Inclusive Memory

PR3.A2: Identification of the Key Competences to be developed for Future Museum Professionals, Social Care Givers, School Teachers, and Healthcare Personnel

Results 1	Activity one	
Title **Identification of the Key Competences to be developed for Future Museum Professionals, Social Care Givers, School Teachers, and Healthcare Personnel**	
Delivery	March 2023
Leader /Co-Leader	University of Iceland/ Zétema, ICS (L'Institut Català de la Salut)
Review	April 2023

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Introduction

1. Introduction

*This document contains the analysis of the results of the survey for "Identification of the Key Competences to be developed for Future Museum Professionals, Social Care Givers, School Teachers, and Healthcare Personnel" and it is divided into four main chapters. In the first part, **demographic questions** of the survey are analysed outlining the profile of the respondents.*

*The second part covers main points on **content and competences** that will be considered in the design of the Pilot Course – PR3 Pilot course to train future Museum Professionals, Social Care Givers, School-Teachers, and Healthcare personnel into the idea of Museums as Inclusive Spaces.*

*The third section of this report provides an overview on the **open questions** included in the survey.*

*Lastly, a paragraph on **Discussion** draws out some points of reflections.*

2. Methodology

The Survey was prepared by a working group of three Inclusive Memory partners consisting of University of Iceland (UoI) (leader) and Zétema in Rome and ICS (L'Institut Català de la Salut) in Barcelona as co-leaders. After considerable discussion and exchanges, the team decided to prepare one common survey - one4all, addressed to future museum professionals, social care givers, schoolteachers and healthcare personnel as prescribed by the Project. As one common survey could be more efficient in terms of gaining quantitative and qualitative results + answers to open questions, rather than having one survey for each profession. To secure the maximum reach-out to the different professions, the working group agreed on a structure for the survey composed of different types of questioning/answering. It included: mandatory fields, multiple-choice and rate questions-Likert scale. It had some questions on the stakeholder's profile, some rate questions for the relevance of contents and some open questions. A link to the questionnaire can be found at the end of this report.

All partners of Inclusive Memory collaborated in a dialogue, evaluating the survey proposal of the working group, and brought suggestions for improvement. This collaboration among all the partners was particularly beneficial in the context of definition of terms and links that were inserted into the survey as further clarification of the questions. When approved by all partners of the Project, each partner sent out the survey to different stakeholders in line with their field of work. Each partner was responsible to send out the survey mainly in its own country, but the survey was spread also in other countries thanks to the network and contacts of the partnership. The goal was to achieve answers from **200** stakeholders in total. The aim was achieved. Answers were obtained from **234** stakeholders (19 February 2023).

During a project meeting held in Barcelona on 23 and 24 February 2023 rose an opportunity to carry out a more specific survey on digital tools. This meeting was in connection with the international symposium on Art and health organised by MNAC and ICS. Further information about the symposium: https://www.museunacional.cat/en/activities/international-symposium-arts-health. Its participants were invited to take part in an Inclusive Memory workshop. This focus group counted **36** participants.

The aim of the workshop was twofold: 1) to obtain information about the digital tools currently used by the participants in their professional contexts; 2) to ascertain their awareness of the possible use of these tools for wellbeing promotion.

The respondents were mainly Catalans and compared to the main survey they were professionals in the health sector. The professions represented within the groups were the following: healthcare personnel (8); art therapists (7); museums professionals (6); cultural and art sector professionals (5); social caregivers (4); (school) teachers (2); graphic designers (2); researcher (1); mindfulness coach (1).

In some responses, respondents departed from the results of the main online survey, in particular it was most commonly selected in this Catalan group to know about specific study cases.

When the participants were asked about what digital tools they used in their work, some of the uses mentioned were the following:

- art therapists and mindfulness practitioners used photos, videos and museum virtual tours as support in their online sessions;
- art therapists encouraged their patients to communicate online with a broader and international community, for example through social media like WhatsApp or Instagram, to share and discuss their experiences;
- social caregivers stimulated adolescents with mental health issues to make images and videos using personal devices to create personal narratives;
- art therapists involved displaced people in a digital project in which they recorded audio and shared images that were later presented in the museum context;
- cultural and art sector professionals deployed digital tools to make the museums more accessible to everyone;
- art therapists offered the digital environment as a safe space for people with protected characteristics, such as migrants.

A conclusion. Digital tools were often used as a medium for organising and improving online sessions with patients/practitioners and as visual aids to therapy/practice; they were therefore important means of sharing and communication.

In some cases, however, participants affirmed that online activities were not possible due to the conditions of their clients, who live in situations of social isolation or displacement and require in-presence activities. In these cases, digital tools and the development of digital skills allowed them to re-appropriate their own narrative, while stimulating creativity. Sharing the products created during the in-presence activities with a wider audience also significantly improved their self-esteem.

Both groups of respondents (**234** + **36** stakeholders) considered important to work with empathy and enhance collaboration. Furthermore, one of the main reasons to do a training course on Museums for Health and Well-being promotion, was to update and deepen knowledge on these concepts.

Results

In terms of **professions**, a great majority were healthcare professionals, followed by museum professionals. Taken together 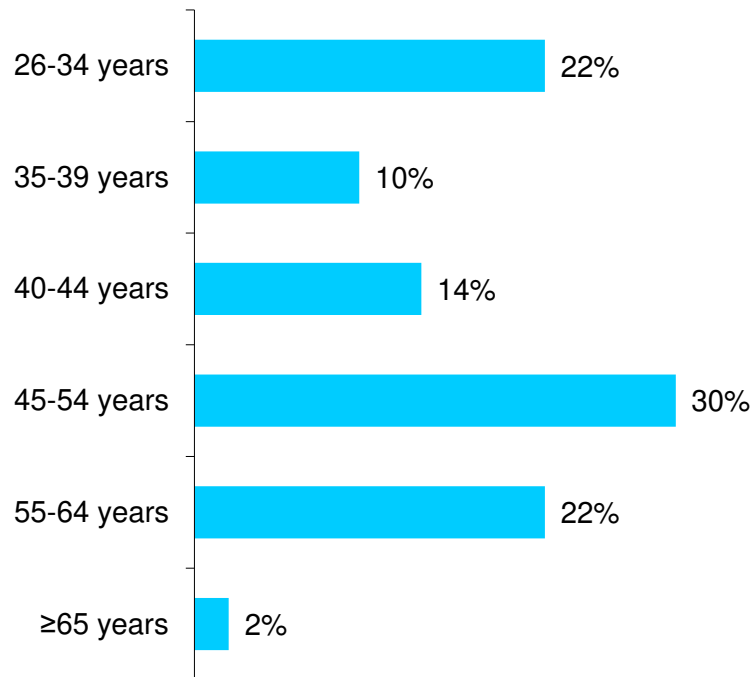these groups reached 78,0 % of all participating stakeholders. More precisely, there were: 83 healthcare professionals (36,3%), museum professionals were 76 (32,5%), teachers were 23 (14,1%), students were 13 (5,6%) and social care giver and Archaeologists, Art Historians, Heritage Conservationists, Cultural Operators were both 5 (2,1%). Others were journalists, librarian, town council employee, researcher, social psychologist, social worker, communication professional, lawyer, administrator assistant, music professor, audio-visual technician, urban planner, archaeologist, among others.

Profession	Percentage
Healthcare professional	36%
Museum professional	32%
Teacher/educator	14%
Student	6%
Archeologist, Art Historian, Heritage Conservationist, Cultural Operator	2%
Social Caregiver	2%
Journalist	1%
Researcher	1%
Administrative	1%
Communication professional	1%
Employee	1%
Altro	3%
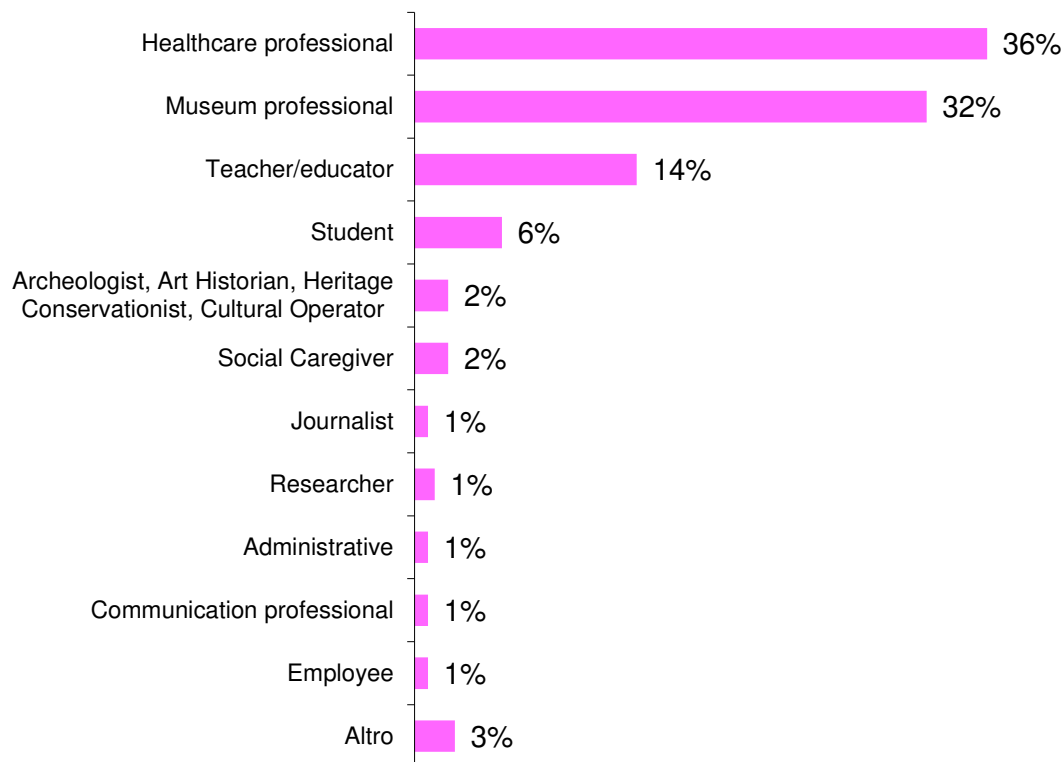
The **age** of the 234 stakeholders varied considerably. The average age is 45.35 years old.
The oldest being born in 1950 and youngest in 1997, the difference being 47 years. On 5 occasions, in the years 1966, 1967, 1970, 1982 and 1993, 10 people answered or more. In other years participants were less in number.

Age group	
26-34 years	22%
35-39 years	10%
40-44 years	14%
45-54 years	30%
55-64 years	22%
≥65 years	2%

In terms of **gender**, females were in great majority of those who responded, 194, 82,9% of the answers. Males were 35 in total (15%) and 4 people (1,7%) preferred not to say and 1 nonbinary/other (0,4%).

Gender	
Female	82,9%
Male	15,0%
Non binary/Other	0,4%
Prefer not to say	1,7%
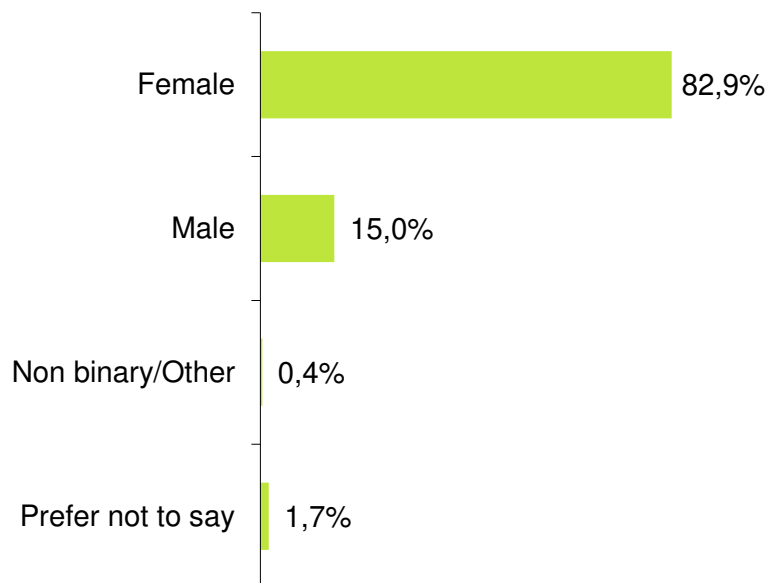
Considering the level of **education** of the 234 stakeholders (ISCED 2011), most had Master's degree or equivalent. That is, 161 (68,8%) had Master's degree or equivalent level of studies. Doctoral studies were 35 (15,0%). 26 (11,1%) Bachelor's or equivalent level. Upper secondary education were 6 (2,6%), post-secondary non-tertiary education were 6 people (2,6%).

68%	Master's or equivalent level
15%	Doctoral or equivalent level
11%	Bachelor's or equivalent level
3%	Post secondary non-tertiary education
3%	Upper secondary education

Of the partners **countries**, most of the answers derive from Spain, 94 people (40,2%), followed by Italy with 68 people (29,1%), then Iceland with 32 people (13,7%), 20 people from Portugal (8,5%) and 17 people from Greece (7,3%). Others were from Poland, United Kingdom, France, 1 person from each country (0,4%).

Country	Percentage
Spain	40,2%
Italy	29,1%
Iceland	13,7%
Portugal	8,5%
Greece	7,3%
France	0,4%
Poland	0,4%
United Kingdom	0,4%
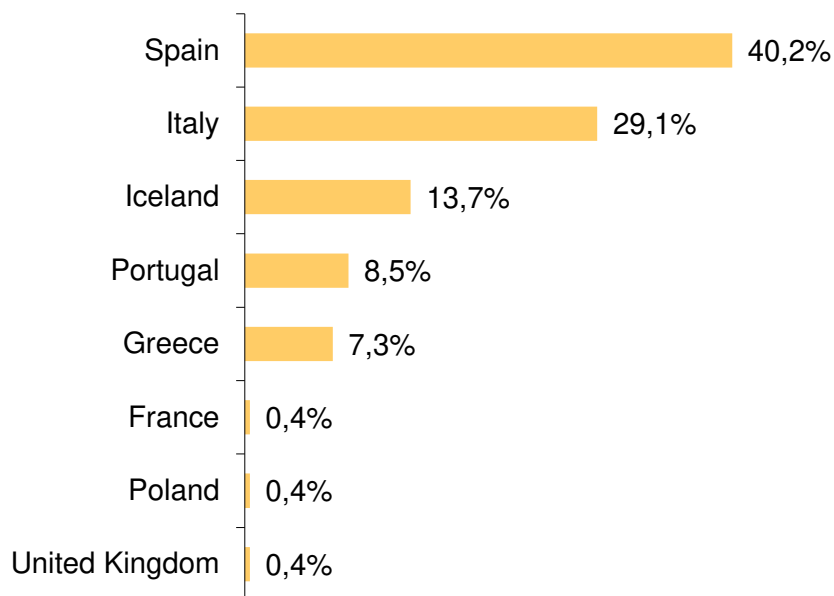
As clear from above, the survey took primarily place in Italy, Spain, Portugal, Greece and Iceland. It included a partition of more precise **geographical locations;** capital cities, regional cities, and towns. Focusing on the partners countries, in Spain the majority were situated in Madrid, Barcelona and the region of Catalunya. In Italy, the spreading was greater between Rome and Reggio Emilia (i.e., Bologna, Piacenza but also from Venice, Napoli, Milan, Trieste and Florence). In Iceland participants were mainly from Reykjavík but also from smaller towns like Akureyri and Húsavík in the North, Hornafjörður and Selfoss in the South, Egilsstaðir in the east, and Borgarnes and Ísafjörður in the west. From Portugal answers were mainly from Lisbon and Porto and in Greece, from Athens.

Grouping the answers, **the most represented cities** are:

City in which the institution where your work is located:	n.	%
Barcelona	73	31%
Rome	31	13%
Reykjavík	25	11%
Girona	11	5%
Athens	10	4%

Considering the **second part of the survey on content and competences**, when asked if the participant felt the need for **specific training** about inclusiveness and well-being in museums, 94,4% answered affirmative (221 stakeholders).
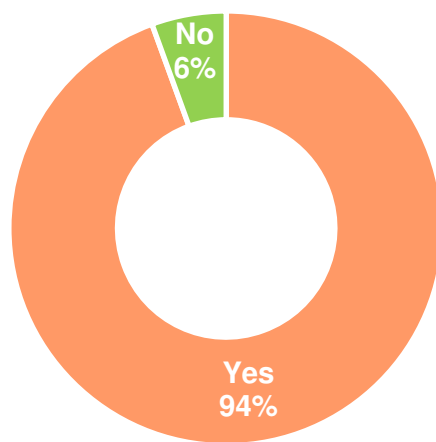
More precisely, the request for deeper knowledge and training has been identified in*
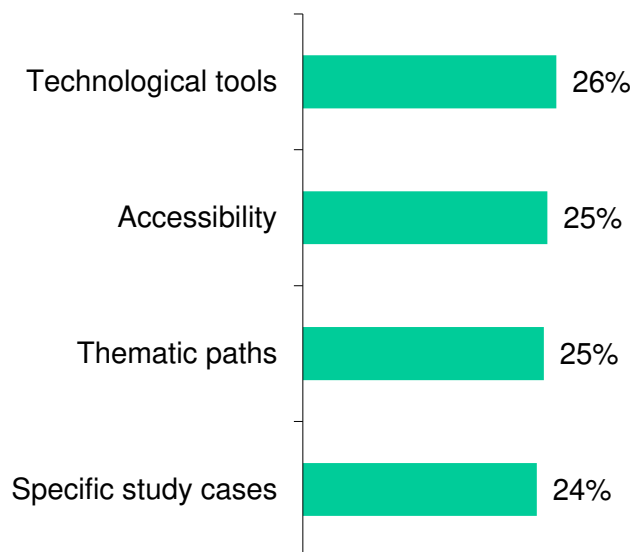
*Multiple choices were allowed without limit.

Respondents were asked to state, on a scale from 1 to 10, **how beneficial on a professional level** it would be taking part in training activities: **35,9%** chose the range from **9 to 10** and over **47,1%** selected the **7 to 8** range. Considering the benefit of the training activity **from a personal point of view**, **50%** of respondents chose within the range **9-10** and **38,8%** within **7 to 8**.

Please rate how beneficial your participation in a training course on Museum experiences for Health and Well-being promotion could be on a professional level	n.	%	
1	2	1%	
2	1	0%	
3	2	1%	17%
4	5	2%	
5	13	6%	
6	17	7%	
7	46	20%	47%
8	64	27%	
9	38	16%	36%
10	46	20%	
NET PROMOTER SCORE		19%	

Please rate how beneficial your participation in a training course on Museum experiences for Health and Well-being promotion could be on a personal level	n.	%	
1	2	1%	
2	2	1%	
3	1	0%	11%
4	2	1%	
5	5	2%	
6	14	6%	
7	31	13%	39%
8	60	26%	
9	54	23%	50%
10	63	27%	
NET PROMOTER SCORE		39%	

When asked about the most motivating reasons for taking a specific training course on "Museum for Health and Well-Being Promotion": 162 chose **to improve the qualitative approach of my work** while 159 respondents chose the option **to update and deepen the knowledge on the subject**. This question allowed multiple answers and **the opportunity to meet and discuss with other people on the subject** has been ticked by 138 respondents. **To satisfy my own curiosity on the subject** reached 107, whereas **to improve self-motivation to meet my personal goals** is the answer chosen the fewest times (75).

If yes, what would you like to know more about?	n.	%
To improve the qualitative approach of my work	162	25%
To update and deepen my knowledge on the subject	159	25%
To have an opportunity to meet and discuss with other people on the subject	138	21%
To satisfy my own curiosity about the subject	107	17%
To improve self-motivation for meeting my personal goals	75	12%

Stakeholders were asked if they were aware of any **museums in their territory providing specific programmes designed for users with protected characteristics** (*Protected characteristics* is a definition first identified by the Equality Act, a legal framework iss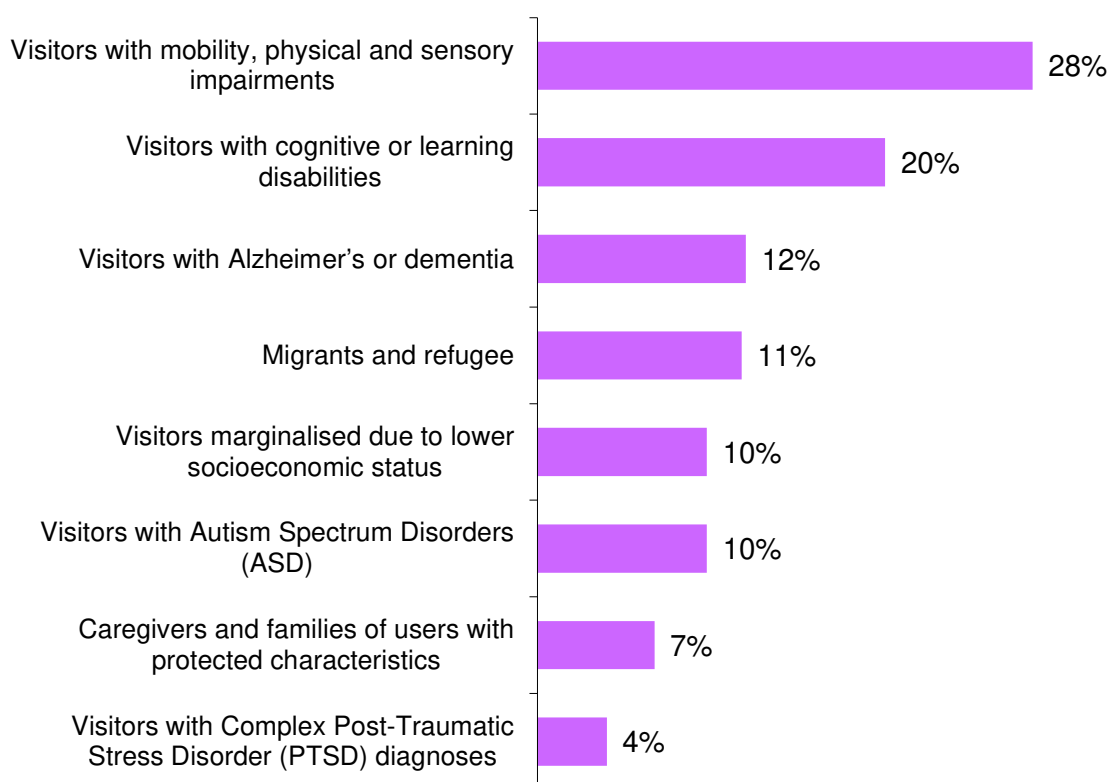ued in the UK (2010) to better tackle disadvantage and discrimination by means of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation). Among the respondents 57,7% answered "yes" and specified the main target group of these programmes: **visitors with mobility, physical and sensory impairments** (114), followed by (in decreasing order): **visitors with cognitive or learning disabilities** (80), **visitors affected by Alzheimer or dementia** (48), **migrants or refugees** (47); **visitors emarginated due to lower socioeconomic status** (39) and **visitors with autism spectrum disorders** (39), **caregivers and families of users with protected characteristics** (27), **visitors with complex PTSD** (16).
Do you know about museums in your territory that provide specially designed programmes for users with protected characteristics?
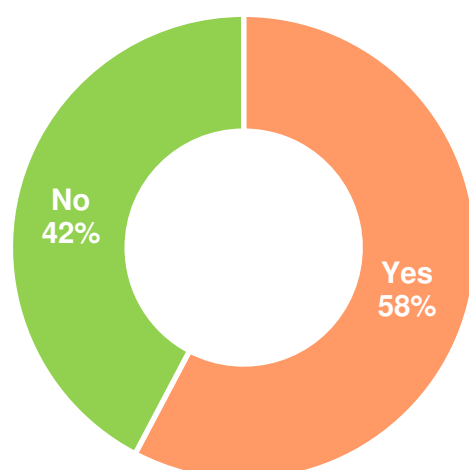
Main target group addressed by specific programmes in the territory of respondents:

Visitors with mobility, physical and sensory impairments	28%
Visitors with cognitive or learning disabilities	20%
Visitors with Alzheimer's or dementia	12%
Migrants and refugee	11%
Visitors marginalised due to lower socioeconomic status	10%
Visitors with Autism Spectrum Disorders (ASD)	10%
Caregivers and families of users with protected characteristics	7%
Visitors with Complex Post-Traumatic Stress Disorder (PTSD) diagnoses	4%

Among respondents that declared no specific designed programmes for users with protected characteristics 34,6% **acknowledge the museum will initiate such service in the next year**.

Respondents were asked to **rate professional skills for promoting arts in health projects in their field of work** on a five-point scale. Adding up the "much important" and "very much important" responses, the most important professional skill results **Co-designing experiences with different local entities (schools, families, associations, social-care and health-care institutions)**, chosen 187 times.
In descending order, the following professional skills are: **Involving social groups with protected characteristics** (181) and **Knowledge on protected characteristics** (178). The skill Evaluating **educational experiences in the**

museum has been indicated 166 times, followed - at some distance - by **Creating different evaluation tools** (151).

The medium rates on professional skills needed are on a 5 scale are, in descending order:

4,39	**Co-designing experiences with different local entities**
4,36	**Involving social groups with protected characteristics**
4,21	**Knowledge on protected characteristics**
4,00	**Evaluating educational experiences in the museum**
3,90	**Creating different evaluation tools**

In detail:

Co-designing experiences with different local entities (schools, families, associations, social-care and health-care institutions)	n.	%
5	143	64%
4	44	20%
3	25	11%
2	9	4%
1	4	2%
average	**4,39**	

Involving social groups with protected characteristics	n.	%
5	132	59%
4	49	22%
3	32	14%
2	8	4%
1	1	0%
average	**4,36**	

Knowledge on protected characteristics	n.	%
5	111	50%
4	67	30%
3	28	13%
2	11	5%
1	5	2%
average	**4,21**	

Evaluating educational experiences in the museum	n.	%
5	90	40%
4	76	34%
3	33	15%
2	20	9%
1	6	3%
average	**4,00**	

Creating different evaluation tools	n.	%
4	76	35%
5	75	34%
3	45	20%
2	21	10%
1	3	1%
average	**3,90**	

Considering the question concerning the **soft skills**, the "very much important" variable sees Empathy **– understanding a person from his or her frame of reference rather than one's own, or vicariously experiencing that person's feelings, perceptions, and thoughts** (146) as the most chosen, followed by **Collaboration - working effectively with others to achieve a common goal** (128).

However, considering the sum of "much important" and "very much important" **Creativity and Empathy are quite equal** with 189 and 188. The chosen skills, in descending order as indicated by the respondent, are the following: **Creativity** - generating new ideas, objects and solutions (189); **Empathy** - understanding a person from his or her frame of reference rather than one's own, or vicariously experiencing that person's feelings, perceptions, and thoughts (188); **Cultural awareness** - Knowing about the importance of culture and arts and developing the capacity to enjoy or be interested in them (184); **Critical thinking** - thinking in an organised and rational manner in order to understand connections between ideas and/or facts and make decisions on the basis of evidence (183); **Collaboration** - Working effectively with others to achieve a common goal (182); **Problem solving** - Understanding and resolving problem situations where a method of solution is not immediately obvious (180); **Communication** - Using one's mother tongue to exchange information and ideas, to achieve a wider and deeper understanding and to deal with the business of everyday life (175); **Digital skills** - Confident, critical and responsible use of, and engagement with, digital technologies for learning, at work, and for participation in society (157).

The medium rates on soft skills needed are on a 5 scale are, in descending order:

4,42	**Empathy**
4,30	**Collaboration**
4,28	**Cultural awareness**
4,27	Creativity
4,22	Critical thinking
4,21	Communication
4,16	Problem solving
3,94	Digital skills

In detail:

Empathy (understanding a person from his or her frame of reference rather than one's own, or vicariously experiencing that person's feelings, perceptions, and thoughts - APA)	n.	%
5	146	65%
4	42	19%
3	27	12%
2	10	4%
1	1	0%
average	**4,42**	

Collaboration (working effectively with others to achieve a common goal - OECD 2017)	n.	%
5	128	57%
4	54	24%
3	29	13%
2	13	6%
1	2	1%
average	4,30	

Cultural awareness (knowing about the importance of culture and arts and developing the capacity to enjoy or be interested in them - EU 2016)	n.	%
5	119	52%
4	65	29%
3	33	14%
2	10	4%
1	1	0%
average	4,28	

Creativity (generating new ideas, objects and solutions - OECD 2019)	n.	%
5	122	52%
4	67	29%
3	30	13%
2	12	5%
1	2	1%
average	4,27	

Critical thinking (thinking in an organised and rational manner in order to understand connections between ideas and/or facts and make decisions on the basis of evidence - EPALE 2019)	n.	%
5	111	49%
4	72	32%
3	31	14%
2	10	4%
1	3	1%
average	4,22	

Communication (using one's mother tongue to exchange information and ideas, to achieve a wider and deeper understanding and to deal with the business of everyday life - UE 2001)	n.	%
5	117	51%
4	58	25%
3	43	19%
2	8	3%
1	3	1%
average	4,21	

Problem solving (understanding and resolve problem situations where a method of solution is not immediately obvious - OECD 2012)	n.	%
5	104	45%
4	76	33%
3	38	16%
2	12	5%
1	2	1%
average	4,16	

Digital skills (Confident, critical and responsible use of, and engagement with, digital technologies for learning, at work, and for participation in society - EU 2018)	n.	%
5	86	38%
4	71	31%
3	48	21%
2	21	9%
1	3	1%
average	3,94	

The Inclusive Memory project aims at producing a course to train (present and future) museum professionals, social care givers, schoolteachers and healthcare personnel into the idea of Museums as Inclusive Spaces.
The request to **rate to what extent the promotion of professional and soft skills related to the link Art-Health-Well-being can be applicable and produce effect** yielded to equal score for the items **Promote community social development** and **Support individual and community inclusion** that have been evaluated the same way with an equal division among "strongly agree" and "agree".
The following results sorted in descending order: **Promote community social development** chosen 189 times, as a sum of "strongly agree" (133) and "agree" (56); **Support individual and community inclusion** selected 189 times ("strongly agree" 133, "agree" 56); **Add value to work based learning in general** scored 186 when added "strongly agree" (99) and "agree" (87). At some distance are placed: **Bring added value to your professional area** (175); **Be promoted by higher education institutions in your country** (169); **Be applicable in your professional area** (167).

Support individual and community inclusion	n.	%
5	133	59%
4	56	25%
3	29	13%
2	6	3%
1	2	1%
average	**4,38**	

Promote community social development	n.	%
5	133	59%
4	56	25%
3	28	12%
2	9	4%
1	1	0%
average	**4,37**	

Add value to work-based learning in general	n.	%
5	99	43%
4	87	38%
3	31	13%
2	10	4%
1	3	1%
average	**4,17**	

Bring added value to your professional area	n.	%
5	106	46%
4	69	30%
3	40	17%
2	12	5%
1	3	1%
average	**4,14**	

Be applicable in your professional area	n.	%
5	95	41%
4	72	31%
3	44	19%
2	16	7%
1	5	2%
average	**4,02**	

Be promoted by Higher Education Institutions in your country	n.	%
5	84	37%
4	85	37%
3	36	16%
2	20	9%
1	3	1%
average	4,00	

The survey concluded with **two open questions** offering the stakeholders to take active part in the Inclusive Memory project. The **first question** was:

Do you have further thoughts on making museums inclusive spaces where the social model of disability and reflections on cross-cultural interaction and dialogue are promoted?

Some of the comments collected on the question of how to make museums more inclusive spaces are, for example:

Involving people with disabilities and impairments in the creation and the leadership of museum projects that have to do with inclusion. Also, to **involve individuals with protected characteristics** in the design and management of inclusion-focused museum projects.

In fact, 30% of the responses focused on the physical accessibility of the museum, both inside and in terms of access to the location, especially for those living in metropolitan areas far from the cultural centre. The reflections also touched on the importance of considering inclusion in the design of **the museum space, making it a "home for everyone**."

Regarding intercultural inclusion, a suggestion was made based on working more on the organisation of **heterogeneous groups** in which people from different countries, ages, and professional sectors (social workers, health workers, and cultural creators), get involved in activities, stimulating collaboration and reciprocal exchange. Another interesting proposal was to rethink the concept of how the users of projects are categorised. That is, not to limit it to disable and not disable, but to include other aspects like types of disabilities, physical and mental, social stratum of the user and cultural origin, etc.

Regarding accessibility, some comments emphasised the importance of **integrating tools, paths, devices, and strategies for individuals with protected characteristics into the overall approach of the museum**. This allows the guests to use them independently or with their educators and caregivers, thus giving them more autonomy over their museum visit experience.

Concerning this, one comment suggested that the museum could provide an **inclusive "co creation space"**, such as a creation lab, where individuals and communities can have a voice and be actively involved in shaping the space to their needs through collaborative project development. The space should be open to all members of the community to create programs that are relevant to them. In other words, turning **museums into meeting places** where people from various minority groups in the community can come together to discuss their issues and ideas.

Approximately 10% of the responses to the question focused on the importance of providing training, tools, and fostering an **"inclusion culture" among museum staff at all levels, not just visitor services.**

Another interesting idea was brought up on how museums can **increase their dissemination and training efforts** on the diverse needs of individuals with disabilities to expand cultural understanding and embrace further integration.

The need to establish **alliances**, **create national guidelines, and form partnerships** between public institutions, private entities, and schools in the proximity of museums has been a frequently mentioned suggestion. Approximately 15% of the responses highlighted the importance of involving schools in these efforts.

The **second open question** of the survey was:

Are there any suggestions you would like to make to help the smooth and successful development of the Inclusive Memory project's activities?

Regarding this question, the most repeated comment pointed out the need to **involve representatives from the communities of people with a protected characteristic**, especially in the evaluation phase.

Another intriguing idea proposed to disseminate the project not only in schools but in various work environments and shift the perception of museums. That is, to consider the museum a place to visit on a regular basis for socialising and other activities instead of as an extraordinary place to visit occasionally. The goal is to **rethink the museum concept as a bridge for communication and dialogue**. This would be done by raising awareness starting in schools and to promote the idea that a higher level of well-being can be attained through the arts and foster the concept of museum as an everyday place.

Yet another suggestion was directed to dissemination and enhance the project results. Its implementation was to establish a **database** of various case studies, segmented by the target group. Additionally, it was proposed to develop a **follow-up plan** post-intervention or program that includes exercises, videos, virtual reality, interactive tools, informational points, and other supplementary materials. This would aid in monitoring the well-being experience achieved in the museum, even after the visitor has left it.
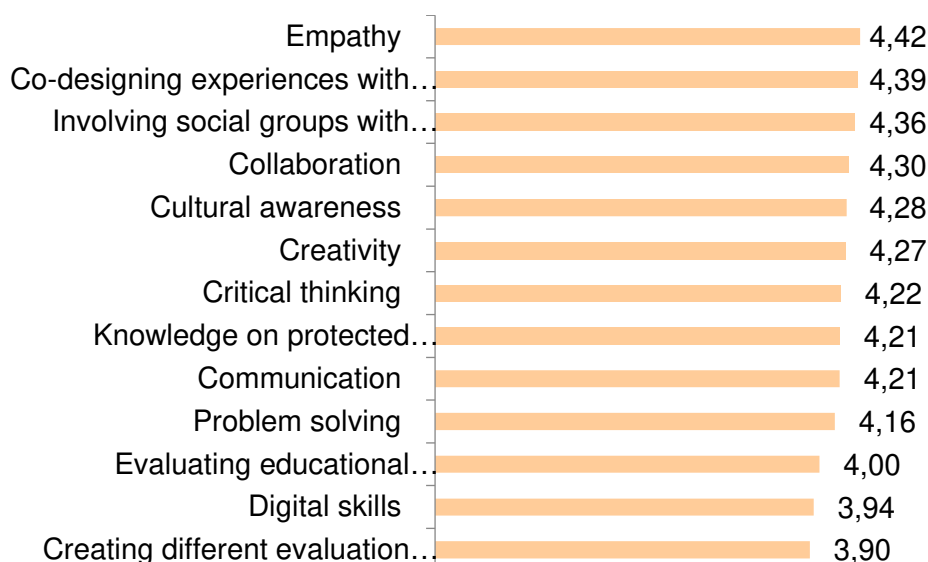
One stakeholder suggested the **arts to be part of health prescription**. The Inclusive Memory project should be compulsory in all museums to really change the culture about the arts, the relation to people with special characteristics and the contribution to the concept that "higher level of well-being can be achieved through art".

Discussion

1_Interesting that a greater number of stakeholders valued training activity higher on a personal **level** rather than **professional**. With a **Net Promoter Score of 19% for personal benefit**, and a **Net Promoter Score of 39% for professional benefit**

2_On the motivating reasons for taking part in a specific training course on "Museum for Health and Well-Being Promotion", 162 chose **to improve the qualitative approach of my work while** 159 chose the option **to update and deepen the knowledge on the subject**. The question allowed multiple answers and **the opportunity to meet and discuss with other people on the subject** was ticked by 138 respondents. We could assume that respondents feel the need for specific and actual professional training on these subjects.
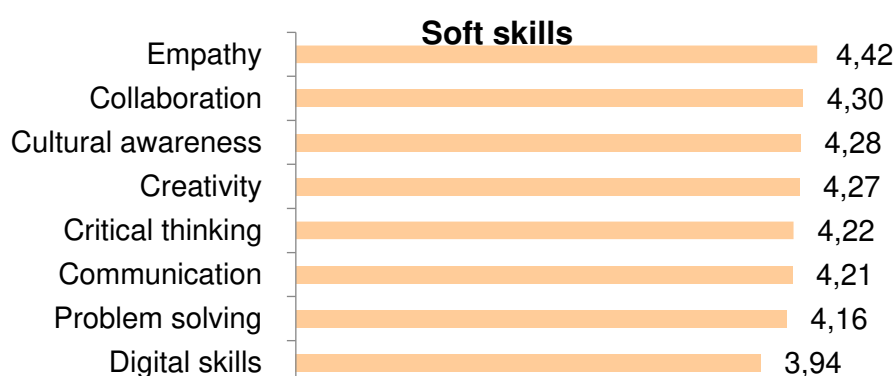
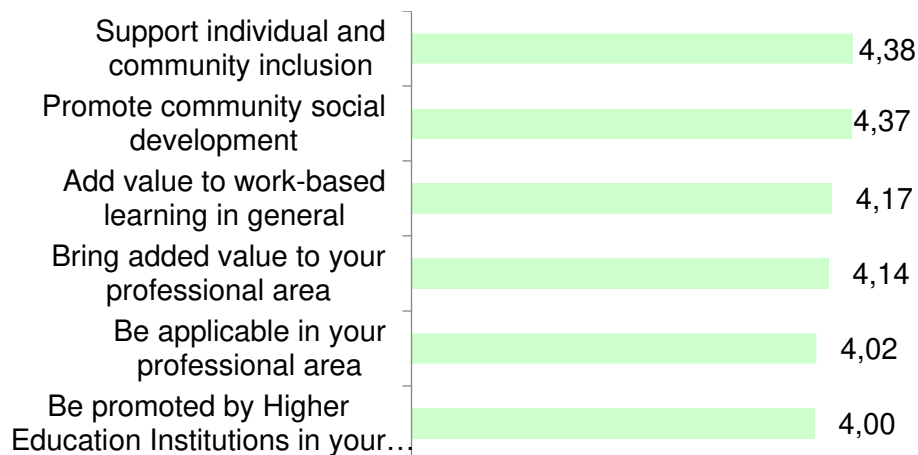3_ Below the professional and soft skills indicated as most relevant by the respondents

Skill	Value
Empathy	4,42
Co-designing experiences with…	4,39
Involving social groups with…	4,36
Collaboration	4,30
Cultural awareness	4,28
Creativity	4,27
Critical thinking	4,22
Knowledge on protected…	4,21
Communication	4,21
Problem solving	4,16
Evaluating educational…	4,00
Digital skills	3,94
Creating different evaluation…	3,90

On the subject of **professional skills** to be **improved** by the training course, most stakeholders marked "**Co-designing experiences with different local entities** (schools, families, associations, social-care and health-care institutions)". Total 187 answers ("much important" and" very much important"). The second important professional skill was held to be "**Involving social groups with protected characteristics"**. Total 181 answers. Following is **Knowledge on protected characteristics** (178). Seems crucial the role of key players in setting up and managing paths of co-designing activities and training; universities, museums, institutions and civil society can be players of processes of co-designing experiences. The pilot course should therefore include training on tools for co-designing experiences with different local entities (schools, families, associations, social-care and health-care institutions) and methodologies and tools for Involving social groups with protected characteristics; on protected characteristics peculiarities; Evaluating educational experiences in the museum and creation of evaluation tools.

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Professional skills

Co-designing experiences with different local entities	4,39
Involving social groups with protected characteristics	4,36
Knowledge on protected characteristics	4,21
Evaluating educational experiences in the museum	4,00
Creating different evaluation tools	3,90
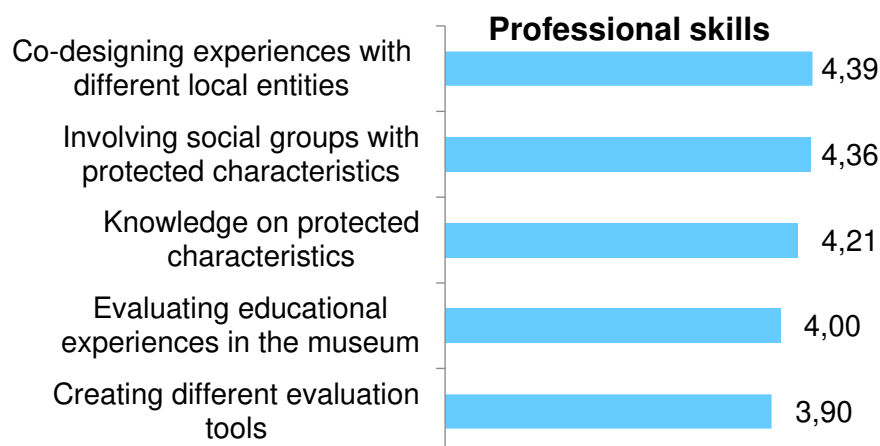
4_ That would be in line with the most important soft skills which were the "very much important" variable and sees **Empathy** (146) as the most chosen, followed by **Collaboration** (128). However, considering the sum of "much important" and "very much important" we have **Creativity** (189) and **Empathy** with 188 followed by: **Cultural awareness** (184); **Critical thinking** (183); **Collaboration** (182); **Problem solving** (180); **Communication** (175); **Digital skills** (158). Here again relevant features could be considered related to co-design and collaboration among the different stakeholders. In the open questions' answers, it is possible to detect supporting elements.

Soft skills

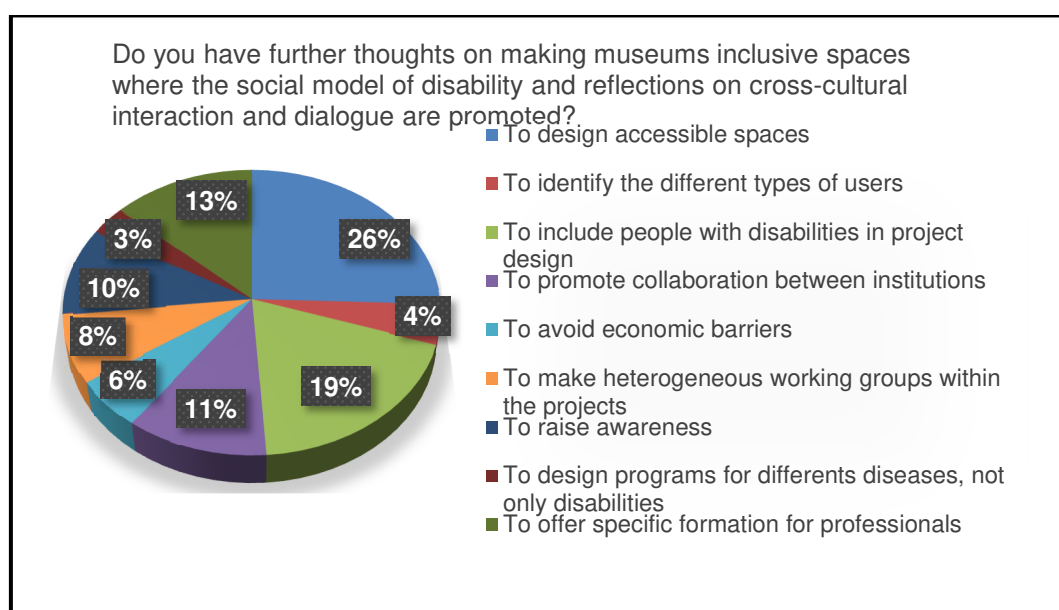|	
Empathy	4,42
Collaboration	4,30
Cultural awareness	4,28
Creativity	4,27
Critical thinking	4,22
Communication	4,21
Problem solving	4,16
Digital skills	3,94

5_ Coherently with the above considerations for the respondents the promotion of professional and soft skills related to the link Art-Health-Well-being can be applicable and produce effect mostly to **Promote community social development** and **Support individual and community inclusion.**

Support individual and community inclusion	4,38
Promote community social development	4,37
Add value to work-based learning in general	4,17
Bring added value to your professional area	4,14
Be applicable in your professional area	4,02
Be promoted by Higher Education Institutions in your…	4,00

6_The open questions support this reading, calling upon **collaboration** between different professions and even countries as well as to **include** social groups with protected characteristics in the decision making/creation of museum programs.

The conclusions show a strong belief in the **power of the arts to lead to a greater level of well-being**.

Do you have further thoughts on making museums inclusive spaces where the social model of disability and reflections on cross-cultural interaction and dialogue are promoted?

- To design accessible spaces — 26%
- To identify the different types of users — 4%
- To include people with disabilities in project design — 19%
- To promote collaboration between institutions — 11%
- To avoid economic barriers — 6%
- To make heterogeneous working groups within the projects — 8%
- To raise awareness — 10%
- To design programs for differents diseases, not only disabilities — 3%
- To offer specific formation for professionals — 13%

For further information on the survey, please enter:

https://docs.google.com/forms/d/1rCX-Yiin8QcWfRzznajU-onicJEs9ga_MeLo-Thuw5I/edit