

Creating Dementia-Friendly Destinations in Scotland

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Highlights

- Accessible tourism is an increasingly important sector of the tourism industry.
- The ageing population represents an underdeveloped market for destinations. Globally 46 million people live with dementia, a number expected to triple by 2050.
- Travel is still possible in the early stages of dementia and has been recognised for its improvements to quality of life and benefits to physical, psychological, and social wellbeing.
- By being accessible to hidden disabilities, such as dementia, destinations might gain a competitive advantage.
- This chapter seeks to explore the levels of dementia friendliness of destinations in Scotland, UK.

Learning Objectives

- To understand the opportunities and importance of providing accessible destinations.
- To understand how dementia, and hidden disabilities, are likely to influence consumer behaviour over the following decades.
- To understand what is required for a destination to be considered dementia friendly with regard to accessibility.

Introduction

The World Bank (2019) estimates that 15% of the global population has a disability and that this number will increase to 1.2 billion by 2050. According to the United Nations (UN) (2015) the number of people aged 60 or over will more than double to 2.1 billion by 2050. As a society, we are living longer and, combined with falling fertility rates, the global population is increasingly ageing, which is creating societal issues and access challenges owing to the oftentimes accompanying age-related disabilities (Lee and King, 2019). People with disabilities (PwD) and seniors comprise over 20% of the global population (Vila *et al.*, 2015). As a result, it is perhaps not surprising that interest in accessible tourism is increasing, with tourism being recognised as a human right (Rickly, 2018). While the ageing population clearly presents the tourism industry with an underdeveloped and potentially lucrative market, ageing often comes with complex medical conditions (Connell and Page, 2019; Lee and King, 2019). Dementia is among these.

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Dementia is an umbrella term for a number of diseases and conditions that progressively affect a person's cognitive abilities, perception, and behaviour, as well as the ability to perform everyday tasks (Alzheimer's Association, 2019). It is not a natural part of the ageing process or a disease, but a syndrome related to a continuous decline of brain functioning (NHS, 2019). Yet, the condition leads to disability and shares many similarities with other 'hidden' disabilities, such as autism. According to the National Institutes of Health (NIH, 2018) dementia is a neurodegenerative disorder where an irreversible loss of neurons and brain functions takes place. The most common type of dementia is Alzheimer's disease, which is found in approximately 75% of cases (Connell and Page, 2019). However, other types of dementia include frontotemporal disorders, Lewy body dementia, vascular dementia, and mixed dementia – a combination of two or more types of dementia (NIH, 2018).

Globally, 46.8 million people were living with dementia in 2015, though many also go undiagnosed (AARP, 2016). This number is expected to increase drastically over the following decades, tripling by 2050 to 152 million (AARP, 2016). However, in the UK it is estimated that between 300,000 and 500,000 people live with it undiagnosed (Elder, 2020). Globally, it is estimated that one person develops dementia every 3 s and, as a result, it is considered an epidemic, with an expected cost of US\$1 trillion to the global economy (Chrysikou *et al.*, 2018).

Dementia can affect anyone and typically leads to stigma and other barriers to participation owing to inaccessible environments, thereby promoting a stay-at-home mindset among people living with dementia (PLwD) (Gillovic *et al.*, 2018; Connell and Page, 2019). Nevertheless, participating in leisure activities improves quality of life (Connell *et al.*, 2017). Not only does it affect the PLwD, it also has a profound impact on the lives of the family members and carers of the PLwD. Tourism and destinations have a key role in the wellbeing of the PLwD as well as those around them, though this has been largely neglected thus far in research (Page *et al.*, 2015). Depending on their levels of accessibility, destinations contribute to the type of experience delivered, with holidays creating considerable amounts of work, anxiety, and emotional labour for carers (Sedgley *et al.*, 2017).

In the early stages of the condition, PLwD may still travel, but can find new environments confusing. Indeed, within the visitor economy, PLwD may have specific access or assistance requirements owing to mobility issues, memory-related problems, issues related to visual perception or spatial awareness, an impaired ability to interact with the environment, and issues with paying for goods and services (Connell and Page, 2019). Yet, governments and many destinations are alarmingly unprepared, having inadvertently excluded this group, while research into dementia tourism remains particularly scarce (Connell *et al.*, 2017; ADI, 2018). Indeed, accessible tourism literature has primarily focused on the more obvious disabilities, such as wheelchair accessibility (Mesquita and Carneiro, 2016).

The purpose of this chapter is to find a path to improved quality of life, particularly for those in the early stages of the condition and their carers, of which leisure time and vacations offer a critical element (Connell *et al.*, 2017). While we await a cure, those who live with dementia, their families, and carers still have a right to lead a positive life to the extent possible (McCabe, 2009). Yet, an argument exists that destinations not only have a moral responsibility, but also a legal responsibility towards PLwD in the same sense they do towards other PwD, according to the US Americans with Disability Act (ADA, 1990) and the UK Equality Act (UK Government, 2010).

From the destination's perspective, this also presents the tourism industry with a potentially lucrative market, with senior tourism contributing a growing share of spending, and thus becoming dementia friendly (DF) could provide the destination with a competitive advantage (Page *et al.*, 2015; Connell and Page, 2019). Research indicates that three in four customers living with disability, as well as their friends and family, have moved their business elsewhere owing to lack of disability awareness of businesses (VisitScotland, 2019b). VisitScotland (2019b) further argues this market may help combat seasonality, indicating a preference to travel out of season. Indeed, not only is there an access issue in the case of creating DF destinations, but also this demographic has largely been neglected thus far, thus requiring further research (Connell *et al.*, 2017; Nyanjom *et al.*, 2018). As a result, determining what is meant by the term 'dementia friendly' and whether destinations are DF is critical. Additionally, Lee and King (2019) called for the development of a framework to

make destinations more accessible to seniors, further strengthening the need for the creation of DF destinations.

Research Aims and Objectives

The aim of this chapter is to develop a path for destinations to become DF. To achieve this, a number of objectives were set:

- Explore and establish the value of developing accessible destinations.
- Explore the levels of dementia friendliness of destinations in Scotland, UK.
- Investigate and ascertain the main challenges of creating DF destinations.
- Develop a framework to ascertain what being a DF destination entails.
- Test the framework through a case study to establish the level of dementia friendliness of destinations.

Theoretical Framework

Based on Morrison's (2013) model, the 10 As of successful tourism destinations, a new framework can be developed to ascertain the DF of destinations. Figure 3.1, developed by the authors, provides insight into the requirements for becoming a DF destination and is therefore aptly named the 10 As of DF destinations. The framework adheres to the social model of disability with the notion that it is the environment that disables people, not the condition (Gillovic *et al.*, 2018). Further, the framework is based on critical thoughts discovered within the literature on the requirements of being DF, including VisitScotland's DF tourism toolkit (2019b), Klug *et al.* (2017), and Connell and Page (2019). For a destination to be DF it has to act much like a DF community, with experiences and infrastructure delivered in a DF manner (Caffò *et al.*, 2018). As such, the environment has to take into account that a person living with dementia is likely to struggle with mobility issues, memory-related problems, issues surrounding visual perception, and spatial awareness, as well as struggling to interact with the environment (Klug *et al.*, 2017). From this framework, a table explaining each aspect of the 10As was also devised (Table 3.1) by the authors and includes potential questions for destination management organisations (DMOs) in the pursuit of becoming DF. The following sections will work towards testing this framework.

[Insert Figure 3.1]

Fig. 3.224. The 10 As of DF destinations.

Table 3.1. The 10 As of DF destinations explained.

10 As	Explanation/situation	Question(s) for DMO
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Awareness	<p>This attribute refers to the level of knowledge and awareness of DF requirements within the destination, without which the destination may be inaccessible for PLwD</p> <p>Training and development of personnel is key in this regard</p>	<p>Is there a high level of awareness of DF requirements within the destination?</p> <p>What is the ratio of staff within the businesses who are trained Dementia Friends?</p>
Attractiveness	<p>The level of appeal of attractions at the destination to PLwD and their carer(s)</p>	<p>Does the destination offer a diversity of DF attractions that are appealing to PLwD and their carer(s)?</p>
Availability	<p>This attribute is in relation to the ease of booking and making reservations at the destination, including clear signposting of which businesses are DF</p>	<p>How clear is it that the businesses within the destination are DF?</p> <p>How easy is it to book and make reservations?</p>
Access	<p>This attribute regards the levels of accessibility within the destination to PLwD</p> <p>As such, it concerns particularly the design of infrastructure (including facilities, services, colour-contrasted signposting, and the design of the environment)</p>	<p>How accessible is the destination to PLwD?</p> <p>Have businesses within the destination ensured they are following DF requirements in the design of infrastructure?</p>
Appearance	<p>How attractive does the destination appear upon arrival and during the stay?</p> <p>Does the destination provide obvious signage to signal DF businesses?</p>	<p>Does the destination make a good first and lasting impression for PLwD?</p> <p>Is it clear which businesses are DF?</p>
Activities	<p>The type and range of DF activities available at the destination</p>	<p>Does the destination offer a wide range of DF activities that PLwD and their carer(s) would want to engage in?</p>
Assurance	<p>This attribute is in relation to the safety and security of the destination for people living with dementia</p>	<p>Is the destination safe and secure for PLwD?</p> <p>How is the destination equipped to handle challenges such as night-time wandering?</p>
Appreciation	<p>PLwD often suffer from anxiety owing to changes in their cognitive abilities, which typically transforms to stress when transmitted to the carer(s). Feeling welcome upon arrival and throughout the stay will help alleviate anxiety and stress levels</p>	<p>Do PLwD and their carer(s) feel welcome and receive good DF service in the destination?</p> <p>Are staff members within the businesses DF trained?</p> <p>Are there any DF communities within the destination?</p>
Action	<p>This attribute refers to the actions being taken at DMO level to become and/or remain DF, including the promotion thereof through marketing plans</p>	<p>Does the DMO have policies and plans in place to become and remain DF?</p> <p>Are DF marketing plans well organised and in place at the DMO?</p>
Accountability	<p>Becoming and remaining DF can be challenging for destinations. Yet, if the DMO promotes itself as being DF, steps need to be in place to ensure the DMO and the businesses within the destination are held accountable to ensure this is indeed the case and to protect the wellbeing of people living with dementia</p>	<p>Is the DMO measuring the effectiveness of its performance in relation to becoming and/or remaining DF?</p>

Literature Review

Accessible Tourism

Holidays are recognised as a critical feature of modern life and an avenue for individuals to pursue quality of life (Rickly, 2018). Such activities may assist in dealing with depression and bring positive emotions and life satisfaction (Evcil, 2018). As a result, holidays can be ideal for the facilitation of rehabilitation and care of the elderly, and also play an important role in the transition to retirement (Evcil, 2018). Within the UK, it is estimated that approximately 7 million people live with a disability, with spending power of over £249 billion (We Are Purple, 2019). This is known as the ‘Purple Pound’, which, according to VisitEngland (2016), contributes £12 billion to tourism in England. Further, disability is increasingly common in older age groups, including issues of mobility and other everyday activities (Gale *et al.*, 2014). The UN General Assembly recognises holidays as a human right under its Universal Declaration of Human Rights (1948). Indeed, this belief is widely shared among the baby-boomer generation (McCabe and Diekmann, 2015), which is ironically also predominantly the generation living with dementia (Connell *et al.*, 2017). Nevertheless, access issues for PwD are well documented within the tourism literature (Nyanjom *et al.*, 2018). Owing to their reduced mobility, PwD are a group that is often recognised as suffering from social exclusion (Connell and Page, 2019). PLwD increasingly feel excluded from society as the condition progresses, owing to a largely inaccessible environment and society in which they often struggle to complete basic everyday tasks, with 40% of PLwD describing themselves as experiencing loneliness (Alzheimer’s Society, 2014). PwDs have, however, received increasing attention in relation to tourism in recent years, particularly under the term ‘accessible tourism’ (Buhalis and Darcy, 2011; Vila *et al.*, 2015; Connell and Page, 2019). Accessible tourism strives to include all people in tourism activities and is linked to disability legislation, such as the Americans with Disability Act (1990) in the US, and the Equality Act (2010) in the UK (Nyanjom *et al.*, 2018). Worldwide, governments are focusing on policies and marketing efforts in this field (Porto *et al.*, 2019). Buhalis and Darcy (2011, p. 10) define accessible tourism as:

a form of tourism [...] that enables people with access requirements, including mobility, vision, hearing and cognitive dimensions of access, to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments.

Smith (1987) was one of the first to categorise barriers for PwD experienced while travelling. He developed three categories: intrinsic (relating to a person’s physical, cognitive, or psychological state), environment (relating to infrastructure in place, such as buildings and transportation), and interactive (relating to the barriers disrupting the interactions of people and society). It is quite easy to see how PLwD might experience these barriers within the visitor economy. Klug *et al.* (2017) found a number of access issues for PLwD within the visitor economy, such as mobility issues, memory-related problems, issues surrounding visual perception, and spatial awareness, as well as struggling to interact with the environment and paying for goods and services. Connell and Page (2019) further found issues around the specific requirements of PLwD, such as the design and colour of the infrastructure within the destination. Such challenges are further compounded by the acknowledgement that destinations, in many cases, simply do not understand how to become more DF (Connell *et al.*, 2017). These thoughts are summarised in Fig. 3.2.

[Insert Figure 3.2]

Fig. 3.2. Destination dementia accessibility.

Yet, despite such barriers, PwD continue to travel, with the elderly population in particular being recognised as an underdeveloped market for the tourism industry, presenting destinations with a potential competitive advantage and an avenue to combat seasonality (Lee and King, 2019). Unfortunately, research would indicate the industry does not see the significance of this emerging market, nor does it understand the condition and needs of

PLwD, which is seemingly down to a lack of dementia education and awareness (Nyanjom *et al.*, 2018; Connell and Page, 2019). Further, delivering a satisfactory experience for PLwD at a destination level becomes even more complex owing to the fragmented nature of the destination, in light of such an experience likely involving various different entities, all of which need to be accessible to those living with dementia and their carer(s) (Nyanjom *et al.*, 2018). Connell *et al.* (2019) described the many touchpoints within the destination influencing dementia friendliness, which are portrayed in Fig. 3.3. Evidently, creating DF destinations is challenging.

[Insert Figure 3.3]

Fig. 3.3. Destination touchpoints. (Adapted from Connell and Page, 2019.)

DF Destinations

The UN's Age Friendly Initiative and Age UK's Age Friendly Places initiative focus on a number of domains, and recent research has attempted to align DF initiatives with age-friendly initiatives (Connell and Page, 2019). This is as a result of the shared challenges and concerns, with both initiatives seeking to enhance civic participation and enjoyment, housing, social inclusion, outdoor environments, transportation, community support, and health services (Buckner *et al.*, 2018). Yet, destinations have thus far largely been left out of the discussion, meaning little is understood about what DF destinations are and entail and how to develop such, despite their evident importance in removing the barriers faced by PLwD and their carers, thereby making destinations more accessible (Innes *et al.*, 2016), as highlighted in Figs 3.2 and 3.3. Indeed, much can be learned from DF community initiatives, such as Dementia Friends training for frontline staff, which would enable staff within the destination to help and support visitors (VisitScotland, 2019b). VisitEngland (2019) also recommends making initial small changes to the physical environment, by providing colour-contrasted signage and features, as well as quiet areas to reduce stress and anxiety.

Creating a DF destination would lead to a number of practical accessibility implications for managers, service providers, and policy makers (Connell and Page, 2019). It is critical to ensure basic facilities are accessible, the services meet DF guidelines, and there is appropriate communication of information and signage, accommodation, and transport services, allowing for safe and easy travel. VisitEngland's (2019) DF destination guidelines specifically focus on people and place. Further, considering the most common challenge with dementia is changes to the PLwD's cognitive abilities, such as spatial disorientation, changes to the design of environments are also required as a result (Caffò *et al.*, 2018). There are also issues surrounding training and development to ensure the principles of DF provisions are obvious during the service encounters taking place (Connell and Page, 2019). Essentially, for a destination to become DF, there must be collaboration of stakeholders at all levels to ensure PLwD and their carers are able to safely travel to, stay at, and travel from the destination. Such a transition would fit well within the civil society paradigm in social science (Edwards, 2013). Yet, Connell and Page (2019) found that DMOs within the UK are only at a very early stage of becoming DF, meaning destinations are still some way off becoming DF. Nevertheless, in light of the UK's Equality Act of 2010, the need for DF destinations arguably has become a regulatory concern. The need for creating DF destinations can also be linked to United Nations Sustainable Development Goal (UN SDG) number 3, Good health and wellbeing; number 10, Reduced inequalities; and number 11, Sustainable cities and communities (United Nations World Tourism Organization (UNWTO), 2017). Goal 11 is particularly relevant to accessible tourism through its call for the provisions of universal design for accessible and sustainable transport systems, inclusive urbanisation, and access to green and public spaces, which in turn would reduce inequalities for PLwD (UN, 2020).

While disability legislation provides a framework for the industry, it has yet to take into account the requirements of PLwD, perhaps owing to a lack of understanding of dementia, meaning it is not yet considered to be a disability as such and the legislation is thus not enforced (Connell *et al.*, 2019). Indeed, Rickly (2018) recognises disability legislation as an ongoing process in light of the diverse populace. However, destinations have a legal responsibility towards PLwD in the same sense as they do towards other PwD, in line with

the reasonable accommodation argument of disability legislation across most western societies. This lack of understanding exists among service providers as well, with recent research highlighting that stakeholders within destinations simply assumed that PwD were either not interested in travelling, or stereotyped them as wheelchair users (Kong and Loi, 2017). Richards *et al.* (2010) also found that airport staff would unnecessarily force visually impaired travellers to sit in a wheelchair when guiding them. Thus, by being wheelchair accessible, the assumption seems to be that the attractions are accessible to all disabilities, when in fact this demographic is incredibly complex and covers various types and levels of disabilities. As such, stakeholder education and collaboration becomes key to ensuring the visitor economy is accessible to PLwD. For destination stakeholders, such as visitor attractions, accommodation providers, and restaurants, it becomes critical to understand how they may inadvertently be contributing to the barriers experienced by PLwD as well as how to facilitate participation (VisitScotland, 2019b).

Evaluating Dementia Friendliness of Destinations

Several countries have DF-related programmes in place, with various outcomes sought, including community engagement and raising awareness (ADI, 2018), both of which are critical to creating DF destinations. Understanding where the key challenges and opportunities lie for destinations to become DF is critical. Destinations already familiar to PLwD may, for example, be popular because they stimulate memories (Connell and Page, 2019). As countries within the developed world are increasingly recognising the necessity of becoming a civil society, where the needs and interests of all citizens are recognised equally, it becomes critical to understand how destinations can encourage people to live well with dementia through increased inclusivity (Connell *et al.*, 2017). Lee and King (2019) argue that a guiding framework is needed urgently to ensure that the infrastructure, facilities, and services of tourist destinations are accessible to seniors. In addressing the needs of seniors, many of the aspects may also meet the needs of those with dementia.

With the elderly population presenting a considerable area of growth, becoming DF presents a compelling business case for DMOs (VisitScotland, 2019b). During the early stages of the condition, PLwD are still individuals consuming services and users of businesses with only minor changes needed to accommodate them from the individual business's perspective (Crampton *et al.*, 2012). Yet, at the destination level, this becomes more complex and perhaps it is not surprising that thus far no destination has yet to market itself as DF. As a result, identifying and understanding destinations that are working to become DF destinations, as well as exploring the desire and ability of destinations to become DF, is important. Morrison (2013) developed the 10 As to ascertain the level of success of a destination, by judging it on certain attributes. However, this model has yet to be tested or implemented (Lee and King, 2019). Based on Morrison's (2013) work, a new framework was put together, making it applicable to ascertain the DF of destinations, in light of the findings from the literature review. The list and subsequent explanation can be found in Table 3.2, which also includes questions for DMOs regarding the levels of DF. The following sections, using the case setting of Scotland, will seek to turn this model into a credible evaluation tool to determine the level of dementia friendliness of destinations and to contribute to the clarification of what this term might mean in practice.

Table 3.2. The 10 As of DF destinations explained.

10 As	Explanation/situation	Question(s) for DMO
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Awareness	<p>This attribute refers to the level of knowledge and awareness of DF requirements within the destination, lack of which might make the destination inaccessible for PLwD</p> <p>Training and development of personnel is key in this regard</p>	<p>Is there a high level of awareness of DF requirements within the destination?</p> <p>What is the ratio of staff within the businesses who are trained Dementia Friends?</p>
Attractiveness	<p>The level of appeal of attractions at the destination to PLwD and their carer(s)</p>	<p>Does the destination offer a diversity of DF attractions that are appealing to PLwD and their carer(s)?</p>
Availability	<p>This attribute relates to the ease of booking and making reservations at the destination, including clear signposting of which businesses are DF</p>	<p>How clear is it that the businesses within the destination are DF?</p> <p>How easy is it to book and make reservations?</p>
Access	<p>This attribute regards the levels of accessibility within the destination to PLwD</p> <p>As such, it is particularly concerned with the design of infrastructure (including facilities, services, colour-contrasted signposting, and the design of the environment)</p>	<p>How accessible is the destination to PLwD?</p> <p>Have businesses within the destination ensured they are following DF requirements in the design of infrastructure?</p>
Appearance	<p>How attractive does the destination appear upon arrival and during the stay?</p> <p>Does the destination provide obvious signage to signal DF businesses?</p>	<p>Does the destination make a good first and lasting impression for PLwD?</p> <p>Is it clear which businesses are DF?</p>
Activities	<p>The type and range of DF activities available at the destination</p>	<p>Does the destination offer a wide range of DF activities that PLwD and their carer(s) would want to engage in?</p>
Assurance	<p>This attribute relates to the safety and security of the destination for people living with dementia</p>	<p>Is the destination safe and secure for PLwD?</p> <p>How is the destination equipped to handle challenges such as night-time wandering?</p>
Appreciation	<p>PLwD often suffer from anxiety owing to changes in their cognitive abilities, which typically transforms to stress when transmitted to the carer(s). Feeling welcome upon arrival and throughout the stay will help alleviate anxiety and stress levels</p>	<p>Do PLwD and their carer(s) feel welcome and receive good DF service at the destination?</p> <p>Are staff members within the businesses DF trained?</p> <p>Are there any DF communities within the destination?</p>
Action	<p>This attribute refers to the actions being taken at DMO level to become and/or remain DF, including the promotion thereof through marketing plans</p>	<p>Does the DMO have policies and plans in place to become and remain DF?</p> <p>Are DF marketing plans well organised and in place at the DMO?</p>
Accountability	<p>Becoming and remaining DF can be challenging for destinations. Yet, if the DMO promotes itself as being DF, steps need to be in place to ensure the DMO and the businesses within the destination are held accountable to ensure this is indeed the case and to protect the wellbeing of people living with dementia</p>	<p>Is the DMO measuring the effectiveness of its performance in relation to becoming and/or remaining DF?</p>

Methodology

The Case Study – DF Destination Development in Scotland

The UK is a world leader in dementia readiness based on a World Health Conference from 2015 (Connell and Page, 2019). It is believed that the Prime Minister's 2012 Dementia Challenge led to a boost in dementia research and readiness within the UK, which has received further commitment from subsequent administrations (Alzheimer's Scotland, 2019). In collaboration with Visit Britain and the Alzheimer's Organisation, VisitScotland (2019b) recently released a dementia-friendly guide in an effort to promote dementia friendliness to the UK tourism industry. As such, this chapter focuses on a case study within Scotland, UK, a particularly popular destination with seniors, but where it is estimated that over 90,000 people live with dementia as well, a number that is expected to double by 2031 (Alzheimer's Scotland, 2019). Research further indicates that 209,600 new cases are diagnosed each year in the UK (Alzheimer's Research UK, 2021). Morrison's (2013) model is here applied to the various destinations across Scotland, seeking to identify the status of the destinations in terms of DF tourism and to identify examples of best practice. Exemplar destinations are considered in terms of what products and services they are offering to residents, day visitors, and those staying longer. As such, the specific destinations examined in this chapter are Edinburgh, Callander, East Lothian, North Berwick, and Dunbar & Haddington.

Methods

This study gathered stakeholder views on the issues associated with the development of DF destinations. Qualitative approaches are increasingly being seen as both useful and necessary in the context of research projects that require a focus on the complexities of visitors' needs and experiences (Cetin and Bilgihan, 2016). To develop a deeper understanding of the specific issues for this topic, a series of semi-structured interviews were conducted to gather data (Flick, 2014; Saunders *et al.*, 2016).

Based on the literature review and, specifically, the Morrison (2013) model, interview questions were developed to explore the current provision of DF experiences and to highlight the associated challenges and opportunities. The flexibility of the model is such that while each 'A' is worthy of investigation, the significance of each will depend on the specific destination or tourism experience context, which allows the identification of both challenges and opportunities. Extensive web searches, including the websites for VisitScotland (2019a), the Life Changes Trust (2019), and the Facebook page of Accessible Callander & the Trossachs (2019), were subsequently used to identify and gather details to build examples of best practice.

The sample of participants was initially sourced from an Interface Dementia-friendly Tourism event held in February 2019, followed by a snowballing selection and recruitment approach by the authors (Bell *et al.*, 2019), as a means of utilising the initial participants' contacts. This resulted in interviews with a broad range of stakeholders including tourism destination managers, care providers, visitor attraction operators, theatre managers, and dementia advisory groups. Each of these stakeholders provided their individual perspectives on the provision of services designed for dementia friendliness that they already had in place or that they wanted to offer. For example, tourism destination managers were able to share their views of why this might be something they would consider doing, while also providing insight into their current stages of becoming DF.

The data collected were transcribed followed by a thematic analysis of the data based on the themes identified in the destination success model developed by Morrison (2013). These themes are presented and explored in the following results section.

Case Study Analysis

Scotland-Wide Initiatives

Research has indicated that becoming DF should be part of a wider strategy for creating a civil society, and governments have turned their attention to the broader focus of accessible tourism (Connell and Page, 2019). VisitScotland, the national DMO, has been seeking to raise awareness about accessible (neural and physical disabilities) and inclusive tourism since 2011, much like the wider tourism industry (Natalia *et al.*, 2019). The Scottish Government has placed a strong emphasis on social justice (equality and inclusiveness) as a primary government policy objective, with all Scottish Government agencies, including VisitScotland, tasked with helping to progress this policy goal. The Scottish Government (2013) 'Equality outcomes mainstream report' (<https://www.gov.scot/publications/equality-outcomes-mainstreaming-report/pages/3>, accessed 12 July 2021) reflects this equalities and social justice focus.

In 2012 VisitScotland undertook research into the barriers to accessible tourism and raising the profile of accessible and inclusive tourism, which uncovered similar findings to Klug *et al.* (2017) in regard to disability awareness within the destination. The key barriers identified were 'Customer Care (Service)', characterised by a lack of understanding and awareness of customer needs and appropriate service responses, and, secondly, information provision by service providers, including how service providers described their business to enable informed decisions by visitors with additional needs. PwD present destinations with a potential competitive advantage and are a largely untapped visitor demographic worth over £249 billion to the UK economy (Connell and Page, 2019). VisitScotland's research-based approach to accessible tourism identified the importance of the 'Purple Pound' market for Scotland, estimated to be worth approximately £1.3 billion per annum. Their approach focuses on improving the customer experience for visitors with physical, sensory, or hidden disabilities, and they identified two destinations as potential active collaborative partners to develop inclusive tourism: Glasgow and Callander and the Trossachs.

In their business-to-business support work, VisitScotland have produced an 'Inclusive Tourism Toolkit' (2019), aiming to increase business awareness of the customer service requirements of PwD, a requirement within the wider tourism industry also recognised by Klug *et al.* (2017). This strategic approach is based on the assumption that by being accessible to one group then, broadly speaking, the destination will meet the needs of multiple groups. Fundamentally, DMOs must raise awareness of the need for businesses to be attuned to specific customer needs and to provide relevant customer service and the right infrastructure. VisitScotland's accessible and inclusive tourism initiatives, running over a number of years now, represent a progressive approach to meeting the needs of an important market segment of visitors to Scotland. Thus, stakeholder collaboration within the destination becomes critical to gain a wider understanding of how they may inadvertently be contributing to the barriers experienced by PLwD as well as how to facilitate participation (Connell *et al.*, 2017).

Specifically for PLwD, VisitScotland and Visit Britain are working with the Alzheimer's Society England on a Dementia Guide for tourism businesses as an addition to VisitScotland's existing 'Inclusive Tourism Toolkit'. Alzheimer's Society England has previously produced a number of business and community advice guides and this work will be drawn upon for this new tourism business guide (<https://www.alzheimers.org.uk/about-us/policy-and-influencing/dementia-uk-report>, accessed 12 July 2021). VisitEngland and VisitScotland launched this new guide on World Tourism Day 2019 (27 September 2019), which has a focus on accessible tourism as a theme.

VisitScotland acknowledges that the concept of DF destinations and inclusive tourism is an evolving area of activity, but one to which it is committed. VisitScotland is focused on ensuring that the full 'end-to-end customer journey' meets the needs of the inclusive tourism customer base and that, as a destination, it encounters the 'walkaway pound' of dissatisfied customers because of inappropriate customer services for inclusive tourism and accessibility. The development work undertaken by VisitScotland to date represents a sound set of foundations to potentially develop specific DF destinations in Scotland going forward.

Awareness and Availability

One of the biggest challenges is letting PLwD and their carers know which businesses are DF, particularly if the businesses themselves are not promoting the fact owing to concerns about how this might impact their appeal to all visitors. Currently there does not appear to be a single source on communities that are DF or where it is possible to see how to match required visitor services and facilities to individual requirements. These findings are similar to those of Connell *et al.* (2019), who argued that destinations within the UK were only at the very early stages of becoming DF. Connell *et al.* (2017) further found a lack of understanding and awareness among destinations on how to become DF. A Dementia Friends Manager from Alzheimer Scotland said:

It's crucial that PLwD feel recognised, valued and understood in their local community and all areas of society have a part to play to help this become a reality. Alzheimer Scotland's Dementia Friends initiative and Dementia Friendly Communities engagement work aims to transform the way the nation acts, thinks and talks about the condition, as well as challenging the stigma of the illness which still exists. We talk about the small changes that can often make a big difference to PLwD, such as adapting how you speak, giving clear information and adapting the physical environment of a workplace or public areas.

However, initiatives seen in destinations such as St Andrews, where a desire to enhance the communication of accessible services such as the 'Beach Wheelchair Project' (<https://hamishfoundation.co.uk/beach-wheelchairs>, accessed 12 July 2021) led to the development of the Scottish Accessible Beaches app (<http://www.welcometofife.com/highlight/discover-accessible-st-andrews-with-the-new-app>, accessed 12 July 2021), can provide ideas for improving the awareness of specialist services. Alzheimer Scotland is exploring such a solution via a joint project with a Scottish university, for the creation of a DF interactive web- and map-based platform for the sharing of information and customer insights, and to raise awareness of available tailored visitor services and experiences. The aim is that carers and PLwD will be able to nominate businesses for inclusion on the map and to rate businesses and places that are DF. This will be a defining aspect of the development of DF destinations, with destinations beginning to fathom some of the requirements of becoming DF.

Attractiveness and Activities

Scotland is an increasingly popular destination with over 3.21 million international overnight and 11.664 million domestic overnight visitors recorded in 2017, in addition to 115 million day visitors (VisitScotland, 2019a). Offering a wealth of cultural and natural heritage assets, tourism facilities extend beyond the key urban centres of Glasgow and the capital city Edinburgh, with significant numbers of visitors accessing rural areas. The country offers an extensive range of attractions that are appealing to tourists motivated by film, business, and leisure. Previously, VisitScotland, collaborating with local partners, established an initiative 'Everyone's Edinburgh', which includes an action plan for 'Accessible Edinburgh', and the new City of Edinburgh Council Strategy has inclusivity as a major theme. Local tourism partners, under the auspices of the Edinburgh Tourism Action Group (ETAG), are drafting an updated Tourism Strategy to 2030.

Edinburgh has a number of prominent and proactive visitor attractions working on accessible and inclusive tourism and specifically DF activity, including the National Museum of Scotland, National Galleries Scotland, and the Royal Botanic Gardens. While few of the available experiences are exclusively DF, some do offer specific experiences, for example, the cross-destination 'Socials' collaboration between National Galleries Scotland, National Museums of Scotland, National Library of Scotland, Royal Botanic Gardens Edinburgh, St Cecilia's Music Hall, and Edinburgh Zoo. Comprising one weekly session hosted in rotation by each of the attractions, the programme involves a 2 h session for PLwD and their carers whereby they can enjoy a visit to the attraction, some social time, and a hands-on activity (<https://www.nms.ac.uk/exhibitions-events/events/national-museum-of-scotland/museum->

socials, accessed 12 July 2021). Theatres such as the Festival Theatre in Edinburgh offer specially designed ‘relaxed events’ for those living with dementia and their carers to enjoy (<https://www.capitaltheatres.com/take-part/dementia-friendly-work>, accessed 12 July 2021). Such events link back to the aforementioned benefits of leisure time for PLwD, and their carers and family (McCabe, 2009; Connell *et al.*, 2017).

Access

Glasgow is Scotland’s largest city, a significant gateway point for travellers to Scotland, and a major business and leisure tourism destination. The destination hosts a large number of cultural and sporting events especially linked to the city’s designation as a ‘UNESCO City of Music’. In 2014, as a result of the city hosting the Commonwealth Games, Glasgow was identified by VisitScotland as a good destination to work with as a pilot inclusive tourism destination. Prior to the Games, VisitScotland worked with Glasgow City Marketing Bureau and 22 businesses already engaged with the accessible tourism customer group, putting these businesses through ‘self-serve’ accessible training. In total 3000 people have gone through this training now across Scotland. Accessible tourism now features in the Glasgow Tourism Strategy and there is a local stakeholder working group in Glasgow (VisitScotland is represented on this group). Glasgow is pursuing the UNWTO charter mark for accessible tourism, which is a long-term ambition.

Research has highlighted the challenges to creating DF destinations, requiring collaboration between key stakeholders (Connell and Page, 2019). To become DF has practical implications for facilities, training and development, services, communication of information, accommodation, transport services, and the design of environments (Caffò *et al.*, 2018). A DMO manager from Scotland said:

Participating in tourism activities can make significant improvements to the lives of people living with dementia but taking holidays, visiting attractions and staying in accommodation can be challenging for people living with dementia, their carers and loved ones. It is therefore imperative that tourism businesses understand how to support visitors affected by dementia. The impact of this action spreads beyond the visitor economy, into the local community, improving local amenities, encouraging investment, more local jobs and the long term sustainability of the sector.

A challenge that many destinations continue to face is a lack of transparency in terms of information dissemination to visitors on the destination’s inclusive tourism credentials. VisitScotland has partnered with the Scottish-based organisation ‘Euan’s Guide’ (<https://www.euansguide.com>, accessed 12 July 2021), who produce disabled access reviews, undertake audits, advise organisations on disability access, and produce an online guide. Euan’s Guide helps identifying and improving service provisions for PwD and raising awareness for the industry. Given holidays are recognised as a critical feature of modern life and an avenue for individuals to pursue quality of life (Rickly, 2018), initiatives such as Euan’s Guide have arguably played a critical role in improving the accessibility of Scotland. VisitScotland collaborates with Euan’s Guide on a number of projects to undertake audits and produce guides and destination itineraries, including an ‘Accessible Guide to Glasgow’. Euan’s Guide was also commissioned to produce three accessible visit itineraries for the Glasgow Commonwealth Games in 2014, made available through the VisitScotland and People Make Glasgow websites (Visit Scotland, 2019c). In the future, there may be an argument for encouraging Euan’s Guide to broaden the scope of accessibility tourism groups to consider dementia.

Appearance, Appreciation, Assurance

Scotland’s destinations are recognised for managing to provide safe and secure environments for residents and visitors alike. One critical response to dementia has been the creation of DF communities (DFCs), involving the collaboration of key stakeholders within the community,

such as businesses, emergency services, faith groups, and more (Alzheimer's Scotland, 2019). For many years, the role of stakeholders within a community in relation to dealing with dementia has been poorly understood (Connell *et al.*, 2017). It is not sufficient for the medical world to deal with this – help is needed from the community as a whole (Crampton *et al.*, 2012). In DFCs, PLwD are recognised as valued members of the community, allowing them to remain active and independent for as long as possible, which is key to facilitating better living standards for PLwD (Connell *et al.*, 2017). Scotland is considered the leader in understanding how DFCs work best (Life Changes Trust, 2019), having 82 DFCs, with a further 14 in development (Open Access Government, 2018). Living well and maintaining some form of independence is critical to the long-term care of PLwD, including the ability to travel (Connell *et al.*, 2017), and key to this is taking part in stimulating activities and initiatives, such as leisure and recreation (Genoe and Dupuis, 2014). Particularly, outdoor recreation is popular, providing opportunities to exercise and enjoy the countryside, and these opportunities are supported within DFCs (Connell *et al.*, 2017). As a result, this is an area where destinations are also able to contribute, despite only being temporary homes for visitors. Indeed, DMOs can learn from DFCs when attempting to become a DF destination. Undoubtedly DFCs represent a firm foundation for DF destinations based on levels of awareness of service user needs.

Specifically, in terms of welcome, as identified by Morrison (2013) as a key point, various DF training programmes are in place across Scotland. For example, DF programmes at Edinburgh and Aberdeen airports including the availability of hidden disability lanyards, and Glasgow Airport's virtual dementia tour launched in 2017. Edinburgh Airport (Accessible Manager and staff) could be considered as an exemplar in terms of inclusive tourism in Scotland. The airport has a new Special Assistance Area and has undertaken significant training of staff including DF training. Likewise, individual tourism businesses have programmes and training in place, for example, the Edinburgh International Conference Centre and Capital Theatres Group, whereby staff are aware of additional needs. The accommodation sector, and in particular the larger hotel chains, tend to be more focused on 'accessibility' as a compliance issue rather than the perspective of it creating a market advantage. Alzheimer's Scotland, while not currently targeting the tourism and hospitality sector for DF training, are interested in exploring such a development via engagement with, for example, VisitScotland. VisitScotland also work with the Scottish Government agency responsible for travel, Transport Scotland. Transport Scotland has a very active 'Accessible Travel Team' (<https://www.transport.gov.scot/our-approach/accessible-transport>, accessed 12 July 2021), which works with transport operators such as Scotrail (rail services) and CalMac (the ferry operator), and is implementing service improvements based on accessible and inclusive travel guidance. For PLwD, transport is considered a potentially significant barrier making inclusive travel a key characteristic for any DF destination.

Action and Accountability

Connell and Page (2019) argued that destinations were only in the initial stages of becoming DF. Likewise, the data found that few destinations across Scotland claim to be DF, though some areas have been working towards this for some time, for example, East Lothian. Several initiatives have been instigated across the various destinations of North Berwick, Dunbar, and Haddington to raise the awareness of DF needs and to have these recognised on policy agendas. Working against a perceived stigma of appealing to DF visitors, proponents have consistently worked with partnerships and organisations to raise the issue (<https://dfel.org.uk>, accessed 12 July 2021) via public events, training, leafleting, and signage to indicate DF businesses, with an initial aim to 'include, support and empower' PLwD.

Morrison (2013) found that one of the key focal points of evaluating destination success was 'accountability' – a system currently lacking in Scotland. An example of a destination seeking to draw together the various strands of policy and working groups to move initiatives forward via clear actions is the destination of Callander and the Trossachs. The historic tourism town of Callander sits within the Loch Lomond and Trossachs National Park and is considered a 'traditional' Scottish destination (currently attracting an older demographic of visitors and ideal in terms of nostalgia/reminiscence visits by travellers with dementia). It is a

favourite day trip destination for the large number of people living within a 90-min drive of the destination in the densely populated Central Belt of Scotland (including the cities of Glasgow and Edinburgh). As a National Park requirement, they have identified accessibility requirements through their ‘Access for all initiative’ (<https://nationalparks.uk/visiting/outdoor-activities/accessforall>). VisitScotland has partnered with the local business group of Callander Enterprise to progress the Accessible Callander & the Trossachs (ACT) initiative, whose aims are as follows:

promotes accessible tourism in Callander and the surrounding area, to cover all types of accessible needs, from young to old, wheelchair users to those with special needs such as autism and dementia. Supported by Loch Lomond and The Trossachs National Park, VisitScotland and Stirling Council, we want to find ways to meet those needs and enhance the economic development of our area.

(<https://www.facebook.com/accessiblecallanderandthetrossachs>, accessed 12 July 2021)

It is also in the process of seeking UNWTO accreditation for accessible tourism. Callander Enterprise has set up a separate accessibility infrastructure group, in recognition of the importance of accessible public transport for the destination, which includes representatives from the National Park organisation, Transport Scotland, and Stirling Council. An early proposed action of the infrastructure group is to undertake an accessibility audit in the destination. Bus and taxi accessibility are areas of consideration, with only one disabled accessible taxi operator in the Trossachs, based in Aberfoyle over 20 miles from Callander. VisitScotland is also working with local government in Stirling (which covers Callander and the Trossachs), Falkirk, and Clackmannanshire, and Euan’s Guide to promote the area for accessible and inclusive tourism. The campaign ran in summer 2019 and is supported through VisitScotland’s Growth Fund. To be part of the promotional campaign participating local businesses had to take part in VisitScotland’s accessible tourism training.

Callander Enterprise is also keen to undertake a dementia audit of Callander and the Trossachs, perhaps in conjunction with the Dementia Services Development Centre at the nearby University of Stirling (<https://dementia.stir.ac.uk>, accessed 12 July 2021). In terms of connecting with national policy, developing DF destinations ties in with the Scottish dementia strategy to deliver better services to improve outcomes. This can be achieved, in this case, via supporting active participation in the community, both locally and nationally (<https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020>, accessed 12 July 2021), which also connects with practice frameworks for developing DFCs as discussed previously (https://www.alzscot.org/dementia_friendly_communities, accessed 12 July 2021). Table 3.3 addresses the 10As framework in the context of the case study for this chapter.

Table 3.3. DF destination development in Scotland. (Adapted from Morrison, 2013.)

10 As	Explanation/situation	DMO best practice example
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Awareness	Awareness of DF requirements at various points in visitor journey	City of Edinburgh Council/NHS Lothian and Alzheimer's Scotland http://www.edinburgh.gov.uk/info/20076/adults_and_older_people/1236/dementia_friendly_edinburgh Marketing Edinburgh 'Accessible Edinburgh' https://edinburgh.org/discover/edinburgh-city-guides/accessible/
Attractiveness	Extensive range of cultural activities, some with DF policies in place, for day and extended stay visitors	'Socials' events programme across six Edinburgh attractions https://www.nms.ac.uk/about-us/outreach-and-engagement/additional-support/ National Galleries Scotland Dementia Friendly Tours https://www.nationalgalleries.org/search-all/dementia City of Edinburgh Museums and Art Galleries Art in the City (DF) https://edinburghmuseumsoutreach.wordpress.com/2019/01/04/new-art-in-the-city-dates/
Availability	Limited information on DF businesses within destinations with no one source of information	Ability to book individual events as above 'socials' VisitScotland project with Edinburgh Napier University to develop app with DF activities VisitEngland and VisitScotland toolkit development https://www.alzheimers.org.uk/about-us/policy-and-influencing/dementia-uk-report Potential development of https://www.euansguide.com to include DF aspects
Access	Specialist accessible accommodation and activities information available, but not specifically DF	VisitScotland accessibility statements Euan's Guide with information on access to tourism facilities across Scotland VisitScotland are working with Transport Scotland's Accessible Travel Team https://www.transport.gov.scot/our-approach/accessible-transport Scotrail and CalMacFerries implementing service improvements based on accessible/inclusive travel/tourism Alzheimer Scotland' Information Sheet June 2016 Travel and Holidays Guide https://www.alzscot.org/assets/0002/6119/Travel_and_Holidays_Proof_4.pdf
Appearance	Destinations offering clear signage to demonstrate DF businesses	Airport and Capital Theatres training programmes Edinburgh Airport (Accessible Manager and staff training) for travelling with additional needs or hidden disabilities – Special Assistance Travel Area and pins and lanyards https://www.edinburghairport.com/prepare/travelling-with-additional-needs
Activities	Several destinations working towards DF designation but not formalised Individual attractions have developed activities	Dementia-friendly Troon – 'slow golf', weekly 'slow lane' in supermarket https://beta.south-ayrshire.gov.uk/media/1745/Local-Outcome-Improvement-Plan-Annual-Report-2019/pdf/localoutcomesimprovementplanoctober2019.pdf?m=637613325351370000 Royal Botanic Gardens Edinburgh Garden of Tranquillity https://stories.rbge.org.uk/archives/29466
Assurance	Scotland is a safe and secure destination for tourists	Alzheimer Scotland work with Police Scotland as part of the national strategy on dementia and as part of the DF Communities initiative https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/pages/4 especially in relation to missing persons with dementia
Appreciation	Policies to provide welcoming and clear signage and wayfinding across destination and within individual businesses	DF training in place at Edinburgh Airport and Edinburgh International Conference Centre Capital Theatres inclusive design and tea party events DF East Lothian business signage to indicate business that have undertaken DF training https://www.lifechangestrust.org.uk/publications/evaluation-report-age-scotland%E2%80%99s-dementia-aware-training-intervention-programme
Action	Marketing plans in place by	VisitScotland work with VisitEngland to develop accessibility

	destination (VisitScotland) with recognition of accessible/inclusive tourism, but limited DF	toolkit to be launched in 2019 Alzheimer Scotland policies to enhance lives of dementia patients and their families https://www.alzscot.org/dementia_friendly_communities
Accountability	No formal designation as DF so no formal evaluation as such at present	Measurement could be viewed via number of DFCs; available statements on VisitScotland listings VisitScotland potential pilot schemes for DF destinations in Scotland with longitudinal data gathering and analysis

All URLs accessed on 12 July 2021.

Discussions and Concluding Thoughts

Through legislation such as the UK's Equality Act (2010), service providers are required to provide equal access to everyone, though in the case of dementia, this has yet to be enforced. However, this is likely to become a legal requirement eventually. Governments are increasingly focused on reasonable accommodation, of which accessible tourism is a key part. Becoming DF may therefore also provide DMOs with an incentive to meet a current moral obligation before it becomes a legal obligation. As the legislation is not being upheld by governments, accountability is currently limited. While this chapter has proposed a framework to evaluate DF levels, a formal system is lacking and is likely to do so until legislation is upheld.

It appears that there is some debate within the tourism industry concerning what it means to be a DF destination and this might take many years to develop across a destination. The literature review introduced Morrison's (2013) 10 As of destination success, which was subsequently used to gauge the DF of destinations in Scotland. This has led to the development of a new framework; the 10 As of DF destinations, pictured in Fig. 3.4. This new framework is also informed by critical literature on the requirements of being DF. Using this framework, the authors were able to ascertain Scottish tourist destinations were in the very early stages of becoming DF and also missing auditory and accountability systems to assist in becoming DF. When exploring the creation of a DF destination it is important to look at the end-to-end visitor journey for travellers with dementia. Thus, a holistic approach is required, which is provided by the 10 As of DF destinations. The framework provides DMO managers with a list of focal points to target, thus providing assistance in developing DF destinations. For example, of the 10 As, 'Accountability' was completely absent in Scotland, clearly highlighting a need for a formal accountability system to be devised to guide DMOs. The development of the 10 As of DF destinations framework could therefore work as a checklist and an audit system for DMOs. This would, in turn, develop a coherent approach, which could lead to audits of services and facilities to identify the requirements and act as a precursor to producing an implementation action plan. However, this also highlights the need for future research into auditing and accountability systems to assess and develop DF destinations.

[Insert Figure 3.4]

Fig. 3.4. DF destinations.

Several examples from in Scotland were discussed, whereby local commitment and partnership working has led to the development of many examples of best practice. In many instances this has started with a focus on creating DFCs, with a growing awareness of the provision of support for visitors, rather than being developed for the purposes of attracting visitors. What is good for residents is generally good for visitors. Considering residents and visitors alike may be living with dementia, creating a DF community may also subsequently assist in the development of a DF destination.

There would be value in initiating some specific DF destination pilot projects and in undertaking longitudinal research and data gathering to establish if such an approach could create tangible impacts and achieve a positive positioning in the market place with dementia travellers. At the same time this would help to develop an understanding of whether or not such an approach would create competitive advantage for destinations and businesses, and if it would stimulate new business from this customer group for individual businesses and the destination as a whole.

Accessible tourism awareness and service provision represents a sound foundation and base on which to build visitor service and experience for a wide range of hidden and physical disabilities, including dementia. If a destination can provide accessible experiences, this will contribute to the creation of DF destinations. Many destinations are active in working towards providing more DF environments, by removing ‘barriers’ so that visitors know that their needs will be understood and respected, thus removing the fear factor of misunderstanding in relation to their needs. Individual businesses can contribute to this by modifying their visitor care and service in line with guidance and support from national organisations and by connecting to policies that mean that action is planned, measured, and accountable. This could be via categories such as:

- Inclusive design guidelines that allow for quiet space to minimise sensory overload and clearer signage to assist in wayfinding, and accessible unisex toilets.
- Events such as memory cafés and bespoke tours, e.g. Capital Theatres Drop-in Cafés.
- Organisational protocols that would include staff training (awareness raising on additional needs, especially for hidden disabilities like dementia), operational guidelines, and application of universal design principles (especially in the accommodation sector).
- Activities to increase community awareness such as Capital Theatres ‘Capital Focus’ community focus group and DF tours, e.g. those at National Galleries Scotland/National Museum of Scotland.

Linkage to Inclusive and Sustainable Development, and UN SDGs

- Vacations improve quality of life for the person living with dementia, their family, and carer(s).
- Through the development of DF destinations, tourism becomes more inclusive and accessible for PwD.
- Becoming DF may add a competitive advantage to destinations, while also combatting seasonality by enabling them to become more attractive to senior tourists.
- If being DF were to be enforced by disability legislation, such an approach could have serious implications for the tourism industry.

With governments increasingly concerned with creating inclusive environments, and the UK government in particular interested in creating a civil society, tourism destinations have an opportunity to create DF destinations to support such strategies. Reasonable accommodation legislation is supposed to require equal access for PwD, although this is not currently enforced. However, more importantly, DF destinations can improve quality of life for PLwD by increasing access to leisure opportunities. Further, by becoming DF, destinations also provide themselves with a competitive advantage, with this particular demographic largely ignored by the tourism industry. Indeed, this may help combat seasonality. As such, becoming a DF destination is beneficial for the triple bottom line, with a focus on social and economic sustainability. DF destinations would in fact contribute to at least three of the UN SDGs: numbers 3, 10, and 11, by reducing inequalities, improving wellbeing, and, in turn, developing sustainable cities and communities.

Linkage to Inclusive and Sustainable Development, and Sustainable Development Goals

- Goal 1, Sustainable Development Goal (SDG) 3: Good health and wellbeing. Throughout this chapter we have explained how leisure time is critical for PLwD, including vacations, providing a critical element.
- Goal 2, SDG 10: Reduced inequalities. By becoming DF, destinations are effectively reducing inequalities for PLwD and other similar disabilities such as autism.
- Goal 3, SDG 11: Sustainable cities and communities. By becoming DF, destinations not only benefit tourists, but also the local communities. In addition becoming DF might also assist in combatting seasonality and provide a competitive advantage.

Policy and/or Practical Implications

- Implication 1: The research indicates DMOs are only in the initial stages of becoming DF, with much work still to be done.
- Implication 2: The framework developed for this chapter indicates the focal points for destinations to become DF.
- Implication 3: Disability legislation in the western world has yet to recognise dementia and the requirements of people living with the condition.
- Implication 4: It is conceivably only a question of time before legislation recognises dementia, making DF a potential legislative issue for the tourism industry.

Self-Assessment Quiz

- What influence do the growing demographics of seniors and PwD have on destinations?
- What does the term ‘dementia friendly’ mean?
- How is accessible tourism increasingly important to the tourism industry?
- Describe the 10 As of DF destinations?
- What are the benefits for destinations of becoming DF?
- How can destinations become DF?

Additional Author-Suggested Resources

For more information on the impact of dementia on our society, and destinations in general, here are some suggestions for additional reading:

- Alzheimer’s Association (<https://www.alz.org>, accessed 12 July 2021).
- Alzheimer’s Disease International (<https://www.alz.co.uk>, accessed 12 July 2021).
- VisitScotland, Dementia-friendly tourism (<https://www.visitscotland.org/binaries/content/assets/dot-org/pdf/marketing-materials/dementia-guide-v2.pdf>, accessed 12 July 2021).
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