

Accessible tourism and dementia

January 29 2013

New Bournemouth University institute discovers new ways of making tourist attractions dementia-friendly.

Fear of getting lost, fear of not finding the toilets or being misunderstood; there are many reasons why people with dementia and the families who care for them stop going on holiday.

For people with dementia, even simple days out can pose a host of hazards. Often, families say, it's easier to just stay at home. But BU's newly launched Dementia Institute hopes to change that.

"We have a vision," says Professor Anthea Innes of the BU Dementia Institute (BUDI), "that perhaps in the future, Bournemouth might become a dementia-friendly tourist resort." An expert in health and social care research, Professor Innes is collaborating with Professor Stephen Page of BU's School of Tourism to launch pioneering research into dementia-friendly tourism – developing venues where people with dementia will feel safe and at ease to enjoy themselves.

Encouraged by a government pledge to create 20 dementia-friendly cities, towns and villages by 2015, Professor Innes is working closely with those who need these facilities most.

"Our aim is to see how tourism can respond to the needs of people with dementia and their carers and find out if and why they haven't been able to access tourist attractions and leisure facilities," she says. "We hope to increase their use of tourist attractions, accommodation and resorts in

the South of England."

While an exploratory pilot scheme will take place locally, Professor Innes hopes to expand the research to international, as well as UK, facilities. "Lots of work is currently going into dementia-friendly communities – safe cashpoints, trained staff and police for instance – but we are the only people looking specifically at leisure and tourism," she says.

Her initial focus groups with families of people with dementia will feed into research into voluntary organisations, NHS services and businesses themselves. BUDI plans to develop training to shape professional dementia care in the region. In the course of its research, BUDI's team will also interview the many tourist attractions that make up Bournemouth's seaside resort, such as the Oceanarium and venues such as tearooms, galleries, theatres and museums.

Dorset is home to one of the largest ageing populations in England and is a good place to start. Dorset also has the lowest rate of dementia diagnosis in the country, but not because of a shortage of people with the disease. Professor Innes estimates just one in four people with dementia in Dorset have actually been diagnosed.

"That's a shocking statistic. In other areas of the country about half the people with dementia are diagnosed, and if you don't have a diagnosis, you won't be able to access services and support. You might end up in a crisis situation because you and your family have not been able to plan for the future," she says.

Sometimes GPs are reluctant to give a diagnosis due to a lack of local services. A dementia label can also carry a stigma with families and communities – meaning people are reluctant to admit a problem, and doctors might be unaware of the level of care available. Sometimes

elderly people will already be in care homes, but labelled as 'pleasantly muddled,' rather than receiving a formal diagnosis.

A strong business case also exists for improving tourist facilities. Experts predict numbers of people with dementia will double over the next 30 years – currently the disease costs the UK economy an estimated £19 billion.

"If somewhere is labelled as [dementia](#)-friendly, it's good for the industry and people involved. Staff will be better trained and more aware – and that's good for levels of service overall," says Professor Innes.

Provided by Bournemouth University

Citation: Accessible tourism and dementia (2013, January 29) retrieved 11 May 2024 from <https://medicalxpress.com/news/2013-01-accessible-tourism-dementia.html>

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