

## Tourism for all versus Tourism for people with special needs

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### Key principles

- A person with a disability has the right to have a holiday or travel on business like everyone else
- Like other travellers, the wishes and the way they want to spend their holiday differs widely
- Disabled people should not be hindered in their choice because of a lack of accessibility
- There is not a 'specific' type of disabled traveller'
- Therefore the whole scale of tourism facilities needs to be made accessible for a larger group of users
- For certain groups more is needed than an accessible infrastructure

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## Double approach

1. Inclusive approach: making the tourism sector accessible and designed for all
2. Initiatives to respond to the specific needs of certain groups – care holidays

## Inclusive approach: mainstreaming tourism for all

### Incentives in Flanders for new tourism facilities + existing tourism facilities :

- An action plan for and by the tourism sector on macro and micro level
- For every subsidised investment accessibility is a condition and is guaranteed by an accessibility audit
- Financial support for the industry : subsidies for investments on accessibility (up to 52.000 €)

## Mainstreaming tourism for all

- Technical support – consultancy by specialised architects, guidelines, factsheets,...
- Screenings of the infrastructure on the degree of accessibility (database accessible Flanders)
- Staff training for tourism sector (hotels, guides, museums, ..)
- Promotion and information for those who take initiatives:
  - Database 'accessible Flanders'
  - Label accessible accommodation / accessible with help
  - Information service : Infopoint accessible travelling
  - Annual award for the best initiative on 'accessibility'
- Legislation for new buildings is coming up (building permit)

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## Special initiatives

- Next to the 'general tourism' sector , that needs to be accessible for all, more advanced accessibility is necessary for people with special needs ( availability of technical aids, asthma and allergy etc. )
- More service and availability of (medical) care is necessary
- Existing facilities for people with special needs , have to be updated at the quality standards a tourist expects nowadays
- For groups and individuals and their family
- Mainstream tourism and niche market

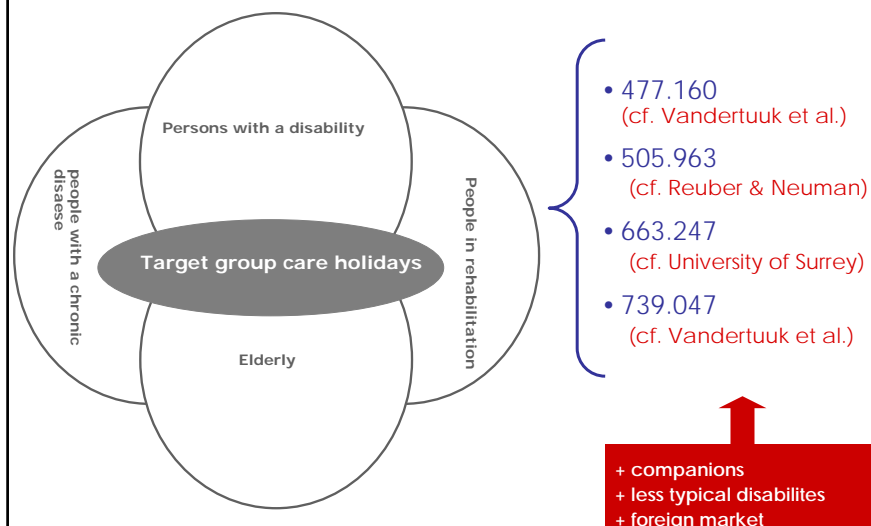
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## Study on care tourism in Flanders 2006-2007

- ? **What is care tourism?**
- ? **Demand?** What is the market ? how do they travel, what are the needs and expectations of users, individuals and groups, special travel organisations,...
- ? **What is the offer?**
  - Who are the main players ?
  - Balance supply - demand
  - Expectations and problems
  - Other
- ? **Situation in the Netherlands?**
- ? **Opportunities for Flanders, what has to be done ?**

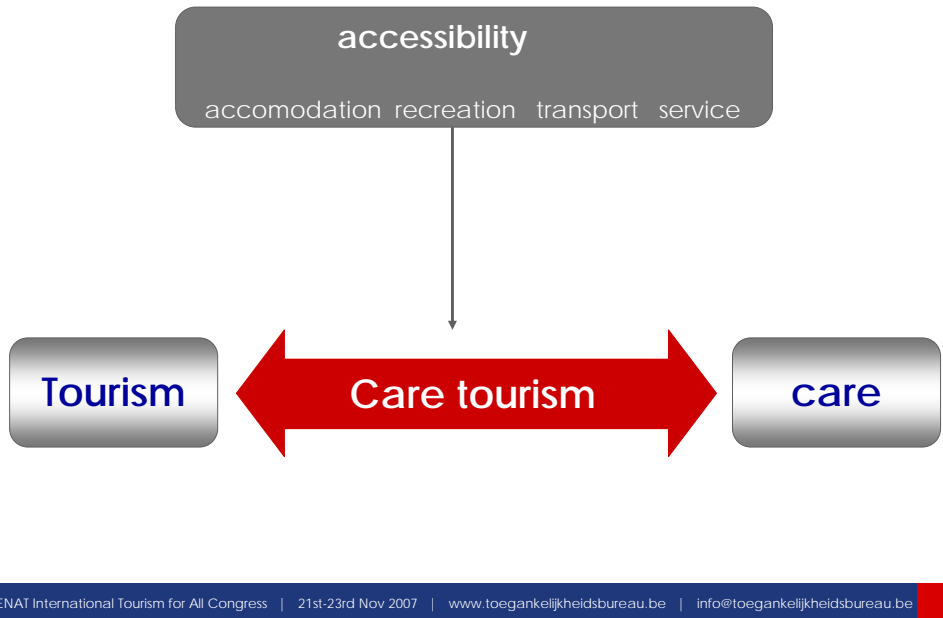
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## Target group



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## Care holidays?



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## Some findings

- Care tourism for individuals and groups (institutions, organisations) requires a different approach
- 40 % (individuals and groups) doesn't go on holidays because of the lack of assistance or care.
- It's important to be able to rely on a 'safe environment' (care and assistance nearby)
- Individuals and groups don't expect assistance from hoteliers, but would like to have staff training in how to deal with people with a disability
- People appreciate the availability of technical aids (e.g. shower wheelchair, hoists, adjustable bed,...).
- Individuals are willing to pay extra for technical aids in the hotel.

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## Some findings

- Need on assistance with handling luggage / assistance with excursions
- Need for diet and adjusted meals
- Beside the accessibility of the accommodation a variety of accessible environments (recreation, shops, transport, pubs, restaurants...) to make excursions are vital
- For individuals and groups the average stay is 7 days, they travel mostly in the low season and midweeks
- Accessibility of the accommodation is crucial, for groups also the availability of more accessible rooms and bathrooms is important

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## Some findings

- Individuals travel with their family or friends ,who assist them. Providing assistance and care is wished, this would enlighten the burden for family carers
- Groups who travel often bring their own staff and volunteers. For the further development, volunteers will be necessary so holidays can be provided for a reasonable price (for groups and care tourism facilities). The cost of these volunteers is a problem.

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## Some findings

- Financing a holiday is for some a problem (individuals and groups), therefore financial support for the aspect care and assistance will be necessary
- For individuals and groups, the feeling of being on holiday is important (not a medical atmosphere).
- The care holidaycenters in Flanders now are situated in social tourism and mostly dealing with elderly, and (big) groups

## Some findings

- A more touristic approach is needed and also a wider variety (also from the private sector)
- The 'holiday care tourist' of today has, like other tourists, higher expectations of comfort, tourism facilities. A good balance between care and tourism approach is needed
- More initiatives in care tourism have to be taken for families with children, adults and individuals who travel and also need care and assistance

## Some Findings

- Special attention is needed for the 'carers' (family and friends) they also need a holiday. The availability of care and support for the tourist with a disability has to be combined with special programmes for the carers
- Opportunities for the mainstream tourism facilities to work together with the care sector in order to serve a niche market for people with special needs. E.g. 'Care hotels' can be an alternative for rehabilitation instead of a stay in a medical setting.