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

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Highlights

- **The first global study of dementia-readiness of visitor destinations**
- **Identifies what destinations and businesses need to do to adapt to this growing visitor market globally**
- **The concept of dementia-friendly destinations is outlined and the role of Destination Management Organisations (DMOs) in leading this change to business practice**
- **Using a case study of the United Kingdom (UK), a content analysis of DMO websites identifies that limited information is presented to the public on destination accessibility**
- **A survey of DMO managers evaluates attitudes towards becoming dementia-ready**

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.

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

1.0 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; McKercher & Darcy 2018; Glover & Prideaux 2009). 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 home[1] 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 & 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

[1] Some two thirds of people with dementia live in the community in the UK and one third reside in care homes (Historic Royal Palaces 2017)

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 & 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) 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 and Scharf 2012; Buffel 2018; and initiatives such as UN Age Friendly Initiative[2] and Age UK' s Age Friendly Places[3]) 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).

[2] http://www.who.int/ageing/age-friendly-world/en/
[3] https://www.ageuk.org.uk/our-impact/politics-and-government/age-friendly-places/

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 et al. 2016; Turner & Cannon 2018; Heward et al. 2018; Fleming et al. 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 destination managers and their attitudes and actions towards the development of destinations able to accommodate a diversity of visitor types. The international significance of this study is also reinforced by the acknowledgement of the UK as a leader in innovative dementia practice in the first Dementia Readiness Index (Alzheimer's Disease International/Global Coalition on Ageing, 2017). UK practice is underpinned by the Equality Act 2010 and the 2011 public sector Equality Duty which places an onus on organisations in receipt of public funding to meet legislative requirements, given that most UK-based DMOs receive some form of public funding. The paper also advances knowledge in a growing area of international concern about how to tailor consumer services to meet the aspirational goal of a civil society where dementia is treated in a normalised manner (see Connell et al. 2017). Whilst the paper is a Case Study of evolving practice and progress in one country, the principles and findings we identify present important lessons for other countries. We

adopt the approach advocated by Silverman (2004) on sensitive topics, in that we do not set out to identify what managers and practitioners are doing wrong but rather to highlight existing positive practice and explore how this might be adapted, enhanced and/or shared so that it might better contribute towards meeting the changing needs of society. In addition, barriers to progress can be identified. This is rooted in the shared value idea that has been popularised by Porter and Kramer (2011) where businesses can help to create solutions to grand societal problems such as dementia whilst also benefiting their bottom-line.

Table 1 here

The paper commences with a review of the recent developments in the structure and nature of DMOs in England and the wider accessibility debates that frame the creation of DF destinations. It considers whether DMOs are positioned to act as brokers of changing societal needs, in this case the needs of people with dementia. It also reviews the role of DMOs as lead organisations to help create the infrastructure and harness the social capital that exists within destinations (Edwards 2013) to initiate the DF process.

1.3 Theoretical issues and dementia as a societal challenge

Meeting the needs of people with dementia in the visitor economy requires businesses to make operational and managerial decisions within destinations, and these decisions may well be informed by their engagement with debates around the role of the tourism sector in a civil society that treats visitors in a fair and appropriate manner in addition to the basic requirements of legislation. Running in parallel are significant social and political changes that negate against public sector interventions to address social objectives in neo-liberalist and austerity climes. Social theorists have posited that these societal challenges, focusing around inclusion debates within a

civil society, are occurring simultaneously within a *metamodern age* (Baciu, Bocoş and Baciu-Urzică 2015) in many developed societies. One interesting perspective on metamodernism is that it offers considerable potential for harnessing the talents, ideas and needs of citizens by governments to address societal problems through voluntary action and partnership working. It is partnership working (i.e. collaboration between the public, private and third sector) that has significant potential to advance issues of fairness in travel and tourism and the visitor economy more generically, given the complexity of service interactions that occur in visitor destination experiences. Abramson (2017: p.) encapsulates this partnership working as being empowered to take '*something you're certain is bad and show you that it's an opportunity to do something you never imagined before'*, indicating that there is a much greater potential to replace the role of the state to empower individuals and communities to develop creative solutions to societal challenges like dementia, by fostering collaboration and the creation of innovative solutions. In tourism, such collaboration tends to be facilitated by Destination Management Organisations (DMOs) as the lead partner in brokering or enabling change to occur in destinations, sometimes supported by local authorities and other agencies or NGOs. Some social theorists (e.g. Mulgan, Tucker, Ali & Sanders 2007; Nicholl & Murdock 2012) have identified the importance of social innovation as one strand of metamodernism which focuses on how organisations help broker innovative solutions by people for people. In the case of dementia, much of the innovation to date arguably occurs in the creation of community-based organisations as opposed to in the tourism sector. Nevertheless, the underlying willingness of DMOs to embrace and promote DF initiatives may be explained using concepts such as the civil society to ensure people are treated in a fair and equitable manner. DMOs have a key leadership role within destinations to champion the collaboration process amongst businesses and other stakeholders in the visitor economy to present the opportunities which more DF measures may provide for their locality. Promoting this idea to their diverse stakeholders may be aided by

new ideas within the business and management field such as Porter and Kramer (2011) who emphasised how businesses can also generate social value in their role within communities in parallel with economic benefits.

2.0 Literature review: Accessibility, destination dementia-readiness and Destination Management Organisations

There is evidence that recent years have seen an emerging interdisciplinary paradigm on tourism accessibility that spans: visual impairment (Lauria 2016; Kong & Loi 2017), autism (e.g. Hamed 2013; Dattolo, Luccia & Pirona 2016), accessible travel products (Lyu 2017), disability (e.g. Dickson, Misener & Darcy 2017) and the barriers in destinations (e.g. Lee & King 2016), flying experiences and disability (Poria, Reichel & Brandt 2009), attraction and tourist site accessibility (e.g. Israeli 2002; Mesquito & Carneiro 2016), deaf and blind travellers (e.g. Hersh 2016) and accommodation accessibility (Tutunero & Lieberman 2016). These studies encapsulate the scope of the social inclusion agenda facing DMOs in which dementia can be located as some analyses focus on the disabling aspects of the disease as it progresses through its natural cycle. To date, no studies have examined the performance of destinations in terms of destination accessibility via their websites as a surrogate of the infrastructure being provided to accommodate access needs more generically, and more specifically, people with dementia and their carers. A mounting area of interest is the growing prevalence of dementia in modern society and the steps that businesses and organisations can take to make their products and services more DF (Alzheimer's Society 2017). Mosedale & Voll (2017) describe this process as social innovation for community development to achieve a more just society, which fits well within the civil society paradigm in social science (Edwards 2013). However, within the management of destinations, developing a civil society focus requires industry advocacy and leadership to engage businesses in the process of embarking on a journey to

transform their offer, product or delivery so that it becomes more DF. Much of the advocacy to date in existing in convincing businesses to become DF has relied upon grassroots organisations in specific areas and regions (see Kunreuther 2013 on grassroots organisations). For example, in the UK Dementia Action Alliances (DAAs), as grassroots organisations, have engaged businesses at a local level but tourism and visitor economy businesses are only at a nascent stage of development in this process. The complexity of destinations, the number of elements that interact as part of the visitor experience and the large number of touchpoints in the visitor journey, create a significant challenge in progressing towards dementia readiness for destinations as illustrated earlier in Table 1. One of the key challenges for any destination is to understand the nature of these touchpoints and where they take place. Furthermore, it is crucial to know where these touchpoints have the greatest significance for people with dementia and where the greatest opportunities and challenges exist (see Figure 1). Both Table 1 and Figure 1 illustrate that integrating principles for DF with the touchpoints is a process that needs the involvement of people with dementia and their carers to identify how their needs can be better incorporated, wherever feasible.

Figure 1 here

This approach to creating more DF destinations is interdisciplinary in scope and draws upon subjective well-being research that focuses on emotional responses and cognitive perceptions of place. The principles of establishing DF spaces in destinations, and enhancing wayfinding and navigation around spaces and places, are now becoming fruitful areas of inquiry (see Fleming, Bennett, Preece & Phillipson 2017). The critical challenge for destinations is that they tend to be busy environments that people with dementia may find uncomfortable or over-stimulating (see Blackman et al.'s 2003 review of research indicating that calm, familiar and welcoming environments are the most DF). However, the multiplicity of environments that comprise a

destination, often with a wide spectrum of spaces, sites and resources, present choices for visitors - people can choose to be with others or alone, to visit built or natural attractions, to follow itineraries or simply to enjoy a change of scene, for example. Familiar destinations can be an attractor to people with dementia to stimulate memories, while museums have been found to be particularly good at providing events for visitors with dementia for similar reasons (Chatterjee, Vreeland & Noble 2009).

Yet, as identified in the study of attractions by Connell et al. (2017), current practice in DF initiatives in the visitor economy appears to be quite sporadic. To achieve a much more widespread engagement than the existing ad hoc and individualised responses requires a more coordinated and formative approach from lead industry bodies such as DMOs. Knowledge about the steps that businesses and organisations can adopt within their premises has not been widespread and often it is only those organisations with a social inclusion policy (such as government funded museums) or those where the owner/manager has a personal connection with the disease where actions have been adopted. Given the remit and visibility of the DMO, and its position to communicate with a large segment of the tourism economy, it has the potential to act in a leadership role to co-ordinate a DF approach.

DMOs may be well placed to engage with this societal challenge because their leadership requires them to communicate a positive image and, as Bornhorst, Ritchie and Sheehan (2010) identify, to leverage positive communications from other stakeholders within the local community, the tourism industry and the press to demonstrate their effectiveness. In this respect, the DMO is a key catalyst in engaging stakeholders such as tourism businesses, highlighting its potential role in creating and communicating a more DF destination. DMOs and their websites have a key role in information provision to visitors (e.g. Pennington-Gray & Thapa 2004; Pike & Page 2014) now that electronic

communication and advances in communication technologies have made these websites the repository for destination collateral and knowledge. Such websites act as a virtual guide to the ease of accessing its location, accommodation, attractions and ancillary services alongside travel within and between destinations in a region.

2.1 Destination Management Organisations

The term DMO is a highly contested one within the tourism literature, and understanding of these dynamic organisations has not developed apace in recent years. Tourism research has had only a limited engagement with the wider interdisciplinary literature on organisational behaviour and theory at a time when globally the functions and raison d'etre for DMOs has come under increasing scrutiny. The most notable change has been the wider shift in public sector funding away from state-sponsored DMOs (except for the USA where public funding has been a small component) to other forms of support (see Paddison & Walmesley 2018). Jorgensen (2017) identified the challenges facing DMOs as ranging from survival to development, from whether to focus on market experiences or to focus on communication and on internal versus external governance. Other studies have identified the importance of value creation in DMO survival (see Serra, Font & Ivanova 2017; Reinhold, Beritelli & Grũnig 2018). *But why should DMOs be interested in dementia?*

Dredge (2016) argues that the DMO's role is to stimulate growth, create value and to support network development amongst stakeholders through a combination of market-enhancing, product-enhancing policies as well as those designed to address market failures. Given this remit, it is misplaced to assume DMOs will adopt a socially responsible approach when their underlying business models focus on growth. However, according to Dredge, the future role of the DMO may be oriented towards a citizen service rather than as an industry tool, particularly where there is an

element of public funding. This would illustrate a clear synergy with closer engagement with societal issues like dementia.

The underlying experience of many DMOs is a greater requirement to generate income and engage with stakeholders in collaboratively funded projects, as the state exits from many areas of tourism activity. Whilst many national DMOs retain their funding, a considerable shift in emphasis has occurred in the last two decades challenging the extent to which DMOs are now little more than marketing organisations (Pike & Page 2014), reflecting the bulk of DMOs spending. In other words, the extent to which they are effectively able to 'manage' as opposed to 'influence, guide and advocate' has significantly changed the functions and ability of DMOs to perform the traditional role of managing tourism. Studies such as Paddison & Walmesley (2018) adopting a new public sector management approach highlight a decline in local accountability as a result of outsourcing the function to a private sector organisation. One of the most salient studies that advances thinking around DMOs was by Pearce (2015). Pearce provides an excellent overview of the nature of DMOs in one country, producing a wide-ranging typology (e.g. city/district council focused; regional tourism organisations, economic development agencies and macro regional marketing alliances) to which the national DMO can be added with its strategic country-wide overview. Pearce (2015) draws upon the organisational behaviour literature to depict the types of DMO based on organisational competencies using operational, marketing and inter-functional competencies (e.g. quality control) and general competencies such as coordination. Whilst the organisational structures adopted by DMOs varies from a formal and tightly structured form to a more loosely and informally organised form, the underlying rationale is to perform an enabling role as well as enforcement of regulatory issues. Whilst Pearce (2015) adopts a very conceptual all-embracing view, derived from experience in New Zealand, this model does not fit well with the growing

recognition of the role disruptive technologies perform in business and how the state may contribute to that disruptive process when they remove existing funding regimes and introduce a new model based on political ideology. This is the case in England where a very structured model of provision was removed in 2010 and a new framework introduced which allowed DMOs to emerge and form around new principles. Funding has dropped dramatically in the last decade, now estimated at £70 million including business support services by local government bodies (Department for Communities and Local Government 2016). Early analyses of such change incorrectly concluded this to be a politically-driven approach to controlling the activities of DMOs (Hristov & Petrova 2015). In fact, the new structure that evolved in England was initially focused around the closure of former Regional Development Agencies as economic-development focused bodies that funded many DMOs and the transition to Local Enterprise Partnerships (LEPs). Since 2010, 41 LEPs have been formed, funded by two Government Departments. However, the LEPs are not the sole conduit for DMO development in the new landscape of funding for DMOs because in the intervening years, a variety of organisations have evolved that are not driven by government policy, rather by commercial reality and local action. Indeed, there are now different forms of DMO of all shapes and sizes, with a wide remit from management to a much more limited role in marketing and promotional roles only, spatially or resource-focused DMOs that are state entities (e.g. a National Park) and London has a specific body reflecting its world city status (London and Partners). The underlying rationale of these new DMOs is to coordinate stakeholders, fulfilling the higher-level competency identified by Pearce (2015), with a much stronger focus on tourism businesses, the community and other associated interests (e.g. transport operators). In management terms, VisitEngland is the lead organisation within the new DMO landscape that includes public sector bodies located and funded by the Local Authority, organisations focused on defined boundaries, private companies, Community Interest Companies, public-private sector

partnerships through to pan-geographical bodies. Hence the resulting bodies are not singularly private sector in remit as Hristov & Petrova (2015) intimated: the situation is more complex and multi-layered, reflecting local politics, power relationships and local needs. Beritelli & Laesser's (2011) examination of power dimensions illustrated that DMOs must navigate significant power relationships in the horizontal associations they develop with stakeholders, especially businesses.

As the lead organisation with a strategic overview in England, VisitEngland has created the knowledge base to enable the new generation of DMOs to meet the needs of the Equality Act 2010 to ensure destinations take reasonable steps to allow all visitors to access destinations. It has developed a range of guides focusing on operational issues to disseminate best practice and guidance on how to make destinations more accessible (Table 2). *But how far have these objectives on accessible tourism been implemented at a destination level?*, *and what are the implications destination dementia-readiness?*

Table 2 here

VisitEngland does not have the organisational remit to enact change at a local level and with a decline in public funding directed to destination-level tourism organisations, greater creativity and new models of funding (some of which may utilise a social innovation approach) may offer the conduit to fulfil the public obligation to make destinations access to all. This paper now turns to examine the application of accessibility guidelines at the local DMO level through an empirical study.

3.0 Methodology

3.1 Case study method as an approach to the topic

Given its exploratory and topic-led nature, the research design required a pragmatic approach. The core focus was the research problem and producing findings of value to a wide audience, rather than developing solely theoretical advancements as advocated by Tashakkori & Teddlie (1998). This study is primarily a case study which offers a down to earth and practical assessment of the issue of dementia-readiness, as advocated in Stake's (1978) promotion of the case study method in social inquiry. The method has a great deal of salience for policymakers and decision-makers through offering grounded experience of value for direct management application. By removing unnecessary jargon and disciplinary specific knowledge, the case study method can have a major use in research for human affairs and subjects like dementia, where people have some understanding or experience of the issue. In other words, it can help facilitate learning through what Yin (2006) posits is an ability to examine subjects in depth, focusing on real-life experiences. Gomm, Hammersley & Foster (2000) have argued that we may also be able to derive generalisations from case studies as long as we are cognisant of the limitations of using a small number of cases. Flyvbjerg (2006) has supported this argument suggesting that case studies can help provide in-depth understanding of the issues to further investigate which is particularly relevant for this newly emerging subject area in the visitor economy literature.

3.2 Methodological issues in accessibility and dementia-readiness

To gain an understanding of approaches being taken towards the promotion of accessibility information for customers that may seek information on services and facilities appropriate to different needs, two convergent parallel methods were adopted to develop this case study. The first method sought to identify current practice in promoting accessibility as the broad context for DF initiatives through customer and business interfaces. For this reason, an analysis of DMO web content was undertaken. As Ancient & Good (2014) argue, in developing information technology

interfaces for people with dementia, two key features are essential: Personalisation (to increase accessibility and usability) and user acceptance of the technology. The sample taken was of VistEngland recognised and fully operational DMOs with a working website only (n=127) and recording units were web pages and/or web content relating to accessibility taking a census approach of content. Key content extracted from the websites included: extent of content relating to accessibility displayed; range of visitor services identified as accessible; evidence of destination level promotion; and external links to further information, as well as funding of the DMO and its organisational status. A conceptual content analysis approach was adopted to search for the presence of concepts and key information in the web text (Jose & Lee 2007). The coding process aimed to create and categorise web content into codes and themes, and was subject to inter-coder reliability using two coders at the pilot phase. SPSS was used to record codes and to undertake some basic analysis.

The second method aimed to capture a picture of views, perceptions and attitudes towards the role of tourism organisations in developing a DF orientation in destinations. The most appropriate way to ascertain this data across a wide geographic scale was to undertake a survey of the major UK DMOs undertaken via an online questionnaire through a list-based probability sample (see Ackland 2013). The survey aimed to gather views of DF tourism from the perspective of DMO managers. The objectives were to: explore understanding of dementia and ways in which DMOs view their role in developing DF destinations; identify views regarding marketing and positioning of the destination to senior markets, accessibility and people with dementia; and evaluate the opportunities and constraints associated with developing DF initiatives from a DMO perspective. The questionnaire was developed around a set of constructs relevant to the work of DMOs and to the DF initiatives to

explore emerging issues around how the DMO responds to a new social agenda. It used a mixture of closed, scale and open questions to help map out this new territory.

A census approach was adopted as the population is small and it was possible to survey all members of the population. A list of DMOs as recognised by the four National Tourism Boards (Visit England, Visit Scotland, Visit Wales and Visit Northern Ireland) was captured, and cross referenced with other publicly available organisational listings. Given there is no published list of all DMOs in the UK, this was deemed to be the most appropriate method of compiling a credible population through contact information available in the public domain (see e.g. Smith 2017). The total population surveyed was 114. A letter was sent by email to a named contact where possible to outline the research issue and the study, and a link was provided to the online survey.

Some 32 useable responses were obtained after two reminders and the response rate was 28%. Issues that may have affected response include the subject area which might be considered as tangential to core business interests, or simply one that is uncomfortable for many. Given also that DMO managers have multiple requests on their time due to budget and staff cuts, and significant email traffic to deal with daily, a response from over one-quarter of the population, albeit one that morphed from a probability to a convenience sample, provides a view of current activity in the sector. Looking further at the responses provided, there does not appear to be a skew towards a particular type of organisation or level of activity, with a satisfactory spread of responses across the items. This is set in the wider context of online surveys generally capturing a smaller response than other modes in business research (Mellahi & Harris 2016).

These two approaches were used to identify issues relating to DMO activity in accessible tourism as a broad context to developing DF initiatives. In addition, some pertinent issues regarding DMO funding and management are highlighted. This is important context given pressures on competing

demand for resources within a DMO for activities, and where models of social innovation may be the most effective ways of pursuing non-core agendas.

4.0 Results

The results adopt an unavoidably descriptive and applied stance given the small population size in line with many case studies and, more importantly, the exploratory nature of this research. The intention is to map out issues in a new area of interest for academics and practitioners and to stimulate thinking, dialogue and actions at an early stage of development of the tourism and dementia interface within the visitor economy.

4.1 Destination Management Organisations and destination accessibility

Prior to an exploration of the key findings on accessibility, the structural issues that affect the DMO sector's propensity to engage with social innovation and societal issues are worthy of some discussion. From the DMO websites examined in the content analysis study, the reduction in public funding for DMOs in England is evident in the range of organisational structures recorded. Of the 127 DMOs examined, 64 (52%) were still predominantly funded by the public sector via local government, and were hosted by the parent organisation. Prior to 2010, organisations would have been almost entirely publicly funded. However, changes since 2010 have not led to a transition to the North American model of industry-led funding and large convention and visitor bureau model (Ford & Peeper 2007) (with the exception of one or two cities that have chosen to link their DMOs with a wider urban regeneration mission).

Despite the rhetoric around making DMOs more business-led, the expectations of a new landscape of privately-funded and led organisations has not materialised in the scale envisaged despite a period of public sector austerity. Many of the new organisations formed are still dependent upon

public funding from local government and LEPs even where they have become a limited company or adopted an arms-length approach to main funders. From a social innovation perspective, only 13% of organisations adopted a Limited Company model (typically a private company limited by guarantee without share capital), with only five focusing on a county for promotional purposes. In contrast, a variety of more novel organisational forms have emerged as Public-Private Partnerships (15%) that are based on long-term collaborative arrangements; and Community Interest Companies (CICs) (enabled in 2005 by new legislation) as a vehicle for social enterprises, where their profits and assets are used for public good. Similarly, a further 11% of organisations opted for a not–for-profit model, where any surplus generated is reinvested to achieve its aims rather than paid to shareholders. An additional model, which epitomises the policy rhetoric on business-led organisations, was the creation of Business Improvement Districts (BIDs). Only 4.7% of organisations chose this route where following their establishment, a levy is charged on local businesses to pay for the activities they engage in (typically local regeneration and improvements). BIDs fit the social innovation model very well as a local opportunity to a problem arising from structural change in tourism funding. BIDs use local business skills to address the problem creatively, with government loans to support the work. Only one organisation could be described as a grassroots business-led organisation with no obvious financial support aside from member subscriptions. Therefore, around 35% of organisations chose a non-commercial organisational structure ranging from partnership-working to a social enterprise model. In relation to van der Have & Rubalcaba's (2016) classification of social innovation models, these organisations fit the local development model of organisations aimed at empowering local citizens to enact change. These new institutions in a civil society satisfy certain human needs, namely to market and promote its tourism wares to a consumer audience.

However, the interesting feature with these new organisations and legacy organisations, recreated as DMOs, typically with a 'visit' prefix, is the extent to which they have embraced the accessibility agenda. Overall, 65% of DMOs had information on accessibility on their websites (excluding the legal obligation on the accessibility of the website itself to different groups in terms of visualisation and audibility), though the organisations exceeding this threshold were the Limited Companies and Local Authority run DMOs. One would expect 100% on accessibility information given the Equality Act obligations, but it partly reflects the fact that some of the DMOs are still developing this facility, typified by the accessibility statements which 33 DMOs listed. For example, the most comprehensive and unique example was a government funded organisation which incorporated a guide and audio-visual content. Other DMOs outlined the scope of provision throughout the visitor journey in the destination as well as known issues such as difficulties that may be encountered in historic buildings and infrastructure that cannot be adapted to meet some visitor needs. Among the most ambitious DMOs was one seeking to make the destination accessible to every visitor. As van der Have & Rubalcaba (2016) suggest, social innovation may also be a useful vehicle for businesses and stakeholders to collaborate to create both economic and social value focused on achieving a process change (e.g. filling a void) but also addressing changing societal needs which are embodied in a more diverse participative visitor within an inclusive agenda and creating accessible guides may be one such example of an innovation.

These accessibility statements begin to inform what best practice might look like to make destinations more accessible as only 22 DMOs (17%) had a separate web page with information hosted on accessibility issues. This reduced to 7% of DMOs that presented a specific guide on accessibility. Instead, visitors to each site typically must perform online searches on each aspect of accessibility they want to inquire about. Some 50% of DMOs had information on accessible

accommodation on their website, which was much higher for the Local Authority run DMOs. This reflects the local government tradition dating back over 100 years of creating visitor guides that were distributed with accommodation, attractions and visitor information. In the case of attractions, 55% of websites had accessible attractions that were searchable, with the Local Authority run DMOs possessing the greatest proportion of accessible attractions. Surprisingly, accessible events were only available on 34% of websites but 64% of the DMOs operating as Limited Companies listed such activities along with those funded through BIDs given the business opportunities afforded by an events programme. Supporting infrastructure (e.g. accessible toilets and opportunities for mobility assisted shopping) was apparent on 45% of websites, again dominated by the Limited Companies (58%) although only 40% of DMO sites had accessible transport options listed. DMOs operating as Limited Companies performed the best in this metric and 58% had accessible transport options although the poorest performance was in the listing of hospitality services (on 21% of DMO sites). Only 7 DMOs referred to National Accessible Scheme (NAS) (operated by VisitBritain.org) advice. This scheme rates the accessibility of accommodation and provides cases studies of existing examples and guides for businesses. For example, simple adaptations to the design and layout of rooms including providing handrails, step free areas, wider areas around beds and more space in dining areas may make a difference. One DMO was seen to be promoting the scheme to its members via its website.

Several DMOs on their members section referred to the Equality Act 2010 and obligations of which businesses need to be cognisant of the Equality Act that had replaced the Disability Discrimination Acts of 1995 and 2005 that were subsumed in the Equality Act. One DMO outlined the scope of the Equality Act, pointing to the need to treat everyone fairly irrespective of age, gender, race, sexual orientation, disability, gender reassignment, religion or belief. It is clear that DMOs are a long way

from achieving the two principles outlined by Ancient & Good (2014) to gain user acceptance with a lack of personalisation for this market.

Against this context, it is now pertinent to examine the extent to which DMOs are engaging with a wider accessibility agenda around other 'hidden' conditions such as dementia.

4.2 DMOs and the pursuit of a dementia-friendly agenda: Building blocks for dementia-friendly destinations

The basic premise of the need to create DF destinations was identified by Page, Innes & Cutler (2015). Yet to date, no studies have significantly advanced the DF destination creation process. One of the key findings in anonymous (ND) was the tourism sector's need for a lead body (i.e. a DMO) to act as the catalyst to champion, coordinate and address the needs of people with dementia and their carers when visiting destinations. The social innovation literature, specifically the grassroots organisational literature (Kunreuther (2013), highlights the importance of a champion to drive forward innovation. Within the social innovation literature, van der Have & Rubalcaba (2016) point to the role of social innovation in partnerships and collaboration to find solutions to societal challenges, such as becoming DF. If the failure of national government policy to facilitate DMO development through its traditional funding route is indeed a 'market failure' then the creation of many new DMOs with a social innovation model of not for profit, collaboration and business and visitor orientation illustrates the application of this concept. Within the social innovation literature, this may exemplify the concept of bifocal social innovation (see Borxaga & Bodini 2014) where a business innovation that can assist with a societal challenge needs to have the value creation benefits highlighted to engage businesses in becoming DF. A DMO in this

context can assist in making 'transitions' in tackling societal challenges, galvanising support among peers and stakeholders that may not be engaged with grassroots organisations (e.g. DAAs) who have the same objectives. The DMO then acts as a bridge to engage with the DAA on behalf of its members, acting both as a champion and conduit to broker the transitions required in making a destination DF.

The survey focused on DMOs in facilitating co-production of such solutions to generate a greater understanding of the value businesses would derive from engaging with the DF theme. Respondents were asked whether they had heard of the term 'DF'. A significant proportion of 21 (63%) had heard of the term and understood what it meant while a further 5 (15%) had heard of it but were unsure of what it meant. Only 5 (15%) had not heard of the term while two respondents did not answer the question. One would expect a high level of awareness given the strong media presence of the issue. Respondents were then asked about whether they were part of a Dementia Friendly Community (DFC)[i] to understand their level of engagement with other social innovation groups established to address the local needs of dementia advocacy (i.e. DAAs): only 9 (27%) DMOs were members of a DFC. This illustrates the limited engagement in many destinations of the tourism sector with third sector bodies that are progressing the DF agenda, notably DAAs with their locally set agendas that may or may not include tourism and leisure-related activities.

Most of the cases where the DMO was part of a DFC appeared to reflect the existence of DAAs in each locality. In England, there are 333 DAAs with 6061 members, a proportion of whom are local businesses and within that group a small number are drawn from the tourism sector[ii]. It is clear from the scale of DAAs as grassroots organisations that they are community focused and so given the orientation of DMOs often with a county focus for marketing, they may potentially need to consider several DAAs which operate within their geographical domain. For example, in North

West England the beacon of tourism is Blackpool with £17 million tourism visits a year, a tourism economy worth £1.2 billion employing over 24,000 FTE. The local DAA was directly targeting the tourism sector to help make Blackpool DF. For this reason, a question was posed to each DMO to ask if they had worked with a DAA or any other dementia organisation. Table 3 illustrates that 11 of the 32 (34%) DMOs had engaged with a local DAA across most geographic regions. A further two DMOs indicated that although they had not worked with a DAA they planned to do so in the future.

Table 3 here

DMOs were then asked about any initiatives they were aware of for enhancing accessibility of visitors in the destination, either led by the DMO or other organisations to assess the level of activity around this theme. Some 78% of DMOs were aware of such activities in their area illustrating a wider engagement. This figure is much higher than is apparent from the wider analysis of accessibility issues highlighted in the DMO websites. To further extend this issue, DMOs who answered 'yes' on enhancing accessibility were asked if any of the initiatives aimed to improve access for people with 'hidden conditions'. Some 14 DMOs (56%) were aware of such initiatives, one was unaware, 10 DMOs were unsure and 8 preferred not to answer the question. This is a good indicator of the wider understanding of societal needs among the visitor population and DMOs were then asked if they were aware of any businesses in their area promoting a DF approach to visitors. Table 4 identifies the mean values for the responses and 48% of DMOs were aware of such initiatives but the scale of implementation was relatively small-scale typically in less than 10 businesses that would reflect the low level of tourism business engagement with DAAs more generally. Regional variations exist in the level of engagement and this may reflect the strength of the local DAAs in engaging tourism businesses, where all the DMOs in the North East of England had some DF activity.

Table 4 here

When asked to briefly outline the type of businesses and range of initiatives being developed a rich array of responses emerged with 18 listed, grouping around common themes:

- the work of a beacon attraction(s) and public sector transport operators;
- Dementia Friends[iii] training across the tourism and ancillary services (e.g. retailing, banking and hospitality services) with a focus on customer service;
- accessible accommodation;
- the creation of an Access Tourism group to assist groups and individuals with dementia and their carers to visit;
- voluntary actions largely from individuals or promoted by the DAA and its members.

Having explored the issues of becoming DF, DMOs were asked a range of questions about the wider ageing agenda in tourism and its impact on the destination to understand the extent to which each destination was preparing for long-term change in visitor markets.

DMOs were asked about their marketing and positioning of the destination and whether they focused on issues of seasonality, given that an ageing population and people with dementia and their carers may offer more potential for spreading the existing seasonality of visitation. A series of Likert scaled questions were asked and Table 5 identifies the mean values for the responses. The majority of DMOs recognised a core activity was to seek to develop a less seasonal model of visitation, though the five DMOs who were unsure perhaps illustrates a more urban response where visitor markets are less seasonal. Looking towards the ageing population, most respondents agreed that this was an important market but that market intelligence, in the main was more limited at a regional level. However, the majority of DMOs felt that accessibility was a key issue for

their area. The question on the marketing implications of dementia on destination image was raised, partly due to previous off the record anecdotal evidence from DMOs who had argued that whilst an important issue it may have a negative impact on their destination positioning.

Table 5 here

The sample was split between half agreeing or feeling unsure about this issue and the remaining proportion disagreeing. Clearly this is a very contentious issue and the reluctance to build this into any brand proposition would suggest that perhaps the DMO is not the most suitable conduit to market DF visitation. In some instances, the DAA and other dementia networks may be more suitable vehicles to communicate this message more widely, given the commercial interests of tourism stakeholders (i.e. businesses) being the primary concern of the DMO in a climate of less state support and a greater emphasis on business involvement. The responses in Table 5 demonstrate the inherent tensions in any social innovation setting where certain interests will need to be recognised in any bifocal approach to creating value in addressing DF issues.

A second series of Likert style questions were framed around the DMO and DF initiatives as illustrated in Table 6, which identifies the mean values for the responses. Table 6 shows that less than half of DMOs are working on DF initiatives, but twice this proportion aspire to become DF although most respondents agreed that their knowledge of dementia could be much better, a feature which other studies have recognised as the first major barrier in beginning to engage people around this issue. A low level of confidence was expressed by respondents as a conduit for communicating actions needed to become DF. Nevertheless, almost 70% (23) of DMOs believed that becoming DF would be a positive benefit for the destination and two-thirds felt this would also enhance the destination's competitive position. Nonetheless, this must be tempered with the realities of what the DMO felt was achievable amongst its members to become DF.

Turning to DMOs perception of business engagement in DF initiatives, Table 7 shows that the mean responses for the DMO were either unsure or did not believe that its members would support a destination image associated with dementia, but around half of DMOs did feel their members would be interested in supporting DF initiatives. Around two-thirds of the DMOs did see the cost of implementation a possible concern for its members, which underlies a limited knowledge of both the free training available via a DAA to support this or other conduits (i.e. the local Alzheimer's Society) where small actions to make services DF can be achieved at a very small training cost. This was reinforced by 70% of respondents agreeing that lack of information for businesses was a barrier to engagement and that in over 50% of cases DMOs felt addressing wider issues around accessibility were business rather than the DMOs responsibility. The experience of DMOs displayed a consensus that in 72% of cases, a champion from the business sector would be the best advocate for becoming DF as opposed to the DMO though the mixed responses here illustrate a range of possible approaches to whose responsibility advocacy should be. Lastly, a final series of questions returned to the role of the DMO in facilitating a DF destination and Table 8 identifies the mean values for the responses.

Table 6 and 7 here

As Table 8 shows, there were mixed views on whether the DMO was the best organisation to communicate with visitors seeking DF visitor services and facilities with only 57% agreeing and 30% unsure. Yet when asked the same question with respect to communication with businesses, the DMOs were equally ambivalent with only 51% agreeing and 29% being unsure. Similar results were evident when asked 'The DMO is the best placed organisation to lead DF tourism initiatives in the destination' with 54% agreeing and 33% unsure. Asked about whether the DMO was the best placed organisation to lead DF tourism initiatives in the destination, 42% of respondents agreed but

39% were unsure. These results leave a great deal of uncertainty about the most suitable organisation to lead the DF initiatives and some of the comments made by respondents reinforce the reluctance to single out dementia as an issue requiring special treatment. Some DMOs preferred to absorb it into the accessibility agenda whereas others had or were planning to work with a DAA or the Alzheimer's Society given the lack of a detailed knowledge base on dementia (see Table 9).

Table 8 and 9 here

5.0 Implications

From both the general accessibility debate and the specific issue of dementia, Figure 2 provides a synthesising framework in which the four themes of people, networks, place and resources highlight where the emphasis is required to create a DF destination. Within this framework, the key drivers of facilitating a change in practice are: a lead organisation (i.e. a DMO); communication to increase dementia awareness and enhance accessibility; and, an improved research and knowledge base to identify the adjustments required to build DF destinations. The DMO is recognised as the most influential partner in this process through its leadership role in the visitor economy.

Figure 2 here

From the people perspective, DMOs have three distinct roles that are evident in the two data sources; first, *visitor advocacy* through its website to provide a roadmap of accessible visitor information, showcasing examples of best practice that exist. Second, *sector advocacy* given the lead in encouraging greater business engagement with creating access to accommodation and other visitor infrastructure. Progress is tempered by the focus on a voluntary, and more permissive non-interventionist approach placing the onus on the destination and businesses. Yet this needs

some level of innovation to transform a group of stakeholders primarily motivated by the bottom line and visitor markets. The third perspective, evident from the results, was the underlying interest by specific DMO respondents' *personal advocacy* and innovation. These respondents referred to examples of best practice and commitment to drive forward initiatives in their individual responses and comments to bring about societal change through tourism.

Within the sample of DMOs, accessibility is not a high priority issue on all websites and so symptomatic of a less regulated and directed approach to ensure universal access for all. Poor navigability on many DMO websites around information on accessibility combined with 35% of sites with no information indicates that even before addressing DF initiatives, general accessibility issues need prioritising. The absence of access statements and simple guides is a challenging outcome in an ageing society where the aspiration of people with disabilities and hidden conditions will comprise a larger sector of the visitor audience. Several examples of best practice existed among small destinations and one would have expected a greater degree of leadership from the DMO sector on accessibility drawing upon the resources of the national lead organisation. Instead, the focus was principally on hosting accessible accommodation and attractions and supporting infrastructure, typically through a search engine rather than a dedicated page, link or guide.

There is a mixed response towards championing the DF theme with visitors and businesses because of the potential impact on destination image, lack of knowledge and understanding of the issues. It reflects what appears to be a very uncomfortable and challenging subject that is surrounded by myths and stereotypes.

In terms of the place (i.e. the destination), it is evident that few locales were at an advanced stage of development for DF initiatives. As Figure 3 shows, the provision of appealing visitor sites (i.e. attractions) are an essential drawcard for DF visitors and within these establishments, specific

adaptations are needed around colours and environments, which some visitor attractions have embraced (sometimes aided with public sector or charitable grants on an ad hoc basis). DF awareness was only evident in a proportion of the DMOs and so the level of visitor service provision has been driven by individual advocates outside of the DMO. Where joint working has occurred then innovative solutions have emerged as some DMOs reported but these were the exception than the rule. No destination was actively promoting DF attributes which is a significant weakness although as some respondents pointed out, they prefer to subsume this in the accessibility debate. The difficulty with that is that it loses the specific needs of the group in a larger accessibility debate. Networking and collaboration is the third theme and it is evident from the results of both website accessibility findings and the DMO survey that better integration of DMO and trade organisations with local DAAs is probably needed to access the expertise, knowledge and to understand these design needs and challenges for visitors, often described as walking the site or destination to illustrate barriers and examples of best practice. This must involve people with dementia and their carers so that obstacles and barriers are understood through the voices of the people most affected. Although there are some costs for businesses, many of the social innovations to make a destination accessible to people with dementia and their carers are low cost. For example, initial Dementia Friends training is low cost and low impact and primarily concerned with principles of good customer care, understanding and developing a grasp of dementia as a condition. Perceived barriers in the business community can probably only be broken down by the DMO recruiting a champion from the business community able to promote the innovations needed to make a difference. Resources as the fourth theme is a prevalent strand of Figure 2 where time in already busy schedules poses challenges for the staff base already reduced in scale in many DMOs. However, networking is an effective means by which the DMO can collaborate with members to facilitate dementia-awareness training to expand the knowledge base. Even so, within some DMOs

the former public sector culture of state funding remains an obstacle to promoting social innovation, with some DMOs pointing to the need for public sector funding before they can consider a transition to a more DF state.

6.0 Conclusion

Becoming a DF society is a long-term ambition for many countries underpinned by the ideology of creating a civil society. While the UK is world-leading in dementia-readiness, the results of this study indicate that the tourism sector is just beginning a journey towards becoming DF. The findings reported here suggest that DMOs and thereby destinations are only at the second stage of a six-stage normalisation model (i.e. 'some awareness, possibly from personal experience or awareness raising activity'). 'Hidden conditions', such as dementia and autism, have received less attention in tourism research than the considerable efforts directed towards disability and accessibility of tourism destinations, given the growing interest in destinations and well-being (Fyall et al 2016). Predominantly, visible and more well-known disabilities have been the focus of research studies and National Tourism Organisation actions in many countries as illustrated in the literature review to address the social inclusion agenda of the mid-1990s. However, the research agenda has moved on from accessibility and disability as 'hidden conditions' become important due to legislative requirements on making tourism accessible for all, that transcends physical and visible conditions. 'Hidden conditions' are widespread as in the UK, where 850,000 people have a dementia diagnosis and 40,000 have early-onset dementia (i.e. before the age of 65). This equates to about 1 in 14 people over the age of 65. In 2016, dementia replaced heart disease as the leading cause of death, accounting for 11.6% of all recorded deaths in England and Wales. Therefore, the scale and significance of 'hidden conditions' such as dementia is not only neglected, but poorly understood in relation to the wider visitor economy in destinations.

The paper aims were: first, to undertake an 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; second, to examine the existing state of knowledge and attitudes of DMO managers towards developing dementia-ready destinations. From the audit of accessibility, it was clear that dementia is potentially overlooked in wider accessibility debates, and yet it is a complex health condition, with little specific information for potential visitors. In this respect, a lack of destination information acts as a potential barrier to becoming dementia-ready even though helping people to live well with dementia through tourism can have positive benefits. Visiting destinations can help people with dementia to help rekindle memories of former holidays and visits, meaning that there are definite therapeutic benefits of tourism for this visitor group as noted earlier in the paper. Businesses neglect this market segment currently, with some very notable exceptions (e.g. Dementia Adventure[4] as a specialist travel company), but in the main it is an issue that DMOs will need to grapple with to avoid the poor publicity that the air transport sector have attracted in recent years. The Air Transport sector has made major progress in improving its treatment of 'hidden conditions' (see Hansard 2016), particularly airside (see O'Reilly et al. 2017) whilst research continues on the impact of cabin environment on travellers with dementia (McCabe 2017).

In relation to the second aim of the paper, it is evident that being dementia-ready is an objective for some DMOs but it is not a high priority in the same way that disability was championed in the 1990s. DMOs will not be able to push this issue into the 'accessibility long grass' for much longer as the 2010 Equality Act may be tested when a person with dementia and/or carer brings a test case against a business and this will have major ramifications for the entire sector as the legislation gets tested and precedents get set. The permissive approach at a policy level is a positive approach but

[4] https://dementiaadventure.co.uk/

if DMOs do not feel comfortable in addressing this very uncomfortable issue, there are many voluntary bodies (e.g. DAAs and the Alzheimer's Society) they can work with to achieve a transition from current position expressed in this study. Critics may well point to the scale of the case study and its focus on one country and how representative this is of the global position. However, in the absence of other studies of a comparable nature, this represents a much needed assessment of the dementia-readiness of destinations using two sources of data. Researchers who work on dementia will understand the challenge of working on such a sensitive issue and in eliciting large-scale responses meaning that this study may be representative of the advocacy lobby interested in accessibility issues rather than the wider DMO community where only two-thirds had accessibility information listed on their websites. In addition, as Jose and Lee (2007) indicate, studies that rely on published information only may not pick up all the work that an organisation is undertaking. Dementia research related to the visitor economy more generically is still at an embryonic stage despite a number of notable examples reviewed earlier in this paper. It is clear that further progress requires interdisciplinary team working, significant interaction with non-tourism organisations and grassroots organisations. Such joint working is vital to understand what living well with dementia means in any given destination, so this group is not excluded by passive neglect through a lack of awareness or interest. Destinations need to develop their knowledge base to enact a transformational journey towards DF status, involving people with dementia and their carers in any audits or pilot programmes as many of the heritage attractions (see Klug et al. for exemplars of good practice) have routinely done. If over 300 communities in England have achieved DFC status in less than a decade, often with no public funding using a grassroots social innovation model, then we are surely not asking too much of the visitor economy to broaden its mindset to embrace a wider change occurring in society, with an ageing population now affecting tourism markets.

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Table 1: Principles for making destinations more DF

A DF destination is one which:	
○ Helps people with dementia to: ▪ access visitor information on its website or in situ to allow ease of access ▪ enable wayfinding so the person with dementia and carer/group can find their way around easily ▪ feel safe when out and about ▪ access facilities and services especially tourism infrastructure (i.e. accessible toilets for the person with dementia and carer, suitable attractions and accommodation) ▪ travel around the locality ▪ has trained staff in tourism-services using Dementia Friends or equivalent at key touchpoints in the destination where people exchanges occur (i.e. from the airport throughout the destination)	Is forward-looking and: • promotes education and public awareness of dementia, typically in collaboration with a Dementia Action Alliance or other bodies • integrates the needs of people with dementia into planning and development, consulting with user groups • encourages organisations, services and businesses to work towards becoming dementia-friendly

Table 2: VisitEngland Accessible Destinations reports and advice

- *Winning more visitors: A Guide for Destination Managers on Providing Access Information for Destination Websites* (ND), where the underlying principles for access must be the destination is: easy to find, accessible, the information is reliable and up to date

- *Access All Areas: A Guide to Destination Audits*, to assist destinations in how to audit their localities to develop more accessible locations to visit
- Involving Disabled People in the destination and accessibility through the lens of a disabled person

- *Destinations for All: A Guide to Creating Accessible Destinations*, which offers operational advice and best practice examples

- *Providing Access for All*, a section on the website to offer advice to businesses

Source: Visitbritain.org/developing accessible-destinations

Table 3: Has your organisation worked with a Dementia Action Alliance, or any other dementia organisation?

Region	Yes	No	No, but we have plans to	Don't Know	Total
Scotland	0	0	1	1	2
North East England	1	0	1	0	2
North West England	2	3	0	0	5
Yorkshire and the Humber	2	1	0	0	3
The Midlands	0	4	0	0	4
East of England	1	3	0	0	4
South East England	1	2	0	0	3
South West England	3	2	0	0	5
Other	1	3	0	0	4
Total	11	18	2	1	32

Table 4: Awareness of DMOs of tourism businesses promoting DF initiatives in their area

	N	%
Yes, aware of many (e.g. >10)	2	6.1
Yes, aware of a few (e.g. <10)	7	21.2
Yes aware of one or two	6	18.2
No	17	51.5
No response	1	3
Total	32	100

Table 5: Marketing and positioning the DMO

	N	Min	Max	Mean	St.Dev
Identifying new markets to fill off-peak capacity is a priority	32	1	3	1.62	0.751
The over 65 age group is an important market segment	32	1	4	1.94	0.84
Market intelligence on senior visitors in our region is limited	32	1	4	2.25	0.916
Accessibility is a key proposition for marketing	31	1	4	2.26	0.815
Dementia has negative connotations for destination marketing	32	2	5	3.47	0.803
The commercial interest of our members is our primary concern	32	1	5	2.63	1.1

Table 6: DMO progress on developing DF initiatives.

	N	Min	Max	Mean	St.Dev
We are already working on dementia-friendly initiatives	32	1	5	3.31	1.378
We aspire to our destination becoming dementia-friendly	32	1	5	2.47	1.016
Our current knowledge of dementia-friendly practice could be much better	32	1	4	1.91	0.734
We are confident in communicating dementia-friendly actions to businesses	32	1	5	1.91	0.734
Achieving dementia-friendly status would be a positive development for our region	32	1	3	2.06	0.716
Becoming dementia-friendly could be a means of staying ahead of competing destinations	32	1	4	2.25	0.842

Table 7: DMO and perceptions of business engagement in DF initiatives

	N	Min	Max	Mean	St.Dev
Our members are unlikely to support a destination image associated with people with dementia	32	2	5	3.28	0.851
Tourism businesses are unlikely to be interested in dementia-friendly initiatives	32	2	5	3.34	0.787
Tourism businesses are likely to be concerned about the cost of becoming dementia-friendly	32	1	4	2.34	0.701
Lack of information on how to become dementia-friendly is a barrier to business engagement	32	1	5	2.22	0.975
Addressing accessibility issues is a matter for individual businesses rather than a DMO	32	1	5	3.22	1.128
Businesses would be more likely to listen to an ambassador or champion from within the business community than formal organisations	32	1	4	2.19	0.738

Table 8: Perception of the role of DMOs in developing DF destinations

	N	Min	Max	Mean	St.Dev
The DMO is the best organisation to communicate with visitors seeking dementia-friendly visitor services and facilities	32	1	5	2.47	0.842
The DMO is the best placed organisation to communicate with businesses about how they can become more dementia-friendly	32	1	5	2.41	0.911
The DMO is the best placed organisation to inspire tourism businesses to become dementia-friendly	32	1	5	2.31	0.821
The DMO is the best placed organisation to lead dementia-friendly tourism initiatives in the destination	32	1	5	2.50	0.842
The DMO is the best placed organisation to lead dementia-friendly tourism initiatives in the destination	32	1	5	2.66	0.937

Table 9: Free flow comments from DMOs on establishing a DF destination

One organisation pointed to working jointly with a DAA as the most suitable route forward where 'We feel that working with our local DAA as a partner will help to get the message out there. working together is better and more effective than working separately'.

Conversely, another DMO stated that 'In our area we are wary about joining a Dementia Action Alliance. While the Alzheimer's Society have a great resources [sic] for support dementia friendly initiatives, they can be prescriptive about what they expect and restrictive in what they allow their employees to do...' whereas a further DMO indicated that 'We are just about to start a push on accessibility which includes working with Alzheimer's UK on wide-spread dementia friendly training for businesses'.

Another DMO view was that 'We are working with XXXX to develop and promote accessible tourism in the area. I believe though, that accessible tourism practices should be part of a business' customer care policy'.

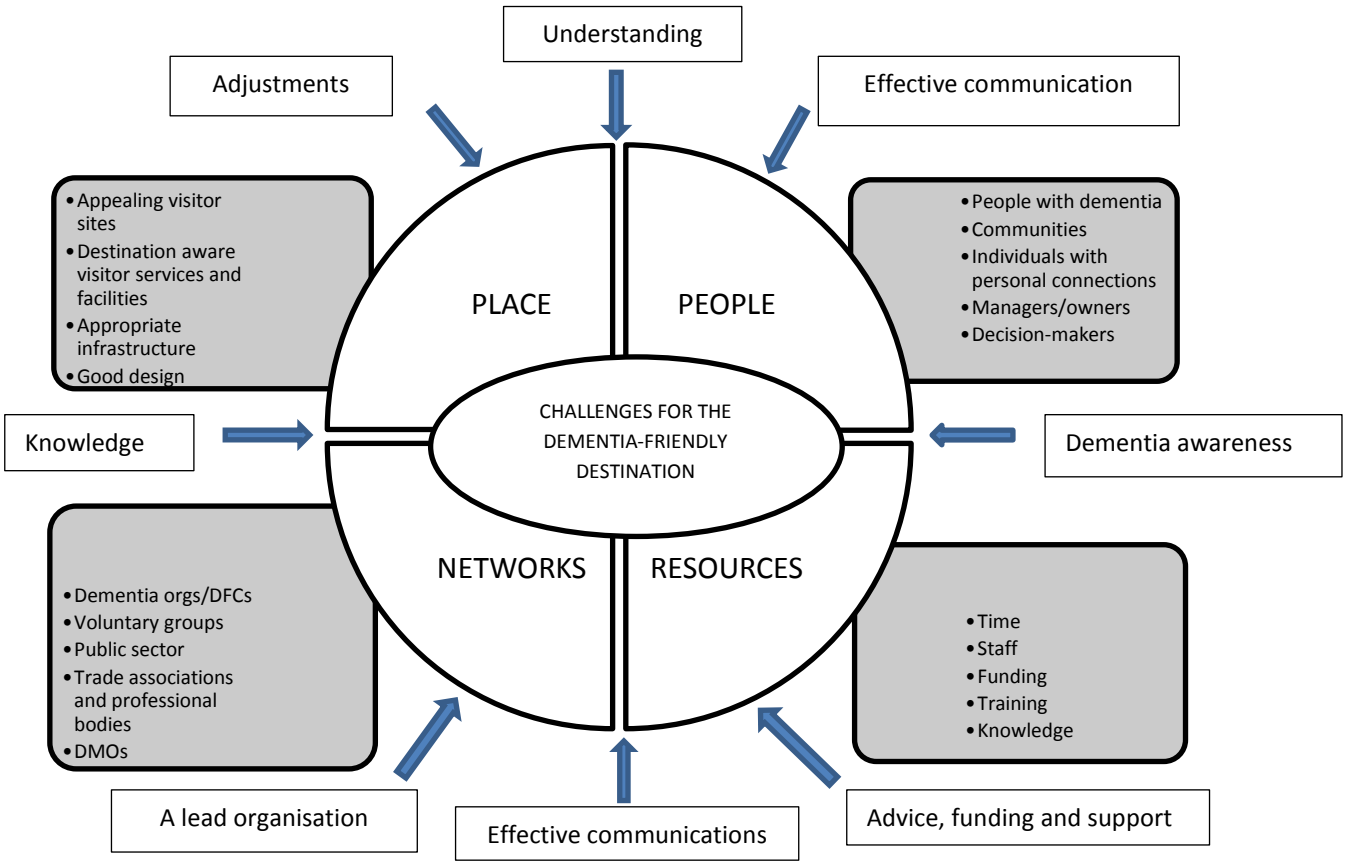
It is also evident that the resources and opportunity cost for DMOs working on this theme was evident from several DMOs as 'I would happily support and promote this initiative, however DMO's staff and resources have decreased drastically so it would need to be information that has been provided' whilst another DMO indicated that'.

A series of responses around framing this through accessible tourism indicated that 'Rather than focusing specifically on dementia, this may work better as part of a wider initiative around accessible tourism which looks across a broader spectrum of special needs but could include autism, dementia, etc as well as physical needs. In this respect, we are currently working in partnership to develop a potential funding bid to support an accessible tourism project across the XXXX' and 'The majority of DMOs work with businesses to encourage greater accessibility for visitors with a range of disabilities including the elderly. This includes 'Welcome All' training, accessibility information on websites, accessibility audits for destinations and businesses etc. A number, including XXXX have had grants in the past for specific accessibility projects. However, the budgets and staff resources of most are now extremely stretched and as a result they are having to focus on core revenue generating activities. Its hard to imagine how many will be motivated to do much to support this initiative without additional resources. Having said this, if specific guidance on providing for visitors with dementia could be added into existing accessibility initiatives/ training courses....'.

This was reinforced by another DMO which argued that 'there needs to be a cost benefit argument and possible concerns about visitors interacting with dementia visitors addressed with advice and support'.

Figure 1: Touchpoints in a destination influencing dementia-friendliness

Figure 2: Challenges for developing a dementia-friendly destination



Source: Authors, developed from Crampton et al (2012)

Endnotes

[i] Dementia Action Alliances (DAA), developed and spearheaded by the Alzheimer's Society. DAAs comprise an organisational vehicle for transforming local communities into places where the awareness, understanding and provision of services facilitate people to live well with dementia. In their most highly developed stage, Dementia Friendly Community status is conferred.

[ii] Unpublished findings of DAA study, 2017

[iii] Dementia Friends training according to the Alzheimer's Society is 'A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action' see https://www.dementiafriends.org.uk/WEBArticle?page=what-is-a-friend#.WXHEFfnyucM

BIOGRAPHIES

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