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# Accessible Tourism and Formal Planning: Current State of Istria County in Croatia

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**Abstract:** When the number of older people and the number of families with young children (babies and toddlers) are counted in the total share of persons with disability it is clear that a significant share of people in the world's tourist market face various obstacles to achieving their fundamental human rights in accessing tourist destinations and related infrastructure. These segments of the market encounter various challenges when they do travel, while many refrain from travelling at all. The theoretical framework examines the concept of accessible tourism and provides a review of the necessary preconditions for forming such a tourist offer available to everyone. Contrary to common belief, accessible tourism surpasses the issues of mobility, as it also includes people with mental, mood, vision, speech, hearing, stroke and other conditions. Examples of good practice are also provided as an incentive for the design and implementation of future inclusive projects, representing the aim of this paper. Research featuring various categories of the tourism offer available to everyone on the case study of Istria County is also presented. The analysis compares major towns in Istria County and the degree of their adaptation to the needs of this market segment, where many practical implications have emerged. The concept of accessibility lies on three key pillars: physical, informative and service based. Thus, removing physical barriers, incorporating the principles of universal design into every new building's design, as well as educated staff for formulating and implementing strategies and other plans, are key factors in creating additional tourist value. It is fundamental to include people with disabilities in tourism and in society.

**Keywords:** accessible tourism; Istria County; people with special needs; disability; mobility; formal planning



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## 1. Introduction

About 15% of the world's population lives with some form of disability according to the World Health Organization's report on disability (World Health Organization 2021). Due to the demographic trend of population aging, by 2030, 33% of the EU population (including travellers) will be elderly, active people who will need destinations adapted for persons with disabilities (Eurostat 2022).

Accessible tourism has the purpose to create a world without barriers where all destinations, products and services are accessible to all groups of people irrespective of their physical limitations, disability, or age (Darcy and Dickson 2009). It is necessary to raise people's awareness of the importance of accessible tourism and to encourage positive changes in the local community. The importance of recognising the relevance of accessible tourism to all is in the fact that the number of persons with disabilities and special needs is constantly increasing, due to the fact of general aging of the population (low birth rates and longer life expectancies), rapid progress of treatment of chronic diseases and progress in diagnostics because of the methodology used to determine the level of disability. More attention is paid to this issue; it is more likely that something will change and thus tourist services and destinations considered as universal and accessible to all will be adequate

to host this target group of tourists. According to the European Commission's study (European Commission 2014b), there are 300 million people with various disabilities and 30 million people in wheelchairs who travel frequently. Also, a very important feature of persons with disabilities is that they often travel with at least one other person, Europeans even two, spend a large amount of money, and often travel off season.

At the international level, the accessible tourism market is described as a growing market segment that has at least two advantages. On the one hand it leads to social inclusion, while on the other hand it increases the competitiveness of tourist destinations and brings good financial results to the tourism sector (Porto et al. 2019; Luiza 2010; Domínguez et al. 2013; Cockburn-Wootten and McIntosh 2020).

In 2017 there were around 11.9% of persons with disabilities out of the total population (511,850 persons in Croatia; 60% were men and 40% were women). The largest number of persons with disabilities, 243,206 (48%) were still of working active age, 19–64 years, while in the age group 65+ there were 229,589 (45%) of disabled persons. Disability in the child-young person's age (0–19 years) amounts to 8%. The largest number of persons with disabilities resides in the City of Zagreb and in the Split-Dalmatia County (Hrvatski zavod za javno zdravstvo (HZJZ) 2017). In 2021 there were 586,153 persons with disabilities out of which 335,050 were male (57%) and 251,103 were females (43%) and the total number of people with disabilities was 14.4% of the total population. The largest number of people with disabilities, 263,526 of them (45%), were of working age, 20–64 years, while 258,564 (44%) were in the 65+ age group. Disability is also present in children's ages, 0–19 years, and that in a share of 11% (Hrvatski zavod za javno zdravstvo (HZJZ) 2021).

The purpose of this paper is to understand the accessibility of Istria County in Croatia through the results of formal planning.

In this paper, we started from the conclusions of recent studies that indicate that it is important to remove obstacles, especially in the case of tourist attractions, hotels and restaurants, to universal design (Michopoulou et al. 2015; Nyman et al. 2018; S. Darcy 2011) and that through a socially integrated perception, and not to discover the fundamental reasons for the obstacles, i.e., what makes someone different. Namely, we need to go one step further and make the infrastructure accessible to tourists, customers, and generally people of all physical conditions. Furthermore, starting from the fact that every person can go through a period of physical discomfort at least once in their life (Darcy and Dickson 2009), here we are also thinking about parents with small children as well as the age group 65+. We were interested in investigating what, in terms of formal planning, is done at the local level and for residents and at the same time it is necessary for the social maturity of a region and has a positive effect on sustainable tourism. This paper started from the conceptual approach that we need more outcomes of inclusive tourism that move towards sustainability (Gilovic and McIntosh 2020).

This research approach allows us to understand the characteristics of the tourist offer of one county in Croatia, which must go in the direction of increasing sensitivity to the equality of persons with disabilities and maturing the minds of service providers so that tourist demand for clients with disabilities could increase significantly (Lim 2020).

Previous research has shown that the process of developing a sustainable product for people with disabilities requires collaboration between various stakeholders, such as municipalities, H&T service providers, organisations for people with disabilities and residents. (Buhalis and Darcy 2011; Nigg and Eichelberger 2021) as well as to align the country's tourism sector with the national disability strategy sustainability goals (Cockburn-Wootten and McIntosh 2020).

This paper is structured in five sections. The introduction on the size of the market for people with disabilities highlights the importance of the topic.

The literature review presents the essence of accessible tourism and the key concepts needed to further understand the topic. In this chapter the barriers to making accessible tourism available to everyone, the ways in which a tourist destination can attract potential customers and key elements in making information accessible to all are outlined. Future

trends are also highlighted. The aim of this part of the research was to address the state, challenges and trends of quality accessible tourism.

Following the methodology section, the research results will be presented. Firstly, examples of good practice show how far Croatia and the County of Istria have come in respecting all persons when creating tourism amenities and infrastructure, regardless of their degree of disability, gender, age or status. The aim was to study, select and present examples of good practice of accessible tourism in the County of Istria. Secondly, the paper investigates, on the example of the County of Istria, the approximate size of the demand. The number of tourist nights by age groups and the size of the market with accompanying persons in Istria for 2016 and 2017 are compared and those pre-pandemic numbers are still relevant for Croatian tourism which is about to reach new records in terms of international arrivals and overnight stays. The aim was, based on statistically collected data, to identify the approximate size of the market in order to determine whether it is justified to treat accessible tourism as an emerging segment of tourist demand in the County of Istria.

Thirdly, the state of supply of the five most famous tourist destinations in the County of Istria is provided. Namely, the aim was to identify and present amenities accessible to everyone in the following categories: accommodation, culture (museums and galleries), beaches and catering facilities.

Fourthly, qualitative semi-structured interviews with the same five most famous tourist destinations in the County of Istria were conducted providing a more elaborated examination predominantly of mobility-related accessibility issues. The aim of this part of the research was to judge and evaluate the connection and mutual influence of stakeholders in the formulation and implementation of social inclusion plans that have an impact on accessible tourism. Public awareness-raising activities on equalising opportunities for people with disabilities were necessary in order to make their social significance and potential benefits known to all stakeholders, including the end users of this form of resources' adaptation, all those involved in the provision of tourism products and services, but with the importance of accessibility needs also to be sensitised to the general public.

The last section gives recommendations for further research and conclusions.

## 2. Literature Review

### 2.1. Accessible Tourism: Concept and Characteristics

There is no single, universally accepted definition of tourism available to all. Also, there are several definitions of accessible tourism. Researches most often focus on the issues of persons with special needs whilst travelling, but there are few real contributions in terms of the definition of accessible tourism.

First of all, it is necessary to understand the term “special access needs”—the requirements that must be met in order to completely enjoy the tourist experience. According to the [European Commission \(2014a\)](#), in: ([Golja and Slivar 2016](#)), the need for a (special) approach can be grouped into three categories: the need for care or assistance, the compatibility of the environment with tools used by persons with special needs and the possibility of performing treatments in the near surroundings, including obstacles or difficulties in finding and using the facilities and amenities or difficulty communicating with persons or machines. People with access needs—people with disabilities, but also everyone else who can use all the available infrastructure that makes their access easier, which may include the elderly, people carrying more luggage or families with small children.

Accessibility “includes the quality of the environment, infrastructure and suprastructure (tourist suprastructure includes restaurants, galleries, museums, amusement parks, etc.) and appropriate access to all necessary and requested information on the quality of the destination regarding the possibilities of accessible facilities for persons with special needs. Furthermore, another component of accessibility is its economic aspect i.e., the affordability of accessible tourism ([Darcy and Dickson 2009](#); [Pühretmair 2006](#)). Nowadays, it is especially important to have all information on all available facilities in one place—the information must be verified, reliable, updated, accurate and in accordance with the needs

of travellers—tourists. Without meeting these requirements, persons with special needs will be restricted from enjoying the tourist product (service) or experience.

Information on the accessibility of tourist destinations should be available through several sources: destination management organisations, websites, booking providers and others. However, there is still a significant lack of available information about the tourist suprastructure for people with special needs such as hotels, restaurants, museums, transport options, concert halls, shops, zoos, entertainment parks and beaches. The inadequacy of the supply along with inaccurate and or incomplete information makes decision making in accessible tourism more complex (Blichfeldt and Nicolaisen 2011). As tourism is seen as a component of identity, Eichhorn et al. (2013) have detected the refusal to resort to specialised tour operators. Many studies investigate the need, attitudes and challenges faced by People with Disability (PwD), whereas they often feel “separated and oppressed by aspects of the environment” (Imrie and Kumar 1998; in: De La Fuente-Robles et al. 2020) and often underscore the performance of the tourism offer i.e., quality of communication sources (Eichhorn et al. 2008), tour operators (McKercher et al. 2003), hotel managers and tourism workers (Kim et al. 2012).

There is currently no standard way to measure the accessibility of regions and countries across the world. There are also no standardised ways to describe the various types of online sources that meet the needs of different users. Most commercial service providers have a relatively small amount of information needed by their customers. These issues were detected as some of the obstacles to the implementation of accessible tourism. The key factors that should be considered when it comes to making information available to the public are the availability of high-quality sources of information and the establishment of effective communication channels. Besides these, other factors such as the development of an updated destination information system are also considered to ensure that the public can easily access the services they need. The importance of educated staff and managers is of key importance (Kim et al. 2012).

Information on accessibility must be reliable and clear, but in practice it is often not reliable, which is a major obstacle to the travel of persons with disabilities. Around 50% more people would travel more frequently if they had verified and available information at their disposal, as the perception of accessibility affects motivation to travel (Cole et al. 2019). One of the key motivations of PwD to travel is to escape the role of care receivers (Blichfeldt and Nicolaisen 2011). The focus on better accessibility will improve the quality and flexibility of the destination, location, facilities and accommodation. Availability opens up new markets, stimulates the diversity of tourist offer and provides competitive advantage to service providers.

## 2.2. Accessible Tourism: The Demand Side

Europe currently has nearly 100 million senior citizens (65+), representing 19% of the total population. Almost half of Europeans over 65 have some type of disability (49.7%) and are expected to increase (Eurostat 2022). The percentage of senior citizens is expected to increase to 24% by 2030. Senior citizens (65+) make up two-thirds of people with disabilities in Europe (Centre for the Promotion of Imports from Developing Countries—CBI, <https://www.cbi.eu/>, accessed on 20 June 2022).

Almost 70% of Europeans with special needs have the financial capacity and are physically fit to travel. The share of the tourist market is compounded by the fact that, on average, Europeans travel with two accompanying people. Centre for the Promotion of Imports from Developing Countries (CBI) studies show that people with disabilities have a longer stay in the destination they visit and spend more than the average tourist. As a rule, they are highly educated persons. The UK, Germany and France are Europe’s largest markets for accessible tourism. There are over 20 million people with special needs in these countries. Scandinavia and the Netherlands also represent interesting markets. More than 71% of people with disabilities decide to travel, coming from countries from northern and western Europe. The Netherlands leads with 86% of people travelling, 18% of whom go

abroad. People with disabilities generally choose holiday destinations closer to their home and within the European continent. In Germany it was found that 37% of people choose not to travel because of a lack of accessible content, 48% would choose to travel if the number of amenities available to everyone was increased and 60% were willing to pay more for improved accessibility. Among the senior citizens in Germany, 48% of the total decided to travel, of which 70% were domestic trips, 23% inside Europe and 7.2% outside Europe (Centre for the Promotion of Imports from Developing Countries n.d.).

The demand for wellness and health tourism as a specific type of tourism is on the rise and, while this notion is acknowledged, still the demand remains precarious in many parts of the world, including first-world countries (De La Fuente-Robles et al. 2020; Gillovic and McIntosh 2020). This also applies to medical services not covered by health insurance, such as acupuncture. Health services are cheaper in developing countries. It is important to create packages that combine wellness and medical treatments along with accommodation, activities, and transfers. In addition to specialised packages for persons with disabilities, packages for accompanying persons should also be offered (McKercher et al. 2003). Smart tourism takes into account accessibility and caters to meet various information and service-related needs (assistive technologies) through the use of ICT (Azis et al. 2020; Buhalis and Michopoulou 2011).

The key challenge in providing a high-end accessible tourism experience derives from the lack of awareness about accessibility (Gillovic and McIntosh 2020; Capitaine 2016) and the lack of collaboration among different stakeholders, whereas co-creation should be the central approach in creating such tourism products (De La Fuente-Robles et al. 2020; Navarro et al. 2014). Gillovic and McIntosh (2020) stress the need for a cultural change for a more accessible world.

There are many case studies of best examples in different countries (Agovino et al. 2017; Patterson et al. 2012). Adapting leisure travel to people with special needs will require more than a model, as the issue itself is complex and thus calls for a more systematic approach (Nicolaisen et al. 2012). Nyanjom et al. (2018) come to a similar conclusion and they emphasise the need for a circulatory approach to the development and coordination of accessible tourism by different stakeholders.

### 2.3. Policy Planning Framework for Accessible Tourism

According to ENAT (European Network for Accessible Tourism (ENAT) 2013), a non-profit organisation dedicated to accessible tourism includes a checkpoint list regarding barrier-free destinations with an emphasis on infrastructure and facilities accessible to all; transportation, quality services and professional (educated) staff, activities, exhibitions, attractions as well as marketing activities, including booking systems, websites and friendly services accessibility.

Tourism accessible to all enables persons in need of special access (including visually impaired and those who have visual and hearing impairment) to function independently, with equal rights and dignity, through the use of universally created tourism products, services and surroundings. This definition refers to small children travelling with adults, persons with special needs and senior citizens (UNWTO n.d., [www.unwto.org](http://www.unwto.org), accessed on 12 August 2021).

The adoption of the 2006 United Nations (UN) Convention on the Rights of Persons with Disabilities ([www.un.org](http://www.un.org), accessed on 10 September 2017) (United Nations 2006) is a significant step in the confirmation and promotion of the rights of persons with disabilities around the world, especially in countries that have ratified this Convention, such as the Republic of Croatia. The Convention highlights the significant number of general and specific objectives and obligations of States Parties in creating a framework that will enable the implementation of measures of equal opportunities for persons with disabilities. According to the definition of the UN Convention, persons with disabilities are persons with long-term physical, mental, intellectual or sensory impairments which, in interaction with various obstacles, can prevent their full and effective participation in



society on an equal basis with others. Furthermore, disability is not only the damage a person has; it is the result of the interaction of damage to the person and the environment. In other words, it is a society which, by its maladaptation, further disables the person with disability, but can also remove it by technical adjustments to the space, provision of aids and other forms of support. According to the UN Convention, “Reasonable Adjustment” means necessary and appropriate modifications and adjustments, which do not constitute a disproportionate or undue burden, to ensure, in the individual case, where necessary, the enjoyment or enjoyment of all human rights and fundamental rights by persons with disabilities freedom on an equal basis with others, while “universal design” refers to the design of products, environments, programmes and services in a way that these can be used by all people to the fullest extent possible without the need for customisation or special design. “Universal Design” will not exclude assistive devices for certain groups of persons with disabilities when necessary. The application of universal design enables places to be accessible, attractive and meaningful to all, regardless of age, disability and status. For example, the use of images and symbols as well as text to convey information, readable fonts and reasonable size with good visual contrast between text and background, easy readability of signs even from a sitting perspective etc.

Other significant international documents for people with disabilities are: (1) UN Standard Rules on Equalization of Opportunities for Persons with Disabilities—indicate that people with disabilities need equality support in order to take full responsibility as community members, which means providing support based on the individual needs of each user of community services in the community. (2) The European Social Charter—stresses the right to education, rehabilitation and employment, regardless of the type and origin of the disability. (3) European Disability Strategy 2010–2020—offers a framework for action at European level, supports the measures of the EU Member States and promotes the main objectives of implementing the United Nations Convention on the Rights of Persons with Disabilities. (4) The 2030 Agenda for Sustainable Development and the SDGs—is a commitment to poverty reduction and sustainable development by 2030 worldwide. The adoption of the 2030 agenda was a milestone and offered a shared global vision of sustainable development for all. (5) Directive (EU) 2016/2102 of the European Parliament and Council of 26 October 2016 on accessibility of the websites and mobile applications of the public sector bodies—establishes accessibility requirements for Internet websites and mobile applications of public sector companies that use them, provided they do not represent a disproportionate burden. (6) Council of Europe Disability Strategy 2017–2023—determines the priority areas in the protection of rights for everyone, including people with disabilities.

Europe has a large and fast-growing market for accessible tourism. In 2011, the estimated number of people with special needs was 140 million. About 58% of Europeans with some type of disability (aged 15–64) travelled in 2012; as many as 60% of these trips were domestic, 27% travelled across Europe and 13% outside Europe. People with disabilities between the ages of 15 and 64 make up a third of people with disabilities in Europe. The most common difficulty they encounter is mobility restriction, which will be the focus of our research. Other difficulties are cognitive impairment, visual impairment and hearing problems.

#### *2.4. Accessible Tourism: Formal Planning in Croatia*

By adopting the National Strategy of the Unique Policy for the Disabled 2003–2006, the National Strategy for Equalisation of Opportunities for Persons with Disabilities 2007–2015, 2017–2020 and National plan for Equalisation of Opportunities for Persons with Disabilities 2021–2027 ([Institut za Turizam n.d.](#)), the Government of the Republic of Croatia has shown its commitment to ongoing efforts when creating a multi-sectorial policy on promoting the rights of persons with disabilities.

The National Strategy for Equalisation of Opportunities for Persons with Disabilities from 2017 to 2020 (Official Gazette 42/17) (hereinafter: The National Strategy) was a

strategic document which directed the implementation of the policy towards persons with disabilities in the Republic of Croatia, which in that manner acted as the implementing document of the Convention on the Rights of Persons with Disabilities. The practice of introducing international standards into national documents continued with this National Strategy, for whose coordination the Ministry for Demography, Family, Youth and Social Policy was competent, with the aim of linking activities across different sectors and at different levels, and continuous monitoring of implementation. The aim of the National Strategy was to make Croatian society as sensitive and adapted as possible to the necessary changes in favour of equalising the opportunities of persons with disabilities, i.e., to create conditions for their active inclusion and equal participation in society through the prevention of any discrimination and the strengthening of all forms of social solidarity. At the national level was also the Commission of the Government of the Republic of Croatia for Disabled People, whose members were also representatives of national alliances of persons with disabilities, which also monitored the implementation of the commitments undertaken in accordance with the Convention on the Rights of Persons with Disabilities. The Office of the Ombudswoman for Persons with Disabilities also operated for the purpose of promoting and protecting the rights of persons with disabilities and monitoring and supervising the implementation of the Convention. In addition to these bodies, civil society organisations were also responsible for monitoring, in particular associations of persons with disabilities, for which the Republic of Croatia, via tenders for programmes and projects, provided funding for work and activities.

The above mentioned strategy had sixteen important areas of activities, which were: Family, Life in the Community, Education, Health care, Social care, Housing, Mobility and accessibility, Professional rehabilitation, employment, work, and pension insurance, Legal protection and protection from abuse, Informing, communication and awareness raising, Participation in cultural life, Participation in public and political life, Research and development, Recreation, leisure, and sports, High-risk situations and humanitarian crisis states, Associations of persons with disabilities in civil society and International collaboration. Each of these specific areas, due to their achievements in the previous planned period, as well as their goals, expected results and elaborated activities in the future planning period, not only primarily provided a higher level of protection for persons with disabilities, but also promoted the rights of persons with disabilities, as well as all areas of life and work open and accessible to persons with disabilities. This effect, in addition to the specific measure of recreation, leisure and sports, had direct and immediate positive effects on accessible tourism.

Based on the National Strategy for Equalisation of Opportunities for Persons with Disabilities from 2017 to 2020 local and regional local government units had to develop their strategy/programme in order to equalise opportunities for persons with disabilities, such as being obligated to implement measures from the national strategy. Furthermore, all government bodies at national level and regional government units were obliged to appoint coordinators for the implementation of National Strategy measures within three months after its adoption.

Social tourism, or “tourism for all”, as it is increasingly being called, has been one of the more important products of Croatian tourism development up to 2020, especially in the context of creating conditions for all-year business. According to the Tourism Development Strategy of the Republic of Croatia up to 2021, it was necessary to provide tourism infrastructure and suprastructure which has been providing vulnerable social groups with the quality and variety of holidays appropriate to their needs and common standards of the European Union. In the first place, and in accordance with measures and activities prescribed in the Strategy, it was necessary to launch a campaign of awareness to tourism service providers on the importance and relevance of social tourism, development of a social tourism database and the creation of detailed guidelines for the necessary adaptation of existing tourist facilities and products.

Through collaboration of several experts, seven principles of universal design that should serve as a guide when designing the environment, products and communications (*Zajednica Saveza osoba s Invaliditetom Hrvatske—SOIH n.d.*) were developed. These principles of Universal Design are: (1) Impartial Usability—the design is intended to be used and purchased by people with different abilities. (2) Flexibility in use—the design should be able to adapt to a wide range of different preferences and options. (3) Simple and intuitive use—the design must be easy to understand, regardless of the user's experience, knowledge, command of the language or current level of concentration. (4) Visible information—the design should provide the user with the necessary information, regardless of his state of senses or environmental conditions. (5) Tolerance of error—the design must be such that hazards are minimized and the consequences of accidental or unintentional action are avoided. (6) Low physical effort—the design should be of a type that can be used effectively and comfortably, with the least possible effort. (7) Measures and space for access and use—measures and space for access, retrieval, handling and use should be provided regardless of the dimensions of the user's body, its location or the possibility of mobility.

Persons with disabilities should be provided with access to facilities and services on an equal basis with other citizens, in terms of (*Ministry of Labour and Retirement System 2016*): (1) Accessibility of the physical environment—the accessibility of buildings to persons with disabilities in accordance with the Law on Physical Planning and Construction is regulated by the Rulebook on ensuring accessibility of buildings to persons with disabilities and reduced mobility. The obligations under the said Ordinance relate to public and commercial buildings and residential and commercial buildings. Penal provisions are foreseen for non-compliance with the accessibility provisions of buildings for designers, contractors, expert supervision and the owner of the building. (2) Access to public transport—access to public transportation for persons with disabilities in the Republic of Croatia is not regulated by law. The accessibility of public transport for persons with disabilities is differently organised and conditioned by the financial capacities and available capacities of each unit of local and regional government, and is ensured by the purchase of custom public transport vehicles (low-floor or lifting platforms) or by providing special modes of transport (e.g., van transportation service for the transport of persons with disabilities in the City of Zagreb in Croatia within the framework of a public transport carrier). Adequate public transportation includes the presence of visual, audio and tactile signals, i.e., equipping traffic lights with sound signalling, then the installation of tactile warning fields, the kerb and the adjustment of pavements on streets and intersections. Good examples: voice announcement of the station, number and direction of the tram line and display of the station name on the display inside the vehicle, in two or more languages. (3) Information and communication accessibility—information intended for the general public should be accessible to persons with disabilities in the formats best matching their needs, using technologies appropriate to the various forms of disability. Legislation in the European Union, the United States and Australia prescribes accessible design. It is illegal under British law within the Disability Discrimination Act (*VisitEngland n.d.*, <https://www.visitengland.com/>, accessed on 14 June 2022) to include content that is not accessible to certain users on the site. There are no such laws or regulations in Croatia. The forms of information and communication accessibility vary depending on the type of disability. Good examples are Braille for the blind, sign language for the deaf, educated translators and interventions for the deaf who know all forms of communication used by the deaf (tactile sign language, palm writing, etc.) or easy-to-read and understand texts for people with intellectual disabilities. (4) Accessibility of websites—when designing websites, their optimal functionality should be considered for persons with different functional abilities, i.e., availability of content via more than one sense should be ensured in accordance with the Guidelines for ensuring accessibility of online content (<http://www.w3.org/TR/WCAG20/>, accessed on 12 August 2021) developed by the W3C Web Accessibility Initiative (WAI) team. Websites must be designed to accommodate people with disabilities: text size, colour, voice options and easy navigation. Website accessibility is indispensable as some people cannot use



a computer mouse, for example, due to damage to fine motor skills, in which case all actions performed with the mouse must be performed using the keyboard. Furthermore, blind people, regardless of the use of sound readers or Braille, cannot recognise what is in the picture unless the picture has a textual description, which is especially important when using the image as a hyperlink. Visually impaired persons may need to resize letters/characters or their colour and/or background to ensure optimal readability and deaf people also need an alternative to sound recordings—written text or text rendering with the help of an interpreter/translator into sign language, and the hearing impaired should be able to adjust the volume. People with minor intellectual disabilities need to be able to understand the information more easily, which is why the text should be easy to read. There are also automatic tools for checking compliance with the Guidelines, and there is a list of evaluation and correction tools on the W3C Web Accessibility Initiative website <https://www.w3.org/> (accessed on 12 August 2021) and other relevant researches for web accessibility in tourism (Domínguez Vila et al. 2018; Teixeira et al. 2021). In addition, it is advisable to ask the users themselves, the disabled persons, to browse the pages by performing tests live in order to optimise a website. (5) Accessibility of other content and services open to or intended for the public—in addition to the architectural and communication accessibility of persons with disabilities, it is also necessary to ensure access to other facilities and services on an equal basis compared to other citizens. A good practice example is the city of Zagreb offering sightseeing programmes in sign language run by one of the first licensed travel guides for deaf people in Europe. Also, in Zagreb, within the framework of the Modern Gallery, the first tactile gallery for blind persons is operating, where some major works of Croatian modern art are presented through touch and sound. Another best practice example, unrelated to tourism, is any gynaecological practice with a gynaecological chair that is adapted for women with disabilities.

### 3. Research Methodology and Materials

The research was conducted in Istria County combining secondary and primary sources of data. Secondary research was applied during the review of literature, collection and analysis of examples of good practice, processing of statistical data regarding persons with disabilities, analysis of strategies and other plans, as well as processing of data from the E-visitor system (operative from 2016) in the Republic of Croatia.

A wide range of official websites and sources of information were used to analyse cases of good business practice, which enables gaining a holistic view of a certain phenomenon (Gummesson 1991). The methodology of best practice examples was initially addressed in management studies and can be (a) quantitative microeconomic BPR (Best Practice Research) or (b) case study based qualitative BPR (Vesely 2011). We have opted for the latter. Our case study based BPR was exploratory in nature, which is used in business related studies (Yin 1984). We have included more examples as examining a number of cases enhances the accuracy of the results of the subject studied (Noor 2008). According to Bardach (2004) the aim of this method (whereas he prefers the term “smart practice”) lies in the extrapolation—creative and flexible application of one mechanism to another target site, thus the goal is to present the key processes/characteristics.

A market size approximation gives us a quantitative overview of the number of overnight stays of people with disabilities in Istria. A priori segmentation was applied. It is based on assumptions, where customers are grouped according to pre-defined criteria (Dolincar 2004). A top-down approach was used, i.e., filtering out the total data according to the criteria of age. Market segmentation is extensively used both in science and in practice due to its usefulness in modelling tourism demand (Moreley 1995; Kotler and Armstrong 2003). In order to calculate the size of this market, we included half of the senior citizens (65+) along with one accompanying person and children up to 5 years old, along with two accompanying persons. The data was collected through the internal visitor database of the Official tourism board of the County of Istria, connected to the central national visitor database eVisitor. This data was filtered out according to the criteria of age in order to gain

the number of overnight stays of tourists with probable difficulties in terms of mobility relevant for this research. The number of tourists requiring infrastructure modifications was calculated by dividing the average number of stays from tourist overnight stays of this segment.

The desk research was carried out on the top five most visited towns and one municipality in Istria according to overnight stays, which was the criterion of selection of the units of local government (the towns of Pula, Poreč, Rovinj, Umag and the municipality of Medulin). This research primarily focused on detecting the adoption of the mobility component of accessibility related to infrastructure interventions. The data obtained was divided into the following categories: number of tourist nights, number of accessible beaches, culture—museums and galleries and catering facilities—restaurants. Due to the very limited data sources, internet sources of data have been used from verified organisations and associations. Since the category of culture was too broad to be researched, the authors limited it only to the number of museums. The list of museums and restaurants was obtained from available data published in the official County guide <http://www.istra-istria.hr/index.php?id=3547> (accessed on 20 September 2018), managed by the regional DMO and according to lists provided by local DMOs. Other secondary sources of information used were: (Official Website of the County of Istria n.d.; BlueFlag Organization n.d.; Croatian Association of Paraplegics and Tetraplegics n.d.; Official Tourist Website of Istria n.d.) and Data of tourist visits according to the regional DMO of Istria county (DMO data, no open source). Secondary data is commonly used in detecting tourism accessibility demand size (S. A. Darcy 2004; Buhalis and Michopoulou 2011; Gillovic and McIntosh 2020) as well as analysing the tourism offer and information components, whereas common sources are official tourist board websites and (online) guidebooks for accessible destinations (Eichhorn et al. 2008; Vila et al. 2015).

The qualitative semi-structured interview was applied with representatives of the selected towns and one municipality chosen according to the criteria of being the most visited tourist destinations in the County of Istria (the towns of Pula, Poreč, Rovinj, Umag and the municipality of Medulin). The interview was conducted with five specialists for whom these issues are within the range of their job positions. Namely, based on the secondary research, the authors did not know if the programme/strategy had been adopted by the County of Istria or any city in the County and what kind of implementation is involved. A qualitative semi-structured interview guide was developed according to Kallio et al. (2016). Special attention was focused on establishing ethical guidelines and crafting the interview protocol, conducting and recording the interviews, analysing and summarising the interviews and reporting the findings (Rabionet 2011). The interviews were prepared, and conducted over the phone (Irvine et al. 2013) due to the COVID-19 pandemic from May 2021 until September 2022. We are aware of the differences that empirical research has revealed between face-to-face and telephone qualitative interviews, mainly due to the lack of face-to-face contact that limits the development of relationships and a “natural” way of communication. The research results have also shown our assumption that job interview anxiety in the face of the COVID-19 pandemic was negatively related to the performance of the interview (McCarthy et al. 2021), so one of the traditional and often used means of communication such as the telephone was considered a good tool under the given conditions. Further, more detailed information about specific projects and activity plans was obtained by email. The data collected through a semi-structured interview and via email was analysed in a way that the transcript and detailed information and data were read according to topics, and the content was analysed and coded. Codes were assigned to individual words, phrases, sentences or whole paragraphs in each transcript, in order to aid the interpretation of meaning (Young et al. 2018). After the analysis, the main results were written up.

## 4. Results

### 4.1. Selection of Best Practices, Croatia

The starting point for achieving the goal was to access inclusive business approaches to accessible tourism. Selected examples of best business practice are presented below in Table 1.

**Table 1.** Selection of best practices of accessible tourism in Croatia.

<p><i>Example no. 1. Travabled (<a href="http://www.travabled.com">www.travabled.com</a>), (accessed on 5 May 2022) global, Croatia (Travabled n.d.)</i></p> <p>Travabled is a global travel consultant for people with disabilities and is also the first inclusive travel agency in the Republic of Croatia. In one place, one can find travel experience, a list of destinations, information about accommodation accessible for everyone, day trips and tours. The user can log in through a profile on social networks, share experiences through a blog, ask questions and give recommendations for content and destinations accessible to all. The best recommendation is verbal communication and also the exchange of travelling experiences with other persons with special needs. The emphasis is on users who rate the services and facilities in the destinations they visit, through sharing their experiences with other users.</p>
<p><i>Example no. 2. Turist Plus—website for tourism, economy and the living culture (<a href="http://www.turistplus.hr">http://www.turistplus.hr</a>) (accessed on 5 May 2022), Croatia (Turist Plus n.d.)</i></p> <p>At the European level one of the most popular relevant online sources is: <a href="http://www.europeforall.com">http://www.europeforall.com</a> (accessed on 6 May 2022) (Europe for all n.d.). A bright example of a website which values the needs of people with disabilities in Croatia is TuristPlus. They have a special category in the menu through which Croatian citizens are informed about news related to accessible travel amenities and have useful information concerning persons with special needs.</p>
<p><i>Example no. 3. Specialised agencies for senior citizen tourism in the Republic of Croatia</i></p> <p>The Republic of Croatia has 11 certified travel agencies for senior citizen tourism and the implementation of specialised programmes for senior citizens aged 55+. UNPAH or the Association of Independent Travel Agencies in Croatia has carried out certification with the support of the Ministry of Tourism and the Croatian National Tourist Board (HTZ) and in accordance with European directives and the National Social Tourism Programme. Currently there are 11 certified agencies in Croatia (Nacional.hr 2017): Adriatours DMC, Adriatic TT DMC, Alfa Travel DMC, Azur Tours, Event-s DMC, Istraline DMC, Kompas Zagreb DMC, Kvarner Express Split DMC, Maestral VB DMC, Puh Tours DMC and Svijet putovanja DMC.</p>
<p><i>Example no. 4. Green Beach model—Flag with a “Green beach” sign which have been received by: Town beach in Poreč, Karpinjan beach in Novigrad and Girandella beach in Rabac, Istria</i></p> <p>As part of the INTERREG Mediterranean MITOMED + t “Models of Integrated Tourism in the MEDiterranean Plus—MITOMED +” project, on 3 July 2018, the project activity of the implementation of the Green Beach model in Istria was completed. The implementation of the Green Beach model included various project activities that were evaluated through 28 criteria divided into 8 categories: seawater quality, beach quality, safety, sustainability, beach accessibility, information and education, green facilities, ecological maintenance and beach management (<a href="https://mitomed-plus.interreg-med.eu/">https://mitomed-plus.interreg-med.eu/</a>) (accessed on 10 May 2022). (Interreg Mediterranean, Mitomed+ n.d.)</p>
<p><i>Example no. 5. “Speech of touch” project, City of Pula, Istria</i> <a href="https://www.pula.hr/hr/novosti/detail/10939/govor-dodira-predstavljena-turisticka-karta-za-slijepe/">https://www.pula.hr/hr/novosti/detail/10939/govor-dodira-predstavljena-turisticka-karta-za-slijepe/</a> (accessed on 10 May 2022). (Pula 2013)</p> <p>The “Speech of touch” project presented a tourist map for blind and partially sighted people on 28 February 2013. This made their orientation easier and tourist attractions were brought closer to them in a unique way. It includes 25 tourist maps of the city of Pula for the blind along with an innovative speaking tour guide. It is a tactile map in Braille that is accompanied by spoken information, helping blind people to move freely and visit sights. The visualisation of streets’ layout is finger friendly.</p>

Source: authors’ contribution.

Such mainly digital services will provide a wider reach of tourism information accessible to all across Europe and the global tourism market.

### 4.2. Market Size Approximation

The market size was calculated by analysing the internal data from the DMOs of Istria, and the numbers are estimations in percentages taken from overnight stays.

From Table 2 it can be deduced that there were 3,095,369 (11.32%) of overnight stays in 2017 which included 50% of senior citizens (65+), babies, toddlers and children up to the age of 5. To this market share, expressed through overnight stays per person, were added one accompanying person for senior citizens and two accompanying persons per child, equalling 26.2% of the market share—as persons with mobility issues usually travel in company. In 2016, the market share of half of the senior tourists (65+) and children up to 5 years old was 11.3% (2,811,529.5) and, once the accompanying persons are added, the market share amounts to 28.6% expressed in overnight stays. Using the average length of stay, the total number of tourist groups with probable mobility issues was calculated. Thus, the dimension of this market segment amounts to 28.2% in 2016 and 28.4% in 2017 based on approximate tourist arrivals.

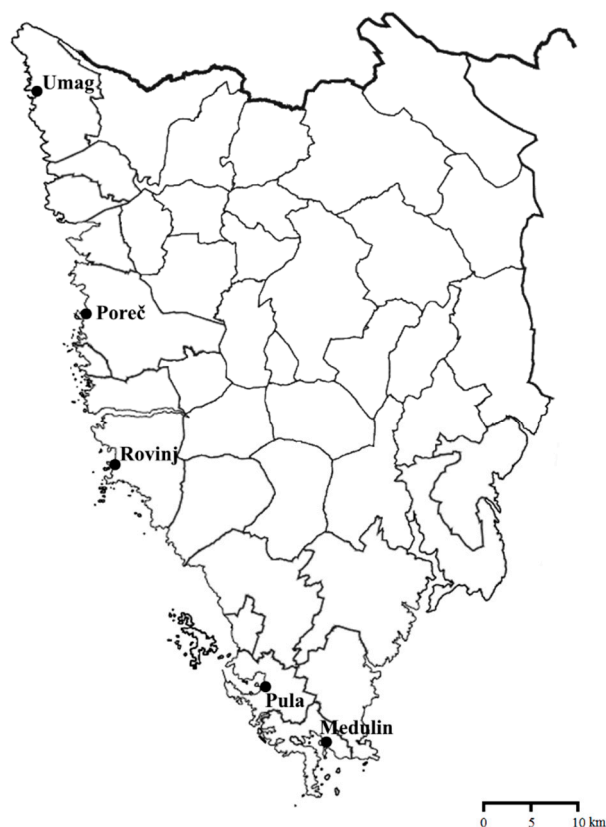
**Table 2.** Approximate market share of people with mobility disabilities in 2016 and 2017.

	2017	2016
Overnight stays	27,356,236	24,867,037
65+	2,854,580 (from total overnight stays)	2,637,705 (from total overnight stays)
50% of 65+ (with disability issues in the EU)	1,427,290 = 5.2% (from total overnight stays)	1,318,852.5 = 5.3% (from total overnight stays)
+1 accompanying person	2,854,580 = 10.4% (from total overnight stays)	2,637,705 = 10.62% (from total overnight stays)
0–5 years old	1,668,079 = 6.1% (from total overnight stays)	1,492,677 = 6% (from total overnight stays)
+2 accompanying persons	5,004,237 = 18.3% (from total overnight stays)	4,478,031 = 18% (from total overnight stays)
Average length of stay	6	6.5
Total overnight stays of wider accessibility segment including accompanying person(s)	7,153,890	7,115,736
Approximate number of arrivals of wider accessibility segment including accompanying person(s)	1,192,315.7	1,094,728.6
Number of total tourist arrivals	4,223,233	3,852,114
Market share of wider tourist segment (with accompanying persons) expressed in tourist arrivals	28.2 %	28.4 %
Market share of wider tourist segment (with accompanying persons) expressed in overnight stays	26.2%	28.6 %

Source: authors' contribution.

#### 4.3. Accessible Tourist Amenities

The most visited towns and municipality are located on the west and south coast of the County of Istria (Figure 1). Their selected accessibility friendly tourist amenities are represented below in Table 3.



**Figure 1.** Map of the County of Istria with the towns and the municipality included in the research. Source: authors' research.

**Table 3.** Disability friendly tourism amenities in key towns and municipalities of Istria in 2018.

Most Popular Tourism Towns and Municipalities in Istria	Overnight Stays in 2017	Hotels	Beaches	Museums and Galleries	Restaurants
Rovinj	3,820,909	6/14 (43%)	5/15 (33%)	2/6 (33%)	7/50 (14%)
Poreč	3,392,688	8/33 (24%)	3/16 (19%)	1/3 (33.33%)	11/35 (31%)
Medulin	2,773,352	3/7 (43%)	1/8 (12.5%)	0/0 (0%)	5/16 (31%)
Umag	2,633,617	8/12 (67%)	3/9 (33%)	0/2 (0%)	11/29 (38%)
Pula	2,079,990	6/18 (33%)	3/9 (33%)	5/13 (39%)	9/38 (24%)

Source: author's contribution.

As far as Istria is concerned, Rovinj, Poreč, Medulin, Umag and Pula are the top five tourism destinations by the number of overnight stays. The research shows that the town of Umag is more suitable for people with disabilities in three categories: accommodation—hotels, beaches and in the category of restaurants, which also makes it the most adapted city in Istria with 42.31% of accessible amenities (22 out of a total of 52 amenities analysed). Pula holds the second place in total amenities accessible to all (29.49%) and is the most adapted in the category of culture—museums and galleries. Then comes the municipality of Medulin with 29.03% of the content accessible to all. The fourth position of the most



adapted and visited place in Istria is held by Poreč with a total of 26.44% content for all, and the last position of the top five cities / municipalities in Istria belongs to Rovinj. The research shows that Rovinj, as the most visited city in Istria, should definitely pay more attention to the adaptation of tourist content and infrastructure to all groups of tourists, although generally all places in Istria lack quality and adequate amenities for this market segment.

#### *4.4. Interviews with the Units of Local Government*

The tasks of this part of the research were to examine with the aforementioned city authorities, in terms of accessibility, the following: (1) physical planning and other relevant documents of municipalities such as Istria County social plans, measures and activities for people with disabilities in urban development strategies, etc. (2) activities of organisational units or individuals, (3) participation in projects, (4) being informed on activities carried out in the city by third parties: collaboration, coordination, and networking (to investigate why, whether it be the public authorities, private companies or any organised group of people who decide to take measures aimed at reducing barriers to which certain social groups may consume on equal terms tourist products.)

The results have been the following: none of the selected cities and municipalities has a study or programme for the purpose of equalising the opportunities of people with disabilities, but activities and measures are an integral part of any city's development strategies, social programmes, spatial plans and health plans, some of which are from past planning periods.

When asked about their familiarity with the Social Plan of the County of Istria, i.e., the Plan for Health and Social Welfare of the County of Istria 2017–2020 in the past mandate period, one subject of the research had heard about it through the media, two other subjects stated that they were familiar with it, while the other two stated specific activities with which they were involved in the implementation, such as: coordination of activities and representatives of the city as members of working groups at the county level.

In the elaboration of the involvement of cities and municipalities in the implementation of the Social Plan of the County of Istria in the period 2017–2020, all research subjects state that coordination took place through the adoption and implementation of social plans (and health plans) at the level of the local government unit. Three respondents mentioned specific activities, from which we selected those which we believe have a significant direct impact on the guests' stay in the tourist destination (in the case of the two surveyed cities), namely: preparation of brochures/guides for better architectural accessibility of all important institutions for people with disabilities in the city, Motovun health school with central theme of Healthy urban planning, Repayment of part of the loan for the construction and equipping of Pula hospital, Co-financing of the Additional Emergency Medical Assistance Team.

We were also interested in the extent and through which activities cities and municipalities were involved in the implementation of the National Strategy for Equalising Opportunities for Persons with Disabilities from 2017 to 2020. Within that, only those activities directly related to tourist stays in the selected destination will be highlighted, i.e., ensured accessibility in public buildings (where possible, restriction of the old town centre in Rovinj), provision of marked parking spaces for vehicles with disabled marking, ensuring accessibility—passing ability of pavements for people with disabilities, arranging beaches and adapting them for people with disabilities, strengthening the sensibility of key people of the community and the entire community to support people with disabilities and their families, strategic planning and shaping of local support policies through the implementation of local documents that regulate local interventions in favour of persons with disabilities, networking of all community resources in support of people with disabilities, financial support to associations of persons with disabilities and associations that work programmatically for the benefit of persons with disabilities, the implementation of regulations for ensuring the accessibility of buildings for people with disabilities and

reduced mobility is monitored when issuing permits for the construction of new and reconstruction of existing buildings and use permits, during the construction of new and reconstruction of existing roads, construction or other obstacles are removed, and ramps are built on the roads to enable easier movement for people with reduced mobility, ensuring the accessibility of children's playgrounds, sports fields, and parks suitable for children with developmental disabilities—existing and newly built, treatment of persons with disabilities in risky situations and humanitarian crises.

Three of the five investigated, entities were informed of the appointment of a coordinator for the implementation of the National Strategy for the Equalisation of Opportunities for Persons with Disabilities from 2017 to 2020 for the county of Istria, and the fact that one of the three entities specified that the appointment decision has been published.

When asked whether the city/municipality has a specific organisational department or individual in charge of issues of persons/associations etc. with disabilities, i.e., special groups such as persons with disabilities, age groups 65+, parents with small children and similar, three research subjects stated that the activities are carried out within the administrations of the department for social activities; one subject has an advisor for general affairs and social welfare and the fifth subject has a senior associate for social welfare and health.

Two cities participate in the application and/or implementation of projects related to this issue, either as an applicant or a partner in projects. The municipality and one of the cities participate as partners of civil society associations, and one of the cities does not participate in any projects related to accessibility. One of the cities gave a description of the projects in which they participated, and the partnership resulted in: opening the first gym for people with disabilities and making cultural heritage accessible to everyone by encouraging inclusive tourism (rehabilitation of the stone lining of the promenade, new ramp, description of the mosaic of the basilica in Braille, training for tourist guides on how to communicate and deal with visually impaired people).

We were also interested in whether cities and municipalities are informed and in what ways the activities were carried out by a third party, for example public institutions, trading companies, a certain organised group of people, etc., in order to increase the accessibility of content to people with physical limitations, the disabled, or to people of advanced age. The interviewed subjects were informed through the submitted reports of the activity executors, thematic meetings with the activity executors, following websites and through direct communication. This is especially emphasised when dealing with institutions of which the subject is the founder or co-founder and in cases where it finances or co-finances the activities of civil society organisations.

In relation to all other stakeholders, we were particularly interested in the cooperation between the city/municipality and the corresponding tourist board/DMO (Destination Management/Marketing Organisation). We asked the interlocutors to indicate forms of connection or joint actions. We highlight the following activities: removing barriers in tourist resorts, ensuring conditions for safer entering/exiting the sea, adaptation of beaches, promotion of the opportunities that the city offers to people with disabilities, procurement of an electric drive for starting and controlling wheelchairs without a drive for easier movement of people with disabilities in the city centre, borrowing the device in the Tourist board / DMO free of charge (city of Umag), regular actions in cooperation with the police regarding proper parking in places for the disabled, adaptation of the official website of the Tourist Board of the city to people with disabilities and/or reduced abilities (city of Poreč).

## 5. Discussion and Conclusions

Accessible tourism provides mobile, visual, auditory and mental accessibility thus making users of universally designed products, services and environments eligible to act independently, equally and with dignity during holidays. The emphasis is on the fact that travel should be accessible to all because the right to rest and leisure is one of the fundamental human rights of every person, regardless of gender, age, disability or any

other status or condition. The accessible tourism market at the international level is a growing market segment that has at least two advantages: it leads to social inclusion, and it increases the competitiveness of tourist destinations as well as bringing good financial results to the tourism sector. At the same time there is no standard way to measure the accessibility of regions and countries across the world. There are also no standardised ways to describe the various types of online sources that meet the needs of different users.

A very important share in the world tourism market is represented by the elderly, which is increasing due to the general aging of the population. Considering the phenomena of the aging society all over Europe and developed countries, active senior citizens are a population that should not be neglected as they will continue to increase their tourist share. Europe currently has nearly 100 million senior citizens (65+), representing 19% of the total population and their share is expected to increase. Almost a half of Europeans over 65 have some type of disability.

Having an accessibility friendly tourism agenda will result in economic and socio-cultural impacts affecting all key stakeholders in a tourism destination. Stakeholder approaches are certainly one of the key steps in managing and implementing “accessible tourism for all”. In Croatia, the aforementioned document “National program for the development of social tourism: tourism for all” (Institut za Turizam 2014) proposes the launch of a National Network for Social Tourism Development, as a new and completely independent informal body made up of all stakeholders interested in the development of social tourism, such as ministries responsible for social policy and tourism and other public authorities, professional and civil society organisations, as well as other stakeholders interested in developing this type of tourism offer in Croatia. After so many years, the reach and impact of organising and coordinating stakeholders in the implementation of the national development programme should be examined in future researches. Besides the obvious positive effects on the health of PwD, accessible tourism could help reduce prejudice against them in addition to a parallel increase in the level of tolerance, acceptance, and respect for these target groups by residents and other stakeholders of tourist destinations and lead to an overall increased social inclusion of persons with disabilities.

The selection of best examples highlights the importance of travel information availability, tailor made offers of travel intermediaries as well as an adequate presentation of tourist attractions and heritage to facilitate sightseeing of PwD. The role of specialised travel agents is twofold; besides informing and offering specific tourism products in the pre-buying phase, they also provide assistance once the guests are at the destination.

The approximation of the size of the market for Istria county of 28% in both analysed years, indicates that this market segment is beyond a niche one, almost a mainstream segment, which is consistent with other research findings. The market size approximation takes into account also accompanying persons as the destination choice and the use of tourism destination amenities and facilities on holidays are based on the accessibility modifications of such products, thus affecting the consumer behaviour of the whole group travelling together. One of the limitations of this market size study lies in the fact that it did not include tourists with permanent or temporary disabilities in the age group 5+ up to 65. Thus, the true dimension of this market segment is in fact bigger than this research has revealed. The future of tourism development in this area lies precisely in the removal of existing physical barriers and the inclusion of the principle of universal design in the planning and construction of specific tourist facilities.

Regarding the County of Istria, the obtained results show that the town of Umag is the best disability friendly town in three categories: accommodation-hotels, beaches and in the category of catering facilities—restaurants, while the Town of Pula is the best disability friendly town in the category of culture—museums and galleries.

However, the applied interview method led to results that do not completely match the results of the desk research. The city of Poreč showed the highest level of engagement in terms of elaborated answers to the questions, followed by Pula, Rovinj, Umag and the municipality of Medulin. This research also showed there are differences between cities

regarding these issues and they can be associated with the previously analysed amenities available to everyone in them. Based on the results obtained from the applied interview method, it is established that vertical (international and national documents for equalisation of opportunities for persons with disabilities, programmes of social tourism development etc.) and horizontal (municipalities, tourist boards, etc.) coordination is ensured. It was observed that the vertical coordination is quite rigid and that units of local government strictly adhere to their jurisdiction. Furthermore, it is evident that not everyone is equally involved in higher-level planning; for example, not all cities/municipalities have members in working teams at the county level.

The above leads us to the following conclusion, which is that the application of a combination of research methods provides a more complete overview and more precise research results.

Given that we have conducted an interview with only one stakeholder so far, the next step would be the interviews of guests with disabilities and their accompanying persons as well as with the T&H sector. The peculiarity of this research lies in the fact that it is one of the few dealing with local government units and their role in accessible tourism. Most researches focus on exploring the attitudes of the demand side, seldom along with the determination of the market size. A significant number of researches present the offer side conceptions, while there are just a few available studies which also include other stakeholders.

Tourists, as well as the local population, need to be assured of the quality of the environment, infrastructure and superstructure, and have adequate access to the requested information on the possibility of accommodating persons with special needs. The authors believe that this can be further improved by vertical linking as well as by horizontal linking and stakeholder networking at the level of local government. "Accessible tourism for all" would be best realised in a local community that is accessible to people with special needs. Thus, tourists would be provided with not only certain amenities, although probably the most important ones, such as accommodation, beaches, culture (museums and galleries) and facilities (restaurants), but with a much wider range of amenities, which would result in better interaction between guests and the local population and the possibility for guests to express themselves better.

The criterion is those measures taken which effectively assist the disadvantaged groups in terms of accessibility. Within the aforementioned future research, special attention should be paid to human resources, increasing accessibility, strengthening institutional capacity and reforms implemented.

Addressing accessibility should be incorporated in any responsible tourism policy by default, acknowledging these vulnerable groups and providing revenue streams for accessibility friendly tourist destinations. Therefore, accessible tourism could be seen as a vehicle of transformation allowing everyone a dignified tourism experience.

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