



Case study: Destination readiness for dementia-friendly visitor experiences: A scoping study

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ABSTRACT

Ageing and dementia are major societal challenges affecting many countries, with around 46.8 million people worldwide estimated to be living with dementia. These estimates suggest that the worldwide population of people living with dementia will double every 20 years to reach 131.5 million by 2050. Recognition that dementia is a significant challenge for the travel and tourism sector is starting to develop. This paper contributes to this emerging agenda on ageing and dementia focusing on the accessibility needs of this group through a two-stage research study that demonstrates the practical needs and leadership challenges this poses for the tourism sector. Using the UK as an exemplar of dementia-readiness, the study examines Destination Management Organisation (DMO) website provision of advice for people with dementia and their carers. It then reports the findings of a survey DMO managers attitudes towards creating dementia-friendly destinations.

1. Introduction: dementia as a societal issue for the visitor economy

Ageing and dementia is a major societal challenge facing governments around the world. Active ageing has created many opportunities for businesses and organisations to develop services and travel experiences for people who are now living longer and able to engage in tourism in later life (see Boundiny, 2013; Darcy & Dickson, 2009; Glover & Prideaux, 2009; McKercher & Darcy, 2018). Conversely, a proportion of the ageing population is affected by increasingly complex medical conditions that impact upon travel experiences, and one such condition is dementia. Dementia is a broad term used to describe a large range of symptoms experienced in different ways by individuals with the disease that progressively affect cognitive abilities, perception, behaviour and the capacity to perform many everyday activities. Dementia is a brain disease, not a natural facet of ageing, and there are several forms, the most common of which is Alzheimer's Disease, which accounts for between two-thirds and three-quarters of cases. While most cases of dementia are diagnosed in people over the age of 65, the disease can affect younger people too – this is termed early-onset dementia.

Research indicates that people with dementia living at home¹ can suffer from stigmatisation and barriers to participation (Haugen, Slettebø, & Ytrehus, 2018) and out of home activities can help people with dementia to live a better quality of life and express themselves more fully. Connell, Page, Sherriff, and Hibbert (2017) discuss the

health benefits of leisure activity including the key studies on walking, dance and music, so this well-established research field is not reiterated in this paper (e.g. see Mapes, 2010). However, people with dementia and their carers engaging in out of home activities such as tourism in the early stages of the condition can find new environments confusing, face problems in readjusting to their home environment on returning and become agitated when problems occur (see Alzheimer's Society, 2016 for more detail). Furthermore, visitors with dementia may sometimes have specific access and/or assistance requirements during their trip. Klug, Page, Connell, Robson, and Bould (2017) *Rethinking Heritage* guide summarises the common problems that people with dementia face in the visitor economy, which include: mobility issues (e.g. getting to the venue, moving around the venue, disorientation caused by background noise, patterned décor and shiny surfaces, fear of getting lost or not knowing where to go); memory-related problems (e.g. struggling to remember eras and periods of time, and finding the right words to communicate with people); problems of visual perception or spatial awareness (e.g. bumping into things, responding to visual interpretation in unexpected ways and the effect of low light levels on perception); and, impaired ability to interact with the environment and problems with paying for goods and services (e.g. counting money or remembering chip and pin numbers).

While some of these challenges share similarity with the wider physical accessibility agenda, the more specific needs associated with dementia (such as colour and design of infrastructure) can be overlooked in visitor-facing settings. Furthermore, as Connell et al. (2017)

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¹ Some two thirds of people with dementia live in the community in the UK and one third reside in care homes (Klug et al., 2017).

indicate, awareness of how to make environments more suitable for those visitors with dementia is relatively low in the visitor economy compared to local communities (see Hare, 2016; Rivett, 2017). Within this context, visitor destinations have a key role to play in developing places where the barriers people with dementia and their carers face in accessing destinations, as outlined by Innes, Page, and Cutler (2016), are removed. Overcoming these barriers to create more 'dementia-friendly' (DF) visitor destinations is a relatively new area of study in the visitor economy with practical implications for managers, service providers and policymakers. Accessibility considerations are crucial for people with dementia and their carers to ensure access to basic facilities (such as accessible toilets), services that meet DF guidelines and suitable information provision and signage as well as accommodation, and transport services to enable safe and easy travel. One of the principal problems that people with dementia-related conditions face are changes in their cognitive ability including spatial disorientation and research on wayfinding seeks to understand how to improve the design of environments to reduce spatial disorientation (see Mitchell, Burton, & Raman, 2004; Sheehan, Burton, & Mitchell, 2006; and Caffò et al., 2017, for example). Whilst some of these services and needs may often be subsumed in wider 'accessibility' provision promoted in destinations, there are also underlying training and development issues for businesses and organisations to understand the specific needs of such consumers so that their visit occurs in a manner where principles of DF provision are implicit in the service interactions that occur across the visitor economy.

Estimates suggest there are 46.8 million people worldwide living with dementia (Alzheimer's Disease International, 2015) and that this figure will double in volume every 20 years to 131.5 million by 2050. In the UK, there are currently over 850,000 people living with dementia, affecting 1 in 6 of the over 80 year old population. In 2018, it is estimated that a further 225,000 people will develop dementia and over 40,000 people under the age of 65 years of age will be affected by the condition (Klug et al., 2017). The scale of dementia in the UK means that there are 670,000 carers of people with dementia. While this trend in dementia has major implications for health and social care systems, it is also highly relevant for service sub-sectors such as travel and tourism with the increasing volume and diversity of ageing travellers with different needs in domestic and international markets. As a consumer segment, over 4% of the UK population is affected directly as carers or people with dementia and this is set to increase in the future as the structure of the population ages. For the visitor economy, this is a visitor segment that when combined with family and friends is not an insignificant group and where travel behaviour does not necessarily stop in the early stages of the condition. Many people currently in the broad age range mostly affected by dementia have been the beneficiaries of post-war affluence and consumer spending on leisure activity incorporating travel and tourism.

One part of the societal challenge of an ageing population for the tourism industry is that it requires a rethink about the current *modus operandi* for the groups with more complex health needs such as dementia. From an economic perspective, research indicates that in the UK the dementia pound is currently worth £11 billion in 2014 and is set to increase to and £27.2 billion by 2030 (Centre for Economics and Business Research, 2014) and so is a key driver of future spending in the visitor economy if businesses adapt to the needs and opportunities this offers, a feature outlined by Page, Innes, and Cutler (2015) with specific implications for destination development and places and spaces able to cater to the needs of this group. Such a focus is clearly linked with the new paradigm on creating age-friendly spaces. Yet the needs of people with dementia and their carers transcend the growing debate on age-friendly cities (see Buffel, Phillipson, & Scharf, 2012; Buffel, 2018; and initiatives such as UN Age Friendly Initiative² and Age UK's Age

Friendly Places³) because of the specific impact of dementia on visitor needs, with recent studies seeking to align age-friendly with dementia-friendly (see Turner & Cannon, 2018). Whilst the UN Initiative focuses on several domains for action to create age-friendly cities to enhance civic participation and enjoyment, housing, social inclusion, social communication, outdoor environments, transportation, community support and health services, visitor destinations remain a neglected feature of this debate in relation to dementia despite evaluation tools developed to link age-friendly and dementia-friendly city criteria (see Buckner, Mattocks, Rimmer, & Lafortune, 2018).

1.1. The research problem

In common with many other countries, legislation has been introduced in the UK to encourage accessibility of buildings, places and businesses as embodied in the 2010 Equality Act. In the case of people with dementia, it is incumbent upon businesses and locales to meet the needs of all visitors regardless of any health conditions or disabilities. Therefore, this paper addresses one key research question – *are UK visitor destinations dementia-ready?* As the first study to examine destination preparedness globally, this exploratory study seeks to understand the level of readiness, what organisations are doing and plan to do to address this issue, and what action they plan to take. To address this research question, we approach the problem using a two-stage scoping study. First, we examine the external facing information provision which destinations provide on their websites to understand what type of information they provide on general accessibility issues (many of which are germane to wider age-friendly debates) and more specifically the needs of people with dementia and their carers. Second, we undertake a survey of the principal Destination Management Organisations (DMOs) in the UK to assess the awareness of and attitudes towards dementia in the visitor economy, alongside current initiatives and future plans for working towards dementia-readiness.

1.2. Study aims

The aim of the first stage of the research was to undertake a brief audit of accessibility provision in visitor destinations to understand what levels of provision exist to meet the broader needs of people with dementia from an infrastructure perspective, given the underlying principles of what types of infrastructure are needed to become more DF (Table 1). Table 1 is developed from the prevailing studies on actions required to become more DF in both the wider health and social science literature and the grey literature, where many operationally-focused and best practice examples exist (for example, see Lin & Lewis, 2015; Smith, Gee, Sharrock, & Croucher, 2016; Turner & Cannon, 2018; Heward, Innes, Cutler, & Hambidge, 2017; Fleming, Bennett, Preece, & Phillipson, 2017 on the concept of DF and a growing debate on the environment by Ward et al., 2017 on creating opportunities for social interaction and as a 'compensatory mechanism to address the symptoms of the condition' p11)).

The second study aimed to understand the existing state of knowledge and attitudes of DMO managers towards developing dementia-ready destinations. This stage of the research has several inherent limitations as a small-scale scoping study given the secondary-based analysis of the destination websites and a small-scale sample of DMO managers. Yet as a very sensitive research issue (see Connell et al., 2017 for more detail on the sensitivity issues surrounding dementia research and the visitor economy), these results do yield useful insights and data to advance our understanding of a major societal issue with wider implications for other countries. It also highlights the challenge of rising rates of dementia among existing and future visitors for

² <http://www.who.int/ageing/age-friendly-world/en/>.

³ <https://www.ageuk.org.uk/our-impact/politics-and-government/age-friendly-places/>.

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