA SOCIAL. Objetivos e princípios. *Segurança Social*. <https://www.seg-social.pt/objectivos-e-principios>

ULISBOA (2022). Museus E Bem-Estar - Prescrição Cultural. Available in: <https://www.museus.ulisboa.pt/pt-pt/museus-e-bem-estar-prescricao-cultural>

ULISBOA (2022b). Muhnac Apresenta Projeto “Museus E Bem-Estar: Receitar Cultura - Prescrição Social Para Interação Com Museus E Jardins”. Available in: <https://www.museus.ulisboa.pt/pt-pt/node/3886>

ULISBOA (2022c). Museus e Bem-estar | Museums and Wellbeing. Available in: <https://www.youtube.com/watch?v=eJV534Ms7bM&t=773s>

MELO, L. (2020). Consulta de Prescrição de Exercício Físico – Contexto nacional e o papel do Médico de Família. *Ordem dos Médicos*. Available at: <https://ordemdosmedicos.pt/consulta-de-prescricao-de-exercicio-fisico-contexto-nacional-e-o-papel-do-medico-de-familia/>