2017

# Perceptions of Risks and Barriers to Participation in Tourism for the Disabled

Fraser, David M. A.

# Perceptions of Risks and Barriers to Participation in Tourism for the Disabled.

---

Thesis for M. Phil. in Tourism and Hospitality

David M.A. Fraser

M.Sc. (Tourism and Hospitality)

B.Sc. (Tourism and Hospitality)

**2016**

# Acknowledgements

This thesis would not have been possible without the patience and guidance of Professor Sheela Agarwal and Professor Paul Brunt, Head of School, Associate Dean and Professor of Tourism Management of Plymouth School of Tourism & Hospitality (Faculty of Business). I would also like to thank all the staff of Plymouth School of Tourism & Hospitality and Disability Assist, Plymouth University for their support.

AUTHOR'S DECLARATION

At no time during the registration for the degree of Master of Philosophy in Tourism and Hospitality has the author been registered for any other University award without prior agreement of the Graduate Sub-Committee.

Work submitted for this research degree at the Plymouth University has not formed part of any other degree either at Plymouth University or at another establishment.

Word count of main body of thesis: 34,473

Signed:_____

Date: _____

David Mark Andrew Fraser

# Perceptions of Risks and Barriers to Participation in Tourism for the Disabled.

## Abstract

There has been much research on the physical barriers that those with disabilities experience. This research investigates the level of participation of disabled people in tourism and explores the perceptions of risks and barriers to participation in tourism for people with a disability. The barriers that were explored included information, economic, social, physical barriers and the perceptions of risks these barriers cause, within the concept of the 'Social Model' of disability (Shaw and Coles, 2004). Data was gathered from a sample group of 149 disabled people through an online survey and through face-to-face survey using paper questionnaires. Analysis of the questionnaire results showed that although the participation of disabled people in tourism has increased slightly, the estimated gap in participation in tourism between non-disabled tourists and the general population has actually increased in the previous eight years. Furthermore, the main barrier to participation in tourism was the lack of availability of sufficiently detailed information. This study found that other barriers to participation includes low level of income, increased price differentials and negative attitudes to disability in some cultures. This study discovered that a significant number of disabled people would prefer that existing tourist opportunities were made more accessible rather than specialised tours for tourists with a similar disability to theirs. All these barriers contribute to perceptions of risks. However, despite the feeling of not having a lot of control of risk, most respondents will sometimes overlook the risk involved

in travel. This study has implications for travel agents and tour operators, who need to cater more for the heterogeneous needs of disabled customers and provide more information that is specific, personalised, easily accessible and readily available. To counteract social barriers, further training is required within the tourist industry focusing on the impact of ‘cognitive dissonance’ (discomfort in relating to the disabled results in avoiding getting into the position of the discomfort) on disabled tourists.

# Table of Contents

## List of Tables

# Chapter 1: Introduction:

There is little doubt that tourism can bring benefits to an area. These benefits are mainly economic in the form of direct and indirect employment of locals, together with tourists' spending money in the local economy (Zaei, 2011; Ardahaey, 2013). Tourism also brings infrastructure to an area in the form of roads, rail and air travel. From the tourists' perspective, a holiday reduces stress and has been shown to contribute greatly to an individual's physical and emotional well-being (Hunter-Jones and Blackburn, 2007; Chen, Lehto and Cai, 2013). The ability to take a holiday is increasingly being viewed as a necessity rather than a luxury. This is exemplified by the Universal Declaration of Human Rights which states that; 'Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay" (Universal Declaration of Human Rights 1948: 24). Moreover, a week's break is now included in the UK in the Minimum Income Standard (Loughbrough University and the Joseph Rowntree Foundation, 2015) which sets out the income required to achieve an acceptable standard of living.

A holiday break for people who are disabled can mean the gathering of new experiences, new challenges and opportunities for social inclusion in addition to benefits to their physical and emotional well-being. Indeed, research has shown that disabled tourists benefit more than non-disabled people in terms of overall well-being (Pagán, 2015). Very often, families and carers benefit from reduced stress levels and improved family relationships. However, there are barriers that make it difficult for disabled people and their families or carers to take holidays or

leisure breaks. The initial aim of this study is to identify the perceptions of risks and barriers that prevent the participation of disabled people in tourism. Some of these barriers may be real whilst some may be perceived by the potential tourist and may act as a deterrent to travel.

According to the United Nations between 5% and 20% of the population have a disability as a result of a degenerative condition or due to a single event at birth or later in life (UNESCAP 2000). In the same year the former English Tourism Council (ETC) believed there to be approximately 9.4m disabled adults and a further half a million children in Britain. Of these 6.5m are those with long term disabilities (ETC, 2000). In the United States there is estimated to be 36m mobility-challenged travellers (Murphy and Baig, 1997). This represents a large potential target market for the tourism industry.

In this introduction, the existing categories of disabilities will be explored to determine the scope of the disabled tourist market. This is necessary for the understanding of possible barriers to the participation of disabled people in tourism. It is also necessary to explore the existing equality legislation pertinent to the rights of people with disabilities in travel and tourism. This will provide a context to this study in highlighting the legal requirements of organisations within the travel industry. The chapter then moves on to highlight the gap in research that this study is addressed and ends with an outline of the thesis's structure.

## 1.1 People with Disabilities: A Complex Market.

The definition of disability has been debated by many academics coming from many different areas of study. Disability has been defined as a medical problem, an economic problem, a socio-political issue, a civil rights issue or a question of social construction (Bickenbach 1993, McColl and Bickenbach 1998, Shakespeare 1998). Such conceptions generate two powerful paradigms at opposite ends of the spectrum of thinking about disability, the 'personal tragedy model' and the 'social model'.

Through the lens of personal tragedy, disability has been viewed as illness and as an individual problem; the victims are 'confined by' and 'suffering from' their conditions (Pfeiffer 1994, Couser 1997, Swain and French 2000). This thinking has been maintained by medical discourse and kept alive in popular culture (Hughes 2000). However, disabled people have been critical of the all-encompassing effects of disability as illness and of the oppressive impact of medical discourse. This has been because of problems which arise when medical 'facts' and diagnoses, which "determine not only the form of treatment (if treatment is appropriate), but also the form of life for the person who happens to be disabled" (Brisenden 1986, p. 173). It has been claimed that using the medical concept of disability has labelled and limited disabled people and has contributed to their segregation (Hughes 2000).

In contrast, the 'social model' refers to a body of work that was stimulated by disabled activists in the United Kingdom (UK). The model has been grounded in their experiences and has its origins in the definition of the 'Union of the

Physically Impaired Against Segregation' (UPIAS) held in London in 1976 (UPIAS 1976, Oliver 1996, Oliver and Barnes 1998). Their perception of disability is that it is a 'collection of socially created restrictions, which are discriminatory because they limit opportunity for full and equal participation' (Bickenbach et al., 1999, p. 1176). The social model places emphasis on the collective, structural and social origins of disability, as opposed to the individual, personal and medical (Oliver 1990). Thus, it is society, in its organisation of work, production, environments and social values that disables people through practices of discrimination, exclusion and oppression. The model has gained influence because of the advocacy and political uses – it moves our attention from the individual to the social environment.

The social model however is not without its critics; most arguing that it is somehow illogical to express disablement as having nothing to do with the physical body (Williams, 1991) or that the social model incorrectly separates the concepts of 'disability' from 'impairment' (Corker and French, 1998). These arguments however seem to miss the whole point of the social model where a distinction is made between the definition of impairment and disablement; that it is the impairment which reflects the physical condition whereas the disability reflects the social condition. Consequently alternative, more encompassing definitions of disability have been proposed. For example, the Union of the Physically Impaired Against Segregation, UPIAS (1976) states that:

*`**DISABILITY:** the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who*

*have physical impairments and thus excludes them from the mainstream of social activities'* (UPIAS, 1976, p.14).

To be able to participate in a social and cultural life requires the coming together of various intrapersonal and interpersonal skills along with environmental factors, which includes the idea of civil inclusiveness (Darcy, 2002; Daruwalla and Darcy, 2005). The drive to take the disabled out of institutions and place them within the community has enabled people with disabilities to become more included in the social context (Darcy and Taylor, 2009). Being fully integrated within a community requires more than just inclusion however; it requires the emotional and psychological barriers to be lifted and this can be achieved through the empowerment process (Hutchison, 1997).

The social model maintains the objective of finding ways that society can accommodate those with disabilities so that socially and culturally they can experience the same opportunities as everyone else. However, this idea of 'normalisation' is not always shared by those who are disabled. Oliver (1996) claims that the disabled community feel that rather than striving towards normality, society and disabled people should be celebrating their differences (Oliver, 1996). Indeed, critiques of the social model also include those with disabilities who believe that some impairments which restrict normal access to society cannot be resolved through the implementation of the social model (French, 1993). French (1993) cites the example of blind people who are unable to use non-verbal cues in social contexts. In this example, being blind is a disablement rather than an impairment. In addition, the categorising of individuals or groups in society into 'normal' or 'abnormal' groupings is flawed

because what is ‘abnormal’, leads to stereotyping which Rosenhahn argues is a part of the socialization process (Rosenhahn, 1973). Whilst this is less of a problem with obvious physical disabilities such as wheelchair users, it remains very much the case with attitudes towards learning disabilities and mental health illnesses which were only fully recognised as disabilities, in the UK, under the 2005 Disability Discrimination Act.

Clearly the medical model of disability imposes narrow constraints upon a research project such as this, and it will be far more revealing to adopt the social model of disability as the guiding principle. This is because it will identify societal structures that act as barriers to disabled tourists rather than focus on what the disabled person can or cannot do physically. At this juncture then it is important to comment on how agencies and operators within the tourist industry define disabilities and their views on the tourism market for people with disabilities.

In the UK, the National Accessible Scheme (NAS) was set up to help tourists with disabilities to identify appropriate accommodation, with the aim of helping “accommodation operators improve and promote their true level of accessibility” (Quality In Tourism, 2017)

As part of the process of providing disabled tourists with information, the NAS splits disabled people into three neat categories; mobility impaired; visually impaired and hearing impaired people. This is not because they necessarily believe that all disabled people fall into these groups nor necessarily that they are trying to keep the system simple to fit the Disability Discrimination and Equality Acts but, more likely, they have yet to devise a system that really works for both the tourist as well as the provider of

accommodation. The idea of categorising the disabled and the inherent problems in terms of provision that this causes, are highlighted in Shaw and Coles (2004, p.402) where they criticise "the market driven approach of viewing disabled tourists as a somewhat homogeneous market, differentiated only by age."

The complex needs of the disabled are difficult to understand and this is made worse by both the severity of the impairment, which varies considerably, as well as the fact that many disabilities are 'invisible' such as mental health illnesses and include a plethora of illnesses such as diabetes, epilepsy and respiratory conditions (Darcy et al, 2010). Darcy et al (2010) argue that for too long the disabled have been seen as a single dimensional group that often also includes the elderly without differentiating individual needs. The needs of elderly tourists who have become disabled through their age are likely to be very different from those of younger disabled tourists, and even within these age differences, the range and severity of disability is too wide to be easily generalised. A consequence of this is that disabled tourists' needs are ill-served by providers of tourism as well as designers of the built environment, who are often too narrow in response to their needs. In recent years legislation has been introduced globally and in the UK with the aim of promoting equality and preventing discrimination towards disabled people. Although there may not be specific references to the tourist industry, many of these laws refer to 'Service Providers' which encompasses organisations within the tourist industry. In order for such legislation to be effective it needs to include definitions of disability that respect the heterogeneous nature of this multi-dimensional group and provide for methods of auditing the effectiveness of the legislation. The next section

explores relevant legislation in the UK and USA and the effectiveness of these laws.

## 1.2 Legislation and the Tourist Industry

In the latter part of the 20th century and to date in this century, much attention on the disabled has been of a legislative nature. For example, UK Service providers within the tourism industry (and this includes transport providers) are not allowed by law to provide services that are of a lower standard, or refuse service because of a disability. However, little research has been conducted into disability, rights and tourism at undergraduate, post graduate or doctoral levels (Richards et al, 2010). Indeed there has been little in the way of academic studies in this area of research.

Assuming the desire and intention to participate in tourist activity, the disabled tourist requires that he/she can access travel destinations. Accessible tourism has been described as;

> *"accessible tourism is that which enables people with access requirements, including mobility, vision, hearing and cognitive impairment, to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments."* (Buhalis and Darcy, 2011; p.10, adapted from Darcy and Dickson (2009; p. 34).

The 1995 UK Disability and Discrimination Act (DDA) provided the first structured and formalised attempt to make service providers responsible for provisions for those with disabilities. Prior to this, society was still trying to understand the problems that the disabled faced and the concept of the social model of disability (Shaw and Coles, 2004). Shaw and Coles (2004) argue that the changes that were embraced and promoted were driven by economic factors that can be gained by the tourism sector being more inclusive (English Tourism Council, 2000). Prior to this, any measures were voluntary and therefore little real progress was made (Shaw and Coles, 2004).

In the United States, legislation was passed five years earlier with the Americans with Disabilities Act (ADA) in 1990. However, research suggests that many agencies only play lip service to the Act with air carriers being highlighted as organisations who clearly do not understand the needs of the disabled tourist (Raya and Ryderb, 2003). Raya and Ryderb's (2003) research deliberately cite disastrous anecdotes experienced by disabled air travellers to highlight the fact their needs are more complex, not understood but more importantly that if these needs could be met then a new niche market could be established. As Philips (2002) states:

> *"The problem with legislation, however, is that it engages people's minds but not their hearts. The attitude is often 'What's the least I can do to comply with the law's requirements'."* (Philips, 2002, p.3)

Because the law is seen by many in the industry as little more than guidance to providing minimum standards they are poorly implemented (Stumbo and Pegg, 2005). Darcy et al. (2010) however suggest that guidance that is well-written can provide a meaningful message which then may be followed by providers.

At a wider level the rights of those with disabilities are becoming more enshrined through the recent United Nations *Convention on the Rights of People with Disabilities* (United Nations, 2006, 2008) which makes the case for those with disabilities the right to access tourism, indeed the right to access all areas of cultural life (Darcy et al., 2010). In Western countries it is now seen as a social right for all members of that society to be able to travel (Yates, 2007).

Research by Miller and Kirk (2002) used 'the mystery shopper' technique to extract information from 210 travel and tourism related companies to try to determine how close the industry was to following the requirements of the Disability Discrimination Act of 1995 (DDA). Their conclusion was that businesses were burying their heads in the sand and that what was needed was for greater "thought and awareness of the problems faced by a disabled person" (Miller and Kirk 2002, p.87). They found that many problems were the result of either misunderstanding the requirements placed on the industry or a complete lack of understanding. The 1995 DDA, however, only required "reasonable steps" for compliance with the Act, and Miller and Kirk (2002) concluded that extra thought and consideration was not a lot to ask for.

This definition is unlikely to instil confidence in access provision, especially as the

act went on to describe exceptions to this duty for service providers. Service providers are not required to “take any steps which would fundamentally alter the nature of the service in question” (Disability Discrimination Act, 1995, p. 19). This represents a somewhat ambiguous exception which has been tested in the Court of Appeal in the case of Edwards v Flamingo Land, July 2013, The case involved the Edwards family who have a Down’s syndrome daughter with challenging behaviour. They were refused permission by the employees of the theme park restaurant to eat the food they had ordered in a picnic area rather than in the restaurant. The claim failed because the District Judge ruled that this would have altered the nature of the restaurant into a take-away service.

The 1995 Act was rewritten in 2005 and has been superseded by the 2010 Equality Act, which includes that service providers;

> “*also have an obligation to make reasonable adjustments to help disabled people access their goods, facilities and services.*”
> (British Chambers of commerce / Government Equality Office, 2010, p.5)

There is no clear description of the factors that should be considered when determining what is a ‘reasonable adjustment' however, there is some guidance on what constitutes ‘reasonable adjustments’ in the Statutory Code of Practice for Services. It is interesting how far legislation has progressed in 18 years; *‘reasonable steps’* have been replaced by the words; *'reasonable adjustments'*;

whether this is enough is debatable. As early as 1990 Bynoe et al. (2007) suggested that in order to enforce any equality law;

> *"may also need additional, custom-made enforcement machinery to deal with access to the built environment, transport and telecommunications. One proposal is for an Architectural and Transportation Access Tribunal.*" (Bynoe et al, 1990, p. 59).

However, advice is provided by the government on how service providers can improve their accessibility credentials and they also stress the advantages that can be gained by the industry if they actively embrace the legislation (Direct.gov, 2010). In order to actively embrace legislation, the service providers in the tourism industry need to consider any barrier to the participation of disabled people in tourism that may exist.

Daruwalla and Darcy, (2005) suggest that more importantly the psychological barriers of the non-disabled, and therefore of service providers, are the ones that need to be raised, introducing the concept of ''cognitive dissonance'', where discomfort in relation to the disabled results in avoiding getting into the position of the discomfort. This dissonance is further fuelled because of societies' association of the disabled with institutionalism (Daruwalla and Darcy, 2005).

Research by Darcy and Taylor (2009) shows that disabled tourists do not tend to complain and yet it is these groups that society tends to complain most about

(Packer et al., 2007). An example of a complaint made against the service industry cited by Darcy and Taylor says it all: “the case of a man with burn scars who had been told by staff in a shop that he was ‘scaring other customers away” (Darcy and Taylor, 2009, p.29). Darcy and Taylor asserted that training in disability awareness for employees in the service industry should be treated as equally important as health and safety training.

Prejudices towards the disabled have been researched extensively in the wider context but less research exists in relation to attitudes within the tourism industry. Daruwalla and Darcy (2005) differentiate between personal and societal prejudice and that although separate they both exist in attitudes towards the disabled. Societal prejudice includes socio-political attitudes, formed by governments and cultural beliefs and is made more complex in today’s society because of the move towards political correctness, which can have a counter-productive effect. Personal prejudice stems from an individual’s experiences and beliefs. As the tourism industry, by its very nature is customer service orientated it is imperative that the marginalised groups are listened to. One of the gaps in this field of research is the current participation levels of disabled people in tourism, particularly the level of participation of different groups within the disabled tourist market. The ‘different groups’ refer to severity of disability, levels of income and age. Similarly, although there has been research into barriers experienced by disabled people when travelling, there is little research into how the different groups within the disabled tourist market are affected by these barriers. There is also the question of how disabled people view risks when travelling and if these perceptions pose a barrier. In order to fill these gaps in prior research, the main

aim of this study is to examine the barriers experienced by disabled people when travelling including their perceptions of risks and to determine if these barriers and perceptions of risks prevent those with disabilities from participating in tourism. To this end, the research objectives of this study are as follows;

- To determine the current level of participation in tourism by disabled people
- Identify the barriers that negatively impact on disabled people's participation in tourism.
- To ascertain the nature and extent of the disabled traveller's perceptions of risks.

In order to achieve these research objectives, the following approaches were used;

- A range of disabled people will be surveyed to investigate the frequency of travel of the respondents and whether frequency of travel is related to factors such as the severity of disability and disposable income.
- The survey will provide quantitative data to determine the exact physical, information, economic and social barriers experienced by disabled travellers and whether factors such as age and severity of disability are related to the impact these barriers have on the respondents.
- The gap in knowledge of disabled tourists' perceptions of risks will be explored using the survey to conclude the specific risks perceived by disabled tourists and what factors influence their perceptions of risks.
- The findings of this study could be used to inform organisations within the tourist industry of the heterogeneous nature of the disabled tourist market

and how different barriers and perceptions of risks negatively impact on their participation in tourism.

- It is hoped that these findings will influence policies such as training and information delivery within the tourism industry to broaden the accessibility of travel for disabled people.

## 1.3 Summary

- The ability to take a holiday is increasingly being viewed as a human right with extensive benefits. This is especially so for disabled people and their carers.
- Although statistics are readily available for the percentage of disabled people in populations, statistics for their participation in tourism are not so readily available.
- The medical model of disability focuses on the physical limitations of disabled people whereas the social model places emphasis on the collective, structural and social origins of disability. It is the social model of disability which will form the context of this study.
- In terms of a tourism market, disabled people are either categorised into broad groups (e.g. NAS scheme) or seen as a single dimensional group. Although legislation has been introduced to protect the rights of disabled people (DDA, ADA and the United Nations Convention on the Rights of People with Disabilities) research suggests that these are often seen as

'minimum standards'. There is evidence of personal and societal prejudice in the form of 'cognitive dissonance' towards disabled.

The following chapter will review the existing research and literature in the area of the different types of barriers experienced by disabled people. Such barriers include information barriers and the different models of acquiring information together with the research that supports the view that disabled people require specific, relevant information in order to make a decision regarding their participation in tourism. The review of literature will include what is known about economic barriers for disabled people such as lower incomes and the incurring of additional charges if you are a tourist who is disabled. Social barriers have been studied in the past, especially studies of the negative attitudes of society and individuals and the impact of these attitudes on disable people. There have also been extensive studies into the many issues experienced by disabled tourists, both in transport to the destination and mobility around destinations i.e. the physical barriers. Finally, the literature review will consider the factors that heighten perceptions of risks for the general population and especially for people with a disability.

Chapter 3 describes the methodology of this study. In particular, the research approach that was used, the data collection methods, methods used for the analysis and presentation of results and the limitations of the study. The fourth chapter details the analysis of the mainly quantitative data. The analysis provides a statistical analysis of data about the sample group, the current level of participation in tourism of disabled people together with the extent to which

informational, economic, social and physical barriers impact on their participation in tourism. The analysis also includes the perceptions of risks of the sample group and explores the kinds of risks that are envisaged and how different groups within the disabled market perceive these risks.

Chapter 4 presents a statistical analysis of the results of the online and face-to-face surveys. This involves exploring the raw data to find correlations and relationships between factors that may impact on the participation of disabled people in tourism. The final chapter includes a discussion and conclusion of the study. The main findings are summarised and the key contributions this study could make to this area of research are explored. There are proposals concerning the practical contributions this study offers to organisations and service providers within the tourism sector. Finally, the study concludes with some ideas for possible future avenues of research arising from the findings of this study.

# Chapter 2: Literature Review

## 2.1 Introduction

This review will focus on previous research into the types of barriers that prevent the participation of disabled people in tourism. There has been much research into the physical and social barriers experienced by disabled people and these will be examined. However, this review will go further and explore existing literature in the area of informational barriers and their impact on people's perceptions of risk, particularly pertaining to perceptions of risk of disabled tourists. Literature pertaining to other potential barriers will be reviewed in this chapter. An example of which is the impact of lower incomes on tourist activity leading to economic barriers. Another important factor to consider is the evidence for the existence of social barriers. Therefore, how society's negative attitudes to disability affects disabled people will also be examined.

## 2.2 Barriers to Participation

Tourism is a life-style choice that is not exercised by everyone. Many people choose to travel abroad as tourists but significant numbers never leave their own country. For example, 17% of residents in England and Wales do not hold a passport (ONS, 2011 Census, p30) and therefore have not travelled abroad. Sometimes this is a matter of choice, sometimes this is due to a range of barriers preventing their participation in tourist activity. The main barriers are economic

and lack of time (UK Office for Disability Issues: Life Opportunities Survey, 2011, p. 113). However, disabled tourists face a range of additional barriers to participation and it is important to be able to identify these additional barriers with some precision.

Barriers have been the focus of most of the research on disability tourism such as Buhalis and Darcy (2011), Cavinato and Cuckovich, (1992), Chang and Chen, (2011) and Goodall et al., (2005). Since the concept of the social model of disability makes a distinction between impairment and disability, the barriers have been categorised as either physical or social (Hughes, 1999; Shaw and Cole, 2004). The physical barriers could be seen as reflecting the restrictions explained by the traditional medical model of disability whereas the social barriers reflect the growing awareness of the limitations that are imposed by a lack of understanding within society.

Such social barriers fall into a number of different categories however; research undertaken in the UK suggests tourism participation is restricted for those with visual impairment due to three categories of barrier; individual barriers (emotional, psychological and (in) dependence); social barriers (awareness, staff and decision makers) and environmental barriers (physical access, accessibility information and transport) (Richards et al, 2010). In addition to these barriers other barriers exist but have been researched less such as economic barriers. In the UK Office for Disability Issues: Life Opportunities Survey 71% of adults with an impairment stated that the expense of holidays is a barrier to their going on holiday (UK Office for Disability Issues: Life Opportunities Survey, 2011, p. 113). An important consideration is the financial restrictions caused by reduced earning

potential for those with disabilities. Disabled employees are paid between 11% and 22% less than non-disabled employees (Equality and Human Rights Commission, 2010). Increases in insurance premiums as well as being at too high a risk to gain insurance are such impositions as well as the needs of some to have to pay for a carer to support them whilst travelling (Smith et al., 2004). The economic barriers faced by disabled tourists will therefore be a key focus of this research.

Another key area of focus will be the psychological barriers including fears of risk to personal well-being faced by disabled tourists in terms of their perceptions of risk. Risk evaluation is a fact of every-day life and all tourists make assessments of the risks of travelling abroad. These might concern the relative safety of particular destinations and of negotiating travel in a foreign land and culture. These perceptions of relative risk are filtered through a range of social and culture influences that are often exacerbated in the case of disabled tourists leading to an increased perception of risk for disabled tourists and generally for tourism providers too where disabled tourists are involved. Alongside the categories identified by Richards et al (2010), this research will focus on categories that have too often been overlooked.

Where theoretical research has been carried out in this sphere it has tended to be centred on the social model of disability, socio-political ideology and employment experiences (Shakespeare and Watson, 2001; Stebbins, 2006; McKercher and Yau, 2007). This is because those with disabilities find it harder to find employment, hence their need for a fuller social and cultural life becomes more important. However, whilst such issues are important, there are other areas

which act as barriers to participation that also need to be discussed. To include these other areas and the aforementioned categories, *'barriers to participation'* will be investigated under four distinct groupings; Information, Economic, Physical and Social. This allows the inclusion of economic factors not often considered in other research. Perceptions of risk could be considered to be a form of social barrier but as this is an area that also has been largely neglected in relation to disabled tourists it will be considered as a distinct area in itself.

### 2.2.1 Information Barriers:

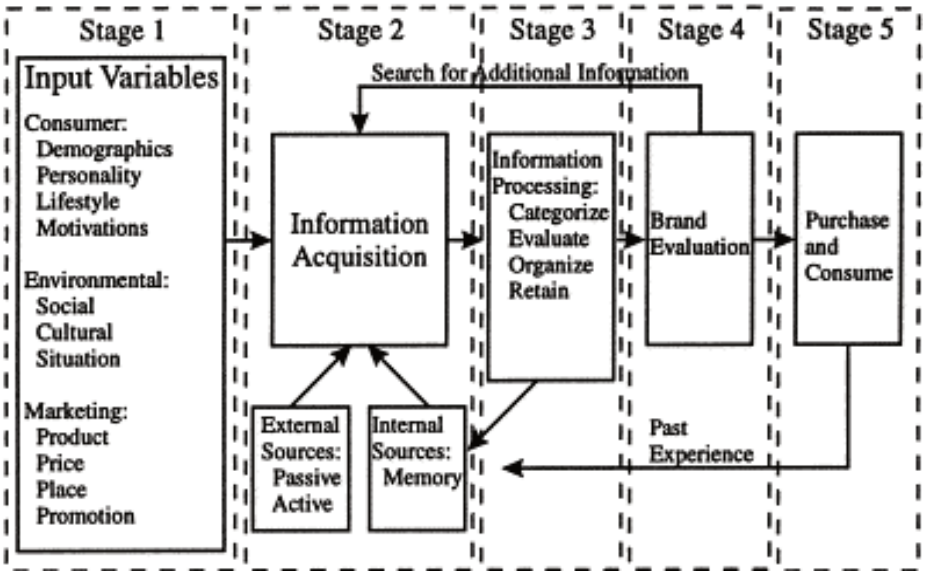
Certain information is needed to enable people to realise their goals (Alaszewski, 2005 and Moore, 2002), and when these goals are considered critical then people will search what Ter Huurne and Gutteling (2008), term *'risk information'*. Such information relates specifically to the risks associated with an undertaking and is different to more general forms of information that might be sought. Numerous models exist to explain the processes involved in seeking information. One of these models is the Consumer Information Acquisition and Processing Model (Assael 1984, Fig. 1) which proposes five stages a consumer uses in deciding on a purchase;

1. The Input Variables: All the factors important to the decision making.
2. Information Acquisition: Gathering external and internal information based on the factors in stage 1.
3. Information Processing: Organising, categorising, evaluating and retaining the gathered information.

4. Brand Evaluation: Considering different brands, what they represent. This may require returning to stage 2 to gather further information.
5. Purchase and Consume: The experience of the purchase and consumption of the product will be remembered and used in future decision making.

These stages could be applied to the stages involved when a disabled person is making a decision on the holiday they wish to book.

**Fig. 1: Consumer Information Acquisition and Processing Model (Assael 1984)**




Kuhlthau (1991) suggests that The Information Search Process (ISP), begins when someone realises that their knowledge is insufficient and an initial search begins. Belkin (1980) takes this further by formulating that the gap between what is held and what is needed will be proportional to the drive or motivation needed to seek out this information otherwise known as the Anomalous State of Knowledge (ASK) model. These are general information search models whereas

Moore (2000) suggests that the social information process for people with disabilities has six dimensions:

- Function - Why do people need information?
- Form - What kind of information do people need?
- Clusters - What do people need information about?
- Agents - Who initiates the information activity?
- Users - How do needs differ between different groups of people?
- Mechanisms - Which mechanisms can be used to meet information needs?

For potential tourists, function refers to the need for information necessary to enable consumption of goods and services. Tester (1992) argues that this is increasingly more important as time passes and more choices are available. Moore, even in 2000, recognised that thinking had changed regarding information service needs. His previous research suggested a range or a continuum of information provision that includes information and advice, as well as advocacy (Moore, 1994). Working with the blind, he suggests that in general, people wanted their information as customised to meet their specific needs or have support from someone who could explain the meaning of the information and therefore the choices available (Moore, 2000). Unfortunately, Moore (2000) focuses on the subject of social information and Tester (1992) on major life events, where information is needed for the elderly. Neither focuses on the level of and the processes involved specifically for those with disabilities to weigh up risks and therefore make informed decisions.

Eichhorn et al. (2008) completed more focused research in this area and suggest that information needs for those with disabilities require five elements;

1. **Information Richness**:

   Eichhorn et al. (2008) found that existing access schemes that were intended to provide disabled tourists with all the information needed to plan a holiday were lacking in detailed information. Information about disabled access to natural areas such as public transport was not provided which therefore excludes disabled people. Furthermore, there is an absence of detailed information about tourist destinations for people with hidden disabilities and mental health issues. These access schemes concentrate information mainly for those with mobility problems and include information such as door widths for wheelchair access. In the report, Eichhorn et.al. (2008) put forward a solution to the lack of information richness which is the creation of common standards across all access schemes through consultation with disabled people.

2. **Reliability**:

   Cavinato and Cuckovich (1992) focus on the importance of the reliability of rich information. Unreliable information is a major reason that would prevent disabled people travelling (Darcy 1998; Darcy and Daruwalla 1999; Stumbo and Pegg 2005). Those questioned in a survey believe that for information to be reliable standards need to be laid down by recognised disability organisations and these should be used by independent bodies to address compliance with results clearly labelled against the standardised criteria (NOP

Consumer 2003). This survey also highlighted that people with disabilities feel that independent verification is more reliable than the views of the awarding body itself.

3. **Appropriate Sources**:

   Darcy (1998) suggests that the needs of disabled people would be served better if they had access to a single source of travel information rather than feeling that they need to consult multiple sources. Having to search multiple documents is considered a disincentive especially if the document is difficult to source (Daniels, Drogin and Wiggins 2005; Darcy 1998; McKercher et al. 2003).

4. **Communication**:

   Darcy et al. (2010) however suggest that guidance that is well written can provide a meaningful message, which then may be followed by providers; this is taken from the Access Guidelines for the 2000 Olympic Games in Sydney as cited in Darcy et al. (2010). The message that this guidance offers is in a way more refreshing than any awkwardly phrased definitions found in Acts of Parliament. The plain language sends an unambiguous yet unequivocal message of universality that is more likely to be respected and acted on by those within the tourism industry.

5. **Customer-Oriented Services**:

   In their study they argue for a “Customer Orientation of Information” approach

where information that is tailor-made to meet their needs is required and currently access schemes fail to provide this (Eichhorn et al., 2008).

Although many tourist facilities that are accessible are labelled as such in the communication provided at local, regional and national levels, how to get there and especially how to travel from one location to another is often not. This leaves the tourist isolated and unable to make informed choices, thereby making them feel "excluded" from choosing multi-facility holidays (Eichhorn et al., 2008). Marston and Golledge (2003) suggest that not providing such route information between facilities raises another barrier for the disabled traveller.

Eichhorn (2008) makes it clear that people with disabilities rely on more accurate and detailed information to enable them to make rational decisions concerning recreation and holidays. Furthermore Eagly and Chaiken (1993) argue '*that people will exert whatever effort is required to attain a 'sufficient' degree of confidence that they have accomplished their processing goals*'. (Eagly and Chaiken 1993, p.330)

The assumption that tourism information is used just as a means to allow decision making on destination (Mansfeld, 1992; Um and Crompton, 1990) is not true for all users. Vogt and Fesenmaier (1998) believe that three other information needs need to be satisfied. The first is examining the psychological or pleasure experiences that are deemed important in the decision-making process, which Vogt and Fesenmaier, (1998) call 'hedonic needs'. This involves the need for entertainment and sensory stimulation when searching for information.

Secondly consumers seek products and services that are varied, novel and that satisfy their creative nature; these are referred to as innovative needs (Vogt and Fesenmaier, 1998).

Sign or social needs, is the last information need that must be complete. In the marketing context, 'sign' refers the way the consumer wishes to express their identity or status through what they purchase. They suggest that sharing this information within a larger social group further enhances their status. Hirschman and Wallendorf (1982) suggest that there are three reasons why consumers share information in the market place; that it offers social mobility making the information 'prized', provides a dependence on a two way exchange of information which is useful in marketing and lastly 'proselytization' or influencing or educating others to a particular view.

In order for disabled tourists to gain a level of equality with able bodied tourists it is important then that they have access to the kinds of information that address their specific needs. Research in this area has highlighted a number of problems; Yau et al. (2004) and Imrie and Kumar (1998) have highlighted the lack of rich qualitative data available to disabled tourists. In turn the lack of reliable information has been argued by a range of researchers to be a factor preventing the disabled from travelling (for instance see Cavinato and Cuckovich (1992), Darcy (1998), Darcy and Duwalla (1999) and Stumbo and Pegg (2005)).

Darcy (1998) argued that such information needs to be personalised and standardised, in terms of quality, in order to meet the needs of the disabled

tourist. This was reiterated more recently by Moore (2000) who claimed that that information needs to be customised according to individual need or that someone needs to explain important information and choices available to the disabled tourist. In part the need for standardisation arises out of arguments put forward about the bewildering range and multiplicity of sources of information (Daniels, Drogin and Wiggins (2005), Darcy (1998) and McKercher et al. (2003) and the lack of clarity in communicating such information to potential tourists (Darcy et al, 2010)).

Eichhorn et al. (2008) have argued that there is a need for more accurate and detailed information for the disabled traveller and that this indicates a need for a more customer oriented range of services than is currently the case.
There has tended to be an assumption on the part of providers, that information only informs decision-making on arrival at a destination (Mansfield, 1992, Um and Crompton, 1990). Whilst this can be an issue for all tourists, disability adds potential levels of difficulty that serve to highlight the importance of information to the disabled traveller; whilst tourist facilities at a resort might be labelled appropriately, how to get to them from outside the resort is often not so well labelled and this tends to exclude disabled tourists from multi-facility holidays (Eichhorn et al. 2008, Marston and Golledge, 2003). Even within England, labelling schemes which might address such issues, are voluntary rather than compulsory or standardised (TFA (2010), Enjoy England (2011)) leading to a patchwork provision of information that is replicated to a greater or lesser extent when the tourist ventures abroad.

‘Tourism for All’ is a national charity, which provides information on access information for all the public, but especially for the elderly and the disabled. They work with both policy- makers and the industry to promote accessible tourism (TFA, 2010). ‘Enjoy England’, England’s Official Tourism Website promotes the National Accessibility Scheme (NAS), which offers tourism providers an opportunity to advertise the facilities that they offer to both the elderly and the disabled. This is achieved by the use of symbols that indicate their accommodation provides access for one or more of the following categories; mobility impaired people, blind or visually impaired people, deaf or hearing impaired people (‘Enjoy England’, 2011). The scheme is voluntary and the symbols are rated depending on the level of access offered. The two labelling schemes are considered a start at promoting good practice but do not provide those with disabilities any detailed information on the facilities provided.

Bruhn and Hadwich (2004) suggest that one way of improving the reliability of information is by the use of quality labels. These are used as indicators for various markets, eco-products, age information, as well as for disability access (Pepels, 2003). These quality labels can be either discrete to address specific criteria or integrated addressing wider criteria. Waschke (2004) believes that stigmatisation can occur when discrete labels are used, however, because the needs of the disabled are often very specific, stigmatisation may be a price worth paying if the information provided by these labels allows accurate and informed choice (Font, 2002a).

Eichhorn et al., (2008) make the point that the access and certification schemes have yet to be evaluated to determine whether the needs of the disabled have been met. Using expert group discussions their study provides many useful insights into the views of those who are disabled. What is clear is that they do not believe that there should be any more schemes but bring together the best, share good practice and produce an international scheme that truly enables.

The Disabled Persons Transport Advisory Committee (DPTAC), (2010) provide voluntary guidance to ships and ferries as to the accessibility provision that companies should follow as passenger vessels are exempt from the 1995 DDA. Interestingly however, port facilities and services including booking facilities do come within the 1995 Act. It provides guidance to disabled travellers; however, the wording is non-precise with the words 'may' or 'might' in most clauses, which leaves the reader little the wiser.

Information satisfaction is a measurement of the difference between the customer's expectation and their ultimate experience of the information provided (Fodness and Murray, 1997; Gursoy and McCleary, 2004). For those with disabilities this means that their needs must be understood and the resultant promises of accessibility are both meaningful and reliable. Consequently many countries have introduced equality and accessibility acts/certification schemes that should provide not only better provision but also communication of this provision. Whether the needs of the disabled are really considered whilst writing these access schemes or whether they are inserted reluctantly as an afterthought is debateable (Imrie, 1999). He suggests that most of these schemes fail to meet

the real needs of the majority of the disabled (Imrie, 1999). There is currently then, a lack of appropriate, standardised information on which the disabled tourist can base their choice (Tester, 1992) in comparison to the able bodied tourist and an investigation of this issue will form the basis of part of this research project.

Table 1 below outlines the previous research into information barriers experienced by disabled people and how these barriers influence disabled peoples' participation in tourism;

**TABLE 1: INFORMATION BARRIERS**

| **Author(s)** | **Contribution** |
|---|---|
| Assael (1984) | Consumer Information Acquisition and Processing Model. Stages in process of seeking information to make a decision. |
| Kuhlthau (1991) | Information Search Process (ISP) begins when someone realises that their knowledge is insufficient and an initial search begins. |
| Belkin (1980) | The Anomalous State of Knowledge (ASK) model. The gap between what is held and what is needed will be proportional to the drive or motivation needed to seek out this information |
| Moore (2000) | The social information process for people with disabilities has six dimensions: Function, Form, Clusters, Agents, Users, Mechanisms. |
| Yau et al. (2004) | Information needs for those with disabilities require five elements; Information richness, reliability, appropriate sources, communication and customer-oriented services. |

| | |
|---|---|
| Eichhorn et al., (2008) | Insufficient information on travelling to and within destinations – disabled 'excluded' from choosing multi-facility holidays. |
| **Author(s)** | **Contribution** |
| Bruhn and Hadwich (2004) | Using quality labels to improve reliability of information. |
| Waschke (2004) | Labels lead to stigmatisation. |
| Imrie (1999) | Most equality and accessibility acts/certification schemes fail to meet the real needs of the majority of the disabled. |

### 2.2.2 Economic Barriers:

A key barrier to disabled people taking part in tourist activity is their relative economic means. People with disabilities are often marginalised because of financial restrictions as a result of their disabilities (Shaw and Cole, 2004; Imrie and Kumar, 1998). Shaw and Cole (2004) have demonstrated that legislation does not recognise that those with disabilities are unable to take holidays because of financial constraints. However, from Shaw and Cole's (2004) case study it is clear that the financial constraints are often caused by the disabled tourist's inability to work because of their disability. Indeed research suggests that the industry perceives that disabled people have significantly lower disposable incomes than the non-disabled and therefore as a market segment

they are deemed hardly worth pursuing (Darcy et al, 2010, Darcy 2002; Pegg and Stumbo, 2008, Rains, 2008, Buhalis and Darcy, 2011).

Kahn, (2000) suggests that the disabled are the largest minority group in the US, that there are some 50 million disabled people in the US and between them have $1 trillion at their disposal. Prager, (1999b) describes serving this market segment as ‘‘handicapitalism’’ although whilst there is clearly scope in financially benefiting from this niche market, it does provide clear social benefits (Williams, 1999). Work conducted by Manchester City Council concluded that people with disabilities have significantly less disposable income to spend on tourism than those without (Chapman et al, 2007). Interestingly, however, their research showed that although disabled people were less likely to go on holiday each year, the relative percentage of those that did was not that different (66% of those without disabilities took at least one holiday a year, whereas 59% with disabilities took one or more) (Chapman et al, 2007).

However Darcy and Taylor (2009) also argued that income levels were not the only determining factor; one of the most common complaints was the increase price differentials for people with disabilities. This included additional costs for accessible rooms, less choice of budget services and increased costs incurred in travel including travel insurance. Jacoby and Jacoby (2004) found that 62% of respondents suffering from epilepsy reported experiencing a problem obtaining insurance cover (increased premiums, restricted cover or outright refusal), whilst 36% of respondents reported having been refused one or more types of insurance on the grounds of their epilepsy.

According to the principle of ‘mutuality’ or ‘equity’ which the UK commercial insurance system is reported to rest on, relevant risks are assessed, and premiums are adjusted, to reflect the risk each policy-holder poses to the insurance fund. However this principle seems to discriminate against high-risk individuals to ensure that the fund is sufficient to cover all probable claims, those individuals considered to be high-risk (e.g. people with epilepsy) may be refused insurance cover or asked to pay increased premiums. According to the Association of British Insurers, not to do so would be to discriminate against low-risk individuals, who would simply seek insurance else-where.

The European ruling on gender equality in insurance in 2011, making it illegal for insurance companies to discriminate on the basis of gender, is likely to have significant ramifications on how insurance companies now assess the risks of the disabled. Clearly they are not allowed to discriminate on the basis of disability but they could still assess risk on the basis of medical/health impairment. If a disabled traveller can prove that their impairment does not make them a higher risk than someone without that impairment then it is unlikely that they could be charged more.

Table 2 below outlines the previous research into economic barriers experienced by disabled people and how these barriers influence disabled peoples’ participation in tourism;

**TABLE 2: ECONOMIC BARRIERS**

| Author(s) | Contribution |
|---|---|
| Shaw and Cole (2004) | Those with disabilities are unable to take holidays because of financial constraints. |
| Chapman et al, (2007) | People with disabilities have significantly less disposable income to spend on tourism than non-disabled. |
| Darcy and Taylor (2009) | Increased price differentials for people with disabilities. |
| Jacoby and Jacoby (2004) | Those suffering from epilepsy reported experiencing a problem obtaining insurance cover (increased premiums, restricted cover or outright refusal), |

### 2.2.3 Social Barriers:

As previously discussed there is a need to adopt the social model of disability over the medical model if social barriers to disabled tourist activity are to be addressed. (Oliver, 1996, Williams, 1991). This is confirmed by Disabled People's International (DPI) who define disability as;

"*… the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers*" (DPI, 1982, p.31).

Clearly then, the way society is structured and responds to issues of disability can serve to disempower disabled people and such structures can only be examined by adopting the social model of disability.

There has been some research on social barriers experienced by disabled people. Most of this research consists of qualitative studies of travellers with disabilities such as Darcy and Daruwalla (1999); McKercher et al. (2003). What comes through is that the attitude of society is as important as the physical barriers that the disabled encounter. Negative perceptions of disabled people by the able bodied often gives rise to a lack of confidence and motivation on the part of disabled people (Raya and Ryder, 2003, Fost, 1998, Poria, Reichel and Brandt, 2010 and Chung Chang and Chen, 2011). These negative perceptions, though, can be countered by what became known as the "Reeve Effect", (Raya and Ryderb, 2003). Disabled celebrities can have a positive effect on the services provided by tour and travel companies. Casey Martin and Christopher Reeve are two examples of well-known American celebrities who continued to pursue their sports or activities and travel desires and therefore their disabilities were taken seriously. It is believed that Casey Martin's insistence on playing golf in his wheel chair helped to encourage around 40% of disabled Americans to either follow or play the sport (Fost, 1998).

Where such negative perceptions have the greatest impact though is that disabled people are more likely to have deficits in social skills than able bodied people (Peterson and Connolly, 1978). In turn such deficits can give rise to negative perceptions of personality in relation to disability (Wright, 1983 Kennedy et al, 1987). This spiral of negativity often leads to a sense of psychological and physical dependence on others to the extent that disabled people become reluctant to travel alone as tourists (Carpenter, 1977, Kennedy et al, 1987).

Examples of the social alienation of disabled tourists would be experiences of negative attitudes to disability among tour operators (Pearce, 1982, Wright, 1983), the relegation of disabled tourists to specialist package tours (Schuchat, 1983), avoidance behaviour towards the disabled tourist on the part of the able bodied tourist (Langer, Fisk, Taylor and Chanowitz, 1976) or generally paternalistic behaviour towards disabled people exhibited by society generally (Kennedy et al, 1987). Such social barriers often lead to a sense of physical and psychological dependence and a consequent restriction of leisure functioning (Carpenter, 1977, Kennedy et al, 1987).

Ahola (1982) has identified that the perception of freedom is central to the experience of leisure and many disabled tourists suffer feelings of helplessness in relation to the amount of independence they can exercise as tourists (Lee, Agarwal and Kim, 2012). These feelings of helplessness, and the extent to which such helplessness is 'learned' from the way society comprehends disabled people, will form a separate discussion since, as noted, they need to be

distinguished as emanating from disabled people and not from society itself. A major focus of this research then will be the extent to which these perceptions impact on a disabled person's ability, and desire, to travel.

Table 3 below outlines the previous research into social barriers experienced by disabled people and how these barriers influence disabled peoples' participation in tourism;

**TABLE 3: SOCIAL BARRIERS**

| **Author(s)** | **Contribution** |
|---|---|
| Oliver (1996), Williams (1991) | The social model of disability. |
| Raya and Ryderb, (2003) | The "Reeve Effect" counters negative perceptions. |
| Peterson and Connolly (1978) | Negative perceptions means that disabled people are more likely to have deficits in social skills than able bodied people. |
| Lee, Agarwal and Kim (2012) | Many disabled tourists suffer feelings of helplessness in relation to the amount of independence they can exercise as tourists. |

### 2.2.4 Physical Barriers: (medical model)

The medical definition of disability highlights the obvious physical barriers faced by disabled tourists as a result of their disability. These are often not differentiated in relation to disabled people's participation in tourism though and vary considerably from disability to disability. Hunt (1986) has identified that tourism depends upon an inter-connected system of transport modes that is often not fully available to disabled people; access on and off aeroplanes might be relatively easy but getting to the airport, or from the airport to the hotel might not. Transport poses significant barriers to disabled travellers (Darcy, 1998; Shaw and Coles, 2004), but it is not only an issue in terms of getting to and from the holiday destination, but also travelling whilst on holiday (Buhalis and Darcy, 2011). Poria et al, (2010) suggest that few studies have examined the flight experience for the disabled traveller, research that has been conducted is descriptive in nature and they suggest that some empirical study would be useful.

Whilst travelling, accessibility on, off and to use the toilet facilities are issues that are frequently reported (Turco, Stumbo, and Garncarz 1998; Park, 2007; Yates, 2007). Yau, McKercher, and Packer (2004) describe how passengers prior to long haul flights will tend to dehydrate in order to reduce their need to use in-flight toilets.

Such needs could easily be alleviated if aircraft design considered the needs of all as Poria et al. demonstrated (2010); their study concluded that wheelchair users found *"the inaccessibility to toilets makes the flight a most unpleasant and*

*at times a humiliating experience"* (Poria et al, 2010, p.224). The prospect of such humiliation becomes a psychological barrier in itself as will be discussed in the next section. It is important to also consider that flights are part of the holiday experience and Poria et al. have highlighted the fact that leisure can be defined

> *"…as a state of mind in which there is sense of separation from the everyday world, freedom of choice, feeling of pleasure, spontaneity, and timelessness. It is clear from the findings that none of the above is linked with the flight experiences of people with disabilities."* (Poria et al, 2010, P.222)

In addition to in-flight accessibility issues, simple remedies could be introduced at little cost that would prevent travellers reaching the helplessness threshold such as recharging points and automatic upgrades for the blind to business class/VIP lounges. Even once a disabled person has managed to access and book tourism opportunities, little consideration is given to the possible contra indications of certain environmental factors in relation to disability; in some conditions chronic pain can be exacerbated by heat or cold and some geographical conditions such as sand for instance might prove difficult to negotiate (Gunn, 1978).

Table 4 below outlines the previous research into physical barriers experienced by disabled people and how these barriers influence disabled peoples' participation in tourism;

**TABLE 4: PHYSICAL BARRIERS**

| Author(s) | Contribution |
|---|---|
| Hunt (1986) | Tourism depends upon an inter-connected system of transport modes that is often not fully available to disabled people. |
| Darcy (1998)<br><br>Shaw and Coles (2004) | Transport poses significant barriers to disabled travellers. |
| Poria et al., (2010) | Little empirical study on flight experience of the disabled traveller. |
| Packer (2004) | Disabled passengers prior to long haul flights will tend to dehydrate in order to reduce their need to use in-flight toilets. |
| Poria et al. (2010) | Wheelchair users find airplane toilets inaccessible – a humiliating experience and a barrier to disabled people travelling by air. |

## 2.3 Psychological Barriers

As previously discussed, psychological barriers need to be considered alongside all other barriers when considering the possible reasons disabled people do not

take an active part in tourist activity. Prior studies have examined the particular psychological effects of having a disability. Marinelli and De Orti (1999) highlighted the feelings of dis-empowerment disabled people have in reaction to social and political factors that limit their ability to earn a living and their access to medical treatments. They argue that this dis-empowerment leads to feelings of anger and helplessness. In turn, feelings of helplessness leads to 'learned helplessness' where an individual expects negative consequences in every situation and believe that they are powerless to change a situation (Hassiotis et al., 2012). 'Learned helplessness' can impact on all aspects of a person's life and behaviour, including when an individual is considering a holiday in an unfamiliar destination. A study by Lee, Agarwal and Kim (2012) showed that feelings of helplessness have "a negative and statistically significant impact on the disabled intentions' to travel". (Lee, Agarwal and Kim 2012, p.577).

## 2.4 Perceptions of Risks

On a psychological level, a common reason why disabled people either do not travel or travel only to carefully selected destinations is the perception that travel poses a significant risk in relation to their disability. What needs to be determined is the extent to which such perceptions are real and to what extent they are fuelled by social constraints experienced specifically by disabled people.

Perception in humans describes the process whereby sensory stimulation is translated into organised experience. That experience, or percept, is the joint product of the stimulation and of the process itself; sensation and perception are virtually impossible to separate, because they are part of one continuous process

(Lindsay and Norman,1977). Sjoberg (2000) addresses the issue of why people perceive risk as they do and suggests that control or the ability to protect oneself from harmful events is an important variable in accounting for risk denial. It is important though to distinguish between general perceptions of risk and the perceptions of risk experienced by disabled people since these are likely to vary considerably depending on the level of disability.

### 2.4.1 General Perceptions of Risks

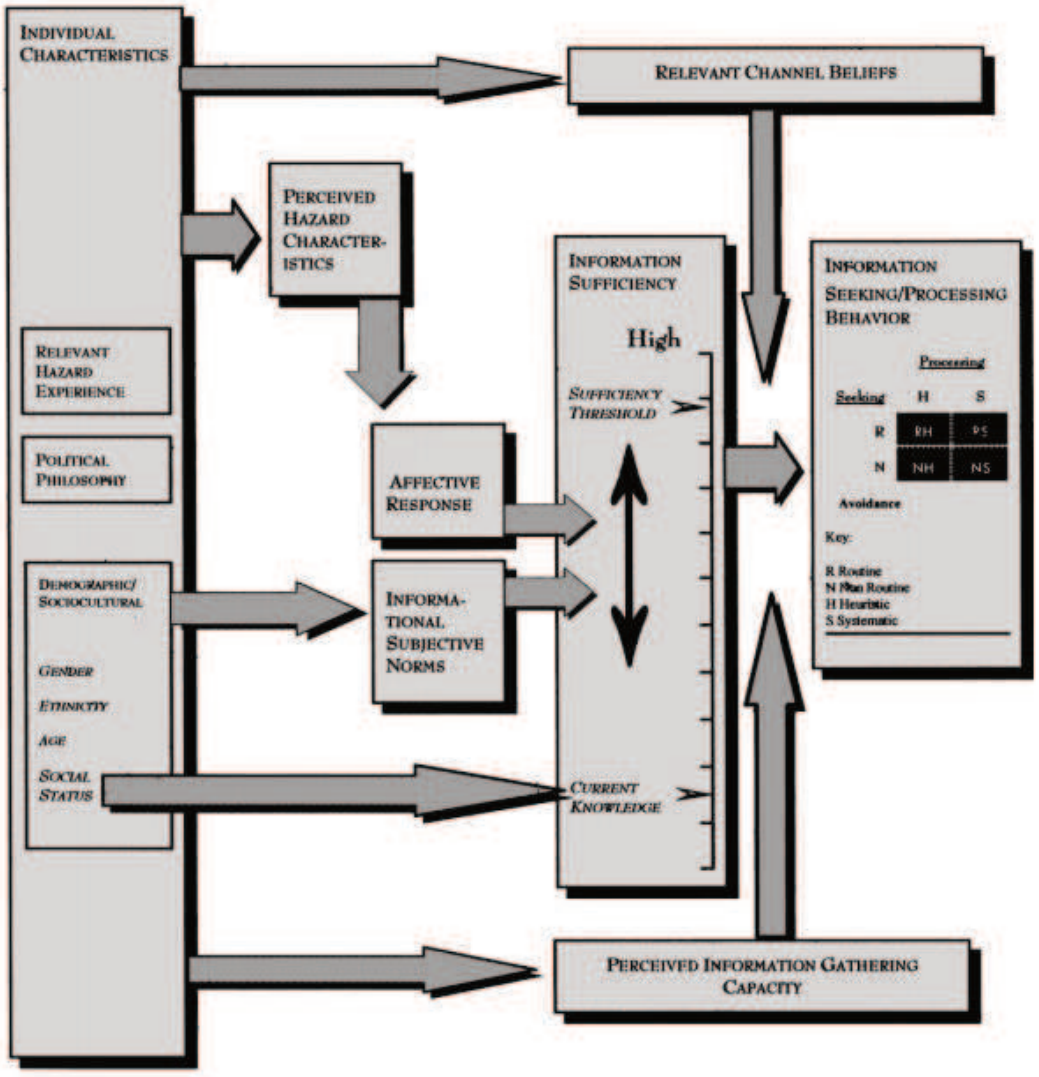
Risk perception has been studied widely and risk perception is heightened when people perceive that there is an information gap (information insufficiency) between what they know and what they think they need to know in order to assess the risk effectively (Griffin et al., 2004). Perceptions of risks can also be influenced by others. For example, if people around a person believe that they need to gain knowledge about a risk, the greater the perception of information insufficiency (Griffin et al., 2004). The level of influence that friends and family may exert will depend on the reliance the individuals are on these friends (Neuwirth and Frederick 2004). They do not specifically mention people with disabilities but it could be assumed that many people with disabilities are more reliant on others (e.g. family, carers) than those without disabilities. Variances between the perceptions of risk and the social/economic/ cultural backgrounds of those making decisions have been noted (Griffin and Dunwoody, 2000; Slovic, 1994; Vaughn and Nordenstam, 1991). Savage (1993) makes the link between risk perception and demographics focusing on issues surrounding technology. Considering the advancement in technology since his study in 1993 it is

considered that this might have an even greater influence on the level of sufficiency now.

Research by Ter Huurne and Gutteling (2008) and Atkin (1973) shows that there is a positive correlation between the level of information seeking and the level of uncertainty. This supports the theory espoused by Berger and Calabrese and their Berger and Calabrese's 'Uncertainty Reduction Theory' (1975) that information activity increases with levels of uncertainty. This increased need to find information is deemed relevant in this field of research as tourism is a product that by nature instils a level of uncertainty because of the unknown elements associated with it prior to purchase. Griffin, Dunwoody and Neurwirth (1999) proposed a model to explain the process of information gathering, how that information is processed and how this influences their subsequent behaviour. They named the model 'Risk Information Seeking and Processing' or RISP model (Fig. 2). The RISP model includes a concept of 'information sufficiency', meaning the level of information a person believes they need to know in order to assess a risk. The first part of the process includes the factors that influence the level of risk information seeking and processing, known as 'Individual Characteristics'. Prior research provided some of the relevant characteristics, such as Radecki and Jaccard (1995) who suggested that there is a correlation between the desire to gain knowledge and a person's social environment. Their social context (employment, philosophy and economic environment) will all have an effect on whether and how much information an individual seeks (Wilson, 1999). These characteristics include factors such as previous experience of the risk, gender etc. Risk information processing involves 'Perceived Hazard Characteristics'

which are judgments of the risk such as the likelihood of the risk occurring, number of possible deaths etc. The 'Affective Response' in the RISP model represent the emotional response of the person to information about risks. E.g. Fear, anger, anxiety. A person's response to risks is affected by other people's beliefs in how that person should behave in response to the risk. This is labelled as 'Informational Subjective Norms' in the RISP model and are related to a person's demographic / sociocultural characteristics. The model proposes that all the aforementioned factors determine the 'Information Sufficiency' i.e. the gap between their current knowledge of the risk and the level of knowledge they feel they need to know to respond to the risk. The information seeking and processing methods used are determined by the information sufficiency level and two other main factors. The first one being the 'Relevant Channel Beliefs', meaning the confidence that a person has in the source of the information about the risk. The second factor being 'Perceived Information Gathering Capacity' which is a person's belief in their own ability to gather and process the information successfully.

**Fig. 2: The RISP model (Griffin, Dunwoody and Neurwirth, 1999)**




The RISP model was proposed to explain how people react to health information but has since been used to explain risk information processing in other areas such as weather risk information (Demuth 2013) and financial risk information (Zhuowen Dong and Lai-shan Tam 2013). This model could also explain the

information gathering and processing of disabled people when assessing the risks involved in travel.

A more useful parallel to the RISP model has been espoused by Yang et al. (2010) who link the RISP model with the Theory of Planned Behaviour (TPB) in a study of attitudes to risk in making health decisions (Yang et al., 2010). From a brief meta-analysis they suggest that "*risk judgment, based on perceived probability and severity of the potential harm, has had the most consistent relationship with risk information processing*"(Yang et al., 2010, p.4). The combined use of the two models has also been argued by Kahlor (2007), as being robust enough to predict behaviour in his research using environmental risk information and the threat of global warming. The Theory of Planned Behaviour has been the explanation for the diverse level of behaviour, however, Kahlor believes that its use with RISP will allow it to help explain the behaviour associated with risk information seeking (Kahlor, 2007).

Therefore, consumers need to be informed of possible risks so that they can make an informed, albeit, subjective choice, to then move forward to examine the choices available. This will likely become more objective as place, price, etc. are examined. For people with disabilities informed choice can only start if information is available that indicates that the initial plan is feasible.

The decision-making process depends on the objective of the decision maker, which should be the same irrespective of the level of disability, and an evaluation of the information processed by the decision-maker. This evaluation is based on weighing up the alternatives which are an amalgam of possibly many attributes.

Two evaluation processes are available to the tourist in making this judgement, compensatory methods (where the decision maker can trade off one attribute against another) and non-compensatory (where trade-offs are not available) (Israeli, 2002; Fan et al., 2002; Guitouni and Martel, 1998). Consequently, if it is assumed that decisions made are trade-offs, then it can be argued that the decision is only satisfactory rather than optimal (Guitouni and Martel, 1998). Guitouni and Martel (1998) suggest that in decision making "*The premise prevailing is the `homo-economicus', which means that the rational decision maker always prefers the solution that maximises his welfare*" (Guitouni and Martel, 1998, p.502).

Wong and Weh (2009) assert that past studies such as Um and Crompton, 1990; Crompton and Ankomah, 1993 and Nadeau et al., 2008 described the decision-making process as push/pull factors. These studies explained the decision-making behaviour in terms of factors that attract or repel consumers to or from a destination such as tourist characteristics, preferences, race and nationality. Wong and Weh (2009) believe these past studies are missing one important element – hesitation. Hesitation allows for additional factors to be factored into the process such as personal health and safety and the tourists mind can be altered at the final stage of decision -making due to what Boshoff (2002) calls travel risk. The definition of 'Perceived Risk' is: ''a consumer's perception of the overall negativity of a course of action based upon an assessment of the possible negative outcomes and the likelihood that those outcomes will occur'' (Mowen and Minor, 1998, p. 176). Fuchs and Reichel (2011) suggest that having experienced risk, consumers are likely to hesitate in making the decision before

finding strategies that will lead to a risk reduction to a 'tolerable level'. Revisits (brand loyalty), searching for further information or purchasing popular brands are such strategies (Mowen and Minor, 1998; Schiffman and Kanuk).

### 2.4.2 Specific Perceptions of Risks for the disabled:

Research suggests that understanding the motivations of travellers is considerably more complex for people with disabilities (Disability Now, 2005; Imrie and Kumar 1998; McKercher et al., 2003; Shaw et al., 2005; Stumbo and Pegg 2005; Turco et al., 1998; Yau et al., 2004). Many of these argue that the information provision during the early phases of planning for people with disabilities is fundamental as for them the process is not just a matter of being informed to lead to choice but as a feasibility study that they can then proceed to make informed choices if the whole exercise is feasible (Pühretmair 2004; Stumbo and Pegg 2005; Yau et al., 2004). In other words, if judged as not being feasible because of a lack of accessibility then the process of seeking information at the pre-planning phase stops abruptly.

Yau et. al (2004) conducted a study of travellers with mobility or visual impairments. The study describes a 'travel analysis' stage where disabled people gather information on all the perceived risks and determine whether the benefits of the trip are worth the risks. Even if the planning stage is successful and the disabled person decides to travel, they still face perceived risks they may not have considered. The study found that there are specific risks for the disabled tourist compared with non-disabled tourists. For example, there are risks of personal embarrassment related to issues such as incontinence during

flights. The more experienced disabled traveller uses coping strategies such as not eating or drinking before a flight. Other risks include an airline losing a person's wheelchair, damaging a wheelchair or a wheelchair reassembled incorrectly. This is more distressing and more negative consequences than the loss or damage of luggage. The study reported that experiences like this not only makes their trip less enjoyable but could make future trips less likely, adding to the 'Relevant Hazard Experience' in the RISP model. Packer et al. (2008) reported on the risks of travel for the visually impaired. The major risks are around issues such as fear of finding their way safely around tourist destinations which are unfamiliar places to them. Lack of information about the destination is another major risk.

An important issue for the disabled tourist is the problem of excessive travel insurance, especially for those with a chronic illness. The British Government has published Travel insurance statistics for 2012 in which it is claimed that 24% of all travellers holidaying abroad were uninsured. This statistic includes able-bodied and disabled tourists and there is no breakdown of the statistics for uninsured disabled tourists. Perhaps this is an area which requires further research. Some must inevitably decide to travel without medical insurance and then face the risk of becoming ill abroad and not having sufficient funds to pay for health-care.

Table 5 below outlines the previous research into psychological barriers experienced by disabled people and how these barriers influence disabled peoples' participation in tourism;

**TABLE 5: PSYCHOLOGICAL BARRIERS: PERCEPTIONS OF RISKS**

| **Author(s)** | **Contribution** |
|---|---|
| Griffin et al. (2004) | Concept of 'Information Insufficiency' |
| Neuwirth and Frederick (2004) | The level of influence that friends and family may exert will depend on the reliance the individuals are on these family/friends. |
| Savage (1993) | Link between risk perception and demographics focusing on issues surrounding technology. |
| Ter Huurne and Gutteling (2008):<br>Atkin (1973) | A positive correlation between the level of information seeking and the level of uncertainty. |
| Griffin, Dunwoody and Neurwirth (1999) | 'Risk Information Seeking and Processing' or RISP model |
| Yang et al. (2010) | Linked the RISP model with the Theory of Planned Behaviour (TPB). |
| Wong and Weh (2009) | Hesitation allows for additional factors to be factored into the process such as personal health and safety and the tourists mind can be altered at the final stage of decision –making. |
| Yau et. al (2004) | A 'travel analysis' stage where disabled people gather information on all the perceived risks and determine whether the benefits of the trip are worth the risks. |
| Packer et al. (2008) | Risks of travel for the visually impaired. |

## 2.5 Summary

- The main barriers to participation in tourism of the general population are economic and lack of time.
- Studies on barriers to disability tourism in the past focused on physical and social barriers.
- More recent research in this area explored individual, social and environmental barriers.
- Economic barriers experienced by disabled people have been researched less, but includes reduced earning potential and extra travel expenses compared with the general population.
- Disabled people experience additional psychological barriers such as helplessness and fear of risks.
- Detailed, customised information is specifically important for disabled people when making a decision on travel.
- Accessibility labelling schemes have been shown to be too general and leads to stigmatisation of disabled people.

To conclude, previous studies have shown that there is a range of barriers preventing participation by the disabled in tourist activity and these are mainly information, economic, physical, social and psychological factors. The next

chapter outlines the methods used in this study to fill in the gaps in knowledge highlighted by the literature review.

# Chapter 3 Methodology

## 3.1 Introduction

This study is exploratory in nature, with the objective of discovering the extent to which perceptions of risks act as barriers to tourism participation for the disabled and the reasons for these perceptions of risks. A further objective was to investigate if the perceptions of risks differ between people with different disabilities. An online survey and face-to-face paper-based surveys were the main methods utilised to obtain the data to achieve these objectives. The organisation and methodology of this research is described in this chapter, including the general approach to this research, the data collection methods used, the sampling procedure and size, followed by consideration of how the analysis was conducted.

## 3.2 Research Approach

The planning of the methodology for tourism research should start with a consideration of 'ontology' (Hollinshead, 2004) which is the study of the nature of structure of reality. In tourism research a division has developed between those who view reality as facts that are immutable truths (positivism) and those who

view reality as truths held by individuals that have been shaped by their experiences and societal attitudes (interpretivism) (Dwyer et al., 2012). Ontology is closely linked with epistemology meaning the philosophy of how we know reality. In the context of this study, an example of ontology would be the actual participation of disabled people in tourism and epistemology would determine how this fact was arrived at, either by objective / scientific investigation or by viewpoints expressed by individuals. Thus positivism generally requires a quantitative methodology with empirical data leading to factual outcomes, whereas the interpretivist approach demands a more qualitative approach with interviews with individuals or groups leading to anecdotal evidence. There are some researchers such as Decrop (1999) and Patton (2002) who propose that research can best be conducted by analysing different sources of data, such as qualitative and quantitative data. In this way, different methods can be used to corroborate findings and lead to valid conclusions. This study leaned towards the positivist paradigm but incorporated some aspects of post-postivism. This study used the positivist paradigm in that it involved survey questions and analysis of results. The positivist philosophy is formed on experimentation followed by analysis of the results. The interpretivist approach within the post-positive paradigm is based on reality as being the truths held by individuals that have been shaped by their experiences and societal attitudes. This post-positive philosophy was basis of many the survey questions, where respondents were asked about their prior experiences of travel, especially questions about their perceptions of risks. More qualitative methods such as interviews (as were planned) would have made the research more interpretivist. as described further in this chapter.

In formulating an approach for this research, there were two general approaches to research to consider; the deductive and inductive approach. Simply put, the deductive approach (sometimes referred to as a 'top-down' approach) to research involves a theory as a starting point and collecting evidence to prove or disprove the theory (Gill and Johnson 1997). The process of deductive research was described by Robson (2002) as having five distinct steps; 1. Deducing a hypothesis from the theory; 2. Expressing the hypothesis in operational terms; 3. Testing the operational hypothesis; 4. Examining the specific outcome of the inquiry; and, 5. If necessary, modifying the theory. The testing of the hypothesis usually utilises methods that result in empirical or quantitative data. Although this approach returns a definite outcome, this approach in its strictest sense is rigid in nature as it does not allow for investigation of outcomes or hypotheses that were not expressed in the original theory. A more flexible approach is inductive research, which was the research approach used in this study.

Induction is described as a process that develops from the specific to the general, from a specific piece of information or data to a general theory. This is sometimes referred to as the 'bottom-up' approach. Blaikie (2008) describes the inductive approach as being the collection of data and looking for patterns in the data which will lead to generalisations and eventually a theory. "*Theory consists of generalisations derived by induction from data*" (Blaikie, 2008, p154). Inductive reasoning is also described as inferring something about a whole group from data collected from a few members of the group (Monette, Sullivan and DeJong, 2013). In this study information was gathered from sample members of

a group of disabled people, analysed and used to explore perceptions of risks and other barriers to their participation in tourism. This approach was more appropriate for this study because a clear hypothesis was not deduced from the literature. Instead, this study sought to fill gaps in prior knowledge in this area of study; to use the data to induce generalisations.

However, there are disadvantages in using an inductive approach. Altinay et al. (2012) point out that in using the inductive approach, there is a risk that there may not be a definite theory resulting from the research. Altinay et al. (2012, p.91) also state that the inductive approach to research *"is generally more time consuming, as ideas are generated over a much longer period of data collection and analysis"* ). Clearly, there are advantages and disadvantages to both inductive and deductive approaches in the context of this research therefore a mixed approach needed to be considered. Smith (2010, p.13) proposes that induction and deduction form a cycle of research which can lead to more accurate results;

> *"You might begin collecting specific information on some tourism phenomenon that eventually allows you to create a model or to make a statement about some general processes regarding the phenomenon (inductive reasoning).These statements can then be formulated as hypotheses for further testing (deductive reasoning). The results of the deductive process might then lead you into further inductive research to further refine your ideas, which can then be retested."* (Smith, 2010, p.13)

Despite these limitations, the aims of this research were best served by using an inductive approach. However, future research could take the findings of this study from which to develop hypotheses and then to use them in deductive research.

## 3.3 Qualitative / Quantitative Data

Qualitative and quantitative methods of collecting data have advantages and disadvantages. Altinay et al. (2015) states that using quantitative data allows for more factual findings, whereas qualitative data gives more insights into people's attitudes and feelings. Written reports from quantitative research tend to have a set structure, whereas the written reports from qualitative research have a more flexible structure (Creswell 2013). The strengths and weaknesses of qualitative data are summarised in the Table 6 below;

**TABLE 6: ADVANTAGES AND DISADVANTAGES OF QUALITATIVE DATA COLLECTION**

| **Advantages** | **Disadvantages** |
|---|---|
| Gives insights into people's attitudes and feelings. | Takes up a lot of time and usually higher budget. |
| Respondents' replies can lead to new branches of the study. | Usually fewer respondents. |
| Can explain the reasons for respondents' replies. | Data cannot be statistically analysed. i.e relationships between variables are not determined. |

Adapted from Learn Higher (2008)

The exploration of barriers and perceptions of risks that prevent disabled people travelling abroad as tourists required mainly quantitative research. A review of existing literature (chapter 2) revealed that research has been largely qualitative in nature with case studies and anecdotal in nature. These methods have been valuable in producing relevant findings. However, this study used quantitative data in order to measure the extent of the impact of different barriers and perceptions of risks and would allow for statistical analysis comparing the responses of different groups within the disabled tourist market. In order to collect relevant data, two main methods were used. Firstly, a website was created with pictures and travel diaries describing the perceptions of risks and the barriers encountered during the author's research travels. The website contained a detailed questionnaire that visitors to the website were invited to complete about their own experiences, the barriers they have come across and their perceptions of risks when travelling within the UK and to foreign destinations. The data collected from the questionnaire was quantitative in nature. The second method of data collection involved using a paper version of the website questionnaire to allow for face-to-face surveys of disabled people in the South West of the UK.

## 3.4 Data Collection Methods

### 3.4.1 The Website

The website provided the online framework for the questionnaire and was designed as a blog-style website. It is intended that the website will remain

online to be a resource and a forum for those interested in the subject of tourists who have disabilities. Therefore the website performed a dual role. The website consisted of web pages about the author's life and background, including a video. There was a 'My Travel Diaries' section containing details in text and images of the author's own tourist experiences. This was to demonstrate how one can overcome barriers and perceptions of risk and also to explain to the website audience what is meant by 'barriers and perceptions of risk'.

In addition, the inclusion of images, slideshows and a video can illustrate examples of barriers and risks better than the spoken word or a written description. For example, including the video 'My Story' was intended to inspire and motivate people to answer questions in the questionnaire and post comments/photographs and to overcome their own barriers and perceptions of risk. Visitors to the website were encouraged to complete the online questionnaire in a section entitles 'Have Your Say'. The questions were designed to explore the factors that affect disabled peoples' perceptions of risks and possible barriers to travelling to tourist destinations.

### 3.4.2 Quantitative Data

The quantitative data for this research was collected using two main methods; web-based questionnaire and paper-based questionnaires. The web-based questionnaire suffered from a low response rate and therefore it was necessary to conduct some face-to-face surveys using the paper-based questionnaires.

Approximately 20% of the completed questionnaires were from the face-to-face surveys.

Websites are particularly suitable for collecting data from disabled people for several reasons; websites are accessible to disabled people around the world, which means they can enter data into a form (the questionnaire) or upload information without the necessity for them to travel or to post information through the mail. The input from visitors to a website can be received and analysed almost immediately. Franceschini (2000) conducted a study to compare the response times of traditional mail surveys compared with web-based surveys. The results showed a very quick response time for the web-based survey with 21 of the 29 web-based responses received before there were any responses to the traditional mail survey. Furthermore, there is evidence that the response completeness of online surveys is significantly higher than the response completeness of postal distributed surveys (Truell et al., 2002). There is an inherent cost benefit of using a web-based questionnaires rather than sending questionnaires through the post or printing out questionnaires for distribution. On average, web-based surveys are 38% less expensive than mail surveys according to Schleyer and Forrest (2000), which is a significant figure. There are some disadvantages to web-based surveys, the main one being poor response rates. Schonlau and Fricker (2001) reviewed 57 academic studies where surveys were conducted and found that posted surveys had a much higher response rate than web-based surveys. Indeed, the response rates for this web-based survey were low, hence the need to conduct paper- based face-to-face surveys. Schonlau and Fricker's (2001) study also showed that the quality of web-based

survey data may not be high due to the respondents not being totally representative of the population.

The questions were the same for both questionnaires and the types of data that were collected from the questionnaire included frequency of travel, extra costs as a disabled tourist, communication barriers etc. to enable comparative analysis of the factors that adversely affect disabled tourism by age, gender, severity of disability, budget for a holiday and educational level. *(Full Questionnaire, Appendix __).* There were 62 questions in the questionnaire and they were a mixture of factual and opinion questions as described by Moser and Kalton (1979). This was dictated by the data that was being sought. For example, 'What was your destination the last time you travelled abroad?' required a factual answer whereas 'Do you feel some foreign cultures have a more negative attitude to disability than others?' requires the respondent to record their opinion. There are inherent problems with opinion questions in that they don't necessarily give a full picture of the respondent's beliefs or the intensity of their beliefs (Moser and Kalton, 1979). Nevertheless, where opinion questions would deliver data (even a snapshot opinion) to determine the extent of the impact of barriers or perceptions of risks in travel, they were used in the questionnaire.

The answers to questions on frequency rely on the respondent's memory for an accurate answer. This can often lead to inaccuracies as people forget details or may combine different events into one memory (Wagenaar, 1986). The questionnaire in this study was designed to increase the accuracy of the 'frequency' type questions such as 'How often do you travel as a tourist?'. Recall

of events improves if respondents are prompted to remember clues to an event (Bradburn et al., 1987). Respondents for this study were prompted to remember their recent holidays with follow-up questions such as 'When was the last time you travelled as a tourist?' and 'What was your destination the last time you travelled abroad?' and 'What other destinations have you travelled to as a tourist?'.

Most questions in the survey were pre-coded, where the respondents were given a short list of answers they could choose from. The problem with these types of questions is that it forces the respondent make a definitive choice which may not totally reflect their views (Moser and Kalton 1979). One solution to this problem is to allow for an option where the respondent can express their own opinion, such as the example below;

Q14 Have you ever doubted your own ability to undertake an activity on holiday?

- o Yes but I travelled anyway
- o Yes and I didn't travel because of my doubts
- o No
- o In some circumstances (please state) _____

This question does include closed and open answers and did allow for some inclusion of a few items of richanovaer data to include in the findings.

The decision was made to collect data through printed questionnaires as well as using the web-based questionnaire. A previous study comparing paper-based

and web-based assessment showed that some students were uncomfortable with reading from a computer screen and that different screen resolutions may impact on their answers (MacIsaac, Cole, Cole, McCullough and Maxka, 2002). However, the same study found no significant difference between test scores and the method of testing (paper-based or web-based) and with large improvements in screen resolutions since the study this effect would be decreased. Clariana and Wallace (2002) and Hardré et al., (2006) suggested that paper-based questionnaires may produce better quality results but that the differences between these and web-based questionnaires were very small. Web-based questionnaires have a lower response rate than posted, paper questionnaires (Leece et al., 2004). Also, some studies have shown that there is a tendency to start a web-based questionnaire then to fail to complete all the questions (Porter and Whitcomb, 2003; Dolenko, 1998; Spink, Bateman and Jansen, 1998). In view of these findings, some paper questionnaires were distributed and filled in during visits to disabled groups within Cornwall and Gloucestershire.

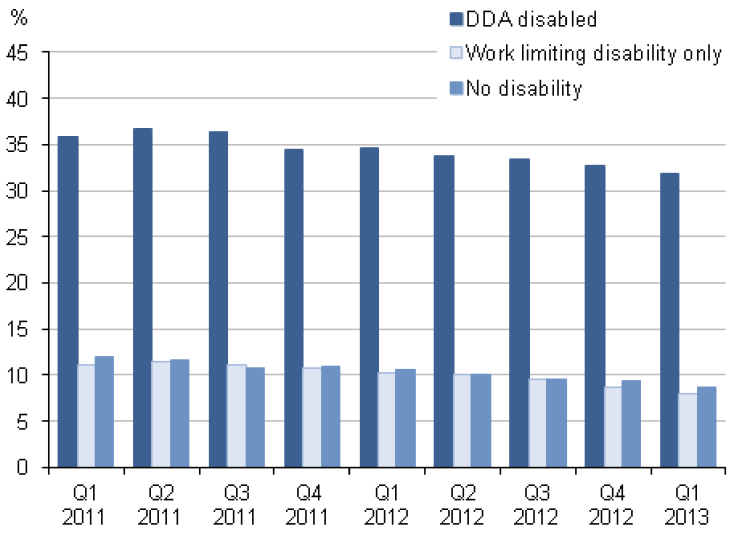
## 3.5 Sampling Strategy

The target audience of the website were disabled people from anywhere in the world. The website aimed to attract people of all disabilities. In order to promote the website questionnaire a list of disabled organisations within the UK and other countries was drawn up. Each one was contacted by email with a link to the website questionnaire page. The organisations selected included groups with a

range of disabilities and age groups in order to achieve a representative sample. Furthermore, invitations to complete the online questionnaires were distributed through two academic mailing lists – one from the field of Tourism and the other concerned with disabled studies.

The Office for National Statistics in the UK has reported that 32% of disabled adults have never used the Internet (2013). Although this figure seems high in proportion to the 9% of able-bodied adults, this figure has been consistently decreasing over the past 3 years, as shown in Figure 3. A web-based survey therefore, has a potential sample population within the UK of 68% of disabled adults.

Figure 3: Internet non-users by disability status




Source: ONS, Internet Access Quarterly Update, Q3 2013

Web-based surveys have a fast response time but poor response rate, resulting in smaller sample sizes. However, studies have shown that the size of the sample is not necessarily related to the overall population size. Denscombe (2007) asserts that where the overall population is large, there is a critical sample size above which there is little accuracy to be gained by using a larger sample population. Bailey (2008) supports this notion and adds that the important factor in determining sample populations for surveys is that the range of data within the sample is representative of the range of data in the population. i.e. that no section is overlooked with sampling.

In order for this research to be more of a representative sample population, a series of face-to-face paper-based surveys were carried out with visits to disabled groups within Cornwall and Gloucestershire. Approximately forty disabled groups (charities, trusts specialising in holidays for disabled people, colleges, sporting organisations) in the SouthWest and National Organisations were contacted and three groups (one in Cornwall and two in Gloucestershire) allowed access to their meetings / premises. One group was a social group of people from all ages with a wide variety of physical and mental disabilities. Another group was a home with nursing care for physically disabled adults. And the final group was a specialist further education school for students aged 19-25 years with physical disabilities, sensory, learning and communication difficulties. As there is no real cost limitation on sample size, this study aimed to achieve a sample size of no less than 100 respondents.

## 3.6 Analysis and presentation of results

The primary data from the questionnaires were analysed and presented in four sections. Analytical tests of the data were conducted using IBM – SPSS software. The first section describes the demographic and travel behaviour characteristics of the respondents. This included analysis of the age group, gender, type of disability, severity of disability, educational level and holiday spending ability and travel destinations distributions of the respondents. Results were presented in frequency tables, bar chart and a histogram. The second section presents results and analysis of the respondents' participation in tourism. Cross tabulation, chi-square and non-parametric, Mann-Whitney tests were used to compare the frequency of travel with severity of disability. Results were presented in tables, and histograms. The third section included data extracts and analysis of the respondents' attitudes to information, economic, social and physical barriers to their participation in tourism.

The extent to which IT skills affects information gathering for disabled tourists was interrogated. A pearson's chi-square test was used to identify if there is an association between age groups of the respondents and their IT skills. Other factors that may act as barriers to gathering information were compared using frequency distributions. The results are presented in tables, and histograms.

Economic barriers to participation of disabled people in tourism were examined using a correlation test to determine the relationship between frequency of travel and level of income. Additional costs or economic considerations of travel for

disabled people were analysed using cross tabulation, a chi-square test and a one-way ANOVA test to compare problems with obtaining travel insurance and severity of disability. A spearman's rank order correlation test was run to determine the relationship between incurring additional costs and the prevention of travel. A further cross tabulation with a chi-square test was conducted to determine if there was an association between severity of disability and whether the respondents would be prevented from travelling or have a limited choice because of these additional costs. A chi-square test and subsequent Kruskal-Wallis test were used to determine if there was a statistical association between how much respondents are able to spend on a holiday annually and severity of disability.

The quantitative data concerning possible social barriers were analysed by firstly focussing on feelings of negative attitudes to disability by foreign cultures. Cross tabulation and one-way ANOVA tests were used to compare the responses from groups of respondents based on their severity of disability. The extent to which these cultural attitudes can act as a barrier to participation in tourism was analysed through the use of further cross tabulation and chi-square tests. The second focus of analysis of social barriers was the extent to which respondents felt that travel agencies and tour operators cater for their needs. This was examined through cross tabulation, chi-square, one-way ANOVA and Post-hoc Tukey's HSD tests to test if there was an association between severity of disability and the extent to which respondents feel that travel agencies and tour operators cater for their needs.

The data gathered concerning the identification of possible physical barriers and the extent to which they prevent participation in tourism by disabled people were analysed and presented using frequency tables and histograms.

The final analysis section presented and analysed the results of the respondents' perceptions of risk. Extracts of data were presented using frequency tables and analysis of the data included a cross tabulation and chi-square test between age groups and how much in control of risk respondents feels when travelling. Similar tests were conducted to investigate how much in control of risk respondents feel when travelling and respondents grouped according to the severity of their disability with a one-way ANOVA and a spearman's rank order correlation test to determine any significant differences or relationships between the groups. Statistical analysis of relationships between gender and the control of risk when travelling included a Mann-Whitney test. Further identification of the perceived risks that disable people associate with travel was examined Kruskal-Wallis test was run to confirm no difference between the groups of severity of disabilities and risks.

## 3.7 Ethical considerations

This study required consideration of ethical issues because of the survey techniques used, particularly the face-to-face survey. The respondents were all over the age of 16 in order to ensure that the data fitted the criteria for this study. It was necessary to ensure the confidentiality of the respondents therefore their names or addresses were not requested either for the online survey or the face-

to-face surveys. All respondents were also informed that the survey data was going to be used for an academic study and would be published as such. The nature of the research and its objectives were transparently stated on the research website and identified prior to participants contributing. Participants were informed that they have the right to withdraw their contribution at any stage. Contact details for the researcher were clearly visible on the website. To ensure respondents were protected from harm, the questions included in the survey were mostly general and the respondents were not required to answer every question.

In conclusion, the methodology involved an inductive approach where quantitative
data was collected using a website survey and face-to-face paper-based surveys. The survey included mostly pre-coded questions and they were a mixture of factual
and opinion questions. For reasons outlined earlier in this chapter, the decision to
use these methods were intended to produce accurate, measured findings to determine the relationship between the factors that determine the participation of disabled people in tourism.

## 3.8 Summary

- An inductive research approach was used where analysis of the data lead to generalisations.
- The data that was collected was mainly quantitative data to allow for specific measurements and statistical analysis.
- A blog-type website with a questionnaire / survey was created.
- Advantages of using an online questionnaire are; it is accessible anywhere in the world, data can be received and analysed quickly and low costs to set up. Disadvantages include low response rates.
- Due to the low response rate of the online questionnaire, paper-based questionnaires were used in face-to-face surveys from visits to a social group, a home and an adult educational school for disabled people.
- Study was limited in the small sample group of respondents and a large proportion of respondents with a degree level qualification or higher.
- This study would have benefited if the same data was collected from non-disabled people for a comparison.
- Some questions did not differentiate between travel in respondents' own country and travel abroad.

# Chapter 4 Analysis

## 4.1 Introduction

This chapter aims to present an investigation of the present day level of participation of disabled people in tourism and determination of the factors that affect the levels of participation. The chapter is divided into four major sections. The first section provides data extracts describing the demographic characteristics and travel behaviour characteristics of the respondents. The second section presents results on the respondents' participation in tourism. The third section includes data extracts and analysis of the respondents' attitudes towards information, economic, social and physical barriers to their participation in tourism. Finally, the last section presents and analyses the results of the respondents' perceptions of risk.

The possible barriers that cause disabled people to not participate in tourism were identified and cross tabulation together with chi square analyses were used to determine if there is an association between these variables. The barriers to disabled people's participation in tourism and the respondents' perceptions of risks were analysed and results determined the association between some of these barriers and factors such as age and severity of disability. This was done through cross tabulation, chi square and analysis of variance between groups.

## 4.2 Sample group

Completed questionnaires numbered 191 of which 159 were collected through the online survey and 32 through the face-to-face, paper-based survey. 149 of the total number of questionnaires were analysed in this study. The unused questionnaires had less than three questions answered. The reasons for the 42 unusable questionnaires are not known. The first few questions were factual questions about the frequency of travel and destinations. Some respondents may have considered the first question 'Does your level of income allow you to travel as a tourist?' a sensitive question to ask at the start of the survey. Some may have seen the progress bar as showing an extensive survey that they didn't have time to complete. As stated in Chapter Three, the respondents were disabled people who either completed the online questionnaire or the paper version .

The demographic characteristics of the respondents are shown in Table 7 below; The age distribution of the respondents was quite even but the dominant age groups were between 26 to 50 years (53.4%). The smallest group was the 56 to 60 years which was comprised of only 7.1% of the respondents. The genders of the respondents were 60.6% female and 39.4% male.

**TABLE 7: DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS (N=149)**

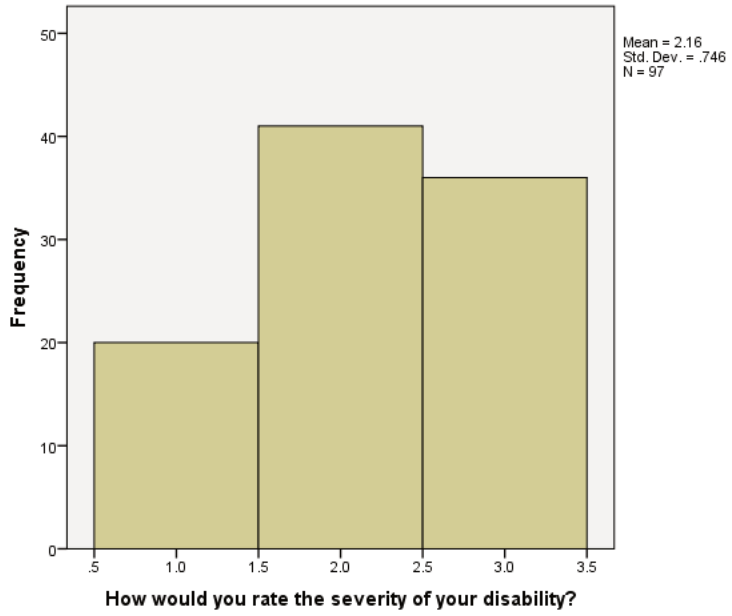
| Variable | | Frequency | Valid Percentage (%) |
|---|---|---|---|
| **Age** | | | |
| | 21-25 | 10 | 10.1 |
| | 26-30 | 12 | 12.1 |
| | 31-35 | 13 | 13.1 |
| | 36-40 | 14 | 14.1 |
| | 41-45 | 12 | 12.1 |
| | 46-50 | 14 | 14.1 |
| | 51-55 | 8 | 8.1 |
| | 56-60 | 7 | 7.1 |
| | 61-65 | 9 | 9.1 |
| | Total | 99 | 100.0 |
| | Missing | 92 | 48.2 |
| **Gender** | | | |
| | Male | 39 | 39.4 |
| | Female | 60 | 60.6 |
| | Total | 99 | 100.0 |
| | Missing | 92 | 48.2 |

| Variable | | Frequency | Valid Percentage (%) |
|---|---|---|---|
| **Type of Disability** | | | |
| | Sensory impairment (hearing/sight) | 10 | 12.0 |
| | Mobility | 53 | 63.9 |
| | Long-lasting Physical Illnesses | 15 | 18.1 |
| | Learning Impairment | 3 | 3.6 |
| | Mental Illness | 2 | 2.4 |
| | Total | 83 | 100.0 |
| | Missing | 108 | 76.9 |
| **Severity of Disability** | | | |
| | Mild | 20 | 20.6 |
| | Moderate | 41 | 42.3 |
| | Severe | 36 | 37.1 |
| | Total | 97 | 100.0 |
| | Missing | 94 | 49.2 |

| Variable | Frequency | Valid Percentage (%) |
|---|---|---|
| **Educational Level** | | |
| | No formal qualifications | 14 | 14.4 |
| | Less than 5GCSEs or equivalent | 8 | 8.2 |
| | 5 or more GCSEs | 8 | 8.2 |
| | A-Levels | 14 | 14.4 |
| | Degree | 25 | 25.8 |
| | Post Graduate Qualification | 28 | 28.9 |
| | Total | 97 | 100.0 |
| | Missing | 94 | 49.2 |
| **Holiday Spending Ability** | | |
| | £0 - £100 | 10 | 10.4 |
| | £100 - £500 | 28 | 29.2 |
| | £600 - £1000 | 28 | 29.2 |
| | Above £1000 | 30 | 31.3 |
| | Total | 96 | 100.0 |
| | Missing | 95 | 49.7 |

55.7% of respondents declared their type of disability with most of these (63.9%) having a mobility impairment followed by 18% declaring a long-lasting physical illness, 12% having a sensory impairment (hearing or sight), 3.6% with a learning impairment and 2.4% having a mental illness. Respondents were also asked to rate the severity of their disability and the majority, 42.3% rated their disability as moderate, followed by 37.1% who declared their disability as severe and 20.6% rating their disability as mild (see Fig. 3).

**Fig. 3: Groups: Severity of Disability**

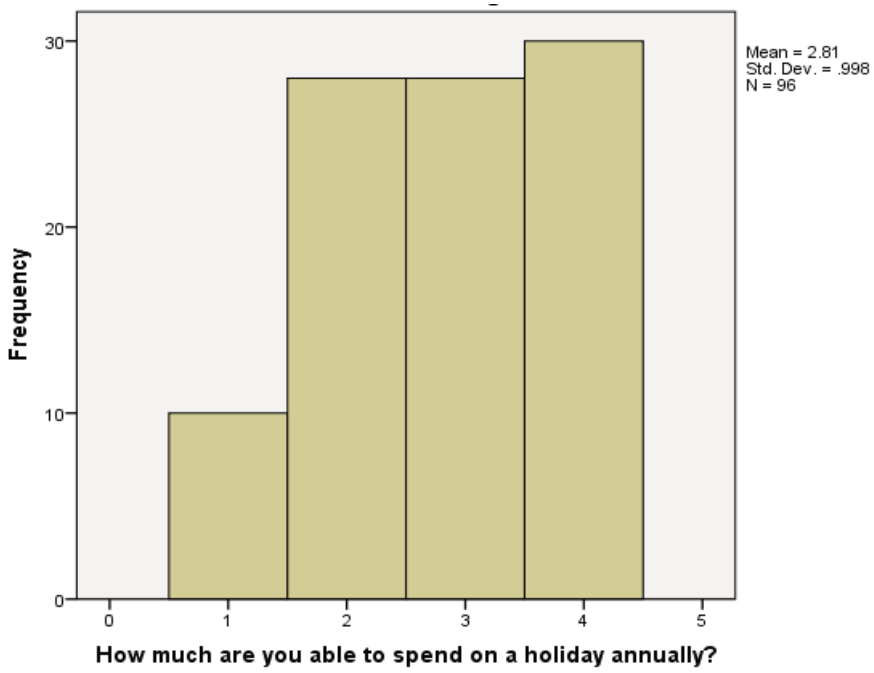



In terms of level of education, almost 55% of the respondents had a university education level which was evenly split between degree and post graduate qualification; 14.4% of the respondents had an A-Level qualification; 8.2% had 5 or more GCSEs; 8.2% had less than 5 GCSEs or equivalent and 14.4% had no

formal qualifications. The result shows a good distribution of educational level among the respondents.

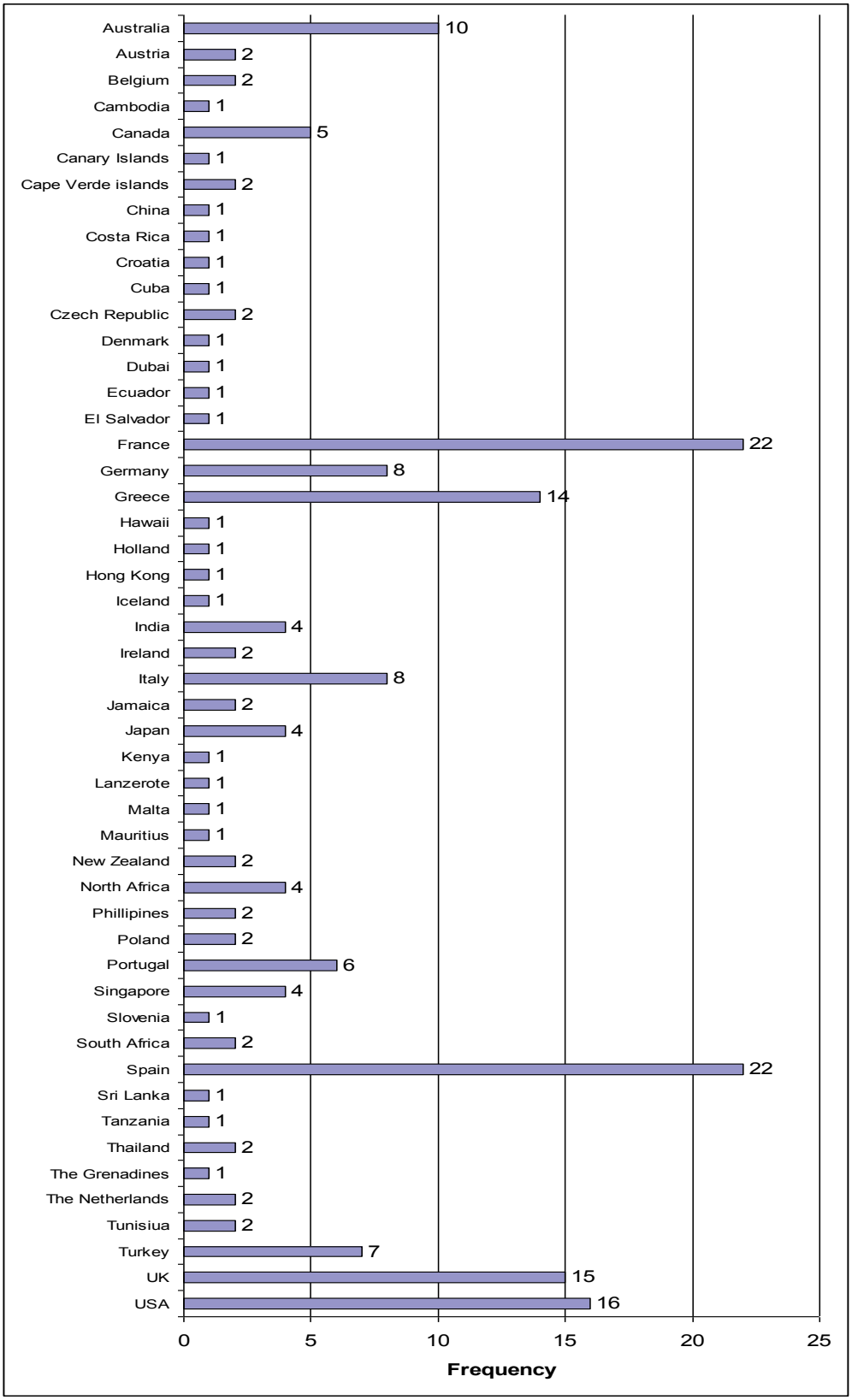
Respondents were asked to declare how much they have to spend on holidays annually, 31.3% of respondents have above £1000 to spend annually; 29.2% have between £600 and £1000 to spend; another 29.2% have between £100 and £500 to spend and 10.4% have between £0 and £100 to spend on holidays annually (see Table 7 and Fig. 4).

**Fig. 4: Amount Available to Spend on Holiday Annually.**




The Respondents were asked to state their recent holiday destinations. Fig. 5 below shows the resulting range of destinations;

## Fig. 5: Travel Destinations



**Summary: Sample Group**

- Number of respondents: 149.
- Highest frequency age groups: 26 to 50 years.
- 60.6% female and 39.4% male respondents.
- 42.3% rated their disability as 'Moderate', 37.1% 'Severe' and 20.6% 'Mild'.
- Almost 55% of the respondents had a university education level to degree or post graduate qualification.
- Nearly a third (31.3%) of respondents have above £1000 to spend annually; 29.2% have between £600 and £1000 to spend; another 29.2% have between £100 and £500 to spend and 10.4% have between £0 and £100 to spend on holidays annually.
- Top recent travel destinations include European countries (France, Greece, Spain, UK) and USA.

## 4.3 Participation in Tourism

Previous research by Manchester City Council found that 66% of those without disabilities took at least one holiday a year, whereas 59% with disabilities took one or more (Chapman et al., 2007). Some eight years later, this research yielded the same result for the participation of the disabled in tourism as shown in Table 8 below with 59% taking at least one holiday a year with 9% having never travelled abroad.

**TABLE 8: Q. 2. HOW OFTEN DO YOU TRAVEL AS A TOURIST?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Once a year | 36 | 25% |
| 2 | More than once a year | 48 | 34% |
| 3 | Less than once a year | 46 | 32% |
| 4 | Never travelled abroad | 13 | 9% |
| | Total | 143 | 100% |

This data was cross tabulated with the data for the rating of severity of disability and the results are shown below in Table 9. The data shows that a majority of respondents within the 'Severe' group travel at least once a year (63.8%), whereas the data for the respondents in the other two groups shows a closer result between those who travel at least once a year and those who travel less than once a year or who have never travelled abroad.

## TABLE 9: CROSSTABULATION: HOW OFTEN DO YOU TRAVEL AS A TOURIST? * SEVERITY OF DISABILITY (GROUPS)

| Crosstabulation: How often do you travel as a tourist? * Severity of Disability (Groups) | | | | | | |
|---|---|---|---|---|---|---|
| | | | Severity of Disability (Groups) | | | Total |
| | | | Mild | Moderate | Severe | |
| How often do you travel as a tourist? | Once a year | Count | 4 | 8 | 7 | 19 |
| | | % within Severity of Disability (Groups) | 20.0% | 19.5% | 19.4% | 19.6% |
| | More than once a year | Count | 7 | 14 | 16 | 37 |
| | | % within Severity of Disability (Groups) | 35.0% | 34.1% | 44.4% | 38.1% |
| | Less than once a year | Count | 8 | 16 | 10 | 34 |
| | | % within Severity of Disability (Groups) | 40.0% | 39.0% | 27.8% | 35.1% |
| | Never travelled abroad | Count | 1 | 3 | 3 | 7 |
| | | % within Severity of Disability (Groups) | 5.0% | 7.3% | 8.3% | 7.2% |
| Total | | Count | 20 | 41 | 36 | 97 |
| | | % within Severity of Disability (Groups) | 100.0% | 100.0% | 100.0% | 100.0% |

To compare the differences between the groups, Mann-Whitney tests were carried out. However, from these results, it was concluded that the frequency of travel was not significantly different between the 'Mild' and 'Moderate' groups ($U = 400.5$, $p = .877$), or between the 'Moderate' and 'Severe' groups ($U = 686.500$, $p = .578$) or between the 'Mild' and 'Severe' groups ($U = 342.5$, $p = .751$).

In a follow-up question, respondents were asked 'When was the last time you travelled as a tourist?' and this showed a slightly higher percentage of 65% that had travelled as a tourist within the last 6 months to a year (see Table 10). In answering this question, respondents had to recall the specifics of their last holiday rather than a general estimate of their frequency of travel. In which case, it could be argued that this figure is a more accurate representation of the participation in tourism of disabled people. Interestingly, this figure is closer to the 66% of those without disabilities who took at least one holiday a year.

**TABLE 10: Q. 3. WHEN WAS THE LAST TIME YOU TRAVELLED AS A TOURIST?**

*Q. 3. When was the last time you travelled as a tourist?*

| # | Answer | Response | % |
|---|---|---|---|
| 1 | In the last 6 months | 54 | 38% |
| 2 | In the last year | 39 | 27% |
| 3 | More than a year ago | 23 | 16% |
| 4 | More than 5 years ago | 18 | 13% |
| 5 | Never travelled abroad | 8 | 6% |
| | Total | 142 | 100% |

This data was cross tabulated with the data concerning the declared severity of disability (Mild, Moderate, Severe) to obtain the distribution of frequency of travel within each group (Table 11, Fig. 6).

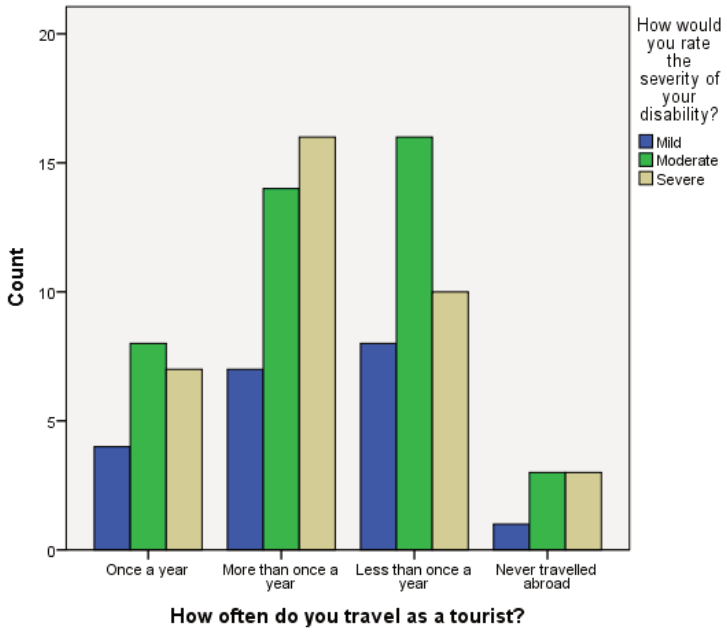
## TABLE 11: CROSSTABULATION: HOW OFTEN DO YOU TRAVEL AS A TOURIST? * HOW WOULD YOU RATE THE SEVERITY OF YOUR DISABILITY?

| Crosstabulation: How often do you travel as a tourist? * How would you rate the severity of your disability? | | | | | | |
|---|---|---|---|---|---|---|
| | | | How would you rate the severity of your disability? | | | Total |
| | | | Mild | Moderate | Severe | |
| How often do you travel as a tourist? | Once a year | Count | 4 | 8 | 7 | 19 |
| | | % within How would you rate the severity of your disability? | 20.0% | 19.5% | 19.4% | 19.6% |
| | More than once a year | Count | 7 | 14 | 16 | 37 |
| | | % within How would you rate the severity of your disability? | 35.0% | 34.1% | 44.4% | 38.1% |
| | Less than once a year | Count | 8 | 16 | 10 | 34 |
| | | % within How would you rate the severity of your disability? | 40.0% | 39.0% | 27.8% | 35.1% |
| | Never travelled abroad | Count | 1 | 3 | 3 | 7 |
| | | % within How would you rate the severity of your disability? | 5.0% | 7.3% | 8.3% | 7.2% |
| Total | | Count | 20 | 41 | 36 | 97 |
| | | % within How would you rate the severity of your disability? | 100.0% | 100.0% | 100.0% | 100.0% |

This table shows that 35% of the ‘Mild’, 34.1% of the ‘Moderate’ and 44.4% of the ‘Severe’ groups of disabled travel as tourists more than once a year which is more than the 20%, 19.5% and 19.4% respectively who travel once a year.

However, 40% of the 'Mild' group of disabled travel less than once a year which is the largest proportion of this group. In the 'Moderate' group of disabled, slightly more (39%) travel less than once a year compared with those of this group that travel more than once a year. 44% of people in the 'Severe' group travel more than once a year and therefore this group are the most frequent travellers. A significantly lower number of people in the 'Severe' group travel less than once a year (27.8%). All of the three groups have similar percentages that have 'Never travelled abroad'; 5%, 7.3% and 8.3% respectively. A chi-square test was performed and no association was found between severity of disability and the frequency of travel, $X^2$ (6, $N$ = 97) = 1.67, $p$ =0.95.

**Fig. 6: Question 2. How often do you travel as a tourist? Frequency vs. Rating of Severity of Disability.**



This result is surprising because one would expect that more severely disabled people would face more barriers to travel and have a higher perception of risk than less disabled people. Perhaps a reason for this might be that severely disabled people react differently to any barriers they may face or any perceived risks associated with tourism compared with those more mildly disabled. It is also possible that severely disabled people might have more disposable income than those who are less severely disabled because they receive a higher rate of benefits . This will be analysed in the 'economic Barriers' section of this chapter.

**Summary: Participation in Tourism**

- 59% of respondents take at least one holiday a year and 9% have never travelled abroad.
- Results are similar to a study conducted 8 years ago (Chapman et al, 2007).
- A majority of respondents within the 'Severe' group travel at least once a year (63.8%). Although there is no statistical association between severity of disability and frequency of travel.

## 4.3 Barriers

### 4.3.1 Information

The importance of accurate, reliable information for the disabled tourist has been discussed in Chapter 3. In order for disabled tourists to gain a level of equality with able bodied tourists it is important then that they have access to the kinds of information that address their specific needs. Research in this area has highlighted a number of problems; Yau et al. (2004) and Imrie and Kumar (1998) have highlighted the lack of rich qualitative data available to disabled tourists. Furthermore, the lack of reliable information has been argued by a range of researchers to be a factor preventing the disabled from travelling (for instance see Cavinato and Cuckovich (1992), Darcy (1998), Darcy and Duwalla (1999) and Stumbo and Pegg (2005)). This research study found that 88% of disabled people believe there is sometimes or never sufficient information available to disabled tourists (see Table 12).

**TABLE 12: Q. 39. WOULD YOU AGREE THERE IS SUFFICIENT INFORMATION AVAILABLE TO DISABLED TOURISTS?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Always | 11 | 11% |
| 2 | Sometimes | 54 | 56% |
| 3 | Never | 31 | 32% |
| | Total | 96 | 100% |

Furthermore, only 11% stated that the available information is sufficiently detailed. Interestingly, a significant number (52%) believe that sometimes the information they are currently able to find is sufficiently detailed (Table 13). This would benefit from future research to detect if there is a trend towards a higher standard of information available to disabled tourists.

**TABLE 13: Q. 41. IS THE INFORMATION YOU ARE CURRENTLY ABLE TO FIND SUFFICIENTLY DETAILED?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 10 | 11% |
| 2 | No | 35 | 38% |
| 3 | Sometimes | 48 | 52% |
| | Total | 93 | 100% |

This begs the question exactly what information is lacking? Respondents were asked a follow up question to question 39 *(Would you agree there is sufficient*

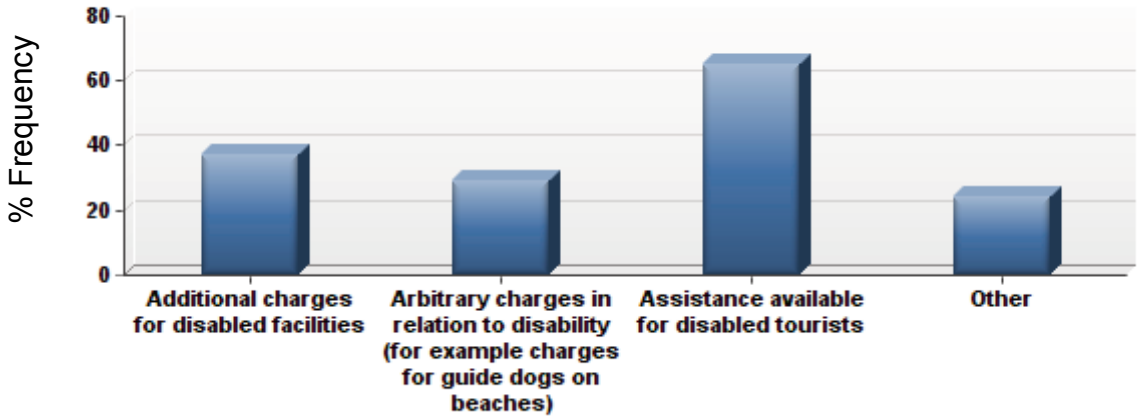
*information available to disabled tourists?)* which was designed to investigate the kind of information that is not available for disabled tourists. A significant percentage (77%) of respondents recorded that information on the 'Assistance available for disabled tourists' is lacking with 'Additional charges' and 'Arbitrary charges' showing as 44% and 35% respectively (Table 14, Fig. 7). Further research could be done to investigate the 'Other' kinds of missing information.

**TABLE 14: Q. 40. IF YOU DISAGREE WHAT KIND OF INFORMATION DO YOU FEEL IS LACKING?**

(Tick all that apply)

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Additional charges for disabled facilities | 37 | 44% |
| 2 | Arbitrary charges in relation to disability (for example charges for guide dogs on beaches) | 29 | 35% |
| 3 | Assistance available for disabled tourists | 65 | 77% |
| 4 | Other | 24 | 29% |
| Total Responses | | 84 | |

**Fig. 7: The Information that is Lacking**




A factor to consider is the IT skills of the respondents and if this has a bearing on the reported inability to find relevant travel information for disabled tourists. The results of the survey indicates that the IT skills of the respondents is sufficient to gather the required information to evaluate any risk before travelling as shown in Table 15 below. However, it should be noted that this is a self-evaluated measure of the respondents' IT skills so the results should be considered with some caution.

**TABLE 15: Q. 31. DO YOU THINK YOUR IT SKILLS ALLOW YOU TO GATHER SUFFICIENT TRAVEL INFORMATION TO EVALUATE ANY RISK BEFORE TRAVELLING?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 79 | 77% |
| 2 | No | 24 | 23% |
| | Total | 103 | 100% |

The term ‘IT Skills’ is commonly understood to mean ‘Information Technology Skills’. The Oxford dictionary defines information technology as “The study or use of systems (especially computers and telecommunications) for storing, retrieving, and sending information.” (information technology - definition of information technology in English, Oxford Dictionaries, 2017). This includes searching the Internet for information. In 2013 the Office for National Statistics in the UK reported that 32% of disabled adults have never used the Internet. (Methodology, p35) and fig. 5 showed that this trend was decreasing. Table 15 above indicates that this trend has indeed continued. Therefore it could be concluded that the lack of travel information for disabled tourists is not because of the respondents’ inability to find the information but rather that the information is not available.

A chi-square test was performed and the results were invalid as a high number of cells had an expected count of less than 5. (Table 16).

**TABLE 16: CHI-SQUARE TESTS: AGE GROUPS AND IT SKILLS**

| | Value | df | Asymp. Sig. (2-sided) |
|---|---|---|---|
| Pearson Chi-Square | 4.298[a] | 8 | .829 |
| Likelihood Ratio | 4.538 | 8 | .806 |
| Linear-by-Linear Association | .007 | 1 | .935 |
| N of Valid Cases | 96 | | |

a. 9 cells (50.0%) have expected count less than 5. The minimum expected count is 1.46.

This result is somewhat unexpected as one would imagine that younger age groups have more developed IT skills, particularly in Internet use, than older age groups. However, the Age UK Digital Inclusion Evidence Report (2013) concluded that between 2002 and 2013;

> "*Each year on average the portion of non-users aged 55+ has decreased by 3.7 percentage points compared to a slightly lower rate of 2.8 points percentage points amongst those aged 16 to 54.* "
> (Green, Rossell, 2013, p26).

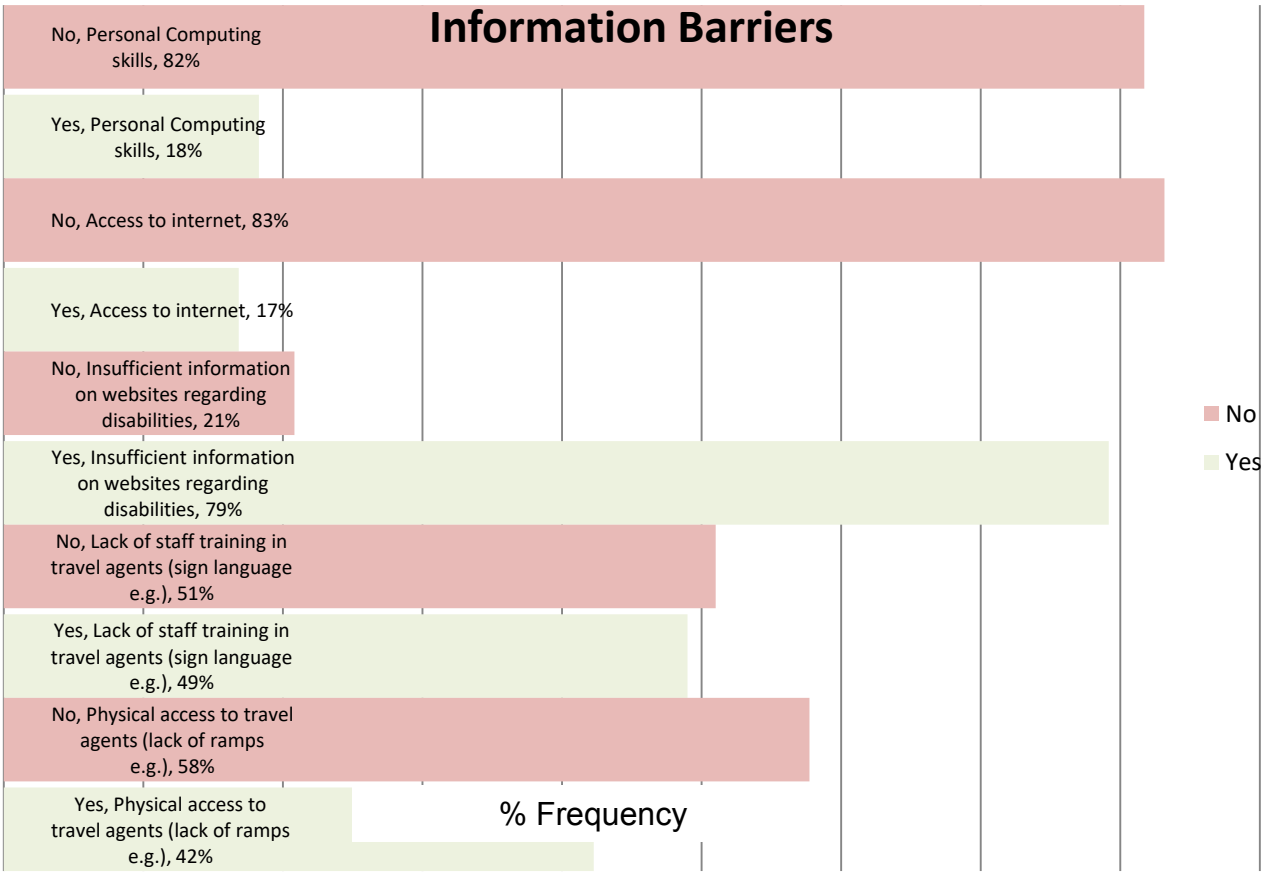
A continuation of this trend would indeed narrow the gap between age groups in terms of IT skills and result in a lack of association between age group and level of IT skills.

If lack of IT skills is not a factor in finding travel information for disabled tourists, are there any other barriers that prevent information being available? This question was tested with question 33 in the survey 'Do any of the following barriers prevent you getting the information yourself?'. The results are shown in Table 17 and Fig. 8 below;

**TABLE 17: Q. 33. DO ANY OF THE FOLLOWING BARRIERS PREVENT YOU GETTING THE INFORMATION YOURSELF?**

| # | Question | Yes | No | Total Responses | Mean |
|---|---|---|---|---|---|
| 1 | Physical access to travel agents (lack of ramps e.g.) | 41 | 56 | 97 | 1.58 |
| 2 | Lack of staff training in travel agents (sign language e.g.) | 48 | 50 | 98 | 1.51 |
| 3 | Insufficient information on websites regarding disabilities | 76 | 20 | 96 | 1.21 |
| 4 | Access to internet | 16 | 79 | 95 | 1.83 |
| 5 | Personal Computing skills | 17 | 76 | 93 | 1.82 |

**Fig. 8: Q. 33. Do any of the following barriers prevent you getting the information yourself? Frequency of Responses**




These results show that for just under half the respondents physical access to travel agents and the lack of staff training in travel agents are barriers that prevent information gathering. However, 79% of responses indicated that there is insufficient information on websites regarding disabilities which supports the results for previous questions. Only 17% report that Access to the Internet is a barrier and 18% consider their personal computing skills to be a barrier to gathering relevant travel information themselves.

## Summary: Information Barriers

- A large majority (88%) of respondents feel there is sometimes or never sufficient information available to disabled tourists.

- Only 11% state that the travel information they receive is sufficiently detailed.
- The information that is most lacking is the 'Assistance available for disabled tourists'.

- Most respondents (77%) believe that they have the necessary IT skills to gather sufficient travel information.

- There is no statistical association between age group and IT skills which follows a trend in the general population where the IT Skills gap is narrowing between older and younger age groups.

- Just under half the respondents cite physical access to travel agents and the lack of staff training in travel agents as barriers that prevent information gathering. However, the main barrier to gathering travel information is cited as 'insufficient information on websites regarding disabilities' (cited by 79% of respondents).

### 4.3.2 Economic barriers?

The consideration of economic barriers to disabled tourists needs to focus on two key questions. Does lack of disposable income pose a barrier to the disabled peoples' participation in tourism? Or is the main economical barrier the increase price differentials for people with disabilities? The responses to question 1 of the survey (Table 18) showed that of the respondents who answered the question, 58.9% have the funds to travel at least sometimes, compared with 41.1% who do not have sufficient disposable income to travel as a tourist. This indicates that perhaps level of income is a determining barrier to the participation of disabled people in tourism.

**TABLE 18: Q. 1. DOES YOUR LEVEL OF INCOME ALLOW YOU TO TRAVEL AS A TOURIST?**

| Does your level of income allow you to travel as a tourist? | | | | | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Yes - I have the funds to travel | 64 | 33.5 | 43.8 | 43.8 |
| | Sometimes | 22 | 11.5 | 15.1 | 58.9 |
| | No | 60 | 31.4 | 41.1 | 100.0 |
| | Total | 146 | 76.4 | 100.0 | |
| Missing | System | 45 | 23.6 | | |
| Total | | 191 | 100.0 | | |

A Spearman's rank-order correlation was run to determine the relationship between frequency of travel and level of income (Table 19). There was a strong, positive correlation between frequency of travel and level of income, which was statistically significant ($r_s(146) = .183$, $p = .027$). The conclusion is that level of income is an important factor for disabled people in determining their participation in tourism. Whether this barrier affects non-disabled people in a similar way requires further study.

**TABLE 19: CORRELATIONS: LEVEL OF INCOME AND FREQUENCY OF TRAVEL**

| | | | Does your level of income allow you to travel as a tourist? | How often do you travel as a tourist? |
|---|---|---|---|---|
| Spearman's rho | Does your level of income allow you to travel as a tourist? | Correlation Coefficient | 1.000 | .183* |
| | | Sig. (2-tailed) | . | .027 |
| | | N | 146 | 146 |
| | How often do you travel as a tourist? | Correlation Coefficient | .183* | 1.000 |
| | | Sig. (2-tailed) | .027 | . |
| | | N | 146 | 146 |

*. Correlation is significant at the 0.05 level (2-tailed).

It follows that the additional costs or economic considerations of travel for disabled people need to be assessed as well as their possible impact as barriers to tourist participation. The additional costs for disabled tourists include higher travel insurance, room surcharges or additional costs due to individual requirements such

as ground floor accommodation (may be required for wheelchair users or those with poor mobility) or air conditioning (required by some disabled people who are sensitive to excessive heat). The first economic consideration is, the issue of obtaining travel insurance for disabled people. The Equality Act 2010 prohibits discrimination against disabled people in the provision of goods and services, such as insurance services. According to the EASS (Equality and Advisory Support Service)

> *"In order to avoid discriminating against disabled people, insurance providers would have to prove that any refusal of insurance or any offer of insurance on worse terms was done:-*
>
> *a) with reference to information which is relevant to the assessment of the risk being insured;*
>
> *b) that the information relied upon is from a source on which it is reasonable to rely; and*
>
> *c) that the refusal or higher premium is reasonable"*
>
> (Equality Advisory and Support Service, 2014).

Therefore, insurance providers are required to prove that higher premiums or refusal of insurance to disabled people is not discriminatory, although the wording 'that the refusal or higher premium is reasonable' does seem to allow the insurance provider some scope. This research found that 58% of respondents always or sometimes have problems obtaining travel insurance (Table 20) and 26% report that this always or sometimes stops them from travelling (Table 21). Therefore a quarter of potential disabled tourists are prevented from travelling at some time or another by inability to obtain travel insurance.

**TABLE 20: Q. 36. DO YOU HAVE PROBLEMS OBTAINING TRAVEL INSURANCE?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Always | 13 | 14% |
| 2 | Sometimes | 41 | 44% |
| 3 | Never | 40 | 43% |
| | Total | 94 | 100% |

**TABLE 21: Q. 37. DOES THIS STOP YOU TRAVELLING?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 9 | 10% |
| 2 | No | 64 | 74% |
| 3 | Sometimes | 14 | 16% |
| | Total | 87 | 100% |

This data was cross tabulated with the data for the rating of severity of disability and the results are shown below in Table 22.

**TABLE 22: CROSSTABULATION: Q. 30. DO YOU HAVE PROBLEMS OBTAINING TRAVEL INSURANCE? * HOW WOULD YOU RATE THE SEVERITY OF YOUR DISABILITY?**

| | | | How would you rate the severity of your disability? | | | Total |
|---|---|---|---|---|---|---|
| | | | Mild | Moderate | Severe | |
| 30. Do you have problems obtaining travel insurance? | Always | Count | 1 | 6 | 5 | 12 |
| | | % within 30. Do you have problems obtaining travel insurance? | 8.3% | 50.0% | 41.7% | 100.0% |
| | | % within How would you rate the severity of your disability? | 5.0% | 16.2% | 15.2% | 13.3% |
| | | % of Total | 1.1% | 6.7% | 5.6% | 13.3% |
| | Sometimes | Count | 8 | 16 | 15 | 39 |
| | | % within 30. Do you have problems obtaining travel insurance? | 20.5% | 41.0% | 38.5% | 100.0% |
| | | % within How would you rate the severity of your disability? | 40.0% | 43.2% | 45.5% | 43.3% |
| | | % of Total | 8.9% | 17.8% | 16.7% | 43.3% |
| | Never | Count | 11 | 15 | 13 | 39 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | % within 30. Do you have problems obtaining travel insurance? | 28.2% | 38.5% | 33.3% | 100.0% |
| | | % within How would you rate the severity of your disability? | 55.0% | 40.5% | 39.4% | 43.3% |
| | | % of Total | 12.2% | 16.7% | 14.4% | 43.3% |
| Total | | Count | 20 | 37 | 33 | 90 |
| | | % within 30. Do you have problems obtaining travel insurance? | 22.2% | 41.1% | 36.7% | 100.0% |
| | | % within How would you rate the severity of your disability? | 100.0% | 100.0% | 100.0% | 100.0% |
| | | % of Total | 22.2% | 41.1% | 36.7% | 100.0% |

The group of disabled people that rated their disability as ‘Moderate’ had the highest percentage declaring that they always have trouble obtaining travel insurance (50%), whereas the ‘Severe’ group had 41.7% and the ‘Mild’ group 8.3%. There was similar results for ‘sometimes’ having a problem obtaining travel insurance with the ‘Moderate’ group at 41%, the ‘Severe’ group at 38.5% and the ‘Mild’ group at 20.5%, which is higher than the percentage of the ‘Moderate' group that always have trouble obtaining travel insurance. However, all three groups had similar percentages of people declaring that they never have trouble obtaining travel insurance with 28.2% (Mild), 38.5% (Moderate) and 33.3% (Severe). A chi square test confirms that there is no association between severity of disability and problems obtaining travel

insurance $X^2$ (4, $N$ = 90) = 2.25, $p$ =0.69. This result is interesting in that one would assume that the more severely disabled a person is, the higher the risk for the Insurance companies, even under the terms of the Equality Act 2010.

As there was a normal distribution between the groups, a One-Way ANOVA Test was run to determine if there are statistically significant differences between the groups means. The results show no statistically significant difference between the groups ($F$(2,87) = 1.069, $p$ = .348). Furthermore, 17% responded that they have incurred medical costs in relation to their disability that was not covered by travel insurance (Table 23). Whether this was because they decided to travel without insurance or due to a clause in the travel insurance policy requires further investigation. However, the possibility of incurring medical costs abroad could act as a barrier to tourism in the planning stage of a holiday.

**TABLE 23: Q. 30. HAVE YOU EVER INCURRED MEDICAL COSTS WHILST ON HOLIDAY IN RELATION TO YOUR DISABILITY THAT WAS NOT COVERED BY TRAVEL INSURANCE?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 17 | 17% |
| 2 | No | 85 | 83% |
| | Total | 102 | 100% |

There is evidence from the survey data to suggest that lack of travel insurance does exclude some disabled people from travel or activities while on holiday (Table 24). The possible impact of this exclusion on future travel for disabled people will require

further research; nevertheless the lack of travel insurance must be a potential barrier to disabled tourism.

**TABLE 24: Q. 45. HAVE YOU BEEN EXCLUDED FROM TRAVEL/ACTIVITIES BECAUSE OF LACK OF TRAVEL INSURANCE?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 14 | 15% |
| 2 | No | 79 | 85% |
| | Total | 93 | 100% |

It is evident from the research data that a significant percentage of disabled tourists do incur additional costs for accessible rooms and travel with 68% reporting that they at least sometimes incur these costs (Table 25).

**TABLE 25: Q. 30. DO YOU INCUR ADDITIONAL COSTS FOR ACCESSIBLE ROOMS AND TRAVEL BECAUSE OF YOUR DISABILITY?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 36 | 37% |
| 2 | No | 31 | 32% |
| 3 | Sometimes | 30 | 31% |
| | Total | 97 | 100% |

A chi square test showed that there is no statistically significant association between the incurring of additional costs and severity of disability ($X(4) = 5.67$, $p = .4225$).

However, just over half (58%) of respondents reported that these additional costs prevents travel or limits choices at least sometimes (Table 26).

**TABLE 26: Q. 41. DOES THIS COST PREVENT YOU FROM TRAVELLING OR LIMIT YOUR CHOICE?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 32 | 36% |
| 2 | No | 38 | 42% |
| 3 | Sometimes | 20 | 22% |
| | Total | 90 | 100% |

A Spearman's rank-order correlation was run to determine the relationship between the incurring of additional costs and prevention of travel (Table 27). There was a strong, positive correlation between these two variables, which was statistically significant ($r_s(97) = .326$, $p = .002$). The conclusion is that additional costs for disabled people are a barrier to their participation in tourism.

**TABLE 27: SPEARMAN'S RANK-ORDER CORRELATION - THE INCURRING OF ADDITIONAL COSTS AND PREVENTION OF TRAVEL.**

| | | | 28. Do you incur additional costs for accessible rooms and travel because of your disability? | 29. Does this cost prevent you travelling or limit your choice? |
|---|---|---|---|---|
| Spearman's rho | 28. Do you incur additional costs for accessible rooms and travel because of your disability? | Correlation Coefficient | 1.000 | .326** |
| | | Sig. (2-tailed) | . | .002 |
| | | N | 97 | 90 |
| | 29. Does this cost prevent you travelling or limit your choice? | Correlation Coefficient | .326** | 1.000 |
| | | Sig. (2-tailed) | .002 | . |
| | | N | 90 | 90 |

**. Correlation is significant at the 0.01 level (2-tailed).

A cross tabulation was done to compare these results across the three ratings of severity of disability (Mild, Moderate and Severe) and the results are in Table 28 below.

## TABLE 28: CROSSTABULATION Q. 29. DOES THIS COST PREVENT YOU TRAVELLING OR LIMIT YOUR CHOICE? * HOW WOULD YOU RATE THE SEVERITY OF YOUR DISABILITY?

| | | | How would you rate the severity of your disability? | | | Total |
|---|---|---|---|---|---|---|
| | | | Mild | Moderate | Severe | |
| 29. Does this cost prevent you travelling or limit your choice? | Yes | Count | 5 | 13 | 11 | 29 |
| | | % within 29. Does this cost prevent you travelling or limit your choice? | 17.2% | 44.8% | 37.9% | 100.0% |
| | | % within How would you rate the severity of your disability? | 26.3% | 36.1% | 35.5% | 33.7% |
| | | % of Total | 5.8% | 15.1% | 12.8% | 33.7% |
| | No | Count | 13 | 12 | 12 | 37 |
| | | % within 29. Does this cost prevent you travelling or limit your choice? | 35.1% | 32.4% | 32.4% | 100.0% |
| | | % within How would you rate the severity of your disability? | 68.4% | 33.3% | 38.7% | 43.0% |
| | | % of Total | 15.1% | 14.0% | 14.0% | 43.0% |
| | Sometimes | Count | 1 | 11 | 8 | 20 |
| | | % within 29. Does this cost prevent you travelling or limit your choice? | 5.0% | 55.0% | 40.0% | 100.0% |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | % within How would you rate the severity of your disability? | 5.3% | 30.6% | 25.8% | 23.3% |
| | | % of Total | 1.2% | 12.8% | 9.3% | 23.3% |
| Total | | Count | 19 | 36 | 31 | 86 |
| | | % within 29. Does this cost prevent you travelling or limit your choice? | 22.1% | 41.9% | 36.0% | 100.0% |
| | | % within How would you rate the severity of your disability? | 100.0% | 100.0% | 100.0% | 100.0% |
| | | % of Total | 22.1% | 41.9% | 36.0% | 100.0% |

The ‘Moderate’ group was the highest percentage who declared that additional costs would prevent them from travelling or limit their choice with 44.8%, next was the ‘Severe’ group at 37.9% and the lowest percentage was the ‘Mild’ group at 17.2%. The percentages of people who sometimes would be prevented from travelling or believe their choice would be limited follow a similar pattern with 5%, 55% and 40% for the ‘Mild’, ‘Moderate’ and ‘Severe’ groups respectively. However, around one third across the three groups responded that they would not be prevented from travelling or that their choice is limited because of additional costs (‘Mild’, 35.1%; ‘Moderate’ 32.4%; ‘Severe’ 32.4%). This was confirmed with a chi square test which demonstrated no association between severity of disability and whether they would be prevented from travelling or have a limited choice because of additional costs; $X^2$ (4, $N$ = 86) = 7.72, $p$ =0.102 (Table 29).

**TABLE 29: CHI-SQUARE TESTS: SEVERITY OF DISABILITY AND ADDITIONAL COSTS AS A BARRIER**

| | Value | df | Asymp. Sig. (2-sided) |
|---|---|---|---|
| Pearson Chi-Square | 7.723[a] | 4 | .102 |
| Likelihood Ratio | 8.524 | 4 | .074 |
| Linear-by-Linear Association | .186 | 1 | .666 |
| N of Valid Cases | 86 | | |

a. 1 cells (11.1%) have expected count less than 5. The minimum expected count is 4.42.

A similar chi square test results were invalid as 25% of cells have an expected count of less than 5. However, a larger sample group might clarify whether or not there is a statistical association between how much respondents are able to spend on a holiday annually and severity of disability; (Table 30).

**TABLE 30: CHI-SQUARE TESTS: SEVERITY OF DISABILITY AND AMOUNT TO SPEND ON HOLIDAY ANNUALLY**

| | Value | df | Asymp. Sig. (2-sided) |
|---|---|---|---|
| Pearson Chi-Square | 3.325[a] | 6 | .767 |
| Likelihood Ratio | 3.364 | 6 | .762 |
| Linear-by-Linear Association | 1.384 | 1 | .239 |
| N of Valid Cases | 94 | | |

a. 3 cells (25.0%) have expected count less than 5. The minimum expected count is 2.13.

As the severity of disability groups are not normally distributed, a Kruskal-Wallis test was run to confirm no difference between the groups in terms of the amount of money available to spend on holiday annually. The results showed no significant statistical between the groups; $\chi^2(2) = 1.482$, $p = 0.477$.

Therefore it could be concluded that the reason there was no association between severities of disability and whether disabled people would be prevented from travelling or have a limited choice because of additional costs is because there is no association between severity of disability and how much respondents are able to spend on a holiday annually. In other words, disabled people, regardless of severity of disability are affected equally by additional costs.

A further economic factor that is a potential barrier to participation in tourism for disabled people is the need to avoid certain environments such as hot or cold environments, sandy, rocky or noisy environments. A significant proportion (43%) of respondents declared that their holidays were more expensive due to the necessity of avoiding certain environments (Table 31).

**TABLE 3: Q.49. DOES AVOIDING SUCH ENVIRONMENTS MEAN YOUR HOLIDAYS BECOME MORE EXPENSIVE?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 39 | 43% |
| 2 | No | 52 | 57% |
| | Total | 91 | 100% |

**Summary: Economic Barriers**

- 58.9% of respondents have the funds to travel at least sometimes.

- Level of income is an important factor for disabled people in determining their participation in tourism.

- 58% of respondents always or sometimes have problems obtaining travel insurance. Most of these respondents rate their disability as 'Moderate' or 'Severe'. However, there is no statistical association between severity of disability and problems obtaining travel insurance.

- A quarter of potential disabled tourists are prevented from travelling at some time or another by inability to obtain travel insurance.

- 68% reported that they at least sometimes incur additional costs for accessible rooms and travel. Statistical analysis of the data showed that additional costs for disabled people do pose a barrier to their participation in tourism.

- However, there was no association between severity of disability or the amount available to spend on a holiday and whether respondents would be prevented from travelling or have a limited choice because of additional costs.

- 43% of respondents declared that their holidays were more expensive due to the necessity of avoiding certain environments.

### 4.3.3 Social barriers

Research of recent literature determined that the attitude of society is as important as the physical barriers that the disabled encounter. Negative perceptions of disabled people by the able bodied often gives rise to a lack of confidence and motivation on the part of disabled people (Lit. Review, Barriers, p23). This research found that a large majority (78%) of disabled tourists felt that some foreign cultures have a more negative attitude to disability than others (Table 32).

**TABLE 32: Q.19. DO YOU FEEL SOME FOREIGN CULTURES HAVE A MORE NEGATIVE ATTITUDE TO DISABILITY THAN OTHERS?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 84 | 78% |
| 2 | No | 24 | 22% |
| | Total | 108 | 100% |

A cross tabulation was used to compare the three different groups of severity of disability and their responses to question 19 (Table 33below).

## TABLE 33: CROSSTABULATION: 14. DO YOU FEEL SOME FOREIGN CULTURES HAVE A MORE NEGATIVE ATTITUDE TO DISABILITY THAN OTHERS? * HOW WOULD YOU RATE THE SEVERITY OF YOUR DISABILITY?

| | | | How would you rate the severity of your disability? | | | Total |
|---|---|---|---|---|---|---|
| | | | Mild | Moderate | Severe | |
| 14. Do you feel some foreign cultures have a more negative attitude to disability than others? | Yes | Count | 17 | 30 | 25 | 72 |
| | | % within 14. Do you feel some foreign cultures have a more negative attitude to disability than others? | 23.6% | 41.7% | 34.7% | 100.0% |
| | | % within How would you rate the severity of your disability? | 85.0% | 78.9% | 75.8% | 79.1% |
| | | % of Total | 18.7% | 33.0% | 27.5% | 79.1% |
| | No | Count | 3 | 8 | 8 | 19 |
| | | % within 14. Do you feel some foreign cultures have a more negative attitude to disability than others? | 15.8% | 42.1% | 42.1% | 100.0% |
| | | % within How would you rate the severity of your disability? | 15.0% | 21.1% | 24.2% | 20.9% |
| | | % of Total | 3.3% | 8.8% | 8.8% | 20.9% |
| Total | | Count | 20 | 38 | 33 | 91 |

| | | | | | |
|---|---|---|---|---|---|
| | % within 14. Do you feel some foreign cultures have a more negative attitude to disability than others? | 22.0% | 41.8% | 36.3% | 100.0% |
| | % within How would you rate the severity of your disability? | 100.0% | 100.0% | 100.0% | 100.0% |
| | % of Total | 22.0% | 41.8% | 36.3% | 100.0% |

The ‘Moderate’ group’s ’Yes’ responses were 41% indicating that this group of disabled feel that some foreign cultures have a more negative attitude to disability than others and this percentage was higher than the ‘Mild’ or ‘Severe’ disabled groups (23.6% and 34.7% respectively). The ‘Moderate’ and ‘Severe’ groups do not feel that some foreign cultures have a more negative attitude to disability than others, with the same percentage, 42.1%. Whereas only 15.8% of the ‘Mild’ group do not feel that some foreign cultures have a more negative attitude to disability than others.

As there was a normal distribution between the groups, a One-Way ANOVA Test was run to determine if there are statistically significant differences between the groups means. The results show no statistically significant difference between the groups ($F(2,88) = 0.314$, $p = .731$). Therefore, the respondents’ severity of disability is not related to the belief that some foreign cultures have a more negative attitude to disability than others.

Respondents were then asked if this would prevent them from travelling to those destinations. Only 37% stated that this negative attitude would be a barrier preventing them from travelling to those destinations (Table 34).

**TABLE 34: Q.20. WOULD THIS PREVENT YOU FROM TRAVELLING TO THOSE DESTINATIONS?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 38 | 37% |
| 2 | No | 66 | 63% |
| | Total | 104 | 100% |

A cross tabulation was done to determine the distribution of responses to this question across the three groups of disabled people who rated the severity of their disability (Table 35).

**TABLE 35: CROSSTABULATION: Q. 15. WOULD THIS PREVENT YOU FROM TRAVELLING TO THOSE DESTINATIONS? * HOW WOULD YOU RATE THE SEVERITY OF YOUR DISABILITY?**

| | | | How would you rate the severity of your disability? | | | Total |
|---|---|---|---|---|---|---|
| | | | Mild | Moderate | Severe | |
| 15. Would this prevent you from travelling to those destinations? | Yes | Count | 5 | 17 | 9 | 31 |
| | | % within 15. Would this prevent you from travelling to those destinations? | 16.1% | 54.8% | 29.0% | 100.0% |
| | | % within How would you rate the severity of your disability? | 25.0% | 47.2% | 29.0% | 35.6% |
| | | % of Total | 5.7% | 19.5% | 10.3% | 35.6% |
| | No | Count | 15 | 19 | 22 | 56 |
| | | % within 15. Would this prevent you from travelling to those destinations? | 26.8% | 33.9% | 39.3% | 100.0% |
| | | % within How would you rate the severity of your disability? | 75.0% | 52.8% | 71.0% | 64.4% |
| | | % of Total | 17.2% | 21.8% | 25.3% | 64.4% |
| Total | | Count | 20 | 36 | 31 | 87 |

| | | | | | |
|---|---|---|---|---|---|
| | % within 15. Would this prevent you from travelling to those destinations? | 23.0% | 41.4% | 35.6% | 100.0% |
| | % within How would you rate the severity of your disability? | 100.0% | 100.0% | 100.0% | 100.0% |
| | % of Total | 23.0% | 41.4% | 35.6% | 100.0% |

16.1% of the respondents who declared that this would prevent them from travelling to those destinations were from the 'Mild' group, compared with 54.8% from the 'Moderate' group and 29% from the 'Severe' group. Those who do not see this issue as a barrier to travelling were composed of 26.8% from the 'Mild' group, 33.9% from the 'Moderate' group and 39.3% from the 'Severe' group.

To test if there is a relationship between severity of disability and whether a negative attitude to disability is perceived as a barrier to travel, a chi square test was completed. The results indicated no significant relationship between severity of disability and whether a negative attitude to disability is perceived as a barrier to travel; $X^2$ (2, $N$ = 87) = 3.69, $p$ =0.16. This result is as expected considering the previous finding that the respondents' severity of disability is not related to the belief that some foreign cultures have a more negative attitude to disability than others.

Peterson and Connolly (1978) argued that negative perceptions of disabled people lead to disabled people being more likely to have deficits in social skills than able bodied people. (Lit. Review, Barriers, p24). This is reflected in the data where 66%

of respondents at least sometimes find it difficult to feel part of the wider group due to their disability (Table 36).

**TABLE 36: Q.41. WHEN TRAVELLING ABROAD HAS YOUR DISABILITY MADE IT DIFFICULT FOR YOU TO FEEL PART OF THE WIDER GROUP?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 31 | 33% |
| 2 | No | 33 | 35% |
| 3 | Sometimes | 31 | 33% |
| | Total | 95 | 100% |

One of the most important social skills is communication and communication in a foreign language can be difficult for able-bodied as well as for disabled tourists. The disabled tourist may also have some speech disability which would impact on their ability to communicate with local people in foreign destinations. As one would expect, a significant number (70%) of respondents reported difficulties in communication in foreign destinations (Table 37).

**TABLE 37: Q.28. HAVE YOU EXPERIENCED DIFFICULTY COMMUNICATING WITH LOCAL PEOPLE IN FOREIGN DESTINATIONS?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 71 | 70% |
| 2 | No | 30 | 30% |
| | Total | 101 | 100% |

The reasons for this difficulty in communication was explored in the follow-up question; 'If so was this because of language barriers or your disability?'. 83% of respondents cited language barriers as the reason for the communication difficulties, with the remainder citing their disability as playing at least some role in their difficulties in communication (Table 38). Whether the nature of the disability or the social perception of their disability is the underlying cause of this communication problem requires further investigation.

**TABLE 38: Q.29. IF SO WAS THIS BECAUSE OF LANGUAGE BARRIERS OR YOUR DISABILITY?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Language Barriers | 44 | 54% |
| 2 | Disability | 9 | 11% |
| 3 | Both | 29 | 35% |
| | Total | 82 | 100% |

What is interesting is the reaction of the potential disabled tourist to the language barrier where 20% declared that this would deter them from travelling overseas (Table 39). Further research would be required to compare able-bodied and disabled peoples' perceptions of the degree to which a language barrier would prevent them from travelling to foreign destinations.

**TABLE 39: Q.30. DOES THE IDEA OF COMMUNICATING IN A FOREIGN LANGUAGE MOTIVATE YOU TO TRAVEL OVERSEAS?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes - it motivates me to travel overseas | 14 | 14% |
| 2 | No - it deters me from travelling overseas | 20 | 20% |
| 3 | It's not really a factor | 66 | 66% |
| | Total | 100 | 100% |

Previous research has shown that disabled tourists can feel social alienation through experience of negative attitudes to disability from tourist operators and the relegation of disabled tourists to specialist package tours (Pearce, 1982, Wright, 1983, Schuchat, 1983), (Lit. Review, Barriers, p24). This research has demonstrated that a significant number (56%) of disabled people would prefer that existing tourist opportunities were made more accessible for tourists with a disability similar to theirs (Table 40).

**TABLE 40: *Q.49.* WHEN BOOKING AT A TRAVEL AGENTS, WHICH WOULD YOU PREFER?:**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | existing tourist opportunities to be made more accessible for tourists with a disability similar to yours? | 50 | 56% |
| 2 | an increased range of specialist package tours for tourists with a disability similar to yours? | 29 | 33% |
| 3 | Other (please state) | 10 | 11% |
| | Total | 89 | 100% |

The majority of the 'Other' category responses stated that they don't use travel agents. One wrote "More understanding of disability across the board" and another wrote "Prefer they would listen".

Furthermore, only 8% of respondents feel that travel agencies and tour operators cater 'a great deal' for their needs; 32% feel that travel agencies and tour operators cater 'adequately' for their needs and the majority (60%) feel that travel agencies and tour operators don't cater very much for their needs (Table 41).

**TABLE 41: Q.27. TO WHAT EXTENT DO YOU FEEL TRAVEL AGENCIES AND TOUR OPERATORS CATER FOR YOUR NEEDS?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | A Great Deal | 8 | 8% |
| 2 | Adequately | 30 | 32% |
| 3 | Not Very Much | 57 | 60% |
| | Total | 95 | 100% |

Cross tabulation shows that of the respondents who felt that travel agencies and tour operators cater 'a great deal' for their needs, 60% were from the 'Moderate' group and 40% from the 'Mild' group and 0% from the 'Severe' group. However, there were a small number of respondents who gave this response. A larger number of respondents felt that travel agencies and tour operators don't cater very much for their needs and of these, 46.4% came from the 'Moderate' group, 44.6% came from the 'Severe' group and only 8.9% from the 'Mild' group (Table 42).

**TABLE 42: CROSSTABULATION: Q. 27. TO WHAT EXTENT DO YOU FEEL TRAVEL AGENCIES AND TOUR OPERATORS CATER FOR YOUR NEEDS? * SEVERITY OF DISABILITY (GROUPS)**

| | | | Severity of Disability (Groups) | | | Total |
|---|---|---|---|---|---|---|
| | | | Mild | Moderate | Severe | |
| 27. To what extent do you feel travel agencies and tour operators cater for your needs? | A Great Deal | Count | 2 | 3 | 0 | 5 |
| | | % within 27. To what extent do you feel travel agencies and tour operators cater for your needs? | 40.0% | 60.0% | 0.0% | 100.0% |
| | Adequately | Count | 13 | 9 | 8 | 30 |
| | | % within 27. To what extent do you feel travel agencies and tour operators cater for your needs? | 43.3% | 30.0% | 26.7% | 100.0% |
| | Not Very Much | Count | 5 | 26 | 25 | 56 |
| | | % within 27. To what extent do you feel travel agencies and tour operators cater for your needs? | 8.9% | 46.4% | 44.6% | 100.0% |
| Total | | Count | 20 | 38 | 33 | 91 |
| | | % within 27. To what extent do you feel travel agencies and tour operators cater for your needs? | 22.0% | 41.8% | 36.3% | 100.0% |

So there appeared to be a variance between the groups of disabled people and their degree of severity of disability and the extent to which they feel that travel agencies and tour operators cater for their needs. To test if there is an association between

severity of disability and the extent to which travel agencies and tour operators cater for their needs a chi square test was completed. The results indicated a significant association between severity of disability and the extent to which travel agencies and tour operators cater for their needs; $X^2$ (4, $N$ = 91) = 16.65, $p$ =0.02.

There was a statistically significant difference between groups as determined by one-way ANOVA ($F$(2,88) = 7.513, $p$ = .001). Post-hoc Tukey's HSD tests showed that the 'Mild' group had significantly lower means than the 'Moderate' and 'Severe' group at the .05 level of significance. In other words, the 'Mild' respondents felt that travel agencies and tour operators cater 'a great deal' towards their needs and this was a statistically significant difference between the 'mild' group and the other two groups; 'Moderate' and 'Severe'. Comparisons between the 'Moderate' and 'Severe' group were not significant.

**Summary: Social Barriers**

- A large majority (78%) of disabled tourists (regardless of the severity of disability) felt that some foreign cultures have a more negative attitude to disability than others.
- Only 37% stated that this negative attitude would be a barrier preventing them from travelling to those destinations.
- 66% of respondents at least sometimes find it difficult to feel part of the wider group due to their disability.
- 70% of respondents reported difficulties in communication in foreign destinations. 46% of these respondents cited their disability as playing at least some role in their communication disabilities.
- However, only 20% declared that communication difficulties would deter them from travelling overseas.
- A significant number (56%) of disabled people would prefer that existing tourist opportunities were made more accessible rather than specialised tours for tourists with a similar disability to theirs.
- Only 8% of respondents feel that travel agencies and tour operators cater 'a great deal' for their needs. The respondents who rated their disability as 'Moderate' or 'Severe' were statistically more likely to feel that travel agencies and tour operators cater 'not very much' for their needs.

### 4.3.4 Physical barriers

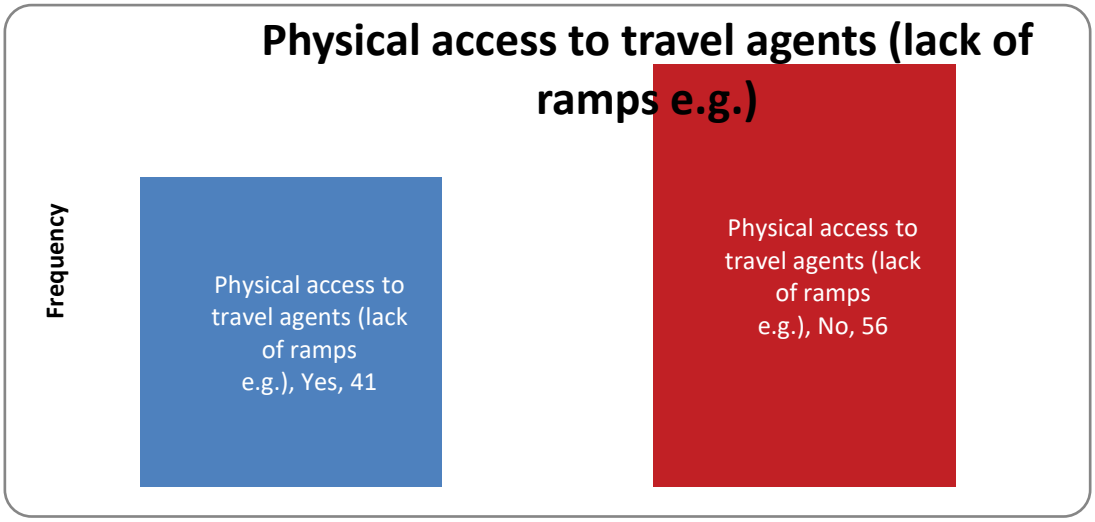
Physical barriers may prevent disabled tourists from participating in tourism from the planning stage, getting to and from the holiday destination, travelling and participating in activities whilst on holiday. Investigation into the physical barriers must also include consideration of environmental factors that can adversely affect disability.

A significant minority (41%) cite physical access to travel agents as a barrier to obtaining relevant travel information (Table 43, Fig. 9). Therefore in the planning stage, even in this one aspect of the planning process, disabled tourists encounter a physical barrier.

**TABLE 43: *Q. 27.* DO ANY OF THE FOLLOWING BARRIERS PREVENT YOU GETTING THE INFORMATION YOURSELF?**

| # | Question | Yes | No | Total Responses |
|---|---|---|---|---|
| 1 | Physical access to travel agents (lack of ramps e.g.) | 41 | 56 | 97 |

**Fig. 9: Q. 27. Do any of the following barriers prevent you getting the information yourself?**




This study included research on potential physical barriers whilst on holiday, in particular investigating physical barriers to activities and the reaction of disabled tourists to these potential physical barriers. Table 44 below shows that 58% of respondents have been excluded from an activity or excursion on medical grounds because of their disability.

**TABLE 44: Q. 32. WHEN ON HOLIDAY, HAVE YOU EVER BEEN EXCLUDED FROM AN ACTIVITY OR EXCURSION ON MEDICAL GROUNDS BECAUSE OF YOUR DISABILITY?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 53 | 58% |
| 2 | No | 39 | 42% |
| | Total | 92 | 100% |

However, 63% have been on an activity which they felt was beyond their physical ability (Table 45).

**TABLE 45: Q. 15. HAVE YOU EVER BEEN ON AN ACTIVITY WHICH YOU FELT WAS BEYOND YOUR PHYSICAL ABILITY?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 70 | 63% |
| 2 | No | 42 | 38% |
| | Total | 112 | 100% |

This experience is not necessarily a barrier to future participation in similar activities as only 19% declared this would become a barrier (Table 46).

**TABLE 46: Q. 16. WOULD THIS EXPERIENCE PREVENT YOU UNDERTAKING SIMILAR ACTIVITIES IN THE FUTURE?**

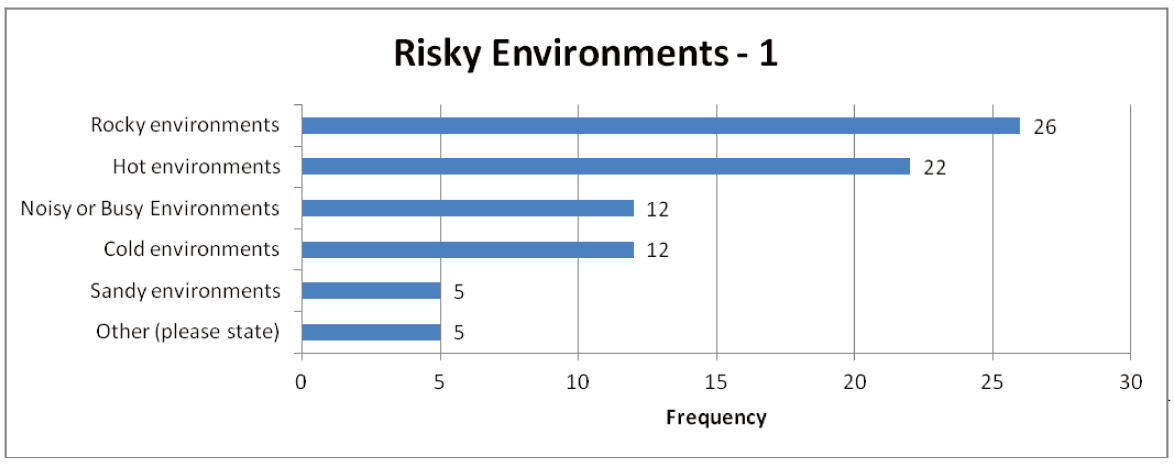
| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 18 | 19% |
| 2 | No | 43 | 45% |
| 3 | Perhaps | 34 | 36% |
| | Total | 95 | 100% |

The respondents were asked to place different environmental conditions such as hot, cold, sandy, rocky and noisy in order of risk relevant to their disability. Rocky and hot environments appeared to be the most risky to the respondents (Fig. 10) with 7 out of 13 of the 'Other' responses including comments pertaining to heat or inaccessible terrain particularly

*"Slippery surfaces", "old and natural environments", "hillly/mountainous", "cobbles", "Uneven ground/steps", "inaccessible environments", "hot environments".*

**Fig. 10:**

***Q. 36. Are there environmental conditions you would perceive as particularly risky because of your disability?***



**Summary: Physical Barriers**

- A significant minority (41%) cite physical access to travel agents as a barrier to obtaining relevant travel information.
- 58% of respondents have been excluded from an activity or excursion on medical grounds because of their disability.
- 63% have been on an activity which they felt was beyond their physical ability. However, only 19% declared this would become a barrier.
- Rocky and Hot environments appeared to be the most risky to the respondents.

## 4.4 Perceptions of Risk

As previously stated, on a psychological level a common reason why disabled people either do not travel or travel only to carefully selected destinations is the perception that travel poses significant risk in relation to their disability. This study attempted to determine the extent to which such perceptions are real and to what extent they are fuelled by social constraints and perceptions of other barriers experienced specifically by disabled people. To this end, respondents were asked to describe their approach to activities in terms of their capabilities by choosing one of three descriptions. A small minority (19%) placed themselves in the '*I like to do things that are familiar and I know are within my capabilities*' category whilst the remainder at least sometimes '*like to do new things and push my capabilities*' or '*challenge myself*'. (Table 47).

**TABLE 47: Q.8 WHICH OF THESE STATEMENTS DO YOU AGREE WITH MOST?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | I like to do new things and push my capabilities | 42 | 36% |
| 2 | I like to do things that are familiar and I know are within my capabilities | 22 | 19% |
| 3 | Sometimes I like to stay within my capabilities, other times I like to challenge myself | 53 | 45% |
| | Total | 117 | 100% |

When pressed on this issue, with only two options ‘safest option when travelling’ or ‘try new experiences and challenge myself’ there was a pretty even split between the respondents with 56% stating that they prefer to take the safest option when travelling and 44% declaring they prefer to try new experiences and to challenge themselves (Table 48).

**TABLE 48: Q.11. WHICH OF THESE TWO STATEMENTS DO YOU MOST AGREE WITH;**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | I prefer to take the safest option when travelling | 65 | 56% |
| 2 | I prefer to try new experiences and challenge myself | 51 | 44% |
| | Total | 116 | 100% |

However, only 25% feel they have a lot of control of risk when they are travelling (Table 49). Thus even though a little over half of respondents prefer to take the safest option when travelling, many do not feel they have much control of the risks.

**TABLE 49: Q.9. HOW MUCH IN CONTROL OF RISK DO YOU FEEL WHEN TRAVELLING?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | A Lot | 29 | 25% |
| 2 | A Little | 56 | 48% |
| 3 | Not Very Much | 31 | 27% |
| | Total | 116 | 100% |

To test if there is a correlation between age groups and how much in control of risk respondents feel when travelling, a cross tabulation was carried out (Table 50). The age group 46-50 years formed the largest (23.1%) age group who responded that they feel in control 'a lot' when travelling. The 31-35 years age group comprised of 32% of respondents who feel 'not very much' in control of risk when travelling which was the largest percentage. The 46-50 years and 61-65 years groups each comprised of only 4% of respondents who feel 'not very much' in control of risk when travelling. However, a chi square test showed that there is no significant association between age group and how much in control of risks the respondents feel; $X^2$ (2, $N$ = 98) = 16.74, $p$ =0.40.

**TABLE 50: CROSSTABULATION: Q 9. HOW MUCH IN CONTROL OF RISK DO YOU FEEL WHEN TRAVELLING? * AGE GROUPS**

| | | | Age Groups | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 21-25 | 26-30 | 31-35 | 36-40 | 41-45 | 46-50 | 51-55 | 56-60 | 61-65 | |
| Q. 9. How much in control of risk do you feel when travelling? | A Lot | Count | 2 | 2 | 1 | 4 | 4 | 6 | 2 | 2 | 3 | 26 |
| | | % within Q.9. How much in control of risk do you feel when travelling? | 7.7% | 7.7% | 3.8% | 15.4% | 15.4% | 23.1% | 7.7% | 7.7% | 11.5% | 100.0 % |
| | | % within Age Groups | 20.0% | 18.2% | 7.7% | 28.6% | 33.3% | 42.9% | 25.0% | 28.6% | 33.3% | 26.5 % |
| | | % of Total | 2.0% | 2.0% | 1.0% | 4.1% | 4.1% | 6.1% | 2.0% | 2.0% | 3.1% | 26.5 % |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A Little | Count | 5 | 7 | 4 | 8 | 5 | 7 | 3 | 3 | 5 | 47 |
| | | % within Q.9. How much in control of risk do you feel when travelling? | 10.6% | 14.9% | 8.5% | 17.0% | 10.6% | 14.9% | 6.4% | 6.4% | 10.6% | 100.0 % |
| | | % within Age Groups | 50.0% | 63.6% | 30.8% | 57.1% | 41.7% | 50.0% | 37.5% | 42.9% | 55.6% | 48.0 % |
| | | % of Total | 5.1% | 7.1% | 4.1% | 8.2% | 5.1% | 7.1% | 3.1% | 3.1% | 5.1% | 48.0 % |
| | Not Very Much | Count | 3 | 2 | 8 | 2 | 3 | 1 | 3 | 2 | 1 | 25 |
| | | % within Q.9. How much in control of risk do you feel when travelling? | 12.0% | 8.0% | 32.0% | 8.0% | 12.0% | 4.0% | 12.0% | 8.0% | 4.0% | 100.0 % |
| | | % within Age Groups | 30.0% | 18.2% | 61.5% | 14.3% | 25.0% | 7.1% | 37.5% | 28.6% | 11.1% | 25.5 % |
| | | % of Total | 3.1% | 2.0% | 8.2% | 2.0% | 3.1% | 1.0% | 3.1% | 2.0% | 1.0% | 25.5 % |
| Total | | Count | 10 | 11 | 13 | 14 | 12 | 14 | 8 | 7 | 9 | 98 |
| | | % within Q.9. How much in control of risk do you feel when travelling? | 10.2% | 11.2% | 13.3% | 14.3% | 12.2% | 14.3% | 8.2% | 7.1% | 9.2% | 100.0 % |
| | | % within Age Groups | 100.0 % | 100.0 % | 100.0 % | 100.0 % | 100.0 % | 100.0 % | 100.0 % | 100.0 % | 100.0 % | 100.0 % |
| | | % of Total | 10.2% | 11.2% | 13.3% | 14.3% | 12.2% | 14.3% | 8.2% | 7.1% | 9.2% | 100.0 % |

A cross tabulation was carried out to determine the distribution of control of risk across the severity of disability groups (Table 51). The results showed that 52% of respondents who feel 'a lot' in control of risk when travelling are in the 'Severe' disabled group, compared with 32% in the 'Mild' group and 16% in the 'Moderate' group. The 'Moderate' group formed 45.8% of respondents who feel 'not very much' in control of risk when travelling, compared with 12.5% from the 'Mild' group and 45.8% from the 'Severe' group. A chi square test showed that there is a significant association between severity of disability and the level of control of risk when travelling; $X^2$ (4, $N$ = 96) = 10.64, $p$ =0.03.

**TABLE 51: CROSSTABULATION: HOW MUCH IN CONTROL OF RISK DO YOU FEEL WHEN TRAVELLING? * HOW WOULD YOU RATE THE SEVERITY OF YOUR DISABILITY?**

| | | | How would you rate the severity of your disability? | | | Total |
|---|---|---|---|---|---|---|
| | | | Mild | Moderate | Severe | |
| Q.9. How much in control of risk do you feel when travelling? | A Lot | Count | 8 | 4 | 13 | 25 |
| | | % within Q.9. How much in control of risk do you feel when travelling? | 32.0% | 16.0% | 52.0% | 100.0% |
| | | % within How would you rate the severity of your disability? | 40.0% | 10.0% | 36.1% | 26.0% |
| | | % of Total | 8.3% | 4.2% | 13.5% | 26.0% |

| | | | | | | |
|---|---|---|---|---|---|---|
| | A Little | Count | 9 | 25 | 13 | 47 |
| | | % within Q.9. How much in control of risk do you feel when travelling? | 19.1% | 53.2% | 27.7% | 100.0% |
| | | % within How would you rate the severity of your disability? | 45.0% | 62.5% | 36.1% | 49.0% |
| | | % of Total | 9.4% | 26.0% | 13.5% | 49.0% |
| | Not Very Much | Count | 3 | 11 | 10 | 24 |
| | | % within Q.9. How much in control of risk do you feel when travelling? | 12.5% | 45.8% | 41.7% | 100.0% |
| | | % within How would you rate the severity of your disability? | 15.0% | 27.5% | 27.8% | 25.0% |
| | | % of Total | 3.1% | 11.5% | 10.4% | 25.0% |
| Total | | Count | 20 | 40 | 36 | 96 |
| | | % within Q.9. How much in control of risk do you feel when travelling? | 20.8% | 41.7% | 37.5% | 100.0% |
| | | % within How would you rate the severity of your disability? | 100.0% | 100.0% | 100.0% | 100.0% |
| | | % of Total | 20.8% | 41.7% | 37.5% | 100.0% |

However a one-way ANOVA test yielded no significant differences between the groups in regard to control of risk when travelling ($F(2,93) = 2.728$, $p = .071$). Post-hoc Tukey's HSD tests showed that the comparisons between the different groups were not significant. A Spearman's correlation test was conducted to determine the

relationship between the level of control of risk and severity of disability. Although there was a weak, positive correlation between these two variables, this is not statistically significant ($r_s(96) = .024$, $p = .814$). In order to test if there was a relationship between gender and the control of risk when travelling, a Mann-Whitney test was carried out as the sample sizes are unequal (Table 52).

**TABLE 52: MANN-WHITNEY TEST: HOW MUCH IN CONTROL OF RISK DO YOU FEEL WHEN TRAVELLING BY GENDER.**

**Mann-Whitney Test**

**Ranks**

| | Gender? | N | Mean Rank | Sum of Ranks |
|---|---|---|---|---|
| 3. How much in control of risk do you feel when travelling? | Male | 38 | 49.87 | 1895.00 |
| | Female | 60 | 49.27 | 2956.00 |
| | Total | 98 | | |

**Test Statistics**[a]

| | 3. How much in control of risk do you feel when travelling? |
|---|---|
| Mann-Whitney U | 1126.000 |
| Wilcoxon W | 2956.000 |
| Z | -.110 |
| Asymp. Sig. (2-tailed) | .912 |

a. Grouping Variable: Gender?

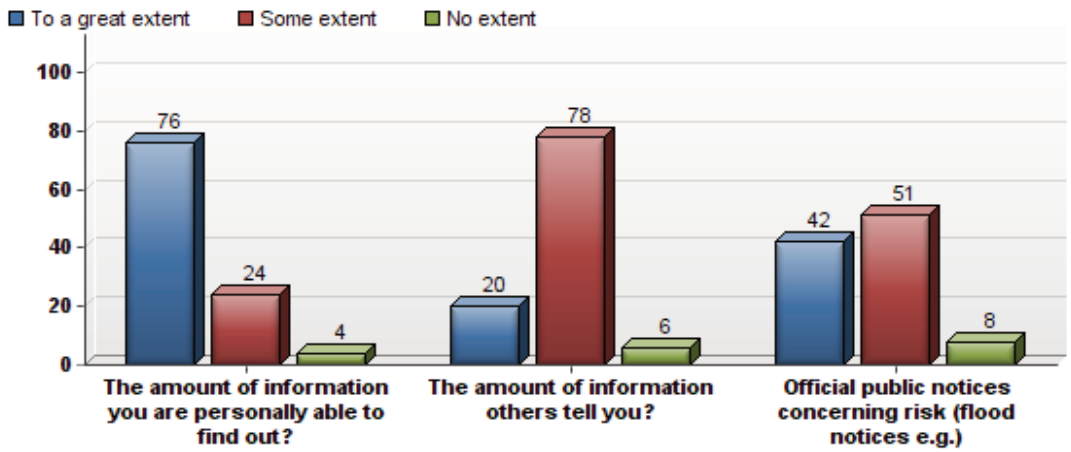
Interestingly this result shows a similar Mean Rank for the Male and Female groups so it seems that there is no significant difference between Male and Female respondents in terms of how much in control of risk they feel when travelling ($U = 1126.0$, $p = .912$).

Respondents appear to base their perceptions of risk mainly on the amount of information they are personally able to gather (Table 53 and Fig. 11) and to some extent the information gathered from others with little consideration being taken of official notices concerning risk.

**TABLE 53: Q. 18. TO WHAT EXTENT DO YOU BASE YOUR PERCEPTION OF RISK ON:**

| # | Question | To a great extent | Some extent | No extent | Total Responses | Mean |
|---|---|---|---|---|---|---|
| 1 | The amount of information you are personally able to find out? | 76 | 24 | 4 | 104 | 1.31 |
| 2 | The amount of information others tell you? | 20 | 78 | 6 | 104 | 1.87 |
| 3 | Official public notices concerning risk (flood notices e.g.) | 42 | 51 | 8 | 101 | 1.66 |

**Fig. 11: Q. 18. To what extent do you base your perception of risk on:**



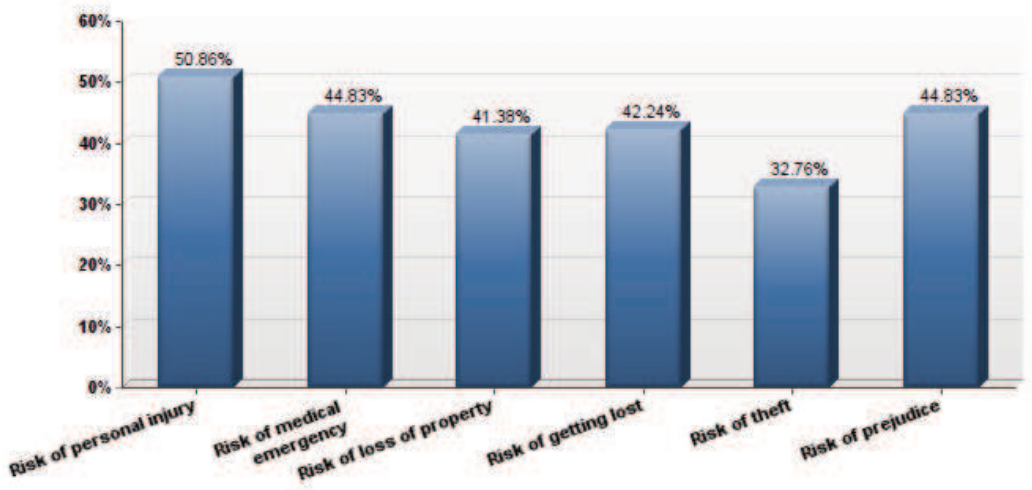

This leads to identification of the perceived risks that disable people associate with travel. Table 54 and Fig. 12 below show that although risk of personal injury is perceived as the greatest risk, other risks such as medical emergency, prejudice, getting lost and loss of property were very close in terms of the level of risk. Risk of theft was considered the least risk, but again, not by a large margin.

**TABLE 54: Q. 4. Are There Some Risks Associated With Travel That You Perceive as Being Greater Than Others and if so Which Ones?**

Please tick all that apply.

| Answer | Response | % |
|---|---|---|
| Risk of personal injury | 59 | 51% |
| Risk of medical emergency | 52 | 45% |
| Risk of loss of property | 48 | 41% |
| Risk of getting lost | 49 | 42% |
| Risk of theft | 38 | 33% |
| Risk of prejudice | 52 | 45% |

**Fig.15: Q. 4. Are there some risks associated with travel that you perceive as being greater than others and if so which ones?**




A Kruskal-Wallis test was run to confirm no difference between the groups of severity of disabilities and risks. The results showed no significant statistical between the groups (Table 55).

**TABLE 55: KRUSKAL-WALLIS TEST: RISKS AND SEVERITY OF DISABILITIES**

| | personal_injury | loss_property | med_emergency | lost | theft | prejudice |
|---|---|---|---|---|---|---|
| Chi-Square | .205 | .392 | .984 | .651 | .424 | 9.132 |
| df | 1 | 1 | 1 | 1 | 1 | 1 |
| Asymp. Sig. | .651 | .531 | .321 | .420 | .515 | .003 |

a. Kruskal Wallis Test

b. Grouping Variable: How would you rate the severity of your disability?

A chi-square test showed that there is a significant association between gender and theft as the greatest risk associated with travel $X_2$ (1, N = 99) = 4.277, p =0.39. Female respondents considered theft as more of a risk than males. One reason for this could be explained by the findings of a study by Hilinski et. Al. (2011) which found that women's fear of rape and sexual assault caused an increase in their levels of fear of other crimes such as theft and robbery. There was no association between gender and the other risks associated with travel.

This study showed that perceptions of risk are not set in stone. Half of the respondents stated that if they have hesitated to travel due to a perceived high level of risk, they have reconsidered later due to further information or a different approach to travel (Table 56).

**TABLE 56: Q. 25. IF YOU HAVE HESITATED TO TRAVEL DUE TO A PERCEIVED HIGH LEVEL OF RISK, HAVE YOU RECONSIDERED AT A LATER DATE DUE TO FURTHER INFORMATION OR TO A DIFFERENT APPROACH TO TRAVELLING?**

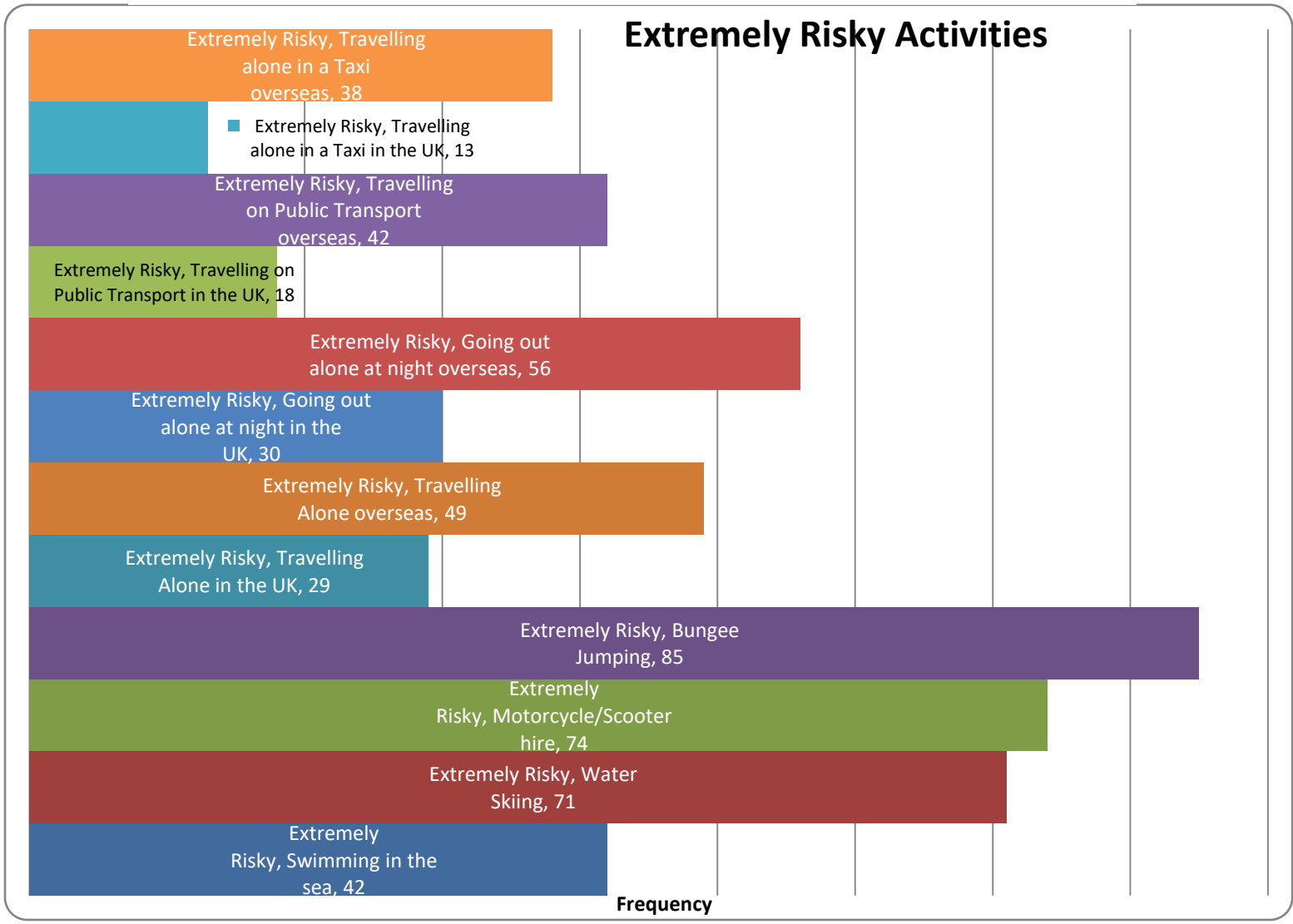
| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 42 | 50% |
| 2 | No | 42 | 50% |
| | Total | 84 | 100% |

Perceptions of risk apply also to activities whilst on holiday, which may prevent disabled people's participation in tourism. This study explored the perceptions of risk associated with different holiday activities, including travelling around whilst on holiday. The expected high risk activities included bungee jumping, motorcycle/scooter hire and water skiing (Table 57 and Fig. 12). Travelling alone overseas was recorded as a much riskier activity than travelling alone in the UK, with similar results for travelling in a taxi or public transport overseas.

**TABLE 57: Q. 14. HOW WOULD YOU DESCRIBE THE FOLLOWING ACTIVITIES?**

| # | Question | Not Risky | A Bit Risky | Extremely Risky | Total Responses | Mean |
|---|---|---|---|---|---|---|
| 1 | Swimming in the sea | 19.3% | 43.9% | 36.8% | 114 | 2.2 |
| 2 | Water Skiing | 6.3% | 29.7% | 64.0% | 111 | 2.6 |
| 3 | Motorcycle/Scooter hire | 4.5% | 29.5% | 66.1% | 112 | 2.6 |
| 4 | Bungee Jumping | 7.1% | 17.0% | 75.9% | 112 | 2.7 |
| 5 | Travelling Alone in the UK | 33.6% | 40.7% | 25.7% | 113 | 1.9 |
| 6 | Travelling Alone overseas | 9.7% | 46.9% | 43.4% | 113 | 2.3 |
| 7 | Going out alone at night in the UK | 25.9% | 47.3% | 26.8% | 112 | 2.0 |
| 8 | Going out alone at night overseas | 9.0% | 40.5% | 50.5% | 111 | 2.4 |
| 9 | Travelling on Public Transport in the UK | 35.7% | 48.2% | 16.1% | 112 | 1.8 |
| 10 | Travelling on Public Transport overseas | 14.4% | 47.7% | 37.8% | 111 | 2.2 |
| 11 | Travelling alone in a Taxi in the UK | 51.4% | 36.9% | 11.7% | 111 | 1.6 |
| 12 | Travelling alone in a Taxi overseas | 18.9% | 46.8% | 34.2% | 111 | 2.2 |

**Fig. 12: Q. 14. How would you describe the following activities?**




A cross tabulation was used to compare the three different groups of severity of disability and their responses to question 14. This shows that 59.1% of respondents who considered that travelling alone in the UK as 'Extremely risky' are from the 'Severe' disabled group compared with 0% from the 'Mild' group (Table 58 below).

**TABLE 58: CROSSTAB: Q14: HOW WOULD YOU DESCRIBE THE FOLLOWING ACTIVITIES?**

| | | | Severity of Disability (Groups) | | | Total |
|---|---|---|---|---|---|---|
| | | | Mild | Moderate | Severe | |
| 9. How would you describe the following activities?-Travelling Alone in the UK | Not Risky | Count | 10 | 17 | 8 | 35 |
| | | % within 9. How would you describe the following activities?-Travelling Alone in the UK | 28.6% | 48.6% | 22.9% | 100.0% |
| | A Bit Risky | Count | 9 | 14 | 15 | 38 |
| | | % within 9. How would you describe the following activities?-Travelling Alone in the UK | 23.7% | 36.8% | 39.5% | 100.0% |
| | Extremely Risky | Count | 0 | 9 | 13 | 22 |
| | | % within 9. How would you describe the following activities?-Travelling Alone in the UK | 0.0% | 40.9% | 59.1% | 100.0% |
| Total | | Count | 19 | 40 | 36 | 95 |
| | | % within 9. How would you describe the following activities?-Travelling Alone in the UK | 20.0% | 42.1% | 37.9% | 100.0% |

A follow-up Chi-square test was done to determine if there was a relationship between severity of disability and the rating of risk given by respondents to 'Travelling alone in the UK'. This showed a clear association between the two

variables. X2 (4, N = 95) = 11.27, *p* =0.24. Therefore, severely disabled people find travelling alone in the UK more risky than less severely disabled people.

Similar results were found for the activity 'going out alone at night in the UK' with 70% of respondents who considered this an 'extremely risky' activity coming from the 'Severe' group and only 5% from the 'Mild' group. A chi-square test confirmed the association between severity of disability and the perceived degree of risk for this activity: . X2 (4, N = 94) = 13.11, *p* =0.11.

70% of respondents who stated that 'Travelling alone in a Taxi in the UK ´was 'Extremely risky' were from the 'Severe' group compared with 30% from the 'Moderate' group and 0% from the 'Mild' group. A chi-square test demonstrated an association between severity of disability and perceived risk of 'Travelling alone in a Taxi in the UK': X2 (4, N = 93) = 9.95, *p* =0.41.

A One-Way ANOVA analysis resulted in a significant difference between the three groups of disabled people ('Severe', 'Moderate' and 'Mild') for the three activities 'Travelling Alone in the UK', 'Going out alone at night in the UK' and 'Travelling alone in a Taxi in the UK' (Table 59).

## TABLE 59: ANOVA: SEVERITY OF DISABILITY AND RISKS

| ANOVA | | | | | | |
|---|---|---|---|---|---|---|
| | | Sum of Squares | df | Mean Square | F | Sig. |
| 9. How would you describe the following activities?- Swimming in the sea | Between Groups | 3.286 | 2 | 1.643 | 3.105 | .050 |
| | Within Groups | 49.214 | 93 | .529 | | |
| | Total | 52.500 | 95 | | | |
| 9. How would you describe the following activities?- Water Skiing | Between Groups | .352 | 2 | .176 | .431 | .651 |
| | Within Groups | 36.766 | 90 | .409 | | |
| | Total | 37.118 | 92 | | | |
| 9. How would you describe the following activities?- Motorcycle/Scooter hire | Between Groups | .605 | 2 | .302 | 1.016 | .366 |
| | Within Groups | 27.097 | 91 | .298 | | |
| | Total | 27.702 | 93 | | | |
| 9. How would you describe the following activities?- Bungee Jumping | Between Groups | 1.634 | 2 | .817 | 2.061 | .133 |
| | Within Groups | 36.068 | 91 | .396 | | |
| | Total | 37.702 | 93 | | | |
| 9. How would you describe the following activities?- Travelling Alone in the UK | Between Groups | 5.779 | 2 | 2.889 | 5.376 | .006 |
| | Within Groups | 49.442 | 92 | .537 | | |
| | Total | 55.221 | 94 | | | |
| 9. How would you describe the following activities?- Travelling Alone overseas | Between Groups | 2.555 | 2 | 1.277 | 2.998 | .055 |
| | Within Groups | 39.193 | 92 | .426 | | |
| | Total | 41.747 | 94 | | | |
| 9. How would you describe the following activities?- Going out alone at night in the UK | Between Groups | 3.986 | 2 | 1.993 | 4.268 | .017 |
| | Within Groups | 42.492 | 91 | .467 | | |
| | Total | 46.479 | 93 | | | |
| 9. How would you describe | Between Groups | 1.054 | 2 | .527 | 1.170 | .315 |

| | | | | | | |
|---|---|---|---|---|---|---|
| the following activities?- Going out alone at night overseas | Within Groups | 40.516 | 90 | .450 | | |
| | Total | 41.570 | 92 | | | |
| 9. How would you describe the following activities?- Travelling on Public Transport in the UK | Between Groups | 2.254 | 2 | 1.127 | 2.438 | .093 |
| | Within Groups | 42.055 | 91 | .462 | | |
| | Total | 44.309 | 93 | | | |
| 9. How would you describe the following activities?- Travelling on Public Transport overseas | Between Groups | .120 | 2 | .060 | .124 | .883 |
| | Within Groups | 43.579 | 90 | .484 | | |
| | Total | 43.699 | 92 | | | |
| 9. How would you describe the following activities?- Travelling alone in a Taxi in the UK | Between Groups | 4.577 | 2 | 2.288 | 5.371 | .006 |
| | Within Groups | 38.348 | 90 | .426 | | |
| | Total | 42.925 | 92 | | | |
| 9. How would you describe the following activities?- Travelling alone in a Taxi overseas | Between Groups | .293 | 2 | .146 | .274 | .761 |
| | Within Groups | 48.159 | 90 | .535 | | |
| | Total | 48.452 | 92 | | | |

Post-hoc Tukey's HSD tests showed that the ‘Severe’ group had significantly higher means than the ‘Moderate’ and ‘Mild group at the .05 level of significance. Therefore, the ‘Severe’ respondents are more likely to feel that the three activities ‘Travelling Alone in the UK’, ‘Going out alone at night in the UK’ and ‘Travelling alone in a Taxi in the UK’ are ‘Extremely risky’ and this was a statistically significant difference between the ‘Severe’ group and the ‘’Mild’ group. Comparisons between the ‘Moderate’ and ‘Severe’ group were not significant.

However, the results showed no association between severity of disability and the same activities overseas. Whether the respondents were severely, moderately or mildly disabled they had the same high level of perceived risk for ‘Travelling Alone

overseas', 'Going out alone at night overseas', 'Travelling on Public Transport overseas' and 'Travelling alone in a Taxi overseas'.

50% of respondents reported that they had doubted their own ability to undertake an activity on holiday but travelled anyway and 27% stated they have never doubted their own ability to undertake an activity on holiday (Table 60). Therefore for 73% of respondents, doubt in their ability to participate in an activity does not pose a barrier to their travelling for a holiday. A small minority (9%) have doubted their ability to undertake an activity 'in some circumstances'. Some respondents commented on specific activities such as 'Day trips that involve walking for long distances', 'swimming with sharks at Seaworld', 'adapted skiing, but was very successful' and 'snorkelling'. One comment included doubts about the actual travelling – "I am now having doubts about long flights" and one expressed consideration of their responsibility to their child – "Always aware of my own limitations which affect what I choose to do and not do, I have to think about being able to care for my 6yr old". One of these comments would place the respondent in the 'Yes but I travelled anyway' category – "There are some activities that I am not sure I can take part in, but that has never stopped me from going on an actual holiday".

**TABLE 60: Q. 13. HAVE YOU EVER DOUBTED YOUR OWN ABILITY TO UNDERTAKE AN ACTIVITY ON HOLIDAY?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes but I travelled anyway | 56 | 50% |
| 2 | Yes and I didn't travel because of my doubts | 15 | 14% |
| 3 | No | 30 | 27% |
| 4 | In some circumstances (please state) | 10 | 9% |
| | Total | 111 | 100% |

Despite doubts or feelings that an activity is beyond a disabled person's ability, 63% of respondents have taken part in these activities as opposed to 38% who have not (Table 61).

**TABLE 61: Q. 15. HAVE YOU EVER BEEN ON AN ACTIVITY WHICH YOU FELT WAS BEYOND YOUR PHYSICAL ABILITY?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 70 | 63% |
| 2 | No | 42 | 38% |
| | Total | 112 | 100% |

This resulted in respondents mainly feeling frustrated and embarrassed (Table 62).

**TABLE 62: Q. 16. HOW DID THIS MAKE YOU FEEL?**

**PLEASE TICK ALL THAT APPLY.**

| | | | |
|---|---|---|---|
| **1** | Frustrated | 46 | 53% |
| **2** | Embarrassed | 31 | 36% |
| **3** | Enjoyed the challenge | 26 | 30% |
| **4** | Humiliated | 20 | 23% |
| **5** | Afraid | 21 | 24% |
| **6** | Excited | 12 | 14% |
| **7** | Other (please state) | 11 | 13% |

However, only 33% respondents ruled out undertaking similar activities in the future (Table 63).

**TABLE 63: Q. 17. WOULD THIS EXPERIENCE PREVENT YOU UNDERTAKING SIMILAR ACTIVITIES IN THE FUTURE?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 18 | 19% |
| 2 | No | 43 | 45% |
| 3 | Perhaps | 34 | 36% |
| | Total | 95 | 100% |

Around half (46%) of the people questioned said that they have unknowingly taken a risk when travelling (Table 64) and 58% stated that the knowledge that they had

unwittingly taken a risk would change their future perception of risk (Table 65). However, only 20% of these respondents would not undertake the activity again (Table 66).

**TABLE 64: Q. 21. HAVE YOU EVER UNKNOWINGLY TAKEN A RISK WHEN TRAVELLING? (FOR INSTANCE UNKNOWINGLY TAKING AN EXCURSION TO A DANGEROUS AREA OR ON A DANGEROUS FORM OF TRANSPORT)**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 50 | 46% |
| 2 | No | 58 | 54% |
| | Total | 108 | 100% |

**TABLE 65: Q. 22. WOULD KNOWING YOU HAD UNWITTINGLY TAKEN A RISK CHANGE YOUR FUTURE PERCEPTION OF RISK?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 60 | 58% |
| 2 | No | 44 | 42% |
| | Total | 104 | 100% |

**TABLE 66: Q. 23. IF SO HOW?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | I would not now undertake a similar activity in future | 17 | 20% |
| 2 | I would be less likely to undertake a similar activity in future | 22 | 26% |
| 3 | I would try to find out more information beforehand but would probably undertake the activity again | 40 | 48% |
| 4 | I would undertake the activity again regardless | 5 | 6% |
| | Total | 84 | 100% |

This was meant to be a filter question to explore the impact of the experience of unwittingly taking a risk on the respondents' future perceptions of risks. However, more people answered question 23 than answered 'yes' to question 22.

Other people's perceptions of risk could influence a disabled person's participation in tourism with a significant 41% stating that they have been persuaded by someone else not to undertake an activity on holiday (Table 67).

**TABLE 67: Q. 12. HAVE YOU EVER BEEN PERSUADED NOT TO UNDERTAKE AN ACTIVITY ON HOLIDAY DUE TO SOMEONE ELSE'S PERCEPTIONS OF YOUR DISABILITY AND THE RISKS INVOLVED?**

| # | Answer | Response | % |
|---|---|---|---|
| 1 | Yes | 47 | 41% |
| 2 | No | 68 | 59% |
| | Total | 115 | 100% |

A cross tabulation gives a comparison between the frequencies of the respondents' responses to this question based on their severity of disability (Table 68). There seems to be little difference between the groups of respondents with around 40% - 45% of each group stating that they have been persuaded not to undertake an activity on holiday due to someone else's perceptions of their disability and the risks involved and around 55% - 60% replying that have not been persuaded not to undertake an activity on holiday due to someone else's perceptions of their disability and the risks involved. This was confirmed with a chi square test which showed no significant association between severity of disability whether or not the respondents have ever been persuaded not to undertake an activity on holiday due to someone else's perceptions of their disability and the risks involved; $X^2$ (2, $N$ = 96) = 0.215, $p$ =0.898.

## TABLE 68: CROSSTABULATION: 7. HAVE YOU EVER BEEN PERSUADED NOT TO UNDERTAKE AN ACTIVITY ON HOLIDAY DUE TO SOMEONE ELSE'S PERCE... * HOW WOULD YOU RATE THE SEVERITY OF YOUR DISABILITY?

| | | | How would you rate the severity of your disability? | | | Total |
|---|---|---|---|---|---|---|
| | | | Mild | Moderate | Severe | |
| 7. Have you ever been persuaded not to undertake an activity on holiday due to someone else's perce... | Yes | Count | 8 | 17 | 16 | 41 |
| | | % within 7. Have you ever been persuaded not to undertake an activity on holiday due to someone else's perce... | 19.5% | 41.5% | 39.0% | 100.0 % |
| | | % within How would you rate the severity of your disability? | 40.0% | 41.5% | 45.7% | 42.7% |
| | No | Count | 12 | 24 | 19 | 55 |
| | | % within 7. Have you ever been persuaded not to undertake an activity on holiday due to someone else's perce... | 21.8% | 43.6% | 34.5% | 100.0 % |
| | | % within How would you rate the severity of your disability? | 60.0% | 58.5% | 54.3% | 57.3% |
| Total | | Count | 20 | 41 | 35 | 96 |
| | | % within 7. Have you ever been persuaded not to undertake an activity on holiday due to someone else's perce... | 20.8% | 42.7% | 36.5% | 100.0 % |
| | | % within How would you rate the severity of your disability? | 100.0% | 100.0% | 100.0% | 100.0 % |

**Summary: Perceptions of Risk**

- A small minority (19%) placed themselves in the '*I like to do things that are familiar and I know are within my capabilities*' category whilst the remainder at least sometimes '*like to do new things and push my capabilities*' or '*challenge myself*'.
- Only 25% feel they have a lot of control of risk when they are travelling.
- There is no significant association between age groups and how much in control of risks the respondents feel.
- The data showed a weak correlation between severity of disability and the level of control of risk when travelling however, this is not statistically significant.
- Gender is not a factor in the level of risk the respondents feel when travelling.
- Respondents appear to base their perceptions of risk mainly on the amount of information they are personally able to gather and to some extent the information gathered from others with little consideration being taken of official notices concerning risk.
- Although risk of personal injury is perceived as the greatest risk, other risks such as medical emergency, prejudice, getting lost and loss of property were very close in terms of the level of risk.
- Perceived risk is not related to severity of disability or gender.
- High risk activities included bungee jumping, motorcycle/scooter hire and water skiing.

- Travelling alone overseas was recorded as a much riskier activity than travelling alone in the UK, with similar results for travelling in a taxi or public transport.
- More severely disabled people find travelling alone in the UK , going out alone at night in the UK and travelling alone in a Taxi in the UK' more risky than less severely disabled people.
- Doubt in ability to participate in an activity does not pose a barrier to travelling for a holiday.
- Only 33% respondents ruled out undertaking similar activities in the future.
- Around half (46%) of the people questioned said that they have unknowingly taken a risk when travelling.
- Other people's perceptions of risk could influence a disabled person's participation in tourism with a significant 41% stating that they have been persuaded by someone else not to undertake an activity on holiday.
- Half of the respondents state that if they have hesitated to travel due to a perceived high level of risk, they have reconsidered later due to further information or a different approach to travel.

In conclusion, this chapter has presented the results of statistical analysis of the data collected from the survey. These results have highlighted some interesting detail of the barriers and perceptions of risks experienced by disabled people in tourism. The following chapter will explore these results further and their context within the tourism industry.

# Chapter 5 Discussion and Conclusion

## 5.1 Introduction

This chapter will examine the main findings of this study in relation to the original objectives and the previous research in this area as discussed in chapter 2 'Literature Review' (pp. 9-31). There then will follow a discussion of the possible key contributions this study can make to the tourism and hospitality industry in promoting understanding the different kinds of barriers encountered and the perceptions of risks that prevent disabled people from participating in tourism. Finally, this chapter will include a critical analysis of the limitations of this research together with proposals for future avenues for research.

The problem this study set out to address was primarily to identify the barriers to participation in tourism for people with a disability, with special emphasis on the extent to which disabled tourists' perceptions of risks when travelling can act as a barrier to their participation in tourism. Rather than focus on what the disabled person can or cannot do physically, this study used the Social Model of disability (Shaw and Coles, 2004) to investigate barriers and perceptions of risks. This model encompasses the possible societal and cultural barriers to disabled tourists rather than simply focusing on what the disabled person can or cannot do physically. To this end, the results of this study included data of the respondents' participation in tourism, the respondents' attitudes to information, economic, social and physical barriers to their participation in tourism and finally, the respondents' perceptions of risks.

## 5.2Main Findings

### 5.2.1 Participation in Tourism

The first of these findings concerned the current level of participation in tourism of people with a disability. The research showed that 65% had travelled as a tourist within the last 6 months to a year and 9% have never travelled abroad. In contrast, 80% of the general population took a holiday in the UK or abroad in the twelve months up to August 2014 (ABTA, 2014). A similar study in 2007 found that 59% of people with disabilities took at least one holiday a year compared with 66% of the general population (Chapman et al., 2007). This indicates that although the participation of disabled people in tourism has increased slightly, the estimated gap in participation in tourism between non-disabled tourists and the general population has actually increased from a gap of 7% in 2007 to a gap of 15% in 2015 from the results of this study. The slight increase of participation of disabled people in tourism coincides with a steady increase in employment rates for disabled people from 44.5% in 2002 to 48.9% in 2012 (Department for Work and Pensions, 2012). The Department for Work and Pensions report however does point out that this increase in employment for disabled people could be as a result of “improved disability reporting since 2010” (Department for Work and Pensions, 2012, p17).

Nevertheless, the fact that there are more disabled people in employment potentially suggests that they may have the funds to travel thereby accounting for their increased participation. According to a 2012 report, 77% of disabled people “were

not currently in paid work" (Kaye, Jordan and Baker, 2012, p. 21). Furthermore, UK government statistics show an increase of the percentage of families on "absolute low income" where one member of the family is disabled, after housing costs, from 34% in 2009/2010 to 37% in 2012/2013 (Department for Work and Pensions, 2015, p.93). Critics of Government policy point to the combined welfare cuts as the reason for the increase in poverty levels of such families (Kaye et al. 2012; Berthoud and Hancock, 2009). Regardless of the cause, it is doubtful that families suffering from these levels of poverty would have the disposable income to consider tourism an option. These statistics could account for the increased gap between disabled and the general population's participation in tourism. The gap seems to have more than doubled over a period of seven years. This finding is disappointing in light of the United Nations Convention on the Rights of People with Disabilities (United Nations, 2006, 2008) which makes the case for those with disabilities the right to access tourism, indeed the right to access all areas of cultural life (Darcy et al., 2010).

The study results showed an interesting statistic in that a majority of respondents within the 'Severe' disability group travel at least once a year (63.8%). However, there was no statistical association between severity of disability and frequency of travel. One explanation for this result might be due to anecdotal evidence from respondents that there is greater availability of organised group trips specifically catering for severely disabled people provided by institutions and charities. For example, respondents in one residential care home for the disabled talked enthusiastically about an organised trip to Lourdes; students at a young adult education centre for the disabled have the opportunity to take part in an annual activity holiday; respondents who attend a nationwide club for disabled people talked

about numerous holidays and activities for their members that are organised by the club. This anecdotal information was recorded during the face-to-face questionnaire sessions, particularly the responses to question 12 which asked respondents 'Who is the greatest influence on your decision making when planning to travel?'.

### 5.2.2 Information Barriers

There has been much past research into the information required by disabled tourists to enable them to make rational decisions concerning recreation and holidays such as Yau et al., (2004) and Eichhorn (2008). Furthermore, the lack of reliable information has been argued by a range of researchers to be a factor preventing the disabled from travelling (for instance see Cavinato and Cuckovich (1992), Darcy (1998), Darcy and Duwalla (1999) and Stumbo and Pegg (2005)). Indeed, in the UK, the National Accessible Scheme (NAS) was set up in 2002 as a nationally recognised rating to ensure that accommodation meets the needs of people with physical and sensory needs. The NAS website states that 'the aim of the scheme is to provide you with enough information to make an informed choice' (Visit Britain, 2015). However, the findings of this study is that 88% of respondents feel there is sometimes or never sufficient information available to disabled tourists, and only 11% state that the travel information they receive is sufficiently detailed. As only 4.2% of the respondents reported that their last holiday was in England or the UK, the reported lack of available information may be referring to information available for overseas travel rather than travel within the UK, therefore these findings don't necessarily reflect the effectiveness of the NAS in the UK. The United Nations

*Convention on the Rights of People with Disabilities* (United Nations, 2006, 2008) recognised the right of equal access to tourism for the disabled. The impact of this convention is questionable when lack of sufficient information is still a barrier to participation in tourism nearly ten years after the convention was adopted by the United Nations General Assembly and to date has received 162 ratifications (United Nations Division for Social Policy and Development Disability, 2016).

It is interesting to note that respondents reported that the information that is most lacking is 'assistance available for disabled tourists' (77%) rather than additional or arbitrary charges that may be incurred. The questionnaire did not include further questions to explore exactly what information is required on the 'assistance available'. A significant number of respondents (38%) claimed that the information they are currently able to find is not sufficiently detailed and a further 52% claimed that the information is sufficiently detailed only 'sometimes'. However, it is clear that according to the respondents, lack of IT skills is not the reason for inability to find relevant information as the research results also showed that most respondents (77%) believe that they have the necessary IT skills to gather sufficient travel information. A further 88% believe that the Internet helps them find out more information than before and only 14% asserted that the Internet is a barrier because of the level of their IT skills.

The importance of finding sufficiently detailed information is demonstrated by the finding that around half the respondents cite physical access to travel agents and the lack of staff training in travel agents as barriers that prevent information gathering. This was in response to the question 'Do any of the following barriers prevent you

getting the information yourself?' In the questionnaire, an example of staff training was given as 'sign language'. Comments from respondents included examples of the staff training they feel are lacking such as; 'More understanding of disability across the board' and 'Prefer they would listen'. However, the main barrier to gathering travel information is cited as 'insufficient information on websites regarding disabilities' (cited by 79% of respondents). Respondents indicated in answers to a previous question that the kind of information they would like to be provided is information about 'assistance available for disabled tourists', together with additional or arbitrary charges.

Previous research highlighted lack of information as a barrier to disabled people's participation in tourism (Cavinato and Cuckovich, 1992, Darcy 1998, Darcy and Duwalla 1999, and Stumbo and Pegg, 2005), and this study has shown that lack of information is still a barrier to participation in tourism for many disabled people, thereby making it difficult to assess risks when planning to travel, travelling to a destination or when travelling within the destination. The disabled tourist needs to know information about specific assistance that is available to them and this study has found that generally this information is lacking in tourist websites and when dealing directly with travel agents or tour operators. There is adequate legislation around the globe ensuring the rights of disabled people to have access to information. The United Nations Convention on Rights of People with Disabilities, 2006 requires that signatories "take appropriate measures to…promote forms of assistance and support to persons with disabilities to ensure their access to information". The Council of Europe Committee of Ministers adopted a recommendation that "free and accessible modern information systems and

counselling – including via Internet – should be available to help individuals make their own decisions and organise their lives independently" (Council of Europe, 2009). In the UK, the 2010 Equality Act stated that "Disabled people must not be treated less favourably than others because they are disabled. Businesses also have an obligation to make reasonable adjustments to help disabled people access their goods, facilities and services."
(Equality Act 2010: What do I need to know? A Summary Guide for Businesses Who Sell Goods and Services, 2010). Therefore, in light of recent equality legislation in the United Nations, EU and UK and US, the finding that lack of information is still a barrier to participation in tourism for many disabled people is disappointing.

### 5.2.3 Economic Barriers

Prior research suggests that the industry perceives that disabled people have significantly lower disposable incomes than the non-disabled and therefore as a market segment they are deemed hardly worth pursuing (Darcy et al, 2010, Darcy 2002; Pegg and Stumbo, 2008, Rains, 2008, Buhalis and Darcy, 2011). In this study just under one third of respondents declared they have above £1000 to spend annually, with another 29% declaring they have between £600 and £1000 to spend annually. Furthermore, 58.9% of respondents claim that they have the funds to travel at least sometimes. Using a Spearman's rank-order correlation test, this study found that there was a strong, positive correlation, which was statistically significant ($r_s(146) = .183$, $p = .027$) between frequency of travel and level of income.

However, disposable income is not the only economic factor that affects the participation of disabled people in tourism. Disabled tourists incur increased price differentials due to additional costs for accessible rooms, less choice of budget services and increased costs incurred in travel including travel insurance (Darcy and Taylor, 2009). This study found that 58% of respondents always or sometimes have problems obtaining travel insurance and a quarter of potential disabled tourists are prevented from travelling at some time or another by an inability to obtain travel insurance. A majority (68%) of respondents reported that they at least sometimes incur additional costs for accessible rooms and travel. Additional costs can also be incurred if the disabled tourist needs to avoid certain environments (e.g. hot or cold environments). 43% of respondents declared that their holidays were more expensive due to the necessity of avoiding certain environments. Statistical analysis of the data using a Spearman's rank-order correlation showed a strong positive correlation between the incurring of additional costs and the prevention or limiting of travel which was statistically significant ($r_s(97) = .326$, $p = .002$). The more additional costs incurred, the less likely a disabled person will participate in tourism. However, these findings were not related to the severity of disability. This study found that there is no statistically significant association between the incurring of additional costs and severity of disability; similarly, there is no statistically significant association between severity of disability and whether the respondents would be prevented from travelling or have a limited choice because of additional costs. It seems that extra travel and accommodation costs are applied equally to all disabled people with no evidence of price differentials to cater for the widely varying needs of disabled people.

### 5.2.4 Social Barriers

As described in Chapter Two (p. 10) of this study, the ‘social model’ of disability is that disability is a 'collection of socially created restrictions, which are discriminatory because they limit opportunity for full and equal participation' (Bickenbach et al. 1999; p. 1176). Previous research has suggested the concept of “cognitive dissonance” which relates to the psychological discomfort experienced by non-disabled persons in the presence of disabled people, for example, travel agents / operators and employees of the tourism industry. Non-disabled persons then attempt to avoid this “inconsistency” by either reducing their interactions or avoiding situations with people with disabilities (Daruwalla and Darcy, 2005). This study attempted to explore the extent to which social attitudes and behaviour act as barriers to the participation of disabled people in tourism.

The results from this study showed that a large majority (78%) of disabled tourists (regardless of the severity of disability) felt that some foreign cultures have a more negative attitude to disability than others. This posed a significant barrier to tourism for 37% of respondents who stated that this negative attitude would be a barrier preventing them from travelling to those destinations. Therefore, foreign tourist destinations are losing over a third of potential tourists with disabilities which is a serious issue for the tour operators and people in the tourist business overseas. Problems with communication could play a role in the perception of a ‘negative attitude’ as 70% of respondents reported difficulties in communication in foreign destinations. However, poor communication was a deterrent to travel for only 20% of respondents. Future research would be required to determine if poor

communication poses more of a barrier to disabled tourists than non-disabled tourists.

A majority of respondents (66%) reported that they at least sometimes find it difficult to feel part of the wider group due to their disability. This could be an important factor in the decision making process a disabled tourist goes through when deciding the type of holiday or destination for the holiday. Interestingly, this study discovered that a significant number (56%) of disabled people would prefer that existing tourist opportunities were made more accessible rather than specialised tours for tourists with a similar disability to theirs. Clearly there is a demand to improve the experience of the disabled tourist within existing holiday packages or holiday destinations by helping them to feel part of the wider group rather than to feel segregated.

This study found that only 8% of respondents feel that travel agencies and tour operators cater 'a great deal' for their needs. The respondents who rated their disability as 'Moderate' or 'Severe' were statistically more likely to feel that travel agencies and tour operators cater 'not very much' for their needs as shown from the results of a chi square test ($X^2$ (4, $N$ = 91) = 16.65, $p$ =0.02). A possible reason for this result could be due to “cognitive dissonance” of people working within the industry towards disabled customers, particularly towards the more severely disabled customers.

### 5.2.5 Physical Barriers

In Chapter Two of this study (2.1.5 Physical Barriers: (medical model)), prior research has shown that people with disabilities face physical barriers in transport to their destination and whilst they are on holiday (e.g. Darcy, 1998; Shaw and Coles, 2004). This study focussed more on physical barriers in the process of holiday planning such as physical access to travel agents and the effect of environmental conditions of the holiday destination together with the impact of physical barriers on participation in activities during the holiday.

Physical access to travel agents acts as a barrier to obtaining relevant travel information for a significant number (41%) of respondents. Although there is an increased use of the Internet to seek information, there is evidence in this study that websites do not provide sufficient travel information for disabled tourists. Travel Agents are providers of face-to-face services on the high street to assist in choosing and booking travel details, however there is an issue if such a number of potential tourists who are disabled cannot physically access the premises. Improving physical access to travel agents' premises will negate this particular barrier, but further improvements need to be made to the social barrier of "cognitive dissonance" previously discussed.

Environmental conditions can adversely affect disabled tourists in ways specific to their disability. Respondents in this study reported that rocky and hot environments posed the most risk to their disabilities. This result might have been skewed as most of the respondents who stated their type of disability have mobility impairment.

However, the impact of environmental conditions means that a significant number (43%) of respondents pay more for their holiday by avoiding such environments and this study has found that additional costs do pose a barrier to their participation in tourism.

This study showed that 58% of respondents have been excluded from an activity or excursion on medical grounds because of their disability. The reasons for this could be that the physical nature of the activity was thought to be beyond their physical ability or for health and safety reasons or for insurance reasons. However, a majority of respondents (63%) have been on an activity which they felt was beyond their physical ability yet only 19% declared this experience would prevent these respondents from undertaking similar activities in the future. Most respondents (77%) claimed that even if they had doubts in their ability to undertake an activity while on holiday, they travelled anyway. Therefore, doubts in physical ability to undertake an activity does not pose as a barrier to participation in tourism. The conclusion is that physically challenging holiday activities do not necessarily pose a barrier to the participation of disabled people in tourism.

### 5.2.6 Perceptions of risk

Perception of risk is associated with the gathering of relevant information so that an informed decision can be made (Kahlor, 2007). This is particularly important for the disabled person because the planning stage for a holiday is more of a 'feasibility study' than gathering information to lead to a choice (Pühretmair 2004; Stumbo and Pegg 2005; Yau et al 2004). Prior research into perceived risks have been discussed

in chapter two (2.2.2 Specific Perceptions of Risks for the disabled) and these include risks for people with spinal cord injuries and those with visual impairment, together with risks associated with disabled tourists travelling with insufficient or no travel insurance. This study explored the specific perceptions of risk of the disabled tourist and the activities that are perceived to be more risky than others.

The majority of respondents in this study (81%) placed themselves in the category '*at least sometimes I like to do new things and push my capabilities or challenge myself*'. Yet only 25% feel they have a lot of control of risk when they are travelling. This statistic was not associated with age or gender and although a Spearman's correlation test showed a weak correlation between severity of disability and the level of control of risk when travelling, this is not statistically significant ($r_s(96) = .024$, $p = .814$). This indicates that despite the feeling of not having a lot of control of risk, most respondents will sometimes overlook the risk involved in travel.

This study confirms previous research findings such as Ter Huurne and Gutteling, (2008), Atkin (1973) and Yang et al (2010), in that respondents appeared to base their perceptions of risk mainly on the amount of information they are personally able to gather and to some extent the information gathered from others with little consideration being taken of official notices concerning risk. Furthermore, this study found that further information or a different approach to travel would cause 50% of respondents to reconsider a prior decision not to travel due to the risk involved.

With regard to specific risks, respondents rated the risk of 'personal injury' as the greatest risk, other risks such as 'medical emergency', 'prejudice', 'getting lost' and 'loss of property' were very close in terms of the level of risk. This represents a range of risks but with a common theme of personal safety. Interestingly, the risk of

'theft' was ranked as the lowest risk. The rating of perceived risks was not found to be related to severity of disability or gender. Further research could compare these findings with the perceptions of risk of non-disabled people to determine if these findings are specific to disabled tourists.

It is to be expected that respondents rated activities such as bungee jumping, motorcycle/scooter hire and water skiing as high risk activities. Travel activities such as 'travelling alone', 'travelling in a taxi' or 'public transport' overseas, were recorded as a much riskier activities than the same travel activities in the UK. More severely disabled people find 'travelling alone in the UK' , 'going out alone at night in the UK' and 'travelling alone in a Taxi in the UK' more risky than less severely disabled people.

This study found that perceptions of risks can be changed. Around half (46%) of the people questioned said that they have unknowingly taken a risk when travelling and a majority (58%) of these stated that this experience would change their future perception of risk. When asked how their perceptions of risks would change, the most popular answer (48% of respondents) was 'I would try to find out more information beforehand but would probably undertake the activity again'. In this scenario, lack of information seems not to pose as a barrier to undertaking an activity again. However, other people's perceptions of risk could influence a disabled person's participation in tourism with a significant 41% stating that they have been persuaded by someone else not to undertake an activity on holiday.

## 5.3 Key Contributions

Prior to this study there was little up-to-date information on the actual participation of the disabled in tourism. This study has shown that disabled participation in tourism has not changed much since 2007 (Chapman et al., 2007) and that the gap between disabled and non-disabled participation in tourism has increased. Previous research has put forward a range of possible barriers to disabled people's participation in tourism and this study has contributed to existing knowledge and understanding of these barriers.

Eichhorn et al. (2008) argued that there is a need for more accurate and detailed information for the disabled traveller. Indeed, the planning stage for a holiday is more of a 'feasibility study' than gathering information to lead to a choice (Pühretmair 2004; Stumbo and Pegg 2005; Yau et al. 2004). This study confirms previous research findings in that respondents appeared to base their perceptions of risk mainly on the amount of information they are personally able to gather. There is now little in the way of a 'digital divide' between disabled people and non-disabled people. Disabled people have the skills and the access to information on websites but often don't find sufficiently detailed or relevant information. Furthermore, a large majority of disabled people feel that travel agencies and tour operators do not cater for their needs.

There has been much research on the lower economic means of disabled people (Shaw and Cole, 2004; Imrie and Kumar, 1998). This study confirmed the strong, positive correlation between frequency of travel and level of income and supported

Darcy and Taylor's (2009) findings that the increase price differentials for people with disabilities also pose a barrier. These increased price differentials include travel insurance, accessible accommodation and travel and in effect, uncover a hidden form of discrimination.

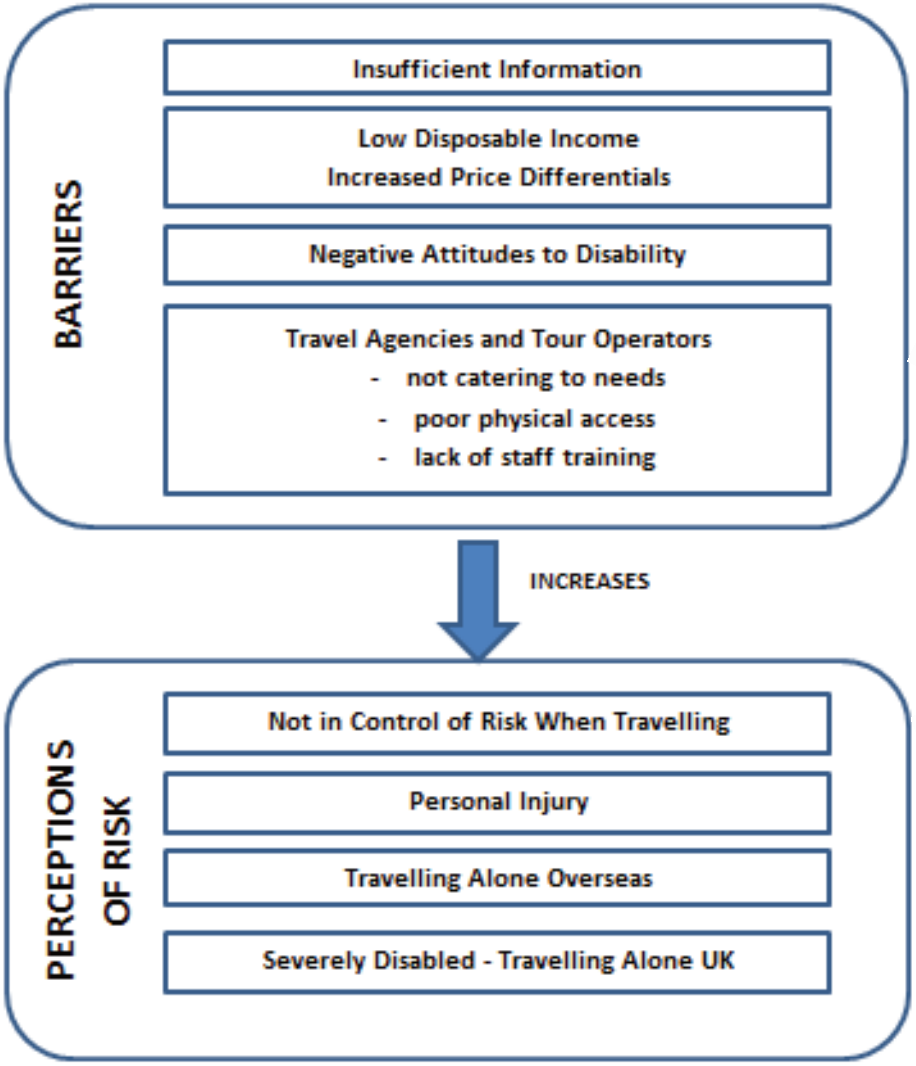
The Social Model of disability has been described in many previous studies (Bickenbach *et al.* 1999; Oliver, 1990; Darcy, 2002; Daruwalla, and Darcy, 2005) which is the belief that it is society, in its organisation of work, production, environments and social values that disables people through practices of discrimination, exclusion and oppression. One of the ways that society discriminates against disabled people is through the use of "cognitive dissonance" (Daruwalla and Darcy, 2005). This happens when non-disabled people experience feelings of discomfort in their interactions with disabled people and this results in the non-disabled person becoming less interactive with the disabled person as a means of avoiding getting into the position of the discomfort. This study has demonstrated that negative attitudes towards disabled people do pose a significant barrier to travel to certain destinations/cultures. In addition, this study has added to existing knowledge with the finding that disabled people seek social inclusion in their clear preference that existing tourist opportunities were made more accessible rather than specialised tours for tourists with a similar disability to theirs.

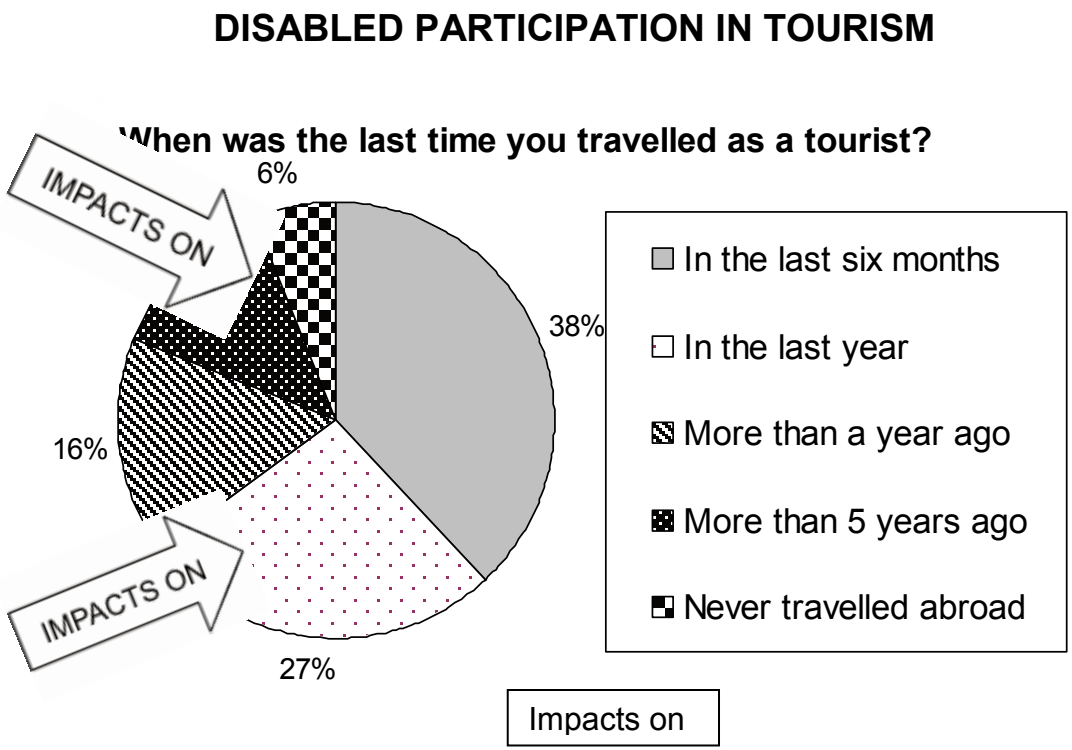
It has been shown that many disabled tourists suffer feelings of helplessness which can act as a barrier to travel (Lee, Agarwal and Kim, 2012). This study confirm the feelings of not being in control of risk when travelling, yet most will at least

sometimes overlook the risk involved in travel. Whether there is a trend in disabled people becoming less risk averse or if this is a finding due to the nature of this sample requires further investigation. Nevertheless, as with previous research, this study found that the main risks perceived by disabled people were risks to personal injury and travelling alone. This study has contributed further knowledge in that the level of risk felt in travelling alone is related to the severity of disability. This study has contributed further knowledge in that the level of risk felt in travelling alone is related to the severity of disability as severely disabled people find travelling alone in the UK and going out alone at night in the UK more risky than less severely disabled people.

The relationship between the participation of disabled people in tourism, the barriers to their participation and perceptions of risks can be summarised as in Fig. 13. The main barriers impact negatively on participation and these in turn increase the perceptions of risks which further impacts negatively on participation in tourism.

**Fig. 13: Relationship between Participation, Barriers and Perceptions of Risks.**



## 5.4 Practical Contributions

One of this study's main findings is that although the participation of disabled people in tourism has increased slightly, the estimated gap in participation in tourism between non-disabled tourists and the general population has actually increased. This was based on a comparison between analysis of the survey results for this study and the findings of Chapman et al., 2007. The practical methods that could be used to address this imbalance are discussed in this section. It is clear, however that the barriers to the participation of disabled people in tourism need to be considered by those involved in the tourist industry.

Yau et al. (2004) and Imrie and Kumar (1998) highlighted the lack of rich qualitative data available to disabled tourists and that this indicates a need for a more customer oriented range of services than is currently the case. The finding in this study that lack of sufficient or detailed information is the main barrier to disabled people's participation in tourism naturally leads to recommendations that can be made to the tourism industry in this area. In order to cater for the range of needs in the disabled community, specific, personalised information that is easily accessible and readily available is required. This study supports the recommendation that accessible accommodation information should be presented as a 'combination of textual, floor plan and digital photography' (Darcy 2010, p.149). More interactive websites that provide different ways of filtering information could be a means to providing personalised information for those with disabilities who are seeking relevant information in planning their holiday. The National Accessible Scheme run by Visit England is an attempt to provide clear,

relevant information to disabled tourists with symbols representing features that meet accessibility needs. However, the scheme covers only three types of impairment: mobility, hearing and visual. Perhaps these categories could be widened to incorporate other categories of impairment such as learning impairments.

A major economic barrier to disabled people's participation in tourism is the incurring of additional costs. There are still difficulties in obtaining travel insurance for disabled people and clarification is needed of the justifications for extra charges. Organisations in the travel industry also need to show transparency in the additional charges for accessible accommodation and travel.

This study has shown that social barriers have an impact on the participation of disabled people in tourism. Within the tourist industry, staff training in awareness of social exclusion and cognitive dissonance experienced by disabled tourists is crucial. Achieving a standard in this area of training would aid in reducing the risk of disabled people experiencing negative attitudes when travelling or planning to travel. In view of the preference for existing tourist opportunities being made more accessible rather than specialised tours for tourists with similar disabilities, tour operators could include disabled people in their target market for advertising of holidays.

Disabled people perceive that the activities that carry the most risk are travelling alone overseas in a taxi or public transport. The tourism industry must use methods of reducing these perceived risks such as advertising any existing safety

practices or introducing safety practices where there are none. For example, including employees to act as local travel guides as part of the holiday package.

## 5.5 Limitations of Research

This study was limited in the small sample group of respondents. However, the sample group demographics showed a range of ages, disabilities and respondents who completed the online questionnaire were from many different countries. Within the sample group was a large proportion of respondents (55%) who had achieved a degree level qualification or higher. This was mainly due to the listing of the research survey on academic email distribution lists. It would have benefited the study to have a comparison of respondents representing non-disabled people.

The study questionnaire included questions to identify the perceptions of risk but questions exploring the reasons for those perceptions were lacking. For example, it was clear that travelling alone on public transport overseas is perceived as being a high risk activity and finding out why this is the case would add more to the finding. Follow-on questions exploring this area might also help to explain why there is a correlation between severity of disability and level of perceived risk.

The survey questionnaire included questions about frequency of travel and available funds for holidays. These questions did not differentiate between travel within a country and travel abroad. In the case of the UK respondents, the

results would have allowed for some analysis for the effectiveness of recent legislation and national schemes to promote tourism for disabled people. It would have been helpful to include a question asking if an assistant was required when travelling. This would have allowed for a better estimate of the potential size of the disabled tourist market.

## 5.6 Future Avenues for Research

This study has highlighted some of the barriers and perceptions of risk that prevent the participation of disabled people in tourism. It is entirely possible that some of these barriers also impact on the participation of non-disabled in tourism. Future research could be conducted using a sample group including disabled respondents and non-disabled respondents so that this comparison can be made. For example, the gap between disabled and the general population's participation in tourism has more than doubled over a period of seven years. The exact reasons for this could be investigated with a similar study including disabled and non-disabled respondents. In particular, the issue of travel insurance requires further clarification. For example, this study found that some disabled people travel without travel insurance. Future studies could compare the frequency of non-insured disabled tourists compared to the frequency of non-disabled tourists who travel without insurance. In addition, future research would be required to determine if poor communication poses more of a barrier to disabled tourists than non-disabled tourists.

It is evident that the Internet access and skills of disabled people is improving over time. In addition, equality legislation and schemes to include disabled

people in tourism have been relatively recently enacted almost worldwide. Future research would determine if the availability of information will continue to represent a major barrier for the disabled tourist or if, over time, there will be an improvement in the provision of sufficient, relevant information for disabled tourists. The questionnaire did not include further questions to explore exactly what information is required when respondents highlighted the lack of 'the assistance available' in reference to the information that was lacking in websites. More research would be needed to determine the specific information required.

Anecdotal evidence from respondents seemed to show that there is greater availability of organised group trips specifically catering for severely disabled people provided by institutions and charities. Future research could investigate the extent to which organisations contribute to the participation of severely disabled people in tourism. This knowledge could provide further practical recommendations to the tourism industry in terms of the market for organised trips for severely disabled people.

## 5.7 Summary

| Study Aims | Study Objectives | Study Conclusion |
|---|---|---|
| To examine the barriers experienced by disabled people when travelling including their perceptions of risks | Identify the barriers that negatively impact on disabled people's participation in tourism.<br><br>To ascertain the nature and extent of the disabled traveller's perceptions of risks. | Insufficient relevant information<br>Low disposable information<br>Increased price differentials<br>Negative attitudes to disability<br>Travel agents and tour operators;<br>□ Not catering to needs<br>□ Poor physical access<br>□ Lack of staff training<br>Perceptions of risks;<br>□ Not in control of risks when travelling<br>□ Personal injury<br>□ Travelling alone overseas |
| To determine if these barriers and perceptions of risks prevent those with disabilities from participating in tourism. | To determine the current level of participation in tourism by disabled people | Slight increase in the numbers of disabled people participating in tourism since 2007 but the gap between disabled and non-disabled people participating in tourism has widened. |

# Appendix A

## The Questionnaire

Disabled Tourist Survey

My name is David Fraser and I am studying for a PhD at Plymouth University. My research is looking at perceptions of risk and barriers to participation in relation to disabled tourists. Your participation in this questionnaire is very much appreciated. Your contribution will remain anonymous in any publication of my research and any information you provide me with will be treated as confidential and only retained for the duration of the research.

To begin it would be useful to know something about your previous travel experiences as a disabled tourist. Please tick one option unless stated otherwise.

Q1 Does your level of income allow you to travel as a tourist?

- ❍ Yes - I have the funds to travel
- ❍ No
- ❍ Sometimes

Q2 How often do you travel as a tourist?

- ❍ Once a year
- ❍ More than once a year
- ❍ Less than once a year
- ❍ Never travelled abroad

Q3 When was the last time you travelled as a tourist?

- ❍ In the last 6 months
- ❍ In the last year
- ❍ More than a year ago
- ❍ More than 5 years ago
- ❍ Never travelled abroad

Q4 What was your destination the last time you travelled abroad?

Country _____

Destination _____

Q5 What other destinations have you travelled to as a tourist?

Country _____

Destination _____

Q6 These questions are designed to find out what influences your decisions when you are travelling abroad. To critically analyze the reasons for perceptions of risk for people with disabilities in the context of travel and tourism.
Please tick one option unless stated otherwise.

Q7 How would you describe your personality? Please select the option that you feel matches you most closely.

- ❍ I am generally a quiet and shy person
- ❍ I am generally loud and talkative
- ❍ I am neither shy nor loud and talkative

Q8 Which of these statements do you agree with most?

- ❍ I like to do new things and push my capabilities
- ❍ I like to do things that are familiar and I know are within my capabilities
- ❍ Sometimes I like to stay within my capabilities, other times I like to challenge myself

Q9 How much in control of risk do you feel when travelling?

- ❍ A Lot
- ❍ A Little
- ❍ Not Very Much

Q10 Are there some risks associated with travel that you perceive as being greater than others and if so which ones? Please tick all that apply.

- ❑ Risk of personal injury
- ❑ Risk of medical emergency
- ❑ Risk of loss of property
- ❑ Risk of getting lost
- ❑ Risk of theft
- ❑ Risk of prejudice

Q11 Which of these two statements do you most agree with;

- ❍ I prefer to take the safest option when travelling
- ❍ I prefer to try new experiences and challenge myself

Q12 Who is the greatest influence on your decision making when planning to travel? Please rank according to the level of importance with the most important being 1.

_____ Yourself

_____ Family

_____ Carers

_____ Medical Professionals

_____ Other (please state)

Q13 Have you ever been persuaded not to undertake an activity on holiday due to someone else's perceptions of your disability and the risks involved?

- ❍ Yes
- ❍ No

Q14 Have you ever doubted your own ability to undertake an activity on holiday?

- ❍ Yes but I travelled anyway
- ❍ Yes and I didn't travel because of my doubts
- ❍ No
- ❍ In some circumstances (please state) _____

Q15 How would you describe the following activities?

| | Not Risky | A Bit Risky | Extremely Risky |
|---|---|---|---|
| Swimming in the sea | ❍ | ❍ | ❍ |
| Water Skiing | ❍ | ❍ | ❍ |
| Motorcycle/Scooter hire | ❍ | ❍ | ❍ |
| Bungee Jumping | ❍ | ❍ | ❍ |
| Travelling Alone in the UK | ❍ | ❍ | ❍ |
| Travelling Alone overseas | ❍ | ❍ | ❍ |
| Going out alone at night in the UK | ❍ | ❍ | ❍ |
| Going out alone at night overseas | ❍ | ❍ | ❍ |
| Travelling on Public Transport in the UK | ❍ | ❍ | ❍ |
| Travelling on Public Transport overseas | ❍ | ❍ | ❍ |
| Travelling alone in a Taxi in the UK | ❍ | ❍ | ❍ |
| Travelling alone in a | ❍ | ❍ | ❍ |

| | | | |
|---|---|---|---|
| Taxi overseas | | | |

Q 16 Have you ever been on an activity which you felt was beyond your physical ability?

- ❍ Yes
- ❍ No

Q17 How did this make you feel? Please tick all that apply.

- ❑ Embarrassed
- ❑ Frustrated
- ❑ Enjoyed the challenge
- ❑ Humiliated
- ❑ Afraid
- ❑ Excited
- ❑ Other (please state) _____

Q18 Would this experience prevent you undertaking similar activities in the future?

- ❍ Yes
- ❍ No
- ❍ Perhaps

Q19 To what extent do you base your perception of risk on:

| | To a great extent | Some extent | No extent |
|---|---|---|---|
| The amount of information you are personally able to find out? | ❍ | ❍ | ❍ |
| The amount of information others tell you? | ❍ | ❍ | ❍ |
| Official public notices concerning risk (flood notices e.g.) | ❍ | ❍ | ❍ |

Q20 Do you feel some foreign cultures have a more negative attitude to disability than others?

- ❍ Yes
- ❍ No

Q21 Would this prevent you from travelling to those destinations?

- ❍ Yes
- ❍ No

Q22 Have you ever unknowingly taken a risk when travelling? (For instance unknowingly taking an excursion to a dangerous area or on a dangerous form of transport)

- ❍ Yes
- ❍ No

Q23 Would knowing you had unwittingly taken a risk change your future perceptionof risk?

- ❍ Yes
- ❍ No

Q29 If So How?

- ❍ I would not now undertake a similar activity in future
- ❍ I would be less likely to undertake a similar activity in future
- ❍ I would try to find out more information beforehand but would probably undertake the activity again
- ❍ I would undertake the activity again regardless

Q30 Have you ever incurred medical costs whilst on holiday in relation to your disability that were not covered by travel insurance?

- ❍ Yes
- ❍ No

Q31 Do you think your IT skills allow you to gather sufficient travel information to evaluate any risk before travelling?

- ❍ Yes
- ❍ No

Q32 Do you find relevant travel information easy to access on the internet?

- ❍ Yes
- ❍ No

Q33 Do any of the following barriers prevent you getting the information yourself?

| | Yes | No |
|---|---|---|
| Physical access to travel agents (lack of ramps e.g.) | ❍ | ❍ |
| Lack of staff training in travel agents (sign language e.g.) | ❍ | ❍ |
| Insufficient information on websites regarding disabilities | ❍ | ❍ |
| Access to internet | ❍ | ❍ |
| Personal Computing skills | ❍ | ❍ |

Q34 Have you experienced difficulty communicating with local people in foreign destinations?

- ❍ Yes
- ❍ No

Q35 If so was this because of language barriers or your disability?

- ❍ Language Barriers
- ❍ Disability
- ❍ Both

Q36 Does the idea of communicating in a foreign language motivate you to travel overseas?

- ❍ Yes - it motivates me to travel overseas
- ❍ No - it deters me from travelling overseas
- ❍ It's not really a factor

Q37 If you have hesitated to travel due to a perceived high level of risk, have you reconsidered at a later date due to further information or to a different approach to travelling?

- ❍ Yes
- ❍ No

Q38 How reliant are you on friends and family to organise your travel?

- ❍ Very Reliant
- ❍ A Little
- ❍ Not At All

Q39 To what extent do you feel travel agencies and tour operators cater for your needs?

- ❍ A Great Deal
- ❍ Adequately
- ❍ Not Very Much

Q40 Do you incur additional costs for accessible rooms and travel because of your disability?

- ❍ Yes
- ❍ No
- ❍ Sometimes

Q41 Does this cost prevent you travelling or limit your choice?

- ❍ Yes
- ❍ No
- ❍ Sometimes

Q42 Do you have problems obtaining travel insurance?

- ❍ Always
- ❍ Sometimes
- ❍ Never

Q43 Does this stop you travelling?

- ❍ Yes
- ❍ No
- ❍ Sometimes

Q44 When on holiday, have you ever been excluded from an activity or excursion on medical grounds because of your disability?

- ❍ Yes
- ❍ No

Q45 Have you been excluded from travel/activities because of lack of travel insurance?

- ❍ Yes
- ❍ No

Q46 When on holiday or travelling overseas, do you feel people treat you differently because of your disability?

- ❍ Yes
- ❍ No

Q47 When travelling abroad has your disability made it difficult for you to feel part of the wider group?

- ❍ Yes
- ❍ No
- ❍ Sometimes

Q48 Are there environmental conditions you would perceive as particularly risky because of your disability? Please rate with the highest risk being 1.

_____ Hot environments

_____ Cold environments

_____ Sandy environments

_____ Rocky environments

_____ Noisy or Busy Environments

_____ Other (please state)

Q49 Does avoiding such environments mean your holidays become more expensive?

- ❍ Yes
- ❍ No

Q50 Are you interested in travelling;

- ❑ For Business
- ❑ For Holiday Purposes
- ❑ Other reasons _____

Q51 Would you agree there is sufficient information available to disabled tourists?

- ❍ Always
- ❍ Sometimes
- ❍ Never

Q52 If you disagree what kind of information do you feel is lacking? (Tick all that apply)

- ❑ Additional charges for disabled facilities
- ❑ Arbitrary charges in relation to disability (for example charges for guide dogs on beaches)
- ❑ Assistance available for disabled tourists
- ❑ Other

Q53 Is the information you are currently able to find sufficiently detailed?

- ❍ Yes
- ❍ No
- ❍ Sometimes

Q54 How useful do you think internet technology is? Please tick all of these you agree with?

- ❑ It helps me find out more information than before
- ❑ It leads to fewer high street options
- ❑ It helps me find cheaper goods
- ❑ It leads to fewer job opportunities
- ❑ It helps me find job opportunities
- ❑ It is a barrier to me because of the level of my IT skills
- ❑ It helps save me time
- ❑ It takes up too much of my time

Q55 When booking at a travel agents, which would you prefer:

- ❍ existing tourist opportunities to be made more accessible for tourists with a disability similar to yours?
- ❍ an increased range of specialist package tours for tourists with a disability similar to yours?
- ❍ Other (please state) _____

Thank you for taking the time to complete this questionnaire. In order that I can organize my research by different categories it would be useful to know some general information about you. I would appreciate you completing the following details. This information will be anonymous and treated with confidentiality.

Q56 Age? _____

Q57 Gender?

- ❍ Male
- ❍ Female

Q58 Type of Disability (please state) _____

Q59 How would you rate the severity of your disability?

- ❍ Mild
- ❍ Moderate
- ❍ Severe

Q60 Occupation? _____

Q61 How much are you able to spend on a holiday annually?

- ❍ £0 - £100
- ❍ £100 - £500
- ❍ £500 - £1000
- ❍ Above £1000

Q62 Educational Level?

- ❍ No formal qualifications
- ❍ Less than 5GCSEs or equivalent
- ❍ 5 or more GCSEs
- ❍ A-Levels
- ❍ Degree
- ❍ Post Graduate Qualification

# Reference List


ABTA. (2014). *ABTA Travel Trends Report 2015.* [online] Available at: https://c0e31a7ad92e875f8eaa-5facf23e658215b1771a91c2df41e9fe.ssl.cf3.rackcdn.com/publications/Travel_Trends_2015_Report.pdf. [Accessed 28th Jan. 2016].

ABTA, (2014). *The Consumer Holiday Trends Report 2014*. [online] p.2. Available at: https://c0e31a7ad92e875f8eaa-5facf23e658215b1771a91c2df41e9fe.ssl.cf3.rackcdn.com/publications/1420_ABTA_Consumer_Survey_2014_WEB.pdf [Accessed 16 Feb. 2016].

Agarwal, S., Brunt, P., (2006), *"Social exclusion and English seaside resorts", "Tourism Management"*, 27, pp. 654–670.

Alaszewski, A. 2005. A person-centred approach to communicating risk. *PLoS Medicine 2*, Issue. 2, pp. 93–5.

Levent Altinay, Alexandros Paraskevas, SooCheong (Shawn) Jang (2015). *Planning Research in Hospitality and Tourism*. Oxon: Routledge. 91.

Atkin, C., (1973*).* Instrumental utilities and information seeking*. New models for communication research,* vol. 2, ed. P. Clarke. London: Sage.

Beaussart M. (1994) *Seizures at the wheel and their consequences*. In: Cornaggia C., Beghi E., Hauser AW et al. (Eds.) *Epilepsy and Risks: A First-Step Evaluation*. Heemstede: International Bureau for Epilepsy, 1994.

Belkin, N. (1980). Anomalous state of knowledge for information retrieval. Canadian *Journal of Information Science* Issue 5: 133–43.

Berger, C.R., and R.J. Calabrese. 1975. Some explorations in initial interaction and beyond: Toward a developmental theory of interpersonal communication. *Human*
*Communication Research* Vol.1, pp. 99–112.

Berthoud R, Hancock R. (2009) Disability benefits and paying for care. University of Essex: Institute for Social and Economic Research.

De Blaeij, A.T. and van Vuuren, D.J., (2003), "Risk Perception of Traffic Participants", *Accident Analysis and Prevention*, Vol 35, pp 167-175.

Boshoff, C. (2002) Service Advertising: An Exploratory Study of Risk Perceptions. *Journal of Service Research*. Vol. 4, pp. 290–298.

Bradburn, N., Rips, L., Shevell, J. Answering Autobiographical Questions: The Impact of Memory and Inference on Surveys. *Science*, April 10, 1987 v236 p157(5)

Brown, T., Kaplan, R. and Quanderer, G., (1999) *Beyond Accessibility: Preferences for Natural Spaces*, cited in Buhalis, D. and Darcy, S., (2011) *Accessible Tourism: Concepts and Issues*. Bristol: Channel View Publications.

Bruhn, M., and K. Hadwich 2004. Qualita¨tswahrnehmung and Qualita¨tszeichen bei Touristischen Dienstleistungen. *Qualita¨tszeichen im Tourismus. Vermarktung und Wahrnehmung von Leistungen*, K. Weiermair and B. Pikkemaat, eds., pp. 5–19. Berlin: Erich Schmidt Verlag.

Burnett,J.J., and Paul, P., (1996), Assessing the media habits and needs of the mobility-disabled consumer, *Journal of Advertising*, 25 (3), pp. 47–59.

Burnett, J., and H. Bender Baker (2001) Assessing the Travel-Related Behaviors of the Mobility-Disabled Consumer. *Journal of Travel Research* 40:4 –11.

Buhalis, D. and Darcy, S., (2011) *Accessible Tourism: Concepts and Issues*. Bristol: Channel View Publications.

Bynoe, I.Oliver, M. and Barnes, C. (1990). *Equal rights for disabled people : the case for a new law.* London : Institute for Public Policy Research

Caravansitefinder, (2011). http://www.caravansitefinder.co.uk/parks/view/1801-binghams-grange-caravan-park Accessed 17 February 2011.

Cavinato, J., and M. Cuckovich., (1992) Transportation and Tourism for the Disabled: An Assessment. *Transportation Journal* 31(3):46–53.

Center for Universal Design. (n.d.). *Universal design principles*. Retrieved May 2, 2008, from http://www.design.ncsu.edu: 8120/cud as cited in Darcy, S. Cameron, B. and Pegg, S., (2010) Accessible tourism and sustainability: a discussion and case study. *Journal of Sustainable Tourism* Vol. 18, Issue: 4, pp: 515–537

Chang, Y., Chen, C., (2011), "Identifying mobility service needs for disabled air passengers". *Tourism Management*, 32, pp. 1214-1217.

Chapman, M., Cookney, J., Kaplan, I. and Regan, B., (2007) "We're all going on a summer holiday" Report on a research project about holidays for people who are learning disabled: Manchester: Manchester City Council

Cohn, L., Macfarlane, S. and Yanez, C., (1995), "Risk-Perception: Difference Between Adolscents and Adults", *Health Psychology*, Vol 14, no 3, pp 217-22.

Cavinato, J., and M. Cuckovich., (1992) Transportation and Tourism for the Disabled: An Assessment. *Transportation Journal* 31(3):46–53.

Chen, Yi, Xinran Y. Lehto, and Liping Cai. "Vacation And Well-Being: A Study of Chinese Tourists*". Annals of Tourism Research* 42 (2013): 284-310. Web.

Corker, M. and French, S. (1998). (Eds). *Disability Discourse*. Buckingham: Open University Press

Council of Europe. (2009). *Recommendation CM/Rec(2009)6 of the Committee of Ministers to member states on ageing and disability in the 21st century: sustainable frameworks to enable greater quality of life in an inclusive soc.* Available: https://wcd.coe.int/ViewDoc.jsp?id=1470069&&Site=CM. Last accessed 25/02/2016.

Creswell, J., (2013) Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. SAGE. p 4.

Daniels, M., E. Drogin, and B. Wiggins., (2005) ''Travel Tales'': An Interpretive Analysis of Constraints and Negotiations to Pleasure Travel as Experiences by Persons with Physical Disabilities.*Tourism Management* 26:919–930.

Darcy, S., (1998) *Anxiety to Access: Tourism Patterns and Experiences of New South Wales People With a Physical Disability*. Sydney: Tourism New South Wales.

Darcy, S. (2002*).* Marginalised participation: Physical disability, high support needs and tourism. *Journal of Hospitality and Tourism Management*, Vol: 9, Issue: 1, pp. 61–72.

Darcy, S., (2010), "Inherent complexity: Disability, accessible tourism and accommodation information preferences". *Tourism Management*, 31, pp. 816–826.

Darcy, S., and Dickson, T. (2009). A Whole-of-Life Approach to Tourism: The Case for Accessible Tourism Experiences. *Journal of Hospitality and Tourism Management*, 16(1), 32-44

Darcy, S., and P. Daruwalla., (1999) The Trouble with Travel: People with Disabilities and Travel. *Social Alternatives* 18(1):41–46.

Darcy, S. Cameron, B. and Pegg, S., (2010) Accessible tourism and sustainability: a discussion and case study. *Journal of Sustainable Tourism* Vol. 18, Issue: 4, pp: 515–537

Darcy, S. and Taylor, T.,(2009) Disability citizenship: an Australian human rights analysis of the cultural industries. *Leisure Studies*, Vol: 28, Issue: 4, pp. 419 — 441

Daruwalla, P. and Darcy, S., (2005) Personal And Societal Attitudes To Disability *Annals of Tourism Research*, Vol. 32, No. 3, pp. 549–570.

Dattilo, J., (2002) *Inclusive Leisure Services: Responding to the Rights of People with Disabilities.* State College, PA: Venture Publishing.

Dattilo, J., (2002) *Inclusive Leisure Services: Responding to the Rights of People with Disabilities.* State College, PA: Venture Publishing.

Decrop, A. (1999). Triangulation in qualitative tourism research. *Tourism Management*, 20(1), pp.157-161.

Demuth, J. , 2013. "Weather-Risk Information Seeking and Processing: Synthesizing the RISP Model and Applying it to Weather Risks" Paper presented at the annual meeting of the Association for Education in Journalism and Mass Communication, Renaissance Hotel, Washington DC. Available: http://citation.allacademic.com/meta/p670289_index.html Last accessed 8/07/2016.

Department for Work and Pensions. (2012). Disability Equality Indicators. Available: http:/odi.dwp.gov.uk/disability-statistics-and-research/disability-equality-indicators.php Last accessed 18/02/2016.

Department for Work and Pensions, (2015). *Households Below Average Income An analysis of the income distribution 1994/95 – 2013/14*. [online] p.93. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437246/households-below-average-income-1994-95-to-2013-14.pdf [Accessed 26 Apr. 2016].

Detailed country of birth and nationality analysis from the 2011 Census of England and Wales. (2013). 1st ed. [ebook] p.30. Available at: http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171776_310441.pdf [Accessed 20 Jun. 2016].

Disabledholidaydirectory (2011). http://www.disabledholidaydirectory.co.uk/ Accessed 17 February 2011.

Disability Now., (2005) *Disabled People's Needs*. Athens: Unpublished Document.

DfT, (2010) DPTAC. CAT and BRB to go. *Rail Business Intelligence*, 14725428, Issue: 377 http://web.ebscohost.com/ehost/detail?hid=104&sid=75b62e96-96b7-4134-8b08-93c06618c447%40sessionmgr112&vid=2&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=buh&AN=55358973 Accessed 17 February 2011.

DPI (1982) *Proceedings of the First World Congress*, Singapore: Disabled People's International.

DPTAC (2010) Disabled Persons Transport Advisory Committee Access to Sea Travel

Dwyer, L., Gill, A. and Seetaram, N. (2012). *Handbook of research methods in tourism*. Cheltenham: Edward Elgar.

Eagles, P.F.J., (1992), The travel motivations of Canadian ecotourists, *Journal of Travel Research*, 31 (2), pp. 3–7.

Eagly, A.H., and S. Chaiken. 1993. *The psychology of attitudes*. San Diego: Harcourt Brace.

Eichhorn, V., Miller, G., Michopoulou, E., and Buhalis, D., (2008) Enabling Access To Tourism Through Information Schemes. *Annals of Tourism Research*, Vol. 35, No. 1, pp. 189–210,

English Tourism Council. (2000). *People with disabilities and holiday taking.* London: ETC.

Enjoy England (2011) National Accessibility Scheme http://www.enjoyengland.com/stay/accessible-accommodation/national-accessible-scheme-symbols.aspx. Last accessed 17 February 2011.

Equality Act 2010: What do I need to know? A Summary Guide for Businesses Who Sell Goods and Services. (2010). 1st ed. [ebook] British Chambers of Commerce and Government Equalities Office, p.5. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/85009/business-summary.pdf . Last accessed 29 February 2016.

Equality and Human Rights Commission, 2010, How fair is Britain? The first Triennial Review Executive Survey, (online), available at: http://www.equalityhumanrights.com/uploaded_files/triennial_review/tr_execsumm.pdf (Accessed 4 November 2014)

Equality Advisory and Support Service. (2014). *Advice: Disability - Services - Exceptions - Insurance.* Available: https://www.equalityadvisoryservice.com/app/answers/list/kw/insurance/search/1 Last accessed 6th August 2015.

Fan, Z., Ma, J. and Zhang, Q., (2002). An approach to multiple attribute decision making based on fuzzy preference information on alternatives. *Fuzzy Sets and Systems.* Vol. 131, pp. 101 – 106

Font, X., (2002a) Environmental Certification in Tourism and Hospitality: Progress,
Process and Prospects. *Tourism Management* 23:197–205.

Fost, D. (1998). The fun factor: Marketing recreation to the disabled. *American Demographics*, 20(2), pp. 54–58.

Franceschini, L. A., III. (2000). *Navigating electronic survey methods: Three pilot studies*. (ERIC Document Reproduction Service No. 448183)

French, S. (1993) `Can you see the rainbow?', in Swain, J. et al.,(eds.) *Disabling Barriers - Enabling Environments*, London: Sage.

Fuchs, G., Reichel, A., (2011) *"*An exploratory inquiry into destination risk perceptions and risk reduction strategies of first time vs. repeat visitors to a highly volatile destination", *Tourism Management*, 32, pp. 266–276.

Fyhri, A., and Backer-Grondahl, A., (2012), ”Personality and Risk Perception in Transport”, *Accident Analysis and Prevention*, 49, pp470-475.

Gill, John and Johnson, Phil (1997), *Research Methods for Managers*, 2nd edition, London: Chapman.

Goodall, B., (2006) Disabled Access and Heritage Attractions. *Tourism, Culture and Communication*. Vol: 7, pp: 57-78

Goodall, B., Pottinger, G., Dixon, T. and Russell, H. (2005) Access to Historic Environments for Tourists with Disabilities: A Compromise? *Tourism Review International.* Vol: 8, pp: 177-194.

Green, M., Rossall, P. (2013) Age UK Digital Inclusion Evidence Report 2013. pp: 26.

Griffin, R., Dunwoody, S.and Neuwirth, K., (1999). Proposed model of the relationship of information seeking and processing to the development of preventive behaviours. *Environmental Research* Vol. 80, pp. S230–S245.

Griffin, R. J.,and Dunwoody, S. (2000). The relation of communication to risk judgment and preventive behavior related to lead in tap water. *Health Communication*, Vol. 12, pp. 81–107.

Griffin, R., Neuwirth, K., Dunwoody, S. and Giese, J., (2004) Information Sufficiency and Risk Communication. *Media Psychology* Vol. 6, Issue. 1. Pp 23 – 61.

Guitouni, A. and Martel, J., (1998) Tentative guidelines to help choosing an appropriate MCDA method. *European Journal of Operational Research*. Vol. 109 pp. 501-521

Gursoy, D., and J. Chen., (2000) Competitive Analysis of Cross Cultural Information Search Behavior. *Tourism Management* 21:583–590.

Gursoy, D., and K. McCleary., (2004) An Integrative Model of Tourists' Information Search Behavior. *Annals of Tourism Research* 31:353–373.

Hilinski, C.; Pentecost Neeson, K.; Andrews, H., (2011) Explaining the Fear of Crime Among College Women, in their own Words. *Southwest Journal of Criminal Justice*;2011, Vol. 8 Issue 1, p112

Hollinshead, K. 2004. A Primer in Ontological Craft: The creative capture of people and places through qualitative research. In: Phillimore, J. and Goodson, L. (2004). *Qualitative research in tourism*. London: Routledge.

Hunter-Jones, P, & Blackburn, A 2007, 'Understanding the relationship between holiday taking and self-assessed health: an exploratory study of senior tourism',

Hutchison, P. (1997). *Citizenship – Setting the scene (keynote address). Paper presented at the Citizenship … beyond Disability Conference*, Brisbane: Australia.

Imrie, R., (1999) The Role of Access Groups in Facilitating Accessible Environments for Disabled People. *Disability and Society* 14:463–482.

Imrie, R., and M. Kumar., (1998) Focusing on Disability and Access in the Built Environment. *Disability and Society* 13:357–374.

Information technology - definition of information technology in English | Oxford Dictionaries. (2017). [online] Oxford Dictionaries | English. Available at: https://en.oxforddictionaries.com/definition/information_technology [Accessed 23 Feb. 2017].

International Journal Of Consumer Studies, 31, 5, pp. 509-516, Business Source Complete, EBSCOhost, viewed 9 August 2016.

Information for Disabled People and People with Reduced Mobility. London: DPTAC

Jacoby, K. and Jacoby, A., (No date) *Epilepsy and Insurance in the UK: An exploratory survey of the experiences of people with epilepsy: On behalf of The 3rd IBE Commission for Epilepsy Risks and Insurability*. Liverpool: University of Liverpool.

Israeli, A., (2002) A Preliminary Investigation of the Importance of Site Accessibility Factors for Disabled Tourists. *Journal of Travel Research*, Vol. 41, pp. 101-104

Jacoby, K. and Jacoby, A., (No date) *Epilepsy and Insurance in the UK: An exploratory survey of the experiences of people with epilepsy: On behalf of The 3rd IBE Commission for Epilepsy Risks and Insurability*. Liverpool: University of Liverpool.

Kahn, J. (2000). Creating an online community—and a market—for the disabled. *Fortune*, 7 February, p. 188.

Kahlor, L. (2007). An augmented risk information seeking model: The case of global warming. *Media Psychology* Vol.10, pp. 414–35.

Kaye, A., Jordan, H. and Baker, D. (2012). The Tipping Point The human and economic costs of cutting disabled people's support. [online] UK Disabled People's Council, The Disability Benefits Consortium, p.21. Available at: https://thehardesthit.files.wordpress.com/2012/10/the_tipping_point_oct_2012.pdf [Accessed 26 Apr. 2016].

Kisanji, J., (1995) Interface between culture and disability in the Tanzanian context, *International Journal of Disability, Development and Education*, 42 (2) (1995), pp. 93–108.

Kuhlthau, C., (1991). Inside the search process: Information seeking from the user's perspective. *Journal of the American Society for Information Science* Vol. 42, Issue.5, 361–71.

Learn Higher (2017). Analyse This!!! - qualitative data - advantages and disadvantages. [online] Available at: http://archive.learnhigher.ac.uk/analysethis/main/qualitative1.html [Accessed 6 Feb. 2017].

Lee, B.K. , Agarwal, S., Kim, H.J., (2012), *"Influences of travel constraints on the people with disabilities' intention to travel: An application of Seligman's helplessness theory"*, "Tourism Management", 33, pp. 569-579.

Lepp, A., Gibson , H., Lane, C., (2011), *"Image and perceived risk: A study of Uganda and its official tourism website",* "Tourism Management", 32, pp. 675-684.

Lindsay, P., and Norman, D, A. (1977). *Human Information Processing*: An Introduction to Psychology.

Lovelock, B., (2010) Planes, trains and wheelchairs in the bush: Attitudes of people with mobility disabilities to enhanced motorised access in remote natural settings. *Tourism Management* Vol: 31, pp: 357–366.

Ter Huurne, E. and Gutteling, J., (2008) Information needs and risk perception as predictors of risk information seeking. *Journal of Risk Research* Vol. 11, Issue. 7, pp. 847–862.

Mann, P. (1999). Congress upbraids 'cynical' airlines. *Aviation Week and Space Technology*, 150(11), 24.

Marinelli, R. and Dell Orto, A. (1999). The Psychological and Social Impact of Disability. New York: Springer Pub. Co.

Marston, J., and R. Golledge., (2003) The Hidden Demand for Participation in Activities and Travel by Persons who are Visually Impaired. *Journal of Visual Impairment and Blindness.* 97:475–489.

McKercher, B., T. Packer, M. Yau, and P. Lam., (2003) Travel Agents as Facilitators or Inhibitors of Travel: Perceptions of People with Disabilities. *Tourism Management* 24:465–474.

Miller, G. and Kirk, E., (2002) The Disability Discrimination Act: Time for the stick? *Journal of Sustainable Tourism*. Vol: 10, pp: 82-88.

Moore, N (1994) *Access to information: review of the provision of information for disabled people*. London: Policy Studies Institute

Moore, N. (2000). The Information Needs Of Visually Impaired People: A review of research for the RNIB

Moore, N. 2002. A model of social information need. *Journal of Information Science* Vol. 28, Issue. 4, pp. 297–303.

Moutinho, L., (1987) Consumer Behaviour in Tourism. European *Journal of Marketing* 21(10):5–44.

Mowen, J., and Minor, M. (1998). *Consumer behaviour*. Englewood Cliffs, NJ: Prentice-Hall.

Murphy, K., and Baig, E. (1997). Barriers drop for the disabled. *Business Week*, 31 March, p. 99.

Muloin, S., (1992) *Wilderness Access for Persons with a disability*, cited in Buhalis, D. and Darcy, S., (2011) *Accessible Tourism: Concepts and Issues*. Bristol: Channel View Publications.

National Accessible Scheme, http://www.visitbritain.com/en/Accommodation/Disabled-and-elderly/What-is-the-National-Accessibility-Scheme.html Last accessed 4/12/2013.

Nelson, C.O., 91995), Access travel USAA directory for people with disabilities, *Library Journal*, 120 (15) (1995), p. 51.

Neuwirth, K., and E. Frederick. 2004. Peer and social influence on opinion expression: Combining the theories of planned behaviour and the spiral of silence. *Communication Research.* Vol. 31, Issue. 6, pp. 669–703.

NOP Consumer., (2003) *Holiday-Taking and Planning Amongst People with a Disability*. London: NOP Consumer.

Office for Disability Issues (December 2011). *"Life Opportunities Survey: Wave one results, 2009/11".* Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180891/los_wave_one_200911.pdf . Last accessed. 07/07/2016

Office for National Statistics. (15 May 2013 ). "*InternetAccess Quarterly Update, Q1 2013*". Available: http://www.ons.gov.uk/ons/rel/rdit2/internet-access-quarterly-update/2013-q1/stb-ia-q1-2013.html#tab-Disability
Last accessed 4/12/2013.

Oliver, M. (1996).Defining Impairment And Disability: Issues At Stake in Barnes, C. and Mercer, G., (1996) Exploring the Divide. Leeds: The Disability Press.

Olofson, A. and Rashid, S., (2011), "The White Male Effect and Risk Perception: Can Equality Make a Difference?", *Risk Analysis*, Vol 31, no 6, pp 1016-33.

Packer, T. McKercher, B., and Yau, M. (2007). Understanding the complex interplay between tourism, disability and environmental contexts. *Disability and Rehabilitation*, Vol: 29, Issue: 4, pp. 281–292.

Pagan, R. "The Impact Of Holiday Trips On Life Satisfaction And Domains Of Life Satisfaction: Evidence For German Disabled Individuals". Journal of Travel Research 54.3 (2014): 359-379. Web.

Park, J. (2007). “Passenger Perception of Service Quality: Korean and Australian Case Studies.” *Journal of Air Transport Management*, Vol: 13: pp: 238-42.

Patton, M. and Patton, M. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, Calif.: Sage Publications.

Pegg, S., and Stumbo, N. (2008). *Creating opportunities and ensuring access to desirable heritage and cultural tourist services and leisure experiences*. Routledge.

Phillips, D. (2002). *The Disability Discrimination Act Revisited – The Implications of 2004 for Tourism and Hospitality*. Available: http://www.insights.org.uk/articleitem.aspx?title=The+Disability+Discrimination+Act+Revisited+%E2%80%93+The+Implications+of+2004+for+Tourism+and+Hospitality#Conclusion.

Last accessed 12/12/13.

Prideaux, B. Timothy, D and Chon, K., (Eds.), *Cultural and heritage tourism in Asia and the Pacific* (pp. 250–256). New York: Routledge.

Pepels, W., (2003) *Produktmanagement: Produktinnovation, Markenpolitik, Programmplanung, Prozessorganisation* (fourth ed.). Mu¨nchen: Oldenbourg.

*Perry, Ivy, Conner and Shelar (2008)*, "Recreation student attitudes towards persons with disabilities: considerations for future service delivery" *Journal of Hospitality, Leisure, Sport and Tourism Education 7(2), pp. 4 – 14.*

Poria, Y. Reichel, A. and Brandt, Y., (2010) The Flight Experiences of People with Disabilities: An Exploratory Study. *Journal of Travel Research*. Vol: 49, Issue: 2, pp: 216–227

Prager, J. H. (1999b). People with disabilities are next consumer niche. *Wall Street Journal*, 15 December, pp. B1, B2.

Pu¨hretmair, F., (2004*) It's Time to Make eTourism Accessible. In Computers Helping People withSpecial Needs*, K. Miesenberger, J. Klaus, W. Zagler and D. Burger, eds., pp. 272–279. Berlin: Springer-Verlag.

Quality In Tourism. (2017). *Quality in Tourism*. [online] Available at: http://www.qualityintourism.com/quality-schemes/access/ [Accessed 30 Jan. 2017].

Quintal, V.A., Lee, J.A., Soutar, G.N., (2010), *"Risk, uncertainty and the theory of planned behavior: A tourism example"*, "Tourism Management", 31, pp. 797–805.

Radecki, J. and Jaccard, C., (1995). Perceptions of knowledge, actual knowledge and information search behaviour. *Journal of Experimental Social Psychology* Vol. 31, pp. 107–38.

Rains, S., (2008) Culture in the further development of universal design. *Design for All* Vol: 3, pp: 18 – 34

Ray, N., and M. Ryder., (2003) ''Ebilities'' Tourism. An Exploratory Discussion of the Travel Needs and Motivations of the Mobility Disabled. *Tourism Management* 24:57–72.

Raya, N. and Ryderb, M., (2003) ''Ebilities'' tourism: an exploratory discussion of the travel needs and motivations of the mobility-disabled. *Tourism Management*. Vol. 24, 57–72

Reynolds, C. (2000). Airlines, buses, hotels address accessibility; disabled as more complaints come in, travel-related businesses are being forced to improve their facilities for the wheelchair-bound. *The Los Angeles Times*, 23 January, p. L2.

Richards, V., Morgan, N., Pritchard, A. and Sedgley, D., (2010) Tourism and Visual Impairment cited in Cole, S. and Morgan, N., (2010) Tourism and Inequality: Problems and Prospects. Wallingford: CABI

Rosenhahn, D. (1973) Science 179 4070. New York: Association for the Advancement of Science.

Roth, S., (1993), EC making progress on access, *Hotel and Motel Management*, 208 (6) (1993), p. 29.

Savage, I. (1993). Demographic influences on risk perceptions. *Risk Analysis*, Vol. 13, pp. 413–420.

Schoemaker, P., (1993), "Determinants of Risk Taking: Behavioral and Economic Views, (1993), *Journal of Risk and Uncertainty*, 6, pp 49-73.

Schiffman, L., and Kanuk, L. (2007). *Consumer behaviour*. Englewood, Cliffs: Prentice-Hall.

Shakespeare, T., and Watson, N. (2001). *The social model of disability: An outdated ideology?* In Barnartt, S. and Mandell Altman, B., (Eds.), *Exploring theories and expanding methodologies* Vol. 2, pp. 9–28.

Shaw, G. and Coles, T., (2004) Disability, holiday making and the tourism industry in the UK: a preliminary survey. *Tourism Management* Vol. 25, 397–403

Shaw, G., Veitch, C. and Coles, T., (2005) Access, Disability, and Tourism: Changing Responses in the United Kingdom. *Tourism Review International* 8:167–176.

Slovic, P., (1987), "Perception of Risk", Science, vol 236, pp280-85.

Slovic, P. (1994,). *Scientific versus public perceptions of environmental risks: Where is the reality?* Paper Presented at the 160th national meeting of the American Association for the Advancement of Science, San Francisco, CA.

Smith, N., Middleton, S., Ashton-Brooks,, K., Cox, L., Dobson, B. and Reith, L. (2004). *Disabled people's costs of living: More than you would think*. 1st ed. [ebook]

Joseph Rowntree Foundation. Available at: http://www.jrf.org.uk/sites/default/files/jrf/migrated/files/1859352375.pdf [Accessed 7 Jul. 2016].

Sonmez, S. and Graefe, A., (1998), "Influence of Terrorism Risk on Foreign Tourism Deecisions", *Annals of Tourism*, Vol 25, no 1, pp 112-144.

Spreng, R., S. MacKenzie, and R. Olshavsky., (1996) A Reexamination of the Determinants of Consumer Satisfaction. *Journal of Marketing* 60(3):15–32.

Stebbins, R., (2006). *Serious leisure: A perspective for our time*. New Brunswick, NJ: Transaction.

Stumbo, N., and S. Pegg., (2005) Travellers and Tourists with Disabilities: A Matter of Priorities and Loyalties. *Tourism Review International* Vol8:195–209.

Ter Huurne, E. and Gutteling, J., (2008) Information needs and risk perception as predictors of risk information seeking. *Journal of Risk Research* Vol. 11, Issue. 7, pp. 847–862.

Tester, S., (1992) *Common knowledge: a coordinated approach to information-giving*. London: Centre for Policy on Ageing..

Teuber, A., (1990), "Justifying Risk", *Daedalus,* Vol 119, no 4, pp 235-54.

TFA (2010) Tourism For All http://www.tourismforall.org.uk/About-TFA.html Accessed 17 February 2011.

The Money Advice Service,. *Holiday Spending Spree - UK Adults Set To Spend Over £27Bn On Summer Getaways*. 2013. Web. 10 Dec. 2015.

Tohidy Ardahaey, Fateme. "*Economic Impacts Of Tourism Industry*". International Journal of Business and Management Vol. 6.8 (2011): 208, 209. Print.

Turco, D. Stumbo, N and Garncarz, J., (1998). “Tourism Constraints for People with Disabilities.” *Parks and Recreation*, 33 (9): 78-85.

United Nations. (2006). Convention on the Rights of Persons with Disabilities. Available: http://www.un.org/disabilities/convention/conventionfull.shtml. Last accessed 29/02/2016.

United Nations. (2016). *Sri Lanka ratifies CRPD.* Available: https://www.un.org/development/desa/disabilities/news/news/sri-lanka-ratifies-the-crpd-total-ratifications-162.html. Last accessed 22/02/2016.

UNESCAP. (2000) Conditions to Promote Barrier-free Tourism for People with Disabilities and Older Persons. Economic and Social Commission for Asia and the Pacific (ESCAP).

UPIAS, (1976) Definition of Disability in Oliver, M. (1996).*Defining Impairment And Disability: Issues At Stake* in Barnes, C. and Mercer, G., (1996) *Exploring the Divide*. Leeds: The Disability Press.

Vaughn, E., and Nordenstam, B. (1991). The perception of environmental risks among ethnically diverse groups. *Journal of Cross-Cultural Psychology*, Vol. 22, pp. 29–60.

Visit Britain. (2015). What is the National Accessible Scheme?. Available: http://www.visitbritain.com/en/Accommodation/Disabled-and-elderly/What-is-the-National-Accessibility-Scheme.html. Last accessed 10/12/2015.

Vogt, C., and Fesenmaier. D., (1998) Expanding the Functional Information Search Model. *Annals of Tourism Research* 25:551–578.

Wagenaar W., (1986) My memory: A study of autobiographical memory over six years. Cognitive Psychology Volume 18, Issue 2: Pages 225–252

Walsh, A. (Ed.). (1994). *Able to travel: True stories by and for people with disabilities: A rough guide special*. Rough Guides.

Waschke, S., (2004) *Labeling im Barrierefreien Tourismus in Deutschland: Vergleichende Analyse auf Basis Europa¨ischer Beispiele*. Germany: Dissertation in Business Studies, University of Lu¨neburg.

Wildavsky, A. and Dake, K., (1990), "Theories of Risk Perception: Who Fears What and Why?", *Daedalus*, Vol 119, No 4, pp 41-60.

Williams, G. (1991) `Disablement and the Ideological Crisis in Health Care', *Social Science and Medicine*, Vol: 33, Issue: 4, pp. 517-524.

Williams, J., (1999). Disabled people work their way up to TV ads. *Advertising Age*, 16 August, p. 30.

Wilson, T., (1999). Models in information behaviour research. *The Journal of Documentation*. Vol. 55, Issue. 3, pp. 249–70.

Wong, J and Weh, C., (2009) Tourist Hesitation In Destination Decision Making. *Annals of Tourism Research*, Vol. 36, Issue. 1, pp. 6–23,

Yates, K. (2007). Understanding the Experience of Mobility-Disabled Tourists. *International Journal of Tourism Policy*, Vol: 1, Issue: 2, pp: 153-166.

Yang, Z., McComas. K., Gay, G., Leonard, J., Dannenberg, A. and Dillon, H., (2010) Applying the theory of planned behavior to study health decisions related to potential risks. *Journal of Risk Research* Vol. 13, Issue. 8, pp. 1007–1026.

Yau, M. McKercher, B. and Packer, T., (2004). “Traveling with a Disability More Than an Access Issue.” *Annals of Tourism Research*, Vol: 31, Issue: 4, pp: 946-960.

Zaei, Mansour Esmaeil. "*The Impacts of Tourism Industry on Host Community*". European Journal of Tourism Hospitality and Research Vol.1.2 (2013): 12-21. Print.