

The importance of infrastructure in the development of accessible tourism

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Abstract: Accessible tourism is an area that has received only scant attention in Hungarian tourism research. A change in this is only visible in recent years, as a result of the work of a few researchers starting to focus on this issue. Based on the findings of a questionnaire survey, the author of this paper presents important characteristics of travel by people living with disabilities, discussing the need to develop its infrastructure. The issue of accessible tourism concerns approximately 10% of the population of Europe, so in addition to the social and moral magnitude of the issue, serving the travel needs of people living with disabilities is also significant for the economy. In order to create the special supply and to provide equal access of services for those concerned, their expectations and unique consumer habits must be known. As member of an Erasmus project called Peer Act, the author also details the research findings of four project partner countries (Germany, Italy, Spain and Croatia) where data was collected from small samples.

Keywords: accessible tourism; infrastructure; best practices; motivation; tourism product

1. Introduction

In developed countries, accessibility is receiving increasing attention in the organisation of tourism offers, partly out of humanity but also in recognition of the significant business potential it represents. A destination that pays sufficient attention to this issue can be more competitive than others. In the most general terms, accessible tourism can be defined as tourism that is equally accessible to all, including people with disabilities, people with temporary disabilities, older people with young children, and multi-generational families. (Darcy and Dickson, 2009). Accordingly, the main areas of analysing equal access correspond to the main areas of the supply side of tourism: Accommodation services, hospitality, tourist attractions, transport, and communication. Of these, it is perhaps the accessibility of attractions that is most in the limelight of the literature, probably because of the fact that a large proportion of attractions are publicly owned and operated (Káldy, 2010).

The definition of the target group for accessible tourism is somewhat problematic. The public often excludes those individuals who, due to their life situations, belong to this group temporarily: For example, pregnant women, people with temporary mobility disabilities recovering from surgery, and the elderly. However, the ratio of the latter group of such people is steadily growing within the whole population, and for them, many forms of accessibility represent a fundamental necessity. Taking a broader and perhaps somewhat philosophical approach, we can also say that accessibility is a continuous effort of human existence to strive for comfort (Farkas and Petykó, 2019; Farkas and Petykó, 2020). Thus, many of us live with some kind of permanent or temporary disability, which can be an obstacle in our lives and a barrier in holiday-making. In fact, accessible tourism involves a continuous effort to ensure

that all destinations, tourism products and services are accessible to all people, regardless of physical limitation, disability or age, and whether the services are offered at privately or publicly owned tourist locations (Farkas and Raffay, 2022).

The acceptance of the United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD) in 2006 was a breakthrough in defining minimum standards for the rights of persons with disabilities. The Convention was adopted by the UN General Assembly in 2006 and came into force in 2008. The European Union ratified it in 2010, and by 2015 a total of 156 states had. The result of this process is that the legal regulations related to accessibility have been implemented in all European countries. The problem is due to the significant difference between the expectations set by the legislation and the accessibility realized in practice.

Viewed at the level of declarations, accessibility is no longer an issue, but reality is different, attested by the results of a study carried out in the framework of the peer act international project. When exploring the relationship between people with disabilities and tourism, it should always be borne in mind that different visitors with disabilities have different specific needs, for whom accessibility and adequate infrastructure are vital, ignoring their unique needs can often make active participation in tourism impossible. In Hungary, the tourism opportunities and thus the habits and needs of people with disabilities show significant differences in some aspects compared to the measures known for general population sample. This study explores the barriers to frequent tourism activities and the impact on travel frequency that stakeholders believe would be achieved by improving the necessary infrastructure.

2. Literature review

Defining disability is not an easy task, as it takes many different forms. Both narrow and broad interpretations exist of who can be regarded as stakeholders in accessible tourism (Angler, 2021). In its broader sense, it includes not only people with reduced mobility, visual and hearing impairments, intellectual disabilities, but also those with other conditions that have a long-term impact on their quality of life, such as allergies (Zsarnóczy, 2018). According to World Health Organization (WHO) estimates, one in six people in the world have a disability, and their rate is on the rise (WHO, 2011). The convention on the rights of persons with disabilities, adopted by the United Nations in 2006 and proclaimed in Hungary, obliges state parties to ensure access for persons with disabilities to sport, recreation and tourism facilities and services (Act XCII, 2007). All people can be affected by this issue at any time as they age, and an accident can also leave someone permanently disabled. This is why the issue has taken on a particular import in our times, with the image of ageing societies (Farkas et al., 2022). Special needs tend to present themselves in older age for everyone, but there are also many other life situations that can give rise to special needs: People undergoing rehabilitation after an accident, families with young children (Darcy and Dickson, 2009). United Nations World Tourism Organization (UNWTO), the UN World Tourism Organisation, is committed to promoting accessible tourism, devoted its 2016 Tourism World Day to this theme, made a number of recommendations, and published a handbook on the issue (UNWTO, 2016).

Throughout history, humanity has made many efforts in the field of accessibility, but it only became a widely recognised social issue in the second half of the 20th century (Gillovic et al., 2018). It is now widely accepted that everyone, whether with or without disability, should be able to enjoy the pleasures of travel as much as possible, because the enjoyment of the fullness of life is a right for all (Végh, 2004). The European Parliament resolution of October 29, 2015 on new challenges and ideas for promoting European tourism stresses the importance of developing sustainable, responsible and accessible tourism; the principle of “tourism for all”; and the tenet that full accessibility and affordability of tourism is a key element of the sustainability of the sector. It further recommends that member states develop a standardised and transparent Europe-wide directory of accessible offers and make accessibility a criterion for support under economic support programmes for the tourism sector. In terms of legal regulations, Hungary is in line with other EU countries. According to Act XXVI of 1998, persons with disabilities have the right to an accessible, perceptible, and safe built environment, as well as access to cultural, educational, and sports facilities and the safe use of transport systems and means. However, the new National Disability Programme (2015–2025), adopted in 2015, reported that service providers had not yet recognised the tourism opportunities for people with disabilities. According to the 2011 census figures of the Central Statistical Office of Hungary, there were 595,187 Hungarian people with disabilities (Ernszt et al., 2019), a little over 6% of the population. Still, it can be argued that the population affected by accessible tourism may be much larger than that, as it can be assumed that an elderly person who is in good health and does not consider herself or himself disabled may nonetheless require access to accessible facilities when using tourism services.

As tourism has become a social phenomenon, it has also gained importance as a factor in shaping the quality of life (Gonda et al., 2019). Fortunately, today it is accepted that facilitating travel for people with disabilities and providing the necessary physical conditions is not only a human, ethical, moral, and legal obligation, but also an important economic issue (Raffay-Danyi and Ernszt, 2021). Although there have been a number of positive counter-examples in recent times, this segment still represents a largely untapped niche of the tourism market (Buhalis et al., 2012). This market segment should not, however, be seen as a homogeneous group: the specific needs for services of people with disabilities vary from person to person, depending on the type and extent of disability condition (Máté, 2021). Some barriers can affect all travellers, while others are insurmountable for only certain narrow strata (Shaw and Coles, 2004). The presence of different disabilities results in different and special needs, which can be addressed with special ideas and solutions. The needs of the Blind, Deaf, and Hard-of-Hearing have been discussed by Zajadacz, together with creative accessible solutions to address those needs (Zajadacz, 2014; Zajadacz and Lubarska, 2020).

Different tourist destinations have different approaches to accessibility. Some develop special offers for people with disabilities, while others present accessibility as a distinctive feature, recognising the inherent market opportunity (Lőrincz et al., 2019). Unfortunately, there are still places that do not address this issue at all. Europe’s leading countries in international tourism understandably place a premium on this issue, and special mention must be made of the tourist accessibility efforts of Spain

(Vila et al., 2015) and Italy (Agovino et al., 2017). Poland is one of the former socialist countries where research on this topic has received a lot of attention (Zajadacz, 2014; Zajadacz and Lubarska, 2019), with Hungarian researchers also showing growing interest in research on accessible tourism (Gonda and Raffay, 2020a). Implementing accessible tourism should not be restricted to ensuring physical accessibility, as the tourist experience provided by an accessible destination should be in line with the principles of independence, equality, and human dignity. Experiencing the spirit of a venue, exploring a geographical location is as important for people with disabilities as it is for anyone else. Yet, around half of people with reduced mobility were prevented them from carrying out a tourism activity, compared to 75% of people with visual impairment (Revita Alapítvány, 2009). Without doubt, providing high-quality services to disabled guests requires empathy and attention from those involved in the tourism industry (Martin-Fuentes et al., 2021).

3. Methods

The professional preparation of the questionnaire study was carried out in Barcelona in December 2018 with the involvement of all partners of peer act project. It was also in Barcelona that the decision was made that the project leading Hungarian partner would carry out basic research on a sample of 200 people, to which each partner undertook to collect 30 questionnaire responses. Data collection itself was started in the spring of 2019 and, due to the low level of willingness to participate, it took five months to complete instead of the originally planned two. It was challenging to reach people with disabilities. Most questionnaire responses were gathered via an online survey tool, but in some cases, data were collected personally as well. The protocol called for questionnaires to be completed by persons with a disability, with assistance available if you one was prevented from doing so. For respondents with intellectual disabilities, questionnaires were completed with the help of family members. In the end, 268 questionnaires were completed in Hungary, which appears to be one of the largest samples related to accessible tourism in Hungary. These results were then compared and contrasted with what can be regarded as control groups, the results for the other four countries, where the numbers of completed questionnaires ranged between 22 and 34. First, the largest (Hungarian) sample was analysed, with the results calculated in percentages. Given the low number of the non-Hungarian sample groups, percentages were not calculated, instead providing raw numbers.

A short summary was created, together with a workshop study presenting the full scope of the research (Gonda and Raffay, 2021). Male Hungarian respondents made up 47.8% of the sample, with 52.2% being female (**Table 1**).

Table 1. Number of disabled respondents by gender and countries.

| Gender | Country | | | | |
|--------|---------|-------|-------|---------|---------|
| | Hungary | Spain | Italy | Germany | Croatia |
| Female | 140 | 12 | 13 | 22 | 14 |
| Male | 128 | 9 | 21 | 11 | 18 |

Source: Own editing.

The largest group of Hungarian respondents was between 36 and 50 years of age (47.8%), almost half of the respondents, while 20.1% of respondents were aged 18 to 25, 14.2% between 50 and 65, 12.7% between 26 and 35 and 5.2% were over 66 (Table 2).

Table 2. Number of disabled respondents by age groups.

| Age group | Country | | | | |
|-------------|---------|-------|-------|---------|---------|
| | Hungary | Spain | Italy | Germany | Croatia |
| 18–25 | 54 | 1 | 9 | 8 | 0 |
| 26–35 | 34 | 0 | 10 | 8 | 12 |
| 36–50 | 128 | 13 | 11 | 6 | 12 |
| 50–65 | 38 | 8 | 3 | 8 | 7 |
| 66 and over | 14 | 0 | 1 | 2 | 2 |

Source: Own editing.

Demographic data were also collected on economic activity, housing type, educational attainment, and marital status (Gonda and Raffay, 2020b).

4. Results

4.1. Composition of respondents with disabilities

Mobility problems make life difficult for the bulk of respondents, with 44% of all respondents having this type of issue. The second most responses were about vision, with 20% of respondents reporting such impairment hardening their everyday lives, followed by hearing problems and other mental impairment (12% each), speech impairment (5%), and Autism and Asperger syndrome (3%). 4% of respondents said reported living with cumulative disability. Depending on their conditions, respondents could select more than one disability (Figure 1).

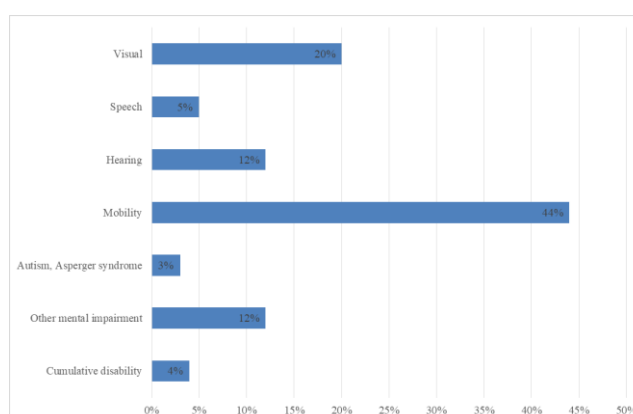


Figure 1. Share of respondents by form of disability (n = 266) (source: Own editing).

As the results show, research partners were able to involve individuals with a range of disabilities, providing a picture of diversity. In all samples, the largest group was made up of those with mobility-related conditions, except for Croatia where it was the number of individuals with mental impairment that was highest (Figure 2).

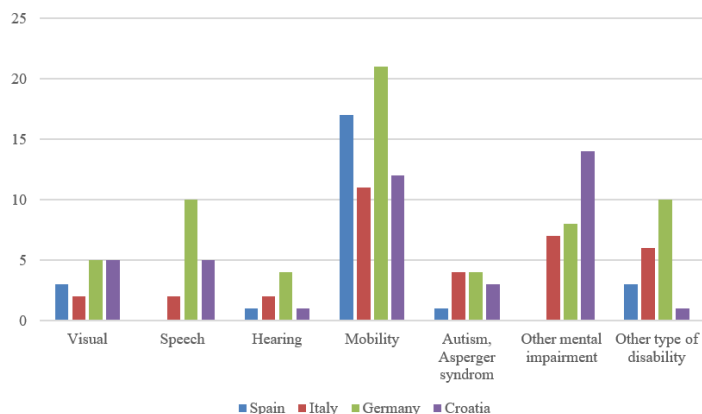


Figure 2. Number of respondents by form of disabilities and countries (source: Own editing).

Just over three quarters (68.7%) of Hungarian respondents were born with a disability, while under a third (31.3%) had not lived with a disability since birth. The only difference was detected for Spain, where there were more people who were not born with a disability. People with disabilities also have specific infrastructural demands because of their special needs. The most common difficulties they face due to lack of adequate infrastructure were related to the following areas: Transport (30%), using catering facilities (20%), using accommodation (18%), doing sports (15%), sight-seeing (12%), and communication (2%). A mere 4% of respondents claimed to face no difficulties in everyday life.

The situation is similar for the other four countries too: transportation difficulties featured as the most frequent response, followed by access to attractions, and accommodation and catering (Figure 3).

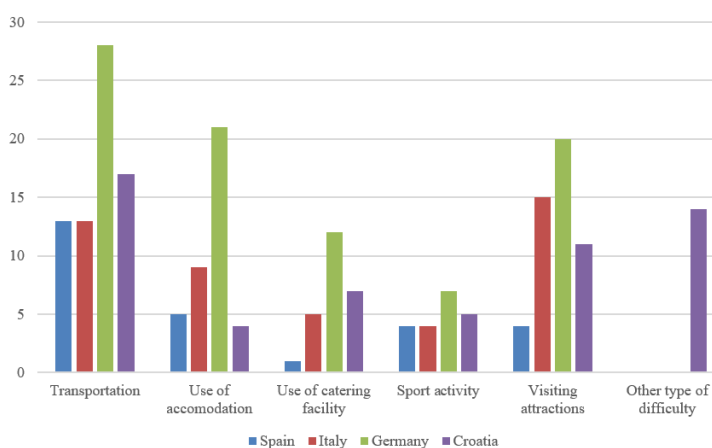


Figure 3. Number of respondents by type of difficulties and countries (source: Own editing).

4.2. What programmes attract people living with disabilities while travelling?

Three ways can make travel easier or more accessible: Developing special travel programmes and packages for people with disabilities; inclusive programmes designed for people with and without disabilities; and traditional travel solutions, so

that people with disabilities are as much part of the journey as non-disabled companions. Unsurprisingly, this latter form is favoured by most people with disabilities. When asked what kind of programmes tourists with disabilities prefer to participate in, 19.1% of said they favour those specifically designed for people with disabilities, while 19.8% prefer to participate in inclusive programmes. However, almost two-thirds (61.1%) of responses indicated that participants prefer to choose programmes not specifically designed for people with disabilities.

It is interesting to note that when asked what kind of programmes they like to participate in, no respondents in Spain indicated activities for people with disabilities, preferring instead inclusive ones and those not specifically designed for people with disabilities. Similar results were obtained for the other three countries.

4.3. Participants’ opinions about accessible tourism

The study made inquiries about participants’ attitudes towards the situation regarding accessible tourism. They were asked to indicate their level of agreement on a scale of 1 to 10, with 1 meaning strong disagreement and 10, strong agreement. The first statement was about the improvement of accessible tourism opportunities in Hungary. Responses of a wide range were obtained, with roughly half in agreement, and half in disagreement. 17.9% of respondents chose the value 5, with both those who slightly agreed and those who agreed representing 14.3% (6, 7, 8). The values 2 and 4 each were chosen by 10.7% of respondents. For some reason, far fewer people completed the first statement than the other ten.

Hungarian participants and respondents from the other four countries were largely in agreement in their perception of the question, with a relatively high level of inequality also evident in **Figure 4**: Most responses were on the 4 to 7 range, although variable weighting between countries can still be observed.

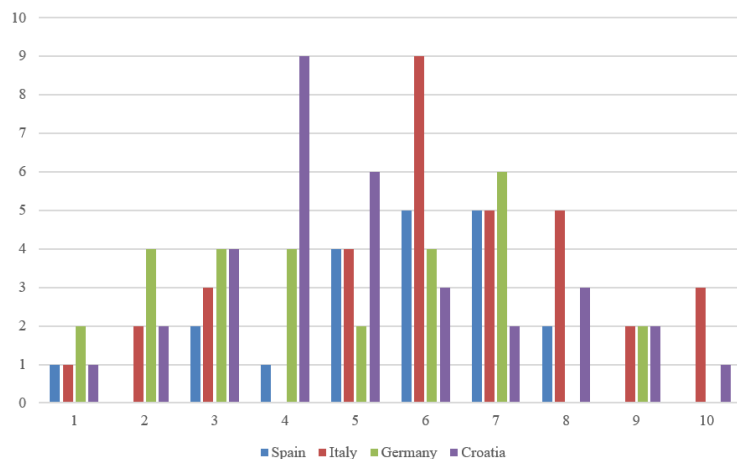


Figure 4. Opportunities for accessible tourism continue to improve in my country (source: Own editing).

The third statement was related to tolerance and openness to problems of people living with disabilities. In terms of the Hungarian responses, the distribution is again quite heterogeneous, with the groups indicating agreement and disagreement largely equal in size. The value 6 (minor agreement) was chosen by 14.3%, with the same percentage of respondents indicating agreement (value 8). Further proof of the

deviation is that the third largest group (12.6 % of respondents) was that of people who tended to disagree, choosing 2.

Similarly divergent responses can be seen in **Figure 5**, showing that the value 7 tended to be chosen by Spanish and Italian participants. Germans were more in agreement (value 8), whereas Croatians slightly in disagreement (4).

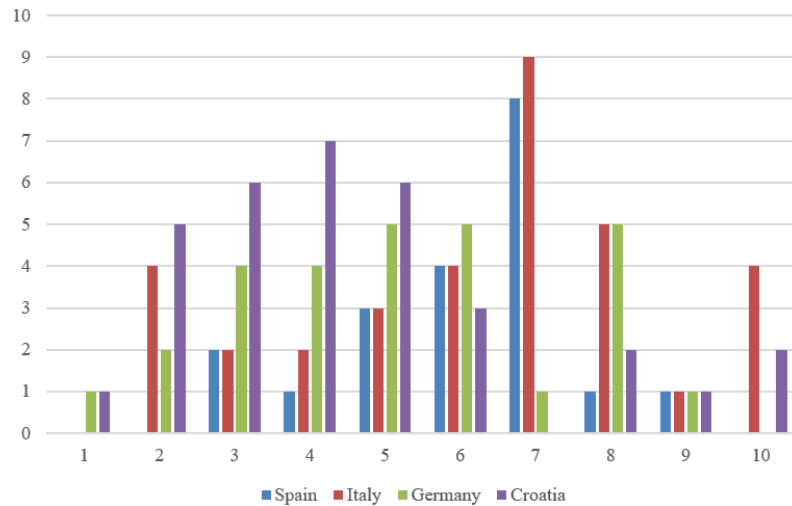


Figure 5. Society is becoming more tolerant and open to the problems of people with disabilities in my country (source: Own editing).

4.4. The relationship between travel options and infrastructure

The relationship between travel and the mobility offered by transport is obvious, and so it was deemed crucial to inquire about accessibility of public transport. The statement in this item was that if wheelchairs could be used on public transport, more disabled people would travel. There was broad agreement on this statement in the Hungarian data: the bulk of respondents agreed, with a response rate of nearly two-thirds for the top three values (8 to 10). Responses showing disagreement represent small percentages for the lower values.

As for data from the other four countries, over 90% of respondents agreed, values above the medium being in the majority. Most responses from all four countries were in full agreement (10). (**Figure 6**).

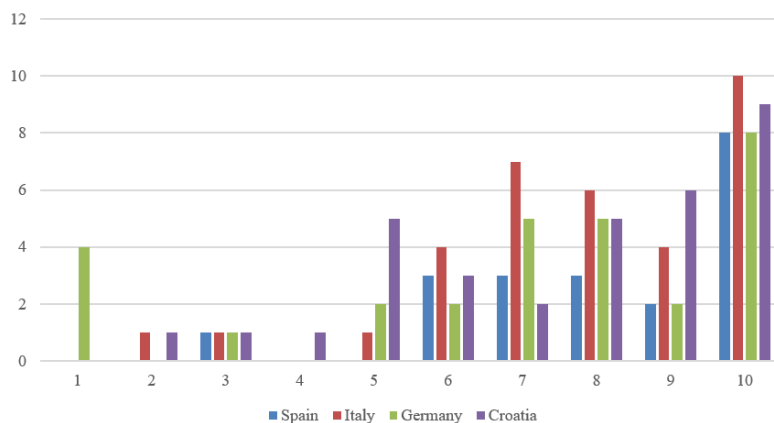


Figure 6. More people with disabilities would travel in my country if wheelchairs could be used on trains and buses (source: Own editing).

Another condition of helping individual mobility is the existence of accessible tourist routes. Unfortunately, this infrastructure is still extremely limited, although bike lanes are generally well suited to wheelchair users as well, and their development shows progress in Hungary too. The fact that there is demand for this facility among people with disabilities is supported by the answers to the item inquiring about whether more people with disabilities would get out and about if there were wheelchair accessible tourist trails at least in the parks and forests in urban areas. Hungarian respondents tended to agree with this statement: over 60% of them chose the three highest values (8 to 10), with lower values chosen sporadically, by much fewer participants.

As can be seen in **Figure 7**, data from the other four countries also show agreement overall, although from 3 and up we can observe every value for every country.

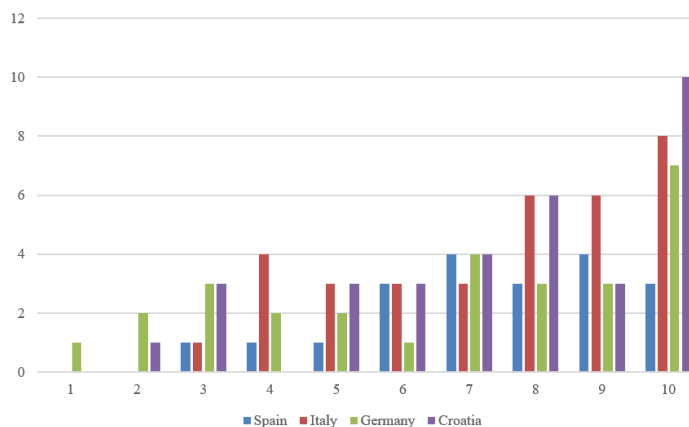


Figure 7. More people with disabilities would get out and about in my country if there were wheelchair-accessible trails in the park and forests surrounding cities (source: Own editing).

Data for responses to the item about whether a reliable online collection of wheelchair-accessible trails would motivate more people to choose a nature trip in Hungary. The answer is clear: more than half of respondents voted for the top three values, representing four-fifths of responses.

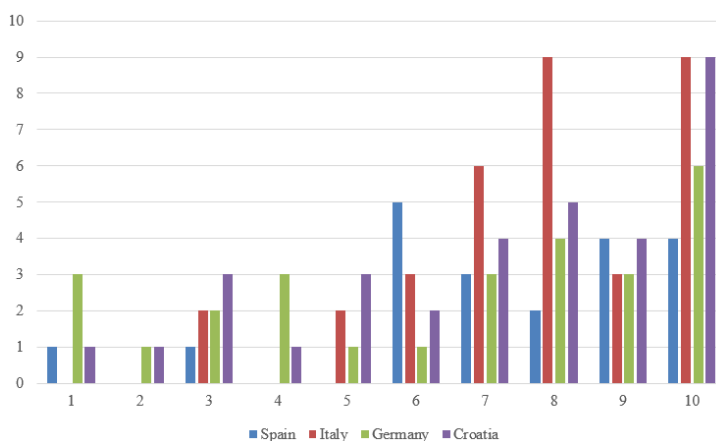


Figure 8. If there was a reliable online collection of wheelchair-accessible trails, more people would choose a nature trip (source: Own editing).

The highest value from Germans and Croatians related to the statement about the online collection was 10, showing full agreement, whereas the rate of agreement in the Spanish data is more moderate (value 6). (**Figure 8**).

5. Conclusion

The number of people living permanently or temporarily with a disability, whether acquired at or since birth, is over a billion of the world's population, and this group with special needs and circumstances is growing in both number and proportion in almost every country. To be able to live a full life like their non-disabled peers, they also need to be able to travel, to participate in joyous journeys, in tourism, in addition to ensuring the usability of spaces and buildings used in everyday life. This requires special infrastructure, the construction of which would significantly increase their tourist activities. Ensuring equal access is not merely an ethical obligation for the profession, but also a well-understood financial interest, as people with disabilities (and, in many cases, their companions) represent a significant resource for tourism, as yet far from fully exploited.

In order to improve the current situation, in addition to complying with the accessibility provisions of international conventions and national legislation, we need to sensitise society in order to change attitudes towards people living with disabilities, to sensitise and train those working in the travel sector, and, of course, to make tourist facilities and services (travel resources, accommodation, catering, and attractions) accessible to all, not only in a physical sense. As is clear from this study, people with disabilities are motivated and interested in seeking the same tourist attractions and services as does everyone else. It has also been corroborated that significant improvement in physical accessibility in certain areas (e.g., public transport, access to extreme sports, accessible tourist routes) would result in an increase in demand by leaps and bounds.

The five countries in this study represent different levels of development in the field of tourism for people with disabilities. In Croatia and Hungary, it is still more difficult for people with any kind of physical or mental disability to travel, although there are signs of steady improvement in accessibility and equal access. As a result, the situation is not considered unacceptably bad by those concerned.

Theoretical contribution, limitations of the research and future suggestions

The issue of accessible tourism is not a sufficiently investigated area of international tourism research. This study drew attention to the additional potential inherent in the development of accessible tourism, the special consumption habits of people living with disabilities, and the outstanding need for suitable infrastructure for them.

A limitation in the analysis was that the other four countries included in the study only conducted a very small number of examinations. Thus, we could only consider these groups as a kind of control group.

During the research, we noticed that there are still many research gaps in the field of accessible tourism. Questions and areas, investigation of which helps to get to know

more deeply the travel habits and special needs of people living with disabilities. It is important to emphasize this, because with the extension of life expectancy, the proportion of the elderly population and thus the number of people belonging to the target group of accessible tourism increases greatly. Based on the research results, we recommend that government bodies responsible for development, strive to bring the measure of accessibility to a level that meets the expectations set forth in legislation. We also recommend that the quality of the infrastructure supporting accessible tourism be regularly checked involving the stakeholders, and that infrastructure developments be monitored.

Conflict of interest: The author declares no conflict of interest.

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