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## *ACCESSIBLE TOURISM IN THE ITALIAN DESTINATION*

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### **ABSTRACT**

The aim of the study is to investigate the advantages and the obstacles relating to accessible tourism. Disability is a phenomenon that receives a growing academic and government attention for a number of demographic and social factors. The number of people with disabilities is expected to increase. Accessible tourism represents a challenge and an opportunity to organizations and destinations to combine tourism quality and growth with social justice.

This study reviews the literature on the main constraints to tourism for persons with disabilities and on patterns of accessible tourism. With regard to this aspect, a specific focus on the “state-of-the-art” of the Italian destination is made. The study documents disability tourism policy and provides a picture of the perception of the tourist industry in serving tourists with disabilities. The survey is enriched by the analysis of a successful Italian case, aiming at evaluating best practices worthy of being replicated and emulated everywhere. The history of the social cooperative “Independent L” well embodies the new cultural lens through which to view tourism from a disability perspective.

Results of research suggest that tourism accessibility is not only a goal to be achieved through measures of an architectural nature, but first and foremost is a civil, social and cultural goal. Providing opportunities for tourism in full accessibility is not only a correct

action from the point of view of universal principles enshrined in the UN Convention, but it is above all an intelligent and forward-looking strategy, full of advantages, including economic benefits.

The research underlines the urgent need for education and training on tourism accessibility, since knowledge is the most efficacious means of changing attitudes towards people with disabilities, so that equal dignity and opportunity among citizens are guaranteed.

**Key Words:** Accessible tourism, Best practice, Italy, Persons with disabilities

## **INTRODUCTION**

The purpose of this paper is to provide a contribution to the development of inclusive practices in the tourism field, by explaining why and how a much more detailed understanding and catering to the needs expressed by people with disability (PwD) are indispensable.

Despite the rising number of PwD, Destination Management Organisations fail to adequately address the needs of stakeholders with more limited abilities.

Many people with disabilities would like to visit places or destinations with specific objectives: many do but then are disappointed by the difficulties encountered, the low accessibility and usability experience, while others, informed and documented, give up and change the destination of their travel to other destinations.

To meet the demands of PwD involves financial effort, but the costs of compliance associated with accessible tourism criteria are small in comparison to the potential and remarkable benefits gained.

Accessible tourism offers an opportunity for organizations and destinations to gain a competitive advantage, in full respect of sustainable tourism. "Sustainable tourism" has been defined as tourism based on the principles of sustainable development; it is a form of tourism "that takes account of its current and future economic, social and environmental impacts, addressing the needs of visitors, the industry, the environment and host communities" (United Nations Environment Programme & United Nations World Tourism Organization, 2005, p. 12). Sustainable tourism encompasses the economic, social and environmental dimensions of tourism development. Accessible tourism is as yet a neglected and underestimated area of sustainable tourism (Darcy et al., 2010).

In order to identify and explore the requirements of accessible tourism and their subsequent effectiveness, a qualitative, conceptual and empirical approach is employed. First of all a brief conceptual and terminological framework about disability and accessibility is provided, without omitting some worrying figures. To highlight crucial issues and challenges for the tourist industry, the literature is analyzed, selecting those researches more attentive to identifying the main issues of accessibility. The Italian situation with regard to accessible tourism is then described. For a mature destination like Italy, the real challenge will be to transform the culture of accessibility in a point of strength, in an asset, and in an item of excellence to be competitive and really welcoming. Finally the paper presents an interesting case of Italian best practice with regard to inclusive tourism. The business case intends to show that it is possible to create economic value (doing business), with the option to also create social value (doing good).

In summary, the study has the potential to contribute to enhancing awareness of importance and benefits of accessible tourism.

## CONCEPTUAL AND TERMINOLOGICAL FRAMEWORK

First of all, it behoves to remember the right meaning of disability, as conceptualized by the World Health Organization (WHO) according to the *International Classification of Functioning, Disability and Health* (ICF). The WHO (2001) defines disability as “the outcome or result of a complex relationship between an individual’s health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives”. In accordance with the WHO definition, article 1 of the Convention on the Rights of Persons with Disabilities (UN, 2006) specifies that “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. Both international organizations (the WHO and the UN) interpret the disability as a special “relationship” between a “health condition” (disorder or disease) and “the environment” (in the broad sense). Corollary to this “relative” notion of disability is the affirmation of a much more operational model, since the room for manoeuvre for qualitatively and quantitatively reducing the cases of disability increases greatly. In fact, by interfering on “environment”, that is, on one of the two terms of the relationship from which disability arises, it is possible to remove or alleviate many causes of the disability itself (Angeloni, 2011).

A person’s environment has a huge impact on the experience and extent of disability. A deaf individual without a sign language interpreter, or a wheelchair user in a building without an accessible bathroom or elevator, or a blind person using a computer without screen-reading software are all examples of the possible negative impact of the

environment. Inaccessible environments create disability by creating barriers to participation and inclusion.

Therefore, as argued by Barnes (1996, p. 43), the exclusion and the segregation of people with impairments from participation in mainstream activities are not a result of the person's impairment but a function of the disabling social environments and prevailing "hostile social attitudes".

So, it would be more correct to speak about "disabling environments" rather than about persons with disabilities.

The way that disability is conceptualized and the consequent attitudes have a profound effect on society and people with disabilities, because these factors influence the level of accessibility.

"Accessibility" is a term that has a common meaning as well as specific meanings in different contexts. According to the everyday meaning (see *Oxford Popular Dictionary and Thesaurus*, 1998) the adjective "accessible" is synonymous to "approachable, at hand, attainable, available, close, convenient, handy, and within reach". In its specific meaning useful for the theme here treated, "accessibility is a relative concept, implying that accessibility problems should be expressed as a person-environment relationship" (Iwarsson & Stahl, 2003, p. 61). A word often used in parallel to accessibility is "usability", a concept implying "that a person should be able to use, i.e., to move around, be in and use, the environment on equal terms with other citizens. ... Usability is mainly subjective in nature, taking into account user evaluations and subjective expressions of the degree of usability. Usability is a measure of effectiveness, efficiency and satisfaction" (Iwarsson & Stahl, 2003, p. 62). Another common term is "universal design", synonymous to "design for all". Generally, "while accessibility and usability are usually used to determine the observed performance, with usability being more centered on individual interpretation, universal design is highlighted as a more process-oriented approach instead of a focus on results. At its core, universal design addresses the inclusion of the entire population, incorporates aspects of accessibility and usability from the beginning and represents a less stigmatizing concept" (Eichhorn & Buhalis, 2011, pp. 47-48).

Disabling conditions arise from a variety of impairments, among which the most evident types are physical, sensory, cognitive, and communication impairments. However, disabling conditions also arise from less evident impairments (or hidden health problems), like heart disease or low blood pressure. For tourists with disabilities the factors that are the most significant for accessibility vary according to the kind of disabilities (Israeli, 2002).

Documenting the actual number of people with disabilities is problematic. However, according to the first *World Report On Disability*, produced by WHO (2011) in partnership with the World Bank, over a billion people, or about 15% of the world's population, were estimated to be living with disability. This percentage is higher than WHO estimates from

the 1970s, which suggested a global prevalence of around 10%. The most recent figures show therefore a phenomenon which is certainly not marginal, and growing.

The number of people with disabilities is expected to increase. This trend on the one hand is the result of increasing life-span due to the progresses of medicine and medical technology that reduce the mortality rate, but also increase the number of people able to live with chronic diseases. On the other hand the population with disabilities "is increasing given the greater vulnerability of modern daily life to various dangers such as industrial and natural disasters, diseases, traffic accidents, addiction to drugs and/or alcohol, violence, and pollution" (Lee et al., 2012, p. 569).

Therefore, it would be a mistake to consider accessible tourism as a niche market. Older people, who increasingly want (and are able) to travel, "will soon make up 25% of the European population. Added to this are around 50 million people with disabilities in Europe who wish to enjoy holidays with their family and friends. Thus, it is estimated that as many as 130 million people in Europe alone will benefit from improved access to travel and tourism services. Making tourism accessible for all is a rational response to a foreseeable demographic trend, and a massive economic opportunity for the tourism sector" (Ambrose, 2012, p. 20). As a consequence, the real market of accessible tourism is far from modest.

In addition, it should not be forgotten that PwD often travel with others, that is they are accompanied by someone or even by their all family (Huh & Singh, 2007; Jo et al., 2004).

Therefore, the tourism market must be better understood including a broader and more general world of needs, taking into account not only the people who have evident disabilities (such as a motor, sensory, cognitive, or health problems), but, for example, also people who have eating difficulties such as in celiac disease or intolerance to certain foods, or who must follow a low-salt or other diet. Then there are the people who are "tired", due to illness or age or stress or allergies or depression and, besides the elderly, there are the children, the mothers pushing strollers, the pregnant women and much more.

The final satisfaction of these important customers depends highly on the ability of organisations to offer services that are personalized and disability tailor-made.

If tourism requires hospitality, intended as a privileged way of interpersonal meeting marked by the welcoming attitude towards the other (dos Santos & de Carvalho, 2012), then inaccessible tourism is almost an oxymoron.

## **LITERATURE REVIEW**

Given the significant and growing size of PwD, for the last three decades tourism researchers are increasingly turning their attention to the themes of accessibility and mobility for all.

Reasons of economic, ethical and legal order explain the interest of the scientific community in accessible tourism. From the economic point of view, it is evident that it is advantageous to serve tourists with disability, transforming a potential demand in an effective demand. From the ethical point of view, a greater awareness of human needs has allowed the consideration of the tourist experience as an issue of equity and social justice. As consequence of the last point, more and more laws and codes of practice for different sectors are being drawn up in order to ensure the respect of the right to a tourism experience, in the form of accessible tourism.

“Accessible tourism is a form of tourism that involves collaborative processes between stakeholders that enables people with access requirements, including mobility, vision, hearing and cognitive dimension of access, to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments. This definition adopts a whole of life approach where people through their lifespan benefit from accessible tourism provision. These include people with permanent and temporary disabilities, seniors, obese, families with young children and those working in safer and more socially sustainable designed environments” (Darcy & Buhalis, 2011, pp. 10-11).

Accessibility meets the needs of people with disabilities, but also of the elderly population that often has restrictions in movement, hearing capacity, eyesight, balance, memory and ability.

Only a wider consideration of constraints may lead to a better understanding of tourist motivation, decision-making and destination image (Darcy, 2010; Jenkins, 1999; Woodside & Lysonski, 1989; Yau et al., 2004).

Typically tourism participation of PwD runs up against a “plethora of barriers”, among which: a lack of information on accessibility and accessible facilities; a difficulty in finding accommodation which is really and totally accessible (because “accessible” is not always accessible, especially when it comes to hotels); a difficulty in booking accessible accommodation even when it did exist; a lack of carers or additional costs for care givers; site inaccessibility and scant information about accessible sites; economic constraints. The last point stresses that, for some people with disabilities, holidays are not possible because of financial restrictions. Financial restrictions “are clearly associated with disabilities in that these restrict access to the world of work” (Shaw & Coles, 2004, p. 402).

In addition, for individuals with disabilities, negative attitudes are the hardest barrier to overcome (Schleien et al., 1997). Several studies revealed that for PwD non-physical elements of the tourism environment, such as staff attitudes towards disability as well as limited opportunity for interaction with other people, were major constraints in achieving a full tourism experience. This thought is shared by some authors, who point out that “all sectors in the tourism system need to work towards dismantling negative attitudes that are a major barrier to tourism participation for individuals with a disability” (Eichhorn & Buhalis, 2011, p. 50).

Accessible tourism means to remove these concerns and break down barriers to the full tourism experience.

Many researchers have investigated and well-documented problems that PwD encounter with the tourism experience, providing some classification or categorization of types of constraints.

Smith (1987) provided the first examination and categorisation of barriers to leisure-travel for people with disabilities. He identified three dimensions of constraints:

- *intrinsic* barriers, resulting primarily from the tourist's own levels of cognitive, physical, and psychological function;
- *environmental* barriers, consisting of externally imposed limitations and including attitudinal constraints, architectural constraints, ecological constraints, transportation constraints, rules and regulations constraints;
- *interactive* barriers, resulting from the reciprocal interaction between the tourist and the immediate milieu, with focus on interaction of the host and the guest and possible communication concerns.

Crawford et al. (1991) examined a “hierarchical” order of three constraints that influence leisure participation or non participation: *intrapersonal* constraints, followed by *interpersonal* constraints, and finally the *structural* constraints. *Intrapersonal* constraints refer to psychological conditions that are internal to the individual such as personality factors, attitudes, or more temporary psychological conditions such as depression or mood. *Interpersonal* constraints regard those constraints that arise out of interaction with others such as family members, friends, co-workers and neighbours. *Structural* constraints include such factors as the lack of opportunities or the cost of activities that result from external conditions in the environment. According to the model of Crawford et al., *intrapersonal* constraints that affect leisure preferences occur first. Right after intrapersonal constraints, *interpersonal* constraints take place, which influence interpersonal compatibility. Finally, participation or non-participation is dependent on *structural* constraints. The model elaborated by Crawford et al. was later tested, revised and modified by other researchers.

Turco et al. (1998) identified constraints for PwD within four major tourism sectors and distinguished barriers concerning *attractions* (e.g., site inaccessibility), *information* (e.g., unreliable and inaccurate information sources about a destination and its accessibility), *transport* (e.g., difficulty in transferring between flights, inaccessibility of airplane restrooms), and *accommodation* (e.g., inaccessible rooms and bathrooms, restrictive appliances such as lamps and TVs, and front-desk counters that were too high).

McKercher et al. (2003) identified a number of exogenous obstacles that may inhibit travel, limit options or reduce satisfaction. Such obstacles include:

- *architectural* barriers, such as steps, inaccessible washrooms, inaccessible hotel accommodations, etc.;
- *ecological* barriers, such as uneven footpaths, tree roots and other exterior obstacles;
- *transportation* barriers, especially of the local transport variety including cars, buses and taxicabs;
- *legal* barriers, when rules or regulations prohibit people with disabilities from bringing needed equipment with them;
- *communication* difficulties, both in the individual's home and at destination;
- *attitude* barriers, due to negative attitudes from service providers;
- *information* barriers, due to inaccuracy of data about site accessibility.

McKercher et al. (2003) analyzed the constraints encountered by people with disabilities when they use travel agents. In particular, travel agents result inadequate to satisfy the needs of PwD for *attitudinal* reason (unawareness of the needs of PwD) and for *structural* reasons (inability to provide products that suit clients' needs and a preference to sell the standardized tourism package). The paradox is that travel agencies, instead of representing a facilitator, end up being another barrier for PwD. Also Takeda & Card (2002) recognized an indispensable role and significant benefits to travel agencies and tour operators that specialize in organizing package tours for clients with disabilities.

Other authors focused their analysis on travel-related constraints (Cavinato & Cuckovich, 1992; Chang & Chen, 2011, 2012; Poria et al., 2010). Other researchers studied in depth the experience linked to the visit of museums (Diamond, 1999; Poria et al., 2009). Others analyzed the accessibility of accommodation facilities (Darcy, 2010; Darcy & Pegg, 2011; Ozturk et al., 2008; Papamichail, 2012; Peniston, 1996).

According to Buhalis & Michopoulou (2011) the disabled/ageing population market has three basic requirements, namely:

- accessibility of physical/built environment;



- information regarding accessibility;
- accessible information online.

PwD must resolve a number of architectural obstacles that may inhibit travel, limit options or reduce satisfaction. Accessibility involves a range of physical barriers, both in public and private spaces.

PwD “need to identify information on accessibility to scenic spots, toilets, hotel accommodation, and transportation, as well as availability of assistance and presence of travel partners” (Yau et al., 2004, p. 954).

Information and Communication Technologies (ICTs) have increased the frequency of tourist travel from the major generating regions. But ICTs are an even more crucial tool for PwD, who often use technology to compensate for the areas of functioning that they are lacking. It follows that tourists with disabilities provide the important function of stimulus, pushing organizations to be at the forefront in terms of ICTs and assistive technologies (Pühretmair & Buhalis, 2008).

However technology, depending on its configuration, can be not only a facilitator, but a barrier instead, with the consequence that technological constraints become another, and more modern, barrier for PwD. Unfortunately, web surfing is often still a barrier for people with disabilities (Michopoulou et al., 2007). “Examples of the physical barriers include: low vision users will need large text or spatial adjustment, blind people will require screen readers, color-blind users will need adequate contrast of text and background colors, and deaf people should have visual displays rather than pure audio presentations” (Buhalis & Law, 2008, p. 616). Nevertheless, technology, if well designed, can be a useful facilitator. The compliance with the standards defined by World Wide Web Consortium (W3C) and the assistive technologies allow PwD to access web information. Therefore, tourism web planners should take account of the needs of every group of users, so as to design the websites to address inclusion.

The quality of information provided can also be improved by Virtual Reality (VR), that can be defined as “the use of a computer-generated 3D environment – called a ‘virtual environment’ (VE) – that one can navigate and possibly interact with, resulting in real-time simulation of one or more of the user’s five senses” (Guttentag, 2010, p. 638). VR’s capacity to facilitate access to sites can benefit everyone, but this capacity is particularly beneficial for individuals with disabilities. For example, when physical access barriers cannot be easily eliminated due to large costs or conservation requirements (such as in historical heritage sites), visitors with disabilities can enjoy alternative forms of access provided by VR.

Obviously, the final purpose must be to provide an overall experience which is satisfying to the visitor with disabilities. As argued by Ambrose et al. (2012), all aspects of the accessible tourism value chain must be considered to well cater for PwD’s needs because

only a *comprehensive accessible experience* increases loyalty of visitors and profitability of service providers. “Accessible hotels, restaurants, museums and other visitors attractions must not be isolated ‘oases of accessibility’ within otherwise inaccessible landscapes; they must be physically joined up by accessible routes and transport systems. Moreover, destination management organizations must advertise the existence of accessible facilities and attractions through regular marketing channels in order to attract customers” (Ambrose et al., 2012, p. 6).

The true genesis of inaccessible and hostile tourism is probably to be found in a cultural issue: “the service providers in the tourism industry are given very little education and training concerning legislation, access provision, and service related to people with disabilities” (Daruwalla & Darcy, 2005, p. 550).

### **ITALIAN POLICY ON ACCESSIBLE TOURISM**

Generally, in Italy accessible tourism is being facilitated by a good legislation. Accessible tourism is a topic which has received increasing attention, above all since the late 1990s. Focusing the analysis on the most recent period, some important steps are to be noted.

In 2009 Italy ratified the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol, adopted by the UN General Assembly on December 13th 2006.

To guarantee the implementation of the UN CRPD, a national law (article 3 of Law of 2009, no. 18) established the National Observatory on the Condition of Persons with Disabilities. The Observatory is a consulting body that provides technical and scientific support for the elaboration of National policies in the field of disability.

In October 2009 the Minister for Tourism created the “Accessible Tourism” ministerial Committee. This Committee drafted the “Manifesto for the Promotion of Accessible Tourism”. The Manifesto contains ten fundamental principles, as illustrated by Figure 1. In March 2011 European Network for Accessible Tourism (ENAT) undersigned the Manifesto, committing to promote its contents in all 27 EU Nations.

Moreover, on September 27th 2012, Italy signed the adoption of the Global Code of Ethics for Tourism (Angeloni, 2012).

Also in 2012 a Ministerial Decree established a Committee for the Promotion and Development of Accessible Tourism. In 2013 the Prime Minister’s Office & Mission Office for Enhancing Italy’s Image (PMO et al.) elaborated and published the first “White Paper on Tourism for All in Italy”, entitled “Make it accessible”.

The White Paper is a novelty to Italy and contains 360 best practices and projects related to accessible tourism, which show that Italy has been promoted among the destinations available worldwide. Below a summary of this White Paper is provided.

To quantify Italian people with disabilities, the White Paper uses the main source of data, represented by the study “Social inclusion of people suffering from limitations to personal independence”, published by the Italian National Institute of Statistics in December 2012. According to this study, in 2011 the number of persons aged 11-87 years with functional limitations is 3,947 thousands: more precisely, 1,867 thousands are persons with “slight” functional limitations while the number of persons with “serious” functional limitations is 2,080 thousands. According to the same survey, over one and a half million Italian people (45% of the total of those aged between 15 and 87 with functional limitations) find it difficult to go on holiday due to health-related problems.

The White Paper (PMO et al., 2013, p. 40) reports that over 80% of Italians considered accessibility very important to modernising the services offered by the tourism sector. Moreover 12.8% of the Italian population declared that they have been in a situation, at least once, where they had special needs; they also declared that the special needs were catered for in 80% of such cases.

In this regard positive judgements also come from the data processed in 2010 by the TTTG (Travel Trade Group) Italia’s Buyer Observatory, based on interviews with 600 foreign tour operators. These operators, who are “selling” Italy all over the world, believe that the country could improve, but 77% of the sample considers that Italy is an “accessible” destination. The most urgent improvements should be made, according to 54% of tour operators, to railway stations, which remain highly inaccessible, often due to structural constraints, but also due to the lack – as almost 80% of respondents stated – of adequate support and information services to aid communication with visitors. The opinion about accessibility is only slightly better on the subject of hotels, held to be inadequate by 46% of those interviewed, and restaurants, which in 38% of cases are deemed not capable of adequately receiving persons with disabilities.

Another important aspect highlighted by the survey is the sensitivity and training of staff. Clients with special needs do not feel understood in Italy, especially if the difficulty is a food-related problem. According to feedback received by tour organisers, these problems are underestimated by hotel and restaurant staff, unable to offer specific menus and food to persons suffering from coeliac disease, or who are lactose intolerant, or who have special dietary needs.

The same foreign tour operators also report that Italy falls short in providing training for establishing relations with clients suffering from mental illnesses, or with blind or deaf clients. Operators believe that personnel in Italy are not adequately trained to provide information to travellers suffering from renal insufficiency (who need to know where haemodialysis centres are located locally), diabetes or oncological diseases (who might benefit from the positive effects, including psychological effects, of the holiday in order to carry on with their treatment).

Another important survey referred by the White Paper (PMO et al., 2013, p. 44) regards studies conducted in 2009. According to these studies, almost 52% of accommodation structures, as a national average, paid particular attention to the needs of guests having disabilities and special needs. Table 1 provides a detail of these accommodation structures with awareness of PwD needs, distinguishing them by product area. It easy to note that the mountain area had the greatest difficulty in approaching the question of accessibility, due to inherent structural difficulties and the nature of its accommodation structures.

Table 1 Accommodation structures with awareness of PwD needs, by product area (2009 data)

	<b>Percentage</b>
Cities of historical and artistic interest	51.2
Mountain	48.3
Spa	58.8
Lakeside	56.3
Seaside	52.7
Country	56.5
Other localities	52.0
<i>National average</i>	<i>51.9</i>

Source: PMO et al. (2013), White Paper on Tourism for All in Italy

It is interesting to investigate the breakdown of the same accommodation structures by type of accommodation. Table 2 below shows the percentage values.

Table 2 Accommodation structures with awareness of PwD needs, by accommodation type (2009 data)

	<b>Percentage</b>
Hotel	57.0
Holiday village	77.2
Holiday farm	58.3
Campsite	83.0
B&B	25.5
Holiday home	57.2
Youth hostel	80.1
Alpine refuge	24.5
Other guest accommodation	43.6
<i>National average</i>	<i>51.9</i>

Source: PMO et al. (2013), White Paper on Tourism for All in Italy

Table 2 shows that 57% (national average) of hotels were “heedful” to accessibility. Special care was also taken by hostels (80%), the highest expression of “popular” tourist accommodation. However, most care (83%) was expressed by campsites, a type of enterprise in which, due mainly to the presence of camper vans and caravans, tourists with special needs enjoy particular flexibility.

The White Paper discusses another and more detailed survey on accommodation structures, conducted in 2012, in order to examine the various aspects of attention paid to the issues of accessible tourism. The results are very interesting, because they give a measure of the relationship between “hard” factors and “soft” attitudes (PMO et al., 2013, p. 47).

In particular, this survey questioned Italian enterprises about 12 possible modes of structural products and services for accessible tourism. Table 3 lists in decreasing order the most common services provided by enterprises to meet PwD needs.

Table 3 Structural services for accessible tourism (2012 data)

	Percentage
Bathrooms/bedrooms of adequate size/accessories	43.8
bEasy access to structure/accessible entrance	43.3
Easy access to bedrooms	34.4
Flexible food/menu based on guests' needs	24.0
Adequately sized lift	17.5
Staff trained to meet specific needs	16.0
Offered services reported in promotional materials	14.3
Lift with acoustic signals	11.2
Lift with Braille buttons	8.1
Specific entertainment (activities inside/outside the structure)	7.1
Services provided by associations collaborating with the structure	6.3
Presence of stair lifts	5.9

Source: PMO et al. (2013), White Paper on Tourism for All in Italy

At a national level, the most common service provided is that of bathrooms of adequate size and accessories (almost 44%), followed by easy access to the structure (about 43%). Still on structural aspects, facilitated access to bedrooms is found in 34.4% of structures. In fourth place with 24% there is a “soft” element, namely a flexible choice of food based on guests' needs. Adequacy of lift size is next in the list (17.5%, but lifts with acoustic signals

are present only in 11.2% of cases; lifts with Braille buttons are present only in 8.1% of cases, and the availability of stair lifts or other equipment are present only in 5.9% of cases). Specific staff training ranks in 6<sup>th</sup> place (16%). The accessible tourism services offered are adequately reported in promotional materials only in 14.3% of cases. Finally, specific entertainments are provided in 7.1% of cases, sometimes with services provided by associations collaborating with the guest accommodation structure (6.3%).

As already explained, the White Paper also collects and analyzes 360 accessible tourism projects (starting from the late 1980s to today).

The selected projects are very different for date of beginning, for size of the territory of implementation (national, regional and provincial scale projects), for type of intervention (publication of guides, training activities, communication tools, removal of architectural barriers, other specialist services), for subjects involved (from institutions to businesses to tourists), for type of disability referred to.

Given its vanguard, the case of *Independent L* organization has been chosen as an example of best practice, worthy of specific analysis, as shown below.

## **A CASE OF BEST PRACTICE**

The project, described here, is as an example of best practice. It was realized by the social cooperative *Independent L* ("L" stands for "Living"), an organization which over the years has created a monitored and evaluated accessibility of touristic facilities in one of the most beautiful Italian regions: South Tyrol.

*Independent L* was founded in November 1997, by nine people with physical disabilities, all in wheelchairs, aiming at working together, towards the abolition of all discriminatory rules and barriers, the protecting of rights of people with disabilities in order to have equal opportunities and, above all, to have an independent life, characterized by a real autonomy in large and small decisions concerning everyday life.

Currently *Independent L* employs 23 people, 40% with disabilities, and has 22 members (90% with disability). The key projects of *Independent L* are mainly financed by the European Social Fund; the Autonomous Province of Bolzano and various banking institutions also finance some initiatives of the social cooperative, depending on the nature of the projects. *Independent L* also has an in-house Webcenter, a business unit that offers web-based internet solutions regarding accessibility. The services meet also the needs in terms of accessibility by people with sensory, motor and cognitive skills.



**Ministero del Turismo**

**Manifesto for the Promotion of Accessible Tourism**

Putting into effect art. 30 of UN Convention concerning the rights of persons with disabilities ratified by  
Law no. 18 of 2009

1. People in the most complete meaning of the term, with their specific needs resulting from personal and health conditions (for example: motor, sensory, intellectual disabilities, food intolerances, etc.), are citizens and customers who have the right to autonomously make good use of all the tourist services on offer, being supplied with suitable services with a just quality/price ratio.
2. Accessibility involves the whole tourist service chain, both at national and local level, starting with:
  - a. transport network;
  - b. accommodation capacity;
  - c. restaurants and cafés;
  - d. culture, leisure and sports.
3. Location accessibility shall not be the decisive factor when planning holidays: it should be possible to choose a destination or a tourist facility because it is where we want to go and not because it is the only accessible one.
4. It is necessary to think of accessibility as access to life experiences, that is overcoming the concept of “standard”, enhancing the value of the person/customer, who has specific needs.
5. Information about accessibility cannot be reduced to a mere symbol, but has to be objective, detailed and guaranteed, to allow each person to certainly evaluate by himself which tourist facilities and services are able to meet his specific needs.
6. It is necessary to promote positive communication, avoiding the use of discriminating words. It has to be distributed in formats that everybody can use, and through all tourist information and promotion channels.
7. As accessibility does not concern only structural and infrastructural aspects, but also the services offered to tourists, it is necessary to promote quality reception for everybody, that is to encourage a cultural change, that can result in changes in organization and management models, even before structural ones.
8. It is necessary to encourage skill and professional training, based on Universal Design principles and involving the whole tourist and technical professional profile chain: managers, employees, companies, public and private enterprises. It is also necessary to update curricula in all Schools for Tourism, Technical Schools, Universities, Masters and Academic Centres of all grades.
9. Local Authorities, according to their competences and functions, shall implement the accessibility of towns, public buildings and local transports, and shall also plan periodical control and promotion operations for tourist offers for everyone.
10. In order to implement and promote accessible tourism in a system logic, proactive collaboration among tourist Operators, Local Authorities, Public Bodies, Associations of persons with disabilities and social tourism Organizations is encouraged.

**Figure 1: Manifesto for the Promotion of Accessible Tourism**



The Webcenter realized some important works; the most outstanding websites are:

- 1) South Tyrol for all ([www.southtyrolforall.com](http://www.southtyrolforall.com));
- 2) Municipalities for all ([www.comunipertutti.it](http://www.comunipertutti.it)).

“South Tyrol for all” is a specialised tourism portal that gives everybody the possibility of barrier-free holidays in South Tyrol. This website is a user friendly, extremely lightweight and intuitive search instrument for all those that cannot travel freely, in order to make South Tyrol accessible for people with disabilities, elderly people, families with small children and people with food allergies or intolerances. “Holidays without barriers” is the slogan that characterizes the South Tyrolean site dedicated to people with disabilities.

In its starting phase, the portal, born in 2004, aimed at showing the accessibility of facilities. About 1,600 hotel facilities were evaluated, but at that time only around 300 structures matched the demanded criteria. To increase awareness among operators of tourism industry, *Independent L* distributed 5,000 CDs and 50,000 brochures to national and especially international travel agencies.

In a second step, the analysis of accessibility has also been extended to structures other than accommodations. Therefore, the most interesting aspect of the current portal is the vastness of the reviewed structures (not just hotels). On the portal every structure published, whether hotel, restaurant or tourist attraction, is evaluated in an objective manner, letting the viewer to determine what is really accessible, according to his personal needs and requirements.

The careful attention to detail makes the portal an indispensable means for all those who live in South Tyrol or who intend to spend their holidays here.

“South Tyrol for all” is not just a rich and useful travel portal, but it is also the official information platform for accessible tourism in South Tyrol-Dolomites. This shows that South Tyrol is ever-busy in order to enhance its touristic offer by proposing high quality touristic services. The team of *Independent L* provides accessible tourist information, assistance and advice, in order to help guests to plan their holiday in South Tyrol as comfortable as possible. The touristic offer includes barrier-free accommodations, restaurants, tourist attractions, sports and leisure, transport accessible to all.

Throughout the years (9 up to now) and thanks to the remarkable work of *Independent L* people with disability, who visited and examined the facilities shown on the portal, the information on the website truthfully shows a detailed overview of facilities complete with clear and handy evaluation criteria, that indicate their different degree of accessibility.

The very portal provides detailed information regarding:

- around 350 accommodations;

- 110 restaurants, bars and cafes, bakeries;
- 46 excursions (also described in terms of difficulty);
- 7 natural parks;
- 13 panoramic cableways (more were examined and they will be online in a couple of months);
- 28 train stations;
- 84 cultural spots and entertainment;
- 22 facilities including swimming pools and sports centres.

Each structure shows a detailed and complete description. The single technical files start from the outer area of the single facility and lead to the inside one.

More precisely, the portal indicates in an orderly manner the following aspects:


- the presence of car parks and the presence of reserved car parks specifying the type of paving and the difference in height;
- the distance between the parking and the entrance;
- the entrance and details about the door (if automatic or sliding), the maneuvering space, the type of paving;
- the restaurant area and the bar area specifying the types of doors, the height of the tables and the minimum distance between the various tables, the height of the tables for the buffet and the height of the bar counter, the presence of carpets, the paving type;
- the toilets (port, height and type of WC, height and other characteristics of washbasin), the presence and type of lift (size, type of door, height of buttons, possible presence of the audible warning of arrival at the floor) and other rooms;
- if there are terraces or gardens, their features and how to access them;
- in the case of hotels, the height of the reception desk, the size of the corridors, the characteristics of the rooms (dimensions of the furnishings, the presence of automatic regulators for heating and air conditioning, height of switches and handles), the characteristics in terms of accessibility to other areas (sauna and Turkish bath, solarium, beauty center, wellness, fitness).


The workers steadily and currently engaged in the care of the portal are two.


“South Tyrol for all” offers a comprehensive data base with information. More precisely the portal is very rich in: technical files; photos; detailed descriptions; evaluations, distinguished in “general” and “specific” evaluations.


The “general” evaluation, expressed on each structure by means of a variable number of “smiles”, refers only to the degree of usability by guests with disabilities.


Possible evaluations, in descending order, are as follows:

 (five active smiles) – *excellent accessibility* – accommodation can be used very well in all areas and the furnishings are adapted to the needs of people with disabilities;

 (four active smiles) – *good accessibility* – accommodation can be used well in all areas but some furnishings could be better adapted to the needs of people with disabilities or the wellness area is hard to reach;

 (three active smiles) – *satisfactory accessibility* – accommodation is accessible but the independent utilization is uncomfortable in some important areas;

 (two active smiles) – *limited accessibility* – accommodation has restricted accessibility and the independent utilization of some important areas is very difficult;

 (one active smile) – *only accessible with assistance* – accommodation is accessible only with reservation because the utilization of the services needs the assistance of an accompanying person.

Besides a general evaluation of the accessibility, the portal also provides a “specific” evaluation of the accessibility for individual hotel areas (always using a variable number of “smiles”).

The “South Tyrol for all” portal tries to be objective when evaluating a single facility; however a marginal subjective component remains when the accessibility of a hotel is evaluated, because the needs of PwD can be classified in many different ways. For this reason the portal advises users to look at the many pictures and read the technical files as well, in order to find the facility that fulfils their very needs.

This online service, unique in Europe in terms of content, allows all people with disability (or not) to know the list of accessible places and book the accommodations and other tourist facilities from their home. The uniqueness of this site is given by the large amount of true and complete information collected and displayed. The website is accessible also to people with visual disability.

In addition, today all this rich information is also available in a mobile way, so that tourists and citizens can get real time information at any time and at any place where they are situated. Indeed, from May 2013, “South Tyrol for all” is also available for smartphone and tablet thanks to a mobile application (APP). This new APP, a free download from the Apple Store, was created to facilitate mobility and allows the immediate search of places and

facilities on the basis of geo-referenced location, degree of accessibility and the type of facility or service desired.

But *Independent L* is already thinking to the future. Currently the site is only published in Italian and German, but *Independent L* is presently working on the English version and some new graphic features to improve accessibility services.

## CONCLUSIONS

Ability and disability are areas of increasing interest in the tourism services. The tourist industry is frequently portrayed as an industry for the young and super-fit persons and this projection is used to create the image of vibrancy, energy and fun. However, the tourism sector can be more correctly described as one that offers opportunity to all members of a society respecting the whole range of its ability and disability (Baum, 2006).

The differences characterize the human population. Every tourist is different, carrying a unique spectrum of experiences, motivations, needs and desires and, when the tourist is a person with disabilities, *a fortiori* this diversity should be respected and taken into account.

An organization (or a destination) that proves to be capable of meeting the needs of tourists with disabilities is an organization (or a destination) able to meet the needs of all tourists, being committed to meeting the needs of more sophisticated tourists. The literature has well documented the main constraints (or barriers) that preclude or reduce the travel frequency rate or the full enjoyment of the tourism experience. Tourism may and must contribute to the improvement of an individual's physical, psychological and mental health.

Thinking of the environment for the elderly, the person with permanent or temporary disability, the child, the pregnant lady, means to face restrictions, limitations, difficulties that any individual can have or have someday.

In the Italian destination, despite a good general policy framework, accessible tourism is still a strategy achieved by only a few operators and in some parts of the Italian destination. But the presence of some virtuous and successful cases is not sufficient, because only a "seamless" travel experience will attract visitors (Ambrose et al., 2012). The findings indicate that there are still many barriers which restrict the travel frequency of PwD who are willing to undertake a journey in Italy. This implies a significant loss of customers and also of profit, if it is true that in the collective imagination Italy is still considered the most valuable collection of luxury and cultural heritage in the world (FutureBrand, 2012). Tourism websites also show little attention to the market and information needs of travellers with disabilities.

The case of *Independent L* teaches us that it is possible to move on from tourism development to sustainable tourism development without enormous financial and human costs, but only by a good cultural awareness of disability. The auspice is that a successful case such as that of *Independent L* is emulated and repeated, involving and empowering PwD (Darcy, 2006), as *Independent L* did.

In other words, it is hoped that the society at large will be more aware of PwD needs and that the tourism industry will be better able to provide inclusive and barrier-free services tailored to the needs of PwD.

We agree with Daruwalla & Darcy (2005, p. 563), according to who “in industry contexts, it is essential that both business enterprises and educational institutes offering tourism and hospitality programs put disability awareness firmly on the agenda”.

The research findings leave no doubt: educational challenge is the turning point to having a society less inattentive and egoist, and a kind of tourism which is more inclusive and sustainable. Future reflections and actions in the field of accessible tourism can economically and humanly enrich the industry, since inclusive tourism by definition means to pursue the well-being of all.

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