

DISABLED PEOPLE PROBLEMS IN SEASIDE RESORT TOURISM

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Abstract: *Disabled People Problems in Seaside Resort Tourism.* This study attempts to explain the problem of handicapped people's tourism in seaside resorts, with a qualification of its features, character and extent. Attention was put on a variety of forms of tourism established in relationship with the law and the requirements of handicapped people (physical activity and rehabilitation) – it is the crucial condition of refinancing by the National Disabled Persons Rehabilitation Fund.

Key words: handicapped people, physical activity, rehabilitation, tourist venues, seaside tourism

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The tourist movement of handicapped persons as well as the question of handicapped in Poland, has been brought out, in the beginnings of the 90's. Organization of rehabilitation holidays was very common and co-financed by the National Disabled Persons Rehabilitation Fund. These stays were granted once a year and it was often the only possible form of leisure combined with rehabilitation components.

Tourist establishments located on the seaside became very well prepared to fulfill this task. Unfortunately we have to say that a lot of them were not satisfying the requirements needed to accept handicapped tourists. However, the possibility of prolongation of the tourist season, motivated owners of accommodation venues to accept the challenge. Today they are very well prepared to host this kind of guests all year round – it was worth the work.

In the year 2000 the Tourism Institute (*Instytut Turystyki*) and the Central Statistical Office (*Główny Urząd Statystyczny - GUS*) carried out the first research concerning handicapped people tourism. There are about 4,5 million of handicapped people in Poland, the survey covered 8 thousand of them. 79% answered that they have never, in the passed year, leaved their home, even not for few days. Respondents showed more than one cause of this lack of travel and tourism activity in their lives. The main cause was a bad financial situation – 87% of the responses, bad health condition – 34%, architectural barriers in tourist venues – 6% (mostly indicated by people with dysfunctions of motion organs and eyesight). Regarding the type of illness the more common are the travels of persons with circulatory system diseases – aprox. 21%, the less common are the travels of people with mental impairment and mentally ill – approx. 15%

or with hearing dysfunctions.¹

Until recently, the participation of handicapped persons in the tourist movement was taken into account only theoretically. More and more frequently we can observe that this topic is subject of talking and writings, especially since the living conditions in the contemporary world are causing an augmentation of handicapped people population.

World Health Organization statistics from the 50's, 60's, 70's and later, reveal that the percentage of handicapped people, in the whole human population, has grown during 30 years from 12% to 18%. This means that almost every fifth of our globe habitants has a minor or major handicap.²

According to the GUS Poland is also affected by the problem of a growing number of handicapped citizens. The prognosis is that in 2010 approx. 6 million of Poles will have a certified motion organ dysfunction.

Car crashes, accidents at work and all sorts of diseases are sentencing 1800 people a year to move on wheelchairs. The number of handicapped people laden with senility is systematically growing.³

Each year 600 million people are traveling around Europe, approx. 60 million of them are handicapped. All countries in the world should accept the challenge to invite this tourists and to gain the money that they will spent.⁴

The Declaration on the Rights of Disabled Persons⁵, says that a disabled person is any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities. The definition accepted by WHO says also that a disability is a physical or mental state that that permanently or temporary hampers, restricts or prevents the ability to fulfill life tasks or social roles in accordance to legal and social rules. Disabled persons are seen as weak, lonely, self-conscious and retreating from life. To take care of them is a moral duty of every human. That is why the adaptation of tourist venues to their needs is so important. They form a group of people able and willing to travel, visit, experience and spend actively their free time which they have so much of.⁶

Documents recommending the adaptation of hotel establishments to the needs of handicapped persons

Full accessibility of the accommodation and catering base as well as of other public utility buildings determines the development of tourism of people with special needs. That is why it was necessary to prepare – in cooperation with research centers and handicapped people organizations – a plan of the intended actions, in the field of a correct adaptation of tourist infrastructure to the needs of this special group of consumers. It is important to take into account the needs of people moving on wheelchairs as well as using other locomotion aids, sand-blind or blind, hard of hearing or deaf.⁷

The Decree of the Minister of Economy from June 13th 2001⁸ concerning hotel establishments and other accommodation services, in its 8th Annex defines the minimum requirements in the field of equipment in accordance to adaptation of these

¹ P. Stanisławski: *Wezasy tylko dla odważnych*. [w:] *Integracja, Magazyn dla niepełnosprawnych, ich rodzin i przyjaciół*, nr 3/2002 (54), s.12.

² K. Milanowska: *Problemy zapobiegania niepełnosprawności usług rehabilitacyjnych*, [w:] *Problemy Rehabilitacji Społecznej i Zdrowotnej*, nr 3, Warszawa 1997, s. 43-44.

³ GUS, *Prognoza liczby inwalidów w Polsce w 2010r*, Warszawa 1994

⁴ A. Lumley: *Promocja Turystyki i osób niepełnosprawnych*, [w:] *Postęp w turystyce na rzecz osób o specjalnych potrzebach, PSON*, Kraków 1995, p. 223.

⁵ *Deklaracja Praw Osób Niepełnosprawnych*, Biuletyn Informacyjny Rehabilitacyjny Inwalidów, Wyd. Spółdzielcze CZSR, Warszawa 1982, nr 68, p. 15 .

⁶ K. Milanowska, wyd., cyt., p.44.

⁷ J. Słężyński i W. Pertyński (red), *Postęp w turystyce na rzecz osób o specjalnych potrzebach*.

⁸ *Dziennik Ustaw* Nr 66, Poz. 665.

establishments to the needs of handicapped people.

The owners of accommodation venues are obliged to modernize the space in accordance to handicapped people needs. It has been imposed to prepare at least one room of thirty, all general use spaces such as restaurants, coffee bars and the reception desk.

On the order of the former Central Tourism Committee a handbook – “Guidelines to design and adapt tourist venues to disabled people needs” has been prepared by the Design and Service Bureau of Tourist and Sport Investments in Kielce (*Biuro Projektowo - Usługowe Inwestycji Turystycznych i Sportowych*).

It has been distributed among managers of tourist and sanatorium venues, voivodship architects and other units interested in the subject.⁹

The assumption of the handbook was that a handicapped person, needing constant help of another person to move, is using accommodation services with his or her guardian. In this situation this special group was not separately mentioned as the recommended directives would be sufficient.¹⁰

Guidelines to adapt accommodation establishments to different groups of disability

It has been agreed that in the purpose of technical barriers abolishment the more adequate would be a narrow register of disability groups:

- people moving exclusively on wheelchairs,
- people moving with the help of locomotion aids (crutches, canes, artificial limbs, etc.)
- def-mute and hard of hearing people,
- sand-blind people.

In accordance to these groups, it was possible to define the most important conditions needed to be fulfilled by an establishment that is well adopted to disabled people needs.

For people moving on wheelchairs it is pointed ¹¹ that hereby mentioned conditions should be fulfilled:

- designated parking places, adapted to this group of physically disabled,
- communication spaces enabling free maneuvers of the wheelchair, in front of and inside the building,
- entrances and surfaces flat without stairs and doorsteps,
- building doors, doors with handle, room doors, doors to rooms of general use and to sanitary rooms allowing a clear passage,
- ramps - if needed,
- sanitary and hygienic centers including space and inventory solutions adapted to this group of users,
- adequate gripes, handles, handrails, push buttons and hangers,
- adequate visual information concerning the specter of adaptation of the establishment to disabled people needs,
- adaptation of other devices and equipment to this group of users (e.g. light alarm signals etc.)

For people moving with the help of locomotion aids it is indicated to:

- place handrails next to rails, stairs, service spots and on designated parts of corridors,

⁹ P. Zagrajek: Działania na rzecz przystosowania obiektów turystycznych, sportowych i rekreacyjnych do potrzeb osób niepełnosprawnych.

¹⁰ Główny Komitet Turystyki: Wytyczne do projektowania i przystosowania obiektów turystycznych dla osób niepełnosprawnych, Centralny Ośrodek Informacji Turystycznej, praca zbiorowa, IWZZ Warszawa 1985r.

¹¹ Tamże, p.112-128.

- installation of holders for crutches and canes next to tables, chairs or desks,
- adjustment of entrances,
- adjustment of building entrance and room doors,
- avoid doorsteps and stairs, if stairs are necessary they should be equipped with fixed handrails on both sides,
- application of handles adapted to difficulties resulting from upper limbs dysfunctions,
- equipment of sanitary and hygienic centers with adequate hand bars and handles and with alarm signals,
- use of surfaces, footpaths, floors and tile floors secured against sliding.

For hard of hearing people or with important hearing deficiencies it is advised to:

- use light and acoustic signalization,
- have at least one employee at the reception desk and in the catering area able to speak sign language (this recommendation is not obligatory),
- use of adequate visual information,
- use of additional acoustic isolation in the residential units.

For people with significant eyesight deficiencies it is advised to:

- use light and acoustic signalization,
- use inscriptions and information signs of adequate dimension on a contrasting background, placed 150 cm high up off the ground,
- eliminate the dazzle phenomenon, occurring directly or indirectly in an inadequate natural and artificial lightening solution,
- applying of combinations of contrasting colors to expose stair steps and door arms or their framing on the wall background,
- use of different textures on the floor or footpath surface in order to attract attention on a junction, traffic change or possible obstacles e.g. stairs, etc.
- use of marks indicating large glass surfaces.

These guidelines concern several sorts of accessibility. The physical one (creation of space being overcome by people with different level of disability), the social (availability of buildings and places of public use e.g. walking area) and the psychological (creation of a friendly social space, favorable for integration and preserving the privacy and intimacy of the private space).

Proposed forms of physical activity of disabled people

The choice of adequate forms of physical activity for disabled people depends on the sort and the degree of the dysfunction they suffer. Main sorts of dysfunctions can be divided into several groups:

- diseases of the motion organ, defects of limbs (amputations), endoprosthesis,
- injuries of the nervous system, paralysis, paresies (these people move on wheelchairs, with the use of crutches, prosthesis or other sort of orthopedic facilities)
- diseases of the cardiac nervous system and the respiratory system, diabetes and other affections handicapping the overall health condition,
- diseases of the sensory organs (blind or sand-blind persons, deaf or hard of hearing persons)
- mental, intellectual and other disorders,

Every type of exercise for disabled people is a sort of rehabilitation. The rehabilitation considered as improvement includes:

- kinesitherapy (treatment by exercise)
- physical therapy (using the influence of different physical factors on the organism)

- physiotherapy (kinesitherapy + physical therapy)
- occupational therapy (ergotherapy, treatment by work or play)
- orthopedic equipment,
- psychological, pedagogic, logopedic and other issues¹².

In the life of disabled people the role played by people that take part in their physical activity or rehabilitation is very important. A disabled person can not decide by himself or herself, without the knowledge of specialists, of the form of physical activity that he or she will practice. This might result in an aggravation of his or her health if the exercises are wrongly selected. Before starting physical activity the disabled person needs to consult a doctor, a physiotherapist, a logopedic specialist. They are trained in the field of disability and their decisions will not affect the health of the patient.

When choosing a form of physical activity it is necessary to remember some fixed rules:

1. The chosen discipline and form of activity has to match the sort of disability and the the character of the dysfunction.
2. The activity can not affect the surrounding and the health of the patient.
3. When practicing exercises the disabled person has to regain faith in his or her psycho-physical abilities.
4. Tourism, as a form of activity, gives the possibility of sightseeing, knowing the milieu, etc.
5. The natural environment helps with overcoming complexes, fears and reservations.
6. Tourism helps in gaining physical forces and resistance, to inure oneself.
7. Activity is a preventive measure and a form of psychotherapy, it is the joy of living.
8. Exercises give the possibility to break with loneliness.
9. Tourism helps to gain good shape and psychological predisposition to practice the chosen sport discipline.
10. Each form of activity is individually adapted to the disabled person.
11. The goal is to widespread tourism as a form of activity of disabled people.
12. It is necessary to well dose the effort load.¹³

Physical activity in everyday life

Physical activity in everyday life of disabled people is mostly based on rehabilitation practices. The practice of this form starts at school during lessons for handicapped children. The statistics from year 1998 are showing that in the whole country we have 799 departments of integration classes in primary schools. Special high schools for handicapped young people, in the school year 1997/1998 were in the number of 46 plus one class in Gdansk's high school.¹⁴

Handicapped people recreation consists mostly of exercise practice. They can be divided into two sorts. Firstly because of the influence they have on the organism:

- exercises that work locally – on certain groups of muscles or on the range of joint mobility,
- general, improvement exercises.
- Secondly because of the method of practice of the therapeutic exercises:
- passive exercises, executed by the instructor, without the participation of the patient,
- active exercises executed by the exercised person under the guidance and with help of the instructor,

¹² M.Borkowska . Dziecko niepełnosprawne ruchowo ;cz .II. Warszawa.1997,p.21.

¹³ T. Łobożewicz . Turystyka i rekreacja ludzi niepełnosprawnych. Warszawa.2000. p. 24

¹⁴ MpiPS.1998, p. 13-17

- special exercises – respiratory, relaxing, stability exercises etc.¹⁵

Apart from rehabilitation activity, disabled people are taking part in several forms of sport activities. “Disabled people do set some requirements for the forms of exercises they practice. On this basis some important methodological indications can be established:

- active games should be based on a formula that is applied to healthy people;
- changes in rules, devices, equipment, and refereeing should only be applied when they are necessary (e.g. enable a difficult game);
- competition is possible only between handicapped with equal functional potential;
- active games should not be limited to the exact play”¹⁶.

Handicapped persons sport is a form of activity that raises their physical fitness ability.¹⁷ However special equipment – replacing wheelchairs or prosthesis, has to be used to enable their participation in those exercises. Disabled people practice several disciplines, e.g. wheelchair dancing or wheelchair distance racing. „It is a way to learn specific movement techniques, to perfect skills and to shape motor traits”¹⁸.

Practicing this kind of discipline requires important financial issues. Specialist equipment is very expensive. Still there are forms of activity which are almost entirely available for invalids (very often the only condition is to overcome architectural barriers). This sort of activities comprise: basketball, volleyball, ringo, cricket, field hockey, tennis, table tennis, badminton, swimming, yachting or canoeing. People practicing these forms of activity are very often taking part in competitions. Paralympic Games organized for them, are not so very different from healthy players competitions. When achieving good results on a country, European or world arena they increase their sense of normality.

Physical activity during recreation and rehabilitation holidays.

Rehabilitation holiday is a form of vacation when a special emphasis is put on exercises and rehabilitation activities (kinesitherapy, compensation exercises, sport and recreation activities, cultural and education activities and integration with healthy people milieu).

Several forms of physical activities are offered during rehabilitation holidays. The Table below quotes them.

Table 1. Sorts of activities undertaken by participants of rehabilitation holidays.

Participation in activities undertaken during a rehabilitation holiday.	Number of participants	% of participants
Rehabilitation activities	703	81,6%
Sport and recreation activities	462	53,6%
Artistic activities	534	61,9%
Social rehabilitation activities	263	30,5%
Cultural activities	575	66,7%
Health treatment	618	71,7%

Source: Raport z badań dotyczących funkcjonowania turnusów rehabilitacyjnych w 1997 i 1998 r. Wydział Analiz i Programów Celowych PFRON, Warszawa 1999r, p. 14.

The table shows that the most important number of participants took part in rehabilitation activities and health treatment. Cultural and tourist activities are also very popular. After an examination of the sorts of activities undertaken by disabled people during rehabilitation holidays, it has been certified also, which of them are rated the best and which the worst.

¹⁵ Borkowska M..1997, p. 25

¹⁶ J. Kielbasiewicz,I. Drozdowskiej,W. Siwińskiego (red.) Teoria i metodyka rekreacji – zagadnienia podstawowe, AWF Poznań, 2001,p.293

¹⁷ J.Pięta . Pedagogika czasu wolnego.W.S.E Warszawa.2004, p.91

¹⁸ T. Łożewicz .Perspektywy rozwoju uzdrowisk polskiego wybrzeża Bałtyku.WSTiH Gdańsk.2001 p. 118.

Table 2. Activities rated the best and the worst by the participants of rehabilitation holidays.

Type of activity	Activities rated the best		Activities rated the worst	
	Number of participants	% of participants	Number of participants	% of participants
There was no such activities	143	16,6	598	69,4
Rehabilitation activities	290	33,6	41	4,8
Sport and recreation activities	68	7,9	44	5,1
Tourist activities	80	9,3	40	4,6
Social rehabilitation activities	20	2,3	31	3,6
Cultural activities	56	6,5	68	7,9
Health treatment	180	20,9	34	3,9
Other	25	2,9	6	0,7
Total	862	100,0	862	100,0

Source: Raport z badań dotyczących funkcjonowania turnusów rehabilitacyjnych w 1997 i 1998 r. Wydział Analiz i Programów Celowych PFRON, Warszawa 1999 r, p. 16.¹⁹

The best rated were the rehabilitation activities, almost 70% of participants answered that there was no activities that they could name as the worst.

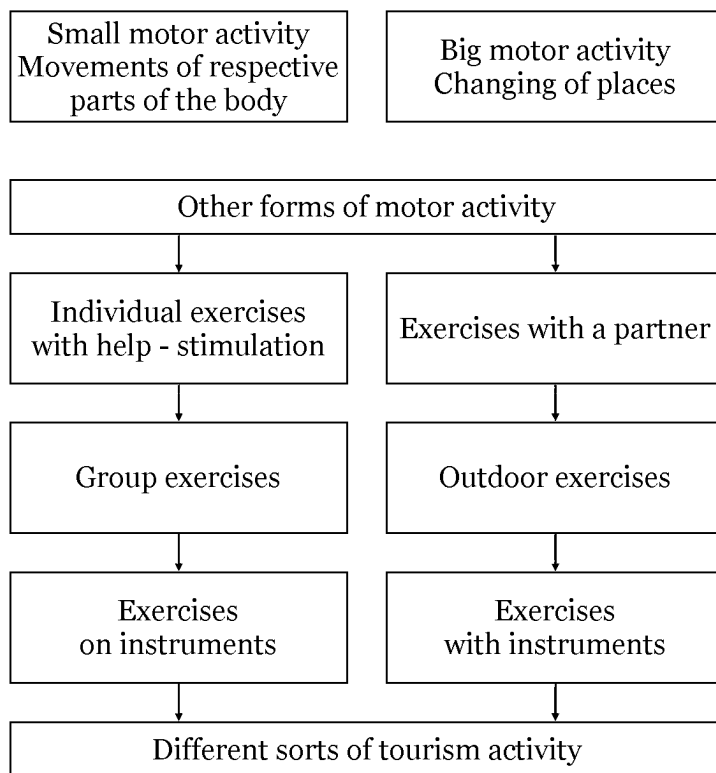


Figure 1. Motor communication measures (somatic communication) for people with special needs, application of which is possible in health resorts.

Source: Z.Szot. Szanse wykorzystania bazy uzdrowiskowo-wypoczynkowej w terapii ruchowej osób o specjalnych potrzebach. W: Turystyka uzdrowiskowa – stan i perspektywy (red. Boruszcak M.). WSTiH, Gdańsk 1999, p. 187.

¹⁹ Raport z badań dotyczących funkcjonowania turnusów rehabilitacyjnych w 1997 i 1998 r. Wydział Analiz i Programów Celowych PFRON, Warszawa 1999 r, p. 16.

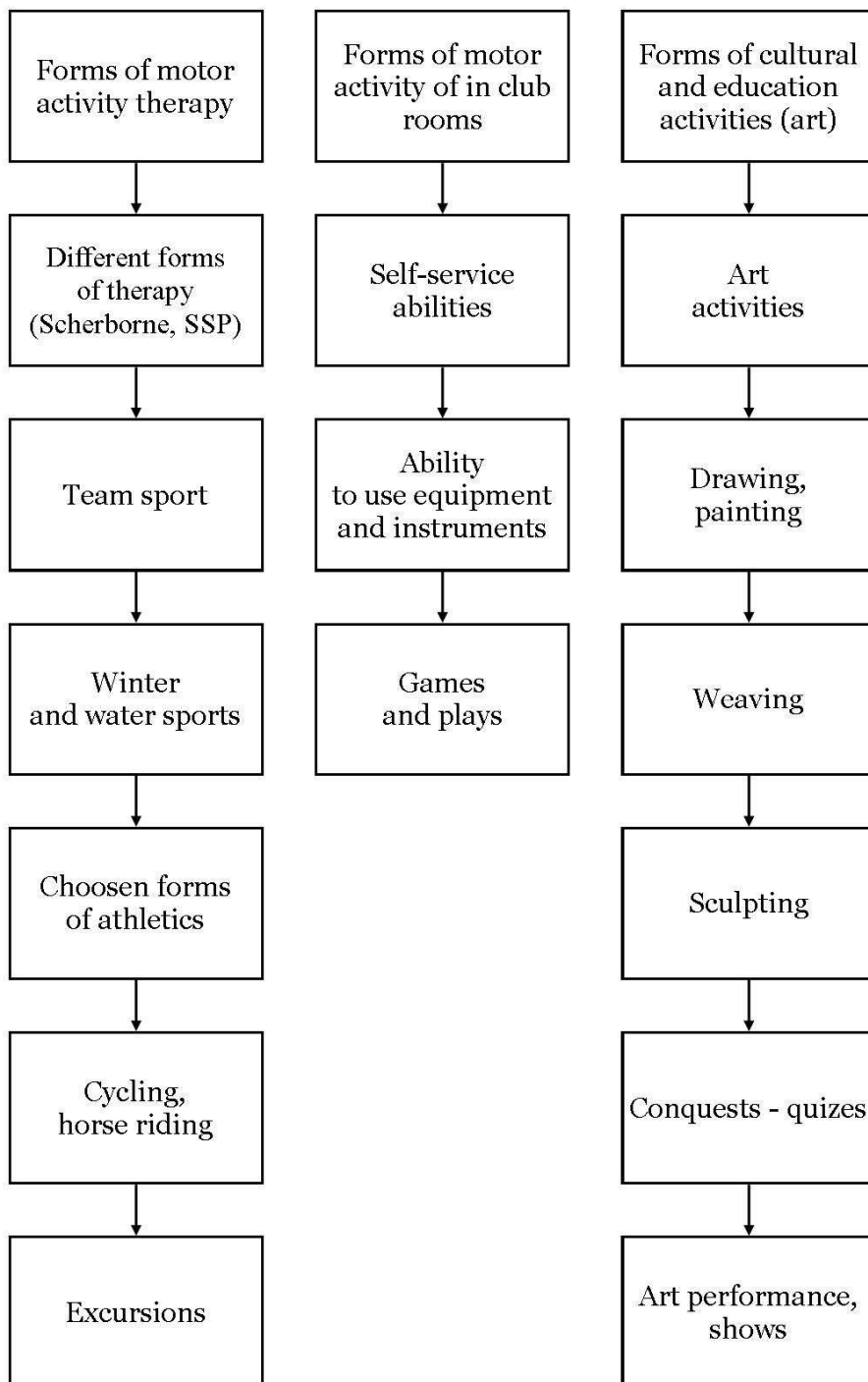


Figure 2. Other forms of motor activities that may be used in health resorts by people with special needs
Source: Z.Szot. Szanse wykorzystania bazy uzdrowiskowo-wypoczynkowej w terapii ruchowej osób o specjalnych potrzebach. W: Turystyka.

Conclusions

A precise analysis of particular forms of tourism activity which can be undertaken by disabled people, shows that they can participate in active tourism as well as in cultural or rural tourism. Figures shown above do not reflect the possibility for disabled people to participate in business tourism. This form is being influenced by different sport and recreation activities that one can practice for example in the morning, during lunch breaks or after a hard work.

In this way we can observe, that the expected pattern of each tourist trip of a handicapped person, should or has to include elements of physical activity, individually adapted not only to the type of disease but also to the objective of the trip and to the people around. We can affirm that despite several problems linked mostly with the infrastructure for disabled people, seaside areas and regions do meet the requirements of handicapped people tourism. This situation does reflect a very significant popularity and wiliness of disabled people to spend free time in accommodation establishments located in seaside regions.

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