



MINDFUL TOURISM SERVICES FOR PEOPLE WITH MENTAL IMPAIRMENT

Situation Scan: Latvia, 2021

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Introduction

Around 15% of the world's population has some form of disability (The World Bank, 2011)¹. An inclusive society and accessible services for people with disabilities, including those with mental impairment, are essential dimensions of sustainable development. The accessibility of tourism services has been discussed in academic literature and implemented in practice primarily for people with physical or movement disorders. On the other hand, accessibility of services for people with mental impairment has received insufficient attention in Latvia and many other countries around the world.

This report is part of the EU Erasmus + funded project “Mindful tourism services for mentally disordered people” (MindTour). The project aims to promote and support tourism entrepreneurs to value mentally disordered clients and their families as persons and customers and help them design mindful tourism services accessible for mentally disordered people. The project is implemented in cooperation with Estonian, Belgian and Latvian higher education institutions – University of Tartu, Pärnu College (Estonia), Thomas More Mechelen-Antwerpen (Belgium), University of Latvia (Latvia), as well as leisure and tourism service providers - Pärnu Museum (Estonia), Museum Dr Guislain (Belgium) and SIA Zeit Hotel (Latvia).

This report reveals the current situation in the use and accessibility of tourism services for people with mental impairment in Latvia. Researchers of the Institute of Philosophy and Sociology of the University of Latvia Agita Lūse, Liene Rācene, Diāna Popova, Nadezhda Pazuhina and Aija van der Steina researched in the autumn and spring semesters of the academic year 2020/2021, using both secondary data sources and gathering primary data through interviews with social service providers and tourism service providers, as well as participant observation and mapping of services, involving people with GRT in the consumption of tourism services.

The first section of the report explores the main concepts, definitions, legislation, and public and private initiatives for people with mental impairment. The second section deals with the accessibility of tourism and related challenges in Latvia for people with mental and intellectual impairment from a segment perspective, revealing the experience and needs of social service providers, families, and relatives. The third section of the report includes a scientific literature overview of the importance and challenges of the tourism industry in working with people with mental/ intellectual impairment, as well as the experience, challenges and future needs of Latvian tourism and hospitality companies, museums, and guides in receiving these guests.

The report explores the current situation regarding the offer and accessibility of tourism services for people with mental and intellectual impairment in Latvia, and it was found that, as in other everyday areas, this segment is still relatively “invisible”, and most companies and their employees do not have experience and knowledge of how to work with such groups. At the same time, despite various barriers to travel and service consumption, people with mental impairment engage in various leisure and travel activities as much as possible, as such activities play an essential role in their personal development and overall quality of life.

¹ The World Bank (2021). Website. Disability Inclusion. Available: <https://www.worldbank.org/en/topic/disability>

1. Definitions, legislation, state and private initiatives

According to the Law on Social Services and Social Assistance the term mental impairment (*garīga rakstura traucējums* - GRT) in Latvia is an umbrella term that refers to two large groups of impairment: (1) mental disorder (*psihiska saslimšana*) and (2) disorder of mental development (*garīgās attīstības traucējums*). Both kinds of disorders, “restrict the person’s ability to work and to take care of himself or herself as well as makes it difficult for a person to integrate into society”. In Latvia, each specific mental impairment is currently determined in conformity with the 10th edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Obligations in the Provision of Social Services and Social Assistance for target group are shared between the State, the Local Governments and the Social Service Providers. The Ministry of Welfare is responsible for the following tasks in the field of social services and social assistance:

- to develop the state policy in the field of social services and social assistance, and to organize and co-ordinate the implementation thereof,
- to supervise the implementation of the Law on Social Services and Social Assistance, to control the conformity with the laws and regulations governing the provision of social services and the conformity of the quality of social services and the provider of social services with the requirements of laws and regulations,
- to administratively punish the providers of social services for the committed offences,
- to develop the criteria for the assessment of the quality and efficiency of social services,
- to develop guidelines for granting social assistance.

“The local government in the territory of which a person has declared his or her place of residence has an obligation to provide the person with a possibility to receive social services and social assistance corresponding to his or her needs.”

Each service provider ought to register in the State Register of social service providers. 369 registered organizations were providing services for the target group in September 2021. Only 148 of those at the time were providing community-based services (day centres, group apartments, half-way homes, specialized workshops) for people with mental impairments (GRT).²

It should be noted that the vocabulary used in the law and policy documents contradicts the terminology used in ICD-10 and its Latvian edition. The term “disorder of mental development” cannot be found in ICD-10. The international classification enumerates relevant mental, emotional, behavioural and developmental disorders under several

² LR Labklājības ministrija. (2021). Sociālo pakalpojumu sniedzēju reģistrs. [The Registry of the Social Service Providers] Available: <https://vspmis.lm.gov.lv/Public/PublicetsPakalpojums>

different categories. In the English edition “mental retardation” (F70-F79) (and the Latvian edition of ICD-10 the term *garīga atpalicība*) is used, while, for instance childhood autism is classified under developmental disorders (F84).

Being perceived as stigmatizing the term “mental retardation”, however, has lately been avoided by human rights advocates, patients’ families, social service providers, NGOs working with people with mental impairment, internationally as well as in Latvia. To designate people with mental impairment, less stigmatizing terms are chosen instead, for instance, “a person with intellectual disability”, “people with special needs”, “persons with learning difficulties”.

Some professionals (psychiatrists, psychotherapists, counsellors) in Latvia, on the other hand, disapprove of the term *garīga rakstura traucējumi* (GRT) for they see it as too broad and too vague or consider the adjective “garīgs” as misleading since its primary meaning in Latvian is “spiritual”. Nevertheless, the term GRT is often used in legislative acts, official communication, and applications for project funding.

The lives of people with mental impairment in society may considerably vary depending on the severity of the disorder. A person may lead a completely independent life and hold a paid job, or he or she may need constant support. Developmental disorders or, more specifically, limited cognitive, language or intellectual faculties, are most often found at birth or in early childhood. Three degrees of GRT are usually being distinguished - mild, moderate or severe. Attitudes, needs of care and support depend on the severity of the disorder. The person’s condition is relatively stable and does not change much over years granted that specialized care is provided.

In the case of mental disorders (illnesses) such as schizophrenia, depression, bipolar disorder, obsessive-compulsive disorder, anorexia and others, medication, psychotherapy as well as occupational and art therapy play a role. The person’s condition may change depending on family circumstances, the prescribed therapy and compliance with it. Mental disorders vary in severity – they may cause a disability or, alternatively, a person may be able to cope with his or her symptoms, in, for instance, in the case of mild depression or medically managed schizophrenia and bipolar disorder.

It is not possible to quote the exact number of persons with mental impairment in Latvia. According to the available official data, 22 840 adults and 2 318 children (< 18 yrs) in Latvia were recognized as disabled due to mental impairment (*psihiski traucējumi*) in 2016.³ The actual number is undoubtedly higher. The people we interviewed for our study revealed that in cases their or their acquaintances’ children suffered from a mental impairment, they did not want them to be recognized or registered as having a mental diagnosis. The parents fear that obtaining an official

³ VDEĀVK. (2017). 2016. gada publiskais pārskats. Rīga: Veselības un darbaspēju ekspertīzes ārstu valsts komisija, 3.un 4.pielikums. Available: <https://www.vdeavk.gov.lv/lv/media/145/download>

patient and/or disability status will make it more difficult for children to live a full life. Instead of gaining an official status, families opt for voluntary semi-social isolation from the general public, even if that has a negative impact on the daily lives of both the parents and their other children, if any.

At the same time, it should be noted that all forms of support outside the family require the acquisition of an official diagnosis. For example, to qualify for participation in the project of the State Agency for Social Integration, entitled “Integration of Persons with Disabilities or Mental Disabilities into Employment and Society”, an application must be accompanied by a referral from a family doctor (general practitioner) which also indicates both a diagnostic code and an adjacent diagnosis code, or a conclusion that a person with an impairment is able to undertake training.

Latvia is currently in the transition process from institutionalized to deinstitutionalized care. Many people who could live independently with a little support have ended up in long-term social care institutions and lost control over their lives. Within the framework of the deinstitutionalization project, large institutional care centres in Latvia are being replaced by community-based social services and services close to the family environment. According to the Ministry of Welfare, the Deinstitutionalisation project is being implemented with funding from the European Regional Development Fund until the end of 2022. Within the framework of it, it is planned to create 151 social service provision places for people with mental disorders with 2091 client places in all planning regions of Latvia, including 57 day-care centres with 959 places, 53 group houses (apartments) with 621 places, 34 specialized workshops with 496 places, and seven respite services with 15 seats⁴.

People with mobility restrictions in Latvia currently receive incomparably more attention and support than the people with mental impairment. The social marketing campaign “A human being, not diagnosis” (“*Cilvēks, nevis diagnoze*”, 2020) commissioned by the Ministry of Welfare, has recently been very visible in mass and social media, and on billboards. The aim of the campaign was to help understand that there are more things in common for all people irrespective of their mental health status than there are differences. A “diagnosis”, no matter how foreign or incomprehensible it may sound, should not form a basis for rejection, exclusion, fear or myths shrouded in ignorance. In institutions, people with mental impairment do not have sufficient control over their lives and the decisions that affect them since the institution's rules prevail over individual needs. This issue was also highlighted in the video interviews recorded for the campaign. One can notice a visible difference between the way the representatives of institutions think and talk about their clients compared to the NGOs and private sector.

⁴ Portāls.lv. Eiropas Sociālā fonda finansējums būs pieejams arī turpmāk. Available: <https://lvportals.lv/dienaskartiba/320851-eiropas-sociala-fonda-finansejums-bus-pieejams-ari-turpmak-2020>

2. Tourism accessibility in Latvia: the perspective of advocates for persons with intellectual and mental disabilities

2.1. Survey of social service providers and specialized basic education institutions for people with mental impairment in Latvia

2.1.1 Research method

To gain a broader insight into the experiences that social service providers (such as long-term social care and rehabilitation providers with and without accommodation) and special schools have using recreation, tourism and leisure services, a short situation scan survey was sent to these institutions all over Latvia. The social service providers' and the special schools' contacts were obtained from the databases of the Ministry of Welfare⁵ and the Ministry of Education of the Republic of Latvia⁶. NGOs providing similar services were localized by an online search. An e-mail with a link to an online survey was sent to 65 special schools and 73 social service providers and NGOs (n=138) in January, 2021. Surveys were aimed at staff members who have been involved in social rehabilitation and organizing leisure activities for their clients. In total 3 special schools and 23 social service providers filled out the survey (n=26). The total response rate was 18.8%.

The survey consisted of 5 questions that covered the topics of previous experiences and opinions about the accessibility of tourism and leisure services for people with mental impairment. The results are provided accordingly, and responses of the open-ended questions are combined in broader categories.

2.1.2. Accessibility and appropriateness of leisure and tourism services

For this section respondents were invited to choose an answer from a rating scale to evaluate, how accessible and appropriate the leisure and tourism services are for people with mental disorders in Latvia. The rating scale was divided in 4 sections from "Not accessible at all" to "Very accessible and appropriate". Majority of respondents indicated that tourism and leisure services were "Rather available and appropriate" (n=15), which was followed by answer "Rather inaccessible and inappropriate" (n=10). One (n=1) respondent considered tourism and leisure services "Very available and appropriate" (see Figure 1.).

⁵ Sociālo pakalpojumu sniedzēju reģistrs [The Registry of the Social Service Providers] website. Available <https://vspmis.lm.gov.lv/Public/PublicetsPakalpojums>

⁶ Izglītības un zinātnes ministrija [The Ministry of Education and Science] website. Available <https://www.izm.gov.lv/lv/20182019mg>

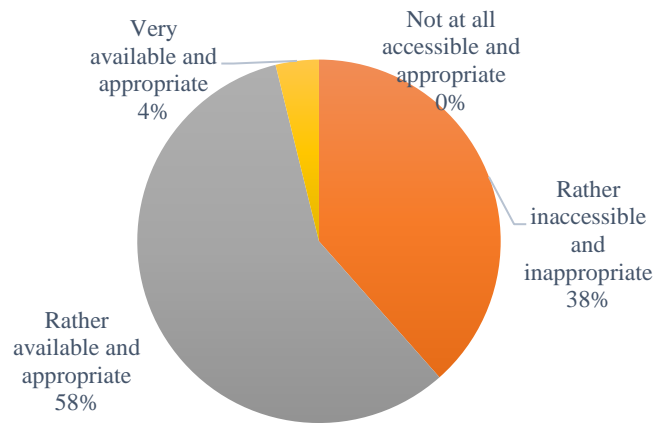


Figure 1. **Accessibility and appropriateness of leisure and tourism services (n=26)**

In the open-ended question about accessible and appropriate leisure and tourism sites in their neighbourhood or close proximity respondents were invited to name some of the tourism attractions, natural sites, cultural, entertainment, recreational or sports services that they considered accessible and appropriate for people with mental impairment. In total 65 sites were indicated by 23 respondents. Few (n=3) respondents answered that they could not name any such sites in their neighbourhood or left the field empty. The mentioned 65 sites were organized in 8 categories (see Figure 2.) that would best describe them: Cultural event places (concert halls, houses of culture, people’s houses, cinemas etc.) (n=14); Tourist attractions (churches, castles, manors, landscaped parks etc.) (n=12); Nature trails/nature attractions (n=12); Museums (n=11); Sports centres or active leisure/adventure parks (n=7); Sites providing leisure with animals (horse riding, deer gardens, zoos etc.) (n=6); Specialized leisure time services/rehabilitation day centres for people with mental impairment (n=2); Events: a town festival (n=1).

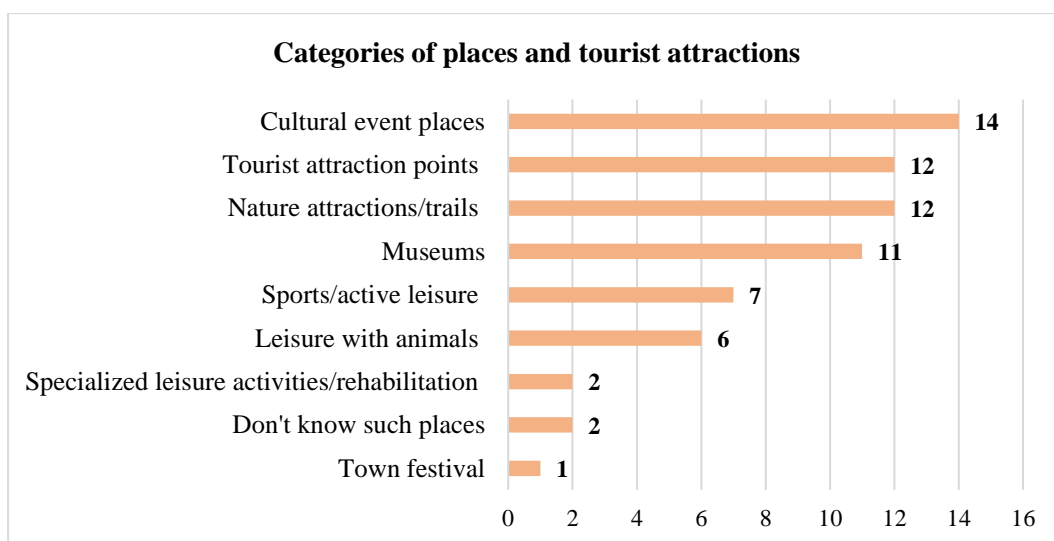


Figure 2. **Accessible and appropriate tourism and leisure sites in a close proximity (n=26)**

2.1.3. Accessibility and participation in short-term travels by clients/students with mental impairment

To evaluate what is the availability and frequency of short-term travels/day trips that social care or special educational institutions provide to their clients, a question about short-term travels/day trips in the last 3 years was asked. Given that the survey was sent in January, 2021 and the first Covid restrictions in Latvia were imposed in March, 2020 affecting the usual travel patterns, the given time period includes the period from January 2018 to January 2020, when regular pre-Covid travel patterns were in place.

To the question “Have your students / clients with mental impairment been to a day or longer trip in Latvia and used tourism services during the last three years?” 21 of the respondents replied in the affirmative, 5 respondents – in the negative.

Have your students/clients been to a day or longer trips in Latvia during the last three years?

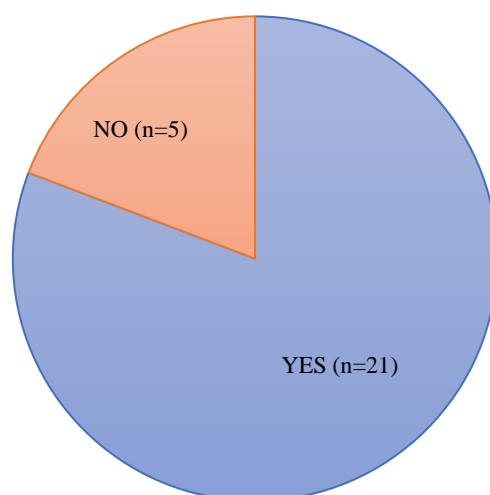


Figure 3. The participation in short-term travels/day trips in Latvia at the social care/special educational institutions (n=26).

To identify **the most attractive or accessible leisure and tourism service providers and attraction sites outside the close neighbourhood** of the respondent, a question to identify the most accessible and appropriate tourism or leisure sites elsewhere in Latvia was asked. The aim was to learn about the most popular tourist attractions that were considered the most accessible and/or were the most often visited by the clients/students of these institutions. For this open-ended question, 40 attraction sites or tourism service providers in Latvia were named by 19 respondents (Figure 4.). 1 respondent did not provide an answer, while the 5 respondents who answered “No” in the previous question, were redirected from this question. The provided sites were later categorized in 9 thematic categories: Tourist attraction sites/destinations (e.g. scenic towns in Latvia, castles, manors, botanical gardens etc.) (n=11); Nature objects/trails (nature parks, hiking trails, beaches etc.) (n=10); Leisure with animals (zoos, camel farm etc.) (n=6); Museums (n=6); Sports centres or active leisure sites (n=2); Cultural institutions

and events (n=2); Multifunctional leisure centre (n=1); Specialized leisure time services/rehabilitation day centres for people with mental impairment (n=1); Camping sites (n=1).

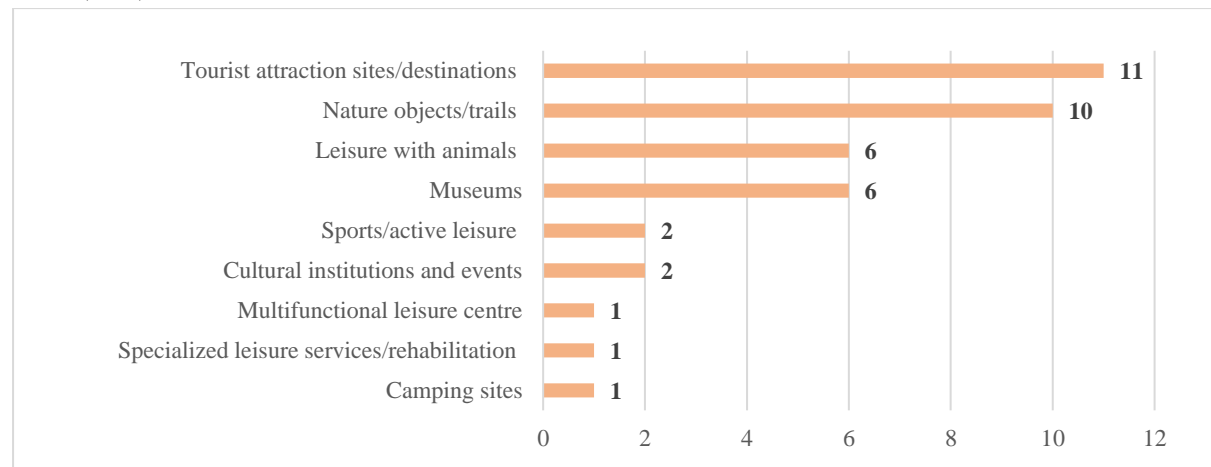


Figure 4. **Categories of accessible and appropriate tourism service providers elsewhere in Latvia (n=40)**

Even though the respondents were from different locations in Latvia, some of the provided answers, indicating the most accessible and appropriate tourism service providers across Latvia, coincided. Leisure and tourism service providers that appeared more than once in the answers from different respondents were:

- Latvian National Museum of Natural History (n=2)
- The Ethnographic Open-Air Museum of Latvia (n=2)
- Tērvete Nature Park (n=4)
- Riga National Zoological Garden (n=4).

2.1.4. The main challenges and difficulties in organizing tours and receiving leisure or tourism services for people with mental impairment

The final section of the survey included an open-ended question about the main challenges and difficulties that the social service providers and special education institutions faced when organizing tours and offering tourism and leisure services for their clients with mental impairment. All (n=26) respondents provided one or several examples of obstacles they faced in organizing these activities (Figure 5.).

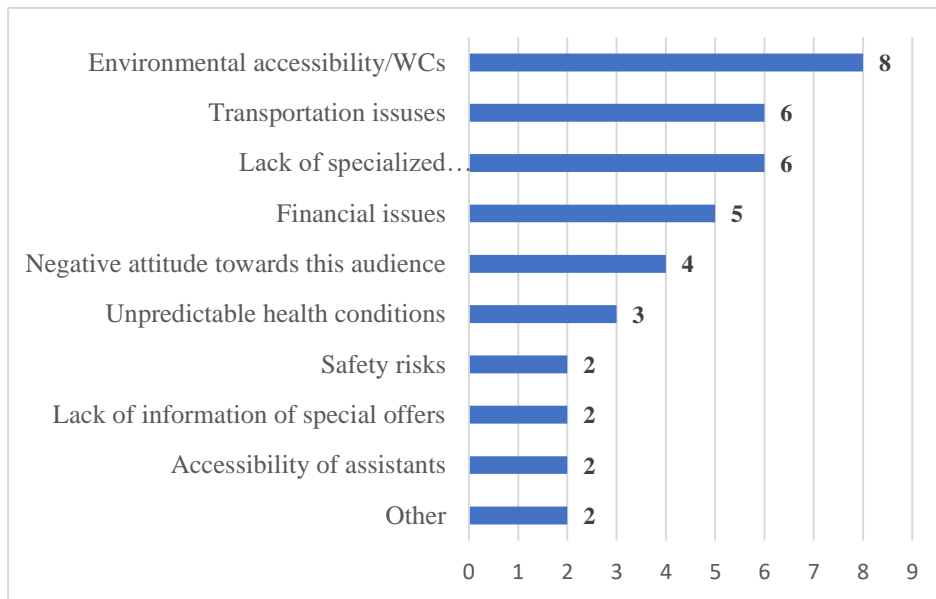


Figure 5. **The main challenges in organizing tours and receiving tourism services for clients with mental impairment (n=26)**

All answers were categorized in 10 subtopics: Environmental accessibility of the tourism site/lack of accessible toilets (especially for people with mobility impairment) (n=8); Lack of transport (including specialized transport for people who also have mobility impairment) (n=6); Lack of specialized content or interpretation at the attraction sites (e.g. lack of guided tours in an easy-to-understand language, suitable and interesting content for this audience, tourist attraction site staff have difficulty communicating with the clients etc.) (n=6); Lack of financial resources (material difficulties of clients, high entrance fees) (n=5); Negative attitude from the leisure and tourism service providers (lack of inclusivity, fear among tourism service providers, expectations towards non-disabled people, lack of special offer therefore social care providers are forced to organize tours on their own) (n=4); Unpredictable health & psychological conditions of clients (n=3); Safety risks (n=2); Lack of information about specialized offers from tourism service providers (n=2); Accessibility of assistants (n=2); Other (lack of interest from clients, visited sites need to be visually attractive) (n=2).

2.1.5. Conclusions

The results of the survey sent to the special educational institutions and social care providers in Latvia about the accessibility of tourism and leisure services provide a valuable insight in the opinions about this topic of the staff members working with this target group. The respondents' views on how accessible and appropriate tourism and leisure services for people with mental impairment are varied, with 58% saying that these services are rather accessible and appropriate, 4% that they are very accessible and appropriate and 38% that they are rather inaccessible and inappropriate. 81% of the respondents indicated that their clients/students have been on a short-term travel or day trip during the last 3 years while 19% said the opposite. Most accessible and appropriate

tourism and leisure services in the neighbourhood or close proximity are cultural event places, nature objects and trails, tourist attraction sites and museums. When choosing a travel destination elsewhere in Latvia, most popular answers included tourist attraction sites and destinations, nature objects and trails, museums and leisure options with animals. The main challenges and difficulties that respondents encountered when organizing tourism and leisure time for their clients/students was environmental accessibility and lack of public accessible toilets, especially for people who also suffer from mobility impairment. Another problem is the lack of special transportation for people in wheelchairs that are among the clients/students. Other prominent issues are the lack of specialized content and interpretation at the tourist attraction sites which would be suitable for the people with mental impairment as well as financial difficulties of the clients that withhold them from accessing more tourism and leisure options.

2.2. Clients' needs and preferences

2.2.1. Methodology

Two main research methods were chosen in order to investigate the target group's needs, experiences, and preferences: expert interviews and participant observation.

To recruit interviewees, convenience and purposive sampling strategies were chosen: first, in the survey, all its participants were also invited to volunteer for an online interview; second, two special schools and nine non-governmental organizations (running day-care centres, group apartments and/or workshops) were addressed via e-mail and phone; thirdly, an invitation was posted on the Latvian Autism Association's Facebook page.

From the survey participants, only three volunteered for an interview: two associations and one public long-term care institution. Despite the relatively large number of service providers addressed (n=138), the lack of responsiveness from both the private and public sectors was a major challenge in this qualitative study.

Via the announcement on Facebook, three families were recruited as interviewees: two mothers of school-age children with autistic spectrum disorder (hereinafter, ASD) and one aunt of a young adult with intellectual disability. This low rate of response could be explained with objective circumstances, such as parents' heavy workload, family responsibilities, or strain related to the Covid-19 pandemic. The interviewed parents mentioned subjective factors, for instance, families' self-isolation as a reaction to rather frequently encountered stigmatizing attitudes on the part of society.

The response rate was slightly higher among those representatives of service providing organizations who were personally addressed. Altogether five of them agreed to share their experience while two referred to another association focussing specifically on persons with mental impairment. Finally, one association brought the researchers into contact with a parent who then agreed, together with his intellectually disabled son, to participate in a fieldwork at the Zeit Hotel in Līgatne. An informal conversation was held with this parent during the participant observation.

In order to understand the experiences of people with mental disorders or intellectual disabilities, we conducted a short fieldwork, which consisted of 2-days participant observation with two families who had responded to the request to become participants in the study. The fieldwork site was the Zeit Hotel in Līgatne (a village with many interesting tourist attractions).

2.2.2. Participant observation at the project partner Zeit Hotel

When working with the target group, it is important to emphasize that this is a group whose voice is practically inaudible and hidden behind the lack of objectivity and the desire to protect. Instead of the target group, their representatives, accompanying persons, organizations or, for example, parents, speak most often. Little is obtained or heard directly from the people with mental impairment.

To redress this lack of clients' perspectives, one of the researchers came into contact with two siblings, a boy (12 yrs) and a girl (7 yrs), both diagnosed with ASD and Hyperactivity and Attention Deficit Disorder (hereinafter, ADHD). The children's mother (R2) spent the entire fieldwork time at the hotel, but because of her work responsibilities she was not in the immediate vicinity of the children. The children had unrestricted access to their mother at any time during the participant observation. Contact with children was made through direct interaction, in the presence of children's nanny (18 yrs).

The mother of the children introduced us and confirmed to the children that we were all participating in this adventure together and that the researcher (naming the researcher's name and not initially mentioning the purpose of the research) had come with them. The contact with children was established successfully and quickly. The contact was made by playing together at the Zeit Hotel net park (*Tīklu parks*) and fully allowing the children to control our communication and its intensity. The children played at the net park and were in constant motion, mostly playing with each other, rarely interacting with other children, but over time increasingly involving the researcher in their games. For the researcher, this required a lot of physical activity and complete openness, as well as tuning in to the rhythm of the children.

The safety regulations of the net park are provided at the entrance in the form of pictograms so that they were easy for the children to understand. It can be assumed that the children had seen the pictograms and related all the rules to the researcher, point after point. The researcher asked the boy if he had read these rules somewhere, to which he replied that everything was well drawn and that he would have never read anything, because it would have been boring.

It was observed that now and then both children needed time to calm down. More remote corners of the net park were used for this purpose, or the net cul-de-sacs, which physically separated the children from other visitors at the net park. Large balls were available in these cul-de-sacs. Also in the evening, in the guest rooms of the hotel, when the researcher spent time together with the children and their mother, the boy occasionally distanced himself from others, both by putting on his headphones to listen

to some music, and by moving to the balcony, which was separated from the rest of the room and allowed him to be relatively alone. This observation highlights the importance of a secluded space needed for the target group (especially, persons with ASD), to provide them with an opportunity to distance themselves physically and emotionally from excessive sensory stimulation.

The researcher observed that in moments of emotional stress physical contact was important for the girl. In order to draw full attention to herself or to point to a special circumstance, the girl often touched the researcher. Moreover, her touches were physically strong. Initially it was very confusing. Later the researcher calmly and empathetically drew the girl's attention to the fact that some of the touches were too strong and close to being painful. Subsequent conversations with the child's mother revealed that her offspring sometimes found it difficult to respect boundaries. This observation suggests that service providers who intend to work with the target group should consider these special needs of children with ASD.

Significant difficulties were encountered when lunch was ordered in the hotel café – the girl found it difficult to wait, became nervous and anxious, and more so with each passing moment. It turned out that the girl's brother and nanny had developed tactics to deal with such moments, namely, it was explained to the girl that she would have to wait for 10 minutes. Then it became apparent that although the girl could not read the clock yet, she knew that 10 minutes was a long enough time slot, but not too long. This allowed her to regain relative calm and avoid anxiety. This nuance was later discussed with the children's mother, who told that children were encouraged to engage in other activities (for instance, playing a game) daily to distract them from focusing on waiting. Based on this observation, we can recommend to the catering staff to indicate an approximate waiting time for each dish offered on the menu.

It should be noted that nobody managed to persuade the children to try out some other activities available in Līgatne on either the first or the second day. The observations made on the second day made it clear that both children preferred to repeat the familiar activities and were not ready to expose themselves to novel impressions. The researcher tried to engage children in other activities offering them to explore the local area map available at the hotel. The children did not even look at the map, it seemed that they had chosen the net park as their destination and disliked the idea of visiting other places nearby, although they were allowed to do so by their mother.

At the end of the second day, the researcher interviewed the boy and encouraged him to name the things that he had liked best as well as those that had disturbed him while staying at the hotel. This conversation was authorized by the boy's mother. In a simple language, the researcher explained to the boy about the MindTour project, whereupon the possible benefits of the boy's experience were discussed. The boy was very responsive and went deep into questions. He was immensely happy about the possibility that his experience would be useful to other people.

Things that according to the boy should be changed:

- more pictograms should be used;
- on the premises, the inscriptions (signs) should be in a bright colour (could also be white, but not in a grayscale as it is currently);
- in the guest WCs on the 1st floor, the gaps between the partition wall boards are too large, it violates privacy.

Things the boy especially liked:

- nice, responsive, sensitive staff. For instance, before starting cleaning up the guest room an employee had asked the family whether they did not object to a window being open (because it had to be washed).
- a balcony / a private corner in the guests' common rooms, where one can enjoy privacy and avoid being disturbed by others.

The thing that according to the boy should be introduced:

- Free access to cool drinking water in public areas of the hotel.

2.2.3. Experience of advocates for persons with mental impairment: interview data

The following persons were among the expert interviewees:

- a social worker from a long-term social care unit of the psychoneurological hospital Ģintermuiža (hereinafter O1);
- representatives of three non-governmental organizations and associations of/for the disabled (the associations *Fonds Kopā*, *Rūpju bērns*, and *Saule*, or O2, O3, and O4 respectively);
- a representative of the social entrepreneurship company *Dzīves Oāze* Ltd. (hereinafter O5), offering group apartment service in Riga, and
- four relatives of persons with mental impairment (R1, R2, R3, R4).

Interviews were conducted online on Zoom platform from April to June and lasted on average one hour each. Interview questions were divided into four thematic blocks:

- (1) Practical and organizational aspects (previous experience, sites visited, group size, number of accompanying staff, etc.);
- (2) experiences at destinations (positive and negative examples, feelings, infrastructure, facilities, experience of presenting and perceiving information, evaluation of the service provider's employees, etc.);
- (3) related services and experiences (catering, accommodation, foreign travel, multi-day travel, etc.);
- (4) recommendations on how to improve the existing services or implement new ones.

Information acquisition, decision making and planning

Decisions are made rather differently, depending on whether the organization or the family plans the visits to the places of interest.

Up to one hundred inpatients reside in the *Ģintermuiža* social care unit, the largest service provider among all the organizations surveyed in this situation scan. It is the

hospital's social rehabilitation specialists who are responsible for leisure activities, including travel, visits to museums and other places of interest. As reported by one of them (O1), these specialists themselves choose the places of interest and inform their patients/clients – first in writing, on bulletin boards, afterwards orally, explaining the details of each destination and the activities available there. Subscription of clients for a particular trip takes up to three weeks, since travellers ought to be allocated to groups, their interests and special needs assessed; moreover, the head nurse reviews each subscribers' list for specific precaution to be taken during the trip.

A considerably different approach to decision-making is practiced by the non-governmental associations *Fonds Kopā*, *Rūpju Bērns*, and *Saule* (as reported by their representatives O2, O3, O4 respectively). The three associations are among organizations that provide group apartment and day care services commissioned by the Riga City Welfare department. The clients of *Fonds Kopā* and *Saule* are adults with intellectual disabilities of various severity and different ages, whereas the clients of *Rūpju Bērns* are children, too. Many of them live in families but rarely travel together with their parents (who have a kind of respite when children go somewhere with a peer group).

The *Rūpju bērns* (O3) clients voice their ideas about preferred destinations whereupon the staff decides which of them are realistic to visit. The social workers of the *Saule* day centre (O4) recommend destinations; however, the clients, too, have a say which places to visit. The information is mostly sought via the Internet. The representative of the NGO *Fonds Kopā* (O2), in her turn, emphasizes that clients themselves choose which places to visit and the staff are there only to support the planning if needed. The association *Fonds Kopā* mostly organizes travel for the 24 group apartment inhabitants. None of these people have physical or sensory disabilities, therefore they are more flexible in organizing travels than clients of other organizations discussed here. Some of these clients plan their touristic activities independently (from among those who can afford such). One way or another, these clients are said to plan their leisure in a thoughtful, purposeful way, attempting to visit several exciting places during one excursion.

O2: They hear, they see, they are on Instagram, they are on Facebook, they watch the news. The employees speak too – I am also active in social media, post photos about visiting a Zoo or some other site with my children, and then our clients say: 'Hey, we'd like to go there too!' We communicate, everything happens thanks to our dialogue.

For all three reviewed NGOs, occasionally there are opportunities to participate in the EU level programmes or projects that also involve travel abroad. In those cases, the staff processes information corresponding with partners in the destination country.

Less frequent tourism activities are reported by the representative of *Dzīves Oāze* (O5), the social entrepreneur company that provides group apartments for 16 clients with intellectual disabilities with light and medium degrees of severity. Many of them are adults who have lost their family members, or the latter are not able to provide any care;

some of these clients are among the most socially disadvantaged in this qualitative study: those who do not have a job, sustain themselves only from disability allowance or pension of no more than EUR 160 from which a co-payment for utilities and food has to be covered. Nearly nothing is left to pay for leisure activities. Since the organisation owns a minibus, some short trips are possible. Excursions are suggested and organized by the staff, mostly just for a day. Before a trip some clients may become fearful, some even disappear just before the departure. Clients need assistance with financial and practical planning of trips, for instance, checking and re-checking if everything is packed and all the information is understood.

As far as the interviewed families are concerned, their decision making appears much more focused on the individual needs of children.

Speaking about her 9 years old son with severe ASD and intellectual disability, the mother (R1) notes that group excursions are not suited for her boy. Family outings (with two younger children), however, are also difficult to plan for the mother always needs at least one adult's assistance during the trip. To avoid his bouts of anxiety, the child with ASD should be well informed in advance about the activities in the destination as well as about the length and the structure of the trip. This parent has received suggestions and recommendations from the Latvian Autism Association regarding which places and services in the country are well adapted for persons with ASD.

A mother (R2) with two children (7 and 12 years), both diagnosed with ADHS and Asperger but with no intellectual disability, has rather different preferences. The children prefer novel experiences rather than returning to destinations once already explored, therefore parents make a lot of effort to discover ever new places.

Among the interviewees two more are relatives (R3 and R4) of young adults with severe intellectual disabilities and very limited speech capabilities. In one case, a maternal aunt for many years has travelled with her sister and her nephew. She usually chooses the tourism destinations and places of interest, including abroad. As for R4 and his son, the family often goes on excursions in Latvia and abroad and also engage in active tourism, e.g., canoeing.

O5: In some sense it reminds of being with children, a trip with children. Nevertheless, one should understand that those are adults, both in terms of physiology and attitudes. One ought to never treat them as children.

All interviewees acknowledge that prior to each trip or visit they had contacted the service providers to discuss the special needs of their clients or children. The desired information meant for people with disabilities had very rarely been available on the homepages of the service providers, not to mention adaptations for persons with mental impairment. The groups, however, have never been turned down and the trip organizers had managed to negotiate service adaptation for their clients. Only one interviewee (R3) remembered some hesitation on the part of the museum staff (“Will they not smash everything?”). Upon the arrival at their destinations, the groups and families have

experienced a welcoming attitude and responsiveness to the clients' special needs on the part of the staff. The waiters (mostly young people) are often inexperienced and ignorant about the special needs of the target group but nevertheless tolerant and helpful.

Preferred activities and tourism destinations

Most of experts from organizations interviewed report that their clients give preference to destinations where there are opportunities to explore places at their own pace, in interactive ways, using senses, and gaining tactile impressions. Popular are nature trails and objects, zoological gardens, town festivals, museums focused on technology or means of transportation (such as the Riga Motor Museum or Latvian Railway History Museum). Clients appreciate museums that offer drawing or painting workshops (e.g., as Latvian National Museum of Art) or costume donning (*Jaunpils castle* museum). Children are eager to visit activity parks and amusement centres (*Lottemaa Theme Park; Avārijas Brigāde; Tarzāns; Zinoos Riga* etc.). Adult clients enjoy walks through town centres, especially when travelling abroad. Among cultural events, song festivals and open-air theatre performances are favourite choices. Some organizations combine excursions with participation as performers in a festival, a performing arts event, or an exchange programme nationally or internationally, as O4 (from the *Saule* centre) reported. Concerning learning activities in museums and exhibition halls, preference is given to those where information is available not just in written text but also in audio or video format.

The choice of destinations very much depends on the clients' profile: according to O2 (from *Fonds Kopā*), there are enough groups that regularly visit museums as well as art galleries in Riga. When going on longer trips, nature sites and objects may be chosen as the main attractions.

O2: *We attempt to lead a physically active and healthy way of life. For instance, we set for ourselves a goal to cover 100 km per season hiking, a goal not too easy to achieve for our clients. Yet we even achieved more than that. Next summer we will try to cover 150 km. The hiking routes need to be interesting and educational.*

Groups, however, need to be formed depending on clients' interests and capabilities, so there may be groups of rather different size. Depending on the level of disability, the size of client groups may vary between 7 and 14 people, each group accompanied by at least two staff members. Clients with relatively mild impairment may travel abroad by bus (usually hired by the NGO), in groups of 40 persons. Such touristic activities, though, take place rarely, and cannot be afforded by socially more marginalized segment of clients (no trip abroad was mentioned for the *Ģintermuiža* clients).

It is rather typical for client groups from NGO day centres or apartments to visit towns, museums and activity sites in two neighbouring countries, Lithuania and Estonia (e.g., the Toy Museum in Vilnius, the AHAA centre in Tartu). Smaller groups (7-8 clients

along with 1-2 social workers) or individuals with assistants have flown to Georgia, Greece, Italy, Slovenia or elsewhere in Europe, mostly in cases when visits have been financed and organized in the framework of some EU exchange programme. On such occasions, the trip may last for 10-12 days, and includes several programme activities in the destination. Some married couples from the *Fonds Kopā* have also travelled abroad, for example, to Croatia or Greece, on their own.

The clients of *Dzīves Oāze* (O5) mostly go on one-day trips (partly due to financial but also organisational restrictions), even if it is planned to visit a place in the neighbouring Lithuania. Some of them prove anxious to turn up and join even such a relatively short excursion. A lot of ad hoc adaptation and individual attention on the part of the staff is needed since some clients get tired or hungry earlier than expected. As for visits to museums, at times the *Dzīves Oāze* clients return from these disappointed for they have not managed to cope with the quantity of information there. Some would rather enjoy a casual short walk to downtown, together with a staff member.

For the parents of two children with AHDS (as reported by R2), the main criterion for choosing a destination is the intensity of activities there, to exhaust the children's enhanced energy levels. The two interviewed mothers take their offspring on a trip or physical activity (such as a swimming pool or a Kung Fu class) at least once a week.

Facilities in tourism destinations

Most of the interviewees, especially the parents of children with ASD noted that they had not found special infrastructure, design and other adaptations for guests with mental impairment at any service provider in Latvia.

From among all the facilities in tourism destinations as well as local places of interest closer to home, the public conveniences are undoubtedly the problem number one. Firstly, the situation regarding availability of even the very basic public WCs in Latvia is often critical. One needs to take extra care while still planning a trip, to identify stops where WCs would be accessible for their clients.

The organizers' requirements, though, differ across service providers: O1 acknowledges that when travelling with her clients by bus there is an option to stop on the roadside next to a forest and hide among the bush. Alternatively, the easiest way to find a WC is to stop at a petrol station. The number of conveniences there, however, are limited therefore one may have to wait in a long queue, when travelling with a larger group even up to half-an-hour. The service providers whose clients are people with physical disabilities and/or wheelchair users acknowledge that they avoid planning trips to destinations outside larger towns since public conveniences adapted for the disabled are nearly non-existent in rural areas and smaller towns. Even where such facilities have been provided, one may find them locked, with no clue where to look for a key.

Secondly, the design of WCs rarely allows an assistant to help a mentally impaired person, either because of space limitations or because unisex conveniences are absent. The compartments often prove being too small for an assistant to be able to join a

mentally impaired person when he/she needs help. The aunt (R3) of a young intellectually disabled adult mentions that her nephew often needs assistance after the WC use (for instance, to help with his trousers zipper), a rather challenging task since unisex WCs are still a rarity. The parents of children with ASD and Asperger note that their offspring sometimes find the sounds of a louder WC flush or a hand dryer too upsetting, or the compartment too dark or narrow.

Absence of other facilities, too, at times prove an obstacle to travel together with a mentally impaired person. The type of problems, however, depends on the individual needs of the person.

The mother of the child with ASD reports (R1) that they tend to avoid staying in hotels or other accommodation altogether since the boy usually finds it difficult to fall asleep in unknown places.

Another interviewed relative (R3) very carefully assesses facilities in the tourist destination (both locally and abroad), such as hotels and nearby restaurants, to make sure those would be suited for her nephew's needs. In her experience, it has been very difficult to find a hotel room or suite with three single beds, a type of room that would correspond to the needs of two siblings travelling with a disabled adult. A parent travelling with his/her offspring and an assistant from outside a family circle are likely to have similar problems with accommodation.

As for catering, the interviewees reported a wide variety of scenarios. Families prefer to visit restaurant chains: they note that their intellectually disabled or hyperactive children often request simple and familiar dishes, for instance, hamburgers, French fries, pasta, or porridge. Long social care clients usually have their lunch boxes packed by the hospital kitchen. The NGO clients enjoy organizing picnics at some nature site, with the food taken from home, or cooking their meals themselves – on open fire on a camping site, or in a communal kitchen when staying in a dormitory. When touring towns, people with mental impairment very much appreciate spending some time in a café, just enjoying the atmosphere, without ordering food, just a hot drink or juice. It can be concluded from the interviews that well planned meals, picnics, and coffee breaks are a rather critical precondition for a successful trip.

O5 (speaking about his adult clients): *One has to take into account their physiological needs: they tend to be rather impulsive, quite often they want to sit down, or they get hungry. Thus, the trip will fail if they do not get food – they lose their temper. Or if they have an unanswered question, or not enough attention, they will just “tune out”, not follow anymore.*

The quote above points to another important feature of service design for mentally impaired people: maybe more often than other clients, they need a break in the activity, especially if they are in a relatively novel, unexplored, and therefore exciting environment. Persons with ASD tend to be overly sensitive towards new experiences and unknown settings: sensory overstimulation is not rare among them. In such circumstances, they would need, to quote R1, a quiet space to “melt down”. The autistic

child's mother mentions a few ways her 9-years old son calms down when excited: repeatedly strewing sand, small pebbles, or conifer needles, or swinging rhythmically, or even sprinkling dirt around himself. After such activities it is rather crucial to have an opportunity to have a shower.

Practically all interviewees also noted that information design in tourist attractions and hospitality sector is rarely tuned to the needs of people with mental impairment. That particularly applies to cases when written information dominates over more multimedially designed communication that would engage a spectrum of senses and would be accessible also in audial, visual, olfactory or tactile forms. Pictograms and texts in an easy language are often missing. As far as catering is concerned, a person with limited speech capability will not be able to order food in a restaurant if the menu only enumerated names of available dishes rather than annotated photos; such a person would have to rely on his/her assistant or relative's choice.

O3: Often enough, direction signs are so complicated that it is difficult to find a place or an object, or one cannot understand anything. In our case, the more interactively information is designed, the better it is and more interesting for us. Say, if there are stories about objects of visual art in audio or video format, that very much enhances understanding for us and improves the service.

Based on their experiences organizing leisure activities, including touristic ones, the interviewed parents, NGO staff, social workers and rehabilitation specialists came forward with several suggestions for more accessible and inclusive tourism and hospitality services.

2.2.4. Difficulties encountered and recommendations made for increasing accessibility

Difficulties encountered by clients with mental impairment in general

- Financial issues: too high entrance fees, e.g., in private museums, unaffordable prices in most cafés, guest houses and other private venues (the service providers have only limited funds available; clients rarely have enough money; their assistants rarely get discounts). Information of possible discounts is rarely advertised and not indicated on information boards.
- Often it is hard to wait in queue to buy an entrance ticket or to fill in questionnaires.
- Long lines for WCs; no handicapped WCs in rural areas; few unisex WCs.
- Clients rarely comprehend written texts, the speed of tour and museum guides' speech is too fast for most, narration often too long, language too complicated. Museum pedagogues usually improvise since they have not been trained to work with the target group.

- Audio guides in museums are often lacking therefore Russian-speaking clients in a group require an assistant's translation.
- Such activities as swimming or climbing towers may be risky with small number of the accompanying staff/assistants.
- Some people with intellectual disabilities might express pronounced sexuality, therefore may face safety risks in unfamiliar environments. Due to their trust to others, they can also become victims of human trafficking or financial fraud.

Specific difficulties experienced by persons with ASD

- They rarely have an opportunity to accustom themselves to the site and/or withdraw from excessive stimulation in a "melt-down place".
- They become anxious if the experience is unexplained and unpredictable.
- They do not assess risks and need to be closely monitored for safety.
- They are more sensitive to noise and smells than others, e.g., to loud hand driers or flushes in WCs, other children's cries and loud music (need headphones then).
- They become distressed in small, crowded, noisy, smelly rooms, anxious in public transportation, shops etc.
- They tend to overstep other clients' private boundaries in cafés if the dining space is too open.

Individual travellers' suggestions and recommendations

- ✓ For better comprehension of information: need for visual instructions, pictograms, incl. in WCs; rooms identified by symbols instead of numbers; some proportion of tactile impressions; staff trained to work with people with mental impairment and communicate in simple language.
- ✓ For environmental accessibility: open spacious sites for recreation (incl. picnicking), need larger and quieter WCs, in particular unisex WCs; shower and/or bidet is desirable.
- ✓ For avoiding environmental and emotional risks: clients need a "melting down" space and time; need a specially trained assistant on the site (even if for an additional fee) to monitor them for safety
- ✓ Persons with ASD need distractions (board games, books etc.) on longer journeys, e.g., on the plane, on the bus or waiting for an activity or a meal.

Group travellers' suggestions and recommendations

- ✓ Environment should be universally designed and accessible not only to people in wheelchairs and/or persons with intellectual disabilities but also parents with children, elderly people etc.
- ✓ Pictograms (stickers) should be visible identifying fair, friendly and attentive service providers (cafés, attractions, museums, taxis etc. that are inclusive and prepared to treat the customer with intellectual disability).

- ✓ More affordable entrance fees would be expected in private museums and other private venues.
- ✓ The staff at museums and other destinations should be trained to work with people with mental impairment. These clients often need more time than others comprehending information and making decisions.
- ✓ The museum content should be planned partly as for children in regards of attention span and interests, but the attitude should be shown as to adults with their own opinions.
- ✓ The guides should avoid too complicated language, including idiomatic expressions. Content of guided tours and exhibitions should be simple and straightforward, accessible also for preschool/primary children (“If it is interesting and suitable for children, it will be suitable for us”).
- ✓ Short outlines about the visited objects or museum exhibits would be welcome. Texts and exhibits should be placed on eye-level for wheel-chair users.
- ✓ Video and/ or audio stories instead/in addition of written descriptions (at museums, zoos and other places of learning) would be welcome since not all clients in the target group can read. Audio guides in easy language would be helpful, especially for non-Latvian-speakers.
- ✓ Easy to notice and comprehend signs indicating directions to objects or exits, or WCs are needed.
- ✓ The visit to museum should be at least partly interactive and illustrative; some activities should be planned (tactile experiences, own performances, taking photos, drawing, finding colours, locating objects, etc.).
- ✓ More places are needed in museums/exhibitions where to sit down and relax for a while.
- ✓ Care must be taken to avoid unsafe situations, e.g., more staff would be necessary if climbing towers.
- ✓ In restaurants printed menus with pictures and simple language would help to understand the offer.
- ✓ There should be an opportunity to choose the accommodation type since the client groups prefer to stay on camping sites or in dormitories. Summer camps would be welcome once Covid-19 restrictions are removed.
- ✓ Groups often prefer self-catering therefore access to a kitchen or fireplace would be needed.
- ✓ In case the hotel staff issues more than one key for entering hotel rooms, the purpose of each key should be explained to the customer.

3. Tourism industry's perspective on accessible products and services for people with intellectual and mental impairment

This chapter focuses on tourism and hospitality service providers analysing the current demand from people with intellectual and mental impairment. Also, the experiences and needs of the tourism and hospitality industry working with this particular segment have been aggregated.

3.1. Introduction: theoretical background

Sustainable tourism development is inconceivable without the inclusion of people with impairment⁷ in tourism. Although travel opportunities for people with impairment were addressed by researchers in the 1990s, many issues in the context of this topic are still under-researched, and the knowledge base is insufficient. Cloquet et al. (2018) pointed out that accessibility in tourism from the perspective of disabled persons has been more a matter of research and policy, but it is not yet sufficiently rooted in tourism practice. Just in recent years, the UNWTO has been active at the global level in advocating the introduction of accessible tourism principles in travel destinations and businesses⁸, implementing various initiatives at the political level and practically and contributing to the industry education.

Accessible tourism “enables people with access requirements, including mobility, vision, hearing and cognitive dimensions of access to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments” (Darcy & Dickson, 2009:34). People with impairment are also studied in the broader context of inclusive tourism, which is defined as “transformative tourism in which marginalised groups are engaged in ethical production or consumption of tourism and the sharing of its benefits” (Bidulph & Scheyvens, 2018:592).

Traditionally, tourism services are designed for people without impairment⁹ (Figureido et al., 2012), but it is a matter of ethical and social responsibility for society and the industry to make their services more inclusive for people with various types of disabilities. Studies have shown that travel for people with impairment is essential because it enhances their quality of life, self-development (“in terms of social, physical and intellectual competencies”) and self-esteem (“through the mastering of

⁷ “An impairment is any loss or abnormality of psychological, physiological or anatomical structure or function” (WHO, 1976)

⁸ UNWTO (2021). Website. Ethics, Culture and Social Responsibility: Accessible Tourism. Available: <https://www.unwto.org/accessibility>.

challenges”), and provide opportunities for the development of new capabilities as well as a chance of active social inclusion (Kastenholz et al. 2015)

One of the reasons why accessible tourism is not so well used in practice may be the assumption that people with impairment do not participate in recreational and tourism activities (Porto et al., 2019), which is because proportionally a smaller number of people with impairment use the above services (Darcy et al., 2020). The notion that adapting tourism services to people with impairment requires significant investments by companies also often prevents entrepreneurs from assessing the commercial potential of this segment. Considerable investments are more related to ensuring the accessibility of the physical environment for people with mobility restrictions, as it is necessary to invest in solutions concerning the accessibility of buildings. However, it should be noted that it is only one type of people with impairment and one of the most frequently studied accessible tourism segments (e.g., Daniels et al, 2005; Small et al, 2012; Richard et al., 2010). Research has mainly focused on structural, interpersonal, and intrapersonal barriers to travel and service consumption (Cohen et al., 2014; Blichfeld & Nicolaisen, 2011). In practice, this segment has received the most attention, as many countries have legislative and regulatory requirements regarding the accessibility of buildings, public infrastructure, and tourism infrastructure (hotels, attractions, etc.).

Research also reveals that in many countries around the world, people with disabilities often have low levels of financial solvency, especially if the labour market is not inclusive, so from a business perspective, this segment has often not been commercially attractive to the industry (Buhalis and Michopoulou, 2011). However, this does not mean that the most vulnerable sections of society have not travelled or have been entirely outside the tourism system. Supporting the idea of social inclusion and welfare rights and assessing the positive impact of travel on the quality of life of vulnerable people, strengthening family ties, mental and physical health, and other positive benefits (McCabe & Qiao, 2020), there are various travel support initiatives available for more socially vulnerable groups. In this case, we are talking about social tourism, which is defined as: *“All activities, relationships and phenomena in the field of tourism resulting from the inclusion of otherwise disadvantaged and excluded groups in participation in tourism. The inclusion of these groups in tourism is made possible through financial or other inventions of a well-defined and social nature”* (Minnaert et al., 2012: 29). Therefore, inclusive, accessible, and social tourism concepts in the context of people with impairment are mutually complementary and overlapping.

The fact that accessibility to the market is not homogeneous but includes many different sub-segments with differing and other needs depending on the type and level of impairment, may and has prevented the tourism industry from becoming more inclusive in this segment (Buhalis and Michopoulou, 2011; Kastenholz et al., 2015). For example, people with mobility impairment, hearing problems or intellectual impairment will have completely different needs and experiences when visiting a tourism attraction or nature trail (Chikuta et al., 2019).

Based on the type of impairment, one can differentiate seven primary accessible tourism segments: mobility, visual, hearing, speech, mental/intellectual, hidden impairment and elderly population (Albrecht et al., 2001). Each of these segments has additional sub-segments depending on the degree of impairment and accessibility. Buhalis & Michopoulou (2011:157), providing a “pyramid of demand types: the continuum of abilities” (Figure 6), stated that the persons with low accessibility necessities could be served with minimal adaptations to service providers infrastructure and services.

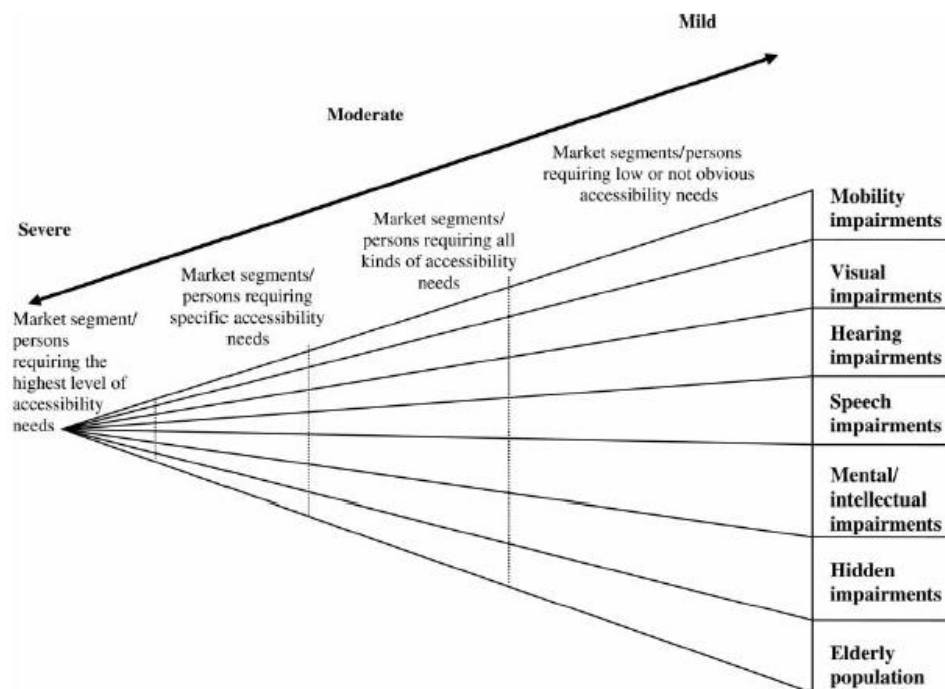


Figure 6. **Pyramid of demand types: the continuum of abilities** (Buhalis & Michopoulou, 2011:157)

In addition, the socio-economic situation, travel behaviour and psychographic criteria of these groups should also be considered (Buhalis & Michopoulou, 2011)

Both academically and in practice, travellers with mental/intellectual impairment are still neglected (Gillovic et al., 2018). Many researchers acknowledge that people with cognitive impairment are an essential segment of the accessible tourism market (with different consumer behaviours), and greater attention needs to be paid to this group to ensure social inclusion (Eichorn & Buhalis, 2011; Cohen et al, 2014; Gillovic et al., 2018). However, it should be noted that this group is also not homogeneous and intellectual disability can be “*varied, unique and highly complex*” (Gillovic et al., 2018). Only some studies are available in the academic literature on aspects of travel for people with intellectual disabilities (e.g., McConkey and McCullough, 2006; Mactavish et al. 2007; Lehto et al., 2017; Gillovic et al., 2018), travel for people with autism spectrum disorder (e.g. Sedgley et al., 2017; Neo & Flaherty, 2018; Hamed, 2013; Dattolo et al., 2016). Some studies have emphasised the role of formal and informal caregivers in choosing services for people with mental impairment and gaining

travel experience, but this aspect has not been sufficiently studied (Rogers, 2016; Gillovic et al., 2018).

Gillovic et al. (2018) point out that people with intellectual impairment participate significantly less in tourism compared to other accessible tourism groups. Still, travel for this group is crucial because it allows a person to feel normal (sense of normality), encourages self-efficacy, strengthens relational connections, and inspires travel in the future.

Researchers point out that the tourism industry has:

- ✓ to develop accessible tourism products, services, and experiences also for people with intellectual impairment.
- ✓ to provide, wherever possible, potential travellers with information relevant to them by communicating in plain language (simple language).
- ✓ to identify and use augmentative and alternative communication (AAC) and assistive technologies.
- ✓ to engage with accessible tourism stakeholders to raise awareness and understand the needs of this group (advocacy, training, and education). One example of good practice under this section is the Visit England initiative (along with - The National Autistic Society and England's Inclusive Tourism Action Group) – a guide to help tourism businesses overcome barriers to welcoming autistic people.¹⁰

Buhalis and Michopoulou (2011: 158) have pointed out that when designing services to be more inclusive for people with impairment, it is important to ensure three fundamental aspects:

- Accessibility of physical/built environment.
- Accessibility information.
- Accessible information online.

As already mentioned, the provision of access to the physical environment from the point of view of research and practical implementation has received the most attention, and various guidelines and requirements for implementing these criteria are available. Although practice shows that accessibility is not always easy, for example, historic buildings, cultural and natural attractions do not always succeed in adapting to modern accessibility requirements. It should be noted that it is also not uncommon that one person may have a combination of multiple impairment, and clients with intellectual impairment may also have physical limitations. As the segment with impairment is very different, the most effective solution in both cultural and natural attractions is universal design (Chikuta et al., 2019).

¹⁰ Visitbritain.com (2021). VisitEngland and the National Autistic Society launch guide to help tourism businesses. Available: <https://www.visitbritain.org/visitengland-and-national-autistic-society-launch-guide-help-tourism-businesses>

Fundamentally information regarding accessibility is equally important as it helps decide on the purchase of one or the other service. This information also plays a vital role in customer's experience with different service providers during the trip. Access to information for people with disabilities is one of the most critical challenges (Snyman, 2000). It should be noted that this aspect of information is still challenging for both different service providers and destinations. People with impairment point to information fragmentation and unreliability (Buhalis and Michopoulou, 2011). To a certain extent, this can be explained by the fact that there are many different sub-segments within this segment. Availability, accessibility, and reliability of information regarding accessibility are among the main prerequisites for choosing a travel destination (Blichfeldt & Nicolaisen, 2011).

Accessible web design is also an essential experiential aspect for people with impairment. The following table summarises the level of importance of information (required before travel) for people with mental impairment according to Buhalis and Michopoulou (2011: 160-161).

Table 1. **Importance of information (before travel) for mentally impaired people**
(Buhalis and Michopoulou, 2011: 160-161).

Information required prior the travel	Very important	Important	Less important
Information about outdoor areas of the accommodation/attraction			
Easily recognisable entrance			
Automatic doors at the entrance			
Ramps around the building			
Parking for people with disabilities close to the building			
Information about moving inside the building			
Elevator's length, width, height			
Height of staircase			
Easily recognisable colours			
Easily readable signs			
Ramps inside the building			
Information about the common areas of accommodation/attraction			
All the common areas are on the ground floor			
Location of accessible toilet nearby the common areas			
Layout of common areas' indoors (moving around easily, special signage, tactile paths)			
Availability of large-print menus in cafeteria/restaurant			
Availability of 'induction loop' for hearing impaired using a hearing aid (e.g., at the reception desk, in public areas)			
Information about the security policy of the accommodation/attraction			
Accessible emergency exits			
Accessible emergency signs			

Plan of evacuation for disabled people			
Availability of alternative fire alarm signal (e.g., vibration pad or flashing light for deaf persons)			
Information about the accessibility of rooms			
There are rooms specially designed for disabled visitors			
There are accessible twin rooms			
You can easily reach the plugs and the light switches			
The furniture inside the room can be easily relocated by you or your assistant			
It is possible to use your aids in the room (e.g., lifts)			
You can easily use the furniture inside the room			
The floor inside the room is clear of carpets, etc.			
Room service is available 24 hours a day			
There is an accessible toilet inside the accessible rooms			
Guide dogs are allowed in the rooms			
Toilet facilities for guide dogs			
Availability of 'induction loop' for hearing impaired using a hearing aid (e.g., for the TV)			

It is also essential to provide a knowledgeable person at the place of service, which can be asked specific questions related to the customer's needs. It is also important that this employee can answer questions accurately, responsibly, and intelligently. "*Being treated like any other able person*" is one of the key accessibility concerns (Chikuta et al., 2019). Concerning the accuracy of the information, customer communication, social networks, and feedback play an essential role today.

On the other hand, screen readers, voice recognition, pointing devices and alternate keyboards can be assistive technologies for people with visual, hearing, cognitive and other impairment. As everyone in this segment has unique abilities and disabilities, personalised information and services are an essential prerequisite for the inclusion of this segment. Therefore, it is possible and necessary for tourism service providers and travel destinations to use various technological solutions to engage people with impairment in a dialogue with the service provider about their specific needs, leading to the provision of the appropriate service (Buhalis and Michopoulou, 2011).

3.2. Methodology of the situation scan of the tourism industry in Latvia

A qualitative approach has been used for this research. The convenience and purposive sampling strategies were applied, and the participants who could give rich information and were accessible to researchers were targeted. As the research was conducted during Covid-19 restrictions, most interviews were done via phone or Zoom calls. The results are analysed manually.

Twenty-four interviews were conducted with tourism and hospitality sector representatives, including tourism organisations at the national and regional level, such as the National Tourism Organisation (NTO), Latvian Rural Tourism Association, *Lauku celotajs*, Health Tourism Cluster and regional Tourism associations of Kurzeme, Zemgale and Latgale. In addition, interviews were also conducted with representatives of incoming and outgoing tourism operators and agencies (n=3), accommodation sector (n=3), restaurants (n=3), tourism attractions (n=3), guides (n=4), a destination management organisation (n=1) and a guide training provider (n=1).

To identify the actual experience of the museums related to the visitors with intellectual and mental impairment two research methods were chosen: monitoring of internet resources (homepage of museums, public reports and publications by the Latvian Museum Association, main news portals content) and expert interviews of museum specialists (n=5). Represented institutions are the Latvian National Museum of Art, Art Museum *Rīgas Bīrža* [Riga Bourse], Zuzeum, Think Tank Creative Museum, Žanis Lipke Memorial.

3.3. Experiences and needs of the travel industry serving people with intellectual and mental impairment

Demand from people with intellectual and mental impairment is still minimal in the travel sector in Latvia. However, the trend is growing due to an ageing society and an increasing attention to the issues of diversity and social integration. The incoming sector is more experienced as the tourists come from more inclusive communities. However, mostly they have experience in serving people with mobility, hearing and visual impairment. Travel companies have had some experience serving individual travellers with mental impairment travelling in a group with personal assistance or some elderly clients travelling on cruise ships. If people travel with assistants (family members or special assistance), there are usually no difficulties for the client and the company in most cases. Some companies experienced certain challenging situations where clients were lost (1-2 times a year), or they were out of control because they had not taken the prescribed medicine. These situations impacted the performance of the group leaders and the travel experience of the group members negatively, and often these challenging situations were resolved by involving the help of police.

The main challenges for travel companies working with this particular segment (people with intellectual and mental impairment) are:

- The broad spectrum (different types and levels) of cognitive impairment and special needs for each group.
- Lack of information about clients' impairment before and during the trip.
- The attitude of society and employees towards people with mental impairment.
- Trust from travellers and family members towards the company (group leader) about taking care of the client's special needs (medications, rest times, etc.).
- Rising demand for independent travel around regions (primarily families with children) where the infrastructure is not appropriate for people with special needs.

The experiences and opinions of the interviewed industry representatives:

“Tourism companies are afraid of these groups (...).”
“We have difficulties with everything that is out of standards and norms.”
“It is important how inclusive the society is (...).”
“It is not a problem to take into account any specific need and organise everything, but we need the information in advance (...).”
“We don’t have a book we can open and read on how to act if we have people with one or the other special need ... We learn by doing.”
“We are a society in a hurry, but this segment asks to slow down (...).”

The research results highlight that the companies lack specific knowledge and mostly are *“learning by doing”*. However, on the question: “What knowledge and skills do companies need to improve their performance in serving this segment?” interviewees gave such responses as: “Diversity management”, “Communication skills based on psychology”, “Skills necessary to interact with this segment” and “Instructions on how to recognise and communicate with this target group”.

3.4. Experiences and needs of the hospitality sector

Research results reveal that people with mental impairment are almost an unrecognisable market segment for the accommodation and the restaurant sector in Latvia. The reason for this could be that a post-Soviet society is not very inclusive, consequently people with mental and intellectual impairment do not visit (or hardly ever visit) public places or engage in extensive travelling. Additionally, limited opportunities to job market put them in a difficult financial situation, which does not allow them to purchase many leisure and tourism services. It appears that people with mental disabilities often do not visit public places alone, therefore the service providers most often have contact with the accompanying persons.

The special needs of different sub-segments are predominantly not understood by the accommodation sector, and no special services have been offered. There are some exceptions; for example, some hotels provide connected rooms for assistants, or some hotels or camping sites cooperate with special schools or NGOs and accommodate people with special needs. However, as an international hotel chain manager mentioned, they experienced some difficult situations with guests having mental impairment. Sometimes, they used the police to help solve the problem as they did not have particular protocols how to deal with such matters.

An excellent example from the accommodation sector is a small regional hotel, “Hotel Roja”, where a person with mental impairment holds a job via an EU project subsidised employment. The hotel owner shared the experience: *“This is a great experience for all parties involved – for me as an employer, other employees, our guests and the local society. If you don’t know, you are afraid, but the fear disappears if you understand”*. This practice can be seen as an excellent possibility to better understand the needs of people with mental impairment. The knowledge gained from this hotel’s experience is that people with cognitive impairment are sensitive, need a clear structure, framework and the changes should be explained gradually.

In the restaurant sector, one of the challenges is the attitudes and openness of employees towards people with mental impairment because they have little experience in communication and interacting with these people in their daily lives, such as in school and the working environment.

Similarly, to the hotel sector, such employment initiatives for people with impairment help to reduce interaction and communication barriers between the restaurant employees and guests with special needs. Such initiatives have been implemented by some of the restaurants in Latvia, e.g., *McDonalds*, restaurant *Konventa Sēta*, etc. The “RB café”¹¹, opened in 2019, was one of the first social entrepreneurship initiatives in the Baltics to train and employ people with disabilities to run a café. As the author of the idea and the head of the association *Rūpju bērns* Māris Grāvis noted: *“Unfortunately, there are still deep-rooted stereotypes in society. There are often situations where people with disabilities are deliberately or unknowingly isolated. Therefore, we created a place to prove that people with disabilities can also successfully prove themselves at work.”*

Another example of social inclusion in the catering sector is a summer canteen run by a special boarding primary school in Upesgrīva that offers a place of practice for pupils who have chosen to acquire the kitchen assistant’s profession. In 2019 it had been operating for the 5th season in summers, with the main aim to offer the youth with mental impairment a possibility to get a vocational training and practice their skills as cook’s assistants, thereby improving their employment prospects in the future¹².

3.5. Experiences of tourism attractions working with people with intellectual impairment

The survey conducted within the framework of this study ascertaining the experience of social service providers in the use of leisure and tourism services mentioned **Tērvete Nature Park**¹³ as one of the most accessible and appropriate tourism service providers across Latvia, which is oriented towards children and provides not only active recreation in the park but also educational content. According to the long-term nature park employee (also an owner of a private zoo), their clients include both groups of children and adults from special schools or state-funded social centres. As a recent trend, there is a growing demand from families with children with intellectual disabilities. Describing their observations in working with people with disabilities, the respondent acknowledges that this group is not homogeneous. Therefore, the behaviour of clients and the attitude of employees should be differentiated. However, in general, it is necessary to be aware that such work requires a lot of special attention, takes a lot of energy, and numerous years of experience show that not every employee can work with such groups. Also, it is essential to understand the nature of such people and their behaviour. For example, as a long-term practice shows, these guests are never

¹¹ Hāka, Ž. (2019) Atklāj RB Café, kurā strādās cilvēki ar invaliditāti. *Dienas bizness*, 12.06.2019 Available: <https://www.db.lv/zinas/foto-atklaj-rb-cafe-kura-stradas-cilveki-ar-invaliditati-488115>

¹² LSM/ Talsu televīzija. Skola pārtop par vasaras ēdnīcu. 5.08.2019. Available: <https://www.lsm.lv/raksts/zinas/latvija/upesgrivas-skola-partop-par-vasaras-ednicu-un-dod-darbu-jauniesiem-ar-ipasam-vajadzibam.a327808/>

¹³ Mammadaba website. LVM dabas parks Tērvetē. <https://www.mammadaba.lv/galamerki/tervetes-dabas-parks>

aggressive (except for children with ASD). Experience also reveals that such people are happy to seek physical contact, and employees should talk to them about their emotions and feelings. It is also important to develop a strategy on how employees should react in conflict situations, such as when the child desires to take the animal in their hands or even take it home.

When describing the knowledge of working with people with mental disabilities, the learning by doing aspect and participation in international projects, where guides have the opportunity to acquire basic knowledge for working with this segment, have been emphasised.

Another example of good practice is a rural tourism and medical services' provider "Klajumi"¹⁴ (located in the Latgale region), which offers a horse-riding therapy. This rural tourism provider is experienced in working with people with various disabilities and admits that such travel is not an everyday activity for their client. Still, it is more applicable to social tourism when the stay is financed by a grant or funded as part of a project. Patients (and their families) who come to the therapy are also most often funded by projects as the family's financial situation most often fails to meet the therapy's costs. The company's services are most often used by children or adults with disabilities and their accompanying persons. The owner of the company noted that all employees are trained to work with this segment, and the following principles are considered:

- the topic of mental impairment is not touched upon before or during the stay.
- guests are treated like any other guests.
- respectful and personal treatment is provided throughout the stay.

During the interview, it was also mentioned that Latvia has a potential to develop various beneficial therapies for this segment, such as nature therapy, sand therapy, etc. There is a demand, but funding needs to be addressed, as people with disabilities and their families cannot often afford such services that are important to their health.

3.5. Museums

This section is focused on the museum experience that concerns the involvement and communication with visitors, who have special needs, particularly with mental impairment.

3.5.1. Contextual overview

The museum sector in Latvia consists of state, municipal, autonomous, and private museums that are regulated by the Law on Museums.¹⁵ A state founded museum can be supervised by the Ministry of Culture or by another ministry depending on the profile of the museum. Municipal museums are founded and managed by municipalities. Autonomous museums are founded and managed by commercial enterprises or by a derived legal person governed by public law (e.g. universities). Only those private

¹⁴ Zirgu sēta" klajumi" website. Available: <http://www.klajumi.lv/en/>

¹⁵ Law on Museums. Available in Latvian: <https://likumi.lv/ta/id/124955-muzeju-likums>, in English: <https://likumi.lv/ta/en/en/id/124955-law-on-museums>

museums that are accredited by the state are addressed in the state strategy for the museum sector.¹⁶

The largest professional museum association in Latvia is the Latvian Museum Association (LMA), a non-government organization uniting 120 state, municipal, private and autonomous museums on a voluntary basis, for the implementation of common objectives and the protection of mutual interests.¹⁷

During the last 5–7 years visitors with special needs are gradually involved in different kinds of social and educational programmes, therefore individuals with diverse impairment could be seen as an audience for social responsibility (social inclusion) programmes. Inputs for these programmes come from broader global and European initiatives, for example, the project Bridge 47.¹⁸ This project was funded by the European Union and it ran from October 2017 to July 2021. Bridge 47 focused on furthering Target 4.7 of the Sustainable Development Goals through advocacy, innovation and partnership work. Idea of Target 4.7 was formulated in 2015, at the United Nations Sustainable Development Summit in New York, where the Member States adopted the 2030 Agenda for Sustainable Development. One of the agenda's 17 goals is a new global education goal.

*Target 4.7 reflects transformative education, which is the power of education to deliver knowledge, competencies, values, and skills that are necessary for current and future generations to transform the world into a more sustainable, just, inclusive, and resilient place. Every person on the planet must have access to sustainable development knowledge, global citizenship values, and 21st-century skills to be able to become more active as a global citizen and tackle our shared global challenges.*¹⁹

Since 2020, the Latvian Museum Association in collaboration with Latvian Centre for Education Initiatives (CEI) takes part in the UN Foundation plan Sustainable Development Goals (SDGs). On May 18, 2020, International Museum Day, CEI and Bridge 47 organized a webinar in co-operation with the Latvian Museum Association in order to raise awareness among museum staff about global citizenship education and the sustainable development goals. The event introduced a wider set of activities created by the Latvian Museum Association and cooperation partners in 2020–2021, and is focused on aspects of sustainable development in various areas of museum activity in Latvia and the Baltic States.

The Latvian Museum Association has been working on the implementation of the sustainable development goals, presenting a number of educational events explaining the implementation of the SDGs in Latvian museums. An online conference –

¹⁶ Compendium of Cultural Policies & Trends / Country Profil / Latvia 3.1. Available: https://www.culturalpolicies.net/country_profile/latvia-3-1/

¹⁷ The Latvian Museums Association (LMA) website. Available: <https://muzeji.lv/en/about-us>

¹⁸ The project Bridge47 website. Available: <https://www.bridge47.org/about>

¹⁹ The project Bridge47 website. Target 4.7. Available: <https://www.bridge47.org/global-citizenship>

Localising the Sustainable Development Goals through Baltic Museums and Libraries – will be held in September 23–24, 2021 with the aim of strengthening museums and libraries as key local actors in promoting sustainable development through cultural heritage. The conference motto is “Ask Your library! Ask Your museum!” This reflects the commitment of libraries and museums to playing the roles of expert and public advisor on sustainable development issues.²⁰

First, broad training action for museums, conceptually focused on the needs of visitors with intellectual and mental impairment, was provided in September 2021 by the Latvian Museum Association in collaboration with the specialists of the foundation *Nāc līdzās!* [Come along!]. The courses for the museum staff in different regions of Latvia were organised to provide knowledge on the accessibility of the museum exposition contents for the visitors with mental disorders.²¹

Activities of the Latvian Museum Association present remarkable tendencies in understanding the shift of museums’ core functions and mission from the research institution to the education of the public and also providing emotional pleasure to the public (The Latvian Law on Museums (article 7)).²² Traditionally the main target audiences in museum communication were school students and tourists, while in the last decade audience segmentation is more differentiated. Moreover, museums communication and programming focus now on some previously marginalized social groups, for example seniors and visitors with special needs. It should be noted that these visitor groups still are seen as support needing groups that cannot be commercially profitable, therefore the offered programmes always belong to the social charity area, as opposed to tourism. School education programmes (including special needs schools) are partly funded by state or municipal grants (for example, the culture educational state programme *Latvijas skolas soma*).²³ Since 2021, the annual award of the Latvian Museum Association has been highlighting social significance and sustainable development issues in museum activities. For example, one of the nominee was the project “Wellness month in a museum” (Latvian National Museum of Art) that involved also visitors with mental disorders²⁴ Presence and socializing needs of the persons with different disabilities are made visible also by the annual award for support of people

²⁰ Conference *Localising the Sustainable Development Goals through Baltic Museums and Libraries* homepage. Available: <https://baltic-museums-libraries-sdg.lnb.lv/>

²¹ LSM. Latvijas radio. Spundiņa, Linda (2021). Muzeju darbiniekiem trūkst zināšanu par satura pieejamību cilvēkiem ar īpašām vajadzībām. 5.09.2021. Available: <https://www.lsm.lv/raksts/zinas/latvija/muzeju-darbiniekiem-trukst-zinasanu-par-satura-pieejamibu-cilvekiem-ar-ipasam-vajadzibam.a419929/>

²² Law on Museums. Available <https://likumi.lv/ta/en/en/id/124955-law-on-museums>

²³ Website of the Ministry of Culture Republic of Latvia. Project “Latvian school bag”/ *Latvijas skolas soma*. 4.11.2020. Available: <https://www.km.gov.lv/lv/latvijas-skolas-soma>

²⁴ The Latvian Museums Association (LMA) website. Nosaukti Latvijas muzeju biedrības Gada balvas 2021 nominanti. 22.07.2021. Available: <https://muzeji.lv/lv/specialistiem/nosaukti-latvijas-muzeju-biedribas-gada-balvas-2021-nominanti>.

with disabilities. This award is granted by Latvian Ombudsman in collaboration with *Apeirons*, association of people with disabilities and their friends.²⁵

In the last few years in the cultural environment of Latvian museums new foundations and spaces have been established. They are oriented to customer-focused service, visitor-friendly communication, visitor expectations and a welcoming atmosphere for the discussion, workshops and well-spent leisure time. For example *Zuzeum*, the art space and home for a significant private collection of Latvian art (the founders of the Zuzāns Collection and *Zuzeum* are Dina and Jānis Zuzāns) or accessibility initiative implemented at the contemporary art exhibition “Mobilais muzejs” [The Mobile Museum] organised by the Latvian Centre of Contemporary art at the former factory *Boļševička*.²⁶ ²⁷ Both are located in former factories buildings, while for *Zuzeum* essential reconstruction was carried out to adapt for diverse visitor groups (including visitors with disabilities). In turn *Boļševička* is an open-air space where the Latvian Centre for Contemporary Art carried out a temporary art exhibition considering the accessibility issues for audiences with different impairments including materials in easy-to-understand language. The aim is to promote interest in contemporary art in wide audiences.²⁸ These new creative spaces are open to the collaboration with different audiences, including visitors with disabilities, but they are not the main target groups of these institutions.

3.5.2. Experiences and needs

Latvian National Museum of Art since 2015 has been implementing a socially responsible education programme “Nāc muzejā!” [Come to the museum!]. This programme is designed to promote the development of inclusive society, encourage empathy, understanding and cooperation between different social groups and collaboration between individuals with special needs and the rest of the society. This programme focuses on school-age students aged 8 to 15 learning in general education schools and in special needs schools. Every school year around 130 students have an opportunity to get closer not only to the art world, but also to the diverse world of the individuals with special needs. During the lessons in museum in one group around 16 students from different schools meet each other, communicate and engage in creative activities. At the beginning of the lesson, the participants visit and explore the permanent exhibitions of the museum; it is followed by a creative lesson, where the art

²⁵ Homepage of the Ombudsman of Latvia. Gada balva cilvēku ar invaliditāti atbalstam. Available: <https://www.tiesibsargs.lv/lv/pages/petijumi-un-publikacijas/kampanas/gada-balva-cilveku-ar-invaliditati-atbalstam>

²⁶ Mobilais muzejs [The Mobile Museum] website. Available <https://mobilaismuzejs.lv/en/accessibility/>

²⁷ Nākotnes atbalsta fonds [Future supporting fund website]. Laikmetīgā māksla ar sarežģītu likteni, intriģējošā bezpajumtniece, ir aplūkojamā Rīgā, bijušajā fabrikā “Boļševička”. 4.06.2021. Available: <https://www.naf.lv/2021/06/04/laikmetiga-maksla-ar-sarezgitu-likteni-intrigejosa-bezpajumtniece-ir-aplujojama-riga-bijusaja-fabrika-bolsevicika>

²⁸ Latvian Centre for Contemporary Art website. Available: <https://lcca.lv/en/>

object becomes an instrument and initiator for communication, cooperation and creativity.²⁹

Jūrmala City Museum

The lesson “Once on the train Priedaine – Ķemeri...” is an adventure of smells, tastes and feelings appropriated for families and kids aged 6 to 8. It offers to find out the information about the resort of Jūrmala and to get to know yourself through the window of an imaginary train, actively participating, researching, thinking, buying and selling. The lesson is adapted for audiences with hearing impairment, thanks to the sign language interpreter service available in the museum. It is an opportunity to provide an inclusive, empathetic and collaborative service that reduces inequalities and promotes social inclusion.³⁰

Lūznavas muiža [Lūznava Manor]

In 2015 the revived Lūznava Manor (example of romantic Art Nouveau in Latgale, Rēzekne district, built 1905–1911, reconstruction works 2011 – 2014) at present is a creative, active and inspirational meeting place and an event venue for concerts, exhibitions, seminars, conferences, festive events, excursions and walks in the manor park.³¹ The Manor has successfully found its place in the vast cultural offering of Latgale region both as a cultural event and a location for summer festivals, as well as in socially responsible development as a co-producer, facilitating inclusive society, social entrepreneurship and tourism-friendly environment in Rēzekne district.³² In 2021 the award “A Kilogram of Culture” that has been introduced by Latvian public media went to the Lūznava Manor as result of public vote in category “The place of culture”.

In 2021 Lūznava Manor curated a social inclusion project entitled *Mūzu meklējot* [Searching for a Muse] in collaboration with the European Solidarity Corps programme. Five volunteers from Rēzekne met in a mixed group consisting of young people from the Rēzekne Special Development School and young people with no disorders. Lūznava Manor provided a cultural space for diverse events (films, creative seminars, meetings), 3-day creative workshop “Art picnic”.^{33 34}

²⁹ Bērziņa, Elīna (2021). Sociāli atbildīgu programmu veidošana muzejā. Kā attīstījies Latvijas Nacionālā mākslas muzeja programma “Nāc muzejā!?” 7.05.2021. Available: <https://www.muzeji.lv/lv/specialistiem/sociali-atbildigu-izglitiba-programmu-veidosana-muzeja-ka-attistijusies-latvijas-nacionala-makslas-muzeja-programma-nac-muzeja>

³⁰The Latvian Museums Association (LMA) website. Interaktīvs piedzīvojums “Reiz vilcienā Priedaine – Ķemeri...”. Jūrmalas pilsētas muzejs. Available: <https://muzeji.lv/lv/ilgtspeja-muzejos/muzejiem-par-iam/22>

³¹ Lūznava Manor website. Available: <http://www.luznavasmuiza.lv/muse/history/>

³² Balčūne, Iveta (6.06.2021.) Lūznavas muiža. Kultūrvieta laukos un ilgtspēja. Available: <https://muzeji.lv/lv/notikumi/luznavas-muiza-kulturvieta-laukos-un-ilgtspeja>

³³ Lūznava Manor website. Jauniešus aicina piedalīties sadraudzības pasākumu ciklā “Mūzu meklējot”. 21.02.2021. Available <http://www.luznavasmuiza.lv/jaunumi/params/post/2645787/jauniesus-aicina-piedalities-sadraudzibas-pasakumu-cikla-muzu-meklejojot>

³⁴ Lūznava Manor website. Mūzu meklējot. Projekta satikšanās. <http://www.luznavasmuiza.lv/foto/params/group/197052/>

The Art Museum *Rīgas Birža* [Riga Bourse], a part of the Latvian National Museum of Art, opened after reconstruction in 2011. Since then, it has been focusing on involving families in the museum's communication, as well as participation in the lifelong learning programmes. Several of the programmes implemented by the Riga Bourse have been recognised as successful projects that promote sustainable development, accessibility, and inclusion. In 2013 the Art Museum Riga Bourse was given a special commendation by the European Museum Forum becoming one of Europe's eight most successful museums. The experts of the jury greatly appreciated the interaction between high quality reconstruction and the wonderful atmosphere provided for visitors. In 2014 the Art Museum Riga Bourse received the Latvian Museum Association's annual award "Gold Dust 2014" in the nomination "Lifelong learning project". The volunteers of this project organized special "Get to know the Orient with different senses" tours for sight-impaired youth. The story of the visually perceptible objects in the Oriental Gallery of the museum was revived with the help of touch, sound and even smell. Furthermore, in 2015 the Art Museum Riga Bourse received the Latvian Museum Association's annual award "Gold Dust 2015" in the nomination "Museums Accessibility Project" for free of charge family guides in exhibitions in 2015.³⁵

As indicated in the expert interview with the Riga Bourse education programme curator Vita Ozoliņa (recorded on 17.09.2021), the Art Museum Riga Bourse organized programme for seniors with mental impairments supported by the social care institutions (social care homes from different regions of Latvia) as a part of the lifelong learning project. Excursions and practical lessons (workshops) guided by a museum specialist took place 4 times a year for small group of seniors suffering from dementia. During the museum tour, explanations given by the guide focused on the stories that revealed the art works and thereby stimulated visitors' imagination and allowed them to "read" a painting similarly to reading a book. The visitors could choose one artwork and later draw it in their interpretation. This creative activity accompanied by conversation about visitors' reflections and observations frequently expanded to therapeutic talks ensuring an atmosphere of wellbeing and providing an opportunity for high-quality leisure time. This programme was popular among the target group, albeit was quite difficult in terms of implementation due to the lack of specialists. There are only three education specialists at the Riga Bourse (one for adults lifelong learning project and two for kids, students, and families). Besides, the same specialists also provide guided tours in the museum. Risk of professional burnout in this situation could be quite high. Also, this programme requires trained human resources specialised in medicine (psychology). Mere intuitive kindness is not enough. The only source of informational was the previous talks with social workers from the corresponding social institution than directed their clients to the museum.

Responding to the request of the Resource Centre for the persons with mental impairments *Zelda*, *Chocolate Museum "Laima"* offered excursion programme focusing on a spectrum of potential professions in the confectionery production. This museum visit for the *Zelda* clients was a part of the SIF project providing support to the

³⁵ The Art Museum Riga Bourse website / About Museum / Awards
http://lnmm.lv/en/mmr/b/about_museum/awards

persons with mental impairment for social inclusion. Combination of leisure time opportunities and practical information was highly appreciated by visitors.³⁶

3.5.3. Environmental conditions and visitor-friendly communication

- Conceptual approach to the availability of museum environment in Latvia has a relatively brief time distance – only the last 15 years. The key issue of adapting environmental conditions was physical accessibility for different groups of museum visitors. Moreover, visitor expectations were identified and aggregated gradually. This process is still ongoing; hence the museums continue to identify some visitor groups with special needs and involve them in developing appropriate offers. The main impetus for offering adapted programmes comes from the associations of individuals with disabilities. Furthermore, institutions support persons with physical, intellectual and mental impairment.
- There are no generally accepted standards on visitor-friendly environmental design at museums at an institutional level or as conventional agreement within museums association based on the involvement of different visitor audiences. Design and scenography of the museum exposition (exhibitions) depend on the choice of each particular museum and is based on the understanding of ergonomics and visitor friendly communication provided by the designer team, who implements the exposition (exhibition) scenography.
- There are no generally accepted standards in terms of the visitor-friendly verbal communication (use of an easy-to-understand language or its elements in exposition texts). The need to produce “considerate” texts accessible to a diverse audience has been recognized as an important issue only in the last few years.
- Contemporary museums need guidelines for the text writing in the museum context. Some time ago this aspect was understood only as a problem connected with translation (well translated museum texts are still important for visitors), though now it should be interpreted as linguistic tools, too, providing accessible language appropriate to the cognitive skills of visitors.

3.5.4. Involving diverse audiences in the museum communication and museum’s mission

- Conceptual comprehension of the museum’s mission is changing very gradually from emphasising research and education issues to communication and socializing. Both leisure and social inclusion are relatively new in Latvian museum professionals’ community.
- Visitors with physical and mental impairment are seen as a part of society who require not only special assistance for inclusion, but also special attitude thus

³⁶ Website of the Resource Centre for the persons with mental impairments *Zelda*. Konsultatīvās padomes dalībnieki apmeklēja “Laimis” šokolādes muzeju. (2017) Available: <https://zelda.org.lv/uncategorized/konsultativas-padomes-dalibnieki-apmekleja-laimas-sokolades-muzeju>

stigmatizing this social group. On the one hand, the social inclusion in public discourse is declared, on the other hand, the individuals with physical and mental impairment are still invisible or very rarely present in public space, particularly in leisure establishments.

- Museum communication and programmes for the visitors with mental impairment are still sporadic and intuitive; however, this audience could be part of sustainable number of visitors especially for municipal and private museums in small towns or in the countryside.
- Museum specialists do not focus on special (inclusion / educational) programmes for the visitors with mental disorders, because it requires special knowledge and skills that the museum staff lacks.

3.5.5. Identified problems and needs

- To involve individuals with intellectual and mental impairment in museum communication, to provide appropriate and engaging interpretation and welcoming atmosphere, museums require more skilled human resources, as well as financial support.
- Special professional training is required for the museum staff to provide appropriate communication with visitors who have mental disorders and to offer educational and inclusion programmes for these groups.
- Target audience social / educational projects (also pilot-projects) for different groups of individuals with intellectual and mental impairment, as well as collaboration projects between educational institutions and museums (for children and teenagers) or between supporting associations and museums could be seen as sustainable financial support.
- The idea of “normality” or normalization of diversity and social inclusion through the cultural and artistic practices should be more articulated on the cultural policy level.
- Visitor groups with physical or mental impairments are still seen by museums as groups that require support and assistance. Consequently, servicing these groups is considered as not profitable. Thus, the offered programmes always concern the social charity area, as opposed to the area of tourism.
- Providing guided museum tours for the visitors with mental impairments should be considered when deciding about the theme, plot, media, as well as the evocative qualities of artwork.

3.6. Tourist guides and guided tours for people with mental impairment

3.6.1. T-GUIDE project: research and training course development

Little research has been done on the availability of guided tours for people with mental impairments. In 2013 an international desk research was conducted on situation of tourists guides in context of working with people with intellectual disabilities and/or

learning difficulties in the framework of a European project “T-GUIDE Tourist Guides for People with Intellectual Disability and/or Learning Difficulties in Europe”³⁷. This research involved partners from Austria, Belgium, France, Italy, Latvia, Poland, Spain and the United Kingdom. The case of Latvia was researched by the association “Sustento”, Latvian Umbrella Body for Disability Organisations.

The main findings suggest that in Latvia there was no officially recognized definition of what a “tourist guide” was and as a consequence there was no national system of courses or training to them (T-Guide 2013, 11).

The research also stated that at that period there was no formal training of tourist guides that prepared them to work with people with intellectual disabilities and/or learning difficulties. At that time there were two tourist guide associations in Latvia which brought together guides and provided some support and general training (ibid. 16). There was no tour guide licensing necessary in Latvia at the time, except in some municipalities such as Riga, Valmiera and Liepāja. The research identified that there were some offers for tour guides at undergraduate and postgraduate levels as well as vocational training, while no certified courses were necessary to become a tourist guide.

This report suggested that in almost all the countries there were at least a few forms of educational programmes that were dedicated to working with people with health-related disabilities yet almost none of them was targeted at people with learning difficulties. Similarly, there was no evidence of any type of such programmes in Latvia (ibid. 42), and report only suggested some form of advice how the guides should carry on their tour in case they had clients with intellectual disabilities. The report also stated that there were no EU projects at the time that tackled the necessity to provide tourist services to people with intellectual disabilities or learning difficulties in Latvia and the desk research could not provide any case studies with tour guides or other tourist service providers who have had experience in working with people with intellectual disabilities.

The overall conclusions of the international desk report suggest that such projects as T-Guide were necessary in all participating countries since tourist guides were not prepared for work with people with intellectual disabilities and/or learning disorders. As there were no initiatives in this matter that covered the whole EU, T-Guide could play a significant role in implementing solutions that would have served the inclusion of disadvantaged people in the entire EU community (ibid. 53). The T-Guide project was developed by creating a special training programme for tourist guides in the EU for working with audience with mental impairment. In 2014 the project organizers conducted a training model testing in several participating countries, involving 9 qualified tourist guides from Austria, France and Latvia. The T-Guide e-learning course was launched in March 2015 and is available in the platform www.t-guide.eu³⁸.

³⁷ Kronenberg M., Szczecinska J. (2013). Overall Desk Research on situation of tourist guides in context of working with people with intellectual disabilities and/or learning difficulties. Available <https://www.t-guide.eu/?i=t-guide.en.t-guide-publications.1595>

³⁸ T-Guide website. Training. Available <https://www.t-guide.eu/?i=t-guide.en.training>

Furthermore, since 2016 FEG (The European Federation of Tourist Guide Associations) in partnership with ENAT (European Network for Accessible Tourism) has been offering specialist training courses for professional tourist guides in guiding people with intellectual disabilities.

3.6.2. Experiences of the tourist guides' participating in the T-Guide project

To learn more about the experience of taking part in the preparation of the training programme, 4 interviews were conducted with the participants of the T-Guide programme testing in Latvia, including an interview with the project representative from the association "Sustento" and 3 tourist guides.

From these interviews, the following conclusions can be drawn about the local tourist guide experiences and attitudes towards working with people with intellectual disabilities or learning difficulties:

- The part of the T-Guide project where the tourist guides from Latvia participated, was a pilot project for developing a training model to prepare tourist guides for working with groups of people with mental impairment in future. In Riga and London they had to be present in testing the teaching possibilities and methods and preparing test tours for this target group.
- The result of the T-Guide project is a fully developed tourist guide training programme "T-GUIDE-Guiding people with learning difficulties" that is still operating. The complete course consists of an e-learning course with a final test, a written assessment, 1-2 days of interactive face-to-face course and within 6 months after finishing the course, the tourist guides have to create and conduct a real tour for people with learning difficulties.
- However, none of the interviewed Latvian tourist guides who took part in the development of the programme, applied to complete the full training course "T-Guide" offered by FEG.

Although the real experiences of working with this target group are very limited, the interviewed tourist guides from Latvia shared some of their professional encounters with clients who had mental impairment. Some of the expressed feelings and opinions are listed below:

- In the T-Guide training tour in the UK, a guide from Latvia experienced an emotionally hard time because she felt very sorry for the tourist group with Down syndrome and was sad about their unfortunate fate. In the interview she acknowledged that her emotional boundaries would not be strong enough to work with this target group on a daily basis.
- In her 20-year experience as a tourist guide, one of the tourist guides has had only one tourist group of people with autism. They have been her only clients with mental impairment.

- Another guide with 12 years of experience in incoming tourism recalls only one occasion when a family of 2 parents and 3 adult children from whom one had a severe case of autism and mobility impairment, requested a private guided tour in Riga. They did not have an assistant because the family members took care of the sibling with disability themselves. Unfortunately, the tour guide had not been warned in advance that there would be a person in a wheelchair what caused some accessibility issues to a previously booked restaurant which was located in the basement with some steps down, with no elevator. However, the staff of the restaurant was supportive and helped to carry the person in the wheelchair inside. This could have been avoided, if all the needs and circumstances would have been clearly communicated during the planning phase of the tour. The family also wished to see the Old Town, therefore the guide had chosen one of the widest pedestrian sidewalks in the Old Town for accessibility of wheelchair. This family had also booked a special transport and that was helpful because at the end of their tour in the Old Town they could use the special transport to avoid further inconveniences with mobility on the stone pavements. As a result, the main difficulties that appeared during the tour were not connected to the mental but rather the physical impairment. In addition, the tourist guide explained that in case there are people in wheelchairs in her tour, she considers it is important to explain the difficulty level of the planned route (e.g. stone pavement, narrow sidewalks, length of the route) to them and allow to decide themselves if they can handle it. It is crucial to allow the clients to decide on the planned route according to their abilities instead of the tour guide deciding on their part without any consultation.
- The guide also recalls having a group where some senior citizens had perception difficulties because of dementia. She admitted that it is also necessary to adapt the tour contents to this segment of audience and repeat the information occasionally.
- One of the interviewees expressed an opinion that overall, there is not a hostile attitude towards people with intellectual disorders in the society. However, she suspects that the special schools are hesitant to go on group tours regularly because pedagogues do not want to undertake extra responsibility and there is a need for more adults per children to travel in groups and the schools most probably do not have such human resources. Therefore, it is expected that more often people with intellectual disorders would travel together with their relatives instead of groups.
- Another tourist guide who has 10 years' experience as a tourist guide has not had any tourist group with intellectual disabilities. She thinks that in Latvia people with these disorders do not travel too often and furthermore, there still exist the same prejudices as in the Soviet times, when people with disabilities were isolated from society and they were stigmatized or self-stigmatizing to such levels that they would not consider themselves as equal to others and avoid going outdoors. She suspects that people with different disabilities often do not

feel comfortable if they do not understand or cannot find something, and that applies to tourism, too.

3.6.3. Suggestions from tourist guides for best practice of conducting guided tours for people with mental impairment

Although these guides had very little experience in working with this target group, they had been at least somewhat involved in the initial training and pilot programme of the T-Guide project and have acquired some skills and knowledge on how to provide more accessible and adapted guided tours to people with mental impairment. In the following section the best practices and suggestions in work with this target group are compiled:

- A tour that is adapted to people with intellectual disorders on most occasions would also be suitable to people with perceptual disorders and slower reaction, for example, seniors. However, there are nuances that need to be considered when creating a tour for people with intellectual disorders: a) various and changing elements during the tour, b) a chance to involve all senses – to touch, to smell, to listen to some sounds or noises, c) avoid talking about abstract, philosophical or very complicated questions, try to keep the content simple. For example, the guide could have prepared some additional visual or sensory materials in advance that could be used during the tour or encourage using all the senses in the physical environment of the tour.
- In addition, specialized tours a) should have a shorter and slower route, b) include less information but should be more repetitive, c) should be carried out in a more empathetic, kinder manner. Tour guides should observe all the ethical norms and treat each customer with respect.
- Tourist guides expect that in a case of a severe disability there is an assistant or a caretaker that follows the client to assist her/him personally.
- Tourist guides suggested that the best way to organize a tour for people with intellectual or any other disabilities, is to receive as much information as possible from the customer or the tour organizer about the needs, expectations, physical or mental impairment before the tour. Then the guides could prepare themselves in advance and adapt the tour to the needs of the customer.

Obstacles in creating accessible tours for people with mental impairment in the view of the tourist guides

The interviewed tourist guides also provided some insight into the possible obstacles in creating more accessible and adapted tourism offers for groups of people who suffer from mental impairment. The following opinions were expressed:

- Courses to educate tourist guides how to work with people with mental impairment have not been offered in Latvia. After the T-Guide project ended, their developed training programme is available through the FEG association in other countries. There is a question of financing the participation in such courses

for the Latvian guides as most of them would have a very little interest to cover the costs from their personal budgets since this market segment is rather small and still stigmatized. If any NGO or association would be interested to cover the participation costs of the courses or organize them locally, there might be more interest among the tourist guides to attend them.

- There are no other specialized courses in Latvia with a focus on people with mental impairment as customers of tourism services.
- Although this segment of guided tours is small and underexplored in Latvia, one of the guides admitted that “specializing in tour guiding for people with intellectual disability is a really empty niche in Latvia but this is a very emotionally demanding work and not everyone is capable of it.” This suggests that there might be an unexploited possibility for diversifying the guided tour services for those tourist guides or travel companies who would feel capable and interested in such specialization.
- As there are different mental disorders and they vary in their severity, it is very difficult to create a joint approach in guiding universal tours. For some it is enough to speak in an easy-to-understand language while others have a very short attention span and constantly need changing elements in the tour.
- If there are not only mental impairment but also physical disorders and a person is, for example, in a wheelchair, it is extremely important for the tourist guide to know the exact route they are willing to go to. For example, the Old Town of Riga is quite physically inaccessible for people in wheelchairs, since there is only a stone pavement, and the brick edging of the sidewalks is quite steep. One guide says that the Riga Boulevard circle is more accessible than the Old Town for people in wheelchairs.
- All guides agree that the issue with handicapped toilets is not addressed sufficiently both in public and private spaces. As well as there are several tourist attractions that are not physically accessible, especially in the Old Town of Riga or in old buildings.
- If there is a group with physical disabilities and several people are in wheelchairs and they have a special group transport ordered, the guide should consider the extra time that is necessary for lifting in and out the people from the bus. That means that the tour length should be planned with additional time slots for transportation between the places.
- Hypothetically, if a group of people with intellectual impairment would look for a guided tour, one of the interviewed guides explained that because of the lack of professional training to work with this target audience, for ethical and professional principles she would most probably reject this request. The lack of skills and experience would cause a risk for carrying out this task sufficiently. On the other hand, if there were assistants or supervisors who would provide detailed information in a timely manner about the special needs, (dis)abilities and interests of this group, some collaboration would be possible.

3.6.4. Summary and potential future developments

According to interviews with the professional tourist guides in Riga with more than 10 years of experience in this field, the overall experience in working with groups of visitors who have mental impairment is very small and such encounters have been very rare. Interviewees agreed that there is a lack of demand from this segment of audience for guided tours in Riga and until now they have worked mainly with incoming tourism where also the demand for special tours was very low. Therefore, the overall experience and necessity to adapt the content of the tours has been insignificant for guides in Riga.

However, all interviewed guides expressed positive attitude about having more awareness and inclusion of people with intellectual and mental impairment in the tourism offer. In addition, guided tours that are suitable for the needs of audiences with intellectual disorders in an easy-to-understand language, with changing elements and sensory experiences can also be suitable or easy adaptable for audiences with some perceptual disorders or audiences with slower reaction or dementia. At the same time, tourist guides would be hesitant to take on tours for groups of people with mental disorders before having a chance to complete a proper and practical training course to learn how to handle the different needs of this audience. In addition, given that there are various kinds of severity of the mental impairment and there are different needs of the audiences, tourist guides would expect a very detailed communication and consultations with the accompanying assistants or service providers prior the planned tour.

Since the initial international T-Guide project ended in 2015, there have been no tour guides from Latvia that would have enrolled in the special professional development course by FEG and ENAT for guiding tourists with learning difficulties. Latvia does not appear among the countries that are listed in the official ENAT page where the T-Guide certified guides are published³⁹.

Currently due to Covid-19, many tourist guides have changed their occupation and there are doubts that the same level of professional tourist guides will be available when the travel restrictions end, and international tourist flows restart. Most of the local guides were specialized in work with foreign tourists but this business had experienced a major fall in 2020 and 2021, which led some of the professional tourist guides to re-profile and work with the local tourists or choose a different profession. On the other hand, the crisis in international tourism could open opportunities for new local market niches, and tourist service providers could also try to reach such previously untargeted audiences as people with disabilities, including intellectual and mental disorders as presumably many of these groups would be more prone to travel locally or have daily trips.

³⁹ T-Guide website. Certified T-Guides. Available <https://www.t-guide.eu/?i=t-guide.en.certified-t-guides>

Also, this period of idleness would be suitable for facilitating special training courses and more inclusive and accessible tourism product development for various segments of audience, including people with mental and intellectual impairment. There is a niche for special course organization for tourist guides and inclusive tour organization in Latvia. There could be also chances to implement new trans-European collaboration projects, which could provide financial resources for such initiatives.

Concluding remarks

The situation scan in Latvia confirms that persons with mental impairment are actively involved in the use of tourism services as far as permitted by the social reality in which they lead their daily lives. The scarcity or even lack of services created specifically for the target group so far has not prevented them from using the existing tourism infrastructure. An initial researchers' assumption that people with mental impairment tend to return to familiar service providers, did not receive confirmation after the qualitative data were analysed. The only case where the importance of a familiar environment was emphasized concerned the provision of a service to people with severe disabilities.

There is a widespread pattern for persons with mental impairment to adapt their agenda to the available tourism services and the existing infrastructure, since the tourism and hospitality service providers on most occasions have not adapted their offer to the specific needs and demands of the target group. This is an important aspect to be considered for those planning to develop and improve tourism services and to adjust those to the needs and interests of persons with mental impairment.

A crucial role enabling the target audience to receive tourism services is played by intermediaries, i.e., clients' parents, advocates, social service organizations, assistants, and other accompanying people, including relatives. In essence, first, a possibility to provide a service to an intermediary is established and then the intermediary is expected to pass the specific service over to the final recipient, the person with mental impairment. In any case, an active involvement of the intermediary is expected. Both our interview and fieldwork data demonstrate that only in exceptional cases persons with mental impairment (GRT) receive a service directly. Often services for these clients depend on personal understanding, interest, enthusiasm, or improvisation on the part of the service providers who do their best to understand the needs of the target group.

The general conclusion is that through tourism services persons in the target group wish to gain new experience and knowledge, to expand their horizon and socialize. The conclusions and recommendations are orientated to improving the service experience for a broad spectrum of tourism service recipients, not just for persons with mental impairment.

Like in many countries around the world, including developed countries, people with intellectual impairment as a separate segment have not been the focus of the tourism

industry in Latvia. This is related to the tourism and hospitality industry's market orientation, underdeveloped social tourism in the country, and the existing social exclusion of people with impairment in society and various physical, cultural, and social barriers. In Latvia, most attention in terms of "barrier-free" tourism and services has been drawn to people with mobility restrictions. National legislation specifies what technical parameters must be met to ensure accessibility for people with reduced mobility in public spaces, including restaurants, hotels, etc. It should, however, be noted that the actual situation in this area is not always close to ideal. Certain initiatives have also been taken for people with hearing and visual impairment, such as information in museums and other attractions, audio or Braille format.

People with intellectual impairment in Latvian society and the context of consumption of leisure or tourism services are still considered socially invisible. However, it should be noted that recently there has been raised public awareness of this situation in Latvia, and the inclusion of people with intellectual impairment is being discussed. This project is being implemented when better social inclusion of this group has become more topical. There is an ongoing discussion in various media in Latvia, and training has been launched for service providers in the regions on working with people with intellectual impairment. The abovementioned explains the lack of special experience of the tourism and hospitality sector, significant initiatives and projects, and knowledge regarding this particular segment. As the interviewees who have been working for many years with people with mental impairment note, although companies may not have thought explicitly about providing their services to this group, the general attitude of service providers and employees is positive, helpful and supportive.

The representatives of tourist organisations noted that there had not been any initiatives at neither national nor regional level to promote the identification of the needs of this segment and provide training for service providers. However, regional tourism organisation representatives pointed out that certain service providers might have had experience on such matters. At the same time, it should be noted that the study aroused great interest among the interviewed industry representatives. They highlighted the need for guidelines on how to work with people with intellectual impairment. For example, the Cesis Municipality is planning a modernisation of its museum's exposition. This issue is currently being discussed, recognising that the knowledge of how to make the museum more accessible to this segment is insufficient. Industry representatives also admit that there are different types and levels of mental impairment which require different approach. Consequently, the various needs to be addressed while serving this client segment and sub-segment give rise to many challenges.

Clients of various special schools, social and daily centres under state jurisdiction use a variety of leisure, educational and tourism services with varying intensity (even several times a month and going abroad as well). Usually, such trips are organised individually or in groups (depending on the impairment) with the accompanying staff, and service providers are aware of the customers' unique needs. As noted by the social organisation representatives, most often, visits are organised to sites that have been

tested in practice and with whom long-term cooperation has been developed. However, new service providers are also sought out. Experience shows that the local community and service providers are open to including such clients and the provision of their needs, but the most common issue is the funding. Certain services are subsidised by the state, and there are no financial barriers. However, some enterprises adjust their prices and offer discounts for their cooperation partners and groups. In turn, in other cases, the issue depends on the family's financial situation and the person's income (if they are employed). In recent years there has been a growing demand for such services from well-off families with children.

On the one hand, sensitivity towards mental health issues and limited knowledge and skills still hold back the tourism industry from becoming more proactive in terms of service offers and information. In contrast, on the other hand, tourism and hospitality industry enterprises are providing a significant contribution towards the social inclusion of persons with mental impairment with initiatives such as social business practices - subsidised employment and more accessible services.

According to the study, interviewed experts, service providers do not need to make significant investments to adapt their services to the needs of this specific target group. Even making small changes, enterprises gain "added value for their business" as the service becomes more accessible and convenient, interactive to other customer groups such as seniors and families with children. In relation to people with intellectual impairment, the main issue is providing an easy-to-understand interpretation of the tourism service content, which can also be supplemented with multimedial or sensory experiences. The critical issue is whether the information about accessible tourism and leisure services and products is easily accessible prior the trip and whether all necessary details have been provided to ensure that the respective person can find everything. To ensure successful customer experience one of the main issues is the feeling of trust and security, whether the people with mental impairment feel safe and comfortable as consumers of the tourism/leisure services and products.

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