

Issues and challenges of accessibility for senior tourism (Estoril/Portugal)

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Abstract

The behavior of tourism activity worldwide, particularly with regard to some fringe population with some degree of disability, came to redefine the opportunities for development of new tourist offers and simultaneously has imposed new challenges. This article analyzed the topic of accessibility regarding senior population that goes to the Estoril line and is hosted in five star hotels.

We intend in an early stage to realize the scope of this phenomenon and assess on the level of care offered and in a second phase to try to conclude whether this region can be seen as a fully accessible destination.

We applied several interviews complemented some questionnaires to those responsible for ten 5 star hotels situated in Estoril coast, over a period of two months in 2013.

It was verified that tourism in this region is only partially accessible as it does not cover all types of disabilities and because the available resources available were not interconnected in accessible routes.

Keywords: Tourism; Accessibility; Disability; Estoril line, Senior Tourism.

Resumo

O comportamento da actividade turística a nível mundial, nomeadamente no que respeita a algumas franjas populacionais com algum grau de deficiência, veio redefinir as oportunidades de desenvolvimento de novas ofertas turísticas e simultaneamente veio impor novos desafios. Este artigo analisou a temática da acessibilidade relativamente à população sénior que se dirige para a linha do Estoril e fica alojada nos hotéis de cinco estrelas.

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Pretende-se numa fase inicial perceber a dimensão deste fenómeno e aferir sobre o nível de atenção oferecido para numa segunda fase tentar concluir se esta região pode ser vista como um destino totalmente acessível.

Foram aplicadas entrevistas complementadas pelo preenchimento de questionários aos responsáveis de 10 hotéis de 5 estrelas situados na linha do Estoril, durante um período de dois meses em 2013.

Constatou-se que a oferta turística nesta região só é parcialmente acessível, pois não abarca todos os tipos de deficiência e porque os recursos disponibilizados não se encontram interligados entre si em rotas acessíveis.

Palavras-Chave: Turismo; Acessibilidade; Deficiência; Linha do Estoril; Turismo sénior

1. Introduction

Accessibility has been seen in the past years as a key link for tourism development because older people or people with restricted capacities are obvious beneficiaries of accessibility. People with some kind of disability are often related to elder ones and a poor accessibility may severely affect both the quality as the usability of a tourism destination (Burnett, 1996).

Even though in the past this segment of tourism was negligenciabile, nowadays the segment of adults over 55 years old with disabilities is expected to grow both in volume and receipts (Borja, Casanova & Bosch et al, 2002).

Under this context, the aim of this paper is to assess how services of senior tourism in 5 star Hotels in Estoril coast are adapted to the functional dependence of the elderly with physical dependence.

Initially, we revised the main existing literature to define the most important variables and concepts. Subsequently, we carried out some interviews in the main hotels in Estoril coast as we later explain in this paper.

2. Theoretical bases

2.1 Senior disabled tourism

Senior tourism may be considered a relatively recent segment and thus it has not yet achieved the potential importance in the tourism industry. Senior tourism is a novelty in the broad spectrum of phenomena, processes and events that characterized tourism in the last half century (Ferreira, 2006; Oliveira, 2000) and its importance may be determined by the process of ageing (Norman, Daniels, McGuire & Norman, 2001).

Because this is considered a very new situation, we faced some problems related to the lack of literature that may lead to some inconsistencies with the concepts and definitions as well as the theoretical conceptual framework of the research.

It is important to stress that there has been some confusion about the definition of older or senior tourism.

In a simple way, we can find four major groups of tendencies that identify senior citizens tourists (who may be already retired and having several kind of income levels): (i) individuals over 50 years old (Cleaver, 2000; Sellick, 2004; Wang, 2006); (ii) individuals over 55 years old (Hossain, Bailey & Lubulwa, 2003; Alcaide, 2005; Shim, Gehrt & Siek, 2005); (iii) individuals over 60 years old (Jang & Wu, 2006; Lee & Tideswell, 2005); and (iv) individuals between 65 and 74 years old (Garcia & Martorell, 2007).

Burnett and Baker (2001) define disability as a physical constraint that may limit access to various activities in contrast to other authors who suggest that disability should extrapolate the individual. Therefore, one should focus on the social, economic, cultural and political obstacles that society imposes to the individual (Poria, 2009; Buj, 2010; Froyen, Verdonck, de Meester & Heylighen, 2009). The first article of the United Nations (2006) Convention on the Rights of Persons with Disabilities only includes those individuals with any long-term disabilities (physical, mental, intellectual or sensory) so that when

they interact with some type of barrier this may limit their integration in society in terms of equity with other citizens.

On the other hand, other authors such as Poria, Reichel & Brandt (2009: 217) argue that disability should be understood as an “umbrella term, impairments covering, activity limitations, and participation restriction ... Thus is a complex phenomenon, reflecting an interaction between features of a person’s body and features of in which the society he or she lives.”

2.2 Accessible tourism

When someone refers to senior tourism for people with disabilities or limited capacities, one of the problems that immediately appears is related to the huge variety of euphemisms that affects the terminology about people with disabilities (Heumann, 1993).

Historically it can be stated that tourism accessibility began to take shape in 1980 with the Manila Conference since it was then that was connected for the first time the concept of accessibility with tourism. It was advocated that all citizens should be able to enjoy tourist activities as well as to have access to some well-being and quality of life.

In Portugal, accessible tourism appeared not only as a niche market with good business opportunities but also as a social good and a right that ultimately may improve tourism itself (INR, 2010). Official Portuguese entities are aware of this reality and consider accessible tourism as a means of providing “an equal use opportunity to all people, regardless of their level of ability or disability” (Turismo de Portugal, sd).

The concept of accessibility has been steadily gaining importance. According to Alles (2010) and Kastenozi & Ladero (2009), accessible tourism can be understood as one that meets the needs of consumers who will enjoy the holiday and leisure without worrying about the physical, psychological or other barriers that limit, both in rural and urban areas. This situation may be explained by the fact that accessible tourism may provide a set of products, services and environ-

ments that should be respected in any tourist destination, especially: destinations without infrastructural barriers, equipment, transport, activities, exhibits, attractions, accessible information and communication as well as the existence of highly specialized personnel (Luiza, 2010).

This concept was at the genesis of the holidays for all (includes accessible tourism, senior tourism and tourism social) in order to satisfy a larger number of customers, regardless of their age, social class or any shortage of a physical, sensory or mental function (Alles, 2009; Kastenholz & Ladero, 2009).

Nowadays, we face a new reality and mentality that integrates all those who have been socially marginalized those who were “depersonalized, institutionalized and hidden away from society” (Richards, Pritchard & Morgan, 2010: 1101) through the creation of a suitable environment to all mankind. This inclusion reinforces the need to create opportunities for equal access for all individuals (Erwin, 1993; Miller & Katz, 2002).

Accessible tourism faces several barriers or constraints of various kinds as a result of stress airline delays, lost luggage, environments with stairs, narrow entrances and weighed doors among many other factors of sociological disorders (Freeman, 2009). Other authors prefer to call them the intrapersonal constraints, interpersonal and structural (Nyaupane, 2007; Lee, 2010). Regardless of the obstacles, ultimately they will contribute to significantly reduce the pleasure of traveling and create a negative self-image in the tourists themselves, who feel helpless and dependent (Lee et al, 2010).

2.3 Potential and market opportunity

It is important to stress that numbers of people with disabilities vary greatly depending on the available source. Anyway, at an European level, in 2004 the population over 65 years of age achieved 75,4 million and even exceeded the population aged 14 years or under (74 million) (IPF, 2007). By 2020, it is estimated that around 20% of the

population will be over 64 years of age and in 2025 there will be more than 85 million (Kasimoglu, 2012).

According to the European Disability Forum, it is estimated that approximately 70% of disabled people in the European Union are able to participate in tourist activities while 30% do not do it for lack of accessibility (Freeman, 2009). Several authors and organizations refer the issue of accessibility as the embryo that may enable a change of this type of tourism (United Nations, 2003; Isitt, 2010; Buj, 2010; Buhalis, Darcy & Ambrose, 2012).

At a global level, it is estimated that in 2025 there will be 1,6 billion people (Kasimoglu, 2012) and the WTO (2001) estimates that by 2050 the population over 60 and over will achieve more than 2 million trips.

Based on the above data we can conclude that senior people with disabilities has been growing steadily everywhere. Most important, this group has the same needs for accessible tourism (Rains, 2008).

According to the United Nations (2008), there are approximately 650 million people with accessibility issues worldwide. If we join their families, then it is estimated that there are about 2 billion people directly affected, representing almost one third of the world population (United Nations, 2008).

In Portugal, it is estimated that about 26% of older people live in precarious situations and face poor living conditions (INE, 2012). In 1981, about a quarter of the population belonged to the youngest age group (0-14 years), and only 11.4% were included in the age group of older (65 + years). However, in 2011, Portugal had about 15% of the population in the younger age group (0-14 years) and about 19% of the population was 65 or more years (INE, 2012).

Between 2001 and 2011 there was a reduction of young population (0-14 years old) and young population in working age (15-24 years) of 5.1% and 22.5%. In contrast, elderly population (aged 65 or more) increased about 19.4% as well as the group of the population located between 25-64, which grew 5.3% (INE, 2012).

In terms of gender, men are predominant in younger age groups (under 24 years), 13.1% of men compared to 12.6% of women in the total population. In the group of 25-64 years of age, the percentage of women is 28.5% against 26.6% of men. In the group aged 65 years or more, we find a preponderance of women (11%) compared to men (8%)(INE, 2012).

In Portugal, the proportion of the population aged 65 and over in 2011 was 19%, which contrasts with the 8% recorded in 1960, with 16% of the previous decade.

3. Methodology

In this paper, we choose all 5 star hotels located in Estoril coast, mainly: Farol Design Hotel, Grande Real Villa Itália& Spa, The Albatroz Seafront Hotel, Hotel Cascais Miragem, Hotel Fortaleza do Guincho, Hotel The Oitavos, Onyria Marinha Edition Hotel &Thalasso, Palácio Estoril Hotel Golf & Spa, Hotel Quinta da Marinha Resort, Senhora da Guia Cascais Boutique Hotel e Viva Marinha Hotel & Suites. Only those who accepted to participate were analyzed in this study.

Since we intended to focus the analysis on the Estoril Coast, we used mainly a qualitative approach from a categorical analysis and comprehensive analysis (Bertaux, 1997). We elaborated a structured or directive interview that was applied to the leaders of these units. In some cases they delegated the interview to their subordinates as we can see in table 2. During the interview, and whenever possible, it resorted to indirect observation (performed by the authors during the visit to hotels) in order to check if hotels were really prepared and able to accommodate seniors with physical dependence.

We built an analysis model that seeks to formulate a coherent framework of analysis taking into account several dimensions, various categories and indicators that are listed in the following table (Quivy & Campenhoudt, 2008).

Table 1. Analysis model

Concept	Senior tourism for older people with physical dependence: Estoril Coast (5 star hotels)			
↑				
Dimensions	Profile of older people	Hotel profiles	Accessibility and security	Leisure activities
↑				
Categories	Gender, age, type of dependency	Accommodation, human and material resources	Services, transportation	Activities inside and outside the hotel
↑				
Indicators	(Fe)male, physical dependence	Number of rooms for people with reduced mobility; Bathrooms with bath and toilet in support; Anti bedsores mattresses and pillows; Armchairs rest; Number of trained human resources to accompany these seniors; Number of tourists; Number of tourists with physical dependence; interview with the leaders of hotel units	Elevator; Access ramps; Anti skid flooring; Handrails on both sides	Spa, swimming pool

Source: The authors

Interviews were structured in order to identify and select key groups' behavior, develop a first draft of the most important issues to be studied and get a greater familiarity with the terminology and concepts used by a given population (Moreira, 1994). These interviews to the hotel leaders had the advantage of the degree of depth of analysis elements collected, flexibility and weak directivity of the device that collects the testimonies and interpretations of the interlocutors, respecting their own frames of reference - their language and their mental categories (Quivy & Campenhoudt, 2008).

We based our study on a structured interview because it allows to adopt the form of a questionnaire or a list to be completed by the interviewer, not the interviewee (Bell, 2010). During the interview, wherever possible, we complemented this field work by applying indirect observation in order to verify if hotels were really prepared and able to receive seniors with physical dependence. We also applied a pretest to one of the workers in order to find out if there were any inconsistencies in the questionnaire.

The interviews were all conducted during the month of June and July 2013, in a quiet location. The following table shows us the hotel sample that agreed to participate in the study. Due to the request of anonymity, from now on we will number hotels.

Table 2. Hotel identification sample

Hotel	Name	Occupation	Hotel location
Farol Design Hotel	Filipa Martins	Assistent director	Cascais
Grande Real Villa Itália & Spa	João Roquete	Head of reception	Cascais
The Albatroz Seafront Hotel	José Mascarenhas	Head of reception	Cascais
Hotel Cascais Miragem	---	---	Cascais
Hotel Fortaleza do Guincho	Mariana Franco	Marketing and sales director	Cascais
Hotel The Oitavos	Pureza Champalimaud	Marketing director	Cascais
Onyria Marinha Edition Hotel & Thalasso	Maria Mamede	Assistent director	Cascais
Palácio Estoril Hotel Golf & Spa	Manuel Guedes de Sousa	Marketing and sales director	Estoril
Hotel Quinta da Marinha Resort	Maria Mamede	Assistent director	Cascais
Senhora da Guia Cascais Boutique Hotel	Teresa Ferreira	Reserve responsible	Cascais
Viva Marinha Hotel & Suites	Paulo Silva	Head of reception	Cascais

Source: The authors

4. Results

In terms of accessibility and safety only 2 hotels are inadequate in relation to the elevators since they do not have elevators. One of the hotels has easy access to Level 0, i.e., the reception, bar and restaurant. It is the only hotel that has no room for people with disabilities.

Hotel 9 does not have an appropriate access for people with disabilities even though it has a room for disabled guests.

In what concerns to the size of the elevators, only two do not have a suitable dimension for wheelchairs. The rest have capacity for 1 wheelchair, except hotel 6 that has capacity for 2 wheelchairs.

Hotel 6 offers 4 public elevators. It has 2 lifts with capacity for 10 people and 2 lifts for 6 people. These elevators are the most appropriate and with highest capacity for wheelchairs, since it is the only hotel that has an elevator with capacity for 2 wheelchairs, as is mentioned in the following table.

Table 3. Accessibility

	Number of flats	Elevators			
		Dimension for wheelchairs	Capacity for wheelchairs	Nº of public elevators	Capacity of public elevators (Nº Pax)
Hotel 1	5	Adequate	1	2	8 each
Hotel 2	3	Adequate	1	3	10 each
Hotel 3	4	Adequate	1	2	10 each
Hotel 4	4	Adequate	1	3	10 each
Hotel 5	3	Adequate	1	10	6 - 4 pax & 4 - 6 pax
Hotel 6	5	Adequate	2	4	2 - 10 pax & 2 - 6 pax
Hotel 7	3	Adequate	1	3	6 each
Hotel 8	2	Inadequate	0	0	0
Hotel 9	2	Inadequate	0	0	0
Hotel 10	4	Adequate	1	1	8 each

Source: The authors

In security terms, we concluded that the safest hotels are 3, 4 and 6. There is one hotel that does not have access ramps throughout the hotel, especially in its access. It was seen that the access to reception could only be made through stairs, although this hotel had a room for disabled guests. Given the data collected, we can conclude that this will be the less indicated hotel in terms of accessibility and safety. Of the nine hotels that have access ramps, in five of them, the ramps had no handrail support on both sides.

With the exception of two hotels, all others have access to suitable for elderly people with physical dependence garden. Only 6 hotels have non-slip flooring.

All hotels have emergency exits, smoke detectors and fire and evacuation plans posted on the walls, although there are 3 hotels that do not have audible alarms burglary. Only one offers alarm linked to the bed of the client with physical dependence.

Table 4. Security

	Hotel 1	Hotel 2	Hotel 3	Hotel 4	Hotel 5	Hotel 6	Hotel 7	Hotel 8	Hotel 9	Hotel 10
Access ramps to the Hotel	yes	No	yes							
Handrail support on both sides of the ramps	yes	No	yes	yes	No	yes	No	No	No	No
Gardens with appropriate accesses	No	yes	No	yes						
Anti-slip floor	No	yes	yes	yes	No	yes	No	yes	No	yes
Emergencies exit	yes									
Sound burglary alarms	yes	No	yes	yes	No	yes	yes	No	yes	No
Alarm on the bed of the client with physical dependence	No	No	No	No	No	No	yes	No	No	No
Fire and smoke detectors	yes									
Evacuation plans fixed on walls	yes									

Source: The authors

With regard to rooms and material resources for elderly people with physical dependence, it is again concluded that there is a large disparity. In this study, it was found that there are hotels with capacities ranging from 27 rooms to 248 rooms.

The hotel capacity depends on where it is inserted, but mainly the structure of the building itself. In the following table it is possible to see that the best hotel to get seniors with physical dependence is hotel 1. This hotel has 2 rooms, each room with 2 beds. Although the approximate size of the rooms is 25 m², not being the fourth most area, is the only hotel that has space between beds.

In this study it was found that the maximum existing rooms for seniors with physical dependence were only 2 and with a capacity of 2 persons per room, i.e., there is only seating for 4 seniors with physical dependence.

One hotel has a room with a double bed where the bedroom area is only 16 m², being the smallest room of this study with regard to rooms for seniors with physical dependence or any kind of disability.

Table 5. Total number of rooms and number of bedrooms for elderly people with physical dependence

	Rooms for old people with physical disabilities				
	Number of rooms	Number of rooms	Number of beds	Room area	Space between beds
Hotel 1	161	2	4 (2 each room)	25 m ²	1 m
Hotel 2	142	1	2	64 m ²	Do not know
Hotel 3	248	1	2	21 m ²	None
Hotel 4	96	2	4 (2 each room)	40 m ²	None
Hotel 5	138	1	2	35 m ²	None
Hotel 6	124	2	4 (2 each room)	38 m ²	None
Hotel 7	52	1	2	20 m ²	None
Hotel 8	27	0	0	0	0
Hotel 9	39	1	2	30 m ²	None
Hotel 10	34	1	1	16 m ²	None

Source: The authors

Two hotels do not have bathtubs with chair support. Only half of the hotels have polibans. In addition, there are three hotels that do not have wheelchairs and only 4 have crutches.

In what concerns to the rest of the rooms armchairs for elderly people with physical dependence, only three have this issue.

Table 6. Material resources

	Hotel 1	Hotel 2	Hotel 3	Hotel 4	Hotel 5	Hotel 6	Hotel 7	Hotel 8	Hotel 9	Hotel 10
Bathrooms with bath and toilet supports	yes (2) ⁴	yes (1)	yes (1)	yes (2)	yes (1)	yes (2)	yes (1)	yes (1)	yes (1)	yes (1)
Baths with support chairs	yes (2)	yes (1)	yes (1)	yes (2)	yes (1)	yes (2)	yes (1)	No	No	No
Polibans	Não	yes (1)	yes (1)	yes (2)	yes (1)	No	No	No	No	yes (2)
Articulated beds	No	No	No	No	No	No	No	No	No	No
Anti bed-sore mattresses	No	No	No	No	No	No	No	No	No	No
Anti bed-sore pillows	No	No	No	No	No	No	No	No	No	No
Wheel-chairs	yes (1)	yes (1)	yes (1)	yes (1)	No	yes (1)	yes (1)	yes (1)	No	No
Crutches	No	yes (1)	yes (1)	yes (1)	No	No	yes (1)	No	No	No
Tripods	No	No	No	No	No	No	No	No	No	No
Hikers	No	No	No	No	No	No	No	No	No	No
Rest armchairs	No	No	yes (1)	yes (2)	yes (1)	No	No	No	No	No

Source: The authors

When asked about the number of tourists at the hotels, it was found that one did not know the total number of tourists, the number of el-

⁴ Values in commas refer to quantity

derly tourists with dependence nor the percentage of elderly tourists with physical dependence.

It is important to stress that of the above mentioned hotels, only two were aware of the number of elderly tourists with physical dependence.

As we saw earlier, there are several types of physical dependence. In this study we considered the senior tourist with slight dependence, i.e., the elderly with low dependence that only requires supervision or surveillance, as it has some autonomy and can perform some daily activities. It is usually a senior who moves with the help of crutches; a senior tourist with moderate dependence that requires not only monitoring but also a third person support to perform some specific activities. It is usually a senior who moves in a wheelchair or a senior tourist with severe dependence, one that needs continuing help in their daily lives, or is unable to perform a certain set of tasks. It is typically the situation of elderly or bedridden with severe mobility restrictions.

All the hotels mentioned that they received elderly tourists with severe physical dependence. When asked to define this issue, opinions were very broad. One of the hotels did not know what kind of physical addiction that elderly tourists have.

Three hotels considered that most elderly tourists with physical dependence had a moderate physical dependence, i.e. elderly are moving in wheelchairs.

However, 6 of 11 hotels them (hotels 1, 3, 4, 8, 9 and 10) consider that most elderly tourists with physical dependence have a mild physical dependence - are usually elderly moving with the help of crutches.

In terms of leisure programs and activities for seniors with physical dependence, it is important to stress that leisure can either be “understood as a social fact of first order, entered in a continually changing employment structure and integrating the day-to-day lives of citizens in multiple activities, even being considered as a leveler of

a lifetime facing growing concerns about welfare and health” (Ramos & Ferreira, 2001, p. 299) and can be a set of voluntary activities chosen by the individual (Simões, 2006).

All hotels referred they had various leisure activities for seniors with physical dependence, such as sightseeing, guided visits to places of cultural, heritage or historic interest; nature walks; festivals, fairs and festivals; cruises; trips to the beach; film; theater; bowling and frequency seniors universities. Some of the therapeutic activities for seniors with physical dependence are: hydrotherapy, snoezelen and hippo therapy.

Once the senior has a physical dependence, he needs a support of others to move. For that, it will be necessary to create good accessibilities for these elderly as well as places to stay overnight with a long term booking and taking into account each type of dependency.

When the hotels were asked about the existence of programs related to leisure in the hotel, just one hotel answered affirmatively. It offered the following types of leisure activities: spa and a hydrotherapy pool.

Outside the hotel there was no planned program of leisure activities for seniors with physical dependence.

In terms of the existence of trained human resources to accompany the elderly with physical dependence during their stay, we found in our sample that none hotel had adequate trained human resources to monitor them.

We also found that none of the hotels of our sample had an adequate transport for elderly people with physical dependence.

5. Conclusion

From this study it is possible to conclude the importance of accessibility to senior tourism. As noted before, the potential market for

elderly and disabled people varies according to the used source. Anyway, it is possible to stress the enormous potential of this group even though, not all of these people will travel.

This paper demonstrated that any tourist, in order to have a successful experience, must use efficiently the various tourism products from its resources (natural, cultural, etc.) and infrastructure (hotel, transport, etc.) that are offered in one region (Vieira, 1997).

However, if one region and its hotels are not properly adapted to the needs of senior tourists with some kind of disability, then they will not be able to fully take advantage of this experience and these infrastructures.

It was found that the population, especially the European one, has been gradually aging, and in this context, gerontology appears with greater relevance for tourism flows.

In Portugal, despite the crisis, the arrival of international and domestic tourists has been increasing gradually in recent years. In this context, it is fundamental to assure an adequate supply that meets the needs and concerns of this group (seniors).

Taking into account our initial question, we can conclude that tourism services for senior tourists that stay at the 5 star hotels on Estoril coast are not fully adapted to the functional dependence of the elderly with physical dependence. In a general way, we found in most hotels that they did not have a satisfying reception conditions as well as travel and transportation for the elderly with varying degrees of physical dependence.

The various hotels did not have an adequate way of transport to the displacement of older people with physical dependence, although two hotels mentioned that if they were anticipatedly advised, they could rent a vehicle for those seniors with physical dependence.

Of all analyzed hotel, none have trained manpower to follow these tourists during their stay in these 5 star hotels. It is important to

stress the limited sample size, because several hotels did not want to take part of this study. Therefore, it is of vital importance in future studies to have a bigger sample. This means that all five star hotels should be analyzed as well as other type of hotels.

Therefore, the ability of the 5 star hotels on the Estoril coast to receive seniors with physical dependence is greatly reduced, since for example, from the total of the 10 hotels sample only 3 hotels offers 2 bedrooms for seniors with physical dependence and each of those 2 bedrooms have 2 beds, i.e., it is only possible to receive a maximum of 4 seniors with physical dependence in 3 hotels of the sample.

We can conclude that there is still a long way to go in order to conveniently maximize the full tourism potential resulting from senior tourism with physical dependence. There was a lack of human resources with adequate preparation and training to accompany this group during their stay at the hotels.

Thus, it is imperative that if Portugal wants to become a competitive and sustainable destination in this area, to ensure investments both in training and in the construction of adequate infrastructures and not only partial issues as it has happened so far.

Additionally, it should be implemented and controlled an adequate legislation to better foster the destination's accessibility. As Buhalis (2012) argues, accessible tourism can not only be a cosmetic operation. In other words, it is vital to guarantee that there is a concern to ensure that each journey made by tourists from home until the destiny permanently meets accessibility requirements.

Another final important conclusion is related to the lack of knowledge and awareness among tourism professionals towards this group, showing the necessity to implement training programs in order to disseminate good practices.

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