

Interreg



Co-funded by
the European Union

Italy – Croatia

 **ADRINCLUSIVE**

A decorative graphic consisting of a green line that curves into a blue line, which then curves back into a green line, creating a stylized wave or swirl effect.

INTERREG ITALY-CROATIA PROJECT ADRINCLUSIVE

D2.4.1 ADRINCLUSIVE Training Package

(Version 1.0 – 28/02/2026)



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
Project Acronym	ADRINCLUSIVE
Programme Priority	Culture and tourism for sustainable development
Specific Objective	4.1: Enhancing the role of culture and sustainable tourism in economic development, social inclusion and social innovation
Project ID.	ITHR0200411
Duration	30 months
Project Start Date	1/3/2024
Project End Date	31/8/2026
WP	WP2 CAPACITY BUILDING AND RAISING AWARENESS ACTIVITIES
Activity	A2.4 Implementation of training courses at local level and impact evaluation
Deliverable	D2.4.1 ADRINCLUSIVE Training Package
Authors	Editing: A. Forcelli, G. Battelli – Fondazione Maratona Alzheimer LP Municipality of Brindisi: Gelsomina Macchitella, Andrea Santoro (T.A.), Rebecca Ceglie (T.A.) PP2 Municipality of Novigrad: Corinne Pozzecco, Dea Salamon Novaković PP3 Fondazione Maratona Alzheimer: Arianna Forcelli PP4 Health City: Zorana Škare PP6 AFAM Marche: Susanna Cipollari
Version	1.1
Version date	28/02/2026



TABLE OF CONTENTS

1. INTRODUCTION.....	4
2. THE FIVE PILOT TRAININGS.....	7
2.1 Training in Brindisi	9
Syllabus	9
The Training modules.....	10
The trainers.....	11
The participants	13
Feedback from participants	14
2.2 Training in Novigrad.....	16
Syllabus	16
The Training modules.....	17
The trainers.....	19
The participants	19
Feedback from participants	20
2.3 Trainings in Cesenatico and Forlimpopoli.....	21
Syllabus	21
The Training modules.....	22
The trainers.....	24
The participants	24
Feedback from participants	25
2.4 Training in Split	27
Syllabus	27
The Training modules.....	28
The trainers.....	29
The participants	29
Feedback from participants	30
2.5 Training in Macerata.....	32
Syllabus	32
The Training modules.....	33
The trainers.....	35
The participants	36
Feedback from participants	37
ANNEX I – TRAINING MATERIALS.....	1



1. INTRODUCTION

The **ADRINCLUSIVE training methodology (D3.1)** was designed through cross-border cooperation under the coordination of Fondazione Maratona Alzheimer, to bridge two professional worlds that rarely share a common language: tourism hospitality and dementia care.

The premise was straightforward but operationally demanding — if Adriatic destinations are to become genuinely accessible for people living with dementia and their caregivers, the frontline workers in hotels, restaurants, tour operations, and social services need a shared baseline of knowledge, practical interaction skills, and the confidence to act on both.

The four-module curriculum developed translated this premise into a structured learning path:

- Module 1 builds foundational awareness of what dementia is and how it manifests;
- Module 2 moves into concrete caring fundamentals and communication strategies;
- Module 3 shifts the frame from individual competence to collective responsibility, asking participants to think of themselves as ambassadors of an inclusive approach within their organisations and communities;
- Module 4 introduces cognitive stimulation techniques and psychosocial interventions that can be embedded into everyday service encounters.

The methodology was conceived not as a rigid script but as a flexible, modular framework.

It prescribes a minimum of six training hours delivered across at least two sessions, recommends group sizes of 10 to 20 participants to allow meaningful interaction, and calls for a learner-centred, experiential pedagogy combining short theoretical inputs (max 20–30 minutes) with role-plays, case studies, group projects, and practical exercises in cognitive stimulation techniques. It explicitly addresses both tourism operators and welfare professionals as co-recipients, anticipating that each group would bring different starting knowledge and different learning needs, and requires trainers with proven clinical or research expertise in dementia complemented, where possible, by a multidisciplinary team.

Crucially, the methodology also builds in a structured evaluation framework based on pre- and post-training Likert-scale questionnaires administered for each module, plus a final qualitative feedback instrument — a design choice that makes it possible to measure learning gains at module level across all pilot sites and to compare results cross-border.

The five pilot reports collected in this deliverable represent the first real-world test of that framework.

Reading them against the methodology reveals both the robustness of the common design and the range of legitimate local adaptation it allows. All five partners respected the four-module structure, the minimum six-hour requirement, and the pre/post assessment protocol, but the way they filled that structure varied considerably, and those variations are themselves informative.

FMA (PP3) split the programme into two distinct delivery tracks — one for active professionals, one



Italy – Croatia



for hospitality school students — extending total training hours to eleven, in line with the methodology's recommendation that duration be "flexible and extendable" based on audience and depth.

Brindisi (LP) and AFAM (PP6) concentrated delivery into two three-hour days, while Novigrad-Cittanova (PP2) and Split (PP4) ran single-day intensive formats.

The teaching methods also reflected local choices within the methodology's menu of interactive techniques: Brindisi emphasised role-plays and small-group case study analysis; Novigrad built an action-plan exercise into its programme; FMA invested heavily in experiential cognitive stimulation activities with both its adult and student cohorts.

The methodology's call for multidisciplinary trainer teams was met across the board, with each partner assembling combinations of neuropsychologists, geriatricians, professional educators, and tourism sector experts suited to their local participant mix.

Between November 2025 and February 2026, the five partners pilot-tested the methodology across four Italian and two Croatian locations, reaching a combined total of 127 participants.

The Municipality of Brindisi (LP) trained 18 operators in Puglia, with a strong representation of socio-health professionals alongside a smaller tourism cohort.

The City of Novigrad-Cittanova (PP2) convened 10 participants in Istria, predominantly hotel and hospitality staff drawn from the very establishments that will host the pilot tourism activities.

Fondazione Maratona Alzheimer (PP3) ran the largest and most diversified programme, delivering 11 hours of training across two distinct tracks in Emilia-Romagna — one for 13 active professionals, another for 44 students at the Artusi hospitality school in Forlimpopoli, thereby investing in both current and future workforce capacity.

Healthy City (PP4) brought together 17 participants in Split, with a majority of tourism operators including tour guides and hospitality school staff.

AFAM Alzheimer Uniti Marche (PP6) trained 25 participants at the University of Macerata, drawing a particularly strong welfare and academic contingent of doctors, psychologists, educators, and university professors alongside tourism professionals.

Several cross-cutting observations emerge from reading these reports side by side.

First, **the two-sector recruitment challenge was real everywhere**: partners that started from a health/social care network found it harder to attract tourism operators, and vice versa. Brindisi and Macerata leaned more heavily toward welfare professionals, while Novigrad and Split mobilised predominantly tourism staff. This variation is not a weakness — it reflects the actual institutional anchorage of each partner — but it does mean that the cross-sectoral dialogue at the heart of the ADRINCLUSIVE model played out differently in each context.

Second, **following the pre- and post-assessment methodology, all pilots report measurable knowledge gains across the four modules, with Module 2 (interaction strategies) consistently**



Italy – Croatia



registering the strongest improvements, suggesting that the practical, skills-based content filled the most acute gap.

Third, **every single report flags the same limitation: time**. Six hours — the minimum set by the methodology — was perceived as insufficient by trainers and trainees alike, with near-universal requests for more practical exercises, deeper topic exploration, and follow-up sessions.

This is a very positive signal: it **indicates that the methodology engaged participants enough to leave them wanting more, and it validates the methodology's own recommendation that six hours should be treated as a floor**, not a ceiling.

Each of the five reports below follows the common reporting template structured around partner information, training overview, participant profiles, trainer qualifications, module-by-module content description, pre/post assessment data, and a reflection on impact, challenges, and lessons learned.



Italy – Croatia



2. THE FIVE PILOT TRAININGS

This section presents the five individual pilot training reports in the order of the partnership numbering: Brindisi (LP), Novigrad-Cittanova (PP2), Cesenatico and Forlimpopoli (PP3), Split (PP4), and Macerata (PP6). Each report follows the same structure — syllabus, training modules, trainers, participants, and feedback — to allow direct comparison across pilots.

The table below provides an overview of the five pilots before the detailed reports that follow:

Location	Brindisi	Novigrad-Cittanova	Cesenatico Forlimpopoli	Split	Macerata
Country	Italy	Croatia	Italy	Croatia	Italy
Total hours	6	6	11	6	9
Format	2 days × 3h	1 day (6 hours)	2 tracks	2 days x 3hours	2 days (6h+ 3h)
Participants	18	10	57	17	25
Tourism operators	4	8	9	12	5
Welfare/social professionals	14	2	4 (+44 students)	5	20
No. of trainers	4	1	2	1	4

Total across all pilots: 127 participants, 35 training hours delivered, 5 locations in 2 countries.



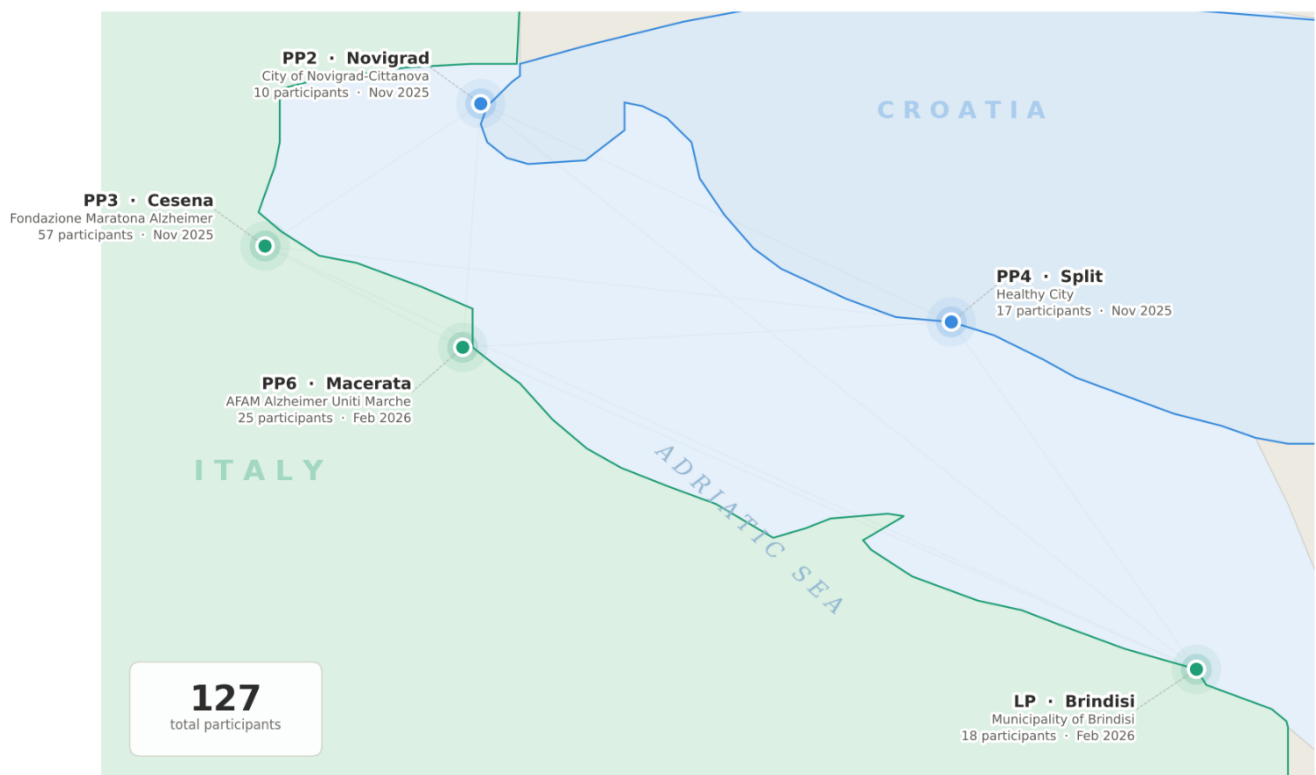
Italy – Croatia



The map shows our five pilots spanning the full length of the Italy–Croatia programme area, from Brindisi in Puglia up to Novigrad in Istria, with the three Italian partners (LP, PP3, PP6) along the western Adriatic coast and the two Croatian partners (PP2, PP4) on the eastern shore.

ADRINCLUSIVE pilot training locations

Cross-border area, Italy–Croatia · November 2025 – February 2026



● Italy ● Croatia



Italy – Croatia



2.1 Training in Brindisi

Syllabus

Title: **Training course for tourism and socio-health/social care operators**

Duration: **6 hours in total (two-day course of 3-hour sessions each)**

Dates: **18.02.2026 and 23.02.2026**

Location: **Casa di Quartiere POP Perrino - Via Adige n. 19 - 72100 Brindisi**

The training program for tourism and socio-health/social care operators organized by the Municipality of Brindisi within the ADRINCLUSIVE project, successfully reinforced key knowledge about dementia, developed practical problem-solving skills related to dementia, promoted the adoption of an inclusive mindset oriented toward creating “dementia-friendly” environments, encouraged the ability to design and evaluate inclusive, safe, and meaningful holiday experiences, as well as strengthened collaboration between the tourism and welfare/health sectors. In this line, it aimed at upskilling competencies for the implementation of an inclusive and sustainable tourism model for people with dementia/cognitive decline and caregivers.

The course included Q&A sessions, role-plays and simulations, small-group case study analyses with feedback, practical exercises on psychosocial interventions, and discussions of best practices. These techniques contributed to the successful implementation of the ADRINCLUSIVE project and its training activities foreseen for this partner according to the AF.

The training program was realized in two days and organized in four modules, which covered knowledge, skills, and attitudes/organization, in particular:

Module 1 – Raising Awareness about Dementia;

Module 2 – Caring Fundamentals & Interaction Strategies;

Module 3 – Becoming Ambassadors (Attitudes/Organization);

Module 4 – Cognitive Stimulation & Psychosocial Interventions.



Italy – Croatia



The Training modules

MODULE 1 – RAISING AWARENESS ABOUT DEMENTIA (1,5 hours)

Module 1 was focused on the analysis of types of dementia, differences from normal aging, symptoms, and manifestations affect both the travel experience and daily life of the individual and their caregivers. The Module also focused on stigma and respectful language to use in such context. It was delivered through interactive lectures with slides followed by questions and answers (Q&A), testimonials/storytelling, analysis of good lessons, as well as role-play/simulations (e.g., check-in, managing disorientation, repetitive questions).

During the module, there was great interest, especially from socio-health/social care operators, in the topics of Alzheimer's, recognition, good daily practices, and a great desire to learn more about this phenomenon.

MODULE 2 – CARING FUNDAMENTALS AND INTERACTION STRATEGIES (1,5 hours)

Module 2 focused on the principles of person-centred care, with particular attention to verbal and non-verbal communication techniques, active listening, and emotional validation. Practical strategies were provided for managing disorientation, agitation, anxiety, repetitive behaviours, and wandering, with emphasis on identifying triggers and applying de-escalation techniques. The methodology was interactive and participatory, including small-group case studies with plenary feedback and practical/experiential exercises (role plays and simulations) aimed at applying psychosocial interventions in real-life care situations.

Particular attention was given to managing disorientation, anxiety, agitation, and wandering in public and tourist environments, with a focus on customer care, safety, and inclusive service provision.

Furthermore, contents and case studies were adapted to hospitality and travel contexts (e.g., hotels, guided tours, transport services, front-desk interactions) so that practical exercises and role plays were contextualised to real-life tourism scenarios to enhance applicability and relevance for professionals working in hospitality settings.

MODULE 3 – BECOMING AMBASSADORS (1,5 hours)

Module 3 focused on promoting social inclusion and strengthening participants' role as ambassadors of inclusive communities. Key topics included principles of inclusive design, development of local community networks, and ethical and inclusive marketing strategies. Specific attention was given to practical adaptations in both tourism and welfare contexts, supporting organisations in creating accessible, welcoming, and socially responsible services.

Participants engaged in practical/experiential exercises focused on psychosocial interventions. Where possible, testimonials and storytelling, as well as the analysis of good practices, were included to strengthen real-world relevance and reflective learning. The module used lectures with Q&A to introduce key concepts, followed by role-plays and simulations focused on accessible



Italy – Croatia



check-ins and person-centred communication. Small-group case studies helped analyze inclusive marketing challenges, while practical exercises reinforced psychosocial intervention skills. Great emphasis on ethical and inclusive marketing, seen as a concrete opportunity to promote respectful, authentic, and inclusive services, enhancing user experience and strengthening the reputation of the organizations involved.

MODULE 4 – COGNITIVE STIMULATION (1,5 hours)

Module 4 covered key non-pharmacological approaches such as music therapy, art therapy, pet therapy, reminiscence, and validation techniques. It focused on the principles of cognitive stimulation and adapting recreational activities for integration within holiday or travel contexts. Additionally, it addressed the prevention of environmental and emotional triggers to support wellbeing and reduce distress.

The session began with the presentation of informative materials documenting the non-pharmacological approaches and other validation techniques used in dementia context. Building on these examples, participants were provided with a structured overview of activities that can be proposed with simple adjustments and adaptations to create dementia-friendly experiences. The session concluded with a practical demonstration of cognitive stimulation, allowing trainees to directly experience techniques that foster engagement, validation, and well-being.

The group of participants showed particularly interest in cognitive stimulation and psychological interventions of dementia to learn about non-pharmacological interventions, gathering information and tools for thinking about and designing adapted stimulation and recreational activities (including in a tourist context) and early recognition of environmental and emotional triggers. All this, it ensured effective management of critical issues and the overall well-being of guests.

The trainers

Vincenzo De Marco, Medical Doctor (Hospital Consultant Neurologist – N.O. Neurologia - Ospedale Perrino di Brindisi).

Vincenzo De Marco is a first-level medical director at the Neurology Unit of the Perrino Hospital in Brindisi. He has 25 years of experience deals specifically in the management of dementia (Alzheimer's Assessment Unit representative) and neurophysiopathology (electromyography), working with diagnosis and treatment of cognitive and memory disorders.

Modules Delivered: Module 1 – Raising awareness about dementia, focusing on the analysis of types of dementia, differences from normal aging, symptoms and manifestations; impact on travel/new environments; stigma and respectful language.

Paolo De Marco, Neuropsychologist – ASL Brindisi

Neuropsychologist and freelance psychologist, expert in dementia and neurodegenerative diseases,



Italy – Croatia

ADRINCLUSIVE

instrumental examinations in the diagnosis of neurodegenerative disorders, neuropsychology of dementias and neurodegenerative diseases, assessment and management of behavioral disorders, psychological and clinical approaches to rehabilitation.

Modules Delivered: Module 2 - Caring fundamentals & interaction strategies, focusing on person-centered care; verbal/nonverbal communication techniques; active listening/validation, management of disorientation, agitation, anxiety, repetition, wandering, identification of triggers and de-escalation.

Francesco Parisi, Technical Director and President of the Cooperativa Sociale Onlus Eridano - organization active in the design and management of day-care centers and services for people with disabilities and Alzheimer's disease.

Third Sector expert with extensive experience in managing social care and rehabilitation services, with expertise in local development, social innovation, and the management of services for people with disabilities and non-self-sufficient individuals.

Modules delivered: Module 3. Becoming ambassadors of a more inclusive approach to people with dementia, focusing on social inclusion, principles of inclusive design and universal design, local networks, ethical and inclusive marketing, specific adaptations for tourism and welfare sectors.

Tamara Pentassuglia, Psychologist at Cooperativa Sociale Eridano - organization active in the design and management of day-care centers and services for people with disabilities and Alzheimer's disease.

Tamara Pentassuglia is the psychologist coordinator of the Alzheimer's Day Center of the Cooperativa Sociale Eridano and is an expert in neurocognitive assessment and rehabilitation of children, adults, and the elderly.

Modules delivered: MODULE 4. Cognitive stimulation & psychosocial interventions focusing on main non-pharmacological interventions (music/art/pet/reminiscence/validation, etc.), principles of cognitive stimulation; adapted recreational activities and integration into a "vacation" context; prevention environmental/emotional triggers.



Italy – Croatia



The participants

The pilot training was overall attended by **18 participants (of which 14 socio-health/social care operators and 4 tourism operators)**.

It was designed for a wide range of professionals who work in contact with the public and/or in the care sector, ensuring an integrated approach to inclusive holidays, with particular reference to the fields of tourism and welfare. The training involved, indeed, the participation of tourism operators (tourist and accommodation association and tourist sector operators), as well as social and healthcare workers (medical and nursing staff, home care workers, professional educators, occupational therapists, and physical therapists; psychologists and social workers; volunteers working in care settings). The majority of participants already had prior experience in interacting with or caring for people with dementia, showing a certain level of familiarity with the condition. However, despite this experience, many do not yet feel fully informed or prepared regarding dementia and its various manifestations. The selected profiles were therefore individuals who have regular contact with people with dementia in their daily lives, who are already sensitive to the topic, who want to deepen their knowledge, and who believe that becoming better informed can positively impact the outcomes of their work.

Nonetheless, one critical issue is linked to the limited involvement of operators in the tourism sector compared to the highest number of participants in health care sector. It was essential to make them understand the potential economic value of a tourism sector that has yet to be explored in order to encourage greater participation.

Overall, the participant group reflects a combination of practical experience, willingness to learn, and a clear expectation that the training would enhance both their understanding and their capacity to interact effectively with people with dementia.



Italy – Croatia



Feedback from participants

The results clearly show that all modules led to an improvement in average scores, indicating an overall positive impact of the training program. In each area, there is an increase between the pre- and post-assessment, suggesting that participants gained skills and greater awareness. In particular, Module 2 – Caring Fundamentals and Interaction Strategies stands out from the others, showing the most significant increase. This suggests that the content and strategies delivered in this module were especially effective and generated the greatest progress among participants.

MODULE 1 – RAISING AWARENESS ABOUT DEMENTIA

Average Pre-Assessment Score (Likert scale 1-5)	4.03
Average Post-Assessment Score (Likert scale 1-5)	4.57

MODULE 2 – CARING FUNDAMENTALS AND INTERACTION STRATEGIES

Average Pre-Assessment Score (Likert scale 1-5)	3.58
Average Post-Assessment Score (Likert scale 1-5)	4.46

MODULE 3 – BECOMING AMBASSADORS

Average Pre-Assessment Score (Likert scale 1-5)	3,92
Average Post-Assessment Score (Likert scale 1-5)	4.50

MODULE 4 – COGNITIVE STIMULATION

Average Pre-Assessment Score (Likert scale 1-5)	3,83
Average Post-Assessment Score (Likert scale 1-5)	4.46

Overall, the anonymous questionnaires completed by participants via Google Forms at the beginning of the training course demonstrated a low level of knowledge about dementia and its effects. As the graph shows, only 16.7% said they were properly informed about the condition and its symptoms. Moreover, just 50% of all participants felt already confident in communicating effectively with people with dementia.

At the end of the training course, participants felt better informed and more capable of handling potentially challenging interactions with people with dementia, representing 55,6% of all participants. Specifically, 72,2% now have a better understanding of how dementia symptoms can affect every aspect of daily life, including the experience in tourist contexts and they well recognized how the information they gained is useful in both their professional and personal lives. Participants demonstrated a strong motivation to develop deeper skills and a more thorough understanding of the impact dementia has on the daily lives of individuals and their families, wishing to become more confident and capable in managing potentially challenging interactions





Italy – Croatia



with people with dementia. In this sense, the course represents a valuable opportunity for them to fill these gaps, gaining knowledge and practical skills that make their approach more effective and informed.



Italy – Croatia



2.2 Training in Novigrad

Syllabus

Title: **Adrinclusive – Fostering the tourism offer for people with dementia – Dementia and Inclusion**

Duration: **6 hours (single-day intensive)**

Dates: **05/11/2025**

Location: **Conference room of the Italian Community of Novigrad-Cittanova, Mlinska 4/B, Novigrad-Cittanova**

The training programme organised by the City of Novigrad-Cittanova brought together tourism and welfare operators for a full-day intensive session focused on building practical competencies for welcoming and supporting guests with dementia in hospitality settings. The programme covered the full ADRINCLUSIVE four-module curriculum in a single day, moving from foundational awareness through interaction skills, inclusive community-building, and cognitive stimulation, with a strong emphasis on role-playing exercises, group problem-solving, and the creation of concrete action plans. The course was structured to encourage cross-sector exchange between the predominantly tourism-oriented participant group and the welfare professionals present, using hospitality-specific scenarios (hotel reception, restaurant, public spaces) to ground every concept in the daily reality of the Novigrad tourism offer.

The training program was organized in four modules:

Module 1 – Raising Awareness about Dementia;

Module 2 – Caring Fundamentals & Interaction Strategies;

Module 3 – Becoming Ambassadors (Attitudes/Organization);

Module 4 – Cognitive Stimulation & Psychosocial Interventions.



Italy – Croatia



The Training modules

MODULE 1 – RAISING AWARENESS ABOUT DEMENTIA (1 hour)

Module 1 provided an introduction to dementia, covering definitions, causes, prevalence, early signs, and the main types (Alzheimer's, vascular, Lewy body, frontotemporal). Participants explored the distinction between normal aging and pathological cognitive decline, and the emotional, social, and functional impact of dementia on individuals, families, and communities. The session addressed stigma, stereotypes, and the importance of respectful, person-first language, as well as the need for early recognition and supportive environments.

The methodology combined interactive lectures with visual examples, group reflection on personal experiences, participatory discussion, a "Myth vs Fact" quiz, analysis of short case vignettes, and guided questioning to explore attitudes and beliefs. The facilitator used storytelling and real examples to improve understanding and promote empathy.

Content was adapted for mixed groups from the tourism and health/social sectors, using terminology accessible to non-medical staff and providing concrete examples from hospitality settings (hotels, restaurants, public spaces). Emphasis was placed on practical recognition of early signs among guests and clients, not only in clinical contexts.

MODULE 2 – CARING FUNDAMENTALS AND INTERACTION STRATEGIES (2 hours)

Module 2 focused on person-centred care principles and practical communication strategies: verbal, non-verbal, and para-verbal communication; de-escalation techniques; validation and redirection; understanding behaviours as expressions of unmet needs; environmental adaptations; and strategies to reduce agitation, disorientation, and stress. Participants learned how to ensure safety, dignity, and emotional comfort during interactions.

Activities included role-play exercises based on real-life scenarios (hotel reception, café, ambulance, street confusion), group problem-solving of challenging behaviours, video examples, demonstrations of calming techniques, practical exercises in tone of voice and body positioning, and facilitated reflection on emotional reactions during role-play. Discussion followed each exercise to consolidate learning.

Scenarios were tailored to common situations encountered in tourism (lost or confused guest, difficulties in communication at check-in, agitation in dining areas). Participants without healthcare background received simplified behavioural frameworks, while healthcare staff received additional layers on clinical reasoning. Activities were structured for mixed-level groups to encourage cross-sector learning.

MODULE 3 – BECOMING AMBASSADORS (1h 45min)

Module 3 introduced the concept of inclusive, dementia-friendly communities and the ambassador role. Topics included accessibility principles, reducing environmental and communication barriers, cross-sector cooperation, examples of good practice from EU dementia-friendly initiatives, and



Italy – Croatia



leadership through micro-changes. Participants explored how their professional role influences inclusion and how to advocate for supportive environments in tourism, health, and community settings.

The methodology combined short theoretical input with group discussions, mind-mapping of personal influence ("My role and my impact"), analysis of existing good practices, and — as a distinctive element of the Novigrad pilot — the creation of a 30-60-90 day mini action plan. Groups worked on mapping their workplace environment, identifying barriers, and designing feasible improvements using visual A3 worksheets. Multidisciplinary group formation encouraged exchange between tourism and care professionals to generate realistic, context-specific ideas.

The module emphasised practical, low-cost changes applicable to small tourism operators, hospitality staff, and community workers.

MODULE 4 – COGNITIVE STIMULATION (1 hour)

Module 4 covered non-pharmacological interventions including cognitive stimulation, sensory engagement, music and art therapy, reminiscence methods, physical activity, and environmental enrichment. The module highlighted the importance of meaningful activities, routine, emotional validation, and human connection. Participants learned the therapeutic goals and how to adapt simple activities for tourism, hospitality, and community settings.

Activities included hands-on practical demonstrations (music-based activation, simple memory games, sensory objects), small-group creation of a "daily engagement routine", experiential exercises, and reflection on the emotional impact of activities. Participants practiced adapting activities to different settings (hotel lobby, café, common spaces, waiting rooms).

Examples were translated into tourism-friendly applications (guided walks, music evenings, calm sensory corners, reminiscence corners with local history), making the content accessible beyond healthcare environments. Activities were simplified to require minimal equipment and be suitable for staff without therapeutic training.



Italy – Croatia



The trainers

Dea Salamon Novaković, Head of Nursing Care and Coordinator for Palliative Care and the Dementia Unit – Center for the Elderly Lucija; Assistant Lecturer – Faculty of Health Sciences Izola. *Dea Salamon Novaković holds a Master's degree in Physiotherapy and is a final-year PhD candidate in Neuroscience within the Biomedicine programme at the University of Ljubljana. She works at the Center for the Elderly Lucija as Head of Nursing Care and Coordinator for Palliative Care and the Dementia Unit. She also teaches within the neurological programme (Neurology, Clinical Medicine, Neurophysiotherapy) at the Faculty of Health Sciences Izola. Her expertise spans palliative care, dementia care, and neurophysiotherapy.*

Modules delivered: Module 1 – Raising awareness about dementia; Module 2 – Caring fundamentals and interaction strategies; Module 3 – Becoming ambassadors of an inclusive approach; Module 4 – Cognitive stimulation and psychosocial interventions.

The participants

The pilot training was attended by **10 participants (of which 8 tourism operators and 2 welfare professionals)**.

The tourism operators included 1 owner of a local café and brunch establishment, 6 operators from the hotel group that will host the pilot tourism activity (1 hotel director, 2 reception managers, 2 housekeeping managers, 1 restaurant manager), and 1 representative of the Novigrad-Cittanova Tourist Board. The welfare professionals were 2 representatives from the Home for the elderly Novigrad — a therapist and a nurse.

This participant profile is distinctive within the ADRINCLUSIVE partnership: the Novigrad group was the most tourism-weighted of all five pilots, and critically, the hotel staff trained are the same operators who will directly host the pilot inclusive tourism activities in the next project phase. The training thus had an immediate operational purpose beyond capacity-building, directly preparing the receiving infrastructure.

During the training, it became evident that some participants had already had isolated experiences with guests with dementia, which made the content immediately relevant and sparked strong interest.



Italy – Croatia



Feedback from participants

The pre- and post-assessment data show consistent and substantial improvements across all four modules, with particularly strong gains in Module 2 (Caring Fundamentals) and Module 4 (Cognitive Stimulation), where participants started from the lowest baseline.

MODULE 1 – RAISING AWARENESS ABOUT DEMENTIA

Average Pre-Assessment Score (Likert scale 1-5) 3.68

Average Post-Assessment Score (Likert scale 1-5) 4.94

MODULE 2 – CARING FUNDAMENTALS AND INTERACTION STRATEGIES

Average Pre-Assessment Score (Likert scale 1-5) 3.08

Average Post-Assessment Score (Likert scale 1-5) 4.78

MODULE 3 – BECOMING AMBASSADORS

Average Pre-Assessment Score (Likert scale 1-5) 3.86

Average Post-Assessment Score (Likert scale 1-5) 4.80

MODULE 4 – COGNITIVE STIMULATION

Average Pre-Assessment Score (Likert scale 1-5) 3.48

Average Post-Assessment Score (Likert scale 1-5) 4.76

Participants highlighted the clarity of the presentation, the usefulness and interactivity of the workshops, and the quality of the materials and practical examples. The trainer was praised for being engaging, approachable, and professional. Activities such as role-playing and the creation of the action plan were particularly appreciated. Overall, the training was described as very interesting, educational, and well explained.

Participants suggested covering the medical aspects of dementia in more detail and considered the possibility of holding additional workshops. They emphasised the importance of staff and community education. The sensory component of the workshop was particularly appreciated. Organising a 6-hour training in a single day presented a coordination challenge, as it required aligning the schedules of participants from both the tourism and welfare sectors during their working hours. Despite this, the training was recognised as highly valuable by participants and their institutions, and a mutually suitable time was successfully identified.



Italy – Croatia



2.3 Trainings in Cesenatico and Forlimpopoli

Syllabus

Title: **Investing in inclusive tourism: Training in accessible hospitality for people with dementia**

Duration: **11 hours total (of which 6 delivered to tourism and welfare operators, and 5 to students)**

Dates: **04/11/2025; 11/11/2025; 13/11/2025**

Locations:

- Sala conferenze ADAC SERVIZI s.r.l., Viale Giuseppe Mazzini 93, Cesenatico (FC)
- Aula Magna, Scuola Secondaria di II grado Pellegrino Artusi, Viale Matteotti 54, Forlimpopoli (FC)

The training programme promoted by Fondazione Maratona Alzheimer was the largest and most structurally distinctive of the five pilots. It included two separate delivery tracks, both based on the same teaching materials but optimised for different audiences: a 6-hour course over two days for active tourism and welfare professionals, and a 5-hour course in a single day for 44 students of the Artusi hospitality school in Forlimpopoli. This dual-track approach directly reflected the methodology's recommendation that duration and format be "flexible and extendable" based on audience characteristics, and it extended the ADRINCLUSIVE training investment beyond the current workforce to the next generation of hospitality professionals.

The overall objective was to prepare both current and future operators to create meaningful and safe travel experiences for people living with dementia and cognitive decline, with a focus on bridging the skills gap in relationships and welcoming practices. A distinguishing feature of the FMA pilot was the extensive use of video testimonies and documented materials from the Foundation's own inclusive holiday programmes, giving participants direct evidence of what an operational dementia-friendly tourism offer looks like in practice.

The training was organized in four modules:

Module 1 – Raising Awareness about Dementia;

Module 2 – Caring Fundamentals & Interaction Strategies;

Module 3 – Becoming Ambassadors (Attitudes/Organization);

Module 4 – Cognitive Stimulation & Psychosocial Interventions.



Italy – Croatia



The Training modules

MODULE 1 – RAISING AWARENESS ABOUT DEMENTIA (1.5 hours)

Module 1 introduced the definition of dementia (with a focus on Alzheimer's disease) and a clear distinction between normal aging and pathological cognitive decline. It presented the main types of dementia and analysed how symptoms — disorientation, memory difficulties — affect both the travel experience and daily life of the individual and their caregivers. The module also introduced the structure of the inclusive holiday model, explaining how it is organised, the types of activities that can be proposed, and how people with dementia — seen beyond their diagnosis — can continue to engage in meaningful experiences, including travel.

The methodology combined interactive lectures with slides, viewing and discussion of awareness-raising videos to provide practical illustration of symptoms, and a Q&A session aimed at debunking myths and stereotypes about the condition.

Emphasis was placed on the concept of "the person beyond the condition" and on the role of tourism professionals as guardians of dignity — an approach essential for a non-judgmental and proactive approach to hospitality.

MODULE 2 – CARING FUNDAMENTALS AND INTERACTION STRATEGIES (1.5 hours)

Module 2 focused on the principles of effective verbal and non-verbal communication with people with dementia, practical techniques for interaction, emotional validation, and creating a sense of safety. Strategies were provided for managing potentially difficult situations (agitation, disorientation) in non-clinical tourism contexts.

The methodology included analysis of real case studies and interaction scenarios in hospitality settings, practical exercises and simulations (role-playing) on challenging communication techniques, and guided discussion on operational best practices. The strong impact of this module on post-assessment scores confirmed the effectiveness of this hands-on approach.

The module focused specifically on front office skills (welcoming, check-in, meal service) and on how to apply caring strategies discreetly and professionally, while maintaining a "normal" holiday experience for everyone.

MODULE 3 – BECOMING AMBASSADORS (1.5 hours)

Module 3 addressed inclusion as both a right and an opportunity for the tourism sector, covering the identification and removal of barriers (physical, communicative, organisational, and social) that hinder participation. The role of the operator as promoter and "ambassador" of an inclusive approach was illustrated through concrete examples and case studies, including the initiatives of Fondazione Maratona Alzheimer and AFAM Marche, which have successfully implemented inclusive holidays for people with dementia for several years.

This was the most testimony-rich module of the entire pilot. To make the ambassador role tangible, the session first presented the structure and organisation of FMA's own inclusive holiday, followed



Italy – Croatia



by viewing and discussion of video testimonies documenting the experience. These were complemented by live and recorded accounts from professionals and operators who had directly carried out activities during the 2025 inclusive holiday with people with dementia and their families, offering participants concrete evidence of how tourism professionals can embody and promote a new inclusive model.

Practical guidance was provided on collaboration with local associations and socio-health services to create a network-based tourism offer.

MODULE 4 – COGNITIVE STIMULATION & PSYCHOSOCIAL INTERVENTIONS (1.5 hours)

Module 4 introduced non-pharmacological interventions and their effectiveness, the role of psychosocial interventions (occupational therapy, reminiscence), how to identify and propose simple, adaptable activities in a tourism context, and key environmental adaptations (lighting, signage, safety) to enhance the well-being of people with dementia in hospitality settings.

The session began with the presentation of videos and photos documenting the inclusive holiday organised with operators, illustrating a wide range of activities: the Hobart dance method, a guided visit to the Maritime Museum, art therapy, physiotherapy, and the use of essential oils. Building on these examples, participants were provided with a structured overview of activities that can be proposed with simple adjustments to create dementia-friendly experiences. The session concluded with a practical demonstration of cognitive stimulation, allowing trainees to directly experience techniques that foster engagement, validation, and well-being.

The focus was on creating "meaningful moments" for guests and supporting caregivers, ensuring relief and respite activities within the tourism offer.



Italy – Croatia



The trainers

Arianna Forcelli, Psychologist – Fondazione Maratona Alzheimer.

Psychologist, member of AIP (Italian Association of Psychogeriatrics), with a Master's degree in Neuropsychology. She has experience in leading Alzheimer Cafés and in conducting cognitive stimulation and occupational therapy activities for people with dementia, both in group and individual settings. Her work also includes neuropsychological assessment and the development of projects with Fondazione Maratona Alzheimer ETS to promote inclusive environments and raise awareness about dementia.

Modules delivered: Module 1 – Raising awareness about dementia; Module 3 – Becoming ambassadors of a more inclusive approach to people with dementia; Module 4 – Cognitive stimulation and psychosocial interventions.

Gianpiero Antenori, Psychologist specialised in Neuroscience and Neuropsychology – Freelance professional.

He has extensive experience in designing and coordinating activities for people with dementia and frail older adults. He has direct experience in leading Alzheimer Cafés, conducting cognitive stimulation groups, and providing support to caregivers. He also works as a trainer on communication and helping relationships in the socio-healthcare field.

Modules delivered: Module 2 – Caring fundamentals and interaction strategies.

The participants

The pilot training was attended by **57 participants (of which 13 tourism and welfare professionals and 44 students)**.

The professional group included 9 tourism operators (4 hoteliers, 1 tour guide, 4 lifeguards from a cooperative) and 4 welfare/social professionals (1 nurse, 1 massage therapist, 1 Romagna Tech representative, 1 professional educator). While some had prior experience with dementia care, for most this was their first structured training on inclusive hospitality. The student group consisted of 44 students from the Istituto Alberghiero Pellegrino Artusi, a secondary school specialising in hospitality and food service.

The inclusion of students was a deliberate strategic choice by FMA. The rationale was twofold: to reach the professionals who will operate Adriatic tourism structures within a few years, and to test whether the ADRINCLUSIVE methodology — designed for active professionals — could also effectively engage an adolescent audience. The results confirmed that it could: students showed high engagement and sensitivity throughout, and the trainers successfully adapted their communication style to connect with the younger public while maintaining the depth and rigour of the content.



Italy – Croatia



Feedback from participants

The comparative analysis demonstrates a significant positive impact across all four modules, with average score increases ranging from +1.26 to +1.65. All modules achieved excellent final scores between 4.45 and 4.55, indicating that the competence gap was effectively closed regardless of topic.

The most notable result was in Module 2 (Caring Fundamentals and Interaction Strategies), which started from the lowest baseline (2.80) and recorded the highest net gain (+1.65) — confirming that the practical exercises and role-playing methodology were especially effective in bridging the initial skill gap.

MODULE 1 – RAISING AWARENESS ABOUT DEMENTIA

Average Pre-Assessment Score (Likert scale 1-5) 3.29

Average Post-Assessment Score (Likert scale 1-5) 4.55

MODULE 2 – CARING FUNDAMENTALS AND INTERACTION STRATEGIES

Average Pre-Assessment Score (Likert scale 1-5) 2.80

Average Post-Assessment Score (Likert scale 1-5) 4.45

MODULE 3 – BECOMING AMBASSADORS

Average Pre-Assessment Score (Likert scale 1-5) 3.14

Average Post-Assessment Score (Likert scale 1-5) 4.51

MODULE 4 – COGNITIVE STIMULATION

Average Pre-Assessment Score (Likert scale 1-5) 3.09

Average Post-Assessment Score (Likert scale 1-5) 4.53

The training achieved its core objective of raising awareness, enhancing practical skills, and fostering an inclusive mindset. Participants reported feeling "more confident and prepared" to communicate and interact with people with dementia. The most significant overall impact was a strong shift in perspective towards acceptance, empathy, and promoting the dignity of the person over the pathology.

Among the main strengths identified by participants: the use of videos and concrete, lived experiences was the most praised aspect, making the content emotionally engaging and easy to understand; contents were judged as clear, relevant, and directly applicable to professional and personal contexts; the trainers were recognised for their clarity, empathy, and ability to connect



Italy – Croatia

ADRINCLUSIVE

with the audience — including successfully speaking to an adolescent public; and the course instilled a strong sense of responsibility and motivation to act as "ambassadors" for inclusion. Suggested improvements included more practical activities and interactive components to consolidate skills learned, a longer duration to allow in-depth exploration of key topics, and more detailed, concrete guidance for hoteliers regarding facility adaptations and structural suitability for guests with dementia.

No unexpected organisational or technical challenges were encountered. The only "challenge" that emerged from qualitative feedback was the perceived time constraint relative to the richness of the topics: participants felt that more time would be beneficial for further practical activities and deeper exploration. This high level of interest confirms the relevance of the content. Professionals expressed a concrete desire to implement inclusive practices, modify their facilities, and dedicate specific services to guests with dementia and their caregivers. The success of the student track demonstrates the programme's capacity to build a new generation of tourism operators with elevated awareness and empathy from the start of their careers.



Italy – Croatia



2.4 Training in Split

Syllabus

Title: **Implementation of local training programs and evaluation of training participants**

Duration: **6 hours (two-day course)**

Dates: **26 and 27/11/2025**

Location: **Tourism and Hospitality School Split, A.G. Matoša 60, 21 000 Split**

The training programme organised by Healthy City in Split delivered the full ADRINCLUSIVE four-module curriculum over two days at the city's Tourism and Hospitality School. The course was delivered by a single trainer — a specialist psychiatrist with deep expertise in dementia and Alzheimer's care — and combined interactive frontal lectures with visual examples, live polling, group Q&A, and discussion of real-world scenarios involving tourists with cognitive difficulties. The venue choice in a hospitality school reinforced the connection between the training content and the professional formation of tourism operators, and the participant group included both active professionals and hospitality students.

The training was organized in four modules:

Module 1 – Raising Awareness about Dementia;

Module 2 – Caring Fundamentals & Interaction Strategies;

Module 3 – Becoming Ambassadors (Attitudes/Organization);

Module 4 – Cognitive Stimulation & Psychosocial Interventions.



Italy – Croatia



The Training modules

MODULE 1 – RAISING AWARENESS ABOUT DEMENTIA (1 hour)

This module introduced dementia — especially Alzheimer's disease — as a major public-health issue, dispelling common myths and explaining epidemiology, disease progression, and clinical stages. Participants learned how cognitive, behavioural, and emotional symptoms affect everyday functioning and autonomy, with a specific focus on how these challenges manifest in unfamiliar environments such as travel and tourism settings. Emphasis was placed on person-centred language, stigma reduction, and understanding the lived experience of people with dementia and their caregivers.

MODULE 2 – CARING FUNDAMENTALS AND INTERACTION STRATEGIES (1 hour)

The module focused on practical, real-life communication with people who have cognitive and memory impairments. Key topics included barriers to communication, cultural and psychological factors, and concrete rules for effective interaction (clear language, non-verbal communication, patience, redirection, emotional validation). Strategies for managing agitation, confusion, and behavioural changes were discussed, along with guidance on conflict de-escalation and supporting both formal and informal caregivers.

MODULE 3 – BECOMING AMBASSADORS (1 hour)

This module explored inclusivity as a professional and personal responsibility within tourism. Participants were taught how attitudes, language, and everyday behaviour shape dementia-friendly environments. The module covered inclusive communication, empathy, recognition of personal biases, and the role of tourism workers in promoting dignity, equality, and participation. It also addressed how tourism institutions can actively support inclusion through service design and staff awareness.

MODULE 4 – COGNITIVE STIMULATION (1 hour)

The final module presented non-pharmacological approaches that enhance quality of life for people with dementia: cognitive stimulation, reminiscence, music therapy, social engagement, and structured recreational activities adapted to individual abilities. The role of travel, nature, movement, and meaningful experiences as therapeutic tools was emphasised, along with practical recommendations for integrating dementia-friendly activities and routines into tourist offers and environments.



Italy – Croatia



The trainers

M.Sc. Vitomir Višić, Dr. Med., Specialist Psychiatrist – Psychiatric Hospital Ugljan, Head of the Department of Dementia, Elderly Psychiatry and Palliative Care.

Dr. Višić is a specialist psychiatrist with advanced academic and clinical training in mental health. He heads the Department for Dementias, Psychiatry of Older Age, and Palliative Care at the Psychiatric Hospital Ugljan. He has delivered expert lectures on Alzheimer's disease and dementia, including public awareness events on recognition, prevention, and caregiver support. He serves on boards and committees connected to dementia care and palliative medicine, including the Croatian Society for Alzheimer's Disease and Psychiatry of Older Age (Hrvatsko društvo za Alzheimerovu bolest i psihijatriju starije životne dobi).

Modules delivered: Module 1 – Raising awareness about dementia; Module 2 – Foundations of care and interaction strategies; Module 3 – Becoming ambassadors of an inclusive approach; Module 4 – Cognitive stimulation and psychosocial interventions.

The participants

The pilot training was attended by **17 participants (of which 12 tourism operators and 5 welfare/social professionals)**.

The tourism operators included 2 tour guides (Iris Marinović, Agata Ravlić), 3 tourism operators, 2 tourism experts/professors (Ljudevit Pranić, Zorana Kuzmanić), 4 tourism operator/students (Lana Kordić, Franka Ivčević, Nina Pinjuh, Lucija Grbelja), and 1 tourism expert (Martin Bućan). The welfare professionals included 3 social workers and 2 caregivers.

The Split pilot thus combined active tourism professionals, academic staff from the hospitality school, and students — a profile that, like FMA's pilot in Forlimpopoli, extended the training investment to the future workforce. The strong presence of tour guides is also distinctive: these are professionals who operate in direct, sustained contact with visitors in public spaces, making them especially relevant multipliers for the dementia-friendly tourism approach.

The partner reported that finding a suitable expert trainer was a significant challenge, as there are few dementia specialists available in the region and they are typically very busy. After initial rejections due to time constraints, Healthy City's network and personal contacts secured Dr. Višić as trainer.



Italy – Croatia



Feedback from participants

The pre- and post-assessment data show consistent improvements across three of the four modules. Module 2 (Caring Fundamentals) registered the strongest gain (+1.61), starting from the lowest baseline (2.94), confirming the pattern observed across all five pilots. Module 3 (Becoming Ambassadors) is an anomaly: the pre-assessment average (4.60) was already near ceiling and the post-assessment (4.56) shows a marginal decrease, suggesting that participants entered the training with strong pre-existing attitudes toward inclusion — a finding that may reflect the self-selected profile of the group.

MODULE 1 – RAISING AWARENESS ABOUT DEMENTIA

Average Pre-Assessment Score (Likert scale 1-5) 3.40

Average Post-Assessment Score (Likert scale 1-5) 4.62

MODULE 2 – CARING FUNDAMENTALS AND INTERACTION STRATEGIES

Average Pre-Assessment Score (Likert scale 1-5) 2.94

Average Post-Assessment Score (Likert scale 1-5) 4.55

MODULE 3 – BECOMING AMBASSADORS

Average Pre-Assessment Score (Likert scale 1-5) 4.60

Average Post-Assessment Score (Likert scale 1-5) 4.56

MODULE 4 – COGNITIVE STIMULATION

Average Pre-Assessment Score (Likert scale 1-5) 3.61

Average Post-Assessment Score (Likert scale 1-5) 4.53

Participants highlighted the high relevance of the topic, particularly the focus on people with dementia in tourism and inclusive practices. The trainer was praised as highly knowledgeable, professional, approachable, and able to convey complex topics in a warm, engaging, and human-centred manner. The training methodology — combining theoretical input with practical examples, interactive elements, and real-life case studies — was considered effective, and the content was judged as directly applicable to participants' everyday work.

The primary impact reported was a shift from reactive adjustments to a proactive approach: designing tourism content that respects the needs of people with dementia from the outset, rather than adapting after the fact. Participants recognised the importance of interdisciplinary cooperation and inclusive planning within the tourism sector.



Italy – Croatia

ADRINCLUSIVE

Suggested improvements included greater emphasis on tourism-specific contexts and practical examples, the creation of a spatial model to help visualise adaptations in real settings (e.g. a specific hotel space or interpretation centre), more practical workshops and simulations, further development of communication techniques for complex situations, and more time for questions and exchange of experiences among participants.

The training also served as a stakeholder engagement opportunity: Healthy City identified interested stakeholders who may pursue inclusive tourism initiatives in their future work.



Italy – Croatia



2.5 Training in Macerata

Syllabus

Title: **"Cultura e turismo inclusivo per il futuro dei nostri territori"**

Duration: **9 hours total (6 hours mandatory core modules + 3 hours optional module)**

Dates: **04/02/2026 and 10/02/2026**

Location: **Polo Didattico Bertelli, Università di Macerata**

The training programme organised by AFAM Alzheimer Uniti Marche was delivered over two days at the University of Macerata, combining a 6-hour mandatory core covering the ADRINCLUSIVE four-module curriculum with a 3-hour optional workshop dedicated to cognitive stimulation and the hands-on design of psychosocial activities. This structure — exceeding the methodology's minimum of six hours — reflected both the depth of the content and the partner's decision to invest additional time in the most practice-oriented module.

The programme stood out for the breadth of its trainer team: four trainers with complementary profiles, including a neuropsychologist specialised in dementia care, a psychologist experienced in psychosocial interventions, the President of Alzheimer Uniti Italia, and Pete Kercher, Co-founder and Ambassador of EIDD – Design for All Europe. This brought an unusually wide range of perspectives — from clinical practice to national advocacy to European inclusive design policy — into a single training event.

The university setting and the strong representation of welfare and academic professionals among participants gave the Macerata pilot a distinctive character: it was the most research- and policy-oriented of the five, complementing the more operational focus of the other pilots.

The training was organized in four modules:

Module 1 – Raising Awareness about Dementia;

Module 2 – Caring Fundamentals & Interaction Strategies;

Module 3 – Becoming Ambassadors (Attitudes/Organization);

Module 4 – Cognitive Stimulation & Psychosocial Interventions.



Italy – Croatia



The Training modules

MODULE 1 – RAISING AWARENESS ABOUT DEMENTIA (2 hours)

This module introduced dementia as a syndrome, explaining its main characteristics and the most common cognitive symptoms: memory loss, disorientation, language difficulties, and reduced ability to perform daily activities. Particular attention was given to how these symptoms impact everyday life and the autonomy of people living with dementia. The module also explored the role of the physical and social environment, highlighting how well-designed and inclusive environments can support people with dementia, while poorly designed ones may increase confusion, stress, and functional difficulties.

The methodology combined interactive frontal lectures with practical exercises. Participants were actively involved through guided reflections and short exercises aimed at helping them better understand the cognitive challenges experienced by people with dementia and the importance of adopting an inclusive and supportive approach in tourism and service contexts.

Given that most participants had limited prior experience with dementia, the module placed greater emphasis on basic awareness, practical examples, and real-life situations related to tourism and service settings, making the content relevant and applicable to their professional roles.

MODULE 2 – CARING FUNDAMENTALS AND INTERACTION STRATEGIES (2 hours)

The module emphasised how to communicate in a meaningful and effective way, helping participants understand and respond to the needs of people with dementia. Practical examples were used throughout to illustrate common situations, allowing participants to experience firsthand how to build trust, show empathy, and adapt communication techniques to each person's abilities and preferences.

The learning experience centred on interactive lectures and group discussions. Participants engaged with real-life case studies, sharing reflections and discussing how to recognise and meet the needs of people with dementia in everyday situations. The approach encouraged participants to connect theory with practice, gaining insights into effective communication and relational techniques.

Strong emphasis was placed on practical examples to ensure the content was immediately relevant, and on understanding the perspective and needs of people with dementia to enhance participants' ability to interact with empathy and effectiveness.

MODULE 3 – BECOMING AMBASSADORS (2 hours)

This was the most multi-voiced module of the Macerata pilot and, arguably, of the entire ADRINCLUSIVE training cycle. The session highlighted the value of inclusion as a core cultural principle in caregiving and hospitality, drawing on four distinct perspectives. Manuela Berardinelli, President of Alzheimer Uniti Italia, spoke about fostering an inclusive mindset and emphasised that creating welcoming environments benefits everyone. Pete Kercher, Co-founder of EIDD – Design for



Italy – Croatia

ADRINCLUSIVE

All Europe, presented data on the number of people with disabilities who travel, demonstrating that inclusive tourism is a growing and commercially untapped market.

The module was delivered through interactive presentations and group discussions, with the speakers sharing examples and real-world data to prompt participants to reflect on the role of inclusion in everyday caregiving and service settings. The emphasis on real-life examples and statistics made the concept of inclusion tangible, framing accessibility as a universal need — not only for people with disabilities but for everyone at different stages of life.

MODULE 4 – COGNITIVE STIMULATION & PSYCHOSOCIAL INTERVENTIONS (3 hours — optional module)

This extended module — the longest single session across all five pilots — focused on understanding psychosocial interventions and their role in supporting individuals with dementia. Participants learned what psychosocial interventions are, explored various practical examples, and discussed how to tailor activities to the needs, preferences, and abilities of different individuals. The session emphasised how personalised approaches can promote engagement, well-being, and cognitive stimulation.

The module combined interactive lectures with a hands-on workshop. In small groups, participants designed psychosocial activities for a group of people with dementia, considering different profiles, preferences, and abilities. This collaborative, practical approach allowed participants to apply theoretical knowledge and develop concrete strategies for cognitive stimulation in real-life scenarios. The practical sessions on cognitive stimulation and "failure-free activities" were particularly appreciated and helped participants translate theoretical knowledge into actionable strategies.



Italy – Croatia



The trainers

Susanna Cipollari, Neuropsychologist – AFAM Alzheimer Uniti Marche ODV.

Neuropsychologist specialised in dementia care and psychosocial interventions. She collaborates with AFAM Alzheimer Uniti Marche ODV, promoting initiatives aimed at improving the quality of life of people with dementia and their families. She has extensive experience in training tourism professionals on dementia-friendly and inclusive tourism and is involved in the design and implementation of supported holiday programmes for people with dementia.

Modules delivered: Module 1 – Raising awareness about dementia; Module 3 – Psychosocial interventions and inclusive tourism practices.

Ludovica Capponi, Psychologist – AFAM Alzheimer Uniti Marche ODV.

Psychologist with experience in supporting people with dementia and their families through psychosocial interventions and cognitive stimulation activities.

Modules delivered: Module 2 – Communication and relational approaches with people with dementia; Module 3 – Psychosocial interventions and inclusive tourism practices.

Manuela Berardinelli, President – Alzheimer Uniti Italia ODV.

Manuela Berardinelli has long been committed to promoting the social inclusion of people with dementia and their families. She has significant experience in implementing awareness-raising projects and disseminating the Dementia-Friendly Communities model. She collaborates with public bodies, associations, and institutions to foster accessibility, active participation, and quality of life for people with cognitive decline, and is actively involved in training and advocacy initiatives at the national level.

Modules delivered: Module 3 – Becoming ambassadors.

Pete Kercher, Co-founder and Ambassador – EIDD – Design for All Europe.

Pete Kercher is a leading European figure in the promotion of inclusion through design. He has collaborated with European institutions, governments, and international organisations to develop inclusive policies and projects, contributing in particular to the dissemination of the "Tourism for All" concept and the creation of accessible environments, including for people with cognitive vulnerabilities.

Modules delivered: Module 3 – Becoming ambassadors.



Italy – Croatia



The participants

The pilot training was attended by **25 participants (of which 5 tourism operators and 20 welfare/social professionals)**.

The tourism operators included 2 tour guides, 1 travel agency representative, a representative of the Regione Marche "Marche for All" programme, and a representative of the Cittàslow network.

The welfare/social professionals included 2 doctors, 5 trainee educators, 2 psychologists, 3 university professors, 1 physiotherapist, and 2 healthcare assistants.

The Macerata pilot was the most welfare-weighted of all five, with an 80/20 split toward social and health professionals. The presence of university professors and trainee educators is distinctive: it positioned the training not only as a capacity-building exercise for current practitioners but as a potential catalyst for incorporating dementia-aware hospitality into academic curricula. The institutional presence — Regione Marche and the Cittàslow network — also signals the potential for scaling ADRINCLUSIVE principles into regional tourism policy.

Participants initially showed heterogeneous levels of knowledge, with many having limited understanding of the cognitive and functional impact of dementia and inclusive approaches. This was reflected in the lowest pre-assessment baselines of all five pilots. However, this challenge was addressed through clear explanations, practical examples, and interactive activities, which facilitated progressive learning and engagement.



Italy – Croatia



Feedback from participants

The pre- and post-assessment data show the largest absolute gains of any pilot, reflecting the low starting baselines. Module 4 (Cognitive Stimulation) recorded the most dramatic improvement, rising from 1.5 to 4.4 — a net gain of +2.9 points, the single largest module-level gain across all five pilots and all four modules. This is consistent with the fact that this was also the module that received the most time (3 hours) and the most hands-on methodology.

MODULE 1 – RAISING AWARENESS ABOUT DEMENTIA

Average Pre-Assessment Score (Likert scale 1-5) 2.00

Average Post-Assessment Score (Likert scale 1-5) 4.30

MODULE 2 – CARING FUNDAMENTALS AND INTERACTION STRATEGIES

Average Pre-Assessment Score (Likert scale 1-5) 2.40

Average Post-Assessment Score (Likert scale 1-5) 4.60

MODULE 3 – BECOMING AMBASSADORS

Average Pre-Assessment Score (Likert scale 1-5) 2.20

Average Post-Assessment Score (Likert scale 1-5) 4.40

MODULE 4 – COGNITIVE STIMULATION

Average Pre-Assessment Score (Likert scale 1-5) 1.50

Average Post-Assessment Score (Likert scale 1-5) 4.40

Among the main strengths identified by participants: the practical and interactive methodology, especially group activities and real-life examples; the high relevance of the content for professional practice; the acquisition of concrete communication strategies and person-centred approaches; and the competence and clarity of the trainers. Participants particularly valued the opportunity to exchange experiences among professionals from different backgrounds — a benefit amplified by the diverse mix of doctors, psychologists, educators, tour guides, and institutional representatives in the room.

The practical sessions on cognitive stimulation and "failure-free activities" were singled out as especially effective, helping participants translate theoretical knowledge into concrete strategies. Participants reported increased confidence in their ability to interact with and support people with dementia in a respectful, inclusive, and effective way, and described a broader shift in attitudes toward more empathetic and inclusive professional practices.

Suggested improvements included extending the training duration to allow deeper exploration of some topics, including more practical exercises and real case discussions, and offering follow-up sessions to support the application of learned strategies in daily practice.





Italy – Croatia



ANNEX I – TRAINING MATERIALS

Training materials used by ADRINCLUSIVE Project Partners have been collected and included in the following online repository:

<https://drive.google.com/drive/folders/1K-omUJnUJIHkUloVPjJ5xQjK5R-Recii?usp=sharing>

This online storage has been provided by the LP Municipality of Brindisi, and will be kept up and running for at least 5 years after the end of the project.

