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Spatial, social and organizational aspects of accessible tourism

Abstract

Tourism has many dimensions. Travelling provides a huge opportunity for people with disabilities. Disabled people often feel the most comfortable in their place of residence, place of work, natural environment associated with their routine. This is due the fact that said environment has already been accessed and personalized to their special needs. The farther from their natural environment, the more barriers a disabled person faces. Tourism has a spatial character, therefore it is related to movement. People with disabilities have the same motivation for travelling as healthy people, however, their full participation is often limited by numerous architectural, organizational, or even mental barriers, connected with their own concerns. Meanwhile, the number of people with disabilities is growing. Disturbing is also the increasing number of people temporarily disabled after strokes or hearth attacks. Tourism by movement allows to eliminate the unpleasant consequences of disability in both physical and mental terms. The purpose of this article is to present the spatial aspect of tourism of people with disabilities, the barriers that they face while travelling and leaving their customized environment. Additionally, the paper presents the role of tourism in the process of social rehabilitation of the disabled and their activation with the rest of society.

Key words: accessibility; disability; health impact; social impact; tourism; universal design

Introduction

Tourism for the disabled is starting to develop rapidly and currently it does not only constitute an attractive form of spending free time. However, it is mainly a form of rehabilitation or social activation. Disabled people have the right and they are willing to undertake the act of travelling like the rest of society (Darcy, Daruwala 1999). People with reduced mobility constitute a significant segment of the tourist market that cannot be ignored and, similarly as all other segments, has its own needs.

According to the estimates made by the World Health Organization, 10% of the inhabitants of the Earth, i.e. approximately 650 million people, experience various forms of disability. Pursuant to the information collected by the European Statistical Office in the states of the European Union there live about 81 million people with disability, i.e. 16.2% of the total population (www.epp.eurostat.ce.europa.eu).

Almost in each European country there is a percentage of people that have been diagnosed with mental or physical changes in the body structures (figure 1). Consequently, there are numerous people that are interested in accessible tourism and they are potential clients.

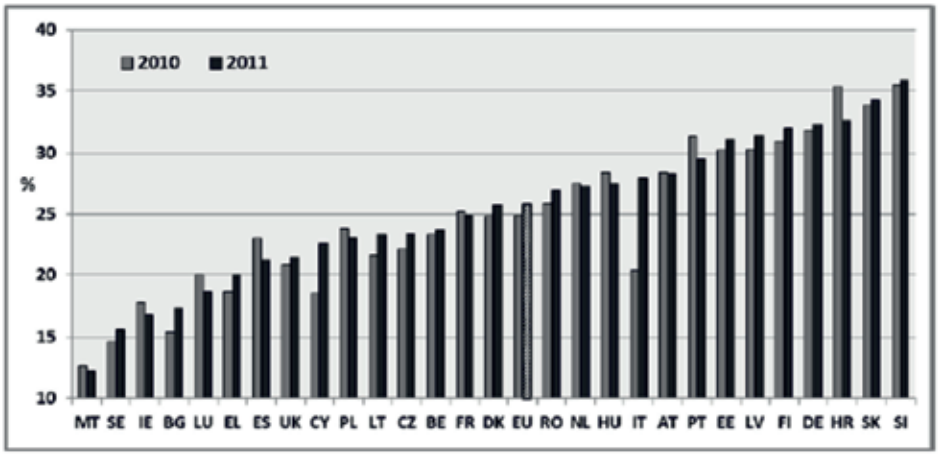

Fig. 1. Percent of people with disabilities by Member State; 2010 and 2011 (As a % of the same age group; age: 16+)
Source: Grammenos 2013

While travelling, each visitor encounters a lot of touristic barriers, however, it has been noticed that these barriers disproportionately affect the tourists with special needs such as the disabled (Kaganek 2007). Experiencing traveling by the disabled is often limited by physical accessibility of the barriers, such as: transportation, accommodation, adjusted seats, tourist attractions or information barriers, such as: general lack of information concerning the needs of the disabled and direct service of these special clients (Preisler 2011). This is often the result of badly-trained personnel. Therefore, tourists whose level of requirements regarding accessibility of particular service increases with their degree of disability often notice a decreasing level of the quality of service and amount of the adjusted services (Darcy 2010). Lack of information is considered to be one of the main causes that prevents disabled people from starting a journey. As a result, the organizational – legal, product, institutional changes facilitating social activation of people with dysfunctions by participating in tourism are necessary. This is all the more important since tourism is of significant importance in the life of the disabled, among others, it may become a factor hindering hypokinesia, it helps the disabled with integration and social activation and restores their psychophysical fitness, as well as it is a form of rehabilitation and has many other rehabilitation benefits (Halemba, Hermaciński 2009; Darcy 1998).

The objective of the article is to collect – in one paper – facts, theoretical foundations related to disability and accessible tourism. First of all, the author intends to discuss the social aspect, which is the importance of practising tourism for people with reduced mobility, their motivations and encountered barriers. The spatial aspect includes description of the population of the disabled in the world, whereas

the organizational aspect depicts the process and criteria of emerging and functioning of the segment of accessible tourism.

The main source of information was analysis of the literature, reports and other studies whose detailed list is included in the bibliography. The additional source of information was knowledge of the author – as a disabled person – who travels and experiences numerous aspects of accessible tourism on a daily basis. The spatial scope of the work includes the states of the European Union, which has served as an example to describe the population of people with reduced mobility.

Definition of disability

There is a problem with the clarification of the definition of disability, as the impairment can have different character and background. It may be connected with the aging of the population, the development of industry, communication, technological progress (increased number of accidents). Another factor may be an unhealthy lifestyle – lack of exercise, poor working conditions – or even birth defects. Depending on the above-mentioned reasons, disability may have a different character. Thus, the explanation of the phenomenon of disability is difficult, as it is reflected in various aspects of life, such as: medical, social, economic, emotional, psychological or legal.

The most common terms that are associated with disability are: invalid, cripple and handicap, but now cripple and invalid often are regarded as unfair, hence for people with health problems it is better to use the term "a disabled person" and for health defects the term "disability" (Darcy 1998).

According to the World Health Organization, which has adopted and announced the International Classification of Damage, Disabilities and Handicaps, disability is a biological concept which can have three dimensions:

- damage (impairment) – means any lack or abnormality of organs, their anatomical structure and also lack or dysfunction of the body's physical or psychological functions,
- functional disability (disability) – means any restriction or lack, resulting from damage of the ability to perform activities in the manner and the range considered as a normal for a human being,
- social impairment or disability (handicap) – means less privileged or less favorable situation of a person, resulting from damage and functional disability that limits or prevents the fulfillment of roles related to age, gender or social and cultural situation (Barczyński 1993),
- possibilities and limitations of people with disabilities with various types and degrees of disability define, for example, types of tourism and level of access that they can have. These conditions depend on disability, which can be divided into four types,
- people with sensory disabilities,
- people with physical disabilities,
- people with mental disabilities,
- people with disabilities complex, affected by more than one type of disability.

Population of people with disabilities

According to the estimates made by the World Health Organization, 10% of the inhabitants of the Earth, i.e. approximately 650 million people experience various forms of disability. Children constitute 200 million of the abouve-mentioned number. However, due to imperfect system of jurisprudence and registration of disability in many countries, particularly those least-developed countries, it is not possible to determine the precise number and structure of the disabled. The percentage of the disabled in particular countries ranges from several to several dozen of percent.

Tab. 1. Percentage of people with disabilities by Member State. gender and age group (Age: 16+)

	Prevalence by gender As a % of the same gender			**Prevalence by age group As a % of the same age group**			**Prevalence by degree As a % of the same age group**		
	Females	Males	All	Age : 16-64	Age : 65+	All	Strongly limited	Limited	Not limited
European Union	28.3	23.1	25.8	17.9	54.2	25.8	8.3	17.5	74.2
Belgium	26.3	21.1	23.7	17.5	47.6	23.7	8.4	15.3	76.2
Bulgaria	19.0	15.7	17.4	10.6	41.7	17.4	4.1	13.3	82.6
Czech Republic	25.2	21.4	23.6	16.5	48.5	23.6	6.1	17.5	76.5
Denmark	30.5	21.1	25.9	24.5	30.5	25.9	7.7	18.2	74.2
Germany	33.7	30.8	32.3	23.7	59.7	32.3	10.0	22.3	67.7
Estonia	33.9	27.8	31.3	21.8	67.4	31.3	8.6	22.7	68.8
Ireland	17.3	16.7	16.9	12.7	39.2	16.9	4.9	12.0	83.0
Greece	22.4	17.7	20.1	9.2	54.6	20.1	8.6	11.5	79.9
Spain	24.0	18.5	21.3	13.1	52.8	21.3	4.8	16.5	78.7
Greece	27.2	22.5	24.9	17.5	51.6	24.9	9.3	15.6	75.1
Croatia	33.4	31.7	32.6	22.2	56.5	32.6	7.7	24.9	67.4
Italy	31.5	24.2	28.0	16.3	62.6	28.0	8.8	19.2	72.0
Cyprus	24.8	22.0	23.5	16.1	61.9	23.5	10.3	13.2	76.5
Latvia	35.1	27.0	31.5	20.9	70.1	31.5	6.6	24.9	68.4
Lithuania	27.4	21.0	24.5	14.1	60.7	24.5	8.0	16.5	75.5
Luxembourg	20.2	17.2	18.7	14.9	37.4	18.7	6.0	12.7	81.3
Hungary	30.7	24.1	27.6	19.3	62.1	27.6	8.1	19.5	72.4
Malta	14.0	10.6	12.3	6.7	36.8	12.3	3.9	8.4	87.7
Netherlands	32.0	22.1	27.3	22.6	46.4	27.3	6.2	21.1	72.7
Austria	30.6	26.0	28.4	21.2	55.4	28.4	9.4	19.0	71.7
Poland	24.4	21.7	23.1	16.5	54.0	23.1	7.3	15.8	76.9
Portugal	34.3	24.4	29.6	19.6	53.4	29.6	9.3	20.3	70.5
Romania	31.6	22.2	27.1	17.6	68.8	27.1	8.2	18.8	73.0
Slovenia	38.6	33.2	36.0	29.8	64.1	36.0	13.0	23.0	64.0
Slovakia	38.4	30.3	34.5	25.9	79.0	34.5	10.2	24.3	65.5
Finland	35.1	29.1	32.1	25.9	54.6	32.1	7.7	24.4	67.8
Sweden	18.6	12.6	15.7	12.5	26.2	15.7	6.4	9.3	84.3
United Kingdom	23.5	19.4	21.5	16.5	40.8	21.5	9.1	12.4	78.5

Source: European Commission 2014

The statistics of the number and structure of people with dysfunctions in the states of the European Union are kept relatively well, however, there is no uniform European Union system of nomenclature and registration of disability (table 1). Pursuant to the information collected by the European Statistical Office in the states of the European Union there live about 81 million people with disability, i.e. 16.2% of the total population (World Health Organization 2011).

Tourism and tourism industry segmentation

Complexity of the nature of tourism makes it difficult to work out a single comprehensive definition and classification of tourism. Przecławski (1979) described tourism as a social phenomenon covering all types of spatial mobility related to voluntary temporary change of place of residence, rhythm and life environment and getting into personal contact with the visited environment. However, Hunziker (1951) thinks that tourism is the whole of relations and phenomena resulting from the visitors' travelling and staying in a specific place if there is no attempt at residing and undertaking employment. In 1993 World Tourism Organization finally defined tourism as the whole of activities of people travelling and staying outside their daily environment not longer than a year for relaxation, business, and other purposes.

The tourism sector is not uniform, therefore it is segmented into smaller units. The aim of division into segments is to determine the characteristics of needs and consumption behaviours for optimization of the tourist offer and forming the value chain. In the process of segmentation of the tourism market four classes of indicators, applied separately or in a specific combination, are usually used. They help to describe new product, services and possible customers. Due to them, the statistical point of view is determined. The elements distinguished by M.E. Porter (2006) are:

- variant of the product,
- type of buyer,
- distribution,
- geographical location of the buyer.

Referring to the above-mentioned, within the tourism industry we can distinguish the market of tourism of the disabled that requires particular individualized kinds of services/products, possesses a specific type of the customer that people with dysfunctions are. Taking into consideration location and distribution it assumes global scale, due to which by assumptions travelling can take place without barriers all over the world.

Application of data regarding the needs of the disabled on the tourist market – encountered barriers and limitations – in the process of personalization of the information is transformed into knowledge and, subsequently, into wisdom. Productive application depends on effective management of knowledge, as well as it creates innovations facilitating for the disabled travelling without barriers.

A.-M. Hjalager (2010) distinguishes five types of innovations in tourism: product (service) innovations, process innovations, innovations in management, marketing innovations and institutional innovations (figure 2). They also refer to the tourist market of the disabled. Through modernizations a marginalized social group that

disabled people constitute may participate in the tourist activities and take advantage of available services and products completely.

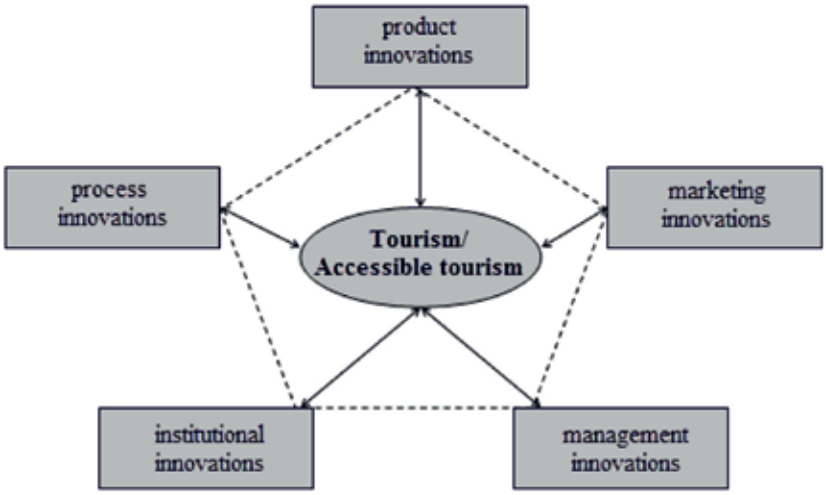

Fig. 2. Types of innovations in tourism
Source: based on: Hjalager 2010: 1–12

Tourism for people with disability – impact, goals and barriers

Tourism of the disabled means physical activity that is intended, deliberate, adjusted to the needs, accomplished in various forms of travelling. Tourism constitutes a kind of human activity that can fully satisfy the motor, mental and intellectual needs. Combined with sightseeing it becomes a passion that is aimed at getting to know and discovering new things, places, regions, both of the country and the whole world. Forms of tourist activity can be extremely various. They depend on interests, culture, environment where the person was brought up, system of values, attitudes (Prokopiuk 2005).

A significant advantage of tourism is the fact that people of various age possessing all categories of disabilities can undertake it. Both blind and deaf people as well as those with motor or mental disorders can participate in it (Prokopiuk 2005). Due to these possibilities and universal nature of tourism it becomes a great alternative for common rehabilitation exercises at the gymnasium.

The influence of tourism on the disabled can generally be divided in the following way:

- physical – rehabilitation of the body, improving physical fitness, improving shape, recreation, rejuvenation,
- mental – opportunity for self-fulfilment, experiencing joy, overcoming difficulties, combating fear, intellectual development,

– social – integration with others, acquiring the skills of making and maintaining contacts, social bonds, developing the proper practices of social behaviours (Halemba, Hermaciński 2009).

Furthermore, Łobożewicz (1991) distinguishes the following objectives that are set to tourism of the disabled:

– therapeutic target – continuation of the program of treatment and rehabilitation by participating in tourism, provided that tourism is adjusted to the type of disability, health condition, age, interests of the person and effects on his/her psychophysical fitness,
– biological target – tourism accelerates treatment processes as well as it decreases the effects of aging of the body and impedes the intellectual degradation,
– anatomical and physiological target – through touristic activity muscle strength is increased and the joints are also rehabilitated. By influencing the basic functions of the body, the systems: the nervous system, the circulatory system and the respiratory system the following take place: general improvement of psychophysical condition, as well as prevention of muscle contractures and atrophy. The impression of a partial decrease in disability effects and an increase in endurance to effort appears,
– hygienic and health target – practising tourism allows to strengthen the body and influences the ability to control the person's health condition. Furthermore, taking into account this aspect tourism constitutes an attraction in daily physical exercises,
– educational and psychological target – sports and touristic activities develop positive features of the character shaping the models of behaviour, teach empathy, as well as overcome apathy caused by disability,
– hedonistic target – tourism may give joy and satisfaction, moreover it is not boring and it fulfills similar functions as gymnastics,
– social target – by participating in tourism disabled people have the opportunity to integrate with society, make new social contacts, exchange experiences due to engaging in social and cultural life, as well as socializing.

However, the most frequent motivation of the disabled to undertake touristic activity is the desire to experience positive emotions related to movement. This, at the same time, is a key psychotherapeutical element. By practising tourism the disabled overcome their own weaknesses, set high and ambitious targets. Irrespective of the psychophysical rehabilitation, the objective of tourism of the disabled is to draw them out from the social isolation, stop monotony of the daily life, provide mental experiences, stimulate willingness to live (Prokopiuk 2005). However, despite these noble objectives of tourism for disabled people, they encounter numerous barriers. Said barriers are one of the causes of stagnation in the number of people with dysfunctions undertaking touristic activity. The inflow of the new ones who would like to practise tourism is minimal due to this (Preisler 2011). By analyzing the literature of the subject – concerning the barriers – they are most comprehensively described by Dłużewska (2011) after R. W. Smith distinguishing three main categories:

– internal – the ones that lie within the disabled themselves, related to the mental and physical condition. They directly result from possessed disability, but they can also be an effect of the health condition. This category includes limitations

in access to knowledge and awareness, health problems, problems with interpersonal contacts, as well as mental and physical dependence on others.
- environmental – imposed on the disabled by external conditions of the environment they live in. First of all, this includes attitudes of the society, ambivalence of their behaviours. Preisler (2011) adds that a disabled person evokes numerous emotions in the society, from the negative to the extremely compassionate. This frequently has a depressing influence and causes an escalation of this barrier. Additionally, this category includes architectonic and ecological barriers, as well as legal transport regulations.
- interactive – the interaction between the environment and the disabled in the physical and social meaning. We can distinguish communication barriers related to the lack of proper skills necessary to undertake a specific touristic activity or barrier in communication.

Furthermore, Wołowiec (2011) distinguishes the financial aspect as another barrier. He notices that with regard to tourism the fact that most frequently four-star or five-star hotels are adjusted to the needs of people with dysfunctions who cannot often afford them as they usually live on the allowance is a paradox. Taking into account the entitlement for significant reliefs the disabled should not have a big financial problem with undertaking travelling. However, the reality is different as de facto these people pay more for their holiday than healthy people. This results from high costs of transport to the tourist facility or possessing specialised tourist equipment.

During the period of the last years there has been a significant change in terms of the tourist facilities that have amenities for disabled people. Since 2010 the number of the specific amenities has increased considerably as accessibility is the main point of the strategy of development of the European Union (European Commission 2012).

Good practices in tourism development for people with disabilities and universal design principles

The society of the whole world has noticed the necessity of dealing with the problem of tourism for the disabled. There are more and more services, tourist products adjusted to the needs of people with dysfunctions. The relatively best situation in this aspect is in the most economically and socially developed European countries, such as: Sweden, Germany or Italy (Grabowski 2008). Ideas aiming at equality and equalization of the chances for travelling of the disadvantaged social groups initiated by the member states of the European Union have spread all over the world and they have been developed in a creative way.

The prototype of all projects related to accessibility of tourism for the disabled is the concept ‚Tourism for Everybody' started in Great Britain in 1989. The intention was to aim this initiative at facilitating travelling. Everybody – regardless of type of disability – should be able to travel all over their country or leave for another country and see various places, tourist attractions or take part in various events.

Numerous organizations and institutions undertake activities aiming at improving the present status of a still marginalised social group that disabled people constitute. These activities have various assumptions and character, however, they

are based on knowledge and wisdom. Apart from the individual or local adjustment of the tourism services a wide range of world-wide projects are started. They are created with a view making them available for all users, regardless of their health condition, age, gender, etc., therefore they are universal.

Universal design is often used as a slogan which exactly is „an approach to the design of all products and environments to be useable by everyone, to the greatest extent possible, regardless of age, ability or situation. It serves people who are young and old, with excellent or limited abilities, in ideal or difficult circumstances. Universal Design (UD) benefits everyone by accommodating limitations" (Tourism Center, University of Minnesota 2008). When designing any product or environment you must take into consideration many factors including aesthetics, engineering options, environmental issues, or even safety concerns, and cost (Intarapasan 2009).

The concept of „Universal Design" is often used interchangeably with „Inclusive Design", „Barrier-Free-Design", „Design-For-All" (Donelly 2003). Most people upon hearing „Universal Design" think that this is something related to making building more accessible, but in fact, not only this. „It is not a design style but an orientation to any design process that starts with a responsibility to the experience of the users" (Intarapasan 2009, p. 83). There are 7 Principles of Universal Design, which allows to inderstand the process of customization should be done properly (Mace, Hardie, Place 1991) (table 2).

Tab. 2. The Universal Design Principles

Principles One: Equitable Use	**Guidelines**
The design is useful and marketable to people with diverse abilities.	1a. Provide the same means of use for all users: identical whenever possible; equivalent when not. 1b. Avoid segregating or stigmatizing and users. 1c. Provisions for privacy, security, and safety should be equally available to all users. 1d. Make the design appealing to all users.
Principle Two: Flexibility in Use	**Guidelines**
The design accommodations a wide range of individual preferences and abilities.	2a. Provide choice in methods of use. 2b. Accommodate right – or left – handed access and use 2c. Facilitate the user's accuracy and precision. 2d. Provide adaptability to the user's pace
Principle Three: Simple and Intuitive Use	**Guidelines**
Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.	3a. Eliminate unnecessary complexity. 3b. Be consistent with user expectations and intuition. 3c. Accommodate a wide range of literacy and language skills. 3d. Arrange information consistent with its importance. 3e. Provide effective prompting and feedback during and after task completion.
Principle Four: Perceptible Information	**Guidelines**

The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.	4a. Use different modes (pictorial, verbal, tactile) for redundant presentation of essential information. 4b. Provide adequate contrast between essential information and its surroundings. 4c. Maximize „legibility" of essential information. 4d. Differentiate elements in ways that can be describe (i.e., make it easy to give instructions or directions) 4e. Provide compatibility with a variety of techniques or devices used by people with sensory limitations
Principle Five: Tolerance for Error	**Guidelines**
The design minimizes hazards and the adverse consequences of accidental or unintended actions	5a. Arrange elements to minimize hazards and errors: most used elements, most accessible; hazardous elements eliminated, isolated, or shielded. 5b. Provide warnings of hazards and error. 5c. Provide fail safe features. 5d. Discourage unconscious actions in task that require vigilance.
Principle Six: Low Physical Effort	**Guidelines**
The design can be used efficiently and comfortably and with a minimum of fatigue	6a. Allow users to maintain a neutral body position. 6b. Use reasonable operating forces. 6c. Minimize repetitive actions. 6d. Minimize sustained physical effort.
Principle Seven: Size and Space for Approach and Use	**Guidelines**
Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, p[posture, or mobility.	7a. Provide a clear line of sight to important elements for any seated or standing user. 7b. Make reach to all components comfortable for any seated of standing users. 7c. Accommodate variations in hand and grip size. 7d. Provide adequate space for the use of assistive devices or personal assistance

Source: Intarapasan 2009

Conclusion

Societies are more and more aware of the needs of those who experience limitations in mobility, discovering places and pleasures that travelling brings. The process leading to the accessibility of tourism is very important as it constitutes an integral part of economy and society. Taking into account the present situation regarding demand and supply for travelling it is vital to make tourism accessible for a significant number of potential tourists that the disabled people are. This can be accomplished by providing accessibility of services for all types of requirements of the customers, depending on the type of their impairment. Access to tourism, various types of products and services related to it should be the norm and not the exception. Accessible tourism that has the unifying theme of universal projecting

is developing. By making tourism for the disabled accessible their social activation takes place and their self-esteem is boosted. Furthermore, by travelling which is pleasant they improve the conditions of their health, as tourism constitutes a form of rehabilitation for them.

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