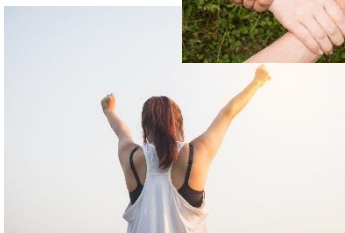


Accessible Tourism in the Netherlands

Sector Analysis Report 2017



Acknowledgements

At Wageningen University & Research, researchers working on the intersections between tourism, accessibility and health are engaged in two lines of research. The first line focuses on the therapeutic role of natural environments (e.g., blue- and green spaces such as forests, water and care farms). The second attends to the impacts of significant demographic and epidemiological trends (e.g., ageing, growing proportions of chronic illness and disability affecting people's mobility, senses and cognition) on the accessibility of tourism and travel opportunities.

This report concerns the second line of researchⁱ. In 2016 and 2017, Pieterneel Cremers, under close supervision of Meghann Ormond, has examined the state of the art of the 'accessible tourism' market in the Netherlands by means of a literature study and a survey amongst members of the *Nederlandse Branchevereniging Aangepaste Vakanties* (NBAV, Dutch branch organization for accessible tourism). In 2018, Paulina Schmitz continued the work of Pieterneel and finalized this report, which examines the current situation of the sector for accessible tourism in the Netherlands by first portraying supply and demand, and then using the structure of a SWOT analysis to investigate the sector's strengths, weaknesses, opportunities, and threats.

We are grateful for the support we received from Reiswerk, the Centre of Expertise for Leisure, Tourism & Hospitality (CELTH) and the NBAV, and hope this report is a first important step to fill in some knowledge gaps and to support this sector in the process of professionalization.

René van der Duim

Wageningen University

June 2018



ⁱ See also <https://www.wur.nl/en/Dossiers/Tourism/Tourism-six-themes/Accessible-tourism-health-tourism.htm>

Executive summary

This report examines the current situation of the sector for accessible tourism in the Netherlands by first portraying supply and demand, and then using the structure of a SWOT analysis to investigate the sector's strengths, weaknesses, opportunities, and threats.

Accessible tourism, also known as 'inclusive tourism' or 'barrier-free' tourism, has been recognized as a growing market segment within the larger tourism industry. Accessible tourism means tourism for all – including those with mobility, hearing, sight, cognitive, or intellectual and psychosocial disabilities, older persons, and those with temporary disabilities. Social efforts and business endeavors revolving around the idea of turning regular tourism products into accessible tourism products, have been fueled by changes in the socio-political climate of the last decade, such as the introduction of the Convention on the Rights of People with Disabilities (UNCRPD) by the United Nations in 2006 and its ratification by the Netherlands in 2016.

Although the entrance of a clear agenda regarding accessible leisure and tourism for all people into Dutch policies is a slow and ongoing process, organizations offering tourism products specifically targeted at people with disabilities have already existed in the Netherlands for more than 60 years. More recent developments include the formation of the NBAV, the *Nederlandse Branchevereniging Aangepaste Vakanties* (Dutch branch organization for accessible tourism), uniting 41 organizations under the umbrella of high quality tourism products for all.

The accessible tourism sector in the Netherlands is, just like its target group, characterized by diversity. There are organizations that offer complete travel packages (including transport, accommodation etc.) for multi-day holidays, some offer only daily care, others also medical care. Some of them also organize day trips and some stay with their groups in the Netherlands while others travel all over the world. However, all the members of NBAV must adhere to set standards of quality control, good information and communication, perfect care, and clear pricing in their portfolios. Insight information on the perceived strengths, weaknesses, opportunities and threats of the sector was obtained by conducting a survey among all NBAV members in December 2016.

Strengths of the accessible tourism sector identified by the NBAV were: large variety in offer, motivated and ambitious branch organization, motivated and loyal group of volunteers, and a unique focus on well-being. On the other hand, weaknesses have also been perceived, such as the heavy reliance on donors and governmental funds, lack of reliable data on the market situation, and lack of professionalism. Opportunities that the NBAV organizations have detected include a growing political and social awareness, the potential of the Dutch landscape and social environment, and a growing market in general. The external threats mentioned by the NBAV members revolve around an increase in care and care costs, the availability of volunteers, and the lack of education on accessible tourism.

Based on this SWOT analysis, recommendations for further development of the accessible tourism sector in the Netherlands aim at 1) advancing the professionalization of the branch organization, including better cooperation within and outside of the core sector, 2) creating a strong platform to put accessible tourism higher on the political and societal agenda, 3) promoting the concept of universal design to make the regular tourism sector more inclusive, and 4) working towards closing the knowledge gaps on accessible tourism, for example by integrating specified educational programs into tourism studies curricula and thereby mobilizing a new generation of well-aware tourism workers.

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1. Introduction

Tourism keeps growing and each year, more and more people travel to different places all over the world. Travelling is something we seem to take for granted but is not so self-evident for everyone. One group of people for which tourism practices cannot be taken for granted are those with disabilities. People with disabilities constitute a large part of today's society, estimated to be about 15% of the total world population (WHO, 2011). In the European Union, more than 80 million inhabitants have some kind of disability, ranging from mild to severe (WHO, 2011). Research has shown that in the USA, people with disabilities represent the largest and fastest growing market segment consisting of 50 million people (Burnett & Bender-Baker, 2001).

Disability is a part of human existence throughout history and across societies all over the world. It is a multidimensional phenomenon, as diverse and variable as any other characteristic that distinguishes one human being from another. At the same time, people with disabilities form the largest minority group in the world (WHO, 2011). And despite debates on human rights for people with disabilities leading to the United Nations' Convention of the Rights of Persons with Disabilities (CRPD) in 2006, there is still a lot to do in tourism for people with disabilities. According to a large-scale research carried out in the European Union, leisure pursuits and mobility are the two life areas where the largest proportion of people with disabilities reported barriers to participation (Eurostat, 2015a). Despite the fact that many countries recognize the importance of travel for people with disabilities, there are still important differences between countries and regions when it comes to tourism participation and holiday leave entitlement. The Australian government is one of the few that makes a distinction between tourism participation in general and that of people with disabilities (related to mobility, vision, hearing, learning or sensitivity) in their national tourism statistics. These data show that people with disabilities participate at the same rate for day trips, but at a much lower rate for overnight domestic and international travel.

This report zooms in on accessible leisure and tourism activities sector in The Netherlands. It provides information on where the sector currently stands and how it can further develop in the future.

1.1. Theoretical background

The position that people with disabilities have held and how this has influenced their treatment in the Netherlands is closely related to prevailing societal ideologies and scientific theories on disability (Van Leeuwen & Limpens, 2007). These are referred to as paradigms and have changed and will continue to change over the years. Since 1900, there have been three main paradigms in the Netherlands; the defect, development, and citizenship paradigms. The three paradigms succeed one another, but the arrival of a new paradigm does not mean that the previous one ceases to exist. All three paradigms are still visible in society today in the Netherlands and influence the daily lives of people with disabilities and society in general (Verdonk, 2011; Wuyts, 2010). Table 1 provides a summary of the different disability paradigms:

| | <i>Defect paradigm (1900-1970s)</i> | <i>Development paradigm (1970s-mid 1990s)</i> | <i>Citizenship paradigm (mid 1990s-current..)</i> |
|---------------------|---|---|---|
| Human vision | Person with limitations | Person with possibilities | Person with rights and duties |
| Status | Patient | Student | Citizen |
| Type of care | To tend to and treat | Train and develop | Support |
| Place | Institutions in society | Special facilities in society | Regular housing facilities |
| Societal | Segregation | Normalization | Integration/Inclusion |

Table 1: Summary of the three disability paradigms adapted from van Gennep (in van Leeuwen & Limpens, 2007)

How the role of disability in society changes over time is also reflected in the way in which different theoretical models of disability and health evolve in academia. Within disability studies, there are two main models; the

medical and the social model. The following two figures illustrate the main conceptual ideas of these two different models.

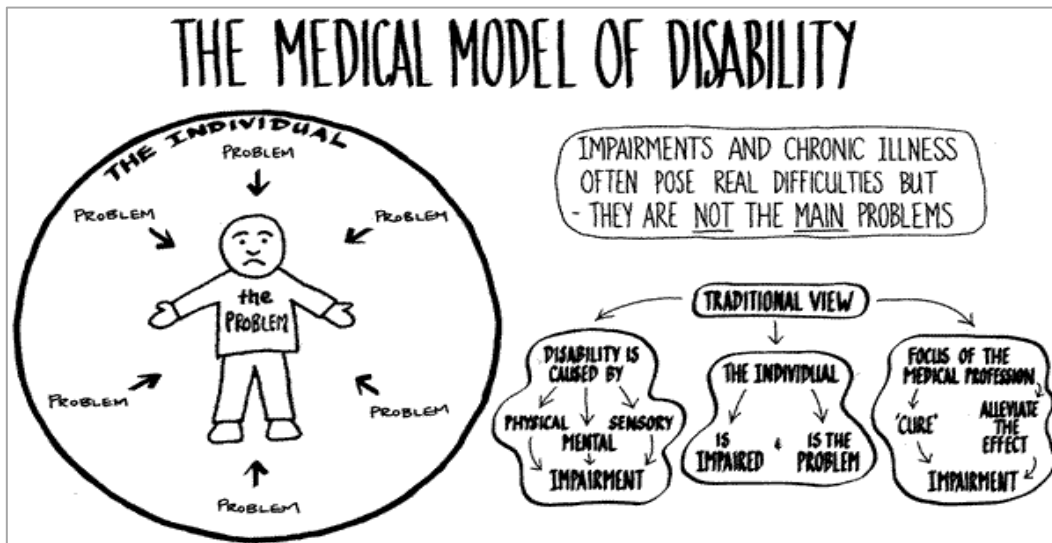


Figure 1: The medical model of disability. Source: <http://www.nicksrusade.org>

The medical model understands disability in terms of a physical or cognitive deficit that is inherent to an individual person and independent of external factors (Thomas, 2004; Jaeger & Bowman, 2005; Rothman, 2010). Disability is seen as a purely medical issue that is supposed to be treated, and if possible cured, by medical professionals using surgeries, therapies, and assistive devices. Relying on technological advances and modern medicine, the medical perspective proposes a path of rendering disabled people functional according to the norm and ultimately eliminating disability (Jaeger & Bowman, 2005). This way of thinking is rooted in a norm-based value system that defines certain standards of human functioning as “normal” and conditions that deviate to a certain degree from this norm as “disabled”. For example, the standard for normal functioning of the eyes determines poor vision or blindness as graduations deviating far enough from the norm to be considered disabled. Obviously, these norms are variable and prone to change in accordance to shifting societal values.

On a practical side, the medical model has a significant impact on the real lives of people with disabilities with regard to the accessibility of specialized services and social welfare. The model serves as the gatekeeper to supportive programs such as financial benefits, employment at a protected workplace and housing in assisted living institutions by filtering out those who meet medically established criteria that fall outside the norm and therefore into the classification “disabled” (Barnes, Mercer, & Shakespeare, 1999). This principle of separation ensures that public funds reach those people who presumably need them, but it also turns people with disabilities into passive recipients dependent on the expertise of medical professionals who are in control of the system (Rothman, 2010). Criticism of the medical model has led to the development of an alternative paradigm for understanding disability: the social model of disability. In this paradigm the emphasis shifts from the disabled individual to the disabling factors in society.

The social model claims that disability is to be understood as a form of social oppression that physically impaired people encounter, not as the physical impairment itself. It clearly separates impairment from disability, meaning that people are disabled by society instead of by their bodies (Shakespeare & Watson, 2002). Replacing the traditional medical mindset on disability, the social aspect that this model entails changed the ways in which both the disabled and non-disabled community look at the issues at hand.

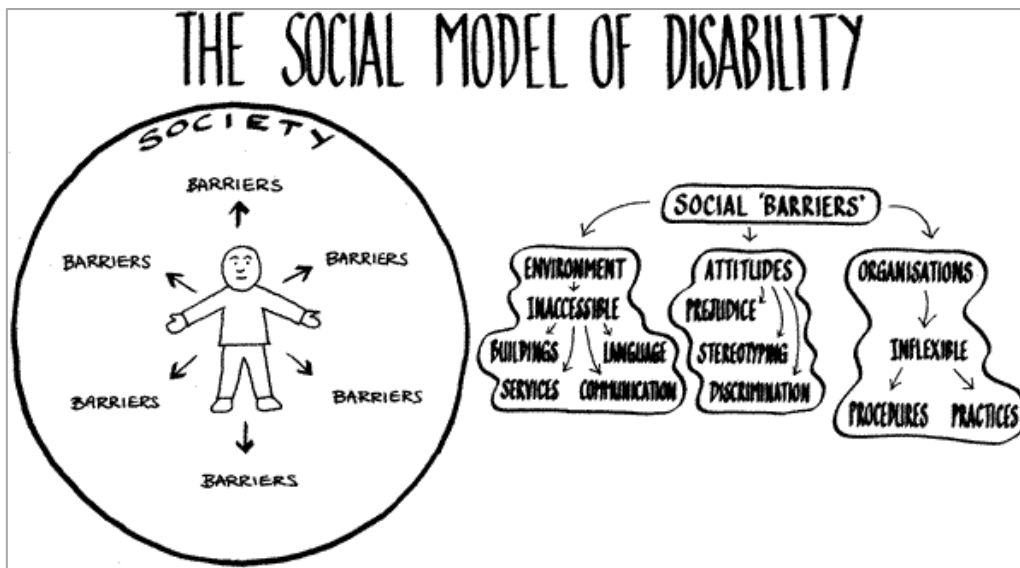


Figure 2: The social model of disability. Source: <http://nickscrusade.org>

According to this view, the problem is not located in the disabled person, but in the structure of society. Therefore, it is not the disabled person who needs to change, but society. Instead of focusing on medical treatment, the social model suggests that strategies for dealing with disability should be aimed at social change, inclusion and empowerment, or even a complete transformation of society (Shakespeare & Watson, 2002). Practically speaking, this translates to policies and laws of removing tangible barriers in the built environment and intangible barriers in institutional norms and attitudes in people's minds. Examples of such barrier removals are the construction of ramps for wheelchair accessibility, information provided in Braille for blind people, or inclusion programs in schools and workplaces.

The shift from the medical model towards the social model can be linked to the development and citizenship paradigm. The realization of physical, cultural, or social limitations in a built environment causing disability has led to a growing interest in (governmental) organizations to work on matters that concern the lives of people with disabilities, for example, accessibility of leisure and tourism opportunities.

1.2. Policies on accessible tourism

Tourism for people with disabilities is often referred to as accessible tourism. Dr. Scott Rains (2009) argues in his presentation *Inclusive Tourism - The way to go!* that it is of utmost importance to define what accessible tourism actually means:

"When people hear the word 'accessible' attached to tourism they think they have a pretty good idea what that means. And there is the problem. Almost everybody thinks they know what it means but, since it has never been fully defined, almost everybody has invented their own personal definition. That is a recipe for disaster. If travelers and the industry have no common language, then imagine how frequent disappointment and disputes will become? If hotel owners and construction teams have no way to describe the solutions they want designed and built, then how likely is either side to be satisfied with the result?"

According to the European Network for Accessible Tourism, there is no single, universally accepted definition of "accessible tourism" and the concept is evolving as it is applied in more and more contexts around the world (ENAT, 2017). The United Nations Economic and Social Commission for Asia and the Pacific provides the following definition:

“‘Accessible Tourism’ (also known as ‘Access Tourism’, ‘Universal Tourism’, ‘Inclusive Tourism’ and in some countries such as in Japan ‘Barrier-free Tourism’) is tourism and travel that is accessible to all people, with disabilities or not, including those with mobility, hearing, sight, cognitive, or intellectual and psychosocial disabilities, older persons and those with temporary disabilities.” (UNESCAP, 2009, p. 5)

This is an extensive definition, emphasizing that accessible tourism is not only for people with disabilities, but for everyone. According to the UNESCAP definition, accessible tourism therefore has a much wider focus than just adapting tourism facilities to the needs of people with disabilities. In their research, Darcy and Dickson (2009) work with the ‘whole-of-life’ approach, which indicates that about 30% of a population will have access requirements at any point in time - whether that is personally acquired permanently or temporarily as a result of an accident or injury, through knowing family or friends with access requirements, or with someone with whom they are travelling - and that most people will have a disability at some stage during their life. A solution to meet people’s access requirements for the travel and tourism industry and destination management is through the application of universal design principles; that is, providing access for all in the broadest sense (Darcy & Dickson, 2009). This can result in environments that provide more space and easier access, which is also beneficial for any traveler with any additional need for space or simplification of processes, such as students with backpacks, travelers with large suitcases, hurrying business people, parents with strollers, pregnant women, and people in a wheelchair (Kenniscentrum voor Revalidatie en Handicap, 2007). Organizing a fair where one day there will be no loud music or lights will be good for families with young children, but also for people with autism or epilepsy. Broadening this view on accessibility takes away the focus on creating accessibility exclusively for people with disabilities and widens the possibilities for everyone. The tourism sector could greatly benefit from making tourism for all, because this will broaden the target markets and result in financial benefits.

The very basics of accessible tourism development can be traced back to the Universal declaration of Human Rights, which was adopted on December 10, 1948. This declaration ensured freedom and equality without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status (United Nations, 1948). For tourism, articles 13 and 24 of this declaration are particularly important as they respectively ensure the freedom of movement within and outside of the own country and the right to rest and leisure, including holidays with pay. In a few countries this led to interest groups (either related to leisure/tourism or lobby groups of people with disabilities) working towards tourism for people with disabilities, but it was not until 1989 that the term ‘tourism for all’, which dealt with accessibility, was coined. This was in the form of a report that was published in the U.K and contained sentences like:

“Accessibility is an all-embracing concept”, “High standards of accessibility benefit everyone, and should always feature in information and marketing”, and “Catering for the needs of all potential visitors is good business” (Tourism for All, 2016).

In 2006, the United Nations introduced the Convention on the Rights of People with Disabilities (UNCRPD), containing multiple guiding principles on how the rights of people with disabilities should be respected. Articles 9 and 30 of this convention are particularly relevant for the tourism sector as they deal with, respectively, accessibility and the right to participation in cultural life, recreation, leisure and sport. The UNCRPD was signed by an unprecedented number of nations. However, while a number of countries have a significant history of having nationally based disability discrimination legislation, including building codes and standards for access, significant institutional problems with their implementation exist within and between countries (Buhalis & Darcy, 2011).

Only in April 2016 did the Netherlands ratify the UNCRPD, 10 years after it was set up by the United Nations. According to Bert Koenders, Dutch ex-minister of Foreign Affairs, a long preparation was necessary as many provisions of human rights treaties are directly applicable to the domestic legal order, and these requirements had first to be met. This long preparation process illustrates that people with disabilities still face too many barriers, both literally and metaphorically (Koenders, 2016). Moreover, the responsibility for the administration

of disability issues is divided over several ministries, such as Home Affairs, Health, Welfare and Sports, Social Affairs and Employment. This structure differs from those of other European countries and complicates making changes and decisions. For example, the United Kingdom is equipped with a designated Office for Disability Issues, which is part of the Department for Work and Pensions. This Office supports the development of policies to remove inequality between disabled and non-disabled people. Sweden has set up a clear disability portfolio in the agenda of the Minister for Children, the Elderly and Gender Equality.

In the Netherlands, it is hard to find a definition of accessible tourism and once found, the focus seems to be on physical accessibility. *Toegankelijk Toerisme Nederland B.V.* states on their website that it is their aim to improve the accessibility of holiday accommodation for people with physical disabilities and their family and friends and to make it easier to find these accessible accommodations. The booklet *'Toerisme voor iedereen – een andere manier van kijken'* encourages tourism entrepreneurs to think about the ageing Dutch population and emphasizes that it is not always easy for people with *physical* disabilities to go on a day-trip or holiday. For example, the booklet describes how entrepreneurs experience psychological barriers when they wish to cater for or focus on people with disabilities; entrepreneurs are afraid of creating too much of a 'hospital atmosphere' in their hotel. Furthermore, recent developments such as 'Design for all' and 'Universal Design' are discussed, which indicate a growing awareness of the importance of taking into account the diversity of people when designing our surroundings.

2. The sector in numbers

The following chapter provides an overview of the supply and demand for accessible tourism products in the Netherlands. We focus on the domestic tourism market: people living and spending their leisure time and holidays within the Netherlands, and companies located in the Netherlands offering tourism products on the Dutch market.

2.1. The demand side: People with disabilities in the Netherlands

It is difficult to estimate the actual size of the potential market for accessible tourism in the Netherlands: Firstly, there is no clear definition of what constitutes a disability and therefore different organizations use different definitions resulting in different outcomes. This is not only a problem within the Netherlands, as confirmed by the following explanation from a large scale European research: ‘Disability is a complex, evolving and multi-dimensional concept and population surveys may use various definitions, interpretations and approaches to try to measure it’ (Eurostat, 2015a). Secondly, there is no central point of registration for people with their wide variety of disabilities and no all-encompassing single statistical tool that reports all cases of people with all different kinds of disabilities in the Netherlands. Additionally, not everyone with disabilities makes use of the available support, making tracing even harder. As a result, different researches show different and often diverging numbers. Due to this, it is hard for the accessible tourism sector to show their social and economic impact within Dutch society. Different kinds of research are needed to contribute to creating a clearer picture for this sector and the position it holds in the Netherlands now and in the future.

It is important to realize that not all disabilities can be seen from the outside; there are a many people in the Netherlands with ‘invisible’ disabilities, for example certain intellectual or sensory disabilities. Next to that, even if people have the same kind of disability, each individual will have different needs for their leisure and holiday time.

For estimating the prevalence of people with disabilities in the Netherlands, a general distinction can be made between functional (physical) and mental impairments. The National Institute for Public Health and the Environment (*Rijksinstituut voor Volksgezondheid en Milieu*, RIVM) distinguishes the following functional impairments: limitations related to hearing, vision, and mobility. The following overview indicates what is meant by the different forms of impairments:

| Indicator | Description |
|---|---|
| Functional impairment related to hearing | Great difficulty with or unable to follow a conversation with one other person; or in a group of 3 or more people (if necessary with hearing aid). |
| Functional impairment related to vision | Great difficulty with or unable to read the small letters in the newspaper; or at a distance of 4 meters to recognize someone's face (if necessary with glasses or contact lenses). |
| Functional impairment related to mobility | Great difficulty or unable to carry an item of 5 kg (for example a full shopping bag) over a distance of 10 meters; Great difficulty or unable to bend down and get something from the ground; Great difficulty of unable to walk 400 meters in one stretch without standing still (if necessary with a stick). |
| Functional impairment | Great difficulty with at least one of the above-mentioned limitations. |

Table 2: Indicators of functional impairments (*Volksgesondheidszorg.info, n. d.*)

A large-scale questionnaire survey, the Health Monitor (*Gezondheidsenquête*), was first implemented in 2012 by the RIVM and the Central Agency for Statistics (*Centraal Bureau voor de Statistiek*, CBS). It contains information about the health, social situation and lifestyle of the Dutch population.

The Health Monitor of 2017 (CBS, 2018) shows that 11.8% of the Dutch population experiences at least one functional impairment in activities that require seeing, hearing, or mobility. This corresponds to a total number of approximately 2,015,600 people. The following table provides an overview of the total numbers of people with functional impairments living in the Netherlands in 2017, based on a total population size of 17,081,507 (CBS, 2018). The counts of the different columns do not add up exactly as the numbers are rounded off to full hundreds.

| Age group | People with at least 1 functional impairment | People with a hearing impairment | People with a visual impairment | People with a mobility impairment |
|--------------|--|----------------------------------|---------------------------------|-----------------------------------|
| 0-20 | 72,500 | 22,900 | 30,500 | 34,400 |
| 20-29 | 77,600 | 12,900 | 32,300 | 43,100 |
| 30-39 | 90,200 | 24,600 | 20,500 | 49,200 |
| 40-49 | 221,500 | 63,600 | 63,600 | 148,500 |
| 50-64 | 665,800 | 127,500 | 141,700 | 354,200 |
| 65-74 | 317,300 | 52,900 | 71,100 | 246,200 |
| 75+ | 549,200 | 176,400 | 45,600 | 479,700 |
| Total | 2,015,600 | 529,500 | 512,400 | 1,503,200 |
| Men | 720,400 | 262,700 | 211,900 | 457,700 |
| Women | 1,291,000 | 266,800 | 292,600 | 1,050,000 |

Table 3: Total numbers of people with functional impairments living in the Netherlands in 2017 (CBS, 2018)

The following graph illustrates the relative share of people living in the Netherlands with at least one functional impairment related to hearing, vision, or mobility in 2017 by age group and gender (CBS, 2018):

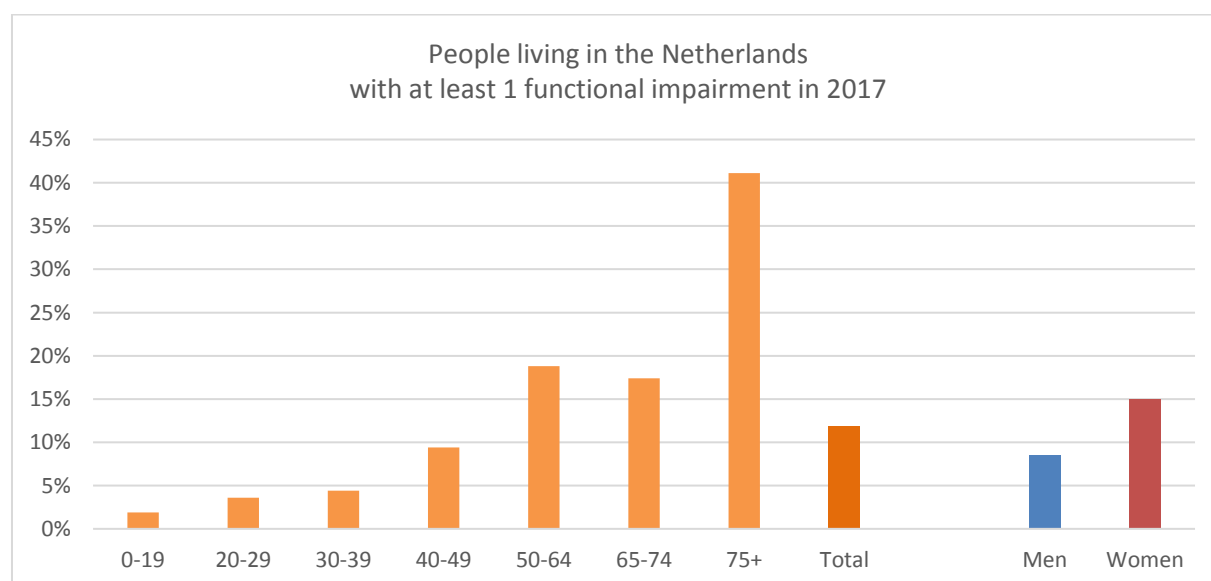


Figure 3: Relative share of people living in the Netherlands with at least 1 functional impairment in 2017 (CBS, 2018)

The graph below indicates the prevalence of the different functional impairments related to hearing, vision, mobility by gender and age (CBS, 2018):

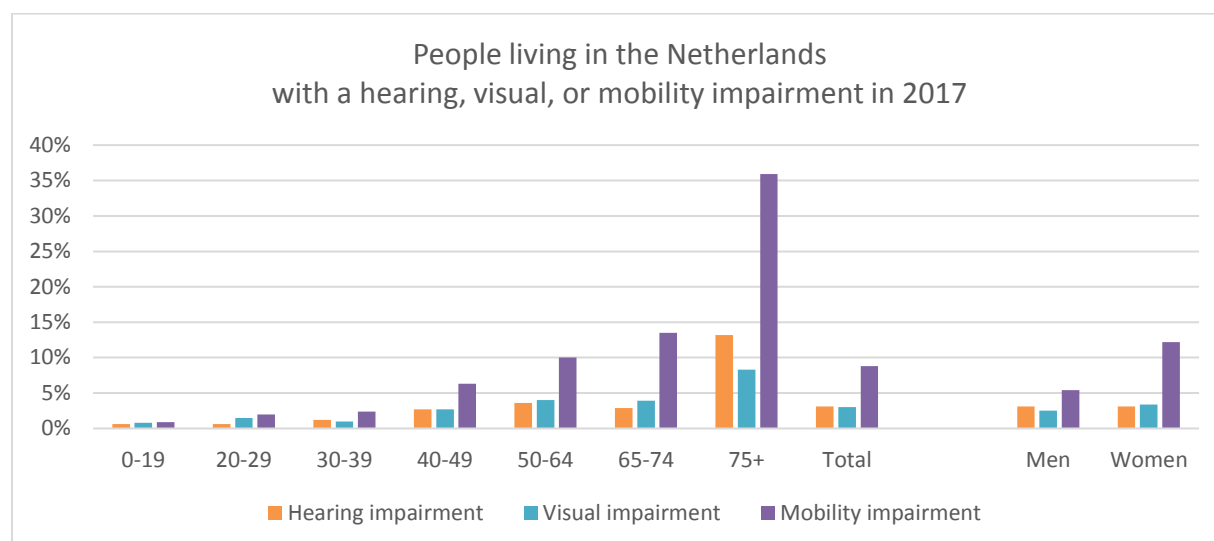


Figure 4: Relative share of people living the Netherlands with a hearing, visual, or mobility impairment in 2017 (CBS, 2018)

According to the Health Monitor (CBS, 2018), functional impairments related to hearing, vision, and mobility increase with age and generally affect women more than men. Impairments related to mobility affect relatively more people than impairments related to hearing or vision and form the biggest group of experienced functional limitations.

Estimating the prevalence of mentally impaired people in the Netherlands is similarly difficult and depends on the definition used. Many new cases of intellectual disability emerge before or around the moment of birth. Severe preterm birth, far too low birth weight or having a congenital chromosomal abnormality contribute to the development of an intellectual disability (Schalock et al., 2010). In addition, there are many rare genetic disorders that are associated with an increased risk of intellectual disability. Both pre and post-natal infections can lead to serious brain damage and intellectual disability. In addition, lead poisoning, iodine deficiency, near drowning or serious head injuries can cause intellectual disabilities in young children. Generally, boys are more at risk for conditions around birth than girls (Schalock et al., 2010). Often the cause is unknown. According to Schalock et al. (2010), a mental impairment is determined on the basis of the intellectual functioning (IQ) and the need for support. Traditionally, the level of intellectual functioning has been subdivided as follows (Schalock et al., 2010):

| Level of mental impairment | Intellectual functioning |
|----------------------------|--------------------------|
| Mild | IQ 50/55 – 70 |
| Moderate | IQ 35/40 – 50/55 |
| Severe | IQ 20/25 – 35/40 |
| Profound | IQ lower than 20/25 |

Table 4: Classifications of intellectual functioning (Schalock et al., 2010)

According to this classic definition (IQ lower than 70), the Netherlands Institute for Social Research (Sociaal en Cultureel Planbureau, SCP) estimates that there are approximately 142,000 people with intellectual disabilities in the Netherlands in 2013, corresponding to approximately 0.85% of the population. Roughly splitting this share in half, approximately 74,000 people have a mild intellectual disability and approximately 68,000 people are estimated to be affected by a severe mental impairment (SCP, 2013).

Though it is possible to make estimations about how many people living in the Netherlands have physical and mental impairments are, these numbers do not directly correspond to the size of the market for accessible tourism. Not everyone with disabilities make use of accessible tourism products. The survey carried out amongst the NBAV members (*Enquête NBAV branch rapport, 2016*) enquired about the average number of people these organizations serve on a yearly basis. This ranges from 85 to 10,000 people per year, depending on the type and size of the organization, but it remains unclear what the proportions of people in the different categories of disability are who make use of the different tourism offerings. Some organizations provided information on the number of nights, making it hard to come to a precise total number of people that make use of these facilities, but an estimation of this number lies between 75,000 and 125,000 people per year. European research shows that travelers with disabilities are relatively well represented in the Netherlands, with more than 80% reporting to have travelled during the last year (European Commission, 2013). They spend an average of € 73,10 during a day trip and € 95,50 per day on overnight trips, which last around 6.5 days when they are domestic and 10.8 days when they are intra EU (European Commission, 2013)

| IN SUM | The demand side |
|---|-----------------|
| <ul style="list-style-type: none"> • In the Netherlands there are around 2 million people with at least one functional impairment, with the largest share related to mobility impairments, and approximately 142,000 people with a mental impairment. • NBAV members serve on a yearly basis approximately 75,000 and to 125,000 people. • The number of people with physical and mental impairments living in the Netherlands is growing, also due to ageing. | |

2.2. The supply side: the NBAV

The Dutch government has been late in ratifying the rights for people with disabilities and therefore there has not been any impetus to make tourism accessible for people with disabilities. This, however, has not stopped people from founding organizations for accessible leisure and tourism in the Netherlands over the years. Most of these organizations are based on personal experiences and/or personal motives to do ‘something good’ and work towards equality between people with and without disabilities. Some of these organizations have been around for more than 60 years.

Although the number of organizations for accessible tourism in the Netherlands is not entirely clear, 41 of them have joined forces and set up the *Nederlandse Branchevereniging Aangepaste Vakanties* (NBAV, Dutch branch organization for accessible tourism) in order to share knowledge and lobby. Within this branch organization, there are 20 holiday providers, 17 accommodation providers, 3 which offer both accommodation as well as holiday packages and 1 acts as a travel agent:

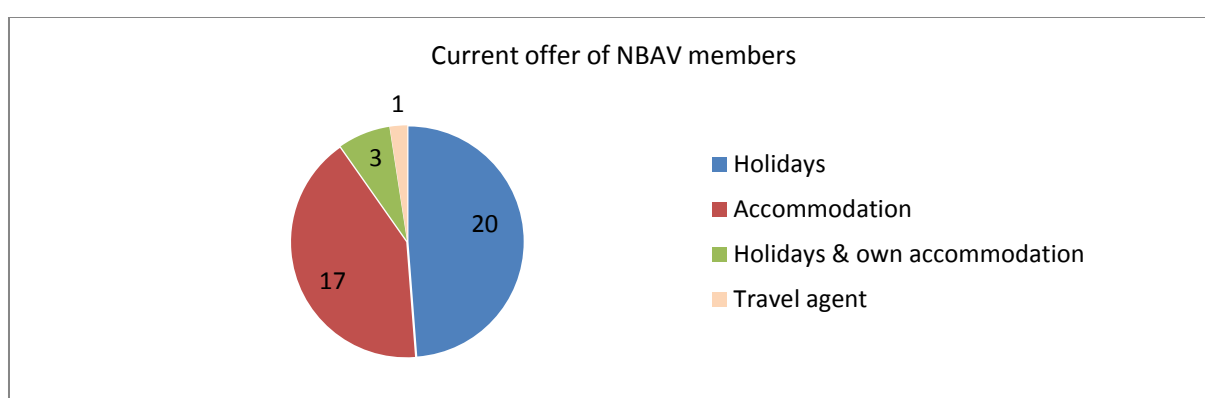


Figure 5: Overview of current offer of NBAV members

The NBAV members also target different groups of people with disabilities. A slight majority focusses on people with intellectual disabilities, but many organizations also focus on people with physical disabilities. Most of these organizations target more than one specific group of people with disabilities.

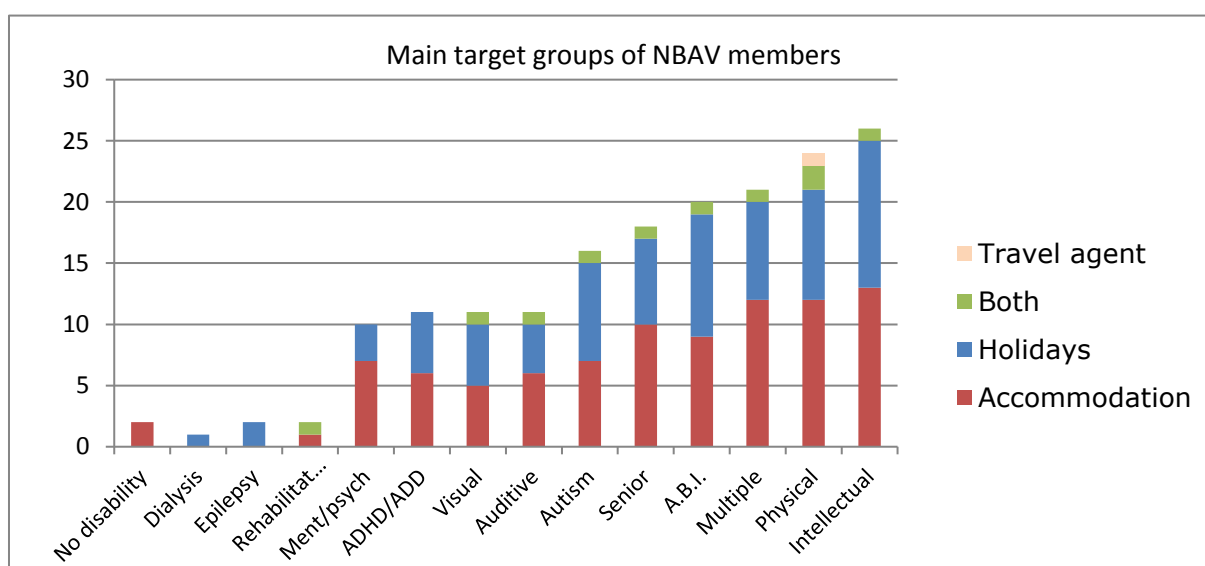


Figure 6: Main target groups of NBAV members

Though all organizations that are members of the NBAV are located in the Netherlands, the product range offered goes beyond the Dutch and even the European border:

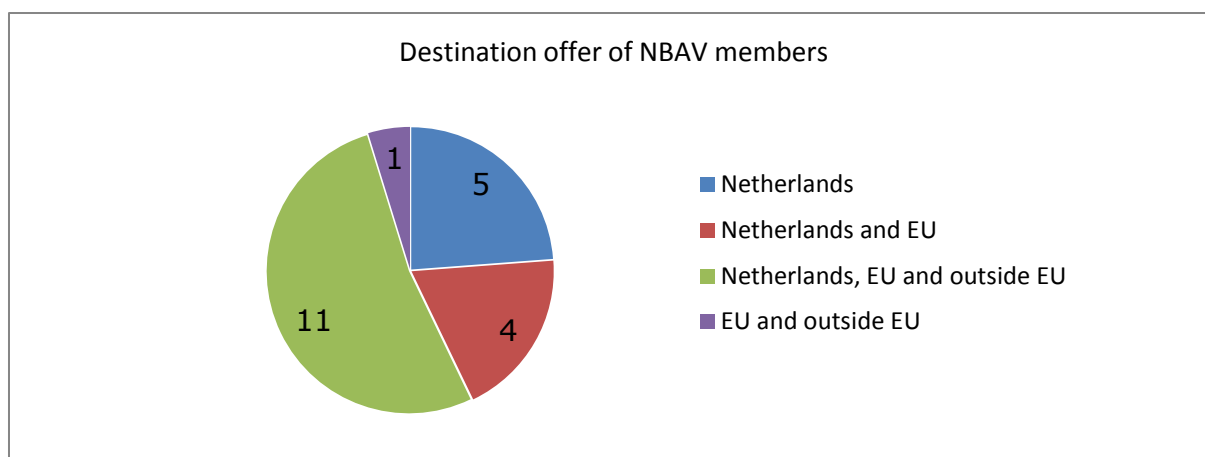


Figure 7: Destination offer of NBAV members

The accessible tourism sector is, due to care provision and extra guidance, very labor intensive. In order to carry out their services, many organizations rely heavily on the commitment of volunteers. Without volunteers it would not be viable practically and financially to offer these kinds of activities. Thankfully, the Netherlands has a large group of volunteers. Research carried out in 2017 by Bekkers, Schuyt and Gouwenberg shows that 36% of the Dutch population participate in volunteer work for a societal organization at least once a year (Hetem & Franken, 2015). Research carried out by CBS (Statistics Netherlands) shows that in 2010, 92% of volunteers mostly or always enjoyed their volunteer work. Volunteer work related to nature or care are mostly carried out because people think it is fun. The reason for participating in volunteer work is often intrinsically motivated: volunteer work provides new insights (54%), important to help others (58%), learn new skills (54%). The external fact that it looks good on a CV scores much lower (36%) (Hetem & Franken, 2015).

Of the 41 NBAV branch members, 20 organizations rely on volunteers. Depending on their size and products, they indicate that they have between 2 to 8000 volunteers in their database, although not all of them are actively involved. The dedication and commitment of volunteers is an advantage in accessible tourism.

| IN SUM | The demand side |
|--------|--|
| | <ul style="list-style-type: none"> • The NBAV consists of 41 organizations catering for accessible tourism; 20 are holiday providers, 17 are accommodation providers. • Most organizations target more than one specific group of people with disabilities. People with mental disabilities are targeted by slightly more organizations than people with physical disabilities. • 20 organizations rely on volunteers for their operations. |

3. SWOT analysis

The following chapter presents an analysis of the strengths, weaknesses, opportunities, and threats of the accessible tourism sector in the Netherlands as they are perceived by member organizations of the NBAV. The results of this SWOT analysis were derived from a survey conducted among all NBAV members in December 2016. The table below exemplifies the questions used to elicit information on the perceived current positionality of accessible tourism providers in the Netherlands:

| Component | Level of analysis | Questions |
|---------------|--------------------|--|
| Strengths | Internal, positive | What do you do well? What are your advantages? What do other people see as your strengths? What unique resources do you have? |
| Weaknesses | Internal, negative | What do you do poorly? What should you avoid? Where do you have fewer resources than others? What will others likely see as your weaknesses? |
| Opportunities | External, positive | What are the good opportunities you face? What are interesting trends of which you are aware? Who are your potential allies? |
| Threats | External, negative | What obstacles do you face? Does your group have all the required skills for the job? Do competitors already exist? |

Table 5: Structural components of SWOT analysis

3.1. Strengths

The main strengths of the accessible tourism sector that were identified by the NBAV members were: large variety in offer, motivated and ambitious branch organization, motivated and loyal group of volunteers, and a unique focus on well-being.

Large variety in offer

There is a large variety in supply, from day activities to accommodations or multi-day holidays. Some organizations only provide opportunities within the Netherlands, while others offer trips to other European countries and outside of Europe. Also, the group they cater for can vary; certain organizations focus only on people with physical disabilities, others on people with intellectual disabilities and some organizations cater for all different kinds of disabilities. The general impression is one of large diversity in the products offered and target groups catered for, addressing a variety of personal needs and preferences.

Motivated and ambitious branch organization

The NBAV is developing the accessible tourism market in the Netherlands by sharing and bundling the experiences and knowledge of their member organizations. Twice a year the NBAV organizes a member meeting in which they discuss what has been achieved and what points they, as a branch, should focus on for the future. To create structure in the organization and alleviate the tasks of the board, they have indicated the following 5 main points of focus within the branch organization:

1. Quality certification: All NBAV members have been assessed by an external assessor in order to receive the NBAV certification (see below);
2. Connection and bond between members: The cooperation of the different members should lead to knowledge sharing, which leads to a more professional sector and lobby towards government and policy makers;

3. Recruitment of new members: Not all accessible leisure/tourism providers in the Netherlands are part of the NBAV yet, but as more organizations join, it will be easier to guarantee the quality of these organizations and create a lobby towards government and policy makers;
4. Reputation and awareness of NBAV: In order to inform people better about NBAV organizations, more effort (e.g. social media, fairs etc.) needs to be put into informing different groups of people with disabilities about the offer of the NBAV organizations;
5. Representation of interests: The NBAV board is in charge of anticipating and finding out what the main interests of the NBAV members are and how these can be best looked after and tackled.

INFO BOX**NBAV activities**

The NBAV has created small working groups. These groups work independently, but with a link to the board. They can be responsible for both policy preparation and implementation. The idea behind these working groups is also that they create commitment and connection between the members throughout the year. A workshop at the start of 2017 indicated 'the experience for the client/guest' as the main communal interest of the different NBAV members, which creates a strong link between the organization to continue their cooperation within the branch organization. The 2016 survey (Enquête NBAV branch rapport, 2016) also indicated the hope and aim to work towards further brand awareness of the NBAV and further professionalization (e.g. be the first point of reference for clients/guests, own collective labor agreement, strong negotiating partner) as a communal goal for the future of the NBAV. Almost all organizations indicate that they lack the time to invest in deepening their knowledge and keep up with all the rapid changes and developments that affect their organizations, making the branch a very welcome platform to learn from each other and share information. These joint interests and goals help motivate the individual members to invest in the branch organization.

The basis of the NBAV's first point of focus - 'quality certification' - is the NBAV quality mark. It shows that the NBAV works towards guaranteeing and maintaining quality amongst its members. The Netherlands is unique in this certification. By setting up strict quality criteria, such as clear information provision and communication about the organization and holiday and/or accommodation, personally adjusted care, clear booking conditions, transparent pricing, accurate insurances and reliable and well-trained staff (NBAV, 2014) and making sure these are met by its members, people with disabilities will have a good experience and no rude shocks during the booking process, holiday and afterwards. It stands for quality, security and transparency. The accreditation is carried out every three years by the independent Stichting Keurmerk Milieu, Veiligheid en Kwaliteit (KMVK). This foundation is specialized in the accreditation of tourist accommodations and is a cooperation between RECRON, HISWA Vereniging and the ANWB. Different criteria have been developed for accommodations and holiday providers. The NBAV currently has a working group dedicated to further develop and improve this quality mark by reassessing the certification process and criteria. Two of their points of focus are to see if they can incorporate the viewpoint of the guests in the accreditation process and how they can make clear which provider serves what type of disability.

Large group of volunteers

Half of the NBAV organizations depend on volunteers, which is highly appreciated and a very important condition for the service quality of the holidays. Volunteers assist in the form of supervision and care work during vacation stays, representing an organization at open days and travel fairs, or simply helping out with administrative tasks. There are no exact numbers, but it seems many volunteers are loyal to an organization and return each year (or several times a year) to the same organization.

Unique focus on well-being

Where holidays are often seen as just a break from our daily lives and routines, research has shown that a holiday for people with disabilities can be more than that. Recent research clearly indicates the positive relation between leisure and well-being and identifies formation for people with different kinds of disabilities (Berends, 2017; Peters, 2017; Isrif, 2017; Schmitz, 2017).

INFO BOX

Tourism and well-being

According to Badia et al. (2013) leisure activities can contribute to the well-being of people. Scholars have even argued that leisure can play a more important role in achieving psychological well-being than most other factors that have been tested as predictors of an individual's life satisfaction, such as sex, education, religiosity, marital status, age, health, employment status, and income (Newman, Tay, & Diener, 2014). Research that looked into the effects of a specialized holiday on the sense of happiness and subjective well-being of people with disabilities showed that the psychological mechanisms of mastery, autonomy, affiliation, detachment-recovery, and meaning (Newman et al., 2014) can be experienced more intensely on holiday than at home, depending on the home situation (Schmitz, 2017). A positive effect on any of these five mechanisms can lead to an increase of subjective well-being and happiness.

Being in natural environments can also have beneficial effects on people (with disabilities) (Gesler, 1992; Völker & Kistemann, 2011). In academia, this is part of the broader agenda on therapeutic landscapes. A therapeutic landscape is a space (not necessarily a natural area) that is considered to have restorative qualities. Being in nature for example, fosters mental and physical well-being, and a degree of isolation from the stress of everyday life may improve health (Gesler, 1992). Natural environments with water, so-called blue spaces, are particularly associated with health and well-being. Proximity to the coast, for example, is positively associated with stress reduction and physical activity (Bell, Phoenix, Lovell, & Wheeler, 2015; White, Alcock, Wheeler, & Depledge, 2013). Research (Isrif, 2017) has shown that active (water sports) holidays for children with disabilities between the age of 12 and 14 can have therapeutic effects. On top of that, it can contribute to an increase in self-assurance, independence and personal growth. The positive effects and increase in well-being of people with disabilities can result in better (subjective) well-being and lead to a decrease in (care) costs because people feel less need for care in certain areas.

Data from the Netherlands does not exist, but national surveys in the USA show that 6.5% of children experience limitations to participation in daily activities, such as sports and hobbies. Children with a disability thus participate less in leisure activities, while those activities, in particular recreational camps and sport activities, have been identified as being important for identity development (Groff & Kleiber, 2001). By participating in leisure activities one can try out alternative roles (e.g. not the role of the handicapped, but musician, athlete, etc.) or just affirm one's leisure identity (Kivel & Kleiber, 2000) and the leisure setting can provide opportunities for identity exploration and self-definition (Goodwin & Staples, 2005).

Next to this, Berends (2017) also indicates that for young people with disabilities being away from home for leisure and tourism purposes in combination with solid guidance at home can possibly lead to better coping and accepting of a disability and greater independence in the long term. The break with daily patterns and routines can bring about new experiences and the contact with others can also show them new insights about their own capabilities.

Forming a positive identity and discovering abilities instead of disabilities can also have many positive effects. When people with disabilities become aware of and feel more secure about their capabilities, this can, for example, result in them having the confidence and knowledge to take on a paid job that they would not have thought they were capable of doing before. This can again lead to a decrease in costs of governmental subsidies.

3.2. Weaknesses

The main weaknesses of the accessible tourism sector identified by the NBAV members are: heavy reliance on donors and governmental funds, lack of reliable data on the market situation, and lack of professionalism.

Heavy reliance on donors and governmental funds

Offering leisure and tourism opportunities for people with disabilities is costly, due to adaptations to be made and the number of staff involved, and these costs will continue to rise over the years (due to e.g. ageing population, higher care costs). As such, many organizations, as well as people with disabilities, have to rely on donors and governmental funds. As such, they are dependent and need to know what funds are available and which donors are interested. The recent decentralization process in the Netherlands has made it even more difficult to have access to these funds and donors seem to be more critical on how they spend their money. They look for 'proof and evidence' before investing in or donating to accessible tourism developments, ventures or organizations.

For people with disabilities, the decentralization process has affected the access to the PGB (persoonsgebonden budget; personal adjusted budget), which is now spread over three different processes with different actors responsible for the allocation and disbursement of this subsidy. This makes it difficult for many of the (possible) recipients to have clear guidelines on where they can get the subsidy and what they can use it for. The PGB can be used to cover (part of the) holiday costs, but the ambiguity in the procurement process often causes people to lose their way in the system or prevent them from wanting to get involved in the hassle of applying for it; the result is in either having to pay the higher costs themselves, or not being able to afford to go on holiday. This shows that the market is fairly vulnerable as it is dependent on these kinds of subsidies.

Lack of reliable data on the market situation

Specific data on the number of people participating in accessible tourism and their personal characteristics and preferences are hard to find. Though extensive data on the demographics and behavioral patterns of regular tourists in the Netherlands exists, the accessible tourism sector has not received much attention in such statistics so far. More and accurate data would be greatly appreciated by the members of the NBAV to serve as the basis for business decisions to optimize the tourism product and keep up with (inter)national trends in tourism. This sector report is only a first and very small step towards filling this gap.

Lack of professionalism

The accessible tourism sector in the Netherlands is relatively young and this means that there are still steps to take in order to grow and further develop into a strong and professional sector. The set-up of the NBAV, the converging of 41 organizations, is a step in this direction. The NBAV is, however, still a young branch organization, which has been working hard over the past few years to become better known to its target markets, potential partners and the 'regular' tourism sector. They wish to receive recognition for the accessible tourism sector and the NBAV quality mark and to make accessible tourism in the Netherlands more mainstream. However, many NBAV members are small organizations which makes it a challenge to run their business while at the same time make the necessary time to really invest in the branch organization. Moreover, the NBAV organizations are of different sizes, have different target groups, products etc. which results in different interests for different members, making it more difficult for the branch organization to create a common agenda. On the other hand, some organizations are also very similar, which means that they can be one another's competitors, making it difficult to freely share knowledge and learn from one another.

As mentioned before, volunteers play an important role in the execution of many accessible leisure and tourism products, which also relates to professionalism. Some volunteers might be professionals who volunteer to carry out their tasks, but a large number of volunteers do not have the background for the tasks they are carrying out

(e.g. care procedures, guiding, coaching etc.). The deployment of volunteers also makes the sector vulnerable in case the number of volunteers drop, and also because not enough is known about the volunteers and their motives and loyalty.

3.3. Opportunities

The opportunities of the accessible tourism sector identified by the NBAV members are: growing political and social awareness, potential of the Dutch landscape and social environment, and a growing market.

Growing political and social awareness

With the ratification of the UNCRPD in April 2016, the Netherlands shows, although it being relatively late, the growing political awareness of the rights of people with disabilities. It now works towards implementing the content of this convention in close cooperation with different stakeholders, including representative organizations, employers and municipalities to create societies that make life easier for those with disabilities. However, the ratification of the UNCRPD on its own is not enough, it must be supported by nationally based legislation, not just in the areas of disability discrimination but also in the areas of national building codes, standards for access and mobility, and across administrator procedures. And even when these are in place, there needs to be a political will to implement and enforce the legislation and this often proves to be problematic (Buhalis & Darcy, 2011). The government also needs to stimulate local and private initiatives as much as possible, but also people with disabilities need to shape the agenda themselves (Koenders, 2016). This opens up opportunities for the NBAV and other initiatives to create a lobby for further development and investment in the accessible tourism sector.

Dutch landscape and social environment

In general, people with disabilities live in societies designed primarily for the able-bodied and this incurs social and physical barriers for their participation in leisure activities (Hua, Ibrahim, & Chiu, 2013). Due to this, physical accessibility to certain places and locations in the Netherlands leaves much to be desired. It can be argued however, that the Netherlands has the potential to be very suitable for people with disabilities. Firstly, most of the country is flat, there is a wide array of walking and cycling paths and a large public transport network, all characteristics that can contribute to an accessible tourism destination. Recent initiatives include projects that aim at making nature areas (e.g. Natuur zonder drempels, Natuur - toegankelijk voor iedereen) and museums, football stadiums, zoos and theme parks (Onbeperkt eropuit) more accessible.

Secondly, more and more people in Dutch society have become aware of the right to leisure and tourism possibilities for people with disabilities and are working towards ensuring this. This makes for a welcoming social environment and, while there is still much room for improvement, this awareness provides a solid base to further develop the accessible tourism market in the Netherlands.

A third welcoming factor in the Netherlands is the language. Despite the fact that Dutch is the mother tongue in the Netherlands, the Dutch know their languages: 90% speaks English, 71% speaks German and 29% speaks French (European Commission, 2012). This does not only make the development of accessible tourism interesting for the Dutch market, but also for visitors from other countries.

Growing market

Despite ambiguity in numbers of people with disabilities, we do know that people with disabilities constitute a large part of today's society. In the EU alone, it is estimated that there are between 70 and 80 million people living with some kind of disability (Eurostat, 2015b; WHO, 2011). Research shows that, in the EU, more than half of this group, almost 45 million people with disabilities (8.9% of total European population (~508,200,000,

(Eurostat, 2015c)) indicate that they experience barriers to their leisure participation (Eurostat, 2015b). The same research indicates that within the Netherlands 1.5 million people (8.8% of the national population) experience barriers to leisure participation (meaning hobbies or interests that involve spending time with other people), which points towards the necessity of improving leisure opportunities for people with disabilities by enforcing the guidelines of the UNCRPD.

As people get older, they often acquire some kind of disability, so with our global ageing population it is expected that the number of people with disabilities in our society will grow in the years to come.

INFO BOX Ageing population

At the start of 2017, the Netherlands had 3.1 million people 65 years and older (18.1% of the national population) and 0.7 million (4.1% of the national population) were over 80 years old. The CBS (Statistics Netherlands) predicts that this number will rise rapidly in the coming years. It is expected that in 2040, there will be 4.7 million people of 65 years and older (26% of the national population), with 2 million over 80 years old (11% of the national population) (CBS, 2017). Figure 5 shows that the age groups of people without disability are relatively equal, but that the older people get, the more they have to deal with disabilities. It also shows that this older population has grown in numbers over the years.

Next to the fact that the number of individuals with disabilities is still rising, people with mobility issues often have more money to spend than is regularly assumed, as a result of employment but also as a result of welfare subsidies like the PGB (Ray & Ryder, 2003). Although people with a disability indicate that their disability makes it more difficult for them to get or do paid work, some 43 percent of them had a paid job of at least 12 hours per week in 2009 (Lautenbach & Sanders, 2010).

Finally, the growth in market is not only caused directly by people with disabilities, but also by people who travel with them. The so-called 'multiplier effect'. Research has shown that Dutch people with disabilities have an average of 2.1 travel companions (European Commission, 2013). Next to that, as discussed in the introduction, making leisure and tourism facilities more accessible does not only benefit people with disabilities, but can also benefit other groups of people (e.g., elderly, families, pregnant women) and individuals (e.g., no one complains if there is more room in the bathroom).

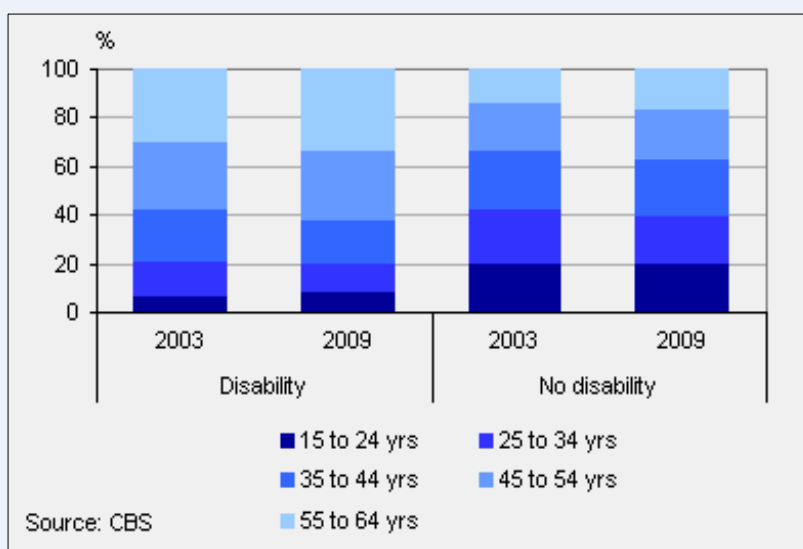


Figure 8: People with and without disability in the Netherlands by age (Lautenbach & Sanders, 2010)

3.4. Threats

The threats to the accessible tourism sector identified by the NBAV are: Increase in care and care costs, availability of volunteers, and the lack of education on accessible tourism.

Increase in care and care costs

People with disabilities often receive care when they are at home (e.g. someone who provides care, support materials etc.) and often this has to continue when they go on holiday. There are different ways of receiving care at the holiday destination, but it is not always easy to find out how this is possible and where to get this information. This results in missed opportunities to go on holiday or having to pay unnecessarily for extra care. Several factors contribute to this situation.

First of these is the decentralization. At the start of 2015, which was a year before the ratification of the UNCRPD (putting equal treatment and better accessibility higher on the agenda), the Netherlands started the process of decentralization. There are two reasons for this decentralization. First, the welfare state in the Netherlands was no longer feasible due to the continuous increase in health care costs. The Dutch government therefore aims to lessen the collective expenditures via, amongst others, the reclassification of social services and decentralization of certain tasks. This means that a large part of care responsibilities, including care for people with disabilities, has moved from the national government level to the municipal level. With over 400 separate municipalities now involved, this results in differences, inconsistencies and ambiguity in dealing with the allocation of certain care and funds.

The second reason for the decentralization is to increase independence and societal participation of citizens, one of the main goals of the new 'participatory society'. The shift in responsibility is said to bring policy decision-making closer to the citizens, making it more customized and efficient (Ruano et al., 2016, in van Nimwegen, 2017). More emphasis is put on people doing volunteer work and helping each other instead of the government doing this. Also, the allocation of the PGB would contribute to making people with disabilities more independent and in charge of organizing their own care. However, the changes in the PGB constitute a clear example of how decentralization affects the participation of people with disabilities in leisure and tourism activities. There are now four different procedures, instead of the two that existed before 2015, from which an individual can request a PGB and different actors play a role in the allocation of this budget. Research (Matthieu, 2017; van Nimwegen, 2017) shows that the involvement of these different actors has resulted in much ambiguity between municipalities and how people can now use their PGB for holiday purposes. Also, accessible tourism providers indicate the increase in administration due to the change in the PGB.

At the same time, there is also a cut in expenses incorporated in the decentralization, resulting in the reduction of budgets available for people with disabilities. This directly affects the financial means of these people to engage in leisure or tourism activities. And this is in direct conflict with the equal treatment of people with disabilities and their access to leisure and tourism activities.

Overall, care costs are rising, partly due to the ageing of our society, but also due to the privatization of the health care sector in the Netherlands. NBAV members express their concern about the increase in extra care needed in their services (e.g. more individually oriented) and that the costs connected to these disabilities cannot be paid by organizations anymore. The Centraal Planbureau (CPB, Netherlands Bureau for Economic Policy Analysis) indicates that the total expenditures in care provision has risen from 8% of the GDP in 1972 to over 13% in 2010. More than half of these expenditures are used for curative care, such as GPs and hospitals. The expenditures for long-term care for elderly and people with disabilities are lower, but grow faster (van der Horst, van Erp, & de Jong, 2011). Members of the NBAV indicate that they are in need of creative solutions to keep covering increased costs during the holidays or overnight stays they organize. (*Enquête NBAV branch rapport*, 2016).

Availability of volunteers

In earlier parts of this analysis, the importance of volunteers for the accessible tourism sector has been highlighted. There are signals from the sector that the availability of volunteers seems to be dropping, but further investigation shows that there is contradicting information concerning the availability of volunteers and hours people spend on volunteer work; these contradictions are caused by researchers using different measurement methods. A decline in volunteers could be a potential threat for the sector, but further research is needed to substantiate this claim.

Education on accessible tourism

Accessible tourism does not seem to play a part in the curricula of tourism studies in the Netherlands. This indicates that the tourism sector is not planning for the future and missing out on the benefits that accessible tourism could have for the sector. Similarly, research (Bizjak et al., 2011) indicates that tourism schools in Europe have not initiated any specialized programs for their students concerning the requirements of tourists with disabilities.

4. Recommendations

This chapter combines the results from the SWOT analysis in the previous chapter and provides some recommendations for further development of the accessible tourism sector in the Netherlands.

Professionalization

The accessible tourism sector currently shows several strengths. It offers many different kinds of products for different groups of people with disabilities and has motivated and ambitious people involved in the sector, which is reflected in the branch organization, the individual organizations and also the dedication of volunteers. The five points on the NBAV agenda have indicated important targets for the branch organization, and also for the broader sector, but to further develop these, better cooperation is needed between the different organizations in the sector, so they can learn from each other. It is also suggested to look outside of the sector. For further development, closer cooperation with the *Algemene Nederlandse Vereniging van Reisondernemingen* (ANVR, Dutch branch organization for entrepreneurs in regular tourism) could be beneficial, not only making use of their 50 years of expertise within the regular tourism sector, but also of their expertise based on the ANVR members working in this particular sector. Throughout these years, the ANVR has obtained much knowledge about the Dutch tourism sector and they also are aware of the growth and importance of the accessible tourism sector and are interested to further investigate this and cooperate in this matter.

Political agenda

Dutch politics have recently shown a growing interest in the rights and needs of people with disabilities, but there is still a long way to go when you compare the Netherlands to other countries, such as Sweden or the U.K. It will take time to fully live up to the UNCRPD, but with the ratification of this convention, a step in the right direction has been taken, which creates room for lobbies of the NBAV and other interest groups. By working together and further developing the common interests of the sector, a strong platform can be created to put accessible tourism higher on the political and societal agenda.

Tourism sector should focus more on accessible tourism

The tourism sector is still mainly focused on able-bodied people and needs to undertake steps to become more inclusive. The concepts of 'universal design' can play an important role in further developing the accessible tourism sector, as this will lead to better integration of ALL guests (with and without disabilities).

Knowledge gap

This report has provided some important information on the accessible tourism sector, but it also indicates many knowledge gaps. More information and research is needed to further develop the sector. When conducting further research that concerns the lives of people with disabilities, it is also important to make this research more inclusive. In its ideal form, this means that people with disabilities are involved in all the steps of the research, from set-up to analysis and presentation. This calls for more cooperation between the academic and the professional fields to link to people with disabilities. Another important aspect to make research more inclusive is to think about the research methods as some methods are more appropriate to use for people with certain disabilities than others. Further research should also focus on the customer journey of people with disabilities and should especially zoom in on the analysis of hindrances for travelling and the responsibility of organizations (public as well as private) to address these obstacles.

Steps should also be taken to incorporate accessible tourism more and better in the tourism studies curricula as this will lead to professionals being aware of the significance of this sector. Several institutions have taken steps in this direction and are developing a research agenda around the topic of accessible tourism, which has resulted in several group assignments, Bachelor's and Master's theses related to this topic.

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