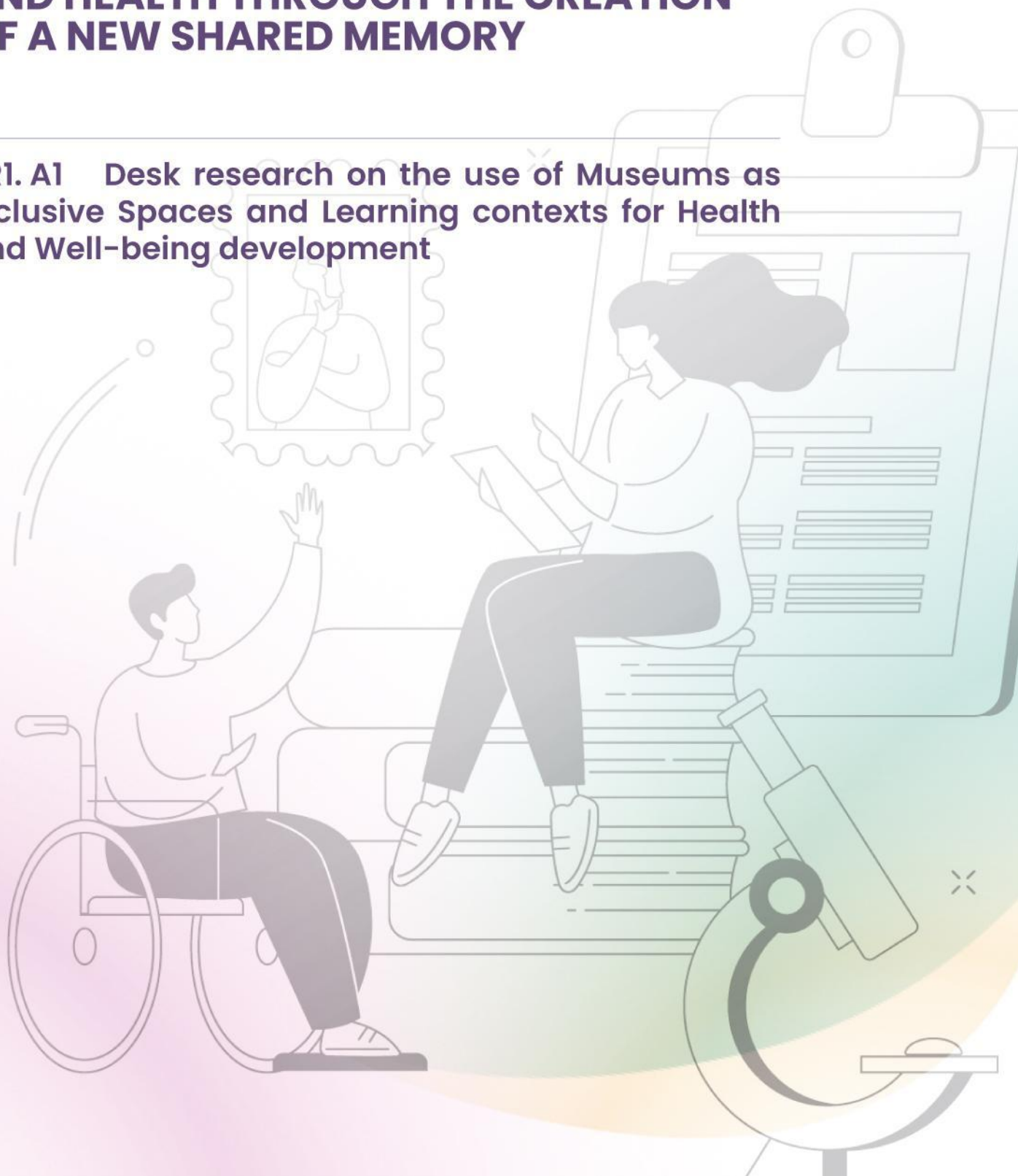# Inclusive Memory

INCLUSIVE MUSEUMS FOR WELL-BEING AND HEALTH THROUGH THE CREATION OF A NEW SHARED MEMORY

PR1. A1 Desk research on the use of Museums as Inclusive Spaces and Learning contexts for Health and Well-being development

Inclusive Memory

PR1.1 – DESK RESEARCH ON THE USE OF MUSEUMS AS INCLUSIVE SPACES AND LEARNING CONTEXTS FOR HEALTH AND WELLBEING DEVELOPMENT

Results 1	Activity 1	
Title	
Delivery	June 2022
Leader /Co-Leader	Università degli Studi di Modena and Reggio Emilia and Haskoli Islands

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Introduction

1. Goals

This *Desk research on the use of Museums as Inclusive Spaces and Learning contexts for Health and Wellbeing development* aims at sharing research materials and reflections on the realisation of specific learning experiences within heritage contexts aimed at social inclusion promotion. Seven institutions from five different countries (Italy, Spain, Portugal, Greece and Iceland) worked together to identify pending research questions on museums as inclusive spaces and to draft an overview of the state of the art of research in health and wellbeing promotion through cultural heritage.

2. Aims

This document emphasises the problems related to the development of health and wellbeing in various cultural and museum contexts through specific education activities. It is to be considered as a theoretical basis for the E+ Inclusive Memory project partnership.

The main aims of the *Desk research on the use of Museums as Inclusive Spaces and Learning contexts for Health and Wellbeing development* are:

- to identify the similarities and the difference between the "older" and the "newer" approaches
- to identify the core characteristics of good practices in museum contexts

The Inclusive Memory project aims at promoting the building of a common shared social memory realised through a museum based social inclusive system, through the link Art-Health-Wellbeing. The core idea of the project stems from the potential benefits of the cooperation between Higher Education Institutions(HEIs), Health and Social care Institutions and Museums, as a strategic partnership to advance in museum education as well as museum experience. This is, in order to support the design, realisation, monitoring and evaluation of art-based activities and actions specifically addressed to people with social care and health problems. People with special needs, in other words..

The Inclusive Memory project has the following priorities:

- to create a *new social inclusion system* (especially for people with social care and health problems) based on the link Art-Health-Wellbeing, which can prove to be a best practice from which Health and social care institutions, cultural organisations and educational institutions from all over Europe will be able to draw inspiration;

- to design *innovative didactic paths for the promotion of social inclusion* and the development of transverse skills for future museums professionals, social caregivers, school teachers and healthcare personnel based on the link Art-Health-Wellbeing
- to realise innovative didactic paths for health and wellbeing promotion, also within schools, health and social care institutions and museums thanks to the support of professionals who will have been properly trained on the matter
- to reach and put in practice innovative art-based approaches dedicated to social inclusion.

By developing the *Desk research on the use of Museums as Inclusive Spaces and Learning contexts for Health and Wellbeing development*, Museums, Heritage sites, social care institutions, universities, researchers and educators will be provided with a framework for the development of innovative didactic experiences for health and wellbeing promotion through heritage. Secondly, such institutions, scholars and educators, will also have the opportunity to reflect on the condition of disability, above all in relation to the definition provided by the social model. Finally, they will have the opportunity to reflect on cross-cultural interaction and dialogue between specific target groups and local communities within the education experiences.

This document includes:

- Pending research questions on museums as inclusive spaces;
- An overview of the State of the Art on the use of museums as inclusive spaces and learning contexts for health and wellbeing development;
- A reflection on the use of specific methodological approaches and evaluation tools for the realisation of the learning experiences.

2.1 The social model of disability as a key aspect of the report

In drawing up the desk research, particular attention is given to the social model of disability, considered by some to be an effective model to deal with this theme. The social model gave rise to new perspectives on disability, as well as new interesting questions on such human condition — and how to deal with it. Moreover, it may also highlight important criticalities in relation to how society — mainly unconsciously — look at disabled people. Therefore, we expect it to turn into a functional theoretical framework, leading to the design of effective IM's project results that considers, along with disability itself, both well-being as a condition depending on multiple variables, and art, as related to the notion of heritage.

From a terminology point of view, the partnership agrees on the use of the term 'protected characteristics ' to refer to people discriminated against because of age, disability, and other characteristics, taking into consideration the UK Equality Act 2010.

3. Partners involved in the Desk Research

The Inclusive Memory partners involved in the design and creation of the *Desk research on the use of Museums as Inclusive Spaces and Learning contexts for Health and Wellbeing development* are the following:

- University of Modena and Reggio Emilia, leader of the activity;
- Haskoli Islands, co-leader of the activity;
- Universidad Nacional de Educación a Distancia;
- Universidade Aberta;

- Zètema Progetto Cultura;
- Inter Alia;
- Institut Català de la Salut.

Research questions on museums as inclusive spaces

To define the focus of the project main activities and in accordance with article 27 Universal Declaration of Human Rights that states "everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits", the *Inclusive Memory* partnership is identifying a set of research questions to be explored during the whole duration of the project. It must also be remembered that the *Inclusive Memory* project follows the thought implied in the "social model of disability" which seeks society to undergo a change in order to accommodate people living with disability. That in itself would give users the opportunity to self-select their conditions, if wished:

1. What characteristics should a heritage education experience have for the development of social inclusion, health and wellbeing in terms of design, implementation and evaluation?
2. Which teaching and learning methodologies are most effective in promoting social inclusion, health and well-being through heritage?
3. Can technologies support the promotion of social inclusion, health and wellbeing in specific target groups? If so, how?
4. What knowledge and skills does a professional in the field of education, health and social care need to have in order to realise heritage education experiences for the development of users' wellbeing, health and social inclusion?
5. How can the creation of a new shared memory improve users' wellbeing, health and social inclusion?
6. How can museum educators know users' lifestories and special needs in order to build up trust, participation in the creation of shared memory? What tools and strategies can be implemented to achieve that goal?
7. Using those strategies can museums foresee the kind of experience users of special needs are looking for?

Desk Research on the use of museums as inclusive spaces and learning contexts for health and wellbeing development

1. Methodology

From December 2021 to March 2022, the first set of indicators (*Guidelines and protocol for the creation of a list of articles related to the use of museums and inclusive and learning spaces for health and wellbeing development*) was provided to partners involved in the project results, who have been assigned to a specific European Geographic area, as described in the following table.

Geographic area	Countries	Assigned Partner
1	Spain (except Catalonia), Germany, Denmark, Austria	UNED
2	Portugal, France, Belgium, Netherlands	UAB
3	Catalonia, Poland, Czech Rep., Slovakia, Switz.	ICS
4	Iceland, Norway, Sweden, Finland	HASKOLI ISLANDS
5	UK, Ireland, Estonia, Latvia, Lithuania	UNIMORE
6	Italy, Slovenia, Croatia, Hungary, Malta	Zètema
7	Greece, Cyprus, Bulgaria, Romania	INTER ALIA

Table 1 - Geographic area under analysis and assigned IM project partners which conducted the analysis

After having selected the assigned geographic area, partners had to carry out a research of papers on the following topics:

- Museum experience for inclusion development

- Museum experience for Health development

- Museum experience for Well-being development

The methodology used for this *Desk research on the use of Museums as Inclusive Spaces and Learning contexts for Health and Wellbeing development* is focused on four main activities, as follows:

- Searching criteria identification
- Research of papers
- Papers analysis and evaluation
- Summary of results and production of the report

1.1 Searching criteria identification

Table 2 shows the criteria that need to be applied for the analysis of papers by each partner involved. Some of these criteria are important not only for searching, but also for selecting or ruling out papers. For instance, if the paper is not relevant to the main topic of the research activity, it cannot be included in the list of papers to analyse.

Searching criteria	
Journals / Papers	It would be better to select peer-reviewed publications (journal and/or reviewed/edited books)
Years	(Include the years of the papers)
Database	ERIC, SCOPUS and/or other databases
Keywords for searching	- (*add assigned geographic area or specific Country*) - museum - Inclusion/health/wellbeing - Interventions / strategies / practices / experiences
Main focus (content)	- Museum Practices fostering Inclusion/health/wellbeing development in museum context

Table 2 – paper analysis criteria

1.2 Research of papers

The databases used for the research were the following: Scopus, ResearchGate, Google Scholar, JSTOR, and other university databases. All the articles identified in the databases have undergone the first process of revision by each partner: the researchers involved, through the reading of the papers, identifying whether the articles found were in line or not with research objectives and areas of study. The exclusion criteria were the following: absence of methodological consistency and/or no reference to the museum sector.

1.3 Papers analysis and evaluation

All the selected papers were analysed and evaluated by each partner through a content analysis procedure (Table 3). Each article was analysed by one of the researchers of the partner. Table 3 presents the assessment indicators used for the content analysis procedure.

Dimensions	Categories for the analysis
Type of Museum involved	☐ General museum ☐ Natural history and natural science museum ☐ Science and technology museum ☐ History museum ☐ Art museum ☐ Virtual museum

	https://www.britannica.com/topic/museum-cultural-institution/Types-of-museums
Type of experience	Ex. Workshop / laboratory, pre-visit activity; series of meetings, course, online activity, etc.
Main focus of the experience	Inclusion Health Wellbeing
Target group	☐ Users with physical problems ☐ Users with mental problems ☐ Users with learning difficulties ☐ Migrants ☐ Other protected characteristics (specify: _____)
Activities foreseen	
Teaching/learning methodologies/strategies used	Ex. Problem solving, Learning by doing, storytelling, object analysis, e-learning / distance learning, etc.
Teaching/ Learning tools and tasks described	
Monitoring/Evaluation tools and phases	
Learning results (are the aims reached?)	
Reported difficulties	
Brief overall evaluation of the paper in terms of *originality*, *significance*, *quality*, *clearness*, *relevance*	**Original**: the paper explores a new idea, project or issue; discusses existing research with promise of new insight, discusses new research; or presents new ways of considering existing information **Significant**: the paper raises and discusses issues important to improving the effectiveness and/or sustainability of education efforts, and its contents can be broadly disseminated and understood **Quality**: claims are supported by sufficient data; claims draw upon relevant literature, and limitations are described honestly **Clear**: the intended outcomes of the paper are easily understood **Relevant**: the paper addresses one or more of the themes of the "**State of the art on Museums as Inclusive Spaces**" (1. Potential role of Museums as Inclusive Spaces; 2. Potential role museum experience for Health and Wellbeing development; cross-cultural dialogue; citizenship skills development; community development).

Table 3 – Assessment grid used within the evaluation activity

1.4 Summary of results and production of the report

The data resulting from the analysis of the selected articles have been used for the elaboration of this research report. Particular attention was paid to the identification of the most useful educational interventions for the promotion of inclusion, health and wellbeing within the museum

PR1.1 V4

education context, together with the most useful evaluation tools and phases for this type of intervention. Each partner produced a *Report on identification and analysis of papers*, taking into consideration the following structure (Table 4).

Partner:
Structure   1. Introduction: summarise the process of review of papers. Total of publications for specific countries; types of museums and activities described in the selected papers.   2. Findings of the review of papers about Museums as Inclusive Spaces and Learning contexts for Health and Wellbeing development: summary of Teaching/learning methodologies/strategies used in the selected paper with some examples linked to a specific target group; use of specific evaluation tools for assessing the degree of Health, Well-being and Inclusion levels.   3. Results of the interventions: summarise the results (including difficulties) of museum experiences for promoting health, wellbeing and inclusion among participants
Total Extension: 5 pages   1. Introduction (1 page)   2. Findings of the review of papers about Museums as Inclusive Spaces and Learning contexts for Health and Wellbeing development (1 page)   3. Results of the interventions (1 page)   4. References (1 page)   5. Appendix – Assessment grids of filled papers
Format   Times New Roman letter, size 12. Use black letters for the headings and cursive letters for subheadings. 2,5 cm left and right

Table 4 – Structure of the reports produced by each partners at the end of the research activity

2. Paper research results

2.1 Geographic area no. 1 (Spain - except Catalonia, Germany, Denmark, Austria)

No. of papers founded	Museums represented	Main focus of the experiences under analysis	Target groups
15	Art museums History museums Natural history and natural science museum Science and technology museum	Inclusion	Users with Alzheimer, dementia and cognitive problems; Children, Migrants Users with physical disabilities

The paper-based research was delivered through main scientific web portals, such as WoS (Web of Science) and Google Scholar with the following characteristics:

- Articles in peer-reviewed journals and book chapters (not congress participation, not funded projects web portals, not blogs, etc);
- With allusions to the museums of the countries mentioned above (not referring to other cultural institutions);
- Main results in terms of health, wellbeing and inclusion promotion.

We have found 15 references, distributed by countries in the following way:

- Spain: 7
- Denmark: 4
- Germany: 3
- Austria: 1

The types of museums are varied: art museums, history museums, science museums, and natural science museums.

Most of the activities described in the selected papers deal with interviews or questionnaires, observation, and documentary analysis. Some are related to digital storytelling and narratives, didactic transposition and text analysis.

2.2 Geographic area no. 2 (Portugal, France, Belgium, Netherlands)

No. of papers founded	Museums represented	Main focus of the experiences under analysis	Target groups
25	Art museum	Inclusion	Users with cognitive and physical disabilities Users with learning difficulties Users with dementia

As initially planned, the research team has searched for scientific papers in the most reputed databases, such as ERIC, SCOPUS, ResearchGate and Academia, but also used Google Scholar and the national and institutional open access repositories. But, it also used the national and institutional open access repositories. The search include also other scientific productions which have been subject to academic review, such as PhD thesis and Master dissertations. Most of these were later published as books or book chapters. In addition, the team has also searched for evidence of relevant museum initiatives, programs and actions for promoting inclusion, as well as of how the institutions have embraced this goal as part of their mission and strategy.

The keywords used for the search were the following: museum; inclusion/health/wellbeing; interventions / strategies / practices / experiences and we have also included the name of each of the countries mentioned. From this search, a total of 25 references were found by the UAb team, distributed by the three countries, as follows: Portugal – 10; Netherlands – 6; France – 8; Belgium – 1 Art museums are the subject of most of the papers and other publication found and analyzed. Therefore, a significant number of references (15) focus on how art museums can develop activities aimed at promoting inclusion, health, and wellbeing. The other works (10) do not address a specific type of museum.

The activities described in the selected works are varied: learning to think by looking at art, visual thinking strategies, case studies, focus group with different actors, development of multi-sensory teaching materials, direct and participant observation, surveys, interviews, literature review, use of virtual reality and augmented reality, research diaries, use of mobile devices, use of applications for specific purposes.

2.3 Geographic area no. 3 (Catalonia, Poland, Czech Rep., Slovakia, Switzerland)

No. of papers founded	Museums represented	Main focus of the experiences under analysis	Target groups
7	Natural history and natural science museum Science and technology museum History museum Art museum	Inclusion	Users with mental Problems and Dementia Cancer Older adults Users with physical problems Students Migrants Other protected characteristics Healthcare professionals

The research and search process consisted of consulting different databases, official sources, and repositories of scientific articles on the main topic "museums as environments for inclusion". As assigned, the countries analyzed were Catalonia, Poland, the Czech Republic, Slovakia, and Switzerland. For each of them, the main databases and other repositories have been consulted, focusing not only on the museum's current practices but also on its programs and future strategic lines. Specifically, two articles have been analyzed for Catalonia, one for Poland, two for the Czech Republic, one for Slovakia, and one for Switzerland. In general, there was a substantial lack of official scientific studies and publications, since, in most cases, they were non-scientific articles or university-related publications without a formal academic structure, and none of them peer-reviewed.

Therefore, few documents specified what a particular museum in a particular region was doing. Instead, they provided general information such as the museums landscape of the country or how the arts in health are understood in a particular place. However, through these documents, it is possible to get a glimpse of how museums work in terms of inclusion and programs to promote the well-being of their users. Also, in most cases, the reviewed activities carried out by museums have an educational aim, understanding museums as spaces to promote both leisure and didactic activities designed for a specific audiences.

2.4 Geographic area no. 4 (Iceland, Norway, Sweden, Finland)

No. of papers founded	Museums represented	Main focus of the experiences under analysis	Target groups
19	Art Museums Virtual Museum History Museum Pop-up Museum Natural History Museum	Inclusion Wellbeing	Users with mental Problems, Alzheimer and Dementia Older adults Other protected characteristics

The research group made the search in databases like JSTOR, Sage, Scopus and ResearchGate and the keywords were inclusive, participation, and health. Although initially the request was to limit the search for peer reviewed articles, we decided to open the spectrum and include books, PhD and Master thesis and less reviewed articles. This was done to gain further knowledge about the state of museums as no peer reviewed article was found for instance for Finnish museums (when searching "inclusiveness" in Finland, studies on labour history in USAappear) or in Iceland. Most articles are written in English, if not, then at least the abstract. This is particularly the case in Iceland that all references relevant for this research are in Icelandic. The language raises the question of the importance of sharing internationally yet to be understood locally. It cannot be assumed that everyone has a high-level understanding of the English language.

In general, the articles showed a great variety of museums including Art Museums, Virtual Museum, History Museum, Pop-up Museum, and Natural History Museum. Activities were also varied and of which many were interactive. Activities included focusing on the individual as well as group working. Examples are: bringing an object and sharing the significance with others, interactive games, dialoguing in front of an artwork, a participatory art program for persons with dementia living at home, open-ended learning experiences, knowledge creating (wiki), educational and storytelling.

We found most articles related to the given keywords, inclusive, participation and health, in Sweden, then Norway, Finland, and Iceland.

Sweden: 9 articles in total. They included a diversity of themes: storytelling, inclusive of social history and giving attention to every voice in the museum, folkloric traditions and dance, and cultural studies.

Norway: 4 articles in total. They included themes such as conversing in front of a painting; how social media can open-up for collaboration from the community to write social history/cultural heritage.

Finland: 1 book with 27 chapters on museum studies. The book is excellent and offers a different perspective on museology and experiences of museum visitors. In its chapters appear keywords such as: participation, health, mental disorder, inclusion, accessibility, and feelings.

Iceland: 5 articles in total. Iceland holds several writings from recent years yet not peer reviewed. The debate on museums and health is relatively young. The first organised visits to museums for people with Alzheimer date from 2015 and took place in the National Gallery of Iceland within the project *Art and Culture as Therapy*. Prior to that there were no specially designed museum programs for other social groups with special needs. Since then, 4 other museums have joined the program and offer specially designed programs for people with Alzheimer. Museum Studies at the University of Iceland started in the year 2009. The search includes 2 Master thesis that deal with

mental health issues and 1 PhD thesis that questions the role of museum educators and includes keywords like *sustainable museum education practices, museum pedagogy* and *silence*. In the museum magazine Kvistur, we found an article by Halldóra Arnardóttir where she explains her thoughts on museums as a place for conversations about forgotten memories. This article is a resume from her Icelandic book *Art and Culture as Therapy, Icelandic Museums and Alzheimer*. The search also found an article on how a museum and exhibition setting deals with trauma and emotional pain from losing your home and life-story because of a volcanic eruption.

Lastly, it must be mentioned that the Iceland University of the Arts lead a European Erasmus project, Social Inclusion and Well-Being through the Arts and Interdisciplinary Practices (SWAIP) (2018-2020) - https://swaipproject.lhi.is - The main aim of the project was to develop curricula for a postgraduate study programme for artists and pedagogists who work within areas of social inclusion with vulnerable groups of people. It is expected that graduates of this course will work and share their methodologies in museum contexts.

2.5 Geographic area no. 5 (UK, Ireland, Estonia, Latvia, Lithuania)

No. of papers founded	Museums represented	Main focus of the experiences under analysis	Target groups
20	Art Museums History Museums Natural History and natural science Museums Science and technology Museums	Wellbeing	Users with mental problems, Alzheimer and Dementia Users with physical disabilities Other protected characteristics Children

Peer-reviewed and open-access papers have been selected, which have been published no longer than the last 20 years. Several databases have been searched, such as ERIC and SCOPUS. A further useful resource has been UNIMORE online library resources. It is an interface for research and discovery of documentary resources and digital collections of the libraries of the University of UNIMORE and offers a single point of access to bibliographic resources in both paper and electronic format. As a final step, two other search cycles have been performed, searching for further resources on Academia and ResearchGate. The keywords adopted throughout the searching activity have been the following: the name of the country assigned; museum; inclusion; health; wellbeing; interventions; strategies; practices; experiences. Depending on these criteria, papers that illustrate museum practices fostering inclusion, health or wellbeing development have been selected as relevant.

For the UK, 16 papers have been selected in total; 2 for Ireland ; 1 both for Estonia and Lithuania; no useful materials have been found for Latvia. It is worthy of note that the papers selected for Ireland actually present research conducted in North Irish museums. These results can be arguably linked to two factors:

- English is the selected language for the searching activity;
- The Anglo-Saxon world plays a leading role in this research field.

The museums involved in activities aimed at promoting inclusion, health and wellbeing are mainly Art museums, followed by History museums, Natural History and Natural Science museums, and Science and Technology museums. In lack of a specific label, under this latter category have been included two maritime museums respectively based in Tallinn and Vilnius.

The activities described in the selected papers are varied, mainly consisting of: museum visits; laboratories that promote communication, collaboration, creativity, critical thinking, and - in a few cases - digital skills; object-handling sessions, art-making sessions, and online art-viewing sessions.

2.6 Geographic area no. 6 (Italy, Slovenia, Croatia, Hungary, Malta)

No. of papers founded	Museums represented	Main focus of the experiences under analysis	Target groups
18	Art Museums History Museums	Inclusion	Users with mental problems, Alzheimer and ASD; Users with physical disabilities Other protected characteristics

The first difficulty was the scarcity of peer-reviewed articles on the themes and on the assigned countries.however, free research on the internet and on national and international realities, in relation to the research themes, has generated for some contexts – paradoxically - the opposite problem.hat is, a quantity of heterogeneous and multidisciplinary materials such as: European project reports(e.g. Erasmus BaGMIVI Bridging the Gap between Museums and Individuals with Visual Impairments and ADLAB Pro - Audio Description: A Laboratory for the Development of a new Professional Profile), publications on museum experiences and exhibitions created by people with autism spectrum disorders; summaries of national experiences of inclusion for different target groups and with different methodologies[1].

Another strongly conditioning element was the language used for the search keywords. With the exception of the case of Italy, it was decided to search according to the keywords of the topics - especially inclusion and museums - in English. This, while on the one hand made it possible to intercept experiences characterised by a willingness to disseminate, on the other hand it probably penalised the recognition of some contexts and experiences. Language barriers and heterogeneity of sources are among the conditioning factors of the research.

Nonetheless, beside the *Erasmus* funded projects focused on specific target groups, 5 contributions were found for Italy plus the compendium of the Ministry of Culture on numerous Italian practices at national (some examples are considered in the summary table) and local level and the experience of the Eidos museum inaugurated in 2021, a museum experience and the partnership in *Erasmus+* project for Slovenia, 1 article for Croatia, 7 contributions for Hungary, 1 article for Malta. Some elements seem more difficult to analyse considering the purposes of the research: the reflection on cross-cultural interaction and dialogue between specific target group and local communities and the

evaluation tools are not sufficiently described. This is a signal of the need to raise awareness or focus more on these aspects. To be highlighted is the connection of university research projects with hands-on and exhibition approaches in the museum environment, regardless of the presence or absence of peer- reviewed articles or heterogeneous documentation, such as storytelling, works, and production of bas-reliefs, etc.

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[1] This is the case of the Hungarian publication *Museum Compass 16 Chance with Museums. Convergence of disadvantaged people with museum education* edited by Rita Dabi-Farkas, and by the Italian Ministry of Culture "Accessibility and cultural heritage. Guidelines for the strategic-operational plan, good practices and fact-finding investigation", Notebooks on valorisation NS 7 by G. Cetorelli - M. R. Guido, or websites of recently opened institutions/museums specifically dedicated to inclusion and multisensorypolysensory, as in the case of the Eidos museum in Cava dei Tirreni.

The type of museum interested in the experiences analysed is mostly dedicated to the figurative arts. The target groups are mainly people with protected characteristics (disability, age, rece), or with lower socio economic status , as Malta for the inclusion of people of a marginalised area, and Hungary because the analysed compendium considers the different types of underprivileged social groups (homeless, unemployed people).
The experiences concern, in the order of relevance, inclusion - the majority, health and well-being.

2.7 Geographic area no. 7 (Greece, Cyprus, Bulgaria, Romania)

No. of papers founded	Museums represented	Main focus of the experiences under analysis	Target groups
11	Art Museums History Museums	Inclusion	Users with mental problems; Users with physical disabilities; Other protected characteristics; Users with special educational needs

In doing the activity, the research group applied the common criteria previously defined and shared among all partners. Peer-reviewed and open-access papers have been selected, which have been published no longer than the last 25 years. Due to poor findings, research was expanded to grey literature (e.g. Master's theses) and conference proceedings. The keywords adopted throughout the searching activity have been the following: the name of the country assigned; museum; inclusion; health; wellbeing; interventions; strategies; practices; experiences. Depending on these criteria, 11 papers and 1 Master's thesis that illustrate museum practices fostering inclusion, health or wellbeing development have been selected as relevant:

- 8 papers for Greece,
- 1 paper for Bulgaria,
- 1 paper for Romania (low relevance)
- 1 Master's thesis for Cyprus (access to the full document still pending).

Results demonstrate that the subject is under-researched in these countries, but is currently and gradually gaining momentum.

The museums involved in activities aimed at promoting inclusion, health and wellbeing are mainly art and history museums (including archaeological sites), followed by ethnographic and technology museums. The activities described in the selected papers are varied, mainly consisting of preparatory / pre-visit meetings; museum visits; storytelling sessions; object-exploring and art-making workshops, and training courses for museum staff.

3. Findings of the review of papers and results of the interventions

2.1 Geographic area no. 1 (Spain - except Catalonia, Germany, Denmark, Austria)

The following learning/teaching methodologies have been used in the analysed people for specific target groups under analysis:

Methodologies	Tools/model	Target group
Facial expressions analysis	Software Micro Expression Training Tool (METT)	Users with dementia / Alzheimer
Storytelling	-	
Guided tour + Individual work on the creative art task	Video recording, photo taking	
Interviews, observations	Atlas TI software	Children
Digital Storytelling	-	Users with disabilities
Text analysis (linguistic accessibility	Elements-focused methods	
Interviews, follow-up visits	-	Migrants
Object-based Learning	-	All citizens
Mobile app, gamification	-	Blind people
Analysis of educational programmes developed within museums	Inclusion-focused model (HEM-INMO)	-

As regards the use of specific evaluation tools for assessing the degree of Health, Well-being and Inclusion levels, interviews are very common. Through the interviews and individual artistic work educators discover which are the best therapeutic tools and confirm how the approach to art can produce both a cognitive improvement of Alzheimer's patients and interpersonal relationships that those difficult moments generate in their families. The artistic experience triggers intellectual and emotional stimuli to which people with dementia are more than capable of responding. The activities have an impact on certain cognitive skills (concentration, memory, persistence with the task and commitment to it, decision making) and affective skills (pride in the results, pleasure, fun, etc.).

Regarding new deliberate choices of theoretical framing and methods – for health promotion and a user-involvement strategy – museums can offer new opportunities for innovative exhibition design and cultural heritage narratives. Museums that deconstruct the grand, totalizing meta-narratives of chronology, male power, and privilege that have been as formative in their history as they have in the history of most city museums. In doing so, the museum strives to

become an inclusive meeting point for a plurality of voices, viewpoints, and perspectives, and an active, critical mirror for citizens—an outward- looking institution that participates in and helps to define the city's contemporary conflicts and contradictions.

In the case of including new users (such as migrants), museums are in a unique position to include them – a potential that they must strive to fulfil. Museums can measure the increasing interest and that groups of immigrants have also begun to visit and use the museum facilities.

Some difficulties are reported in the analysed papers as follows:

- The role of mediation is pivotal, since it is responsible for establishing the link between the Museum and the public: mediators should be reflective, and encourage the creation of knowledge in relation to the teaching and learning; of new discourses where historians participate. It is of utmost importance that the educator participates in the processes of designing, implementing and evaluating museum education programs.
- There is a need for carrying out experiences with control / non-control groups to reveal any very significant differences that would prevent greater social participation of the affected persons. It is necessary to introduce this comparison, developing this kind of artistic activities in parallel groups of people with and without a diagnosis of dementia and comparing the results.
- It is necessary to assess potential long-term effects, that is, to carry out longitudinal studies in which the art-based programmes are more extended in time and also the follow-up of the participants in them.
- It is necessary to develop didactic proposals linking schools and museums, so that they can help train citizens to face the problems of the planet from the concept of "glocality". This way, it is important to draw up didactic proposals that advocate the development of people who begin to value heritage, as the value of heritage is found in people.
- The intercultural dialogue with residents in a socially deprived area is a process of change that takes time and a lot of work for both the museum staff and the residents with whom they are trying to come into contact. For the museum, commencing such an activity is a decision that must be anchored across an organisation, and driven by the individual staff member's passion, not to mention his/her inherent curiosity and desire to make a change. Furthermore, it requires a number of conscious choices regarding the scope of inquiry, the available resources, the chosen target group and the goal – as do all work in cultural institutions it might be added.
- Regarding the accessibility of texts, some museums write in an accessible manner in relation to some elements (e.g. text length, use of paragraphs and straightforward writing style). However, several other elements (e.g. excessive use of jargon, officialese and compounds and unnecessary use of passive voice) are of great detriment to the overall accessibility of these texts.
- Visitors habitually expect to encounter exhibits that communicate scientific facts. Institutions must therefore be cautious of alienating visitors in their attempt to engage them. The whimsical twists and promotion of team spirit proposed by the dialogic and negotiable exhibition design can conceivably enable the visitors to build bridges between scientific knowledge and everyday life.
- The usability for blind and visually impaired users is compulsory in the creation of fluent and immersive narratives.

- Investment needs to be made in the human resources (artists and educators) who can contribute new perspectives and views on this active ageing process, working with the idea of achieving wellbeing by ensuring cultural and artistic participation in the community.
- Public and non-profit organisations in the cultural sector, including museums, have to legitimate their existence and the funding they receive. The perspective in decision making is often that of the public decision maker, who decides what is valuable for the public, i.e. the citizens, thus, deciding what should be funded and what not. For a more stakeholder-oriented public value, the value perceived by citizens should be considered and prioritised more. Nevertheless, there are some limitations. First of all, data may have a selection bias, as the link to the questionnaires are often posted on the homepages and Facebook pages of participating museums. Therefore, it is possible that more people close to museums found the questionnaire and completed it, which implies a bias. This should be considered and addressed in future studies by including people that are more distant to museums. Additionally, the economic value included in some studies has to be interpreted as the perceived economic value, as this is the perception of the citizens rather than economic experts.

2.2 Geographic area no. 2 (Portugal, France, Belgium, Netherlands)

The scientific output in Portugal on the topic of inclusion in museums is relatively recent and small, but is emerging as a powerful trend especially in academia. Most of the referenced publications (6 out of 10) have a more practical character. They cover relevant and emerging themes, as follows:

1. Highlighting common pathways for museums to better relate to d/Deaf and hard of hearing audiences;
2. Identifying a broad set of strategies to increase the accessibility of museums to visitors with visual impairments and analyze the accessibility of museums in four European cities;
3. Presenting proposals to motivate a senior audience with a low level of education in a visit to an art museum in the context of lifelong education;
4. Presenting new approaches regarding rapprochement between the artworks and people with visual impairments, the developments which are occurring in the relationship between the museum and the public with disabilities and the improvements that can be expected in the access to the museum.
5. Demonstrating how museum objects help to develop narratives that engage audiences in rethinking attitudes towards disability in contemporary issues and debates.

There is an additional sixth reference which is the only one bridging the area of museology/arts and mental health. It describes an experience carried out at the Soares dos Reis Museum, which follows the model applied by the Museum of Modern Art (MoMA), in partnership with Magalhães Lemos Psychiatric Hospital.

The remaining publications (4 out of the 10) have a more theoretical character. They present interesting and consistent reflections on the theme of inclusion and disability, as follows:

1. the evolving complexity that involves the inclusion of disabled audiences in art museums, seen through the analysis of different kinds of accessibility;

2. accessibility goes beyond the physical and communicative access to include understanding, considering, namely, the importance of the aesthetic experience for having a full access to an art work.

We have found particularly significant two chapters of the book *Representing Disability in Museums: Imaginary and Identities*, by Ana Carvalho and Patrícia Martins, both focusing on emerging issues related to the practice of representing disability in museums in Portuguese collections. They address and discuss the way museums have publicly interpreted and presented disability through their collections and exhibitions. These authors also have a goal to address every possible track for building more positive and innovative narratives, deconstructing prejudices and stereotypes about disabled people.

We have found the situation in the Netherlands to be not very different from the Portuguese. The major internationally acclaimed museums appear to acknowledge the importance of the topic and are addressing it in some way. However, the global picture is still grim, as pointed out in the literature by experts and also by the national Government. Nevertheless, several Dutch authors present the Van Gogh Museum (VGM) as a positive study case for their commitment to inclusion and the development of a strategy for improving accessibility of deaf and hard-of-hearing visitors. This policy is extended to inclusion of young people with different ethnic (non-Western) backgrounds. The VGM has founded a think tank in the autumn of 2017 to share ideas, answer questions, and offer feedback. Based on desk research and dialogue with the think tank, the VGM decided to start by focusing on four themes, as follows: marketing communication, HR, programming, and hospitality.

As in the case of Portugal, most of the referenced publications have a more practical character, focusing on recommendations for improving accessibility; explaining the importance of designing suited and mediated interventions for each group; describing key principles and actions observed in the museum community to promote social inclusion and exploring possible innovative ways in which these also can be useful for AI applications.

A particularly significant work is the article by M. Vermeulen, E Loots & P. Berkers (2021) in which they present the Theory of Change of expected causal relationships between museum activities and Positive Health and discuss this concept in depth.

In regards to the articles and other publications produced in France, we have found relevant references only in French. Three are from the same author (either individually or as part of a team), and focus on experiments with Muséo+. This is a tool for mediating museum contents through the use of interactive techno-pragmatic devices. All the digital content is accessible in a tablet touch screen using the app. The device and the app were designed to be used as a companion guide for the discovery of the Palais des Beaux-Arts in Lille.

Two other references present the results from surveys launched as part of academic research. One of them allows to identify a set of difficulties that museums have when dealing with visitors with different types of disabilities, such as: lack of funding, which makes it impossible to hire the necessary staff; lack of staff means that those who work in museums do not have the time to dedicate to people with disabilities; poorly trained staff who have difficulty communicating adequately with people with disabilities. The other publication reports the results of surveys carried out among museums and professional actors in Île-de-France, offering an analysis of museum systems and in particular of cultural mediation in order to perceive their inclusive intentions. It addresses themes such as autonomy, diversity and stigmatization, necessarily linked to the

question of inclusion, and confronting these intentions with the discourse of people with disabilities, to take the measure of lived realities and needs and desires of the individuals concerned.

The vast majority of the publications analyzed acknowledge that people with disabilities continue to be underrepresented in most museum exhibitions and public programs, and they are seldom recognized as a social minority with their own culture and identity. As such, they discuss what policies and practices can museums develop to change the cultural significance of disability and raise the awareness of their audiences regarding the issues of disability, presenting their legacies, trajectories, and history. In parallel, they suggest possible ways for museums to attend and give proper answer to the needs of visitors physically or mentally impaired.

There is also an institutional component that some authors emphasize which translates into the recognition that the effort to ensure accessibility needs to be supported by the whole organization. Conclusions and implications for policymakers and museum managers, designed to promote the creation of inclusive museums, are also presented. In addition, the importance of cooperation between museums and the need to train the staff who work in them is also underlined in order to provide an adequate response to the needs of the public with different types of disabilities. Only two publications [Vermeulen; M.; Loots; E. & Berkers, P. (2021) and Halacheva, Z. (2019)] address an extremely relevant issue though. This is the institutional relationship that must be established between art and health. As M. Vermeulen points out: "Joining forces and developing mutual understanding of each other's goals are the first steps that museum management and the health sector must take for creating a real impact of art on Positive Health".

2.3 Geographic area no. 3 (Catalonia, Poland, Czech Rep., Slovakia, Switzerland)

The majority of museums in Poland understand these types of institutions as spaces to develop courses for schools and universities (e.g. mining classes in Zabrze, or professional training in Brzeg). Museums in Wilanów and Krakow are more specialised in offering postgraduate training programs. Also, museums in the Polish region exchange information with and cooperate with county and regional level employment offices, mainly on employee placement and internship programs for individual unemployed citizens. Another strategic line discussed in the study is the implementation of measures to make their exhibitions more accessible to people with physical, mental, or social disabilities. However, there is a lot of information about physical measures (e.g. tactile exhibitions, maps, models, and copies of objects, information boards in Braille language, audio description, etc.) and not so much about adapted programs or didactic training. However, there are special museum programs that are explicitly designed for special visitor needs as in the case of the Christmas crib workshops which are addressed for blind people in Krakow, or the volunteering program aiming for quite undefined therapeutic benefits organised by the Warsaw Rising Museum. Polish museums are rarely involved in exhibitions clearly based on health issues. Only some of them have some temporary exhibitions where this topic is addressed, mostly related to environmental aspects or promotion of healthy lifestyles (for example, an exhibition on how noise pollution affects people's hearing health).

The case of the Czech Republic is similar to the one described above. The article from the Department of Art Education at the Faculty of Education at Masaryk University in Brno describes art

programs that are organised to promote the inclusion of protected characteristics. They do this by creating creative art workshops, multiple-day courses, and other one-off events focusing on a diversity of topics. The main target is university students, who, by applying to this course, have the opportunity to work together with their professors, tutors, and professionals in the sector in initiatives that mix academic and practical parts. The primary focus of this type of experience is not the artistic production but the internal psychological process experienced by the participant. Another program mentioned in the report from Masaryk University and led by different museums in the region, involves people in shelters (in Zastávka u Brna and Kostelec nad Orlicí) and nursing homes for the elderly (Podpěrova, Brno). The Museum of Romany Culture focuses on arts-based leisure activities for Romany children and children placed in the Diagnostic Institute for the Young (Veslařská, Brno). The Social Care Institute in Nové Zámky u Litovle works with students of special art education and adults with mental disabilities. It starts with a workshop and then there is a final discussion. It also involves different professional profiles such as a psychologist, a special education expert and an educator. The Museologica Brunensia's article focuses on programs related to the concept of museums as promoters of cultural heritage and are led by an "educator in culture", which encompasses educational work with the concept of memory. The analysed publication defines four types of possible experiences in a museum but it focuses mainly on general visitors, which can experience positive effects on their wellbeing and health. Concerning Switzerland, the large-scale epidemiological population surveys have demonstrated strong positive correlations between participation in cultural activities and health. The analysed article points out things that need to be done. For example, the research should have more control in the evaluation, like using control groups and social comparison in order to know the impact of the overall experience, and also measuring specific social outcomes and specific health. On the other hand, it has to take into account the fact of the ticket price because not everyone can afford it; at least in Europe, there are usually discounts for students, old people, or some concrete targets of the population. In Switzerland, according to the analysed article, there is multiple evidence of the effectiveness of mixing innovative healthcare and public health interventions. Obviously, museums and art galleries are structured differently from healthcare organisations; both types of institutions have traditionally worked separately and with different purposes. However, some museums offer reminiscence and memory activities, and evidence suggests that these activities can affect mood, ideas of self-confidence , and a general sense of well-being. During such encounters, participants report that object interactions help them recall memories and encourage interactivity. In other words, all these activities helped to improve their mental health through other emotions and experiences.

In Slovakia, they give a new point of view to the matter because they incorporate the concept of "out-door" and "forests" in the equation of museum and health. Even if the health part was not the first purpose of the museum, there are multiple pieces of evidence that prove their benefits. Slovakia is an area well-known for its forests and natural areas, so they decided to create a place where people could learn, enjoy and discover more about them. They bet on a future with more open-air museums, especially museums with nature on it. This seems a good incorporation because it is a sustainable and eco-friendly way to reinforce the concept of museums. Therefore, their idea has really positive aspects; it gives really good outputs to integrate into other museums as well, like the creation of greener-environment-friendly museums and incorporates the benefits of using nature. In the case of Slovakia, good reviews of the mental health of the visitors after they finish the tour in the museum are reported. Even if it was not the first purpose of

the museum, there are clear indicators that show how beneficial it is to walk in nature and be around trees. All this helps to clear the mind and improve the anaemic state of the visitor.

Finally, in Catalonia, the observation made and written in the report of Xarxa Cultura per a la Inclusió Social's program shows the diversity of forms of networking (the role of mediators in educating or raising public awareness; platforms of different entities in the same neighborhood; the provision and consideration of services; etc.). The collaboration within the framework of the network could serve to enrich and deepen these processes, at the city level. Also, the combination of entities and interests on the web as well it should serve to give more visibility to meaningful experiences that don't have much of it now.

From another point of view, the scientific paper analyzed, Women of Cultural Diversity and Complex Post Traumatic Stress Disorder: Group Intervention with STAIR Model, about the intervention created by MNAC and Vall Hebron, allows us to understand better how is the relationship in the cocreation of those interventions between a psychologist group and the museum's educators. It is also interesting, because it focuses on a target with a diagnosed pathology, post-traumatic stress, a fact that allows us to see how art can be used as a therapeutic resource.

Some difficulties are reported as follows:

- all in all, the case of the article that covers the museum landscape in Poland, shows that Polish museums are rarely explicitly recognized in municipal or regional development strategies as institutions that could contribute to social inclusion, health and wellbeing. That is to say, there are no special programs linked with providing museums with information on socio-economic and health-related issues in a given location. In contrast, they are increasingly involved in improving accessibility and developing programmes to address social exclusion by bringing forward individual initiatives of museum employees and the management. The report doesn't describe the specific programming of any museum, but it points out the main difficulties that these types of institutions encounter when it comes to moving forward with these programs. The main difficulty described is that museums receive no specific support from any public authority in Poland in relation to well-being and health. However, the fact that there are specific examples of programs focused on this area of wellness and health shows that institutions have the economic power to develop them, even if not with the budget or with public aid.
- Concerning the region of the Czech Republic, the different programs that are already launched are currently being replicated to other places. None of the two reports analyzed explicitly report difficulties. We can conclude that the main tools are based on a didactic approach and on working with emotions or acquisition of knowledge through visitors' own experience, often in combination with object learning, which is a characteristic feature of museum institutions of the region.
- In Switzerland, according to the analyzed article, there is multiple evidence of the effectiveness of mixing innovative healthcare and public health interventions. Obviously, museums and art galleries are structured differently from healthcare organizations; both types of institutions have traditionally worked separately and with different purposes. However, some museums offer reminiscence and memory activities, and evidence suggests that these activities can affect mood, ideas of self-worth, and a general sense of well-being. During such encounters, participants report that object interactions help them

recall memories and encourage interactivity. In other words, all these activities helped to improve their mental health through other emotions and experiences.

- In the case of Slovakia, they obtain good reviews of the mental health of the visitors after they finish the tour in the museum. Even if it was not the first purpose of the museum, there are clear indicators that show how beneficial it is to walk in nature and be around trees. All this helps to clear the mind and improve the animic state of the visitor.

- When talking about the case of Catalonia, as said, there is already a strong network between cultural institutions and museums or art centers. This is a great advantage when proposing new interventions by both groups. As indicated in the analyzed publication, there are already cases with proven results. For example, in the analyzed case of the intervention between Vall Hebron and MNAC all the participants showed significant improvement ($p < 0.001$) in anxiety, depressive and post-traumatic stress symptoms, and in quality of life. Overall symptomatic improvement was identified in the participants, despite the fact that satisfaction with the treatment was lower in the Museum group setting with Art in Health approaches. All in all, the article concludes that the cross-cultural adaptation of the STAIR Model has been useful in the symptomatic improvement of the participants, but it is necessary to get better with Arts in Health perspective

2.4 Geographic area no. 4 (Iceland, Norway, Sweden, Finland)

In terms of teaching/learning methodologies/strategies information is scarce and evaluation tools are not common although the most used ones are questionnaires and interviews. One museum program created a referendum as an assessment tool for civic learning.

Here is perhaps particularly relevant, the article by Eli Lea and Oddgeir Synnes (An intimate connection: Exploring the visual art experiences of persons with dementia. Dementia. 2021, Vol. 20(3) 848–866) where they propose a purposive sampling strategy for a participatory art programme for persons with dementia living at home. This was made possible in a dementia-friendly art museum where the participants can experience a new way of seeing and be lifted out of their everyday lives by activating emotional and bodily responses by connecting their lives to art. The authors argue furthermore that participation in the community is dependent on the frameworks that we establish as a society. A dementia-friendly museum programme can offer individuals with dementia a way in which to stay connected both to themselves and to the wider community through active participation in the cultural discourse. Teaching and learning tools and tasks were by means of a conversation with a painting, and persons with dementia's lives and personal resources were reinvigorated through other people's artistic expressions. Monitoring, evaluation tools and phases were managed through semi-structured open-ended interviews. Each interview was tape-recorded.

Other successful cases were found in the Finnish book *Museum Studies – Bridging Theory and Practice*. In the spirit of lifelong learning, the book aims to connect the humanistic discipline of museum studies with the wider context of society. It is divided into 4 sections: *Museology and Museums as a Profession – Collection Management. Leading to Collection Development – Communities and Audiences – Exhibitions as Transmitters of Changing Museum Identities*. Some concepts can be drawn out. For instance, in the chapter, "Critical Museology, Social Museology, Practical Museology or What? – International museologies and Scandinavia" by Kerstin Smeds, the author explains that in the late 1970s and late 80s there was a specific development in Swedish

museums towards more socially inclusive institutions. Sweden has for decades been keen on connecting its museums to local communities. This is particularly relevant in their policies towards immigrants. That is, to make the museum relevant for the people, and be part of their lives. In terms of participation, Mari Viita-aho pointed out different meanings for the terms in her chapter "Participating How, Why and in What? – Analysing Nordic Museum research case studies 2008–2018". The author lists several titles in a chronological order where participation has been defined as: 1. Enriching the visitor experience, making an exhibition more appealing and a tool for creating engagement (2008). 2. A possibility to combine research and art and surpass the conventions of a traditional museum (2013). 3. A practice for prompting experience-based knowledge from participants and increasing understanding through personal experiences (2018). This is particularly relevant for our project Inclusive Memories, to be aware of the changing meaning of words depending on time, culture and space.

In another chapter in the same book, "Accessibility Means More than Ramps – A critical approach to the (in)accessibility of museums, galleries and cultural institutions", Dorothea Breier raises the point of accessibility. The author challenges the image of museums and galleries as accessible places. For her argument, she draws on her research on a group of young adults in Helsinki to illustrate how certain groups of people experience said institutions as unwelcoming and particularly inaccessible – in the sense "accessibility means more than ramps". It is as much connected to the principles of social accessibility. Here she uses evaluation tools: Interviews (not anonymous), and questionnaire surveys with participants to learn about their experiences at museums. Turning to Iceland. In 2018, Museum Studies at the University of Iceland conducted a master thesis which highlighted the Alzheimer-museum program at the National Gallery of Iceland and evaluated the results of surveys. The program is still ongoing and specially designed for people with Alzheimer's and their caregivers. The thesis evaluated eight organised visits during the first 17 months of the project, i.e. from November 2015 to June 2017. Conclusions were drawn from questionnaire sheets that the participants reflected on and wrote on during the visits as part of the program. The conclusion was a general enjoyment of the participants. In 2016, a master's degree was conducted in the same department on Pop-up Museum and mental health, it made a general review on the issue and then created a pilot project on a pop-up museum which the student put into practice for a group of people and drew conclusions from that experience.

The museum-specialised magazine Kvistur, dedicated several pages/articles on museums and health in 2018 and offered a resume on the then newly published but *Art and Culture as Therapy: Icelandic Museums and Alzheimer* (2017). In 2019, a PhD thesis was conducted in the same department at the University of Iceland "Toward Sustainable Museum Education Practices in Iceland". The thesis showed that museums are complex, dynamic, and empowering learning environments. They offer significant learning experiences that can contribute to sustainable societies and lifelong learning. As facilitators of museum learning, museum educators provide access and make museums more relevant to visitors. The author concluded by arguing the need for an emerging framework for museums that attends to silences or hidden structures for museums to expand their pedagogical potential within the three domains of the cultural-institutional, educational-organisational and that of the individual museum educator. Without exploring the possibilities of theoretically grounded practice, museums will remain culturally rich and pedagogically poor.

Papers show that intended outcomes were generally satisfactorily achieved. This applied to museums addressing different groups such as for people with Dementia or youngsters who were encouraged to read and communicate their opinions. Programs and interventions commonly raised questions and reflections during and after their realisation. Certain groups of people felt unwelcomed and excluded, felt discriminated against because of their look, their social or educational background or their sexual and gender identification. It was felt that museums should not merely speak to users, but also listen and learn from them. At the same time a question was raised: How can a museum listen to and learn from people who are not among their existing audience? Perhaps by providing open access to spaces and letting groups create their own usage of and meanings for museum spaces. Another issue that can be reflected on is how to define inclusiveness. It opens questions about when the term was first used, and its social connotations in accordance with the time it is used. What does it mean to belong to? These reflections are also relevant in the discourse on the collective memory, language, and the notion of sharing and being understood locally

2.5 Geographic area no. 5 (UK, Ireland, Estonia, Latvia, Lithuania)

In the UK, it has been registered a primary interest in improving health and wellbeing in individuals affected by mental or physical problems, both in patients and those in need of caregiver support. Object-based learning and learning by doing are the learning methodologies widely adopted, with a small percentage of app usage, which has been reserved to engage inpatients. The protocols applied were in most cases described in detail, focusing on every research phase and the activities with the targets. For these reasons, they can be considered fundamental tools to develop research and to adapt them to further museum contexts. To monitor the levels of wellbeing and health status have been employed in different evaluation tools, such as: the Affect-Balance Scale; the Positive Affect Negative Affect Scale; the Psychological General Well-being schedule; the Psychological Well-being scale; the State of Wellbeing Net; etc. Furthermore, extensive research has been conducted to develop new reliable evaluation tools for assessing the degrees of health, wellbeing and inclusion. Among them, particularly worthy of mention are the UCL positive and negative well-being umbrellas (Thomson & Chatterjee, 2013).

In Ireland, activities have been arranged for the community in general and pupils, and were based on e-learning, interactive learning, and object analysis. Although evaluation tools to assess health, wellbeing and inclusion levels were not always described, video recording of the different activities emerges as one of the modalities adopted.

In Estonia, the relevant activities were carried out at the Seaplane Harbour, the national maritime museum in Tallinn; they had an outward-looking and intended to promote cultural and creative activities and training to ultimately improve the quality of life of local neighbourhood communities. According to the objectives, the selected target groups were tourists and visitors, maritime specialists, enthusiasts and hobbyists, marine experts, and owners of small vessels and yachts. The monitoring tools consisted of forty-seven semi-structured interviews with key stakeholders.

In Lithuania, activities took place in several museums. At the Gemmology Museum, Kaunas and the Geology Museum, Vievis, Science – materials and ICT were the subjects addressed and activities were designed to match school curriculum topics. Students created two lesson cycles: classification of minerals and minerals in our environment using Evolution. At the Museum of Lime,

the Lithuanian Institute of Agriculture, were similarly addressed Science – soil acidity and ICT. Students created educational materials about the processes and problems associated with soil acidity. At the Lithuanian Art Museum Restoration Centre, Science of conservation and ICT were addressed. In this case, adult learners were involved and teachers aimed for students to become more active partners in the teacher-pupil relationship. Finally, at The Water Museum in Vilnius, Science – water and ICT were addressed and three teachers were involved. The theme developed regarded: 'What we know and don't know about water". In all the above-mentioned circumstances, the teaching/learning methodologies applied were: learning by doing, learning by teaching, and on-line learning. Furthermore, as monitoring tools were employed: students' interactive multimedia presentations; participant observations; interviews with museum staff, teachers and students; an online survey of students and teachers, asking for their views on taking part in the project

Papers show that the intended outcomes have always been achieved satisfactorily or even with remarkable results. In particular, heritage-specific therapeutic interventions in the UK have shown the potential to increase well-being levels not only among users affected by mental or physical problems but also their caregivers. In this regard, research limitations were sometimes reported and concerned:

- the sample size under study;
- the length of time for the experimentation.

Apart from that, difficulties in carrying out research and activities were not mentioned, with the only exception constituted by the MuseumScouts project, which involved, among other partners, four Lithuanian museums. Reportedly, as a wide range of skills and competencies were required from students and teachers, participants found challenging the followings: taking responsibility; working independently; working collaboratively or cooperatively in teams; identifying, selecting and evaluating information sources; collecting, processing and managing information in different formats; transforming and communicating knowledge to others and using an authoring tool. Nonetheless, teachers reported that their involvement with MuseumScouts had been challenging but worthwhile. It enhanced their skills, especially concerning ICT, and gave them experiences to reflect on in connection with pedagogy.

Research aimed at promoting inclusion and wellbeing for pupils showed that activities that promote transversal skills - with or without digital tools - are successful in engaging participants by stimulating affective and emotional participation

2.6 Geographic area no. 6 (Italy, Slovenia, Croatia, Hungary, Malta)

The type of activities most implemented as an inclusion tool are workshops and/or visits for specific targets.
The evaluation activities appear not highlighted even in the presence of long research paths and elaborations which are the base of the experiences or exhibitions, especially for the Italian Experiences. For the experiences of other countries - especially those included in European projects - the evaluation aspect receives more attention or is highlighted/better communicated.

Among the experiences especially aimed at blind and partially sighted people we can mention the Anteros museum in Bologna and the Omero Museum in Ancona. The

theoretical framework at the basis of these experiences are translated into museum practices of inclusion, understood as cognitive and aesthetic inclusion, in addition to the physical. The Anteros museum focuses on aesthetic education aimed at developing haptic skills in association with the cognitive development of the person, taking into account codified and creative verbal and gestural languages, aimed at exploiting the potential of representation that the word has [...]. The aim is to achieve a sharing of visual, tactile, legible and recognizable modes of representation, functional to facilitate communication and cultural, school, social and professional integration of blind, partially sighted and sighted people." Reading a base-relief, on the other hand, means accessing the modalities of partial representation of reality, learning the concepts of amodal completion, progression of the laying planes and, as a consequence, geometric-perspective notions. In short, "it is a real literacy to the systems of visual representation of reality. The exercise of modelling for the enabling of manual and creative skills passes through creative play, while the specific learning of spatial concepts and body schema foresee the comparison with models of representation of reality useful to favour the child's recognition of familiar elements, the appropriation of the concept of graphic-plastic representation and the competence of concrete restitution of the image read by touch".[2]

On multisensory as a key to inclusion and well-being, connected to aesthetic and cognitive pleasure, we can mention also the Omero museum in Ancona: among the first public museums for the blind, visually impaired and able-bodied, is a long experience as a museum for everyone set up not only for who has to touch, but also for those who want to see, taking into consideration for example the height of the works' placement and their size. Over the years, the museum has also followed the evolution of technologies for use, passing from the electronic 'walk assistant' guide for the autonomous visit with a stick and portable receiver to a profiling system at the entrance and a localisation system to guide visitors blind people in the autonomous visit as foreseen for the new museum exhibition. The museum is currently visited by blind people from Italy and abroad, by numerous able-bodied visitors, especially schools, who intend to learn about sculpture and architecture through casts and models rather than photographs, and have the pleasure of visiting a museum where it is possible to touch. The structure also had the interest of academic circles for studies related to accessibility, architecture, and the value of tactility. Among the experiences identified, some refer to protected characteristics like race or people with lower socio economic status.

In regards to specific heritage experiences, the pilot programme, entitled "Who am I? I Will Be the One Who Tells You!" should be mentioned. The project attempted to observe and analyse the correlation systems and reactions of students attending a second chance educational institution and categorised as Gypsy due to their "social skin." The purpose of the inquiry was to identify adequate pedagogical, communication, and art-related methods and tools to promote respect toward rules and norms via experiencing a sense of accomplishment in a museum environment. The aim of the project was to enable students to represent their own cultural and ethnic identity in

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[2] Translation and excerpt of the article by L. Secchi "Toccare con gli occhi e vedere con le mani. Funzioni cognitive e conoscitive dell'educazione estetica" (Touch with eyes and see with hands. Cognitive and fact-finding functions of aesthetic education) Ocula 19, Percorsi di gioco Ricerca e discorso ludico per la comunità, 2018, see also L. Secchi "Between sense and intellect, Blindness and the strength of inner vision", in The Point of Being, curated by Derrick de Kerckhove and Cristina Miranda de Almeida, Cambridge, Cambridge Scholar Publishing, 2014.

a communal context in the space of the museum by literary texts and methods borrowed from other creative fields.

The situation at museums in Hungary regarding the reception of underprivileged social groups, particularly homeless and unemployed people, is described by the paper "Engaging the homeless in museums, a methodological recommendation in the field of museum education" by Gabriella Jakusch . The article offers several recommendations and practical indications for the target audience of the homeless, rarely taken into consideration. The processes of reintegration of people with protected characteristics or lower socio economic status are led by social workers, but museum and museum educators can play a significant role.

Lastly, another experience that addresses social inclusion through heritage is the story of a family museum located in a harbour area of Malta. The analysed paper addresses problems related to the museum's potential for social inclusion and enhancement of people and places: the BirMula Heritage museum. BMH offered NGOs and social groups the opportunity of a meeting place, a museum that gave space to activities initiated by community groups as the local foundation for users with disabilities.

2.7 Geographic area no. 7 (Greece, Cyprus, Bulgaria, Romania)

The analysed papers emphasise the importance of:
- accessibility to the physical spaces of museums as a prerequisite for the promotion of social inclusion and well-being.
- training courses for all museum staff (from security guards to administration personnel, to museum educators and curators) on issues of accessibility and inclusion.
- timely preparatory meetings with trainers-caregivers, people with disabilities, marginalised individuals and groups in order to design / adapt the educational programs to each target group's needs and expectations. In general, it is important to make things predictable and limit surprises or warn about them.
- an institutional framework that will facilitate the effort to highlight the social role of museums. In Greece, unfortunately, this institutional framework is absent and often the state mechanism creates additional obstacles.

In addition:
- Difficulties are more intense when dealing with teenagers, or with people with more than one disability (e.g. visual impairment and mental problems).
- Regarding the level of support, participants obviously need varying levels of support during the activities without, however, putting limits on their choices, initiatives and creativity.
- Although the museum kit is a widespread, mobile educational material of museums, most trainers/caregivers aren't aware of it.
- Particular attention is needed to cultivate security and trust in participants, to communicate with simple and understandable statements, to provide clear instructions, and to animate, encourage and reward the children.

- The recognition of the heterogeneity of the student population highlights the need to adopt the principles of Universal Design for Learning and Differentiated Instruction so that all can participate equally in the learning process.

In Bulgaria, there are small but significant steps by museums in granting access to wider audiences. The selected paper shows that, through transnational collaboration, the museum staff is trained, visits for visually impaired people are organised, and stakeholders are in search of systematising and implementing good practices for social inclusion and well-being.

4. Conclusions

The results of the desk research reported here show a diversified European landscape in terms of promoting heritage education experiences for health, well-being and social inclusion, but also some common features. In general, the good practices under analysis highlight the need to implement forms of collaboration between museums, heritage sites, schools and universities, as well as research institutes.These actions are crucial for the realisation of true participation of the entire community in the local artistic and cultural heritage, as well as correct and wide dissemination of the results, with the possibility of replicating the educational experiences also in different contexts. Well-being and social inclusion are only achieved where dialogue with heritage is intercultural and inclusive, where accessibility is guaranteed in all terms and where scientific evidence demonstrates the effectiveness of educational interventions. The engagement of all social targets, especially those most at risk of cultural exclusion, drives the participative and shared creation of new meanings of tangible and intangible heritage.

However, the results of the desk research, here presented, reveal certain weaknesses in the research scenario, which the Inclusive Memory project intends to highlight in order to design intervention activities aimed at overcoming specific problems. Firstly, the lack of a large number of scientific studies in the field of the use of cultural heritage for the promotion of health and psychological and social wellbeing demands more research activities in these fields, both by museums, cultural institutions and research organisations. Moreover, the low number of research studies carried out is only rarely disseminated and published in English, thus greatly limiting the possibility of knowing specific experiences and replicating them in other cultural and social contexts. To conclude, there is little or no description of the evaluation tools and phases in the published research reports, thus limiting the scientific contribution of the realised experience in terms of intervention effectiveness.

On the other hand, during the desk research process, it became clear that in many countries activities are realised that focus on inclusion and wellbeing and are shared in congresses and social media, including newspaper news. That is, shared within communities which is one way to work against prejudice towards those that do not fit the norm. That in itself is a positive initiative on a social level in each country.

Methodological approaches and evaluation tools: some reflections

1. Teaching and learning methodologies: how to support health, wellbeing and social inclusion through heritage

The teaching and learning methodologies most frequently reported by the educational experiences analysed are as follows:

- Storytelling, Immersive storytelling and Digital storytelling;
- Hands-on and Object-based learning;
- Learning by doing;
- Art-based activities;
- Out-door education;
- Online learning;
- Collaborative discussion and debate sessions.

As can be seen from the above, there is a preference for active teaching and learning strategies that engage visitors and users in an experiential and lifelong learning perspective.

The main objective of using these methodologies is to create experiences as personalised as possible to the educational needs of the users, with a view to the active participation of the community and co-creation of meanings, memories and knowledge related to heritage.

2. Evaluation tools and phases: which challenges?

As pointed out above, the evaluation and assessment tools and phases are scarcely described in the articles under analysis. In general, there is a preference for a qualitative methodology of analysis of the educational experiences carried out, e.g. through interviews, surveys and questionnaires, also submitted online. For the assessment of well-being, some studies, especially from the Anglo-Saxon area, report the use of medically and psychologically validated instruments (e.g. Affect Balance Scale, Positive/Negative affect scale, Psychological general well-being scale). In general, the definition of protocols for the evaluation of heritage education experiences for the promotion of well-being, health and social inclusion is a necessity in the research field.