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 **ADRINCLUSIVE**



# **INTERREG ITALY-CROATIA PROJECT ADRINCLUSIVE**

## **D1.3.1 GUIDELINES FOR INCLUSIVE TOURISM PROFESSIONALS**

(Version 1.0 – 31/08/2024)



## ADRINCLUSIVE Project

WP1 DEVELOPMENT OF AN INTEGRATED FRAMEWORK FOR CREATING AN INCLUSIVE AND RECOGNIZABLE TOURISTIC MODEL

D1.3.1 GUIDELINES FOR INCLUSIVE TOURISM PROFESSIONALS

# Organising your inclusive vacation with people with dementia



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<b>Project Title</b>	Innovative and sustainable tourism offer for equal access and social inclusion of people with dementia and cognitive decline to tourist destinations in the Adriatic sea
<b>Project Acronym</b>	ADRINCLUSIVE
<b>Programme Priority</b>	Culture and tourism for sustainable development
<b>Specific Objective</b>	4.1: Enhancing the role of culture and sustainable tourism in economic development, social inclusion and social innovation
<b>Project ID.</b>	ITHR0200411
<b>Duration</b>	30 months
<b>Project Start Date</b>	1/3/2024
<b>Project End Date</b>	31/8/2026
<b>WP</b>	WP1 - DEVELOPMENT OF AN INTEGRATED FRAMEWORK FOR CREATING AN INCLUSIVE AND RECOGNIZABLE TOURISTIC MODEL
<b>Activity</b>	A1.3 - Identification of the necessary skills of welfare operators to support the creation of an inclusive and accessible tourist offer
<b>Deliverable</b>	D1.3.1 GUIDELINES FOR INCLUSIVE TOURISM PROFESSIONALS
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<b>Version</b>	Version 1 - final
<b>Version date</b>	31/08/2024



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### 1. Introduction

#### 1.1. Goals of this guide

This guide is intended to be a useful tool for anyone (organisation, professional, or volunteer) who wishes to create inclusive tourism experiences for people with dementia. The foundation of this guide is based not only on scientific evidence and publications (unfortunately still limited) that address this topic, but also, and especially, on practical experiences already carried out by non-profit organisations that have decided to undertake this experiment.

The goal of this guide is to provide an initial package of knowledge, skills, and reflections that will enable the replication and dissemination of inclusive tourism experiences for vulnerable older adults. In line with this objective, the guide adopts a practical, as operational as possible, approach to provide as many answers as possible to those who ask: *"How can I organise a vacation for people with dementia?"*

In the initial part of this guide, we will present some fundamental aspects of the context in which we intend to operate, namely that of dementia and age-related frailties. We aim to offer a framework in which to disseminate some useful knowledge for approaching the world of dementia and pathological ageing and to present some key aspects for those who wish to engage in the realisation of these initiatives.

Subsequently, we will offer a model of actions to follow, divided on a chronological basis: those that need to be carried out before the vacation, those to be undertaken during the vacation, and those related to evaluating what has been accomplished.



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### 1.2 Who is this guide for

Identifying a specific recipient for this guide is particularly challenging, not because it is accessible to only a few, but because the creation of inclusive tourism experiences for people with dementia requires the collaboration of so many different actors that narrowing it down to just one or two recipients would be limiting. Nevertheless, we will attempt to be more precise.

This difficulty arises from the fact that the “ideal recipients” of this guide would be a category of people and workers that is not yet formally recognized in Italy and Croatia, namely the “Welfare Operators.” A Welfare Operator is essentially a professional who works to enhance the well-being of a specific community or population by implementing a series of diverse and targeted actions to improve the well-being of a specific group. They can be healthcare professionals, provide care or assistance, be employees of public or private entities, or be self-employed individuals committed to their community. In essence, when we refer to Welfare Operators, we are not addressing a specific professional category or organisations with certain qualifications, but rather all individuals who act to improve the well-being of those around them.

To be even more specific, this guide is aimed at all Welfare Operators who, within their professional roles, design, plan, and implement inclusive tourism experiences.

As inclusive tourism is an increasingly widespread and complex field requiring ever more knowledge and skills, **we hereby refer to a specific sub-category of Welfare Operators: the “Inclusive Tourism Professionals.”** An Inclusive Tourism Professional is a specialist in organising inclusive vacations for vulnerable individuals. These professionals specialise in crafting inclusive travel experiences for individuals facing vulnerabilities, going beyond mere organisation to dismantle barriers and ensure travel and leisure are accessible to all, regardless of ability. Their expertise lies in understanding diverse needs, assessing accessibility, fostering communication, and adapting to challenges, ensuring every traveller has a fulfilling experience. They are crucial for breaking down barriers, promoting social inclusion, and making travel enjoyable for everyone. By expanding inclusivity in tourism, they contribute to economic growth and a more equitable society where everyone can participate fully in leisure and travel.

With these premises, we can say that this guide is intended for Inclusive Tourism Professionals who aim to organise inclusive vacations for people with dementia.



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### 1.3 Key considerations for inclusive tourism

Tourism is a sector with enormous potential to support and boost local economies, providing economic and social opportunities to broad segments of the population. However, it is not enough to create and develop new destinations, products, and services; it is essential to adopt new development models that prioritise inclusion, seizing the opportunities offered by a prosperous and growing market.

It is interesting to note that despite the clarity of this premise, there is still no clear and shared definition of "Inclusive Tourism." Generally, Inclusive Tourism can be considered the set of actions and initiatives that allow all individuals, particularly those who are vulnerable or have disabilities, to engage in the traditional activities that make up tourism. It is evident that this definition encompasses a wide variety of aspects and limitations. For example, even understanding who the "vulnerable person" participating in Inclusive Tourism is can be vague and poorly defined.

Starting from this lack of clarity, some researchers point out that, based on specific sectors and fields, numerous facets of Inclusive Tourism have been proposed, such as accessible tourism, social tourism, community-based tourism, and so on. The lack of a clear definition of this field indicates that when we talk about Inclusive Tourism, we are operating in a "grey area" where there are still few established guidelines.

What we can assert with certainty is that Inclusive Tourism is part of a broader field known as Social Inclusion, which is the condition in which all individuals live in a state of equity and equal opportunity, free from discrimination. Inclusive Tourism, in fact, is a cluster of actions within the broader field of Social Inclusion.

The opposite phenomenon, Social Exclusion, significantly affects older adults and/or those with dementia who experience forms of discrimination based on health, autonomy, and age. It is no coincidence that several years ago, the term "ageism" was coined to describe the various forms of discrimination based on the age of the individual being discriminated against.

Inclusive Tourism is thus an attempt to reduce this phenomenon, drawing on extensive scientific evidence that suggests that living a "normal" life within one's community leads to physiological and psychological benefits for older adults and effectively combats the progression of dementia-related conditions.

Therefore, when we talk about Inclusive Tourism, we are not just referring to an economic factor; rather, we are discussing a true Welfare intervention at all levels.



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## 2. Dementia and Alzheimer's: A Refresher for Professionals

### 2.1 Stages and Symptoms

Dementia describes an overall decline in memory and other cognitive skills severe enough to reduce a person's ability to perform everyday activities. It is characterised by the progressive and persistent deterioration of cognitive functions. Dementia is a clinical condition, with functional and neurological evidence. We can talk about dementia only in the presence of a diagnosis drawn up by a health professional (geriatrician, neurologist, psychiatrist).

Dementia is a general term. With the term Dementia, we consider different types of clinical conditions.

The best known forms of dementia are:

- **Alzheimer's Disease (AD):** AD is the most common form of Dementia. The principal symptom is deficit in memory, attention and orientation. AD is a progressive form of dementia, so deficits amplify over time.

NB: The term Alzheimer's is often used to define dementia in general.

- **Frontotemporal Dementia (FTLD):** FTLD is a form of Dementia that includes behavior and social relationships. People with FTLD often suffer from Behavioral Disease (BPSD), for example: agitation, sleep behavior disorder, impulsivity, logorrhea, etc.
- **Vascular Dementia (VCI):** Vascular dementia is a decline in thinking skills caused by conditions that block or reduce blood flow to various regions of the brain, depriving them of oxygen and nutrients. In vascular dementia, changes in thinking skills sometimes occur suddenly after a stroke, which blocks major blood vessels in the brain.
- **Dementia with Lewy bodies (DLB):** DLB is a type of progressive dementia that leads to a decline in thinking, reasoning and independent function. Its features may include spontaneous changes in attention and alertness, recurrent visual hallucinations, sleep behavior disorder, and slow movement, tremors or rigidity.



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- **Aphasia:** Aphasia is a disorder that affects language and communication. It can impact how people speak and write and understand both spoken and written language. Aphasia usually happens suddenly after a stroke or a head injury.

Alzheimer's disease worsens over time. Experts have developed seven stages to describe how a person's abilities change as the disease progresses:

- **Stage 1:** No impairment (normal function): The person does not experience any memory problems. A medical evaluation does not show any signs of dementia.
- **Stage 2:** Very mild cognitive decline: The person may feel they have memory lapses—forgetting familiar words or the location of everyday objects. However, no symptoms of dementia can be detected during a medical examination or by friends, family, or coworkers.
- **Stage 3:** Mild cognitive decline: Friends, family, or coworkers begin to notice difficulties. During a detailed medical examination, doctors may be able to detect memory or concentration problems. Common difficulties include:
  - o Noticeable problems finding the right word or name.
  - o Trouble remembering names when introduced to new people.
  - o Significantly greater difficulty performing tasks in social or work settings.
  - o Forgetting material that one has just read.
  - o Losing or misplacing a valuable object.
  - o Increasing trouble with planning or organising.
- **Stage 4:** Moderate cognitive decline:
  - o Forgetfulness of recent events.
  - o Impaired ability to perform challenging arithmetic, such as counting backward from 100 by sevens.
  - o Greater difficulty performing complex tasks, such as planning dinner for guests, paying bills, or managing finances.
  - o Forgetfulness about one's personal history.
  - o Becoming moody or withdrawn, especially in socially or mentally challenging situations.



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- **Stage 5:** Moderately severe cognitive decline: Gaps in memory and thinking are noticeable, and individuals begin to need help with daily activities. At this stage, those with Alzheimer’s may:
  - o Be unable to recall their own address or telephone number or the high school or college they graduated from.
  - o Become confused about where they are or what day it is.
  - o Have trouble with less challenging mental arithmetic, such as counting backward from 40 by fours or from 20 by twos.
  - o Need help choosing proper clothing for the season or the occasion.
  - o Remember significant details about themselves and their family.
  - o Not requiring assistance with eating or using the toilet.
  
- **Stage 6:** Severe cognitive decline: Memory continues to worsen, personality changes may occur, and individuals need extensive help with daily activities. At this stage, individuals may:
  - o Lose awareness of recent experiences and their surroundings.
  - o Remember their own name but have difficulty with their personal history.
  - o Recognize familiar faces but struggle to remember the names of a spouse or caregiver.
  - o Need help dressing properly and, without supervision, may make mistakes such as putting pyjamas over daytime clothes or shoes on the wrong feet.
  - o Experience major changes in sleep patterns—sleeping during the day and becoming restless at night.
  - o Need help handling details of toileting (for example, flushing the toilet, wiping, or disposing of tissue properly).
  - o Have increasingly frequent trouble controlling their bladder or bowels.
  - o Experience major personality and behavioural changes, including suspiciousness and delusions (such as believing their caregiver is an imposter) or repetitive behaviour like hand-wringing or tissue shredding.
  - o Tend to wander or become lost.
  
- **Stage 7:** Very severe cognitive decline: In the final stage of this disease, individuals lose the ability to respond to their environment, carry on a conversation, and, eventually, control movement. They may still say words or phrases. At this stage, individuals need help with much of their daily personal care, including eating and using the toilet. They may lose the ability to smile, sit without



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support, and hold their heads up. Reflexes become abnormal. Muscles grow rigid. Swallowing is impaired.

Symptoms of Alzheimer's disease can vary greatly, and not everyone will experience the same symptoms or progress at the same rate.

### 2.2 Who can take part in an inclusive holiday

Regarding the severity of the person's cognitive impairment, it should be noted that **the inclusive holiday we're providing guidance with this document is intended for people with mild to moderate cognitive decline**. Referring to the previously mentioned indicators, **elderly individuals at stages 1 to 4 can participate in the holiday**.

As for stage 5, it is recommended to include individuals in this condition only if they are accompanied by a family member or another companion whom the person knows and trusts.

Another factor to consider is therapeutic needs and medication management. It is not advisable to include people with severe medical issues or those requiring a high-risk treatment plan. For example, a person with diabetes can participate in the holiday if monitoring blood sugar levels and taking oral medication is sufficient for maintaining their health. However, if the individual experiences severe fluctuations in blood sugar and requires daily or sudden insulin injections, participation in the holiday presents too high a health risk.

In addition to these aspects, we should mention the presence of participants other than those with dementia, such as their family members or caregivers. It is important to note that there is no strict rule regarding family members' participation in the holiday. Both experiences that include family members and those that only involve individuals with dementia can be successful. Therefore, the **decision on whether a person should be accompanied should be made in agreement between the organisers and the family of the person with dementia**.

How to make that decision? Here are some general guidelines.

It is advisable to request the presence of a family member if:

- the participant is particularly attached to the presence of a family member, and their absence would cause distress;



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- the person's mobility difficulties are too significant to be managed by a single worker;
- the participant follows a particularly complex medication regimen;
- the family requesting participation is unknown to the organisers.

It is advisable to exclude the presence of a family member if:

- the caregiver-participant relationship is highly dysfunctional;
- the family member has serious health issues;
- separation from the caregiver benefits the family.

The team should of course acquire a precise understanding of how many participants will be accompanied and how many will not, well in advance before the holiday, to adjust the number of staff members accordingly.

**A 1:2 ratio between staff and unaccompanied participants is strongly recommended.** If the number of requests exceeds this ratio, it is advisable to accept only participants with companions. For example, if the organising entity has five staff members and/or volunteers available to assist unaccompanied participants, ten requests can be accommodated. However, if there are twelve requests, the team should select two or three families and request the presence of a companion or caregiver.



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### 2.3 Communication Strategies

The words used to talk about dementia can have a significant impact on how people are viewed and treated in the community.

The language we use to talk about dementia influences how people with dementia are perceived and consequently how they feel and experience their condition.

People with dementia **prefer** accurate, balanced, respectful and inclusive words with descriptions.

People with dementia prefer to **avoid**:

- Words that make people physically recoil when they read or hear them
- Words that suggest that life with dementia is not worth living and that people with dementia are incapable and have nothing left to give
- Words that refer negatively to the person rather than to the condition of dementia
- Words that create stereotypes

When talking with and about dementia, people with dementia or people who support them, believe it’s very important to **adopt an appropriate, inclusive, and non-stigmatizing language**.

We hereby propose some appropriate and inappropriate terminology to refer to dementia, persons with dementia, and their family members or caregivers. These lists are tentative and can be further revised and expanded, but we believe they give a clear idea of how language should be a tool for inclusion.

#### A. WHEN TALKING ABOUT DEMENTIA

APPROPRIATE	INAPPROPRIATE
<ul style="list-style-type: none"> <li>- Dementia</li> <li>- Alzheimer's disease or other forms of dementia</li> <li>- A form of dementia</li> <li>- A type of dementia</li> <li>- Dementia symptoms</li> </ul>	<ul style="list-style-type: none"> <li>- Dementing illness</li> <li>- Demented</li> <li>- Senile dementia</li> <li>- Senility</li> <li>- Going “on a journey”</li> </ul>

#### B. WHEN TALKING ABOUT A PERSON WITH DEMENTIA

APPROPRIATE	INAPPROPRIATE
<ul style="list-style-type: none"> <li>- Person with dementia</li> <li>- Person living with dementia</li> </ul>	<ul style="list-style-type: none"> <li>- Sufferer</li> <li>- Victim</li> </ul>



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<ul style="list-style-type: none"> <li>- Person diagnosed with dementia</li> </ul>	<ul style="list-style-type: none"> <li>- Demented</li> <li>- Afflicted</li> <li>- Patient (<i>if used outside the medical context</i>)</li> <li>- Subject</li> <li>- Fading away</li> <li>- Empty shell</li> <li>- We are losing them, or a person who is losing their mind</li> <li>- Attention-seeker</li> <li>- Prisoner (<i>referring to a person living in long-term care</i>)</li> <li>- Derogatory slang expressions</li> <li>- “Lost their mind” (<i>when talking about all people with dementia and not the individual</i>)</li> </ul>
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**C. WHEN TALKING ABOUT PEOPLE WHO SUPPORT, FAMILY MEMBERS OR FRIENDS OF A PERSON WITH DEMENTIA**

**WHEN THEY TALK ABOUT THEMSELVES**

APPROPRIATE	INAPPROPRIATE
<ul style="list-style-type: none"> <li>- Person living with someone (e.g., mother) who has dementia</li> <li>- Person living with/caring for/supporting a person with dementia</li> <li>- Person living with/caring for/supporting a person diagnosed with dementia</li> <li>- Person living with the impact of dementia</li> </ul>	<ul style="list-style-type: none"> <li>- Burdened by dementia</li> <li>- Victim of dementia</li> <li>- Sufferer because of dementia</li> <li>- Trapped by dementia</li> <li>- Prisoner of dementia</li> </ul>

**WHEN TALKING TO THEM**

APPROPRIATE	INAPPROPRIATE
<ul style="list-style-type: none"> <li>- Family member</li> <li>- Person supporting someone living with dementia</li> </ul>	<ul style="list-style-type: none"> <li>- Nurse (unless they are actually a nurse)</li> <li>- Martyr</li> <li>- Saint</li> </ul>



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<ul style="list-style-type: none"> <li>- Wife, husband, partner</li> <li>- Son, daughter, parent, friend</li> <li>- Carer or caregiver (note: not everyone likes to be called a <i>caregiver</i>, as they might see themselves as a relative/spouse first. If possible, ask the person before using this term).</li> </ul>	<ul style="list-style-type: none"> <li>- Selfless / hero</li> </ul>
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WHEN TALKING ABOUT THE IMPACT OF PROVIDING CARE AND SUPPORT

APPROPRIATE	INAPPROPRIATE
<ul style="list-style-type: none"> <li>- Impact of supporting someone with dementia</li> <li>- Effect of supporting someone with dementia</li> </ul>	<ul style="list-style-type: none"> <li>- Burden of caring</li> <li>- Burden of care</li> </ul>

D. WHEN TALKING ABOUT PSYCHOLOGICAL AND BEHAVIOURAL SYMPTOMS OF DEMENTIA:

APPROPRIATE	INAPPROPRIATE
<ul style="list-style-type: none"> <li>- Changes in behaviour</li> <li>- Expression of needs</li> <li>- Unmet needs</li> <li>- Psychological and behavioural symptoms (if in a clinical context)</li> </ul>	<p><b><u>When talking about Alzheimer or Dementia symptoms:</u></b></p> <ul style="list-style-type: none"> <li>- Concerning behaviours</li> <li>- Challenging behaviours</li> <li>- Difficult behaviours</li> </ul> <p><b><u>When talking about the person with Alzheimer disease:</u></b></p> <ul style="list-style-type: none"> <li>- Difficult</li> <li>- Faded</li> <li>- Lost</li> <li>- Aggressive</li> <li>- Wandering</li> <li>- Uncooperative</li> <li>- Sexually disinhibited</li> </ul>

Reference: Dementia Friendly Italia - Alzheimer Italia, Federazione delle Associazioni Alzheimer d'Italia



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### 2.3 Individualised Care Plans: living well with dementia

Understanding and believing in the unique needs of people living with dementia and their families.

A person with dementia is still an individual with their own life experiences, personality and likes and dislikes. Recognising this is crucial for providing support and planning for their future. It also helps shape how they'd like to be cared for as their needs change. This approach is based on person-centred care. It creates individual plans, captures and cherishes life stories and cultivates a deep understanding of the person with dementia. This not only enables caregivers to provide care but also to develop meaningful relationships, recognising that these connections are an essential part of life and of everyone's individual identity.

#### Living well with Dementia

It is possible to live well with dementia. Many people with dementia continue to be active and carry on with the things they enjoy for a long time. Even as dementia progresses, people can lead active, healthy lives, carry on with their hobbies and enjoy friendships and relationships. Living well will mean different things to different people and expectations will relate to individual circumstances. For example, what is required to enable someone to live well in the early stages of dementia may be very different in the later stages. People with dementia tend to have very individualised definitions depending on how they lived their lives before developing dementia. For example:

- Engaged and active lifestyle
- Positive relationships with others
- Good living situation and environment
- Having security
- Getting on with life
- Being able to get out and about
- A positive outlook on life
- Being able to cope
- Having independence
- Having a purpose
- Unsure

However, as dementia progresses, people will need support from others.



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### 3. Pre-trip planning

#### 3.1 Team organisation

An ideal team to begin the work and oversee the entire process would consist of:

- a **Coordinator**, responsible for handling the entire organisation, monitoring and supporting the work of others, and managing relationships and collaborations with other partner entities.
- an **activity manager**, the person who plans and organises the activities that will take place during the holiday. Their tasks include scheduling a certain number of workshops, procuring the necessary materials, mapping out potential activities and points of interest in the area, and creating a calendar for all the moments and activities throughout the week.
- a **logistics manager**, who handles organisational aspects, arranges transportation and travel, ensures the provision of necessary supplies and materials, and manages room assignments and reservations.
- a **medical supervisor**, responsible for gathering all health-related information for participants, coordinating with families on managing medications during the holiday, preparing a first-aid medical kit, and obtaining information on available local health services in case of need.

It is important to emphasise that **each role is not tied to a specific professional title**.

For example, the activity manager could be a psychologist or an educator; **what mostly matters is their familiarity and skills level in conducting activities for people with dementia**.

Similarly, the medical supervisor could be a doctor or a nurse, possibly even the same nurse who will accompany the group on the holiday. When assigning roles, the person's experience and soft skills are more important than their professional qualifications.

Alongside these professionals, additional staff members will need to be recruited for the holiday. It is essential to include social healthcare workers and educators among them.

Special consideration should be given to two other roles:



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- **Pre-holiday assessment.** A crucial part of the pre-trip phase is conducting an assessment with the individual with dementia and their family, gathering important information about each participant. This role can be fulfilled by the coordinator or the medical supervisor if they are experienced in assessing dementia patients; otherwise, it can be performed by an external collaborator, such as a psychologist specialising in neuroscience.
- **Evaluation.** In some cases, it may be necessary to also conduct an evaluation at the end of the holiday, considering the impact across various areas (social, economic, community, etc.). Additionally, a report may need to be prepared for presentation to other entities. In this case, an expert in the design, implementation, and evaluation of psychosocial interventions can be involved to monitor and evaluate the project.

The various professional roles must, of course, be recruited by the organising entity specifically for the holiday, and well in advance of the departure date.

The recruitment process for staff members varies depending on the legal status of the organising entity. If the entity is an NGO or another private organisation, staff members are typically freelancers, and their experience is evaluated by senior members of the organisation. Alternatively, the organisation may delegate this process to a professional HR specialist.

The process is different if the organiser is a public entity, as it must follow a standard bureaucratic and administrative procedure. After that, the public entity can proceed with formal hiring. It is also possible that the public entity already has the necessary professionals within its workforce and can proceed with an internal reorganisation of staff.



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### 3.2 Planning the daily programme

Planning a vacation for individuals with dementia requires careful consideration to ensure a positive and enriching experience for everyone involved. It's essential to strike a balance between structured activities and opportunities for relaxation and self-direction, recognizing the unique needs and preferences of each participant.

**Creating a well-structured daily program is thus a crucial step in planning a successful vacation for people with dementia.**

This draft program will serve as a helpful guide, providing a sense of predictability and routine, while also allowing flexibility to adapt to individual needs and preferences.

For the participant with dementia, it is important that the daily program is not too demanding because it could have two negative effects. The first is physiological: a participant overly involved in activities will likely get tired, might become dehydrated, miss taking medications at the correct times, and experience discomfort related to the activities, such as headaches or leg fatigue. The second aspect is mainly psychological. Proposing too many activities could reduce the participant's sense of self or autonomy, making them feel like a passive recipient of things decided by others. It is important to remember that people with dementia retain their character, personality, and personal preferences and, like everyone else, enjoy choosing what to do and deciding how to spend their day. During the vacation, it is therefore good practice to listen to the participants' preferences and accommodate them. For example, it may happen that a participant enjoys card games and occasionally asks to play with someone. In this case, it makes more sense to propose an hour of card games in the hotel lobby rather than engaging that person in other activities. These activities may be beneficial for them, but they may leave them with the impression that they cannot choose what to do, generating a sense of frustration. For these reasons, it is important to include "free" time in the daily program, which can be used for rest or filled with activities decided on the spot.

However, it is equally important that the daily program is not too empty. The perception of uncertainty is particularly difficult for people with dementia to manage. It is good to have set times for meetings, transportation, meals, etc., to offer a sense of stability, and it is important to have at least one activity or project for each part of the day. In short, participants should not be left with the idea that an entire afternoon can pass without doing anything or that they just have to wait for dinner in boredom. The feeling or actual presence of "dead time" is precisely the condition that favours the onset of behavioural disturbances. A bored, unengaged participant may want to go somewhere and start wandering or



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leaving the hotel; a person suffering from agitation may tend to find ways to keep themselves busy, even using objects that don't belong to them, and so on.

### Sample Daily Programme

Here is a suggested daily schedule for mild and moderate stage of dementia:

#### **7:30 AM: Breakfast**

The first thing to plan is breakfast time. This is usually set by the hotel where you are staying. However, the hotel usually offers a wide time range for breakfast (e.g., from 7:00 AM to 10:00 AM). Within this time frame, we recommend not having breakfast too late. Participants are often used to getting up early, and too much time between waking up and breakfast could be unpleasant. Others tend to spend many hours in bed and might sleep late in the morning, which is not conducive to maintaining a proper sleep-wake rhythm, so they should also be encouraged to have breakfast at an early hour. If the hotel opens for breakfast at 7:00 AM, a good meeting time could be 7:30 AM. Breakfast should be given a fairly long duration (at least an hour) as it is also the time of day when elderly people usually need to take their medications or monitor their parameters.

#### **9:00 AM - 11:30 AM: Leisure time (with light activities and a short walk)**

The rest of the morning, from 9:00 AM to 11:30 AM, can be spent at the beach, in a small wood (like Pineta near the seaside), in a garden, in a park, a lake, or staying at the hotel finding a quiet place. During this time, the staff should bring along a series of small activities that can be carried out by the participants who wish to do so. Useful items to bring include: a deck of cards, the daily newspaper, bocce balls, a sponge ball, etc. Leisure time can also be an appropriate space for group cognitive stimulation activities such as solving crosswords, word games, riddles, attention games, etc. It's recommended that a short walk or outdoor movement activities be proposed for everyone. This will allow the more active participants to burn off some energy and the more sedentary ones to engage in moderate physical activity. It also suggests that participants that go to the beach or to the swimming pool, who wish to do so, may take a swim, staying in shallow water and avoiding "going under." Swimming is a common activity during beach vacations and, in a way, brings out the child in all of us.

#### **11:30 AM - 12:30 PM: Prepare for lunch and travel to the restaurant**

After the time at the beach, it is time for lunch, which we recommend be eaten at the same time and place every day. Going to lunch should not be rushed. It is important that participants feel free to use the



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bathroom, leave their belongings in their room, make a phone call, or do other things. Rushing to lunch could create nervousness, even at the table. We recommend scheduling at least 30 to 40 minutes for going to lunch. This way, lunch can always be around noon or 12:30 PM.

### 12:30 PM - 1:30 PM: Lunch

### 1:30 PM - 3:30 PM: Rest and free time

After lunch, which should not be rushed and to which we suggest dedicating at least an hour, it is good to allow a sufficient rest period that should not be less than two hours. This time will serve not only for an afternoon nap but also for changing clothes, taking showers if needed, organising luggage, etc. We emphasise that this time is also important for the staff, who can use it to rest but also to prepare for the rest of the day. In fact, it may be necessary to make phone calls, go to some stores, organise cars or buses, etc., and these tasks often have to be done during the “downtime” scheduled during the day. This means that, when necessary, there should be no hesitation in extending this free time after lunch. However, barring unforeseen events, it is always good to have a consistent afternoon meeting time. A good time could be 3:30 PM, for example.

### 3:30 PM - 6:30 PM: Afternoon activity (alternate between in-hotel and out-of-hotel activities)

The afternoon is the best time of the day to propose specific activities that do not involve going to the beach. These activities can be divided into two categories: activities to do outside the hotel and activities to do inside the hotel. It is important to consider this distinction because doing activities outside the hotel requires more planning, especially regarding transportation and schedules.

Activities to do outside the hotel might include:

- visiting a museum or place of interest,
- taking a walk in the park,
- going to a market or local event,
- dog therapy
- music therapy
- boat trip
- movement danced with the Hobart method
- creative or artistic workshops\*



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- activities to do inside the hotel such as, group cognitive stimulation sessions, gentle exercise, group games or card games, etc.

It is important that these activities fill most of the afternoon, avoiding too much downtime, and that sufficient time is left before dinner.

\* the art workshop could have as its object the creation of a souvenir of the holiday. On the last day, an exhibition open to the public could be organised with the display of the works created.

#### **6:30 PM - 7:30 PM:** Prepare for dinner and travel to the restaurant

A good timeline could be, for example, to finish activities at 6:30 PM and have dinner at 7:30 PM.

#### **7:30 PM - 8:30 PM:** Dinner

#### **8:30 PM - 10:00 PM:** Light evening activity (e.g., drinks, walk, games)

Finally, it is important to plan some small activities for after dinner. Obviously, elderly participants cannot be overly involved in evening activities, but it is good to consider at least an hour of activity after dinner. This is necessary for two reasons: on the one hand, the participant may not be used to going to bed too early, leading to a “downtime” with the negative effects already mentioned; on the other hand, if the person goes to bed too early, this could disrupt their sleep-wake rhythms, which could result in all participants waking up at 5 AM, a time that is incompatible with the hotel’s schedule and the staff’s need for proper rest. Therefore, it is good to have some ideas for after-dinner activities. Here are some suggestions: moving to the hotel bar or the nearest one to enjoy an evening drink; taking a walk around the hotel if it wasn’t done during the afternoon; organising card games if they weren’t done during the day; listening to music, etc. In any case, it is good that activities always end around the same evening time and that participants can return to their rooms at roughly the same time, for example, at 10:00 PM.

#### **10:00 PM:** Return to rooms

It is important to remember that getting participants back to their rooms does not mean the staff’s work is over. In fact, bedtime is not simple for everyone. Some participants may need help changing clothes and washing up, some may want to make a phone call home, others may need to take medications or receive treatments that require time. Always consider an appropriate activity end time for these needs, allowing the staff to also have adequate rest time.



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### In summary:

**7:30 AM:** Breakfast (allow at least an hour)

**9:00 AM - 11:30 AM:** Beach time (with light activities and a short walk)

**11:30 AM - 12:30 PM:** Prepare for lunch and travel to the restaurant

**12:30 PM - 1:30 PM:** Lunch

**1:30 PM - 3:30 PM:** Rest and free time

**3:30 PM - 6:30 PM:** Afternoon activity (alternate between in-hotel and out-of-hotel activities)

**6:30 PM - 7:30 PM:** Prepare for dinner and travel to the restaurant

**7:30 PM - 8:30 PM:** Dinner

**8:30 PM - 10:00 PM:** Light evening activity (e.g., drinks, walk, games)

**10:00 PM:** Return to rooms

### Key Points to consider while drafting the Daily Programme:

- Maintain consistent meal times and locations
- Allow ample time for transitions and rest
- Offer a variety of activities, both indoors and outdoors
- Incorporate free time and flexibility
- End the day with a relaxing activity



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### 3.2 Acquiring the necessary information to handle health risks

It's recommended, in the planning phase, taking precautions to reduce the risk of possible adverse changes in the participants' health. Specifically, it is essential, before the vacation, to **carry out a thorough health history of the person**, taking into account as much information as possible, including the therapies the person must undergo and any emergency prescriptions, such as an adrenaline injection for unexpected allergic reactions.

In any case, it is wise to take general precautions that apply to all participants.

#### It is recommended to the Medical Director to:

1. **Obtain information before departure regarding local health services**, including whether there is a medical guard service, where the nearest pharmacies are located, their hours and shifts, and the location of the nearest emergency room.
2. **Bring a first aid kit** containing items such as bandages, hydrogen peroxide, sterile gauze, latex gloves, tweezers, cotton wool, instant ice packs, etc.
3. **Carry a supply of commonly used medications that can be taken without a prescription**, such as aspirin, paracetamol, burn or sting ointments, antacids, etc.

A special note should be given to the **risk of the elderly person falling down** and sustaining a fracture. Some fractures in old age, especially to the hips, are particularly dangerous and can cause infections and bleeding. Therefore, it is important to **plan and check the walking paths in advance and to provide some walking aids that can be used by everyone**, such as walking sticks, crutches, walkers, and a wheelchair. In addition to these tools, plastic seat covers and adhesive handles for use in the bathroom, especially during showers, can also be useful.

It is also important, during the preparation phase, to check some other fundamental aspects, including the **accessibility of parking spaces**, and the **presence of toilets**.

For these reasons, we recommend making several site visits where the vacation will take place and contacting the local municipal administration, which can provide information and possible support.

If available, it can also be useful to contact local associations and third-sector organisations that deal with fragility and disabilities. This will provide firsthand insights from people who live in the area and work with vulnerable individuals.



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Finally, regarding risks related to the team, there are two main difficulties: one is the lack of awareness or training among the operators, which is why we recommend that they are already familiar with working with people with dementia or have undergone specific training; the second is stress and fatigue during the activity days. We focus on this because, during stays, operators are usually involved in activities for many hours or even the entire day, and it is likely that they will sleep less than usual. This results in a high level of situational stress, and in case of emergencies or special needs, this can lead to significant difficulties.

**For this reason, we make three recommendations:**

- 1. Organise activities and assistance so that each day at least one operator can be free to rest.**
- 2. If an operator has difficulty sleeping due to the presence of a participant needing night assistance or other environmental factors, it is advisable for them to switch rooms with another operator for some nights of the vacation.**
- 3. If an operator feels tired or unwell, they should be free to communicate this to other team members and have a rest period during the day. Therefore, we recommend always renting an additional room beyond the necessary ones, both for storing items and aids and for use as a rest area.**

Lastly, it is always **important to have, for participants without family, the ability to contact one of their family members**. This is because calling home can be important for the participant and can sometimes be a good strategy during moments of agitation or discomfort. Additionally, it might be necessary for a family member to be present, such as in cases where access to the local emergency room is required. Therefore, it is **important to agree with the family on certain aspects beforehand**.

Firstly, it is crucial that family members are reachable by phone during the vacation days and, especially, that they have the ability to reach the vacation location. It must be absolutely clear that if their loved one is away on vacation, they cannot leave for a trip, leave their home, or anything else, as it may always be necessary for them to reach their loved one. Moreover, to reduce the risk of not being able to contact the family, it is advisable to obtain the phone numbers of multiple family members, both landline and mobile. Additionally, ask the caregivers to inform other family members about the participant's departure.

It's important to follow these precautions because many difficulties can occur with these issues. Here are a couple of examples.



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### EXAMPLE 1

A lady with severe osteoporosis broke her hip while turning in bed. The operator who was in the room with her recognized the danger and woke up the other team members, who arranged for access to the emergency room.

The family was contacted immediately but could not leave until the morning, which meant our operator spent the entire night at the hospital with the lady and returned to the team the next day without having had any sleep.

In this case, the team managed the emergency well, but having to wait half a day for the family to leave from home caused significant discomfort.

### EXAMPLE 2

During a museum visit, one of our participants forgot her bag inside the building. When a museum operator found the bag, she used her phone to call the first number listed in the quick dial. It was the phone number of the participant's cohabiting daughter, who did not answer.

The operator then called the second number on the list, which was the other daughter's. This second daughter had not been informed by her sister that their mother would be away for a week and became very upset.

Although the situation did not have immediate negative consequences because we quickly realised the bag was missing and retrieved it an hour later, the second daughter decided to report her sister and the organisation because her mother, with her disability, had left home.

These examples are shared to emphasise how important it is to consider all risks before departure and to be clear and assertive with family members, who are sometimes the first to overlook risks.





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**3.3 Example of Pre-trip Assessment questionnaire**

<b>PARTICIPANT NAME AND SURNAME</b>	
<b>ACCOMPANYING PERSON NAME AND SURNAME</b> (in case the participants needs a Caregiver)	
<b>NAME AND PHONE NUMBER(S) OF POTENTIAL FAMILY MEMBER OR CAREGIVERS</b>  <b><u>FILL IN ONLY IF NECESSARY</u></b>	
Is the participant self-sufficient in daily living activities (hygiene, dressing, eating, toileting, medication intake)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If the participant isn't self-sufficient in daily living activities: in which particular activities does he/she need assistance? (e.g., showering, getting up, continence)	Detail:
Is he/she undergoing any therapy?	<input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, detail: <hr/>
Do nursing services need to be organised on-site, such as wound dressings, intramuscular or	<input type="checkbox"/> YES <input type="checkbox"/> NO





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subcutaneous medication injections, catheter changes, etc.?	If yes, detail: _____
Is it necessary to obtain prescriptions for medications as needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, detail: _____
Does he/she have any allergies to medications and/or food?	<input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, detail: _____
Does he/she have any food intolerances?	<input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, detail: _____
Has he/she experienced episodes of dysphagia (difficulty swallowing)?	<input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, detail: _____





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<p>Does he/she have wandering tendencies?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, detail:</p> <hr/>
<p>Has he/she experienced episodes of topographical disorientation? If yes: Does he/she have a GPS locator?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, detail:</p> <hr/>
<p>Does he/she need any assistive devices? Walker? Wheelchair? Tripod? Hearing aid?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, detail:</p> <hr/>
<p>Can he/she independently walk the distance between the hotel and the beach (about 200 mt)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If no, detail:</p> <hr/>
<p>Have there been episodes of aggression? If yes: What were the triggering factors?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, detail:</p> <hr/>





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What time does he/she usually have lunch and dinner?	
There are habits he might want to keep even on vacation	
Does he/she have musical tastes?	
Does he/she have any hobbies or practice or plays any sports	
Has the person faced dramatic moments in their life? Are there questions, themes, or topics that are best avoided?	

The optimal situation would be for the assessment expert to fill out the questionnaire during a pre-vacation interview with a family member.



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### 4. How to create the équipe

#### 4.1 Professional figures and skills required

The “*core team*” we described above (**coordinator, activity manager, logistics manager, medical supervisor**) plays a crucial part not only in planning the inclusive holiday, but also in selecting and involving the other members of the team. When organising an inclusive vacation for people with dementia, it is essential to have a well-trained team of professionals.

First of all, as already mentioned, it is crucial that the **staff members already have experience working with frail elderly individuals and people with dementia**. While it is not necessarily the case that a professional without prior experience cannot positively contribute to the team, **we recommend that at least the majority of the staff members be highly skilled and experienced in this field**.

This is because the vacation setting, being highly complex, could pose challenges for newcomers.

It is worth emphasising that **some staff members must have an academic background and a specific professional qualification**. Indeed, it is important that the staff includes the following professionals:

- psychologist
- social healthcare worker
- educator
- nurse.

Social healthcare workers and educators with previous experience working with people with dementia should be the most represented professionals in terms of numbers. This is due not only to the fact that working with the elderly is often undervalued in academic programs, and the professional qualification or title by itself doesn't grant the necessary skills, but also to the fact that **working with people with dementia requires some indispensable soft skills**:

- empathy
- active listening



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- flexibility
- adaptability
- communication
- strong sense of teamwork.

These abilities are not only essential for working with people with dementia but also for interacting appropriately with other staff members.

According to this, it is important that the working climate is collaborative and that each professional collaborates with the others with the aim of sharing the work.

The team is not a collection of autonomous parts but a group of collaborators who act with a common purpose. According to the professional role, it is obvious that a hierarchy must be established (e.g. a social health worker will not be able to use drugs or aids without first having spoken to the medical manager) but it is important that this hierarchy is not too rigid. It must be clearly explained to each professional that they will be able to delegate part of their work to a colleague if necessary, and that they may need to support a colleague in an activity outside their role if required. Every professional must remember that they can delegate part of their work and that they can support a colleague in an activity outside their role, if it's necessary.

There are only a few tasks that must be assigned to specific professionals. One is the management and administration of medications, which should absolutely be carried out by a nurse. Another is the use of medical aids, such as lifts for wheelchairs, which we recommend always be handled by healthcare workers who are well-acquainted with their operation.

A special consideration should be made regarding **volunteers**. The presence of volunteers is a greatly appreciated help, and we recommend that, whenever possible, they be welcomed into the team. It can be said that anyone can be helpful as a volunteer during the holiday; there are no specific reasons for exclusion. However, it is important that volunteers are willing to challenge themselves on a human and psychological level and that they possess certain personal qualities.



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The requirements to be a volunteer in this project are few but fundamental: good will and desire to be useful, propensity to be with elderly people, reliability and availability to train and to plan their commitment on pre-established days.

However, it is important that volunteers receive some form of training or specific preparation on what will be done during the vacation. Indeed, volunteers often do not assist people with dementia in their professional or private lives, and it is important for them to understand not only the complexity of the disease but also the context in which they will be working. In any case, to protect both the team and the volunteers themselves, we advise against assigning volunteers excessive responsibilities.

### 4.2 With or without caregivers?

The presence or absence of caregivers is not a factor that prevents the successful execution of an inclusive holiday. However, it is an aspect that must be carefully considered during the planning phase because whether or not caregivers are present will affect the dynamics on-site.

**A participant can go unaccompanied as long as they are in sufficiently good health, have mild to moderate cognitive decline, and follow typical medical treatments that do not require aids or equipment that could pose excessive risks.** They should be able to walk fairly well, even with the aid of a cane or walker, should not exhibit significant behavioural issues, and should take oral medications throughout the day without requiring extraordinary health monitoring. People with worse health or cognitive conditions could also take part unaccompanied, provided they are already accustomed to being in social healthcare settings (such as Day Centers, Alzheimer’s Cafés, socialisation groups, etc.) and are familiar with some of the staff who will accompany them.

On the other hand, **all individuals suffering from severe cognitive decline or behavioural disorders require the presence of a caregiver.**

Given these premises, it is clear that the decision to participate with or without caregivers depends on the considerations and ex ante assessment of the organising entity.

The organisation should take into account several aspects:

A) **Staff number.** If participants are unaccompanied, it is evident that the ratio of staff to participants must be higher. For example, a team consisting of five professionals (one psychologist, one educator, one



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nurse, and two healthcare workers) can accompany up to 10 participants. If caregivers are included, five staff members may be sufficient for 15 to 20 participants.

B) **Room arrangements.** If participants are unaccompanied, the staff will need to sleep with the participants and be present for all aspects of managing daily life. We recommend that **one staff member sleep with no more than two participants**. If the participants are accompanied, each pair will occupy a room, and the staff can organise their rooms as they prefer.

C) **Medication management.** If participants are unaccompanied, the team must absolutely manage the medication therapies. Even if the person is cognitively intact and accustomed to managing their medications, we recommend that these be stored and administered only by qualified personnel. If the participants are accompanied, the responsibility of the team's nurse is limited to monitoring.

D) **Money management.** In case of unaccompanied participants, we recommend that most of the money given by the family for the participant's use be managed by the staff. It is common for behavioural disorders to involve personal belongings, especially wallets, and the participant may not be able to manage their finances independently.

In light of these considerations, we want to emphasise that both approaches (with or without caregivers) are valid, and the decision between the two is up to the organising entity.

### 4.3 Elements to create a good working environment

As previously mentioned, the atmosphere within the team must be collaborative, and all members should be willing to participate, regardless of their specific professional roles. To facilitate the creation of a positive environment, we would like to offer some recommendations.

First, it is important that team members get to know each other before the trip. This should happen in both "formal" and "informal" settings. By formal, we mean team meetings during the pre-trip phase and any necessary training sessions for less experienced members or those who have never participated in inclusive tourism trips. These training sessions can be conducted in a traditional manner, involving an expert instructor, or in a more informal way, with an experienced operator or volunteer who has participated in similar projects and can answer any doubts and questions. By informal, we mean opportunities where team members can get to know each other freely and spontaneously. These opportunities can include dinners, aperitifs, or other gatherings and can also be organised following formal activities. These initiatives, which may seem trivial or unprofessional, are actually important because participating in the vacation means spending a lot of time together, sharing spaces, and experiencing personal psychological aspects that we do not encounter every day. It is crucial that team



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members feel confident with each other, ready to communicate their limits and difficulties without shame. It may also be helpful to organise shorter and simpler joint work sessions, such as leading an Alzheimer Café meeting. This can help team members understand each other's interaction styles and identify the aspects and activities where they feel most comfortable.

During these occasions, it is useful for team members to spontaneously share some aspects of themselves that may emerge during the vacation. For example, if a team member is a smoker, it is important that they share this aspect of themselves calmly, as they will need to step away to smoke or go to a tobacco shop during the vacation, and it is good for their colleagues to be aware of this.



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### 5. Selecting the Right Destination

#### 5.1 Accessibility and dementia-friendly features

Creating an itinerary for a dementia-friendly vacation requires careful planning to ensure a safe and enjoyable experience for both the person with dementia and their caregiver. Here are some useful guidelines:

##### 1. Choosing the destination

Opt for quiet and familiar places, avoiding destinations that are too crowded or chaotic. Seaside, mountain, or countryside locations are ideal. Ensure there are easily accessible healthcare facilities in case of emergency, and that the location is free of architectural barriers.

##### 2. Selecting accommodation

Choose safe and comfortable accommodations with easily navigable environments and staff trained to interact with people with dementia. Quiet and protected common areas, as well as secure gardens, are an advantage. If a vacation involves leisure time at the beach, it is advisable to choose a hotel that is not too far from a beach establishment (or other places where participants can spend free time during the morning).

##### 3. Planning activities

Activities should follow a predictable routine and be short and flexible to adapt to the person's mood and weather. Activities that gently stimulate mind, body and interaction, such as walks, art workshops, dance time, playing cards, are recommended.

##### 4. Organising transportation

Choose simple and direct transportation, avoiding long trips. It is useful to opt for private transport options that offer greater flexibility.

##### 5. Meal management

Regular meals similar to those the person is accustomed to can help prevent disorientation. Carrying light snacks and drinks is important to avoid dehydration or hypoglycemia.



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#### 6. Planning breaks

Include numerous breaks for rest in quiet places. Identifying rest areas in advance is essential.

#### 7. Support and assistance

The person with dementia should always be accompanied by someone who knows their needs. Informing local staff about specific requirements can prevent stressful situations.

#### 8. Contingencies and safety

Having an emergency plan that includes contact numbers and access to medical care is crucial. The person should carry identification devices and contact information.

#### 9. Flexibility

It is essential to be ready to change plans if necessary, to maintain a positive experience. Involving the person with dementia in the planning, if possible, can help create an itinerary that reflects their preferences.

#### 10. Return and Evaluation

Plan a rest period upon return and reflect on what worked and what could be improved for future trips.

### 5.2 Accessibility features

A tourist destination should have specific characteristics to adequately accommodate people with dementia and their caregivers:

- **Safe and easily accessible environment:** Signage should be clear and intuitive, with large text, easily recognizable symbols, and contrasting colours. Lighting should be uniform.
- **Reducing environmental stress:** The environment should offer quiet spaces with rest areas along main paths. Soft colours and low-stimulation decorations are preferable.
- **Facilitating orientation:** Include visible landmarks and clearly marked paths. Remove architectural barriers and ensure ramps, elevators, handrails, and non-slip floors are present.



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- **Safety and prevention of disorientation:** Areas should be monitored, possibly with surveillance systems or doors with alarms.
- **Human support and staff training:** Staff should be trained to handle critical situations and interact with people with dementia, offering escort services or specialised guides.
- **Clear and accessible communication:** Tourist information should be presented in simple and clear language.
- **Green areas and socialisation spaces:** Access to safe green spaces and dedicated socialisation areas is particularly beneficial. In case of rainy days it's important to have a room available where the planned activities can take place.
- **Community involvement:** It is essential that the local community is aware of the needs of people with dementia and promotes an inclusive environment. Plan visits to historical or symbolic sites, or participation in events and other local activities, in advance.

Conclusion: A truly accessible tourist destination for people with dementia must combine safety, ease of navigation, qualified human support, and an inclusive environment.

### 5.3 Safety Measures

To ensure a safe and serene environment for people with dementia, lodging facilities should implement specific safety measures:

- **Safe and accessible space design:** All public spaces should be barrier-free, with non-slip flooring and handrails along corridors.
- **Prevention of disorientation:** room doors should have secure locks, and main access points should be monitored.
- **Emergency management:** staff should be trained to handle specific emergencies for people with dementia. Evacuation plans should be simple and visible.
- **Safe and comfortable rooms:** rooms should be personalised to reduce confusion and equipped with simple controls for temperature, light, and sound.
- **Monitoring and assistance systems:** discreet tracking devices and emergency buttons in rooms can prevent wandering and allow immediate assistance.
- **Safe and welcoming common areas:** common areas should be safe, with stable furniture and clear paths. Access to potentially dangerous areas should be strictly controlled.



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### 5.4 Scheduling with local authorities and stakeholders

At least 3 months before departure, it may be useful to contact local authorities (Tourism Promotion Agencies, Local Pro Loco, Tourism Office, or other organisations specialising in tourist reception) to gather information on:

- Permanent attractions (natural parks, reserves, nature trails, museums) that can be visited safely or in a simplified and adaptable manner;
- Temporary local events (festivals, patronal feasts, festivals, open-air shows, exhibitions, etc.) that will take place during the vacation week, trying to understand the expected crowd and possible ways of enjoyment for the person with Alzheimer's;
- Possibilities to organise experiential visits in search of typical products and local traditions;

Once all the information has been gathered, 2-3 experiences can already be proposed within the questionnaire that will be completed by each participant (see chapter 3.2) to book and organise the various experiences in advance. Planning in advance may allow for any potential issues to surface, which can be addressed and managed in a timely manner.

For activities to be organised “on-site” (the best option would be to use a room within the hotel, village, or campsite, see chapter 5.2), it is necessary to simultaneously contact local associations that could be involved to provide their support. For example, a cultural or naturalistic association could offer their availability for a personalised guided tour of a park or museum (see experience [www.museitoscanialzheimer.org](http://www.museitoscanialzheimer.org)).

Even if short transports from one place to another in the holiday area are necessary, it is advisable to contact a local voluntary association before relying on a private operator. This could constitute the possibility of activating collaborative networks with local realities.

In the event that there is a need for some participants to continue certain treatments or therapies, it is useful to inform the local AUSL and possibly the voluntary associations that operate in the social and health sector in support of people who suffer from particular types to verify the possibility of support in the event that there is a need for qualified personnel for the administration of therapies and treatments and/or for transport.



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### 5.5 Hotels with trained/aware staff

Training staff on how to manage people with dementia is essential to creating a welcoming and safe environment. It is crucial that staff at all levels are involved and have a clear understanding of what dementia is and how it can affect the cognitive and behavioural abilities of those affected. Good training begins with a clear and accessible explanation of the symptoms of dementia so that staff can better understand the challenges these individuals face on a daily basis.

One of the most important aspects of the training is teaching staff to communicate appropriately and effectively with guests affected by dementia. This means using simple and clear language, speaking slowly and calmly. It is essential that staff know how to listen patiently and attentively because people with dementia may often struggle to express themselves clearly. Body language also plays a crucial role: a reassuring smile, eye contact, and an open attitude can make a significant difference.

Staff may find themselves facing difficult situations, such as a guest's agitation or confusion. In these cases, it is important that they know how to intervene without causing additional stress. De-escalation techniques, such as gently distracting the guest or offering alternatives that can calm them, are essential tools. It is equally important that staff recognize signs of discomfort and intervene promptly to prevent the situation from worsening.

The environment of the chosen accommodation plays a fundamental role in making a person with dementia feel comfortable. Staff must be aware of the importance of keeping spaces tidy and well-marked to facilitate orientation. Routine also has great value: maintaining consistency in daily activities can help reduce anxiety and disorientation.

Collaboration with the guests' families is another key aspect. Staff should be trained to work in harmony with caregivers, asking for suggestions on how to best manage the guest's needs and respecting their instructions. This approach not only makes daily management easier but also provides a greater sense of security for the families.

Naturally, it is important that staff know how to handle emergency situations. If a guest were to get lost or become particularly disoriented, the staff must be prepared to intervene quickly and appropriately. Basic first aid training with a specific focus on the needs of people with dementia can be very useful.

Finally, training should not be a one-time event but rather a continuous process. Regular updates and opportunities to share experiences among colleagues can help staff constantly improve their approach and feel more confident in handling delicate situations. Creating an internal support environment where staff can exchange advice contributes to maintaining a high quality of service.



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In conclusion, training staff on how to manage people with dementia means providing them with the necessary tools to offer warm, respectful, and safe hospitality. With the right training, every staff member can make a difference in making the stay of these guests as serene and comfortable as possible.

### 5.6 Timeframe

<p><b>12 - 9 months before the vacation</b></p>	<p>Prepare a list of possible vacation spots and accommodation</p> <p>Prepare a list of possible participants</p> <p>Form the team</p>
<p><b>9- 6 months before the vacation</b></p>	<p>Define location and participants</p> <p>Book rooms</p> <p>Training volunteers</p> <p>Prepare a list of local associations and local attraction</p>
<p><b>6-3 months before the vacation</b></p>	<p>Define a weekly plan and reserve</p> <p>Beach location and equipment (umbrella, sunbeds)</p> <p>Local activities</p> <p>Visits to local attractions</p>
<p><b>3 -1 months before the vacation</b></p>	<p>Interviews with family members</p> <p>Organise a group meeting to know each others participants and staff</p>



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### 6. Arranging transportation

#### 6.1 Comfortable, accessible and environmentally sustainable options

Organising transportation well in advance will give you the best choice of options and prices. How long the person with dementia can travel will be a deciding factor in choosing vacations. Some people might not enjoy long trips because they could become disoriented.

##### Travel Option 1 - Airplane/Train

Travelling by aeroplane or train can be challenging for a person with Alzheimer's; travel times cannot be adjusted to meet the person's needs. Stations and airports are typically very noisy places where it's easy to get lost, but with good preparation, the experience can be made more comfortable and safer.

Here are some tips:

##### 1. Planning and Preparation

- Medical consultation: before organising the trip, it is essential for the person with Alzheimer's to consult their doctor to ensure they are fit to travel and to discuss any medications or precautions.
- Choosing flights, timings, and seats: avoid flights with layovers, which can be stressful and confusing. A direct flight reduces overall travel time and the chances of disorientation. Opt for flights during less crowded times and, if possible, at times when the person is more alert and calm. If possible, book seats by the aisle and close to the restrooms for frequent needs.
- Notifying the airline: inform the airline in advance about the situation so that the onboard staff can offer extra assistance if necessary.
- Planning for delays: trains or planes can experience delays. Bring distractions such as music, download apps on the phone or tablet, simple games, or colouring books to keep the person occupied.

##### 2. During the trip

- Comfort and calm: bring familiar items like a blanket, pillow, or a favourite book to create a reassuring environment.
- Snacks and hydration: ensure the person has access to light snacks and drinks. Hydration is important, but avoid giving too many beverages before the flight to reduce the need for frequent bathroom visits.
- Being a patient companion: it's important for the person with Alzheimer's to be accompanied by someone familiar who can recognize and manage any confusion or anxiety. If the person becomes



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anxious or agitated in the absence of family members, the accompanying person should remain calm and try to reassure them with a calm and gentle tone.

### 3. Upon Arrival

- Organizing Transportation in advance: ensure that transportation from the airport is organised in advance to reduce stress and waiting times.
- Allowing for rest: plan for a rest period after arrival to allow the person to relax and adjust to the new environment.

#### Travel Option 2 - By car

Compared to trains and planes, travelling by car allows for adjustments in departure times, the number and duration of breaks, but if the caregiver is driving, they might have more difficulty paying attention to the person with Alzheimer's. Here are some tips:

- Plan the trip in advance: choose a familiar and predictable route with scheduled stops for regular breaks. Be prepared to adjust plans if the person seems too stressed or fatigued, considering breaking the trip into shorter segments if necessary.
- Avoid peak hours: travelling during busy traffic times can be stressful. Try to start your journey during quieter times to minimise anxiety and distractions.
- Bring familiar Items: having familiar items like a favourite blanket or pillow can provide comfort and reassurance.
- Food and drinks: bring light snacks and beverages to keep the person hydrated and satisfied during the trip.
- Safety: ensure the person wears their seatbelt and that the car environment is safe and free from items that could fall or distract.
- Music or audiobooks: listening to relaxing music or audiobooks can help keep the person calm and positively distracted during the trip.
- Environmental sustainability: the environmental impact of this type of transportation depends on the vehicle's fuel source.



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### Travel Option 3 - By bus / coach

If the vacation is organised by an Alzheimer's association or another caregiving organisation, it might be possible to share the trip with other participants. This way, the caregiver is not engaged in driving and can focus more on the needs that may arise during the trip, as well as support in organising activities to make the journey more pleasant. This option also has a much lower environmental impact compared to using a car.

### 6.2 Minimising stress levels during transportation

Here are some useful ideas for planning activities during the trip:

- Allow participants to introduce themselves and get to know each other to break down barriers and create a group spirit.
- Break the ice with riddles or jokes.
- Remind everyone of the day and the season.
- Provide brief historical and descriptive notes about the place being visited, highlighting its features.
- Point out and observe the changing landscape outside the window together.
- Print lyrics of songs in large font for group singing.
- Suggest stretching exercises for the neck, legs, hands, and feet even while seated.
- Plan a stop approximately every 2 hours.

### 6.3 Being environmentally conscious during the trip

Being mindful of our environmental impact is crucial, even when planning an inclusive vacation. Here are some tips for sustainable travel, tailored to different modes of transportation:

When travelling by plane or train:

- **Pack light.** The heavier the plane or train, the more fuel it consumes. Pack only the essentials and avoid bringing unnecessary items.
- **Choose direct routes.** Opt for direct flights or train journeys whenever possible to minimise carbon emissions associated with layovers and connecting flights.



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- **Offset your carbon emissions.** Consider contributing to carbon offset programs that invest in renewable energy projects or reforestation efforts to compensate for the emissions generated by your travel.

When travelling by car:

- **Choose a fuel-efficient vehicle.** If possible, opt for a hybrid or electric car, or a car with good fuel economy.
- **Carpool.** Share the ride and try to start the trip with a packed car, to reduce the number of vehicles on the road and decrease emissions.
- **Drive smoothly and avoid excessive idling.** Aggressive driving and prolonged idling waste fuel and increase emissions. Maintain a steady speed, avoid hard acceleration and braking, and turn off the engine when parked for extended periods.
- **Pack snacks and drinks in reusable containers.** Avoid single-use plastics and bring your own refillable water bottle and food containers to minimise waste.

When travelling by bus or coach:

- **Choose a rental/ transportation company with a strong environmental policy.** Select a bus or coach operator that prioritises sustainability, such as using fuel-efficient vehicles and implementing waste reduction measures.
- **Bring your own entertainment.** Avoid relying on disposable entertainment options like magazines or newspapers. Bring a book, e-reader, or download games or movies to your phone or tablet.
- **Be mindful of your waste.** Dispose of trash responsibly and recycle whenever possible.

Remember, even small actions can make a big difference. By incorporating these tips into your travel plans, you can enjoy a wonderful vacation while minimising your impact on the environment.



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### 7. On-trip Implementation

#### 7.1 Creating a supportive environment

##### 7.1.1 Establishing routine and familiarity

For a successful vacation, it is essential for a person with dementia to experience **a familiar and predictable environment**. It is well known that many behavioural issues in people with dementia often stem from unexpected changes or a perceived threatening environment.

The first step to counteract this risk is to **create a routine**, that is, a clear and predictable daily schedule that makes participants feel at ease. Creating a routine doesn't mean filling every hour of the day with activities or initiatives (which can actually be counterproductive), but rather offering a breakdown of the day that can be understood and shared even by those suffering from dementia.

For example, in Italy, lunch is traditionally associated with noon, and many elderly people are accustomed to eating lunch around that time.

It is important, then, that lunch is scheduled for that time and remains consistent throughout the vacation days. A similar approach can be taken regarding what to eat at lunch. If the group of participants is used to having some pasta at lunch, it is good that they can do so even on vacation.

The challenge for the professional organising an inclusive vacation for people with dementia is **to balance activities and rest periods within the routine**. The daily schedule should not be overly packed. It is important to consider rest periods or times without activities. These moments are crucial both for the participant with dementia and for the staff members.

##### 7.1.2 Providing Sensory cues and Reminders

In organising the day and activities, it is useful to consider some sensory and cognitive aspects that could hinder their success.

Let's start by considering the main sensory changes that occur with old age, particularly in vision and hearing. It is likely that participants may experience **natural declines in vision** consistent with their age. This can make some activities inaccessible, so it's important for the staff to take certain precautions. For example, reading the daily newspaper is a great activity for elderly people, even those with dementia. However, some participants may struggle to read the text. In such cases, it's helpful to organise a group reading session where the staff member reads aloud for everyone. This prevents participants with vision difficulties from feeling excluded or refusing to participate in that specific activity. The same applies to creative activities. If planning a drawing workshop, it's advisable to use large drawings with clear margins



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and bold lines, and to provide bright colours that are easily distinguishable. In general, it's useful for staff to have materials on hand that minimise the impact of visual impairments. Some useful measures include printing worksheets and reading/writing materials in large, bold fonts, using enlarged images or letters, and having posters that can be hung up and written on in large print for everyone to see.

Regarding vision, it's also important to consider that elderly people often perceive environments as darker than younger people do. Therefore, it's essential to ensure that the spaces where activities are held are well-lit, and it's preferable to organise activities near natural light sources, such as windows. These considerations are also important from a safety perspective: a shadowy step could appear as a step in complete darkness, potentially leading to a fall.

Equally important are **hearing difficulties**. Many elderly people suffer from hearing loss, which can also make it harder to participate in activities. Therefore, staff should use a loud tone of voice and speak directly to individuals with hearing difficulties, making sure to face them when speaking. It's also important to consider the use of hearing aids, which, while essential, can sometimes cause feedback or confusion. Therefore, it's crucial to hold activities in a quiet place, as free from background noise as possible.

Regarding **cognitive difficulties**, let's focus on the most common one: memory issues. Vacation participants will naturally have difficulty remembering various details, such as meeting times, the day's schedule, or their room number. These are normal lapses that could leave elderly participants feeling disoriented, so the staff should take certain measures into account.

First, the most basic measure: staff members will need to repeat these types of information multiple times, as they may be asked about them frequently. When doing so, it's important for staff not to appear annoyed or to reprimand the elderly person, as this could offend them or make them feel inadequate. In some cases, it might be helpful to provide the person with a written note containing the information they need, such as the meeting time or dinner time. Of course, the responsibility for keeping track of these times falls to the staff, not the elderly participants themselves, but for some individuals, having a record of this information can be reassuring.

Another suggestion is to maintain consistent meeting times and locations so that they quickly become familiar and can be easily recognized, even by someone with dementia. Assigning a specific space to a certain activity is helpful as it aids the person with dementia in recognizing the context. For example, if activities always take place in the same room, simply being led there will indicate to the person that they'll spend the next few hours there without needing to pack or prepare personal items. The same applies to the chairs where group members wait for each other; if some staff and participants are sitting there, it indicates that some group members are still missing.



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Finally, it's important that participants learn to recognize the staff members. In some cases, especially if participants don't already know the staff, it may be helpful to use a recognizable item like a shirt or hat of the same colour. However, what proves most effective is establishing a relationship between the staff member and the participant. Indeed, people with dementia, even if they can't remember a person's name or other details, recognize the type of relationship they have with that person. This allows them to associate a person with their role or the relationship they have with them. It becomes evident that people with dementia who participate in activities with a group of staff members tend to identify one or two staff members as their go-to point of contact. This way, the participant is likely to rely on that person, follow them during transport and activities, and turn to them in moments of confusion. Establishing this kind of relationship is important as it facilitates group management.

For this reason, it's important that staff spend the initial stages of the vacation interacting with all participants, even just by chatting and that they spend time with each one.

#### 7.1.3 Encouraging Engagement and Interaction

To maximise participation and the benefits of the vacation, it's important that participants engage in the various activities offered. To do this, there are some guidelines to follow when planning the activities.

As a starting point, it's important to schedule "meaningful" activities that have personal and psychological significance for the participants. This is only possible by taking into account several key factors: age, education level, previous occupation, motor limitations, family history, presence of traumatic experiences, etc. It becomes immediately clear that a good activity plan requires an in-depth knowledge of the participants and their reactions to certain topics. For example, proposing a family-themed activity based on life history might be a good idea, but if one of the participants has tragically lost their children and suffers from loneliness, this activity could lead to mood disturbances and negative social behaviour.

Another crucial aspect to consider is that activities should be "challenging," meaning they shouldn't be too simple or childish. When working with people with dementia, it's important that they feel the need to engage in an activity. This promotes the participant's involvement in the activity while also stimulating the person's remaining abilities. However, care must be taken to ensure that the challenging activity has a "high probability of success." It's important that participants can complete the activity and achieve the intended goal; otherwise, the activity may become frustrating, and the person might feel devalued.

Additionally, activities should relate to areas or topics with which participants have had direct experience. This not only stimulates memory and language but also facilitates engagement in the



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activity. It's useful, in this regard, to form workgroups where participants share common characteristics, such as coming from a specific region or having similar educational backgrounds. For example, when proposing a reminiscence activity related to the seasons, actions related to threshing or grain processing could be suggested to participants from rural areas and farming families, but not to those from urban areas who have always worked in offices.

It's also important to consider the environmental conditions in which the participant finds themselves. Certain conditions are not suitable for organising activities, such as times close to meals or the hottest hours of the day. Similarly, overly crowded or noisy settings should be avoided.

Another aspect to implement during the vacation is interaction, both among participants and between participants and staff. To facilitate the development of spontaneous interactions, several measures can be considered.

First, staff members should be the first to interact positively with participants, serving as role models. The staff member should make themselves known to all participants, sit at the table with different people, accompany different individuals on walks, and encourage conversation so that it's not always just a one-on-one interaction.

From a more operational standpoint, it's important that planned activities involve the entire group of participants. For this reason, it's advisable to organise activities that can be done together as a group. For example, when solving a crossword puzzle, it's better to enlarge the crossword on a poster and read the clues aloud rather than having each participant fill out their own sheet. Activities like gentle exercise or music workshops lend themselves well to this purpose. During group activities, it's important for staff to encourage everyone to participate, making sure that two or three people don't monopolise the activity. However, this should be done with care, as some participants may not be engaged in a particular activity because it's not suitable for them. It may happen that one or more participants are happy to be in the group and feel involved, but their cognitive decline prevents them from fully participating. In these cases, it's best for them to remain in the group, as they enjoy it, but not be given tasks beyond their comprehension. This could not only make them feel inadequate but also cause the group to perceive them as somehow different or ill, and therefore exclude them. In this sense, a thorough understanding of each participant's psychological and pathological condition is crucial. If the activity requires small groups, it's advisable not to always split into the same groups but to rotate participants.

Another suggestion concerns mealtimes. Typically, when a group of people occupies a certain seat once, they tend to occupy the same seat the next time. This also happens with people with dementia, who tend to maintain certain habits without being aware of it. There's no need to counteract this behaviour, which, in reality, is something we all do quite often. However, it may be useful to have large tables where



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several people can sit, so even if they sit in the same place, they can still interact with more people. At the table, we recommend that staff rotate among the tables or at least not always sit with the same people, unless they have special needs, to create positive interactions between staff and participants.

An interesting suggestion concerns taking photos. For us, taking a photo during a vacation is now a trivial thing that we usually do in a few seconds with a smartphone. For elderly people, especially those with dementia, however, having a photo taken is not such an accessible activity and is often perceived as something pleasant. Taking group photos or photos that bring two or more participants together can have a positive effect on bonding. Being part of the same photo makes participants feel closer and part of the same experience.



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### 7.2 Managing challenging behaviours

#### 7.2.1 Individualised support plans

As mentioned earlier, people with dementia may exhibit behaviours that are inappropriate for the context or that may cause us discomfort. In some cases, these are sporadic and inappropriate behaviours that the person displays in response to some external factor, while in others, these are so-called "behavioural disturbances" that are indeed linked to a need of the person but are also related to their illness and cognitive decline.

In fact, problematic behaviours of persons with dementia are typically due to one of two reasons:

1. They are **typical of their clinical and cognitive condition**, and are mostly **symptoms or manifestations of the disease**.
2. They are a means for the person to **communicate some form of distress that they are not fully aware of** or that they do not know how to express in words.

We know that, in most cases, if the person exhibits inappropriate behaviours, it is because they are experiencing some negative situation at that moment. For social operators, the emergence of problematic behaviour is particularly informative, indicating that something unpleasant is happening to that person.

Usually, each person with dementia develops particular behavioural disturbances and tends to repeat some of them. This means that if a person tends to become agitated and suffer from insomnia at night, they are unlikely to suddenly develop a different behaviour, such as apathy. Knowing the participants of the vacation well, therefore, allows us to predict what behaviour the person might exhibit and with what intensity. This is also crucial because it enables social operators to proactively determine what to do if the problematic behaviour arises.

Let's consider the example of a person who suffers from a specific behavioural disturbance like wandering. If a person suffers from wandering and tends to roam, they will need to be given special attention because during idle moments or times of boredom, they are likely to feel the need to walk and may wander off. In these cases, we know that trying to counteract wandering is counterproductive. Social operators can then manage this behaviour by directing it, involving this person in all the walks, asking them to accompany them whenever there is a need to go somewhere on foot, and planning breaks during activities where the person can get up from their chair and take a few steps. Of course, in this case, all social operators must be informed, and one must always accompany the person who tends to wander.



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In other cases, however, where there is no specific behavioural disturbance, the person might exhibit behaviour in response to some form of discomfort. For example, a participant might refuse an afternoon activity and become particularly critical and irritable. This might not be due to the fact that they don't like the activity or don't want to interact with someone but could simply be because they are tired. In this case, taking the person to their room for a nap or letting them rest in a chair might be the most effective strategies.

In any case, **it is important that all social operators know strategies that are effective in managing each participant's behaviour.** In fact, each participant may experience a different form of discomfort from another, and there is no guarantee that the same interventions will produce the same results.

Therefore, by talking with the person and their family members/social operators, it is important to obtain information about what is pleasant for the person and how they tend to self-regulate so that similar interventions can be planned. If we know that a person feels discomfort in moments of confusion and that this makes them irritable or grumpy, it is possible that a brief walk alone with a social operator may be a good strategy, but resting for a while in a chair rather than walking can be equally effective.

#### 7.2.2 Understanding triggers

Often, the emergence of inappropriate behaviours or behavioural disturbances is linked to an external factor commonly referred to as a "trigger," which is a stimulus that triggers an inappropriate reaction in terms of content or intensity. Some triggers are relatively easy to predict as they are intuitive to understand. A fall, someone shouting, the loss of a personal item, etc., are all stimuli that might activate challenging behaviours. In fact, even we, as cognitively healthy individuals, become agitated when we realise we have lost our wallet, or if we don't sleep well at night, we are more distracted the following day.

However, **some triggers are more "sly" and can trigger problematic behaviours without us noticing.** This is the case when a person with dementia perceives some form of discomfort that they do not understand or cannot explain. In these situations, **the social operator must be particularly attentive and consider various factors that might cause discomfort in a subtle manner.** Common factors include fatigue or lack of sleep, but there may also be minor physiological discomforts such as headaches, stomachaches, or joint pain.

In some cases, these triggers are more difficult to identify. Here are a couple of examples:



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- **Dehydration.**

Senior citizens generally drink less than younger adults, often do not ask for drinks, and may not appreciate water. This is due to various sensory changes in the tongue and mouth that are normal with ageing. As a result, the person might drink too little throughout the day or overheat without realising it. In these cases, the simplest solution is to take the person to a cool place and encourage them to drink slowly. If they don't want to drink water, we can flavour it with fruit juice or another beverage, as long as they stay hydrated.

- **Blood sugar levels.**

During the vacation, the person does not eat as they do at home and usually moves around more, which can cause changes in their blood sugar levels. These changes are generally welcomed as people with high blood sugar often return to normal levels, but such variations can be uncomfortable, causing dizziness or weakness. To minimise this likelihood, it is sufficient to monitor the participants' diet, ensuring they consume all components of a complete meal, and offer snacks or light meals occasionally. If a person suffers from low blood sugar, it may be helpful to give them a drink or offer them something to eat.

The triggers we have mentioned so far are all environmental or physiological triggers. However, **psychological triggers** — emotional states that can provoke inappropriate behaviour — **must also be considered**. Each of us acts according to our internal state, and this is even more true for people with dementia who lose the ability to mediate their emotional states with the external environment. As a result, people with dementia may react in a way that seems exaggerated or too direct in relation to the emotional state they are experiencing.

A person who feels sad might push others away or refuse an activity due to their sadness, while another might become overly active or fatigued because of anxiety. In this case, it is also useful to know in advance if there are emotional states that the person struggles to tolerate and what factors might trigger them.

E.g., a woman who experienced the traumatic death of her husband and suffered from depression as a result might feel a strong sadness when hearing others talk about their families. The same woman might, on the other hand, react with agitation and anxiety if she had been married to an abusive husband.



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If the social operator perceives the emergence of a negative emotional state, the most useful approach is to contain it through distraction, engaging the person in a pleasant activity, or alternatively, allowing the person to experience their emotion, giving them the space and time needed to lower their emotional activation without interference.

### 7.2.3 Risk management

Risks are an integral part of any inclusive tourism project for people with dementia. The level of risk varies based on numerous factors, some related to the participants, others related to the location of the vacation, and others related to the team. Therefore, organising the vacation requires a thorough risk analysis to prepare the team to address them. Risk refers to future conditions or circumstances that exist outside the project team's control, which, if they occur, would have a negative impact on the project. In other words, while a problem is an immediate issue that must be addressed, a risk is a potential future problem that has not yet occurred. Accordingly, the usefulness of conducting a proper risk analysis is to mitigate these risks.



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### 7.3 Promoting well-being

#### 7.3.1 Relaxation and leisure activities

As already mentioned, overloading the day with too many activities or commitments can have negative effects just as much as not planning any. We have already discussed the importance of free time and moments of rest throughout the day. In this paragraph, however, we will present some activities that are suitable for filling the day while also being enjoyable and relaxing. As the days go by, it is possible that elderly participants may prefer activities that are pleasant and not physically demanding. In such cases, operators should propose activities that meet these needs. Let's look at some examples.

#### **Music**

Music often provides a pleasant stimulus that evokes positive emotions and stimulates memory. Music can be incorporated into numerous activities, but simply listening to it can also be enjoyable. Music listening sessions can be organised as follows: Participants are arranged in a circle near the operator leading the activity. The facilitator should have a computer and speakers or an amplification system and have either a good internet connection or several audio files already saved on their computer. At this point, the facilitator can suggest listening to some famous songs that they know are familiar to at least most of the participants. To encourage their involvement, participants can be given a sheet with the names of singers from their era and asked to choose which artist to listen to, or they can be given a list of famous song titles and tasked with recognizing the title of the song being played. Additionally, participants can be provided with the lyrics of two or three songs with some words missing, which they must fill in as they listen to the song. These small tasks stimulate participants' interest in music listening, and gradually, participants themselves will begin to suggest songs, share personal stories related to music, or ask for information about singers or musical events that can be researched online. An activity like this can be effectively conducted for about 45-60 minutes and can also be done after dinner.

#### **Readings**

Another pleasant activity that requires little effort from participants is reading aloud. Reading aloud involves selecting a text, a book, a series of passages, or short stories and reading them aloud in front of the participants. It is beneficial for the reader to interact frequently with the participants, for example, by asking what they think about the story, if they have experienced something similar, if the event reminds them of a place or a proverb, and by making jokes. It is important that the selected passage is



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understandable to the participants and tells stories and facts that are shared by them. For instance, if the group of participants comes from a rural area with an agricultural background, it might be interesting to read passages about wheat harvesting, perhaps from the perspective of a child or a family member. In this context, dialect passages or poems are also welcome. This activity can also be conducted for 45-60 minutes and is well-suited for time spent on the beach or in the afternoon inside the hotel.

### The sponge ball

Another seemingly simple but highly effective tool is the sponge ball. This refers to a ball the size of a regular soccer ball but made of soft, spongy material suitable for children. The sponge ball can be used for many games that are particularly fun and allow participants to interact with each other. Here is a suggested structure for a sponge ball game session lasting about 60 minutes. Participants should be seated in a circle, with no obstacles or objects within the circle. The facilitator can sometimes sit and other times stand in the centre of the circle.

The session begins with the simplest task: passing the ball among participants without dropping it. The facilitator should direct the ball toward participants who might receive it less frequently or who tend to get distracted. The ball will likely fall often, providing an opportunity to laugh, make jokes, and gently tease each other. This phase can last 10-15 minutes. Next, the facilitator can introduce rules for passing the ball. For example: the ball must be thrown far and cannot be passed to one's immediate neighbours; the ball must or must not bounce on the ground before reaching the recipient; women can only pass the ball to men and men only to women, etc. After completing this second phase, more creative and cognitively stimulating elements can be introduced. Attention can be stimulated by having participants count the passes, so that each person, before throwing, must say the number of passes they have counted. Some particularly effective exercises involve verbal fluency. Participants can be asked to say a word belonging to a certain category (colours, flowers, foods, etc.) when they receive the ball, or a word that starts with a certain letter or syllable (words starting with "A" or "TA", etc.) or that has a certain number of letters (for example, 3 letters like "dog" or 5 letters like "table"). These tasks can be used multiple times during the same game session, so participants might play for 10 minutes by saying words from a certain category and another 10 minutes by saying words that start with a certain syllable. Finally, more complex cognitive stimuli can be considered. A classic example is giving each participant a card with an image that they must name every time they receive the ball. After several repetitions, the participant must always say the object depicted on their card, but without being able to see it, relying



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only on their memory. This series of ball games is usually perceived as enjoyable and effectively engages participants for 60 minutes.

### Leisure time

Finally, we want to emphasise the importance of "doing nothing." In fact, when on vacation, a good part of the time is spent relaxing and doing nothing, i.e. leisure time. Consistent with this, it is important to consider that time can be spent simply lying on the beach, chatting by the pool, or watching a TV program. The important thing is that "doing nothing" does not become the only planned activity and that the elderly participants do not remain inactive for too long.

### 7.3.2 Nutrition and hydration during the holiday

First and foremost, we reiterate the **importance of ensuring good hydration for elderly participants**. It is crucial that participants drink an adequate amount of fluids. The elderly tend to drink less and that on hot days, so they are at risk of dehydration. Therefore, it is advisable for operators to always have the means to provide water to the participants, either by carrying bottles and cups with them or by having access to beverages on site. Operators should offer drinks to participants regularly, at least once an hour. If someone does not like water or says that "water tastes bad," water can be diluted with a more pleasant-tasting beverage (orange juice, fruit juice, etc.) to remove the bitter taste that water can sometimes produce at an older age. A separate note should be made regarding coffee. Coffee is the beverage most often removed from an elderly person's diet, but it is traditionally consumed more in social settings. It is useful to check with the participant's family in advance whether they regularly consume coffee or caffeine to avoid exceeding their daily intake.

Generally, **we advise against offering coffee or caffeine in the evening and suggest replacing it with barley coffee or decaffeinated coffee** to reduce the likelihood of nighttime insomnia. It is also important to note that some beverages are very sugary and should, therefore, be consumed in moderation or avoided altogether in cases of diabetes. Finally, we recommend avoiding excessively cold water or drinks, as they can cause stomach discomfort or irritation to teeth and gums.

As for food, it is **important that participants follow a diet that is as varied and balanced as possible, and that they have access to all nutrients at each meal**. We advise against planning daily menus that consist of only one type of food, such as just pasta or just pizza. Regarding the consumption of fruit, desserts, or other specific foods, we of course refer to medical advice.



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It is equally important to pay attention to the amount of food a person consumes. Although it is normal in social settings and restaurants for all of us to eat more than we would at home, care must be taken to ensure that participants do not overeat. Once again, it is helpful to know from family members how and how much the person usually eats at home to get an idea of how much they generally can eat. We also recommend choosing dishes with fairly common ingredients that could also be eaten at home to reduce the risk of the participant eating something unpleasant or that might upset their digestive system.

#### 7.3.3 Monitoring health and medication

During vacation days, it is recommended paying close attention to the participants' health by planning a monitoring system. In this regard, it is important to have a nurse on staff who checks the fundamental vital signs at least once a day: blood pressure, heart rate, and body temperature. For those with diabetes or blood sugar irregularities, it is crucial to monitor their blood glucose levels before meals to determine which and how many foods they can consume. We suggest keeping a daily journal for each participant, where the daily recorded parameters can be noted. This could prove useful in case of illness or the need for medical assistance for any participant.

A similar but possibly stricter schedule should be organised for managing participants' medication therapies. It is recommended that medications not be managed independently by the elderly participants, and in some cases, not even by the accompanying family members. It is possible that the accompanying family member may become confused or may need help because they are also following their own medication regimen. In any case, it is essential that participants continue to follow their doctor's prescribed medication regimen during vacation days, and that the staff plans appropriate times and breaks to accommodate this. If errors or oversights occur that reduce adherence to the therapy, it is important not to attempt to compensate or correct the medication regimen independently. For example, do not administer a double dose of the same medication if a dose was missed during the day.

If there are difficulties in managing a medication regimen, it is recommended to contact the family to ask for the medical instructions regarding it or requesting the contact information of the participant's doctor to obtain first-hand information.



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### 7.4 Adapting activities and itineraries

#### 7.4.1 Giving space to flexibility and spontaneity

We have emphasised many times the importance of good planning, both in terms of activities and the allocation of time and space. At this point, it's also important to note that there will likely be a need to adjust these plans during the course of the vacation. This is not necessarily due to emergencies or unforeseen events that need attention, but can happen for very simple reasons. It is essential that the team of operators maintains a certain degree of **flexibility and adaptability** and does not feel the pressing need to strictly adhere to something pre-established. In fact, while it is good to have a program for each day of the Vacation, it is equally important that this program allows for small adjustments.

Let's look at some practical examples.

#### ADJUSTING TIMING OF ACTIVITIES

We have discussed the importance of establishing and maintaining a routine during the stay, both in terms of locations and schedules. In our example of daily planning, we mentioned that a good time to resume daily activities could be 3:30 PM, which would then prompt us to plan afternoon activities lasting at least 2 or 3 hours.

However, this timing should not be taken as an imposition, and the team should be able to adjust it as needed.

For instance, if there is a need to assist several participants with showers in the early afternoon, including those who may need some help, it would be inadvisable to skip rest time, both for participants and operators, just to be on time at 3:30 PM. In such cases, it is more beneficial to delay the start time by an hour rather than rushing through personal hygiene and cutting into rest time.

#### ADJUSTING TIMING OF MEALS

In our scheduling example, we proposed 12:30 PM for lunch and 7:30 PM for dinner, but it may sometimes be difficult to stick to these times. This could happen for trivial reasons, such as needing more time for a transfer or to properly administer all the participants' treatments. It's important not to rush these procedures, but rather to arrange with the restaurateur for the possibility of delaying meals by half an hour if necessary.



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In line with this, it is evident that the activities planned for participants must be flexible and "modular." Of course, some activities, particularly those taking place outside the hotel, like a museum visit or attending a performance, will have fixed times and itineraries. But for all others, those organized and led by the operators, it is important that they are easily adaptable to the context. It may happen, for example, that an activity scheduled to last two hours needs to be completed in just one, or that a space designated for a certain activity becomes unavailable. In such cases, the operators will need to adapt their planning, which is easier when activities are planned flexibly.

### Latest recommendations:

- The **planned activities should not have an excessively long duration**. We suggest that each type of activity should be scheduled for a maximum of one hour. If there is more time available, two or three activities can be conducted in the same afternoon, or the first one can be extended.
- The **tools and materials needed to carry out the activities should always be available**. For this reason, we recommend renting a room in the hotel where all necessary items can be stored, so they are accessible to any operator even on days when they were not expected to be used. For example, if a creative painting workshop is conducted and the participants really enjoy it, it could be repeated on another day when there is some "downtime." However, this won't be possible if the materials are left in an operator's car who is not available at the moment.
- The **type and manner of conducting the activity should be shared among the equipe of caregiving operators**. We advise against making an activity the sole responsibility of one operator. It's better if at least one other operator knows how to conduct that same activity in case the primary operator is unable to do so for some reason.
- **Activities should be adaptable to multiple locations**. We advise against planning activities that can only be conducted in certain settings. It's important to always consider the possibility of using general spaces like a garden or a room with tables. If, for example, a movie screening is planned, it could happen that you only discover on-site that the screen is too small or the audio system doesn't work. This means the activity cannot proceed and should be easily replaceable with another.

Finally, let's mention another important factor, in addition to flexibility, which is **spontaneity**. It is important to consider that both participants and operators may propose an unplanned activity or schedule during the vacation. For example, the elderly might want to have ice cream for a snack, or the



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operators might discover a great local event that could be enjoyable for the participants. In these cases, it's good to be open to such spontaneous suggestions and not be too rigidly tied to the original schedule. In fact, during any trip, some activities can be decided once there, or come up with changes to the program, and the same happens during a stay for people with dementia. When possible, it's advisable to accommodate these suggestions and always maintain an environment where the participants are not forced to follow something predetermined by others but can have a say in the activities.

### 7.4.2 Options for varying abilities and interest

Certain aspects or interests of the participants may emerge during the vacation, and the team might not have been aware of beforehand. It can happen that the "vacation context" brings out memories, skills, or traits in the participants that were unknown before the trip.

During the vacation days, it might become apparent that most of the group shares common skills and interests. For example, the operators might discover that many participants are familiar with music and enjoy singing, or that several members of the group know how to ride a bicycle safely. The emergence of these factors is very interesting for the team of operators, who should not be afraid to embrace new developments. In this way, a music listening activity could turn into a karaoke session, or a walk in the park could become a short bike ride.

These adaptations, based on the participants' skills and interests, can be particularly fruitful because, on one hand, they stimulate the mind and cognitive abilities of the person, and on the other, they activate positive psychological experiences. For example, riding a bicycle for someone who used to cycle or was accustomed to biking on weekends can help in recovering the motor and cognitive skills necessary for proper cycling, such as coordination, orientation, attention, muscle activity, etc. Similarly, this can promote a greater sense of self-efficacy and positive self-esteem related to being able to do something that once seemed impossible.

Some participants, on the other hand, may discover they have certain skills and interests as they engage in a specific activity, which motivates them to participate and invest in the new activity. A classic example is drawing. Most older adults have given up drawing since childhood because they consider it a child's activity or a pastime they "don't have time for." However, once engaged in drawing, many people with dementia discover that they enjoy this activity and remain focused on it for a long time. In cases like this, it is important for the operators to encourage this new interest and allow the person to freely enjoy this new discovery, even if it doesn't adhere to the outlines or use the "correct" colours. The important thing is that it brings pleasure and satisfaction.



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In some cases, however, the opposite phenomenon may occur, where the participants do not exhibit the skills or interests that the team had anticipated. For instance, participants might not enjoy a gentle exercise activity or might refuse to do certain exercises. In such cases, the operators should certainly encourage interest in the activity but should not "force" participation. It is advisable to continue the activity, perhaps dedicating less time to it, but then avoid repeating it during the stay.

A similar situation involves the cognitive inability of some participants to perform a certain activity. It could happen that some users show greater cognitive difficulties than expected, which prevents them from completing the activities. In such cases, it is important not to stress the deficient skill, as this can cause distress to the person, who may even exhibit inappropriate behaviour. If it becomes apparent that a participant is having difficulty recalling information from memory, the facilitator should ask that person to remember the simplest stimulus or offer a small hint. For example, if we are playing with a sponge ball and have reached the session where each participant has to recall a kitchen item, one participant must recall the same object each time they receive the ball, which in this case is a cup. When the ball reaches this person who has more difficulty, instead of asking "What object did you have?" the facilitator could ask, "On your card, there was a drawing of a cu..." and wait for the person to complete the word. It is important, as we have already mentioned, that the activity is indeed challenging, but that the participant can still succeed in completing it.



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### 8. Post-trip evaluation and feedback

#### 8.1 Collecting feedback from participants and staff

Gathering feedback from participants in a vacation dedicated to people with Alzheimer's is crucial. Here are some methods:

- **Involving participants and caregivers.** Interviews and questionnaires for caregivers, direct observation of participants' behaviour, and using photographs or videos to document key moments.
- **Written or verbal feedback.** Simplified verbal interviews and personal diaries to express feelings and memories.
- **Debriefing sessions and long-term feedback.** Organising post-vacation meetings and follow-ups with caregivers.

Collecting feedback from staff is equally important:

- **Post-vacation questionnaires.** Distribute questionnaires with open and closed questions about the organisation and support provided to participants.
- **Individual interviews and focus groups.** Organise interviews and group discussions to obtain detailed feedback.
- **Debriefing meetings.** Discuss immediately after the vacation what worked well and what could be improved.
- **Logbooks.** Encourage staff to keep a diary during the vacation to note observations and suggestions.



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### 8.2 Evaluating the access of the trip

Evaluating the success of the vacation and identifying areas for improvement is crucial to ensuring continuous evolution in the approach and quality of services offered. This process helps to:

- Ensure participants' well-being. Check if the needs of people with dementia were met.
- Improve service quality. Make changes to increase the quality of the service offered.
- Support caregivers. Understand if caregivers received the necessary support and identify ways to improve their well-being during the vacation.
- Optimise resources. Knowing what worked and what didn't helps to better utilise available resources such as time, budget, and staff, allowing for more efficient planning of future vacations focused on what truly adds value to participants.
- Promote continuous improvement. Evaluating success and identifying areas for improvement creates a positive feedback loop. Each vacation becomes an opportunity to learn and improve, ensuring future experiences are increasingly positive and fulfilling for everyone involved.
- Strengthen trust and reputation. Constant attention to improvement and the quality of vacations strengthens the trust of participants, caregivers, and their families. This can also enhance the organisation's reputation by demonstrating a real commitment to providing high-quality experiences.

Evaluating the success of a vacation for people with dementia and identifying areas for improvement is essential to ensuring that every experience is safe, fulfilling, and tailored to participants' needs, creating a positive impact for both them and their caregivers. This evaluation can be achieved through the collection and analysis of feedback from participants (people with dementia and caregivers) and staff as previously discussed.



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### 8.3 Sharing lessons learned and best practises

Evaluation and analysis of results alone are not meaningful unless followed by sharing the lessons learned and best practices to be maintained and developed. This must occur among staff, vacation participants, and all involved stakeholders (private businesses, public entities, etc.). Here are some ways to do this effectively:

- **Debriefing meeting with staff.**

Immediately after the vacation, it's useful to gather all staff for an informal discussion on how things went. This meeting is a great opportunity to reflect together on what worked well and where there is room for improvement. The main observations can be noted and shared with everyone, perhaps in a document that's easy to consult in the future.

- **Creating a post-vacation report.**

Another idea is to put everything in writing in a detailed report. This document can summarise the entire experience, including the lessons learned and best practices that emerged during the vacation. It's useful to distribute it not only to staff but also to caregivers and other interested parties so that everyone can understand what worked and what can be improved.

- **Workshops or internal training.**

Once best practices are identified, it may be useful to organise internal workshops. These training sessions help staff to build on the lessons learned and put new strategies into practice. If possible, you can also invite external experts to provide fresh and even deeper perspectives.

- **Creation of guidelines or manuals.**

Lessons learned can also be formalised into guidelines or manuals. These documents, regularly updated, become a reference point for all staff, ensuring that best practices are always followed and past mistakes are not repeated.

- **Sharing in regular meetings.**

It's also helpful to keep these discussions active during regular staff meetings. Reserving a moment to talk about lessons learned and best practices helps to keep these concepts fresh and ensure that they become part of everyday work practices.



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- **Communication with caregivers and families.**

Sharing this information with caregivers and families is equally important. This can be done through a newsletter or informal meetings. It's a way to show them that the organisation is committed to continuous improvement and that their feedback is taken seriously.

- **Stakeholder involvement.**

Don't forget the stakeholders. Organising periodic meetings with them to share the lessons learned can help guide future strategies and ensure better service in the future.





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### 8.4 Post-trip Evaluation questionnaire

Dates and location of the vacation	
Relationship with the participant (son/daughter; spouse, etc.)	

#### **SECTION 1 - ABOUT THE PERSON WITH DEMENTIA**

Please express your degree of satisfaction by placing a checkmark on the scale from 5 (very satisfied) to 1 (not at all satisfied) - regarding:

**Overall travel experience:**

- 1 - not at all satisfied
- 2 - slightly satisfied
- 3 - fairly satisfied
- 4 - satisfied
- 5 - very satisfied

If you answered "slightly satisfied" or "not at all satisfied," you can specify the reason here:

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**Services received during the stay:**

**a) Hotel rooms**

- 1 - not at all satisfied
- 2 - slightly satisfied
- 3 - fairly satisfied
- 4 - satisfied
- 5 - very satisfied

If you answered "slightly satisfied" or "not at all satisfied," you can specify the reason here:

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### b) Food

- 1 - not at all satisfied
- 2 - slightly satisfied
- 3 - fairly satisfied
- 4 - satisfied
- 5 - very satisfied

If you answered "slightly satisfied" or "not at all satisfied," you can specify the reason here:

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### c) Courtesy and helpfulness of the staff

- 1 - not at all satisfied
- 2 - slightly satisfied
- 3 - fairly satisfied
- 4 - satisfied
- 5 - very satisfied

If you answered "slightly satisfied" or "not at all satisfied," you can specify the reason here:

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### Quality of transfers with means of transport

- 1 - not at all satisfied
- 2 - slightly satisfied
- 3 - fairly satisfied
- 4 - satisfied
- 5 - very satisfied

If you answered "slightly satisfied" or "not at all satisfied," you can specify the reason here:

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### Animation and cognitive stimulation services offered

#### a) Preparation of the professionals

- 1 - not at all satisfied



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- 2 - slightly satisfied
- 3 - fairly satisfied
- 4 - satisfied
- 5 - very satisfied

If you answered "slightly satisfied" or "not at all satisfied," you can specify the reason here:

**b) Ability of the professionals to engage participants**

- 1 - not at all satisfied
- 2 - slightly satisfied
- 3 - fairly satisfied
- 4 - satisfied
- 5 - very satisfied

If you answered "slightly satisfied" or "not at all satisfied," you can specify the reason here:

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**c) Enjoyment of the recreational activities offered**

- 1 - not at all satisfied
- 2 - slightly satisfied
- 3 - fairly satisfied
- 4 - satisfied
- 5 - very satisfied

If you answered "slightly satisfied" or "not at all satisfied," you can specify the reason here:

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**What was the most appreciated and least appreciated activity?**

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### **SECTION 2 - ABOUT YOU AS A CAREGIVER**

Please express your degree of satisfaction by placing a checkmark on the scale from 5 (very satisfied) to 1 (not at all satisfied) - regarding:

**1. Support received by our staff during this experience**

- not at all satisfied
- 2 - slightly satisfied
- 3 - fairly satisfied
- 4 - satisfied
- 5 - very satisfied

If you answered "slightly satisfied" or "not at all satisfied," you can specify the reason here:

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**2. Availability and communication with the reference professionals before and during the vacation**

- not at all satisfied
- 2 - slightly satisfied
- 3 - fairly satisfied
- 4 - satisfied
- 5 - very satisfied

If you answered "slightly satisfied" or "not at all satisfied," you can specify the reason here:

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**3. During the vacation, did you notice a change in mood or behaviour in the person you assist?**

- Yes, positive
- Yes, negative
- No

If you answered "yes, negative," could you specify the reason here:

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**4. Please give us suggestions on how to improve in the future (open question):**

