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ADRINCLUSIVE

INTERREG ITALY-CROATIA PROJECT ADRINCLUSIVE

OUTPUT O1.1 ADRINCLUSIVE Strategy

Interreg Co-funded by the European Union

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ADRINCLUSIVE Project

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

OUTPUT 1.1 Strategy/Action plan

ADRINCLUSIVE strategy to allow cross-sectorality between the tourism and the welfare sector in the new cross-border model of inclusive tourism offer for people with dementia and cognitive decline

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ADRINCLUSIVE

Project Title	**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**
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ABSTRACT

This document presents the official strategic framework of the ADRINCLUSIVE project, a cross-border initiative co-funded by the Interreg Italy-Croatia Programme. It outlines a comprehensive approach to designing and implementing inclusive tourism services specifically tailored for individuals with dementia and cognitive decline. Drawing on extensive research, stakeholder engagement, and collaborative design activities, this strategy serves as both a policy guideline and a practical tool to foster intersectoral collaboration between tourism and welfare actors.

Developed through the joint efforts of municipalities, caregiving organizations, tourism professionals, and civil society across Italy and Croatia, the strategy emphasizes dignity, accessibility, and sustainability as core values of dementia-friendly tourism. It consolidates findings from focus groups, surveys, roundtables, and pilot actions to propose actionable solutions, training pathways, and inclusive service models.

This document is intended for a diverse audience, including policymakers, tourism operators, caregivers, health professionals, and local authorities. It offers practical insights and structured recommendations that can inform inclusive vacation planning, guide regional policies, and inspire replication beyond the project's geographic scope. This document is intended to function as a living resource and to constitute a foundational step toward the development of a more equitable, empowering, and human-centered tourism model for individuals of all cognitive abilities.

1. Methodological note

1.1. Literature research

The material elaborated in the ADRINCLUSIVE project relies mainly on the practical experience and firsthand knowledge of the project partners, who are engaged in both the tourism and welfare sectors. This experience was collected through organized surveys, focus groups, and interactive discussions with caregivers, tourism operators, and involved stakeholders from Italy and Croatia. These channels gave insight into the concrete needs, obstacles, and effective approaches concerning inclusive tourism for persons with dementia. While some of the scientific literature has been used to underpin the conceptual framework and highlight important factors like the position of social interaction in cognitive well-being, most of the content represents applied knowledge and actual practices. This helps to make the proposed strategies and suggestions relevant, realistic, and directly informed by practitioners in the field.

1.2. Survey research with associations

The mapping activity aimed primarily to gather as many local stakeholder contacts as possible within the Italy-Croatia cross-border area, to open opportunities for cooperation in future phases of the ADRINCLUSIVE project. For initial engagement, information was collected regarding stakeholders' experiences in managing individuals with dementia and Alzheimer's and organising inclusive vacations. This information serves two main purposes:

A. To provide all project partners with foundational knowledge on inclusive vacations and the management of individuals with dementia.
B. To identify differences in the perception of the needs of people with dementia during vacations from the perspectives of caregivers and tourism professionals interested in the ADRINCLUSIVE project.

With the context of this mapping activity established, we can now define the data collection methods used for our survey.

RomagnaTech, in collaboration with FMA and AFAM, created two online structured questionnaires: one for caregivers and the other for tourism professionals. The questionnaire structure was based on the *"Attitudes to Dementia World Alzheimer Report 2024 Survey"* by Alzheimer's Disease International[1], with questions modified to align with the vision of ADRINCLUSIVE. Given the sensitivity of the topic, the questionnaire ensured respondents' total anonymity.

[1] https://www.alzint.org/attitudes-to-dementia-world-alzheimer-report-2024-survey/

The questionnaires were administered in Italian and Croatian to facilitate dissemination in the two partner countries. Responses were then translated into English, aggregated, and analysed.

During the preparatory phase, it was decided that the sampling of respondents obtained by contacting the organisations listed during the first stakeholders' mapping would aim not at achieving statistical representation but at reaching several organisations aligned with the project's objectives to be involved in future activities.

The qualitative data obtained, regarding the needs, procedures, and best practices signalled by stakeholders in our survey, have been analysed and then presented in this deliverable.

1.3. Focus group

The methodological approach for this segment of the ADRINCLUSIVE project focused on the use of focus group discussions to explore the competencies needed for inclusive tourism services tailored to individuals with dementia. This qualitative strategy was based on the assumption that valuable insights already exist within the tourism, healthcare, and caregiving communities, and that these can be effectively surfaced through structured and facilitated group dialogue.

Focus groups were conducted across various locations in Italy and Croatia, involving a carefully selected and diverse group of participants. These included tourism professionals such as hotel managers and tour guides, healthcare workers, caregivers, educators, and policymakers. The selection aimed to ensure a wide range of perspectives that reflect the complexity of inclusive tourism for people with cognitive impairments.

Each session was moderated by a trained facilitator and supported by a note-taker who captured key points and contextual information. Audio recordings were made, with participant consent, to preserve the richness of the discussions and support the accuracy of data analysis. The discussions followed a semi-structured guide that balanced consistency across sessions with the flexibility to adapt to participants' contributions.

Data were analyzed thematically. Transcripts and notes were reviewed to identify patterns, recurring themes, challenges, and practical suggestions. The analysis focused on extracting actionable knowledge to inform future training initiatives and policy recommendations. Stakeholders shared real-world examples and collaboratively reflected on both barriers and enablers of inclusive tourism, which enriched the findings. Regarding ethical concerns and privacy, participants were informed in advance about the purpose of the sessions, how the data would be used, and their rights regarding confidentiality and

voluntary participation. Consent was obtained in all cases. Emphasis was also placed on reinforcing the relevance of their contributions to the broader objectives of the project, which helped encourage deeper engagement during discussions.

This approach allowed the project team to gather high-quality, grounded insights that reflect both sector-specific knowledge and lived experience. Focus groups enabled participants to build on each other's ideas, surface tacit understandings, and generate practical recommendations that might not have emerged through other methods. As a result, the findings from these sessions form a strong foundation for developing targeted training content and inclusive tourism strategies that are both relevant and applicable.

1.4. International roundtable and local work sessions

The methodological approach adopted for the international roundtable event was structured to promote both focused dialogue and collaborative exploration among participants from Italy and Croatia. The goal was to co-develop actionable insights and training strategies that respond to the needs of individuals with dementia in the context of tourism services. The process began with a collective introduction where the overarching aims of the ADRINCLUSIVE project were presented. This opening moment ensured that all participants shared a common understanding of the project's background, challenges, and goals. The local work sessions applied the same methodology, apart from the formation of groups based on the differences in spoken languages, since it wouldn't apply to this case.

Participants were then divided into small, language-specific discussion groups. Each group received printed leaflets (see Fig.1) containing essential information about ADRINCLUSIVE, such as research results from previous focus groups, and a series of questions crafted to prompt reflection on educational gaps, training strategies, and practical solutions for inclusive tourism. The use of these shared materials ensured that discussions were grounded in common content, while also allowing space for participants to draw from their own professional experience.

Discussion groups were facilitated by moderators who guided the conversation and ensured balanced participation. Each session lasted approximately two hours, allowing for in-depth examination of the themes while maintaining engagement. Facilitators played a central role in managing time, prompting deeper analysis, and ensuring that all voices were heard. The use of structured prompts (See Tab.1) within the leaflets helped maintain focus on the core themes, while also encouraging participants to move beyond surface-level observations and toward solution-oriented thinking.

After the group work, each table presented its key findings in a plenary session that brought together all participants. These plenary moments provided a space for synthesis, comparison of perspectives, and collective refinement of ideas. The exchanges helped reveal common priorities and allowed for the identification of shared challenges across different national and professional contexts.

This methodology emphasized mutual learning, multilingual inclusiveness, and practical relevance. By enabling stakeholders from diverse backgrounds to articulate their views in their preferred language and within a familiar group setting, the roundtable fostered a constructive atmosphere. The alternating structure of small-group discussions followed by plenary synthesis allowed for both depth and breadth in data collection. Furthermore, the employment of the leaflets (see Fig.1) worked both as informational tools and instruments for standardizing input across the different discussion groups. Questions were designed not only to explore perceived gaps and opportunities but also to stimulate the formulation of tangible recommendations. The consistent use of these materials allowed the research team to later aggregate and compare data across language groups with minimal loss of meaning or context.

Overall, the roundtable methodology combined structured materials, peer learning, and facilitated discussion to create an effective process for gathering actionable insights. The outcome was a set of well-informed, realistic proposals for training and policy development that reflect both expert knowledge and stakeholder priorities.

Day	Question
Day 1	What are the main barriers to inclusive tourism?
	What potential opportunities for improvement exist?
	What strategies and communication channels could be used to promote inclusive vacations?
	How could the intersectoral collaboration network (welfare, tourism, associations, institutions, etc.) be improved to support the spread of inclusive tourism?
Day 2	What disciplines should a dedicated training program for tourism operators include?
	What teaching/training methods could be more engaging and innovative?
	What advantages could inclusive tourism training offer to tourism operators? How could tourism operators be motivated to pursue further training in inclusive tourism?
	At which stages of a tourism operator's education could specific training on inclusive tourism be integrated? What entities could be involved in this type of training?

Tab.1 Prompt questions for the roundtable event

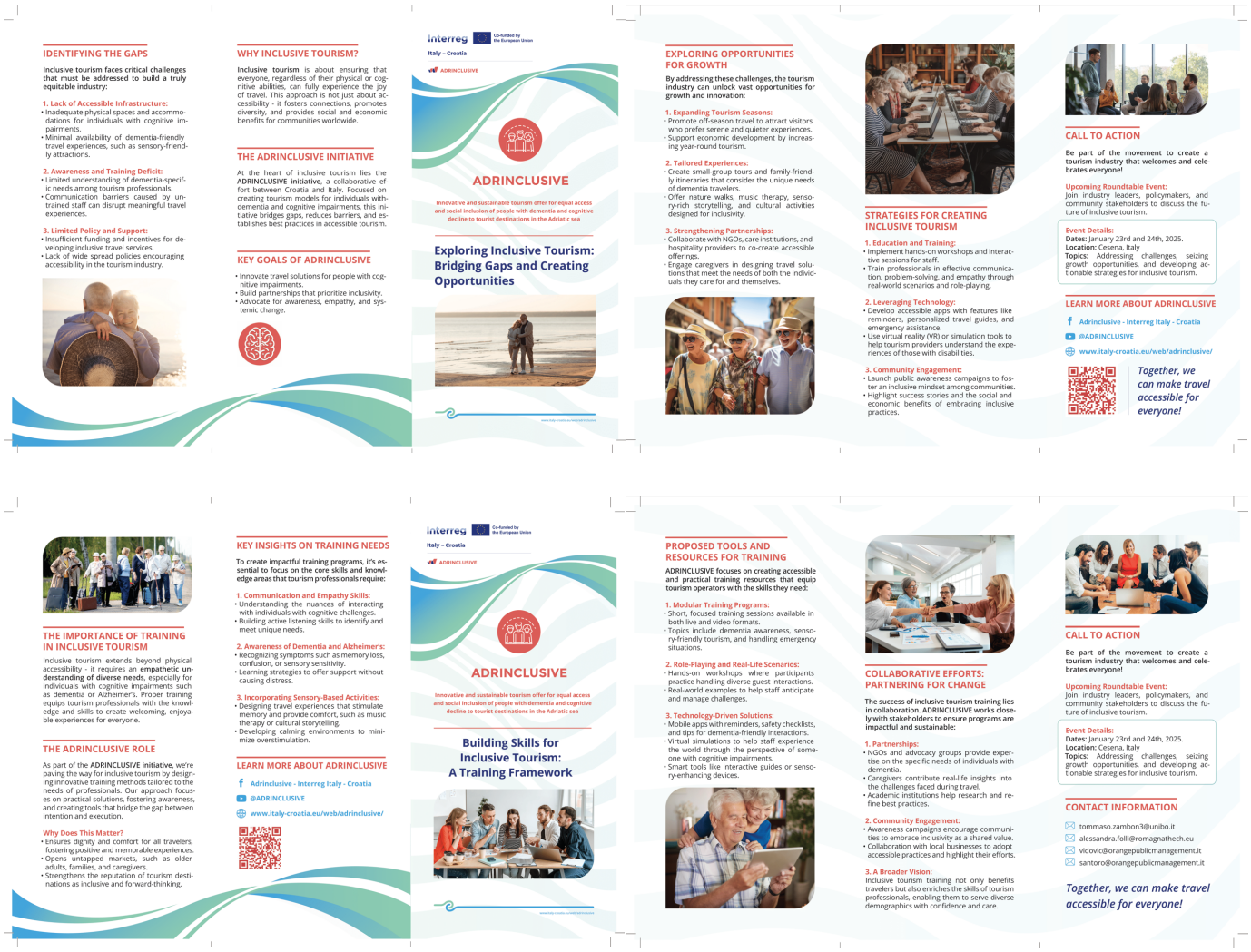

Fig.1 Informative leaflets handed out to all participants

2. Introduction

As societies age demographically in Europe and the rest of the world, the needs and issues concerning cognitively impaired individuals, like dementia and Alzheimer's disease, have increasingly manifested. Tourism is arguably the most fundamental dimension of inclusion that has conventionally been geared towards healthy, mobile, and intact-minded individuals. Tourism has, however, proven to be a useful intervention in promoting well-being, preserving dignity, and sustaining social interaction in individuals with dementia.

Inclusive tourism is a response not just to human rights and care ethics concerns but also to a shifting demographic and economic landscape. The development of tourism products aimed at individuals with cognitive disabilities has moved from a marginal dream to an imperative and strategic approach to advancing the public good and sustainable economic growth.

2.1. A growing need for inclusive tourism for people with dementia

Alzheimer's and dementia are progressive diseases that increasingly deny an individual the capacity to carry out daily tasks, interact socially, and manage their environment. The World Health Organization states that in 2021, approximately 55 million individuals globally had dementia. The figure is expected to take a phenomenal increase, reaching 78 million by 2030 and 139 million by 2050.

Despite the increasing incidence of dementia, those afflicted with the condition encounter a host of difficulties with travel and recreation. These obstacles are not only physical or cognitive; they are exacerbated by social stigma, infrastructural deficiencies, and a sheer paucity of appropriately trained experts within the tourism industry. Consequently, most people with dementia find themselves denied experiences with high potential to benefit their well-being and sociability.

Inclusive tourism is one such strategy that can be used to address this problem. By enabling people with dementia to afford and enjoy holidays that are meaningful to them, it is possible to assist individuals in preserving their identity and autonomy. Furthermore, such activities encourage social engagement and mentally stimulate the individual, thereby enhancing the quality of life. For caregivers, inclusive holidays can offer much-needed breaks, as well as the stimulation of creating shared, festive memories with their relatives. Furthermore, the presence of individuals with cognitive disabilities within general tourism environments has a significant role to play in diminishing stigma and normalizing their presence within public and collective spaces.

The ADRINCLUSIVE project has shown that accessible and meaningful tourism is possible for individuals with dementia through planning, accessible destination design, and the acquisition of specific competences by tourism stakeholders. It reiterates that with determination and collaboration, tourism can be a setting of dignity, inclusion, and meaningfulness for everyone.

2.1.1. Severity Dementia Distribution (SDD)

Understanding the Severity Distribution of Dementia (SDD) is essential when designing truly inclusive tourism services. Dementia does not present in a uniform way; rather, it evolves through different stages: mild, moderate, and severe. Each stage affects mobility, memory, social behaviour, and interaction with the environment in distinct ways.

Building on the data presented in the Italian National Report, we extend the analysis to evaluate the SDD, drawing on the methodology developed by Yuan (2021) [1]. Through this process, we generate the metadata necessary to estimate the SDD in Italy (see Tab.2), providing a foundation for initial projections of the potential reach of *Adrinclusive* and other inclusive tourism initiatives.

Based on the analysis presented by Yuan (2021), individuals aged 50 to 94 with Alzheimer's disease dementia are distributed across different stages as follows: approximately 50.4% are in the mild stage, 30.3% in the moderate stage, and 19.3% in the severe stage. These figures indicate that a large portion of people with dementia are in the earlier phase of the condition, during which they often retain a level of autonomy and can still engage in meaningful activities, including travel. This group represents a promising target for tourism initiatives tailored to their cognitive needs, such as itineraries designed for simplicity and clarity, supportive accommodations, and personnel trained in dementia awareness.

For those in the moderate stage, who make up around one-third of the affected population, more comprehensive assistance is needed. While travel becomes more complex, it remains possible with the right structures in place. Options such as supervised group tours, adapted transportation, and guaranteed access to healthcare services can create opportunities for these individuals to participate in tourism safely and enjoyably.

The remaining 19.3% of individuals are in the severe stage, where the level of dependency is highest and cognitive impairment is most advanced. For this group, traditional travel may no longer be viable, but adapted forms of tourism, particularly those focused on caregiver relief or maintaining emotional well-being in familiar, comfortable settings, can still offer valuable experiences. Overall, each stage of dementia

presents distinct needs, and a nuanced, stage-sensitive approach to tourism can help ensure that people with dementia and their caregivers are not excluded from opportunities to enjoy travel.

In cases of mild dementia, individuals are often still capable of travelling with minimal assistance. They typically benefit most from a balance of gentle stimulation, structured daily routines, and the reassurance of a predictable environment. Travel at this stage can serve as a powerful tool for maintaining autonomy, promoting engagement, and enhancing quality of life.

Moderate dementia introduces more complex challenges. Travellers may require specific environmental adaptations, such as barrier-free access or clear signage, as well as hands-on support for daily activities. A well-structured schedule becomes crucial to reduce anxiety and confusion and to ensure a safe and pleasant experience for both the individual and their caregivers.

Severity Distribution of Dementia on the Italian territory						
	Tot (%)			Mild (%)	Moderate (%)	Severe (%)
	100			50.4	30.3	19.3
County	Popolazione 65+	Casi	Tot (%)	Mild (N.)	Moderate (N.)	Severe (N.)
Abruzzo	321,260	25,876	8.05	13,042	7,840	4,994
Basilicata	133,637	10,683	7.99	5,384	3,237	2,062
Calabria	434,715	32,954	7.58	16,609	9,985	6,360
Campania	1,150,367	80,706	7.02	40,676	24,454	15,576
Emilia Romagna	1,086,041	90,940	8.37	45,834	27,555	17,551
Friuli Venezia Giulia	320,870	26,724	8.33	13,469	8,097	5,158
Lazio	1,322,946	104,656	7.91	52,747	31,711	20,199
Liguria	434,824	38,498	8.85	19,403	11,665	7,430
Lombardia	2,327,672	187,773	8.07	94,638	56,895	36,240
Marche	383,785	32,395	8.44	16,327	9,816	6,252
Molise	76,754	6,369	8.30	3,210	1,930	1,229
Piemonte	1,120,821	92,132	8.22	46,435	27,916	17,781
Puglia	930,009	70,372	7.57	35,467	21,323	13,582
Sardegna	414,217	31,449	7.59	15,850	9,529	6,070
Sicilia	1,100,032	81,159	7.38	40,904	24,591	15,664
Toscana	958,136	80,596	8.41	40,620	24,421	15,555
P.A. Bolzano	108,187	8,682	8.02	4,376	2,631	1,676
P.A. Trento	126,120	10,067	7.98	5,074	3,050	1,943
Umbria	228,572	19,472	8.52	9,814	5,900	3,758
Valle D'Aosta	30,721	2,445	7.96	1,232	741	472
Veneto	1,167,759	93,014	7.97	46,879	28,183	17,952
TOT	14,177,445	1,126,962	7.95	567,989	341,469	217,504

Tab.2 Severity Distribution of Dementia in Italian Regions

For individuals experiencing severe dementia, travel is not impossible, but it demands a specialised context. In these cases, the involvement of trained caregivers and medical professionals becomes essential, and the environment must be carefully controlled to prioritise comfort, familiarity, and risk reduction. Vacations at this stage are often tailored retreats, with health and safety taking precedence over exploration.

The wide variation in individual needs underscores the importance of a flexible, person-centred approach. Inclusive tourism must not apply a single standard to all, but rather design adaptive services that respond

to the unique profile of each participant, respecting their capacities and offering meaningful experiences within safe boundaries.

Beyond service design, the SDD also carries significant implications for territorial planning. Areas with a high concentration of older residents, such as the Adriatic coastal regions of Italy and Croatia, are likely to see growing demand for dementia-friendly tourism infrastructure. For these regions, integrating inclusive tourism into broader territorial strategies is not only a matter of equity but also an opportunity for sustainable development and community engagement.

2.1.2. Economic opportunity for inclusive vacations

This trend towards an ageing population offers enormous economic potential for the tourism industry. As European populations are facing rising life expectancy and an ageing population, new consumer needs and certain market segments are arising. Eurostat stated that 27 percent of individuals aged 16 years and older in the European Union registered some kind of disability in 2022, which corresponds to around 101 million individuals. In Italy alone, 5% of the population has a disability, with over 2 million of them being 65 years and older. This is an important and often underestimated consumer market.

Older individuals, particularly those over 65 years, possess greater average incomes and financial resources compared to younger cohorts. Their consumption also increasingly reflects the need for meaningful, experiential, and health-oriented travel. In Italy, consumer expenditure by individuals over age 65 totals nearly 200 billion euros annually, which amounts to 20 percent of total household spending in the nation.

In the tourism sector, investment in dementia-friendly services is more than a social or moral obligation. It is a business strategy. By focusing on the unique needs of older adults and individuals with cognitive disabilities, the providers of tourism can tap into new avenues for sustainable growth.

The most obvious advantage is the rejuvenation of off-season travel. Through providing inclusive and value-added packages during less busy seasons, such as spring or autumn, destinations can de-congest high-season travel and entice a more balanced stream of visitors. Additionally, this approach enables the promotion of less-traveled regions, hence more evenly distributing the tourism around the region.

In addition, inclusive tourism promotes diversification of services and stabilizes local employment. When the products are not exclusively confined to the peak summer season alone, the sustainability of year-round employment is enhanced, benefiting staff and local economies equally. Notably, investments

directed towards enhancing accessibility pay greater dividends. Improvements, like step-free access, good signage, and calm spaces, benefit not just individuals with dementia but also families with pushchairs, individuals recovering from injury, and many more.

Lastly, the identification of the economic significance of the aging population and the corresponding alignment of the tourism model is an enlightened approach that reconciles social inclusion and sustainable business growth.

2.2. Defining inclusive and sustainable tourism in the context of dementia [D1.2.1]

Inclusive tourism refers to travel experiences that are accessible, safe, and meaningful for everyone, regardless of age, physical ability, or cognitive condition. In the context of dementia, inclusive tourism becomes a vital social objective. It ensures that individuals living with dementia and their caregivers are not excluded from the benefits of travel due to a lack of understanding, insufficient infrastructure, or inadequate services.

Sustainable tourism, when aligned with inclusivity, promotes environmental, social, and economic balance while prioritizing accessibility for all. For individuals with dementia, sustainable tourism also requires the creation of environments that support orientation, provide emotional and social reassurance, and foster enjoyable experiences without stigma.

Participants in the focus groups emphasized the need to transition from simply accommodating travelers with dementia to proactively designing inclusive experiences. This shift includes creating spaces that support well-being, training staff to interact respectfully, offering clear information, and embedding empathy in service delivery. Inclusive and sustainable tourism in this context is not a luxury or secondary consideration. It is a necessary standard to ensure full participation and dignity for all travelers.

2.3. Challenges and barriers to overcome [D1.2.1]

Designing inclusive tourism experiences for individuals with dementia involves addressing a complex web of challenges that are not only practical but also deeply psychological and social. These challenges affect both the individuals with dementia and their caregivers, and they often determine whether a trip is even considered, let alone successfully undertaken.

Internal barriers. The most persistent barriers are often internal, rooted in the emotional and cognitive toll that dementia imposes on caregivers. A significant concern is the fear of the unknown. Caregivers

frequently worry about how their loved one might react in unfamiliar settings, whether they might become disoriented, wander away, or struggle to communicate. These fears are amplified by feelings of shame or embarrassment, often triggered by public misunderstanding or social stigma surrounding dementia. Situations that involve social exposure can provoke anxiety, leading caregivers to avoid travel altogether.

Another common internal barrier is the sense of losing control. Travelling disrupts the structured routines that many caregivers rely on to manage daily life, and stepping outside of these routines can create stress and emotional exhaustion. This is compounded by the emotional overload of constantly needing to be alert and responsible. The sheer weight of that vigilance can make travel feel more like a risk than a respite. As a result, caregivers often question their ability to handle a trip, and this self-doubt becomes a barrier in itself, narrowing the possibilities they are willing to consider.

External barriers. Alongside these emotional concerns, there are substantial physical and logistical challenges that hinder inclusive tourism. Many travel destinations and accommodations still lack essential accessibility features such as ramps, elevators, grab bars, and adapted bathrooms. Environments that are overly crowded or noisy, or that rely on complex or unfamiliar signage, can quickly become overwhelming for people with dementia. Long distances between accommodation and planned activities, or limited access to suitable transportation, further complicate the logistics.

Medical considerations are equally critical. Travelling with someone who has dementia often requires access to specific medications, equipment, and clear emergency protocols. In many traditional tourism contexts, these services are either unavailable or difficult to coordinate. Caregivers also report that even minor changes in daily rhythm, including meal times, sleep schedules, or surroundings, can result in disorientation, confusion, or emotional distress for their loved one. Managing symptoms such as apathy, restlessness, or sudden fatigue requires a careful balance between stimulation and familiarity, a balance that most mainstream tourist settings are not designed to provide.

Beyond individual and environmental factors, structural and social barriers play a significant role in limiting the accessibility of tourism for people with dementia. Many staff in the hospitality and transport sectors have little to no training on how to interact with individuals with cognitive impairments. This lack of preparation leads to misunderstandings, inadequate responses, and sometimes even outright exclusion. Furthermore, there is often a lack of coordination between tourism services and the healthcare or welfare systems that support people with dementia in their daily lives. Without this integration, caregivers are left to manage all aspects of medical and logistical support on their own.

Perhaps most significantly, dementia remains largely invisible. Unlike physical disabilities, cognitive impairments often go unrecognised in public settings. This invisibility results in missed opportunities for support and inclusion, leaving caregivers and individuals with dementia isolated within spaces that are not intentionally hostile, but simply unaware.

These overlapping barriers, emotional, physical, and structural, reveal the urgent need for a more thoughtful and inclusive tourism model. One that listens to caregivers, involves trained professionals, and creates environments where travel becomes not just possible, but meaningful and safe.

The Caregiver's Paradox. It represents one of the most fundamental barriers to inclusive tourism for people with dementia. It reflects a dual emotional tension experienced by many caregivers: the deep desire to offer joy, stimulation, and a sense of normalcy to their loved one, and the persistent fear of being unable to manage the challenges and risks associated with travel. This paradox often results in hesitation, limiting opportunities for meaningful shared experiences.

Overcoming this tension requires more than personal reassurance. It calls for confidence not only in one's own caregiving abilities but also in the preparedness and reliability of the tourism system. Caregivers must feel that the environments they enter are safe, supportive, and equipped to respond with understanding and competence.

Addressing the caregiver's paradox involves several critical steps. Training tourism professionals to recognise and respond appropriately to the needs of people with dementia is essential. Environments must be adapted to reduce stress and enhance orientation, ensuring both safety and comfort. Most importantly, societal attitudes toward dementia must evolve. When dementia is no longer met with misunderstanding or stigma, but with respect and inclusion, caregivers will feel empowered to make choices based on possibility rather than fear.

2.4. Role of cross-border cooperation

Being the ADRINCLUSIVE project rooted in the cooperation between Italy and Croatia, the need for shared strategies, standards, and knowledge is vital to building an inclusive and sustainable tourism ecosystem.

The Adriatic region, which includes both coastal and rural areas in Italy and Croatia, is shaped by a series of shared demographic and structural trends. Among the most significant are the steady ageing of the population, the increasing prevalence of dementia and other cognitive impairments, and the ongoing

reliance on seasonal tourism. This last point often results in underutilised infrastructure during off-peak months, creating inefficiencies and limiting the potential for year-round tourism development.

Given the geographic and social proximity of these territories, cross-border cooperation is not only beneficial but essential. Transnational cooperation enables the development of harmonised training protocols that prepare tourism and healthcare professionals to respond effectively to the needs of individuals with dementia. It also supports the creation of shared guidelines for accommodations and activities, ensuring that accessibility and inclusion are consistently embedded across the region. Beyond planning and providing standards, this partnership fosters the implementation of pilot initiatives that are designed to be both locally relevant and adaptable to similar socio-environmental contexts. These initiatives demonstrate how a unified regional approach can create scalable, replicable models for inclusive tourism that extend well beyond national borders.

Cross-border cooperation also strengthens institutional and professional networks. Through the ADRINCLUSIVE project, municipalities, NGOs, and care associations from both Italy and Croatia shared methodologies to enhance their practices. They jointly assessed and refined best practices, ensuring their applicability across borders. Surveys were conducted with both Italian and Croatian stakeholders to guarantee cultural and contextual relevance. These collaborative exchanges have helped build a transnational knowledge base that extends beyond the immediate scope of the project, serving as a reference model for the wider Interreg community and other cross-border initiatives.

Effective cooperation encourages policy alignment, helping to influence national and regional tourism strategies, leverage EU-level support for inclusive and accessible tourism, and integrate health and social care considerations into tourism planning. Moreover, by involving stakeholders from diverse sectors such as welfare, education, and culture, cross-border cooperation fosters a level of innovation that single-country initiatives may not achieve on their own.

Ultimately, the role of cross-border collaboration in ADRINCLUSIVE is to pilot and co-create a unified touristic model that is both dementia-friendly and sustainable, designed to be transferable to other regions across the EU. This model demonstrates that inclusion is not merely a national challenge, but a shared European responsibility.

3. Our strategic approach to dementia-friendly vacations

To ensure accessible, enjoyable, and enriching travel experiences for people living with dementia, ADRINCLUSIVE adopts a holistic and inclusive strategy that encompasses thoughtful destination selection,

sustainable travel, careful choice of accommodations, and effective communication. Our approach prioritizes dignity, autonomy, and well-being.

3.1. Choosing the right destination

Destinations are selected based on their calm atmosphere, familiarity, and proximity to healthcare services. Ideal locations include seaside, countryside, or mountain areas that are quiet, safe, and barrier-free. Local authorities and stakeholders must be engaged early to identify accessible attractions, events, and experiential opportunities tailored for individuals with cognitive impairments. The surrounding environment must promote orientation through clear signage, consistent visual cues, and protected green spaces conducive to relaxation and socialization.

3.2. Sustainable travelling

Sustainable mobility is a key pillar of our travel planning. We prioritize low-impact transportation methods such as shared buses or fuel-efficient vehicles, and we encourage carbon-conscious travel habits like packing light and avoiding single-use plastics. Beyond environmental responsibility, we ensure all transport options are dementia-friendly, minimizing travel time, avoiding stressful layovers, and incorporating frequent rest stops. Engagement activities during transit (e.g., group songs or landscape discussions) support cognitive stimulation and ease anxiety.

3.3. Selection of dementia-friendly accommodations

We select accommodations with trained staff, barrier-free environments, and safe, easily navigable common spaces. Hotels must provide predictable routines, appropriate lighting, sensory cues, and flexible spaces for rest and interaction. Staff should be prepared to manage challenging situations calmly, respect routines, and collaborate closely with caregivers. In-room safety, access to quiet zones, and emergency procedures tailored to cognitive needs are non-negotiable standards.

3.4. Communication and dissemination of inclusive vacations

Effective communication is central to promoting and sustaining dementia-inclusive tourism. We use person-first, respectful language in all materials and interactions, and tailor messaging to reassure both families and participants. Pre-trip information is communicated clearly, using visual aids and repetition where needed. At a broader level, we actively share success stories and best practices with local

communities, tourism professionals, and caregivers, fostering a culture of inclusion and inspiring replication of the model across regions.

4. Inclusive activities

Designing a vacation for individuals with dementia means creating opportunities for engagement that are not only accessible but also emotionally and cognitively meaningful. Activities must reflect the participants' interests, capabilities, and personalities, supporting a sense of identity, connection, and well-being throughout the journey.

4.1. The importance of meaningful activities

When organising tourist activities for people with dementia, it is crucial to manage the timing and related activities thoughtfully. These must be designed considering not only the cognitive or mental state of the user but also their psychological and social aspects and the environmental conditions in which the activities take place (Tierney, L., & Beattie, E., 2020). For instance, scheduling activities at inappropriate times of the day or in unfavourable weather conditions (e.g., excessive heat) can lead to more negative than positive effects.

As a starting point, it is important to plan "meaningful" activities that hold personal and psychological significance for the participants. On this topic, Perugia et. al (2020) defined a model called ENGAGE-DEM, which formalised the variables that assess the level of engagement of people with dementia, opening the gates to future research for the development of tools and activities that could further benefit the final users. Nonetheless, for the moment, it is important to focus on a person-centred approach (Nicholson, L. 2017) when defining activities. This can only be achieved by considering several fundamental factors: age, education level, previous occupation, motor limitations, family history, the presence of traumatic experiences, etc. It quickly becomes evident that a good activity plan is based on a deep understanding of the participants and their reactions to certain topics. For example, proposing a family-themed activity based on life stories might be good, but if among the participants there is someone who has tragically lost their children and suffers from loneliness, this activity could lead to mood disturbances and negative social behaviours.

Another crucial aspect to consider is that activities should be "challenging", meaning they should stimulate the strength of the person involved so to keep them "trained", and they should also be "simple" to understand without being "too easy" or "childish" to carry out (Dawson 2024). When working with people with dementia, it is important for them to feel the need to engage in an activity. This promotes user involvement in the activity while simultaneously stimulating the person's remaining abilities.

However, care must be taken to ensure that the challenging activity has a "high probability of success." It is essential that participants can complete the activity and achieve the intended goal; otherwise, the activity may become frustrating, and the person may feel devalued. Moreover, the activities must involve areas or topics with which the participants have had direct experience. This not only stimulates memory and language but also facilitates involvement in the activity. In this sense, it is useful to form working groups where participants are homogeneous, meaning they share common characteristics such as coming from a specific area or having a similar education level. For example, when proposing a reminiscence activity related to the seasons, actions involving threshing or grain processing can be suggested to participants from rural areas and farming families, but not to those from urban areas who have always worked in offices.

Additionally, it is essential to consider the environmental conditions in which the user is located. Certain environmental conditions are not suitable for organising activities. For example, times close to meals or the hottest hours of the day are not suitable for activities. Similarly, overly crowded or noisy contexts are unsuitable.

Overall, the planning and execution of meaningful activities are very important during tourist stays for people with dementia, as they allow the person to occupy their time pleasantly and constructively. It is disadvantageous for a person with dementia to experience too much “downtime” since it is precisely during these moments that the person tends to exhibit behavioural disturbances, become disoriented, and interact inappropriately with others.

4.2. Examples of dementia-friendly activities

A wide variety of activities can be proposed during the vacation, depending on the participants’ abilities and preferences. Gentle physical movement, such as short nature walks, can be beneficial, especially in safe and quiet environments like beaches or parks. Music therapy sessions using familiar songs may stimulate memory and emotions, while simple dance exercises can bring joy and enhance group cohesion. Moreover, creative workshops, such as drawing or creating a small holiday souvenir, allow for personal expression. Simple card games or reading the daily newspaper can offer moments of mental stimulation and shared routine. Visits to local museums or markets, when organised in a calm and adapted format, can help maintain a connection with culture and place.

The key is to ensure that each activity is *simple to understand* while being *challenging,* as described by Dawson et al. in their article (2024), adaptable to each participant's needs, and offered in a respectful and relaxed atmosphere.

4.3. A personalised activity schedule

Planning activities requires careful attention to rhythm, energy levels, and the need for rest. A good daily schedule should alternate structured moments with free time, ensuring that no part of the day feels either overwhelming or empty.

In the morning, a light activity in the open air, such as a walk or time spent in a garden, can set a positive tone. Late mornings and afternoons may include one or two group sessions focused on creativity, gentle movement, or cultural exploration. After dinner, a short relaxing activity, such as music listening or conversation in a shared space, helps conclude the day calmly and pleasantly.

Flexibility is essential. The plan should be easily adaptable according to the mood of the group, individual energy levels, and external conditions such as weather. Every participant's habits, preferences, and possible support needs must be taken into account when preparing the schedule.

4.4. Managing challenging behaviours

Challenging behaviours during a vacation, such as agitation, withdrawal, or confusion, should be seen not as disruptions but as signals of unmet needs. The first step in managing them is prevention. Creating a calm and structured environment, maintaining routines, and allowing space for rest all help reduce the risk of distress.

When behavioural issues do arise, it is important for staff to remain calm and responsive. Speaking in a reassuring tone, using familiar references, and redirecting attention to a preferred activity can help ease the situation. Understanding each participant's background and behavioural patterns before the trip makes it easier to identify potential triggers and respond effectively.

A personalised support plan for each individual, prepared during the planning phase, is the foundation for managing these moments. The entire team should be trained to recognise early signs of discomfort and work collaboratively to maintain a serene and supportive atmosphere.

5. Training for tourism professionals

Training is a cornerstone of inclusive tourism for individuals with dementia. Focus group discussions strongly emphasized the need to equip professionals with both knowledge and interpersonal skills to support and interact meaningfully with this group of travelers. Effective training should combine theoretical understanding with practical techniques and real-world application.

5.1. Understanding dementia: key knowledge and misconceptions

Those employed in the tourism industry should receive extensive basic training on dementia that encompasses the main forms of the condition, namely Alzheimer's disease, vascular dementia, Lewy body dementia, and frontotemporal dementia, as well as the characteristic stages of cognitive decline. Such an educational foundation should not only provide clinical definitions but also offer a practical understanding of the ways in which dementia affects cognitive function, memory, language, perception, and behavior. Gaining such insight allows practitioners to become aware of important signs and behavioral changes, such as confusion, disorientation, language problems, mood swings, and repetitive or apparently inappropriate behavior that can be presented while traveling.

As well as cognitive and behavioral, training also needs to address the emotional and psychological needs of individuals with dementia. These are likely to include reassurance, consistency, patience, and the preservation of personal dignity and autonomy. The stresses that come with new environments, overstimulating sensory input, and interruptions to very established routines can be extremely anxiety-provoking for individuals with dementia. Trained staff can alleviate such difficulties by providing calm, ordered interactions and flexible, unobtrusive assistance that is adapted to individual tastes and sensitivities.

This kind of professional training seeks not only to promote practical competence but also to foster empathetic attitudes and to minimize the risk of miscommunication. For example, better-informed staff are less likely to misinterpret expressions of cognitive impairment as incivility, resistance, or disinterest. Additionally, this type of training can help to minimize the uncertainty and discomfort that tourism professionals may experience in interacting with persons who present with unusual behaviors. Through confidence and knowledge enhancement, dementia care training plays a critical part in creating more inclusive and supportive environments in the tourism industry. Finally, this fundamental knowledge is crucial to diminishing stigma, enhancing the quality of service, and facilitating equitable access to travel and leisure activities for individuals impacted by dementia.

5.2. Communication strategies and empathy

Effective communication with individuals who have dementia requires clear, respectful, and compassionate interaction. Training should focus on the use of simple language, active listening, non-verbal cues, and patience. Professionals must also learn to avoid medical jargon or labels that could be perceived as demeaning. Replacing clinical language with empathetic expressions supports dignity and

fosters trust. Communication is not only about information exchange but also about creating comfort and emotional connection.

5.3. Designing and managing inclusive experiences

Designing experiences for travelers with dementia involves thoughtful planning and flexibility. Professionals should be trained to adapt activities to suit various levels of cognitive ability and to remain sensitive to environmental factors that may cause distress. Inclusive management includes offering choices, building routines that reduce anxiety, and ensuring that support is readily available. Every element of the experience should aim to promote enjoyment and safety for the individual and their caregiver.

5.4. Safety and emergency preparedness

Emergency preparedness is particularly important when supporting travelers with cognitive impairments. Staff should be trained to recognize early signs of confusion, agitation, or distress and to respond with calm and effective strategies. Protocols should be in place to involve caregivers, alert emergency services if needed, and protect the dignity of the traveler. Training should include case-based scenarios that help staff prepare for real-life situations with confidence and sensitivity.

5.5. Integration with the welfare sector: caregivers and social services

Caregivers and social service providers are valuable partners in inclusive tourism. Their involvement in the planning and delivery of training programs ensures that real-world challenges and support needs are addressed. Collaboration with these stakeholders helps bridge the gap between tourism and healthcare, resulting in more responsive and personalized services. Training should reflect this partnership and encourage ongoing coordination.

5.5.1. Key role of welfare experts in training

Welfare experts, including psychologists, social workers, and health practitioners, ought to play a primary role as advisers and trainers in the creation and execution of training programs for inclusive tourism. Their overall exposure and direct contact with people afflicted with cognitive disabilities, such as dementia, brings the baseline required for the conceptualization of training materials that can be both useful and compassionate. By involving these experts, training programs can move beyond theoretical information, offering tourism workers practical strategies based on evidence-based practice. Focus group respondents in recent research consistently emphasized the importance of involving welfare experts not just in

curriculum design but also in the active delivery of training programs. This twin engagement guarantees that the data is precise, current, and strongly linked to the actual concerns of caregivers and tourists with cognitive disabilities. Further, this collaboration aids interdisciplinary comprehension and consolidates the bond between the tourism sector and the caregiving community.

5.6. Sharing best practices and field experience

Real-world examples are essential for practical learning. Participants in the Italian focus groups shared experiences from non-governmental organizations that already organize inclusive vacations with standardized methods. These practices can be integrated into training programs as case studies. In Croatia, although the efforts are fewer and more fragmented, valuable lessons can still be drawn. A platform for sharing field experiences would allow professionals across regions to learn from each other and improve their approach.

5.6.1. Dog therapy

Dog therapy, or canine-assisted intervention, has proven to be a powerful source of emotional connection and calm for people living with dementia. The presence of a well-trained dog offers more than simple entertainment. It can trigger affectionate memories, reduce anxiety, and create an atmosphere of trust and openness.

During inclusive vacations, the introduction of dog therapy sessions can serve multiple functions. A dog's non-verbal, non-judgmental interaction can help participants relax, improve mood, and reduce agitation. Even those with limited verbal communication often respond positively to petting or gently engaging with a calm, friendly animal.

For the session to be effective, it is important to work with experienced animal handlers or associations specialising in pet therapy. The sessions should be held in a quiet, protected environment, with small groups to prevent overstimulation. The animals must be well-socialised and accustomed to working with elderly people.

In some cases, participants who had dogs earlier in life may recall their pets or share related stories, prompting spontaneous conversations and expressions of emotion that strengthen social ties within the group.

5.6.2. The story of Elena and Franco

Among the many stories that emerged during inclusive trips, the experience of Elena and Franco stands out as a powerful reminder of the value of thoughtful engagement. Elena, an elderly woman in the early stages of dementia, had developed a strong emotional attachment to Franco, one of the participating staff members.

Over the course of the holiday, Franco noticed that Elena often waited for him in the hotel lobby during free moments, visibly more serene in his presence. Rather than dismiss this connection as dependency, Franco chose to respond with warmth and consistency. He made sure to greet her first every morning, shared meals at her table when possible, and invited her to join activities in a gentle, respectful way.

This dynamic, though simple, had a notable effect on Elena's well-being throughout the trip. Her participation increased, and she exhibited more initiative and confidence in social settings. Franco's attentive yet professional relationship helped Elena feel recognised and secure.

Stories like theirs demonstrate the profound impact that individual attention and relational continuity can have. They also reflect a key principle of the ADRINCLUSIVE approach: behind every programme are human connections that cannot be programmed, but can be nurtured.

5.6.3. Dance therapy

Dance therapy, when adapted to the abilities and rhythms of elderly participants, offers more than physical movement; it creates a space for emotional release, self-expression, and shared joy. One particularly effective approach used in ADRINCLUSIVE activities is the Hobart Method, which integrates gentle dance and coordinated gestures into a structured session.

These dance moments are accessible to participants of all levels. Some may take part by standing and moving, while others can engage from a seated position, clapping, swaying, or simply enjoying the music's rhythm. What matters most is the shared experience.

Familiar songs, especially those associated with youth or cultural traditions, can awaken long-term memories and strengthen group cohesion. Participants often smile, sing along, or even share anecdotes triggered by the music.

Dance therapy sessions should take place in a safe, quiet room, ideally with natural light and a clear, open space. The atmosphere must remain calm and free of pressure, allowing participants to feel free and

comfortable. The facilitator plays a central role in setting the mood and encouraging everyone to engage in their way.

5.6.4. Bowling tournament

For participants who enjoy games and light-hearted competition, organising a simple bowling tournament can be a highlight of the week. Adapted to be inclusive, the game does not focus on skill but on participation and group fun.

Using soft sponge balls and lightweight pins, the game can be played indoors or in a sheltered outdoor area. Each participant is invited to take a turn, with enthusiastic support from peers and staff. The goal is not to win, but to share laughter and applause in a relaxed setting.

Staff members often serve as facilitators and cheerleaders, helping each participant feel included. Even those who prefer to observe often end up joining, encouraged by the positive energy in the room.

A small prize ceremony at the end, with playful awards such as “most original throw” or “best team spirit”, can add a special touch. These activities demonstrate how, with creativity and kindness, any moment can be transformed into an occasion for joy and connection.

5.6.5. Supporting the elderly in deprived areas

Inclusion in tourism must also respond to inequality. Many older adults with dementia live in areas with limited access to cultural, recreational, or health-related services. For these individuals, an inclusive vacation is not merely a leisure activity but a powerful intervention that reconnects them with social networks, new environments, and a renewed sense of belonging.

ADRINCLUSIVE recognises that deprived areas often lack the infrastructure to support the needs of elderly people with cognitive impairments. To counter this, one of the project’s core strategies has been to actively reach out to local municipalities and social service networks, identifying individuals who may benefit most from participation in an inclusive travel experience.

Through careful planning and collaboration with local welfare operators, even individuals from isolated or underserved regions have been included in holiday programmes. For these participants, the vacation often represents their first travel experience in years, and sometimes in their lifetime. The positive effects, both emotional and social, can last long beyond the trip itself. When travel becomes a tool of dignity and

reconnection, it contributes to reducing the structural exclusion that affects so many elderly people living on the margins.

5.6.6. Improving quality of life in Umag (Croatia)

The town of Umag, one of the ADRINCLUSIVE pilot sites, provides a clear example of how inclusive tourism can improve the quality of life for people with dementia and their families. Through collaboration between local authorities, healthcare professionals, and tourism actors, Umag developed a model that goes beyond isolated experiences and begins to embed inclusivity into its broader social fabric. In Umag, a network of dementia-friendly practices was established, including accessible outdoor spaces, staff training in hotels and restaurants, and coordinated transportation options. Families were invited to participate in planning stages, ensuring that local experiences reflected real needs and preferences. One of the most significant results has been the increased visibility of dementia in public discourse, with local institutions showing greater awareness and engagement.

The inclusive vacations held in Umag demonstrated that a small city, when equipped with the right tools and collaborative spirit, can offer meaningful and sustainable support to individuals with cognitive decline. This experience stands as a replicable model for other municipalities in the Adriatic region and beyond.

5.6.7. Cooperation outside the traditional caregiving sector

One of ADRINCLUSIVE's most innovative contributions is its emphasis on collaboration beyond the formal caregiving sector. While healthcare professionals and social workers remain essential, the project actively involves actors from culture, tourism, and even civil society associations not traditionally engaged in dementia care.

This inclusive approach has led to the development of guided museum visits tailored for people with dementia, partnerships with local artists and performers for on-site workshops, and collaborations with voluntary associations for transportation and assistance. These initiatives have expanded the pool of contributors who now see themselves as part of the care ecosystem. The inclusion of local businesses, tourism offices, and community groups has also fostered a more welcoming environment for people with dementia. It encourages the development of a shared responsibility model, where the whole community plays a role in promoting dignity, autonomy, and quality of life.

Breaking down silos between care and community has allowed ADRINCLUSIVE to develop a truly integrated model, one that is not just about taking people on vacation, but about building inclusive societies where every person, regardless of age or cognitive ability, has a place and a voice.

6. The future of inclusive tourism

6.1. Pilot actions

During this crucial phase, partners will actualize inclusive initiatives and test the best way to conduct inclusive vacations based on their territory, expertise, population reach, and network with regional stakeholders. Specifically, during these pilot actions, ADRINCLUSIVE will also assess the quality of their training, organization, and overall feedback from the end-user perspective. Effectively being used as a proving ground for the first-ever ADRINCLUSIVE inclusive vacations.

6.1.1. Training

ADRINCLUSIVE is actively working on developing training courses for professionals in the tourism sector to enable them to host guests with dementia and accommodate other guests in terms of inclusivity. These courses are key to enabling future strong capabilities in the tourism market for the growth of inclusive vacations. The training will cover topics such as understanding dementia, communication strategies, designing inclusive experiences, safety and emergency preparedness, and integration with the welfare sector. The objective is to ensure that all participants are well-prepared to create a safe, welcoming, and enriching environment for individuals with dementia.

Moreover, the training courses' curricula will remain available for future usage even outside of ADRINCLUSIVE, possibly to inspire regional or local policy makers to implement them for the growth of this sector and the social development of such an important social goal. This will help in institutionalizing inclusive tourism practices and ensuring continuity of expertise and reinforcing a shared understanding of inclusion across sectors.

6.1.2. Organization

The organization of the pilot actions will involve meticulous planning and coordination among various stakeholders. Local authorities, tourism operators, healthcare professionals, and caregivers will collaborate to design and implement inclusive vacation experiences. ADRINCLUSIVE has developed a guide for inclusive vacation organization, which is documented in Deliverable 1.3.1: "Guidelines for inclusive tourism professionals." This guide provides comprehensive details on selecting suitable

destinations, arranging sustainable transportation, choosing dementia-friendly accommodations, and planning inclusive activities. Clear roles and responsibilities are assigned to ensure smooth execution and a positive experience for all participants.

Furthermore, the organization within ADRINCLUSIVE is done both by experienced associations, providing a "best practice" case to follow for newer associations to the organization of such experiences. These experienced associations offer valuable insights and proven methods that help streamline the planning and execution processes. At the same time, within ADRINCLUSIVE, some partners are less experienced but will still organize these vacations, providing feedback on their experiences. This feedback is crucial as it allows us to fine-tune guidelines for other less experienced stakeholders who would like to approach inclusive vacation organization. By incorporating feedback from these partners, ADRINCLUSIVE ensures that the guidelines remain practical, relevant, and effective for a wide range of organizations.

6.1.3. Data gathering (crowdsourcing)

Data gathering during the pilot actions will be crucial for evaluating the success of the inclusive vacations and identifying areas for improvement. We will implement a survey during the vacation to gather opinions from guests and their caregivers. This survey will allow us to monitor whether the ADRINCLUSIVE vacations are appreciated, identify what can be improved, and understand what elements should remain unchanged.

The feedback collected through this survey will be analyzed to understand the effectiveness of the training programs, the organization of the vacations, and the overall satisfaction of participants. This feedback loop will help improve the overall quality of ADRINCLUSIVE and enable partners to adapt their strategies over the years, following the changing needs based on different factors that may emerge. Crowdsourcing will be used to collect feedback from participants, caregivers, and tourism professionals. This will involve surveys, interviews, and focus groups to gather qualitative and quantitative data. The collected data will be analyzed to refine and improve future iterations of inclusive vacations. In the long run, this will improve the overall ADRINCLUSIVE quality and constitute a feedback loop that should allow partners to adapt their strategies over the years, following the changing needs based on different factors that may emerge.

6.2. Long-term impact

Overall, the knowledge generated through ADRINCLUSIVE studies and direct field experiences provides a robust foundation for shaping future policies, practices, and investment strategies in the field of inclusive tourism and cross-sector collaboration. Building on demographic analysis, focus groups, pilot activities,

training initiatives, and transnational cooperation, the project has produced a set of replicable tools, guidelines, and evidence-based recommendations that extend well beyond the immediate scope of implementation.

In the long term, this knowledge can be used to institutionalise inclusive tourism practices (see *Deliverable 1.3.1 "Guidelines for inclusive tourism professionals"*), informing the development of regional and national standards (see *Deliverable 1.3.2 "Report on inclusive tourism in IT-HR crossborder region"*), such as dementia-friendly destination guidelines or accessible tourism protocols. It also offers valuable content to be integrated into professional training curricula for tourism operators, social workers, and caregivers, ensuring continuity of expertise and reinforcing a shared understanding of inclusion across sectors.

Moreover, the project's findings can support urban and territorial planning by highlighting how local infrastructure and services can be adapted to better serve older adults with cognitive impairments. This evidence base will also be instrumental in influencing future funding programmes and policy agendas, demonstrating the social and economic value of inclusive tourism and advocating for its prioritisation in sustainable development strategies. Most importantly, to achieve such ambitious goals, it's necessary to have a strong and wide network for cooperation, such as the one established within ADRINCLUSIVE between policy-makers, the associative world, tourism professionals, and other experts.

Importantly, ADRINCLUSIVE has laid the groundwork for future replication and adaptation in other regions. The modular structure of the strategy allows for its core principles to be transferred across diverse geographic and cultural contexts (making it a useful model for European and international stakeholders). Finally, the collaborative networks formed during the project (linking tourism, welfare, health, and cultural actors) can serve as a lasting ecosystem of practice, fostering long-term partnerships and reinforcing a culture of shared responsibility in inclusive tourism.

In this sense, ADRINCLUSIVE is not only a project, but the beginning of a systemic transformation, one that positions inclusive tourism as a driver of dignity, wellbeing, and social innovation for years to come.

6.3. ADRINCLUSIVE platform

The ADRINCLUSIVE platform will play a pivotal role in gathering information about inclusive vacations in the Italy-Croatia territory, and it will bolster the reach of ADRINCLUSIVE while also providing useful information after the project's end.
Firstly, during the different pilot actions, it will provide information about those experiences to improve

the reach of ADRINCLUSIVE vacations (pilot actions) to a wider public, and later gather feedback from the guests and hosts to improve next iterations of inclusive vacations.

Secondly, after the pilot actions, the platform will be used to communicate and disseminate future inclusive vacations organized by ADRINCLUSIVE partners or related associations. Ideally, in this phase, the ADRINCLUSIVE platform will already be populated with a satisfying quantity of material that can aid users in organizing their inclusive vacations or get in touch with ADRINCLUSIVE initiatives.

6.4. Necessity of reinforcing collaboration between associations, tourism sector, and policymakers.

The idea of reinforcing collaboration among associations, the tourism sector, and policymakers consistently emerged as a fundamental necessity throughout all the phases of ADRINCLUSIVE until now, starting with the evidence from literature, to the opinions and suggestions of participants in the different collaborative activities and workshops, and also from both stakeholders and the experts from associations taht work with people with dementia and Alzheimer's. It proves a central point for establishing and sustaining inclusive tourism for individuals with dementia and their caregivers. This multi-stakeholder cooperation is crucial to address significant gaps in knowledge, training, and specialized services within the tourism industry, which often falls short in accommodating the unique challenges faced by people with cognitive impairments. Through such collaboration, it becomes possible to develop comprehensive training programs for tourism professionals, equipping them with essential communication skills, a nuanced understanding of dementia, and practical techniques to provide supportive and accessible services.

Partnerships with healthcare providers, dementia organizations, and local governments are seen as vital for integrating care with tourism to provide seamless experiences, fostering supportive networks, and allowing for the sharing of knowledge, resources, and best practices. Furthermore, this collaborative approach is essential for informing policy development and creating an enabling environment that supports and incentivizes inclusive tourism practices at both local and regional levels. Ultimately, by working together, these sectors can not only enhance the quality of life for individuals with dementia by ensuring access to meaningful travel experiences but also unlock new market segments and improve the economic viability and reputation of the tourism industry.

6.5. Transferability and adaptability of the strategy outside of the project area

The strategy developed through the ADRINCLUSIVE project demonstrates significant transferability and adaptability to areas beyond its immediate project region. This stems from its focus on universal challenges and opportunities within the tourism sector, particularly regarding the needs of individuals with dementia and their caregivers. The fundamental necessity for inclusive tourism for individuals with dementia is a global concern, driven by demographic shifts and an ageing population, which is not confined to the Italy-Croatia Interreg region. The project's emphasis on "human-centred design" for policies, structures, and services is inherently beneficial not only for people with dementia but also for a wider array of tourists, making it a universally advantageous approach. Furthermore, considering tourism as a common facet of community life highlights its universal relevance for broader social inclusion initiatives.

The project highlights the critical need for the standardization of training and education on dementia to ensure a consistent baseline of knowledge among tourism professionals. This structured approach is presented as crucial for integrating inclusivity into training curricula, moving beyond fragmented initiatives. The proposed Curriculum Reform can be applied to other regions by adapting its theoretical and practical modules to local academic structures and market demands. While specific content may require tailoring to local regulatory frameworks, linguistic differences, and cultural nuances within health and tourism sectors, the foundational framework remains highly transferable. Innovative Teaching Methods, such as role-playing, simulations, and facility audits, are broadly replicable in training programs globally due to their focus on interactive and hands-on learning. Training modules should incorporate local case studies to ensure immediate applicability, but the methods themselves are adaptable.

The project encourages the development of bespoke service packages for guests with dementia and their caregivers, encompassing physical modifications to infrastructure and a rethinking of service protocols. Recommendations for "Service Adaptation & Recognition" explicitly state that best practices can be shared across territories. Recognized standards and certification systems (such as badges or certificates for inclusive venues) are also replicable with minimal adjustments in similar tourism contexts. However, local infrastructural differences and cultural expectations may necessitate some modifications. Examples of successful initiatives, such as dog therapy, dance therapy, bowling tournaments, virtual connection projects, and Alzheimer's Cafes, illustrate practical, actionable knowledge that can be translated and adapted for use in diverse contexts.

The project strongly advocates for strengthening collaboration among associations, the tourism sector, and policymakers, identifying it as a fundamental necessity for establishing supportive networks and informing policy development. The "Cross-Sector Collaboration" model can be adapted to various regions. This approach encourages local stakeholders to contribute based on their specific expertise and available resources. It is acknowledged that the precise structures of collaboration might need to be tailored to the local organization of tourism, health, and social care sectors, as well as differing regulatory environments. The project's own roundtables actively fostered international and cross-cultural exchange, involving stakeholders from Italy and Croatia, thereby demonstrating how diverse perspectives can be integrated to form robust strategies applicable to different contexts.

The economic rationale for inclusive tourism, including the potential to unlock new market segments, leverage the increasing purchasing power of older adults, and reduce seasonality in tourism, presents strategic advantages that are broadly applicable across different regions. Inclusive holidays, often planned during off-peak seasons, offer a strategy for tourism operators to mitigate revenue losses during low seasons, contributing to a more stable labor market through investment in skill-building. The strategic approach of "Strategic Market Positioning & Economic Incentives" is noted as universally applicable, allowing operators in different regions to adapt the concept of inclusiveness to boost market share and secure funding opportunities. While local market dynamics and funding mechanisms may require adjustments, the underlying strategy remains valid. The project's ambition for the Adriatic region to become "a model of inclusive tourism" implies that its successful strategies are intended to serve as an example for other areas globally seeking to enhance their inclusive tourism offerings.

In essence, the ADRINCLUSIVE project's strategy is deliberately designed to be a foundational and adaptable framework. Its core tenets (human-centred design, multi-stakeholder collaboration, standardized training, and economic incentivization) can be applied and tailored to diverse cultural, regulatory, and infrastructural contexts far beyond its initial operational area.

7. Conclusive remarks

The development of the ADRINCLUSIVE strategy marks a pivotal achievement in the pursuit of a more inclusive and sustainable tourism model tailored to the needs of individuals with dementia and cognitive decline. By identifying both the opportunities and the barriers to inclusive tourism, this document outlines actionable solutions that are realistic, context-sensitive, and designed for long-term impact.

The strategy acknowledges the demographic and social transformations taking place across Europe and responds with a human-centered approach that promotes dignity, autonomy, and accessibility for all travelers. It also highlights the economic potential of inclusive tourism, especially in mitigating seasonality and diversifying the tourism offer, while emphasizing the importance of intersectoral collaboration as a driver of innovation and quality in service provision. The involvement of caregivers, healthcare professionals, tourism operators, and local institutions has been essential in shaping recommendations that are not only theoretically sound but also grounded in practice.

This document should be seen as a dynamic and adaptable resource, one that can guide regional policies, inform the training of professionals, and inspire new initiatives well beyond the project's timeframe and geographical scope. Future efforts should focus on the institutionalization of inclusive tourism practices, the continued development of the ADRINCLUSIVE platform, and the reinforcement of transnational networks capable of sustaining progress in this domain. Through sustained commitment, knowledge-sharing, and investment, the ADRINCLUSIVE model can evolve into a replicable reference point for other European regions facing similar demographic and social challenges.

In conclution, the medical diagnosis for this conditions is not only medical issue, but in most cases it transltes to life-altering realities that affect individuals, families, and communities. As such, they require responses that go beyond clinical care and address the right to live fully and with dignity, including the right to leisure, discovery, and connection.

Too often, a diagnosis of cognitive decline is implicitly treated as a reason to withdraw from public life, including travel and tourism. This strategy challenges that assumption by affirming that people with dementia, regardless of the stage of their condition, should not be excluded from the possibility of enjoying meaningful experiences. Vacations, especially those shared with loved ones, represent not just leisure but opportunities for emotional connection, personal identity, and well-being. Making these experiences accessible is therefore a matter of social justice and human rights.

By advocating for inclusive vacations, this document reinforces the importance of designing services and environments that respect cognitive diversity and support a dignified life at every stage. In doing so, it also addresses the invisible burden often carried by caregivers, who are themselves in need of support, respite, and recognition. A tourism system that embraces inclusivity not only benefits individuals with dementia but strengthens the social fabric and relations of the communities involved.

Moving forward, continued investment in education, training, and cross-sectoral collaboration will be essential. However, equal attention must be paid to the cultural transformation required to normalize dementia within public spaces and ensure that tourism, as a space of encounter, celebration, and rest, is open to all. It is in this spirit that the ADRINCLUSIVE strategy offers itself as a practical guide and a call to collective responsibility.

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