

Methodological Guide

Heritage with Care: Cultural Memory for People with Dementia



About the Alzheimer Bulgaria Association

| Irina Ilieva, Alzheimer Bulgaria Association

For more than 20 years the Alzheimer Bulgaria Association has been advocating for the rights of older people, people living with dementia and their families. The Association works to transform public attitudes, policies and practices in Bulgaria towards people aged 65 and over, with a particular focus on people living with dementia, their families and informal carers.

The Association's primary mission is to improve the quality of life of people living with dementia and their families and to bring Bulgarian policies and practices closer to European best practices.

The Alzheimer Bulgaria Association is a member of Alzheimer Europe and Eurocarers and is part of the global Dementia Friends initiative. Founded in Sofia, the Association has two registered regional branches — in Pleven and Gotse Delchev. It maintains an active network of more than 2,500 members and supporters from across the country.

The Association's values are rooted in respect for the human rights, dignity and autonomy of people living with dementia. Every person affected by dementia has the right to:

- o a timely diagnosis;
- o access to medical follow-up after diagnosis;
- o person-centred, coordinated and high-quality care throughout all the stages of the condition;
- o equitable access to treatment, medical devices and therapeutic interventions;
- o respect and recognition as a unique individual, able to participate fully in community life.

The Association is committed to creating an environment in which the voices of people living with dementia and their families are heard. It advocates for their human and civil rights; challenges ageism and the stigma associated with dementia and promotes public awareness of the importance of lifelong brain health.

Among the Association's most significant achievements is its successful legal challenge to a regulation issued by the Ministry of Health that restricted access to reimbursed medicines for people living with dementia. As a result, this discriminatory practice was abolished and the Association's efforts were recognised as an example of good practice at the 6th European Patients' Rights Day.

In its direct work with people living with dementia and their families, the Association promotes their social inclusion by building on each person's remaining abilities and strengths. Its aim is to help people preserve their identity, dignity and active role in the community, rather than defining them solely by their dementia.

A significant part of the Association's work is raising public awareness and improving understanding of dementia. This contributes to overcoming stigma and discrimination against people living with dementia and their families.

One important step in this direction is opening up cultural institutions, particularly museums, to people living with dementia, their families and informal carers.



About This Methodological Guide

Dementia changes the way a person perceives the world but it does not change their need to communicate, to experience, to feel and to be part of society. It was with this belief that the work on this methodological guide began. Developed as part of the project **“Heritage with Care – Cultural Memory for People with Dementia”**, the guide brings together the knowledge and practical experience of professionals from different fields to support museums in creating a more accessible and inclusive environment for people living with dementia and their families.

The publication presents medical, psychological, social and museum education aspects of supporting people affected by dementia, along with **guidance** on communication and adapting the museum environment, as well as international good practice and experience gained through the implementation of the project in Bulgaria.

The guide is intended for museum professionals, museum educators, guides, communications specialists, volunteers and all professionals who believe that cultural institutions should be accessible and inclusive to everyone. The ideas presented are not intended as a universal model, but rather as a starting point that can be adapted to the specific context of each institution.

We hope this publication will not only encourage more museums in Bulgaria to develop programmes for people living with dementia, but also contribute to the exchange of knowledge, experience and good practice between museum communities and organisations working in the field of dementia across Europe.

We believe that partnership between museums, professionals, organisations and people living with dementia and their families is key to creating cultural spaces where everyone feels welcomed, respected and able to participate fully in cultural life.

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Heritage with Care: Cultural Memory for People with Dementia

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Dementia: Psychological, Medical and Social Aspects

/ Kristiya Ivanova, Maya Marinova, Alzheimer Bulgaria Association

Dementia is not a single, isolated disease but a clinical syndrome with a progressive course that affects thinking, behaviour and everyday functioning. The key clinical distinction between normal ageing, mild cognitive impairment (MCI) and dementia is the loss of independence in daily life. Establishing a diagnosis is always a multi-layered process: confirming cognitive decline through objective testing, ruling out psychiatric causes and linking the symptoms to an underlying neurological disease, in accordance with the DSM-5 criteria. According to data from the World Health Organization and the updated report by the Lancet Standing Commission, the number of people living with dementia in Europe is expected to increase significantly by 2050 due to population ageing. Women are disproportionately affected: among those aged 90 and over, 44.7% of women live with dementia, compared with 30.8% of men.

1. Medical aspects of dementia

Alzheimer's disease (AD) is the most common form of dementia but by no means the only one – vascular dementia, dementia with Lewy bodies and frontotemporal dementia also account for a significant proportion of cases. Clinically, Alzheimer's disease typically begins with episodic memory symptoms rather than “general confusion” which is why the early stages are often overlooked as “just forgetfulness”. As the disease progresses, language, executive functions and behaviour become affected, eventually leading to a loss of independence that meets the criteria for dementia.

Aetiology. The development of Alzheimer's disease is not determined by a single factor. It is increasingly clear that the disease is not an “isolated brain pathology” but a biological process that unfolds over many years and is shaped by a combination of age, genetics and lifestyle.



Figure 1: Dementia is an umbrella term for a group of conditions that affect the brain.; Source: Unsplash

Modifiable risk factors. The Lancet Commission¹ has identified 14 modifiable risk factors, which are potentially responsible for around 45% of dementia cases:

- o low education in early life
- o hearing impairment;
- o arterial hypertension;
- o smoking;
- o obesity;
- o depression;
- o physical inactivity;
- o diabetes;
- o harmful alcohol use;
- o traumatic brain injury;
- o air pollution;
- o social isolation;
- o visual impairment;
- o elevated LDL cholesterol.

Diagnosis. According to the DSM-5, both mild cognitive impairment and dementia require a combination of subjective self-report and objective confirmation through cognitive testing. The decisive distinction lies in everyday functioning: when independence is preserved,

the diagnosis is MCI; when independence is impaired, it is dementia. Correctable causes should not be overlooked: untreated hearing or visual impairments can mimic cognitive decline.

Therapeutic approaches. Pharmacological treatment offers only limited effectiveness. Non-pharmacological interventions – cognitive stimulation, physical activity, music therapy, reminiscence and a structured environment – have a solid evidence base and are recommended by the WHO² and Alzheimer Europe³ as key components of care for people living with dementia.

2. Psychological aspects

The psychological experience of dementia goes beyond cognitive impairment. Tom Kitwood⁴ laid the foundation for person-centred care with the view that a person does not “disappear” with the diagnosis – their personhood continues to exist through interpersonal relationships. According to this framework, people living with dementia have five universal psychological needs that organise the entire concept of care:

- o Comfort – a sense of security and anxiety relief;
- o Identity – maintaining a sense of “who I am” through biography, habits and meaningful personal objects;
- o Attachment – a secure emotional bond with significant people;
- o Occupation – meaningful activity that matches preserved abilities;
- o Inclusion – participation in social life without isolation.

This framework is operationalised through the VIPS model⁵: Valuing people with dementia, an Individualised approach, viewing situations from the person’s Perspective and creating a supportive Social environment.

Psychological response after the diagnosis. The World Alzheimer Report 2022⁶ highlights that the diagnosis typically triggers shock, fear, sadness and fear of stigma, followed by



Figure 2: Group activity for cognitive stimulation
Source: Alzheimer Bulgaria Association



Figure 3: Preserving identity is key to maintaining the quality of life for people living with dementia.
Source: Unsplash

stages of adaptation. Access to psychological support, psychoeducation and peer support is crucial for accepting the diagnosis and for a better course of the disease.

Behavioural and psychological symptoms. Anxiety, depression, apathy, agitation, delusions and sleep disturbances are common and

² World Health Organization. (2021). Global status report on the public health response to dementia. Geneva: WHO.

³ Alzheimer Europe. (2022). Dementia in Europe Yearbook 2021: Dementia-inclusive communities and initiatives across Europe. Luxembourg: Alzheimer Europe. ISBN 978-2-919811-02-1.

⁴ Kitwood, T. (1997). Dementia reconsidered: The person comes first. Maidenhead: Open University Press. Вж. също Mitchell, G., & Agnelli, J. (2015). Person-centred care for people with dementia: Kitwood reconsidered. Nursing Standard, 30(7), 46-50. <https://doi.org/10.7748/ns.30.746.s47>

are often misinterpreted. What may appear to be “paranoia” is usually a difficulty in processing information rather than intentional behaviour. Repetition reflects impaired memory encoding – direct correction is pointless and can lead to escalation. Because difficulties with finding words are common, people around the person living with dementia need to be patient and use simple sentences.

3. Social aspects

Stigma and public attitudes. The World Alzheimer Report 2024⁷ shows that stigma remains a major barrier to seeking timely help – more than 80% of people living with dementia and their families report having experienced discrimination. A systematic review by Nguyen and Li⁸ identified three core dimensions of public stigma: fear, dehumanisation (“they are no longer themselves”) and social avoidance. Alzheimer Europe⁹ recommends eliminating stigmatising language and promotes a human rights-based approach. Cahill¹⁰ demonstrates that the dominant medical model is incompatible with the United Nations Convention on the Rights of Persons with Disabilities, which includes the right to live in the community, to participate in decisions regarding one’s own care and to access information and legal protection.

Carers and family burden. According to Brodaty and Donkin¹¹, family members often provide 60–100 hours of unpaid care per week, with twice the risk of depression and significantly higher rates of physical illness compared with their peers. Eurocarers¹² confirms this trend in Bulgaria: family carers are the main and often the only source of care in the



Figure 4: Family carers of a person living with dementia often provide most of the care.
Source: Unsplash

context of minimal institutional support. The annual Alzheimer’s Disease Facts and Figures report¹³ adds to this picture by highlighting the economic consequences of this “invisible” work: in the United States alone, nearly 11.9 million unpaid carers provided 19.2 billion hours of care for people living with dementia



Figure 5: Social isolation is a major risk factor for dementia, as well as a consequence of it.
Source: Unsplash

⁵ Brooker, D., & Latham, I. (2016). *Person-centred dementia care: Making services better with the VIPS framework* (2nd ed.). London: Jessica Kingsley Publishers. ISBN 978-1-84905-666-3.

⁶ Alzheimer’s Disease International. (2022). *World Alzheimer Report 2022: Life after diagnosis - Navigating treatment, care and support*. London: ADI.

⁷ Alzheimer’s Disease International. (2024). *World Alzheimer Report 2024: Global changes in attitudes to dementia*. London: ADI. <https://www.alzint.org/u/World-Alzheimer-Report-2024.pdf>

⁸ Nguyen, T., & Li, X. (2020). Understanding public-stigma and self-stigma in the context of dementia: A systematic review of the global literature. *Dementia*, 19(2), 148-181.

⁹ Alzheimer Europe. (2021). *Ethical issues linked to the changing definitions/use of terms related to dementia*. Luxembourg: Alzheimer Europe.

¹⁰ Cahill, S. (2018). *Dementia and human rights*. Bristol: Policy Press. ISBN 978-1-4473-3140-7.

¹¹ Brodaty, H., & Donkin, M. (2009). Family caregivers of people with dementia. *Dialogues in Clinical Neuroscience*, 11(2), 217-228. <https://doi.org/10.31887/DCNS.2009.11.2/hbrodaty>

¹² Eurocarers. (2024). *Country profiles and policy briefs on informal carers in Europe*. Brussels: Eurocarers. <https://eurocarers.org/>

¹³ Alzheimer’s Association. (2025). *2025 Alzheimer’s Disease Facts and Figures*. *Alzheimer’s & Dementia*, 21(4), e70235. <https://doi.org/10.1002/alz.70235>

in 2024, representing an estimated economic value of \$413.5 billion. Among these carers, 60% reported high levels of stress and around 40% experienced clinically significant depression, while 22% had to leave their jobs because of their caring responsibilities. At present, no comparable national data are available for Bulgaria.

Social isolation and access to services. The Lancet Commission¹⁴ identifies social isolation as both a risk factor for dementia and a consequence of the condition. Community-based services – day centres, support groups and dementia-friendly communities – help reduce isolation, delay institutionalisation and improve quality of life.

Bulgarian context. Despite the WHO Global Action Plan (extended until 2031)¹⁵, as of 2026 none of the original targets are on track at European level. Bulgaria is still working on its first National Dementia Strategy. In 2012 Alzheimer Bulgaria Association successfully challenged a regulation¹⁶ issued by the Ministry of Health, restoring equal access to reimbursed medicines – an initiative recognised at the 6th European Patients' Rights Day. In 2023 the organisation held the national conference "Where to now? Providing care for Bulgaria's elderly population" and submitted an open letter to the National Assembly and the Council of Ministers calling for the adoption of a comprehensive strategy. In 2024 it was represented at a European Parliament forum on the Alzheimer's disease care pathway.

4. Conclusion

Taken together, the four perspectives – medical, psychological, social and cultural – lead to the same conclusion: dementia cannot be treated solely in the doctor's office. Integrated approaches are required:

- o medical – taking into account the multifactorial aetiology and addressing modifiable risk factors;
- o psychological – recognising the person behind the symptoms and building on a

person-centred approach;

- o socio-political – addressing stigma (both external and internal), advocating for rights and supporting families;
- o cultural – opening museums, theatres and community spaces as places where people living with dementia can continue to be seen as people, rather than diagnoses.

Without bringing these levels together, neither early diagnosis nor quality of life can be improved.

From theory to practice

The medical, psychological and social dimensions of dementia outlined above demonstrate that care extends beyond the doctor's office and unfolds in every setting where a person living with dementia continues to lead their social and cultural life. One such setting is the museum. While the first part clarifies the nature of dementia and the needs of those living with it, the following methodological guide translates these principles into the language of everyday museum practice – showing specifically how museum professionals can communicate, adapt the environment and transform a visit into a meaningful experience.

¹⁴ Livingston, G., Huntley, J., Liu, K. Y., Costafreda, S. G., Selbæk, G., Alladi, S., et al. (2024). Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *The Lancet*, 404(10452), 572-628.

¹⁵ World Health Organization. Global action plan on the public health response to dementia 2017–2025. Geneva: WHO.

¹⁶ Alzheimer Bulgaria Association. Materials: <https://alzheimer-bg.org/>

How Culture and Museums Can Improve the Quality of Life of People Living with Dementia

I Irina Ilieva, Alzheimer Bulgaria Association

There are no precise statistics in Bulgaria on the number of people affected by dementia. It is estimated that the number is slightly above 100,000. Alzheimer Europe projects that this figure will reach 150,000 by 2050, representing 2.63% of the country's population.¹

Evidence suggests that engaging in meaningful activities in the early stages of dementia can help people focus on their remaining abilities and reduce feelings of loss.² This highlights the importance of such activities in helping people cope better with dementia and improving their quality of life.

Among these activities, engaging with and creating works of art stand out as particularly valuable. They have repeatedly demonstrated benefits for people living with dementia³, including improved subjective psychological wellbeing, broader life horizons and greater social inclusion.⁴

Art- and museum-based interventions also draw on what is known as the **paradox of aging**.⁵ According to this theory, despite the progressive decline in cognitive processing associated with atrophy of the prefrontal regions of the brain, emotional functions can be preserved and may even become stronger⁶.

It is important to note that in older age, emotional processing gradually becomes a preferred way of perceiving and making sense of the world around us. This gives professionals an opportunity to help compensate for declining cognitive abilities by drawing on preserved emotional resources.

Remarkably, the ability to appreciate and create art is preserved even during normal ageing.⁷ Moreover, Graham and colleagues found that the aesthetic judgements of people living with dementia are similar to those of cognitively healthy older adults.⁸

This supports the idea that art-based interventions can make effective use of preserved abilities even in the presence of cognitive impairment.

It is also important to note that several studies have shown that museum- and art-based programmes can provide social and psychological support for carers in ways that differ from traditional support groups.⁹

Overall, scientific publications suggest that art- and museum-based interventions are a promising approach to preserving and strengthening the abilities that people living with dementia retain. They have the potential to improve quality of life and wellbeing for both people living with dementia and their families and professional carers.

In many European countries, including Italy, Spain, Croatia, Germany, Ireland, Denmark and Slovenia, museums are actively developing policies and programmes to welcome visitors with a range of needs, including people living with dementia. In some countries such as Portugal, national networks of museums are already being established to help create a more inclusive cultural environment for people living with dementia. These networks promote the exchange of good practice, training for museum professionals and greater public awareness of the issue. Such initiatives are becoming increasingly relevant from both social and public health perspectives, particularly in the context of demographic change and the ageing of Europe's population.

These practices help improve the quality of life of people living with dementia and their families by promoting autonomy, wellbeing, dignity and social and cultural inclusion. At the same time, they enhance the awareness and preparedness of staff in cultural institution to respond to the specific needs of people living with dementia and their families, positioning museums as active participants in building a more inclusive society. It is in this context that the "Heritage with Care – Cultural Memory for People with Dementia" project has been developed, with the aim of bringing these examples of good practice to Bulgarian museums and adapting them to local needs.

¹ Alzheimer Europe (2026)

² Genoe & Dupuis (2014)

³ Zeilig et al. (2014)

⁴ Flatt et al. (2015); Young et al. (2015)

⁵ Prakash et al. (2014)

⁶ Bucks & Radford (2004); Klein-Koerkamp et al. (2012)

⁸ Kim (2013); Istvandy (2017) Graham et al. (2013)

⁹ Roberts et al. (2011)

Communication and Practical Guidance for Working with People Living with Dementia

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What is dementia?

Dementia is not simply forgetfulness. It is an umbrella term for a group of conditions that affect the brain and lead to difficulties with memory, thinking, orientation, language and behaviour. The most common form of dementia is Alzheimer's disease.

It is important to remember that people living with dementia remain individuals — with emotions, life experiences and dignity. They need understanding and respect, not pity.

How dementia affects perception

When a person is living with dementia, their perception of the world may be different. Information is processed more slowly, new information can often be difficult to understand, while familiar information is more easily processed. Sometimes a person may not recognise a place or understand why they are there. That is why it is important for the environment to be clear, calm and supportive. Visual cues and a warm tone of communication are often more effective than lengthy explanations.

The role of museum professionals

The museum professional is not simply an information provider, but a mediator of the visitor experience. For people living with dementia, a museum visit can be an emotional journey — towards memories, sensations and curiosity.

When museum professionals approach visitors with attention, calmness and respect, they can make the experience meaningful, regardless of whether the person remembers specific information. What matters is the moment itself, not the memory of it.

Key Principles of Communication

When communicating with people living with dementia, it is important to speak slowly and clearly, allowing enough time for information to

be processed. It is helpful to use short and simple sentences while avoiding complex explanations. Allow time for a response — sometimes a few seconds of silence are completely natural. Eye contact and a smile create a sense of safety, while gestures and facial expressions support understanding. Often, how something is said is more important than the words themselves.

What to avoid

When a person living with dementia says something inaccurate, there is no need to correct them. For example, if they say they were at a particular place “last week”, an accepting response could be: “I’m glad you are here again.”

It is best to avoid criticism, raising your voice and abrupt changes of topic. Arguments rarely lead to a positive outcome. Instead, calmness, acceptance and respectful communication help build trust and create a sense of safety.

Practical guidance for a museum environment

A museum can be an appropriate and supportive place for people living with dementia when it is adapted to their needs. It is recommended to provide clear visual cues (for example, signs for toilets, exits and rest areas), as well as a calm environment with minimal noise and visual distractions.

It is important to provide opportunities for rest, such as benches or comfortable seating areas. Sensory experiences are also valuable: opportunities to touch materials, hear sounds or experience familiar scents.

A good practice is to introduce “quiet hours”, when the museum environment is calmer and more accessible.

Adapting information

The way information is presented is of great importance. It is recommended to avoid ab-

stract terms and use concrete words and examples. Connecting exhibits with personal stories and emotions makes them easier to understand and helps to encourage engagement.

For example, instead of using general and complex descriptions, more accessible language can be used to relate information to people's everyday experiences. Emotional connections support perception and understanding.

Including the person living with dementia

The aim is for the person to be an active participant rather than a passive listener. Short open-ended questions such as "Does this remind you of something from your childhood?" or "What do you like about this painting?"

It is important to listen attentively to responses, even when they are not logically consistent. For the person, it is essential to feel heard and accepted — this creates a positive experience.

Example scenario

When there are visible signs of tiredness, anxiety or withdrawal, it is recommended to take a break or reduce the level of stimulation. In situations of disorientation, calmness and a sense of safety should be the priority. It can be helpful to use short, clear and reassuring messages, for example: "You are in the museum. My name is (name). Let's explore this room together."

Expressions that emphasise mistakes or shortcomings should be avoided. Maintaining the person's dignity should always be a priority.

What does this bring to the museum?

When museum professionals are trained and sensitive to the needs of people living with dementia, this contributes to the positive image of the institution. The museum

becomes recognised as a place of inclusion, not merely a place of cultural presentation. A museum visit can become a meaningful and therapeutic experience both for the person living with dementia and for their family members. What is most often remembered is not so much the content, but the way people are treated.

Resources and good practices

Globally, there are established programmes that support the inclusion of people living with dementia in cultural life. Examples of such practices include specialised tours, art workshops and adapted museum routes. They demonstrate how cultural institutions can become spaces for support, connection and meaningful engagement.

Conclusion

When memory fades, feelings remain. The role of museum professionals is to create calm, positive and respectful experiences. Every smile, every patient explanation and every moment of care and attention helps make culture more accessible.

This publication draws on good practices and guidance from Alzheimer's Society, Alzheimer's Association, WHO and leading museum institutions such as MoMA and Tate. The museum can become a place of belonging, respect and shared experiences.

Practical Experience with the Friends by Memory Groups

| Vesela Gusheva, Alzheimer Bulgaria Association

People living with dementia often feel that certain aspects of life are “already over” – including the possibility of taking part in cultural activities such as visiting museums, attending the theatre or travelling. This perception is often accompanied by concerns about their own abilities – fear that they will not understand, will not cope, will become a burden or will feel “different”. Additional barriers may be related to physical comfort and safety, such as access to toilets, fatigue or sensory difficulties.

As people grow older, their social circles often become smaller. Many close friends may no longer be part of their lives, or communication with them may become more difficult. Activities at home can often become repetitive, which may lead to apathy and loss of interest. This creates a need for a supportive and stimulating environment. In this context, it is particularly important not to create a sense of exclusion from society, but rather to emphasise the right to participation, shared experiences and the value of meaningful engagement. Taking part in such activities should not be perceived as “special care”, but as a natural part of social life.

Working with the Friends by Memory groups

Working with the Friends by Memory groups provides valuable practical experience in supporting people living with dementia. It involves both direct work with participants and communication with their families, who often provide most of the care. During the sessions family members have the opportunity to take some time for themselves, which is important for their own wellbeing. After the sessions they often show interest in the activities that took place and in the participants’ wellbeing while also providing valuable information about their life histories, habits and preferences. This greatly supports the development of an individualised approach.

Communication with people living with dementia requires adaptability and sensitivity to their level of cognitive functioning. Clear, concise and concrete communication should be used, with a slow pace of speech and repetition when necessary. Non-verbal communication — eye contact, a calm tone of voice, facial expressions and gestures — plays a key role in creating a sense of safety and trust. In the more advanced stages of dementia, ver-

bal communication is often limited, making sensory stimulation particularly important.

Creating a safe and supportive environment is fundamental. Participants should be encouraged to take part without fear of making mistakes, with the emphasis placed on the process of participation rather than on performing tasks correctly. Positive feedback helps maintain motivation and reduce anxiety, contributing to a calm and engaging group atmosphere.

The groups consist of 2–5 participants with mild to moderate dementia, which calls for a flexible and individualised approach. The main aims are to maintain cognitive abilities, promote social interaction and improve emotional wellbeing. For participants with mild to moderate dementia, a variety of cognitive exercises are used, including crosswords, missing-letter tasks, associative games and number sequences. Tasks based on semantic categories (such as food, animals and occupations) are particularly effective as they activate long-term memory and facilitate participation. The topics discussed during the sessions are often related to everyday life and the cultural context: holidays, family life and work. They support orientation in time and

stimulate autobiographical memory, creating opportunities for meaningful sharing. These discussions often lead naturally to other topics that reflect the group's own dynamics. In this context the reminiscence approach is actively used, giving participants the opportunity to connect with their life experiences and share them with others. This not only stimulates memory but also strengthens their sense of personal significance and self-worth.

The social dimension of the group is essential. Participants build connections with one another and share a common experience. One participant described the group as "friends brought together by fate", clearly reflecting the sense of belonging and shared experience. Another said that everyday life at home can feel repetitive while attending the group sessions had a noticeable positive impact on their mood.

The sessions are structured by alternating activities of different levels of intensity in order to maintain attention and prevent fatigue. They usually begin with a short cognitive warm-up, followed by a cognitive task and then a physical or sensory activity. Breaks are also included and the sessions end with a lighter and more enjoyable activity.

Within each session, participants' emotional wellbeing is also monitored both on arrival and at the end of the session. This makes it possible to track individual changes, levels of engagement and the impact of the activities on mood. A positive change is often observed, from initial reserve to a calmer and more engaged state by the end of the session. This process is an important indicator of the effectiveness of the approach.

For participants with more advanced dementia the focus is placed on sensory, physical and music-based activities. These may include seated exercises, activities using a ball or a balloon, movement to music as well as singing and playing simple musical instruments. Music has a strong emotional impact and can often trigger memories even when verbal communication is limited. Offering choices such as selecting a song supports a sense of autonomy and active participation.

In conclusion, practical work with the Friends by Memory groups shows that building connections through empathy and patience can foster a sense of community and meaning, creating relationships that go beyond the challenges associated with dementia.

Guidelines for Working with Groups of People Living with Dementia in a Museum Setting

Working with people living with dementia in a museum setting requires preparation, a flexible approach and attention to the individual needs of participants. To reduce anxiety, it is important to provide families with clear information before the visit about the duration of the programme, opportunities for breaks and the availability of accessible toilets. Preparing participants for what to expect is also essential – a brief and easy-to-understand explanation of what will happen would create a sense of safety and predictability.

The initial contact within the museum environment should be calm and well structured. Participants should be clearly oriented to where they are and what will happen, using a slow and clear pace of speech. Long and complex explanations should be avoided, with attention directed towards one object or activity at a time. This facilitates understanding and reduces cognitive load.

When working with objects in the museum, the focus is not on reproducing knowledge but on encouraging active participation. The use of associative questions is recommended, as they encourage personal connections with the objects, as well as questions that stimulate speculation and interpretation. There is no need to seek a "correct" answer – it is more important that the participants feel involved and listened to. In this context, the reminiscence approach is particularly effective, as objects are used as prompts for recalling memories connected with childhood, family, or professional experience. This creates opportunities for sharing and for building an emotional connection with the experience.

The pace of the activity should be adapted

to the abilities of the group. It is recommended to focus on a limited number of exhibits, while allowing enough time for each experience and providing opportunities for breaks. The availability of seating areas and the alternation of activities help maintain attention and prevent fatigue.

In situations of anxiety or disorientation, calmness and clarity are essential. Short and reassuring messages, maintaining a calm tone of voice, and avoiding correction help create a sense of safety and reassurance.

The group itself is an important resource. Interaction between participants creates a sense of belonging and support, which is why it is important to encourage participants to share their experiences and listen to one another. There is no need to move quickly between exhibits — the process of communication and connection is more valuable.

The end of the visit should be calm and positive. A brief discussion of the experience, asking simple questions and expressing appreciation to participants help create a sense of completion and contribute to a positive overall experience.

What to Avoid When Working with People Living with Dementia in a Museum Setting

1. Do not overload participants with information. Lengthy explanations and too many facts can lead to confusion and loss of attention. It is more effective to communicate briefly and clearly, allowing sufficient time for information to be processed.

2. Do not rush when moving between exhibits or activities. A fast pace can feel overwhelming and make participation more difficult. Allow time for reactions, reflection and involvement.

3. Do not ignore participants who remain silent. The absence of a verbal response does not mean a lack of engagement. Non-verbal reactions are also a form of participation and should be recognised and encouraged.

4. Do not use a patronising tone or speak to people as if they were children. Avoid diminutives and maintain a respectful attitude.

5. Do not create a sense of “otherness”. Behaviour that emphasises that the group is “special” or separate may cause discomfort. Participation should be experienced as a natural part of museum life.

6. Do not overlook signs of fatigue or distress. When there are visible signs of tiredness, anxiety or withdrawal, it is recommended to take a break or reduce the level of stimulation.

7. Do not leave a person experiencing confusion without support. In situations of disorientation, it is important to respond calmly, using short and clear messages that create a sense of security.

Museum Visitors Living with Dementia:

Accessible Spaces, Good Practice and Examples from Around the World

| Anna Yanina, Alter Consult

Visitors living with dementia in museum settings – dimensions of accessibility

Accessible cultural heritage means creating conditions that enable everyone, regardless of their physical, sensory or cognitive abilities, to access cultural heritage, both real and virtual, in ways that are appropriate to their needs. This involves removing barriers and ensuring equal opportunities to access heritage sites, information and services. Providing accessible cultural heritage requires careful planning and implementation, including architectural, sensory and cognitive adaptations in both physical and digital environments. By applying these principles, we can help ensure that everyone, regardless of their abilities, can enjoy our rich cultural heritage and participate fully in cultural activities.

Accessibility in the museum environment encompasses both physical and digital spaces.

In the physical space of a cultural institution, accessibility includes:

- o Architectural accessibility: providing ramps and lifts to ensure easy access to all levels of the building; ensuring that doors and corridors are wide enough to allow easy passage for wheelchairs and other mobility aids; tactile paths with different textures help people with visual impairments navigate the space, but they can also assist other visitors with orientation;
- o Sensory accessibility: clear and high-contrast visual signs for visitors with cognitive and hearing impairments;

audio guides and audio descriptions of exhibits for people with visual or cognitive difficulties; Braille labels and descriptions of exhibits;

- o Cognitive accessibility: clear, simple and easy-to-understand instructions and information; displays with interactive elements that allow visitors to participate actively in observing and learning; quiet areas for visitors with cognitive difficulties to rest and relax.

In the digital space of a cultural institution, accessibility includes:

- o Web accessibility, including compliance with web accessibility standards (WCAG), which ensure that websites are accessible to people with different types of disabilities; text alternatives for images and videos; website navigation using only a keyboard; and the use of additive technologies;
- o Multiplatform solutions: developing mobile applications that are accessible and easy to use; using virtual and augmented reality to create interactive and accessible experiences;
- o Inclusive online courses and educational materials: videos with subtitles and transcripts for people with hearing impairments; flexible formats (audio, text and video), as well as tactile and audio descriptions for people with visual impairments.

Over the past twenty years, efforts to improve intellectual and physical access to cultural heritage¹ in Bulgaria have become more widespread and diverse. This is due both to national legislation aimed at ensuring equal

¹ Cultural Heritage Act, Article 186 (3), and Regulation No. 4 of 8 October 2013 on the conditions and procedure for the presentation of cultural heritage objects, issued by the Ministry of Culture, Article 3 (1) and (2).

² The term “inclusive design” is used in the United Kingdom and China. In Europe and Scandinavia the terms “design for all” and “universal design” are also used. The latter is more commonly used in the United States.

access to cultural heritage , and to European and global developments.

Accessibility in museum settings for visitors living with dementia, as well as for other visitors with additional needs, is based on the principles of inclusive design² or design for all.

Design for all brings together different design approaches around a common goal and similar methods: including as many different perspectives as possible in the creative process from the outset, including those of people with additional needs such as people living with dementia. This helps ensure that the final result is convenient and accessible to everyone. Design for all is about designing for human diversity, social inclusion and equality.

Useful guidance on making cultural events accessible to people with additional needs, including people living with dementia, can be found in the Guide to Accessible Cultural Events.³ It was produced by Design for all Bulgaria as part of the “Know-How Show-How Community” project.



Accessibility signage for visitors living with dementia

When creating an accessible environment in cultural institutions for visitors living with dementia and their families, it is important to clearly identify the available accessibility features in a way that is easy to understand.

Dementia-friendly logo and signage

- o Image and text
- o Clear contrast between background and text
- o Large, easy-to-read font
- o Appropriate placement



Illustration 2: Example of a sign suitable for visitors living with dementia

Visual museum story

A visual story is a short illustrated sequence that helps visitors prepare for a visit and understand what to expect by breaking the experience down into clear and simple steps. Some cultural heritage sites, museums and other cultural venues provide visual stories on their websites to help visitors prepare for their visit. Creating a visual story or presentation of the museum involves providing images and brief information about the exterior and entrance; arrival and welcome; key areas and spaces; rooms and galleries; sensory information; and accessibility, including the environment and available services. Visual stories can benefit a range of visitors with additional needs, including people living with dementia or anxiety, people with autism and people with learning difficulties.

Further guidance on creating a visual museum story⁴ along with additional examples is available on the Historic England website.

³ Guide to Accessible Cultural Events, compiled by „Design for all Bulgaria“ <https://2018.knowhowshowhow.org/Guide-accessibility/Ръководство%20за%20достъпна%20среда%20на%20културни%20събития.pdf>

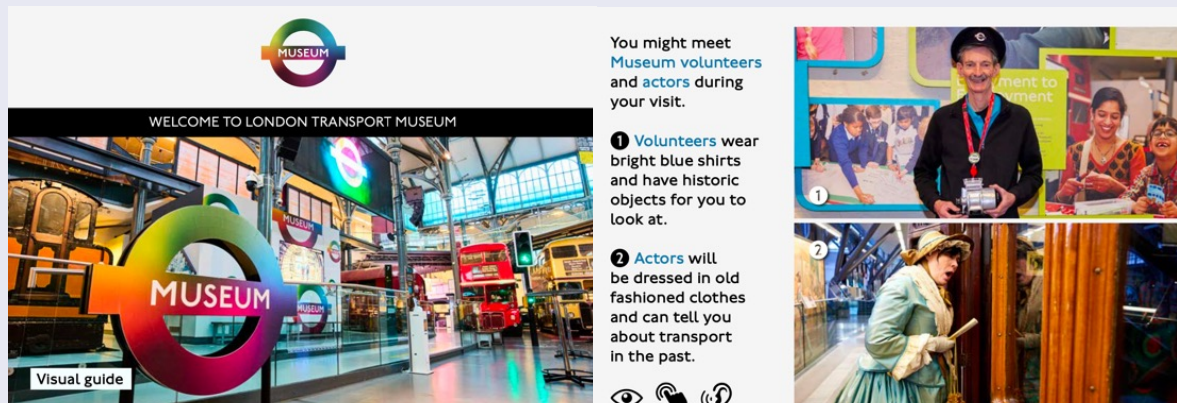


Image collage 3 and 4: Example of a visual story from the London Transport Museum

Museum sensory map

Creating a sensory map of the museum is a useful way to help visitors living with dementia and their families understand the sensory environment. It can show busy and quiet areas as well as the levels of noise and lighting throughout the museum. Ideally the map should be available on the museum website so that visitors can use it when planning their visit or when developing adapted programmes and routes for people living with dementia.

Further guidance on creating a sensory map for a museum and additional examples can also be found on the Historic England website⁵.

Visitors living with dementia in museum settings – good practice and examples from around the world

Cultural institutions and museums with established programmes for visitors living with dementia are becoming important centres for raising awareness and improving understanding of dementia. They provide safe and welcoming spaces and offer a range of activities tailored to the needs of people living with dementia. This highlights the important role

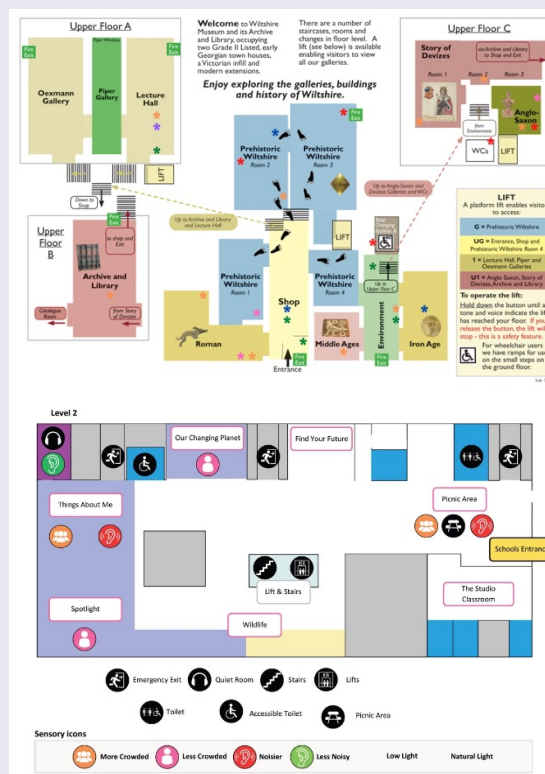


Image collage 5 and 6: Examples of sensory maps from Wiltshire Museum and Thinktank Birmingham Science Museum

museums can play in reaching and engaging people living with dementia.

Examples of successful projects working with visitors living with dementia in cultural institutions across Europe have already

⁴ Historic England, How Do We Produce a Visual Story for Potential Visitors? <https://historicengland.org.uk/advice/inclusion/make-heritage-accessible/visual-story/>

⁵ Historic England, How Do We Produce a Sensory Map for Potential Visitors? <https://historicengland.org.uk/advice/inclusion/make-heritage-accessible/sensory-map/>

been presented in the Guide. Here we build on these examples with several more international case studies focusing on programmes and projects for visitors living with dementia in museum settings. These examples were used during the training of museum professionals as part of the “Heritage with Care – Cultural Memory for People with Dementia” project.

During the training we explored examples of how museums can adapt their spaces and programmes. We also looked at ways of building capacity through staff training and professional networks. These examples helped participants prepare and gain inspiration for the next stage of the project – developing an adapted programme for visitors living with dementia in their own cultural institutions.

The national Alzheimer’s Project⁶ programme at the Museum of Modern Art (MoMA) in New York, USA

Since 2006 the Museum of Modern Art in New York has been running the educational programme Meet Me at MoMA, specifically designed for people living with Alzheimer’s disease. The programme offers interactive gallery visits featuring the museum’s renowned collections of modern art and special exhibitions for people in the early and middle stages of dementia, together with their family members and carers. It has enabled the museum to develop resources that train museum professionals, organisations and families in approaches that make art accessible for people living with early and middle-stage dementia.

MoMA’s educational programme later developed into a national programme called the Alzheimer’s Project which was implemented across the United States between 2007 and 2014.

These programmes also provided important support for carers and families of people living with dementia by giving them a



Image collage 7 and 8: from the programme webpage – the programme logo and an example of its resources

much-needed break and a sense of community. Jane Doe cares for her husband who is living with dementia and who attends the Meet Me at MoMA programme. She says: “The programme is a lifeline for us. It gives us a break and brings joy to my husband. That is invaluable in the everyday challenges of living with dementia.”

The results clearly show that the national programme has had a positive social and intellectual impact on people living with dementia. The success of MoMA’s educational and national programme has inspired similar initiatives in other countries and established it as a strong example of a comprehensive approach.

The Azure initiative⁷ in Ireland

Azure is a national programme and network that aims to improve access to galleries and museums for people living with dementia and their families. It supports a better experience

⁶ The MoMA Alzheimer’s Project, <https://www.moma.org/visit/accessibility/meetme/>

and greater engagement with cultural institutions through art activities and staff training.

More than 35 galleries, museums and arts centres in Ireland have staff who are trained to offer tours that include visitors living with dementia. Participants are invited to look at and discuss works of art in a safe and wel-

social support groups. Azure tours are free and can take place either in person or online.

The ALBUM museum programme in Croatia⁸

ALBUM is a museum programme for people living with Alzheimer's disease and dementia. The project was developed in the autumn of 2017 by three partner museums in Zagreb: the Typhlological Museum, the Ethnographic Museum and the Nikola Tesla Technical Museum. It was supported financially by the Croatian Ministry of Culture.

The project gives people living with Alzheimer's disease or dementia in the early stages an opportunity to improve their quality of life and engage their senses through direct contact with museum objects and exhibitions.

More information about the programme methodology can be found in the article published on the ICOM CECA Education 28 website.⁹

The Reunion programme for older adults and visitors living with dementia¹⁰ at the National Museum of Singapore is an example of a shared vision for inclusion

Reunion is the first social space at the National Museum of Singapore designed specifically for older adults. Opened in 2023, it includes a café, a group activity area, a quiet room, and music booths. Its concept is centred on creating a welcoming and inclusive environment that encourages social interaction and enhances the overall museum experience for older visitors.

Reunion programmes for older adults are also suitable for visitors with mild cognitive impairment and people living with dementia. Visitors to Reunion can reconnect with the past and share experiences with one another through adapted programmes organised by the museum.



Image collage 9 and 10: from the programme website – the programme logo and a photo from an Azure tour

coming environment. Trained facilitators support the discussion and encourage engagement at a comfortable pace and in a way that responds to the needs of each group.

Museums offer monthly tours for small groups of up to eight people living with dementia together with their families and friends. The tours can also be adapted for care homes, care settings and dementia or

⁷ Azure program <https://ageandopportunity.ie/engage/azure-dementia-friendly-tours/>

⁸ ALBUM A museum programme intended for people with Alzheimer's disease and dementia: <https://www.bmuseums.net/wp-content/uploads/2020/02/ICOMEducation28-ArticleALBUM.pdf>

During the adapted talks participants handle objects in the museum's activity space and create their own digital exhibition as part of an interactive experience called "Memory Lane".

The tours are led by museum volunteers who act as care facilitators and are trained to communicate with older adults including people living with dementia. The adapted talks and workshops are informal and discussion-based with different themes each month.

Reunion is the result of a partnership between the National Museum of Singapore the Lien Foundation and RSP Architects. The programme and space were developed through extensive consultation with older adults, carers and dementia care professionals to ensure that every aspect from the design to the programme reflects the needs and interests of the people it is intended to serve.

The London Charter for Dementia-Friendly Cultural and Community Spaces¹¹, an initiative under the patronage of the Mayor of London, UK

Since 2021 more than 100 cultural organisations in London have been accredited under the initiative and meet the standards of the Charter.

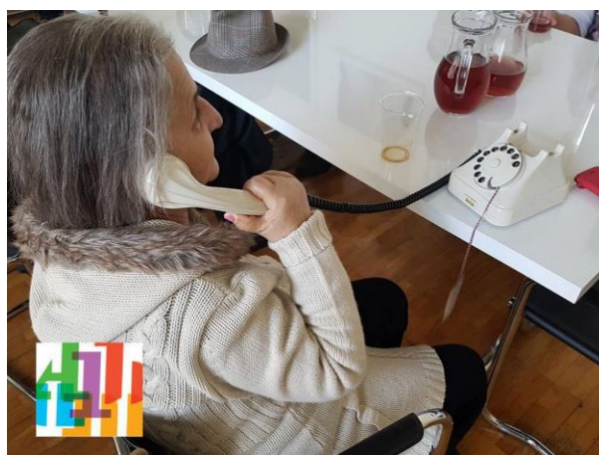


Figure 11: From the article about the programme – photo by Marijo Zrna, archive of the Technical Museum Nikola Tesla

The London Charter provides organisations with ideas, information and resources to help them meet its standards. It also includes an audit guide and guidance for the accreditation programme.

The aim is to make cultural venues more accessible to people living with dementia and their carers through a range of dementia-friendly resources. These include inclusive performances, relaxed sessions, clear signage, designated quiet areas and staff training. Launched during Dementia Action Week in 2021, the Charter was developed in partnership with the Alzheimer's Society and the Museum of London.



Figure 12: Screenshot from the National Museum of Singapore's programme webpage

⁹ ALBUM A museum programme intended for people with Alzheimer's disease and dementia: <https://www.bmuseums.net/wp-content/uploads/2020/02/ICOMEducation28-ArticleALBUM.pdf>

¹⁰ Reunion Senior Programmes <https://www.nhb.gov.sg/nationalmuseum/whats-on/programme/reunion-senior-programmes/events>

¹¹ Dementia Friendly Venues Charter <https://www.london.gov.uk/programmes-strategies/arts-and-culture/current-culture-projects/dementia-friendly-venues-charter#framework-62717-title>

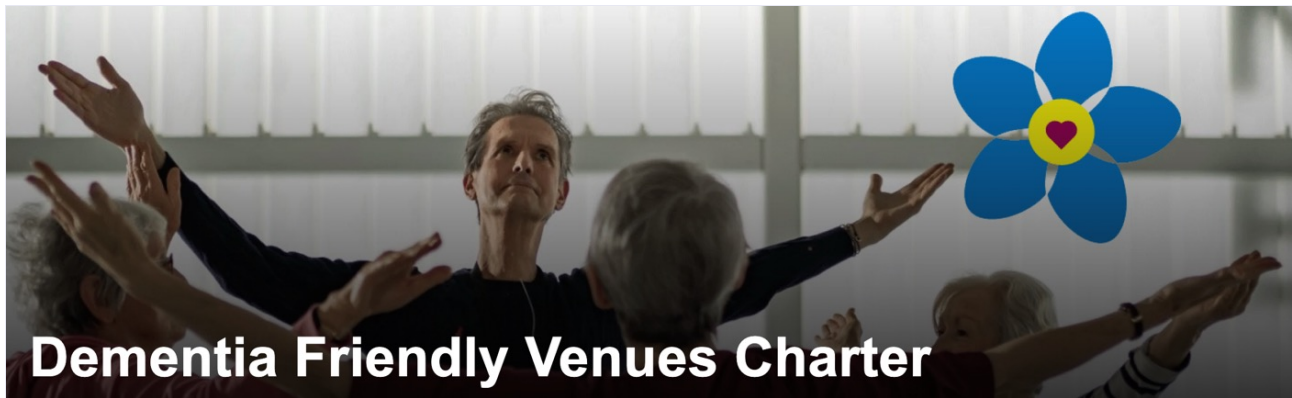


Figure 13: Screenshot from the programme webpage

The House of Memories museum programme¹² for raising awareness of dementia at National Museums Liverpool

The House of Memories is a museum programme that raises awareness of dementia and offers training, access to resources and museum activities. It helps carers provide more personalised support for people living with dementia.

The House of Memories focuses on museum activities and dementia awareness training. These workshops provide general information about dementia, practical approaches to care and the use of an innovative app for sharing memories. They also highlight the role museums can play in supporting people living with dementia.

What these examples have in common is a systematic approach to developing and delivering programmes for visitors living with dementia. Key elements include the cultural institution's accessibility policy, training museum professionals to work with visitors living with dementia, providing an accessible environment and adapted programmes and ensuring long-term support through policies and programmes backed by dedicated national funding.

With appropriate programmes, adapted spaces and staff training, cultural institutions can help promote social inclusion, protect the dignity of people living with dementia and raise public awareness of dementia.

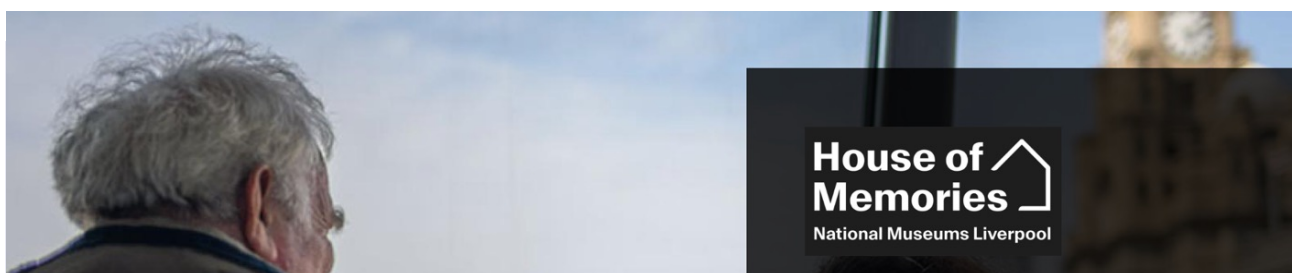


Figure 14: Screenshot from the programme webpage

Heritage with Care: The Road Towards Inclusive Museums

I Madlen Yaneva, Alzheimer Bulgaria Association

Can a museum be a place where a person living with dementia feels calm, welcomed and understood? In recent years, an increasing number of museums around the world have answered this question with a confident “yes”. They have demonstrated that cultural heritage can be far more than a memory of the past - it can also foster communication, offer support and strengthen social inclusion. This approach is gradually finding its place in Bulgaria as well.

The first significant step in this direction was taken through the international **AIDA** project¹, funded by the Erasmus+ Programme. Within the project, the Alzheimer Bulgaria Association worked in partnership with the National Polytechnic Museum in Sofia. Museum professionals participated in Bulgaria’s first specialised training programme on working with people living with dementia, while the museum itself became the country’s first cultural institution to systematically develop a more accessible and inclusive environment for this audience.

The accumulated experience and the international partnerships set the stage for the next European project – **Memorable**². Its main objective is to promote a more demen-

tia-inclusive society by combining three complementary approaches: care, technology and the arts. At the same time, the project places a strong emphasis on the active participation of older people in society, their social inclusion, and raising public awareness and understanding of people living with dementia and their families.



Members of the international Memorable project team during their visit to the National Polytechnic Museum in Sofia.



Museum activity for people living with dementia and their family members at the National Polytechnic Museum, organised within the AIDA project.

The work carried out through these two projects has gradually transformed the understanding of the role of museums. Practical experience has shown that museums can provide a safe, welcoming and supportive environment for people living with cognitive impairment. Adapted museum visits and specially designed programmes have a positive impact not only on people living with dementia but also on their families and care partners, who share these experiences with them. At the same time, museums can help reduce social isolation and stigma, encourage inter-generational dialogue and foster greater public understanding of the challenges faced by people living with dementia and older adults in general.

The projects have also demonstrated something else – Bulgarian museums are not only

¹ For more information about the project, visit the Alzheimer Bulgaria Association website: <https://alzheimer-bg.org/%d0%b3%d1%81-%d0%b0%d0%bb%d1%86%d1%85%d0%b0%d0%b9%d0%bc%d0%b5%d1%80-%d0%b1%d1%8a%d0%bb%d0%b3%d0%b0%d1%80%d0%b8%d1%8f-%d1%80%d0%b0%d0%b1%d0%be%d1%82%d0%b8-%d0%bf%d0%be/>

² For more information about the project, visit the official Memorable website: <https://memorable-project.eu/>

interested in this field, but are also willing to rethink the way they engage with their visitors. At the same time, it is evident that there is a need for more practical knowledge, specialised training and opportunities to exchange good practices. This laid the foundation for the next initiative of the Alzheimer Bulgaria Association – the project “Heritage with Care: Cultural Memory for People with Dementia”.

The project is implemented in partnership with the **Regional Ethnographic Open-Air Museum Etar** in Gabrovo, with the support of the **Balkan Museum Network** and the **Headley SEE Cultural Heritage Fund**. The choice of partner was no coincidence. The Etar Museum has many years of experience in developing educational and inclusive programmes and shares the belief that cultural heritage should be accessible to everyone. This shared philosophy made the museum a natural partner for the project.

Rather than focusing on a series of isolated activities, the project aims to create a more inclusive museum environment where people living with dementia and their families can feel comfortable, respected and genuinely welcome. To achieve this aim, the project combines several interconnected strands of work, including training museum professionals, developing practical guidance, delivering pilot museum programmes and promoting good practice.

As part of the project, museum professionals participated in specialised training that com-

bined knowledge about dementia with practical exercises, group discussions and analysis of real-life situations drawn from museum practice. They then applied this knowledge in pilot sessions for people living with dementia and their families. The experience confirmed that museums can successfully support communication, active participation and social inclusion for this audience.

Among the project’s most significant outcomes is the development of practical resources that can also be used by other cultural institutions. These include the present methodological guide, offering practical approaches to working with people living with dementia; a digital map of museums in Bulgaria that have developed initiatives for this audience; and a distinctive recognition mark for cultural spaces committed to creating more accessible and inclusive environments.

Yet the most valuable outcome of all these initiatives cannot be measured by the number of training sessions delivered, activities organised or resources produced. Their greatest achievement lies in fostering and laying the foundations for a community of museum professionals, experts and organisations united by the conviction that museums are places for everyone. True accessibility does not begin with architectural adaptations or specialised equipment. It begins with attitude - with understanding, respect and the willingness to ensure that every visitor is welcomed with dignity.



Practical training session at the Regional Ethnographic Open-Air Museum Etar, Gabrovo.

Cultural Heritage – A Bridge to Memories

I Elena Minkovska, Tihomir Tsarov, Regional Ethnographic Open-Air Museum Etar

Opportunities for Working with People Living with Dementia at the Regional Ethnographic Open-Air Museum Etar

The Regional Ethnographic Open-Air Museum Etar is the first and only museum of its kind in Bulgaria. Guided by the belief that culture should be accessible to everyone, the museum is committed to creating an inclusive environment and developing activities for people who need additional support, assistance and care. Through the continuous adaptation of its infrastructure and the development of specialised programmes, Etar seeks to remove the physical and social barriers faced by vulnerable groups.

Cultural heritage here is not merely a static exhibition but a living connection with memory that shapes human identity. Amid the sound of water-powered mechanisms, the scent of wood and the rhythm of traditional crafts, the world of the Bulgarian National Revival period comes to life, reaching the deepest layers of consciousness. It is within this authentic environment that the museum becomes a bridge to people living with dementia – a space where memories may fade but sensations and emotions remain alive.

Social inclusion and capacity building

The participation of the Regional Ethnographic Open-Air Museum Etar as a partner in the project “Heritage with Care – Cultural Memory for People Living with Dementia”, implemented by the Alzheimer Bulgaria Association, represents a natural continuation of the institution’s long-standing inclusive policy. The project enabled the museum team to direct its efforts towards a group of visitors that has so far received limited attention within cultural policies in Bulgaria.

An important step in this process was the specialised training held in November 2025. It enhanced the professional competencies of experts from Etar and partner museums in the region, providing them with valuable theoretical knowledge and practical skills. Through real-life examples, museum professionals gained insight into the specific characteristics of dementia, the key principles of empathetic communication, the creation of safe and supportive environments and the use of sensory stimuli to support memory activation.



(Photo 1) Participants in a practical training session for museum professionals, November 2025, Regional Ethnographic Open-Air Museum Etar.

The practical experience: On-site activities

On 8 and 9 May, the first practical sessions with people living with dementia and their family members were held at the Regional Ethnographic Open-Air Museum Etar. They were organised in small groups, at a calm pace and clear instructions tailored to the individual abilities of each participant. The programme included three main sensory activities.

During the clay activity, participants shaped ceramic vessels using the traditional fourshove technique. The tactile experience of working with this pliable natural material stimulated fine motor skills and sensory memory.

Creative work with corn husks proved particularly inspiring. The making of decorative flowers from corn husks evoked memories associated with traditional rural life, childhood and youth. The activity combined hands-on engagement with reminiscence-based conversations.



(Photo 2) Working with clay using the traditional four-shove technique, Regional Ethnographic Open-Air Museum Etar.

The sensory walk through the Craftsmen Street was an exciting experience for all participants. They explored the workshops of the artisans and the working water-powered installations. The architectural details and the rhythmic sounds of the mechanisms served as natural stimuli for the spontaneous sharing of personal life stories.

On 20 July, the museum hosted the second practical session of the project. Six residents



(Photo 3) Working with corn husks, Regional Ethnographic Open-Air Museum Etar.

of the Residential Home for Older People in Gabrovo took part. The organisers created a calm and supportive environment that encouraged communication and active participation. All activities were carried out with clear and easy-to-follow instructions, tailored to the individual abilities and needs of each participant. The programme included two main sensory activities that encouraged both physical engagement and the sharing of personal memories and experiences.

The sensory walk through the museum, with a focus on the water-powered installations, became an exciting and memorable experience. The group visited the braiding odaya (room) – the place where water-powered chark machines were used to make gaitan, a traditional knitted woollen braid. The authentic architectural details, the scent of old wood and the rhythmic clattering sound of the working mechanisms acted as natural prompts for emotional responses and conversations. Participants spontaneously shared personal stories, childhood memories and impressions from previous visits to Etar. For many of them, this was a valuable opportunity to connect the present moment with cherished images and experiences from the past.

As a natural continuation of the walk, the participants took part in a creative activity involving making of gaitan bracelets. Touching the material evoked vivid memories of traditional ways of life, their younger years



(Photo 4) Sensory tour focusing on water-powered installations, braiding odaya (room), Regional Ethnographic Open-Air Museum Etar.

and their individual professional journeys. While working with their hands, participants engaged with one another, exchanged experiences and offered mutual support. The activity successfully combined fine motor skills and sensory stimulation with social inclusion, creating a sense of calm, fulfilment and belonging.



(Photos 5, 6) Working with gaitan, Regional Ethnographic Open-Air Museum Etar.

Conclusions and shared impact

The results of the practical work confirmed the great therapeutic potential of the open-air museum. Working with familiar materials and traditional craft techniques from the past brought visible signs of joy, increased concentration and a willingness to communicate among the participants.

The feedback received from the accompanying family members and carers was particularly valuable. For relatives and carers, the visit created a safe space for a shared positive experience, allowing them to step away from the routine pressures of daily care. For the

museum team, the most powerful moments were those when the environment prompted participants' memories, enabling them to confidently share stories about tools and traditional practices drawn from their own experiences.

Looking ahead: Sustainability and partnerships

The experience gained provides a strong foundation for transforming these one-off initiatives into sustainable and regular museum programmes (creative workshops, themed walks and sensory activities) adapted to the different stages of dementia.

The key to long-term success lies in expanding partnerships between museums, social care services, healthcare organisations and the non-governmental sector. Sharing good practice will support the development of a network of "dementia-friendly" cultural institutions across Bulgaria.

The experience of the Regional Ethnographic Open-Air Museum Etar demonstrates that cultural heritage is a powerful and living resource for improving quality of life and for building a more sensitive, tolerant and inclusive society.

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We hope it will be a useful resource for everyone working to create more accessible, inclusive and human-centred museums.

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Documents, guides and professional resources

Eurocarers. (2024). Country profiles and policy briefs on informal carers in Europe. Brussels: Eurocarers.

<https://eurocarers.org/>

„Дизайн за всички България“. Ръководство за достъпност на културни събития.

<https://2018.knowhowshowhow.org/Guide-accessibility/>

Historic England. How Do We Produce a Visual Story for Potential Visitors?

<https://historicengland.org.uk/advice/inclusion/make-heritage-accessible/visual-story/>

Useful resources and best practices

ALBUM – A museum programme intended for people with Alzheimer's disease and dementia.

<https://www.bmuseums.net/wp-content/uploads/2020/02/ICOMEducation28-ArticleALBUM.pdf>

Azure – Dementia Friendly Tours. Age & Opportunity.

<https://ageandopportunity.ie/engage/azure-dementia-friendly-tours/>

Dementia Friendly Venues Charter. Greater London Authority.

<https://www.london.gov.uk/programmes-strategies/arts-and-culture/current-culture-projects/dementia-friendly-venues-charter>

Гражданско сдружение „Алцхаймер – България“.

<https://alzheimer-bg.org/>

House of Memories. National Museums Liverpool.

<https://www.liverpoolmuseums.org.uk/house-of-memories>

MEMORABLE.

<https://memorable-project.eu/>

Reunion Senior Programmes. National Museum of Singapore.

<https://www.nhb.gov.sg/nationalmuseum/whats-on/programme/reunion-senior-programmes/events>

The MoMA Alzheimer's Project. The Museum of Modern Art (MoMA).

<https://www.moma.org/visit/accessibility/meetme/>

