ECONOMIC IMPACT AND TRAVEL PATTERNS OF ACCESSIBLE TOURISM IN EUROPE – FINAL REPORT

Service Contract SI2.ACPROCE052481700 – European Commission, DG Enterprise and Industry

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1 Executive summary

This is one of three studies commissioned by the European Commission, DG Enterprise and Industry (DG ENTR) in 2012-2013 in order to build a comprehensive picture of Accessible Tourism in the European Union (EU). The main aim of the present study is to better understand demand for Accessible Tourism in order to guide policy-making in this field. For this purpose, five main research objectives were identified:

- To examine the current and future demand for Accessible Tourism in Europe and beyond
- To investigate the travel patterns and behaviours of, and information provision for people with access needs
- To evaluate the tourist experience across different tourism sectors from demand and supply-side perspectives
- To estimate the current and future economic contribution of Accessible Tourism and its impact on employment
- To propose recommendations and success factors to improve the supply of Accessible Tourism offers

These objectives were translated into five key tasks whose key findings are presented below.

1.1 Task 1 – Demographic profiling of tourists with special access needs

1.1.1 Task 1a – Cluster analysis

To take the most effective use of available resources, this project conducted a cluster analysis, aiming to group 27 EU member states into different clusters and then selecting one or two countries to represent each cluster to carry out the primary data collection. It was presumed that the people in the same cluster should exhibit similar travelling behaviour. Hence, the primary data collected from the representative countries could be used to infer the behaviour of people in other countries. Ultimately, the estimation of demand and economic contribution for different countries will use the same profiling parameters calculated from the representative countries' primary data. In the cluster analysis of this project, thirteen variables related to each country's location, demographics, income and education were used as clustering criteria. In total 8 clusters and 12 representative countries derived from the analysis. The decision on the representative countries was based on both quantitative evidence, such as correlation coefficients, and qualitative judgement. The 12 representative countries include Belgium, Bulgaria, France, Ireland, Italy, Lithuania, the Netherlands, Poland, Slovenia, Spain, Sweden, and the United Kingdom.

1.1.2 Task 1b – Forecasting

In order to forecast the demand for Accessible Tourism, the analysis first addressed the current situation. More than half of the individuals with disabilities in the EU travelled during the 12 months between mid-2012 and mid-2013. On average, each individual took 6.7 daily trips, plus a further 6.7 overnight trips during the period, mostly within Europe. In total, this group of travellers made about 170 million day trips and a similar number of overnight trips within the EU. In comparison, a slightly smaller proportion of elderly people aged 65 or above travelled during the same period. On average this group took 6.9 day trips and 5.5 overnight trips per person. They travelled slightly more widely than individuals with disabilities. In total, they made over 225 million day trips and 217 million overnight trips over the 12 months. Overall, people with special access needs in the EU took nearly 783 million trips within EU, including both domestic travel and intra-EU travel. Among all EU member states, France, the UK and Germany are the top source markets for accessible tourism, taking both domestic and intra-EU travel into account.

As for the key international inbound markets, according to the ratio between departures into the EU and the population with special access needs, people from the developed countries are more likely to travel to the EU than people from the BRICS countries. In total, the demand for EU's accessible tourism by people with special access needs was 17.6 million trips in 2012, of which 7.2 million was taken by people with disabilities and 10.4 million by the elderly population. Among the 11 key inbound markets, the USA, Switzerland and Russia are the biggest source countries.

To forecast the future growth of accessible tourism demand, a two-step forecasting approach was followed. As the first step, three statistical forecasting methods were employed to generate forecasts separately; secondly, combination forecasts were derived based on the average of the results of these three individual forecasting techniques. Based on the forecasted growth of the elderly population and the growth of individuals with disabilities, and assuming stable travel propensity and frequency of these people, a baseline forecast is obtained. It is suggested that by 2020 the demand for EU's accessible tourism by people within the EU will continue to grow to about 862 million trips per year, and the demand by the key international inbound markets will reach 21 million trips per year.

In addition, scenario forecasting was performed based on people's responses towards three scenarios of accessibility improvements, i.e., minimum, medium and extensive levels of improvements. Three potential scenarios for future improvements in the accessibility of tourism destinations were proposed to people with special access needs: Scenario A offered a destination with partial accessibility of buildings, hotels, restaurants and museums, with no additional accessible services; Scenario B offered extended accessibility of buildings, hotels, restaurants and museums,

with some accessible services; Scenario C offered almost complete accessibility of buildings, hotels, restaurants and museums with various accessible services available.

It was predicted that the demand by people within the EU would increase by 24.2%, 33.2% and 43.6% against the baseline under Scenarios A, B and C, respectively. By 2020 the total accessible tourism demand by people within the EU would reach 1,067, 1,143, and 1,231 million trips per year under Scenarios A, B and C, respectively. The demand by people from the key international inbound markets would increase 27.8%, 49.3% and 74.6% against the baseline under Scenarios A, B and C, respectively. As a result, the total potential demand for EU's accessible tourism from the 11 key inbound markets could be up to 26 million, 31 million and 36 million by 2020 under Scenarios A, B and C, respectively. However, it should be noted that due to a small base size of 66 respondents, these results should be interpreted with caution.

1.2   Task 2 – Behavioural profiling of tourist with special access needs

1.2.1   Task 2a - Website analysis

For this task, 66 tourism-related websites and brochures from 12 tourism offices were analysed to evaluate the information available to travellers with accessibility needs from a user's point of view.

Almost 70% of all 66 surveyed websites provide information on accessible offers, but accessible features are almost never used in marketing and advertising. Information remains technical and does not seek to promote a destination.

Special interest brochures with information for guests with access needs are not present on the level of the tourism boards of the 12 surveyed countries.

1.2.2   Task 2b – Online survey and focus groups

An online survey was conducted among people with access needs in 12 EU Member States and 4 inbound markets and 2 focus groups were conducted with people aged 65 and above.

Overall, people with access needs share many behavioural patterns with other travellers, with minorities selecting answers specific to this group. More differentiated behavioural patterns appear in the preparation process: people with access needs tend to take their specific needs into account when preparing and booking their trip, with many checking accessibility conditions in advance or selecting trips where issues are unlikely to arise.

In terms of barriers, the price of accessibility seems to be an issue for some, while medical help and the availability of information about accessibility are mentioned as barriers as much as the accessibility of locations itself. An important finding is that many people say they do not experience

barriers with the items mentioned, a finding supported by the focus group results indicating that some people adapt to issues as they arise and do not perceive them as barriers as such.

People with access needs are not a uniform group: although some overall trends are consistent, results vary across groups (people who travel with children, people aged 65 and above and people with limitations), countries, as well as across limitations within the third group.

The survey asked a number of questions related to expectations and changes to the accessible tourism offer with results pointing towards possible behaviour changes if accessibility conditions were improved, such as an increase in travel budget or travel frequency. Besides, respondents mentioned a range of improvements which would improve the experience of various groups with access needs.

1.3   Task 3 – Evaluation of the tourist experience across different tourism sectors

1.3.1   Task 3a - Case-studies

10 case-studies were analysed in order to better understand the tourist experience and identify good practices. It has emerged that in most cases accessibility is integrated as part of the quality policy.

It is clear that the closer the cooperation with other local service providers the greater the success. Although results are also good where cooperation is not that close but the provision of accessible services is assured along the tourism chain. Although social responsibility is a motivation, it does not imply that the company deviates from its own business focus. The engagement and training of all the staff is a key issue in improving results.

Knowledge transfer flows more easily when the organisation is part of a number of professional networks such as Design for All Foundation. Planning and anticipating the results before starting is also a key element of success.

Finally it should be underlined that all cases that have succeed in managing the 7 ISF have validated all the working hypotheses proposed.

1.3.2   Task 3b - Desk research on existing barriers faced or perceived by people with access needs

The main aim for task 3b was to reach a thorough understanding of the barriers faced by people with access needs. The analysis, employing desk research in conjunction with hypotheses testing procedures, revealed key barriers for each stage of the tourism value chain as well as across different tourism sectors. Key findings include:

In the pre-travel/ information gathering stage, the lack or limited availability of information about accessible services represents the biggest barrier for people with access needs, particularly for individuals with mobility, sensory and behavioural difficulties. While accessibility information

schemes, set up by specialised organisations, have been designed to overcome existing informational barriers, it is highlighted that information about the level of accessibility of products and services should be incorporated in mainstream channels.

Barriers encountered in the transit/ transport stage largely refer to airlines not ensuring an accessible environment. In addition, these barriers augment when using low-cost carriers. Yet, while a number of physical access barriers impede a comfortable arrival/ departure, attitudinal barriers are more important, particularly for people with mobility, sensory and behavioural access needs.

Once at the destination, the desk research together with the empirical testing revealed the importance of access paths and accessible parking for moving around at the destination, particularly for people with mobility limitations.

In general, past research indicates that physical access barriers are perceived as greater obstacles when compared to attitudinal barriers in the accommodation sector. Yet, for European travellers physical access barriers are ranked as being equally important compared to attitudinal barriers.

While previous research highlighted that the food and beverage sector causes the greatest amount of barriers to individuals with access needs, European travellers with mobility, sensory, behavioural and hidden restrictions felt that the transport at the destination is the sector where most barriers are encountered. Yet, for people with sensory, communication and hidden limitations, barriers encountered in the food and beverage sector are encountered significantly more often than in the accommodation sector.

As part of the attraction sector, nature-based activities are in high demand by people with access needs. Yet, these activities are accompanied by the most barriers. Only for individuals with sensory and behavioural difficulties, both nature and shopping opportunities are equally important barriers in the attraction sector.

The cross-sector comparisons revealed that overall, attitudinal barriers are encountered more often than physical access barriers across all sectors by individuals with different types of access needs. Barriers experienced in the transport (at the destination) stage are faced more often compared to other sectors, particularly for individuals with mobility, sensory, behavioural and hidden limitations.

Destination specific differences were also identified when investigating the importance of accessible toilets across all key tourism sectors. Thus, all sectors must strengthen their efforts to improve the availability of toilets and bathrooms as an indispensable element for people with access needs when being on holiday.

1.4 Task 4 - Estimate of the current and future economic contribution of accessible tourism

1.4.1 Task - 4a Stakeholder consultation

A pre-focus group, a focus group and in-depth interviews were conducted with a range of stakeholders. The findings show that accessible tourism is considered a business opportunity but there is a lack of coordination, particularly between the public and private sector. Accessibility is mainly understood as a feature for disabled guests and almost never understood as a plus in comfort and service and, therefore, not used in marketing and advertising.

Product development and marketing mainly targets disabled people. For the tourism business, political and financial support, awareness raising and activation of service providers are important drivers. For the guest, reliable information on accessible offers and services is a key factor for success.

1.4.2 Task 4b - Scenarios and impact assessment

With regard to the economic contribution of accessible tourism in the EU generated by the people with special access needs of EU27 countries, the elderly population spent more nights and more money on their trips and therefore generated more economic contribution than individuals with disabilities. On average, both people with disabilities and the elderly population spent about €80 per day trip within the EU; for overnight trips, both groups spent approximately €700 per trip in their home country and €1,100 in other EU-countries. Overall, the direct contribution of EU27's accessible tourism demand to the EU's economy was estimated to be approximately 352 billion Euros, in terms of the economic output or gross turnover of tourism-related service providers. After the deduction of intermediate consumption, the net output, or gross value added, amounted about 150 billion Euros. Equivalently the economic contribution in terms of gross domestic product (GDP) was 164 billion Euros, which is equal to gross value added (GVA) plus taxes and subsidies on products. This scale of economic output corresponds to over 4.2 million persons employed directly in tourism-related businesses in the EU. In addition to the direct contribution to the revenues of tourism-related service providers directly through trip expenditures, accessible tourism contributes to the wider-scale of economy through the "multiplier" effect. The additional contribution includes the economic benefits received by the backward-linked industries supplying goods and services to tourism businesses (i.e., an indirect effect), and the benefits received at a destination from household spending of the income earned from tourism and its supporting sectors (i.e., an induced effect). The indirect and induced multipliers were derived from national and regional input-output tables collected from Eurostat. Taking all the direct, indirect and induced effects into consideration, accessible tourism demand within the EU generated a total economic contribution of 786 billion Euros in terms of economic

output, 356 billion Euros in terms of gross value added, and 394 billion Euros in terms of GDP. To provide this amount of economic output, in total 8.7 million people were employed within region.

For the 11 key international inbound markets, on average people with special access needs spent approximately €1,000 per trip when in the EU. Overall, the direct economic contribution to the EU economy was estimated to be 16 billion Euros, in terms of the economic output or gross turnover; 7 billion Euros of net output or gross value added (GVA), or 8 billion Euros of GDP. To meet the needs by the people from the 11 inbound markets, roughly 268 thousand persons in the EU would be employed directly in tourism-related businesses. In addition to the direct economic contribution, further benefits to the EU economy will be generated via the multiplier effect. The total economic contribution was estimated to be 34 billion Euros, in terms of economic output, 15 billion Euros of gross value added, and 17 billion Euros of GDP. The associated employment within the economy would be 538 thousand persons.

Under the three scenarios of accessibility improvements, there is also potentially increased economic demand from people in the EU who did not participate in travel in the past. The scenarios measured the willingness to travel to some new destinations - currently relatively weak in offering accessible facilities - if their offer improved in terms of accessibility. In particular, the survey results showed that, if accessibility could be improved under Scenarios A, B and C, up to 24%, 37% and 44%, respectively, of respondents in the EU who did not participate in travel in the past would be willing to travel to some of these new destinations.

Under Scenario A (minimum improvements of accessibility), the economic contribution of EU's accessible tourism demand would increase by 18.3-19.7% against the baseline across the three indicators (economic output, gross value added and employment). Under Scenario B (medium improvements of accessibility), the economic contribution would increase further, by 24.8-26.6% against the baseline. With extensive improvements of accessibility (i.e., Scenario C), up to 39.4% of additional economic contribution to the baseline level could be achieved, which suggests that 1,073 billion Euros of economic output, 484 billion Euros of gross value added and 537 billion Euros of GDP could be generated associated with the demand by people with special access needs within the EU, along with 12.1 million employed persons within the whole EU economy, taking all direct, indirect and induced effects into account.

Under the scenarios of improvements, the potential tourism demand and economic contribution generated by people with special access needs from the 11 key international inbound markets would also significantly increase. Under Scenarios A, B and C, up to 33%, 40% and 46% of respondents from the international markets who did not travelled to the EU would participate in travel to some of the EU's destinations. The total economic contribution would thus increase by 28.9%, 53.3% and 74.9% under Scenarios A, B and C against the baseline across the three indicators. Hence, under

the best scenario, up to 60 billion Euros of economic output, 26 billion Euros of gross value added, 30 billion Euros of GDP could be generated by the people from the key international markets, and 940 thousand persons would be employed within the whole EU economy, considering all direct, indirect and induced effects.

People with special access needs often travelled with companions. According to the survey question about the number of companions during the respondents' most recent trip, it was calculated that, on average, each individual with special access needs (in the EU and beyond) travelled with 1.9 companions. Individuals with disabilities tend to travel with slightly more companions than the elderly population. With the additional contribution from travel companions taken into consideration, the overall economic contribution related to accessible tourism demand could be further amplified by a similar scale.

2   Presentation of the study

This is one of three studies commissioned by the European Commission, DG Enterprise and Industry (DG ENTR) in 2012-2013 in order to build a comprehensive picture of Accessible Tourism in the European Union (EU). The present study focuses on the demand side of Accessible Tourism. The 'Mapping the skills and training needs to improve accessibility in tourism services' study addresses training needs on the industry side and the 'Economic impact and travel patterns of Accessible Tourism in Europe' study analyses Accessible Tourism services, best practices and tools.

2.1   Objectives of the study

The main aim of the present study is to better understand demand for Accessible Tourism in order to guide policy-making in this field. For this purpose, five main research objectives were identified:

- To examine the current and future demand for Accessible Tourism in Europe and beyond
- To investigate the travel patterns and behaviours of, and information provision for people with access needs
- To evaluate the tourist experience across different tourism sectors from demand and supply-side perspectives
- To estimate the current and future economic contribution of Accessible Tourism and its impact on employment
- To propose recommendations and success factors to improve the supply of Accessible Tourism offers

These objectives were translated into five key tasks which structure the study and the present report (see Figure 1). Figure 2 indicates how the various activities undertaken as part of this study fit together and with the study objectives.

Figure 1 - Key study tasks

Task 1: Demographic Profiling of People with Access Needs

- **Task 1a:** desk research, country cluster analysis, survey data analysis, matrix of results
- **Task 1b: desk research, forecasting, scenario forecasting**

Task 2: Behavioural Profiling of People with Access Needs

- **Task 2a:** website analysis
- **Task 2b:** survey of people with access needs

Task 3: The Tourist Experience

- **Task 3a:** case-studies
- **Task 3b:** desk research on barriers

Task 4: Contribution of the Demand for Accessible Tourism

- **Task 4a:** stakeholder consultation, economic contribution calculation
- **Task 4b:** Scenarios and impact assessment

Task 5: Improving the Supply of Accessible Tourism

- Analysis
- Reporting
- Recommendations

Figure 2 - Analysis of Demand for Accessible Tourism and its Economic Impacts

Objectives:

1. To examine the current and future demand for Accessible Tourism in Europe and beyond

2. To investigate the travel patterns and behaviour of, and information provision for people with access needs

3. To evaluate the tourist experience across different tourism sectors from demand and supply-side perspectives

4. To estimate the current and future economic contribution of Accessible Tourism and its impact on employment

5. To propose recommendations and success factors to improve the supply of Accessible Tourism offerings

Process boxes:

- Cluster Analysis (Task 1a)
- Current Demand for Accessible Tourism (Task 1a)
- Future Demand for Accessible Tourism (Task 1b)
- Scenario Forecasting of Demand (Task 1b)
- Website Analysis (Task 2a)
- Online Survey and Focus Group (Task 2b)
- Case Studies of Good Practice (Task 3a)
- Review of Barriers (Task 3b)
- Stakeholder Consultation (Task 4a)
- Direct Economic Contribution of Accessible Tourism (Task 4b)
- Collection of Input-Output Tables (Task 4a)
- Total Economic Contribution (Task 4b)
- Potential Economic Contribution (Task 4b)
- RECOMMENDATIONS (Task 5)

Arrow labels: Forecast of population; Different scenarios; Information about travel propensity and frequency; Information about tourist expenditure; Supply-side investigation; Impact multipliers; Different scenarios

2.2 Key concepts and definitions

Investigating Accessible Tourism first requires defining the scope of the exercise, as some of the key concepts used in this study are multi-faceted. The following glossary clarifies the definitions and the scope of the concepts used in this study.[1]

Access needs

The requirements that need to be met for a customer to enjoy a tourism experience. Access needs can be grouped into:

- Needs for care or assistance
- Compatibility of the environment with one's own assistive devices or treatment
- Obstacles or difficulties in using, finding or using objects and tools, or communicating (with a person or a machine)

Accessible Tourism

Refers to the provision of a tourism experience which does not put customers in a 'disability' situation regardless of the activity limitation(s) or impairment(s) they may present. Further, the European Network for Accessible Tourism (ENAT) refers to Accessible Tourism as the set of 'services and facilities (such as physical environment, transportation, information, communication) which enable persons with special access needs, either permanent or temporary, to enjoy a holiday and leisure time with no particular barrier or problem.'

Accessible Tourism is inclusive of all people with access needs, that is people with disabilities but also all other people who may benefit from accessible infrastructures, such as elderly people, people carrying heavy luggage or parents with small children.

Accessible Tourism stakeholders

All sector stakeholders from both supply and demand side, together with those public organisations committed to improving the accessibility of destinations, products and services.

Accessibility

This is the quality of an environment, product, service or information item that makes it reachable and/or usable by everyone regardless of his or her abilities. This definition of the concept of accessibility is used in the social, disability and architectural fields. In civil engineering, the term

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[1] Unless otherwise mentioned, these definitions are in line with the definitions used by the Design for All Foundation (http://www.designforall.org/en/)

accessibility is also used to refer to the connectivity of a city or place. Travel bloggers also often use accessibility in this sense.

Disability

According to the World Health Organization,[1] disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

The UN Convention on the Rights of Persons with Disabilities defines people with disabilities as people 'who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.' It also states:

Disability is an evolving concept and results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.[2]

Therefore a person is rendered disabled due to the physical and social environment not catering for people with access needs.

Economic contribution

The economic contribution of tourism is a measure of the size and overall significance of this industry within an economy.

Economic impact

Economic impact refers to the changes in the economic contribution resulting from specific events or activities that comprise 'shocks' to the tourism system.

Inbound/outbound tourism

For the purpose of this study, inbound tourism refers to travellers who arrive and stay in EU countries for a short period of time (excluding for employment and formal studies). Outbound tourism refers to EU citizens who take part in tourism activities outside the EU.

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[1]World Health Organisation, retrieved from http://www.who.int/topics/disabilities/en/ on 03/05/2013
[2]United Nations, retrieved from http://www.un.org/disabilities/convention/conventionfull.shtml on 03/05/2013

People with access needs

Access needs cover a wide range of situations. Within the scope of this study, 'people with access needs' refers to people above 65, people who travel with (small) children and people who have difficulties that have an impact on their daily life in a range of activities, including mobility, sensorial, communication or behavioural issues, as well as hidden limitations.

Seniors

The segment of the population considered elderly in certain environments. Various cut-off points, such as 50, 55 or 60 can all be found in the literature, but this study will use one of the most commonly used, which is 65.

Special needs

This is the term generally used by the industry to define the access needs of their guests.

Supply/demand sides

Supply refers to the products and services providers in the tourism sector. Demand side refers to the users of these services, whether they are actual customers or not.

Tourism for All

Tourism for All consists of providing a tourism experience that anybody can enjoy regardless of any individual characteristics such as abilities, age, height, race, gender, sexual orientation, beliefs, ideology or cultural background.

According to the Nordiska Handikappolitiska rådet[1], the aim of Tourism for All is that everyone should be able to travel to a country, within a country and to whatever place, attraction or event they should wish to visit.

The concepts of Accessible Tourism and Tourism for All are evolving and the terms are often misused. Nevertheless there is a trend to seek to go beyond the idea of mere accessibility for disabled people and to stress the need to fulfil the expectations of any potential guest.

Tourism sector

Economic activity related to providing products and services to travelling people for leisure or business reasons. For the purpose of this project, the tourism sector includes the following sub-sectors: accommodation, food and beverage, entertainment, transportation and travel services.

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[1]Nordiska Handikappolitiska rådet (ed.) (2002): Aktuellt i Norden. Tourism för alla. Rosersberg

Travel frequency and propensity

Within the scope of the survey, travel frequency is measured as the number of trips taken by each traveller per year. Travel propensity is defined as the percentage of people that are willing to travel.

Universal Design/Design for All/Inclusive Design

The UN Convention on the Rights of Persons with Disabilities defines 'Universal Design' as the 'design of products, environments, programs and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design.'[1]

Design for All is about ensuring that environments, products, services and interfaces work for people of all ages and abilities in different situations and under various circumstances, while Universal Design refers to producing buildings, products and environments that are inherently accessible to both people without disabilities and people with disabilities. More recently, professionals working in the field have tried to come to a common definition on the grounds of basic rights, obligations and attitudes described in www.societyforall.org. The British Standards Institute defines inclusive design as 'The design of mainstream products and/or services that are accessible to, and usable by, as many people as reasonably possible ... without the need for special adaptation or specialized design.'[2]

These concepts are used by professionals that strive for a more inclusive approach in the tourism sector but have not yet been fully adopted by the industry.

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[1] United Nations, retrieved from http://www.un.org/disabilities/convention/conventionfull.shtml on 03/05/2013
[2] British Standards Institute (2005). Design management systems. Managing inclusive design – Guide, BS BS 7000-6:2005.

3 Task 1 – Demographic profiling of tourists with special access needs

3.1 Task 1a – Cluster analysis

3.1.1 Methodology

Cluster analysis aims at separating the EU27 countries into different groups according to their socio-economic and demographic profile, so that countries within the same group share high similarities and are distinctive from the countries in other groups. For example, if countries are grouped according to their GDP level, they can be separated into high income countries and low income countries.

The current cluster analysis follows the same logic, but considers 13 criteria simultaneously. The 13 criteria are related to each country's location, demographics, income and education. The data were collected from the Eurostat (see Annex A for the variable names), and are the most up-to-date figures. The clustering process was carried out using SPSS software.

Although the clusters are scientifically based on the data, the number of clusters identified is more subjective and can be adjusted in order to meet the study's analytical needs. In this study, the number of groups was limited to 10, in order to identify a suitable number of clusters and countries for the primary data collection. In total, 8 clusters were finalised, with more than one country in each cluster.

After the clustering, representative countries of each cluster were chosen. The selection was based on multiple criteria including both quantitative evidence and qualitative judgement. First of all, correlations on key criterion variables for the cluster analysis were calculated among all member states within the same cluster. Ideally, the country which shows the highest correlation coefficients on most variables is the most representative of the cluster and should be chosen to ensure the best representation of the whole cluster. In cases where no clear-cut statistical evidence could be found, other non-statistical criteria were adopted and consultations with project partners were conducted. The key criteria include the ease of data access (for example, whether the response rate is anticipated to be high or not), the relative importance of the country (for example, a larger population will be favoured, as the sample size could potentially be larger), and the project partners' past market research experience.

Given that countries within the same cluster have high similarities, it is presumed that the people in the same cluster should exhibit similar travelling behaviour. Hence, the primary data collected from the representative countries could be used to infer the behaviour of people in other countries. Ultimately, the estimation of demand and economic contribution for different countries will use the same profiling parameters calculated from the representative countries' primary data.

Depending on cluster size, each cluster is represented by 1 or 2 countries. For large clusters, this is done by firstly sub-clustering and then choosing a representative country from the sub-clusters. Eventually, 12 representative countries were selected (Figure 3). Luxembourg, Malta and Cyprus have smaller population size and in the two latter cases, a relatively low Internet penetration rate, which makes them less suitable for online surveys. Hence, the focus was placed on countries with a larger population size, which on the one hand represents a larger proportion of the EU population and, on the other hand enables a larger sample to be drawn upon.

3.1.2 Results

The 8 clusters and 12 representative countries are summarised in Figure **3**. To make the results clearer, a geographical map has been created, see Figure 4. More technical discussions about the quality of the clustering can be found in the Annex A.

To understand the cluster analysis, the radar charts in Annex A6 illustrate the basic principle and logic. The values of the 13 criteria were plotted on charts. So each country has a unique radar. For those countries with similar shapes, they were grouped together to form a cluster. The clustering process completed by the software is simply a more scientific calculation of the similarities between the radar charts.

By visual observation, it is obvious that the radar charts look very similar within a given cluster. In most cases, they tend to overlap, which means the countries within a cluster do share high similarities. Across different clusters, the shapes vary a lot, which means the countries in different clusters are distinctive with regard to the 13 socio-demographic aspects.

H8: Key parameters such as travel propensity, travel frequency, expenditure level should be notably different across clusters.

Figure 3 **- Results of cluster analysis (detailed table)**

Sub Region	Country Code	Country Name	Cluster Code	Sub-Cluster Code	Representative
Eastern Europe	BG	Bulgaria	1	1.a	Bulgaria
	HU	Hungary	1	1.a	
	RO	Romania	1	1.a	
	CZ	Czech Republic	1	1.b	
	PL	Poland	1	1.b	Poland
	SK	Slovakia	1	1.b	
Southern Europe	EL	Greece	2	2.a	
	PT	Portugal	2	2.a	
	ES	Spain	2	2.a	Spain
	SI	Slovenia	2	2.b	Slovenia
	MT	Malta	2	2.b	
	CY	Cyprus	3		
	IT	Italy	4		Italy
Western Europe	DE	Germany	4		
	LU	Luxembourg*	5		
	AT	Austria	5		
	BE	Belgium	5		Belgium
	NL	Netherlands	5		Netherlands
	FR	France	6		France
Northern Europe	UK	United Kingdom	6		United Kingdom
	DK	Denmark	7		
	FI	Finland	7		
	SE	Sweden	7		Sweden
	EE	Estonia	8		
	LV	Latvia	8		
	LT	Lithuania	8		Lithuania
	IE	Ireland	3		Ireland
*: 9 clusters were specified initially, with Luxembourg being a single-country cluster. Luxembourg was later manually merged with the cluster of Austria, Belgium and Netherlands due to its anticipated low response rate.					

Figure 4 - Results of cluster analysis (map)
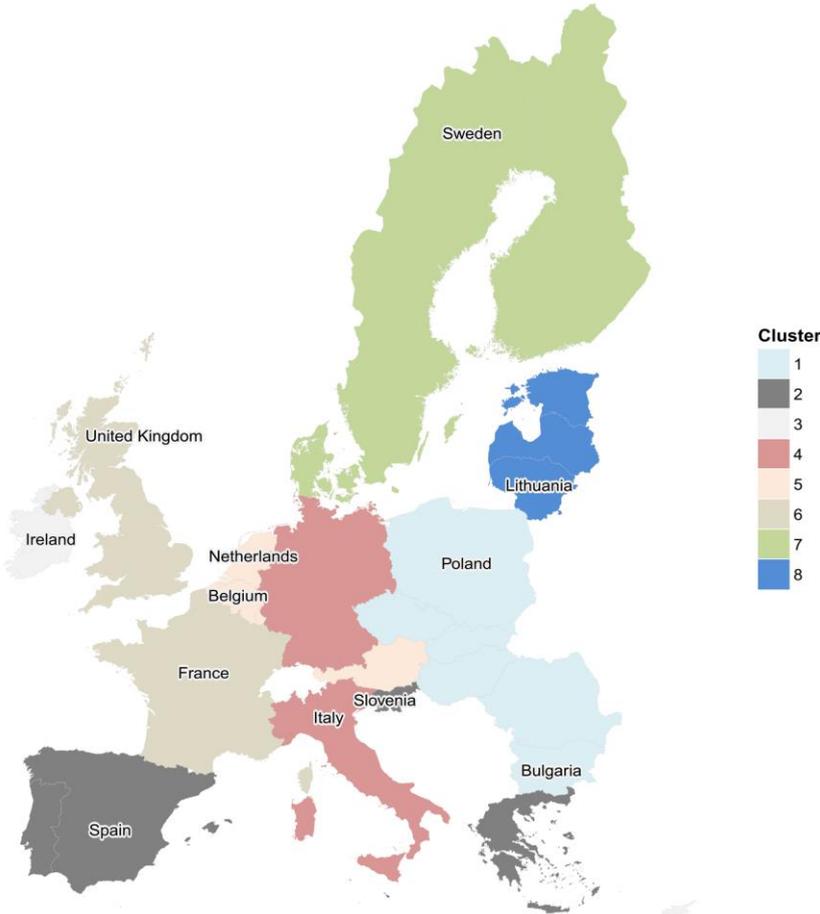
3.2 Task 1b – Forecasting

3.2.1 Methodology

3.2.1.1 Current demand estimation

The rationale of estimating the demand for accessible tourism can be described as below:

Demand for Accessible Tourism =

people with special access needs × travel propensity × travel frequency.

This can further be illustrated as per Figure 5[1]:

Figure 5 **- Estimation of Demand for Accessible Tourism**
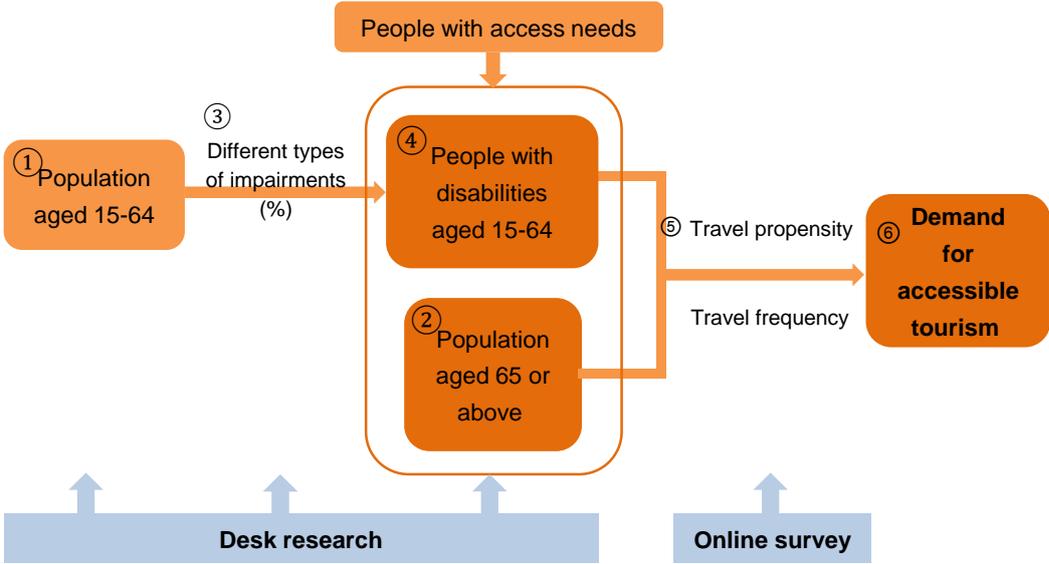
The task started by collecting data on population figures from secondary sources. The population figures serve as the population base of people with access needs. Specifically, two age groups are focused on, namely the working age population (aged 15-64) and the elderly population (aged 65 or above). The statistical data were obtained from the World Development Indicator database of the

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[1] It should be noted that people with disabilities aged 15-64 and the population aged 65 or above in Figure 5 are the dominant groups of people with access needs and are therefore the focus of the forecasting of accessible tourism demand. In addition, people travelling with children and people with temporary limitations also require certain access needs. Due to data unavailability and relatively small shares in the of total number of people with access needs, people travelling with children and people with temporary limitations are excluded from the demand estimation and forecasting of this project.

World Bank[1]. They span from 1960 to 2011, covering the EU27 countries and 11 key international inbound markets. A breakdown of the data in 2011 by gender has also been obtained.

The task then proceeded to calculate the population of people with access needs, namely people with disabilities (aged 15-64) together with the elderly population (aged 65 or above).

The number of people with disabilities is estimated using the working age population (aged 15-64) and the prevalence rates (i.e., percentage of people with disabilities among certain population). The data on prevalence rates of different types of impairments for the EU27 countries and the key international inbound markets were collected from various secondary sources, including online databases and academic publications. Annex B provides a summary of the sources. Since the secondary data were published on an *ad hoc* basis, no consistent time-series data were available. Besides, the figures of the prevalence rates were published in different years. Hence, the assumption is made that these figures would remain stable and current. This is supported by a study by Picavet and Hoeymans (2002)[2] based on data from the Netherlands and the USA.

Among all the sources, the "LFS ad hoc module 2002" published by Eurostat provides the most comprehensive data set on the people with different types of impairments in 24 European countries. The data set contains two sets of numbers, i.e., the overall prevalence rates of disabilities and the prevalence rates of a particular type of impairment. The reason for obtaining two sets of numbers is that people with multiple impairments will be counted repetitively. For example, a person who has both visual and hearing impairments may be counted twice towards the total, under the category of visual impairment as well as that of hearing impairment. Simply adding up the number of people with each type of impairment would exaggerate the total number of people with access needs.

For the demand estimation, two parameters, i.e., the travel propensity (percentage of people that are willing to travel) and the travel frequency (number of trips per year) are largely not available from secondary sources. Hence, they have to be obtained from the online survey that was conducted in the 12 representative countries.

From the questionnaire of the online survey, both the travel propensity and the travel frequency can be inferred from

Q1. In the past 12 months, how many times have you travelled for private or business reasons? Please give a figure for each travel type and destination.

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[1] http://data.worldbank.org/indicator
[2] Picavet, H., & Hoeymans, N. (2002). Physical disability in The Netherlands: prevalence, risk groups and time trends. *Public Health*, 116, 231-237.

The travel propensity was calculated as the percentage of respondents that travelled more than once over the last 12 months. The travel frequency was calculated as the average number of trips among all those who had travelled.

The current demand estimation was then conducted using the figures described above, namely the population of people access needs, the travel propensity and the travel frequency, according to the rationale above (the formula in Section 3.2.1.1, and Figure 5).

3.2.1.2   Future demand estimation

The future demand estimation follows exactly the same rationale as the current demand calculation.

Demand for Accessible Tourism = People with special access needs × Travel propensity × Travel frequency.

The only further aspect that needs to be addressed is the forecast of population of people with access needs. Specifically, of the three key parameters described in the formula above, only the people with special access needs are to be forecasted up to 2020, whilst the travel propensity and the travel frequency figures are assumed to remain unchanged.

As the people with special access needs consist of those from the working age population (aged 15-64) and the elderly population (aged 65 or above), the forecasting was performed on the population of these two groups of people. Secondary data on population figures were obtained from the World Development Indicator database of the World Bank[1]. They span from 1960 to 2011, covering the EU27 countries and 11 key international inbound markets. Based on these historic data, the evolution of population can be established, and the forecasts are made assuming the historic trend will be maintained in the coming years up to 2020.

Three forecasting techniques were used to predict the evolution of the population. Specifically, they are structural time-series model (STSM), autoregressive integrated moving average (ARIMA) model and the Naïve II model. The STSM decomposes the population time series (y_t) into a trend component (μ_t), a cycle component (ψ_t) and an irregular component (ε_t). Hence, $y_t = \mu_t + \psi_t + \varepsilon_t$. Forecasting is then based on the three components. The ARIMA model expresses the population time series (y_t) as $\phi_p(B)\Phi_{sp}(B^L)\nabla^d\nabla^{sd}y = \Theta_{sq}(B^L)\theta_{qt}(B)e_t$, where B is the backshift operator and L the seasonal periodicity. Forecasting is then based on the intrinsic properties of population. The Naïve II model assumes that the forecast for period t+1 is equal to the value of the forecast variable

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[1] http://data.worldbank.org/indicator

in period *t* multiplied by the growth rate of the forecast variable over the previous period $\tilde{y}_{t+1} = y_t \times (1 + \frac{y_t - y_{t-1}}{y_{t-1}})$. Forecasting is based on the formula.

With the forecasts obtained from the three techniques, the average of the forecasts are calculated according to $\tilde{y}_c = (\tilde{y}_{STSM} + \tilde{y}_{ARIMA} + \tilde{y}_{NaiveII})/3$, which means that the three forecasts are to be combined to form the final figures of forecasts. The advantage of forecast combination is that it helps to strike a balance between techniques. As each technique may only capture certain aspects of the historic data and follow certain assumptions, the results from any one of them tend to over- or under-estimate the real situation. After the combination, more information can be embedded into the forecasts. Hence the combined forecasts are preferred.

With the forecasts of both the working age population and the elderly population, the population of people with special access needs can be established. Furthermore, the future tourism demand is then calculated according to the rationale (formula) described at the beginning of the section.

3.2.1.3 Tourism demand estimation under different scenarios of improvements

The demand estimation under different scenarios follows exactly the same rationale as the current and future demand estimation.

Demand for Accessible Tourism = People with special access needs × Travel propensity (scenario) × Travel frequency (scenario)

The only part that is different is with regard to the two travelling behaviour parameters, i.e., travel propensity and travel frequency.

Under different scenarios of improvements, people are believed to be more willing to travel and should also increase their budget to explore new destinations that they have not been to before. Hence, new travel propensities and new travel frequencies under different scenarios need to be established. These figures can be inferred from the questionnaire of the online survey:

Q26. Thinking about the last 12 months, there are some destinations in the European Union (EU) that you may have wanted to visit, but you couldn't because of accessibility problems. For example, you did not go because no services have been made accessible and basic things like wheelchairs are not available.

If Scenarios A, B or C were true for any EU destinations you were interested in visiting, would you consider including some of these EU destinations in your travel plans for the next 12 months?

Q29. How many day trips AND overnight trips would you go on to such destinations in the next 12 months if options A, B or C were true?

Please answer in each column for each type of trip. For overnight trips, please indicate how many nights you would spend at such destinations in the next 12 months.

Specifically, Q26 investigates the number of respondents that are willing to increase their budget and/or their number of trips. For those who have not travelled over the last 12 months, Q26 captures the respondents that are willing to travel under different scenarios. Hence, with some non-travellers converted to be travellers, the travel propensity (scenario) can be calculated.

Q29 specifies the additional number of trips taken by existing travellers (those who have travelled over the last 12 months) as well as the trips made by the newly converted travellers (those who have not travelled but are willing to travel under different scenarios). With the additional trips specified in Q29 and the existing travel trip numbers deriving from Q1, the travel frequency (scenario) can thus be computed.

With the parameters, travel propensity (scenario) and travel frequency (scenario) inferred from the survey data and the population of people with access needs available from the current/ future demand estimation task, the tourism demand under different scenarios can be estimated.

3.2.2 Population of people with special access needs

3.2.2.1 Evolution of population

The evolution of the population has been plotted in Figure 6 to Figure 9. The forecasts from 2012 to 2020 are the combined figures from the three forecasting techniques. In addition, Figure 10 to Figure 13 provide an overview of the annual population growth rates over the past half a century, for the EU27 countries as well as the key international inbound markets. The annual population growth rates over the forecast horizon will, however, be provided in the next section.

During 1960-2011, the working age population in the EU27 countries has grown steadily at an average annual rate of 0.5% (Figure 10). It is anticipated that by 2020, the working age population in the EU27 area will have reached 338 million (Figure 6). Looking across countries (Figure 10), Cyprus has the highest growth rate over 1960-2011, at 1.7% per year. Notably, Bulgaria is the only country that registers negative yearly population growth. The female working age population is also shrinking in Latvia, although this is counter-balanced by the high growth rate of the male population. Across international inbound markets (Figure 12), the emerging countries generally enjoy faster growth of the working age population. Among the developed countries, only Australia and Canada see a yearly growth rate comparable to that of the emerging countries. With the current growth patterns set to continue, China and India are expected to be the countries with largest working age population by 2020 (Figure 9).

Regarding the elderly population, the trend of ageing is quite apparent, regardless of whether it is an EU country or an international market (Figure 8 and Figure 9). Over 1960-2011, the EU27 area has

seen the elderly population growing at 1.6% per year (Figure 11). By 2020, the elderly population in the EU27 area is projected to be 104 million (Figure 8). Furthermore, it is notable that the female population in this age group consistently outnumbers the male population (Figure 8). Across all EU member states, Cyprus has a slightly higher growth rate (2.7%) than the rest of EU countries. Globally (Figure 13), the evolution of the elderly population is even faster in the emerging countries, especially in Brazil where the growth rate is 3.6% per year. In terms of the absolute value, China, India and USA are forecast be the largest markets for senior travel by 2020 (Figure 9).

The following hypotheses can be formulated.

H9: The senior travel market will become even more important by 2020, given that the steep growth of the elderly population will continue.

H10: China and India will be much more important than other inbound markets for Accessible Tourism.

Figure 6 - The working age population trend in the EU27 countries over 1960-2011 and forecasts from 2012-2020 (unit: '000 persons)
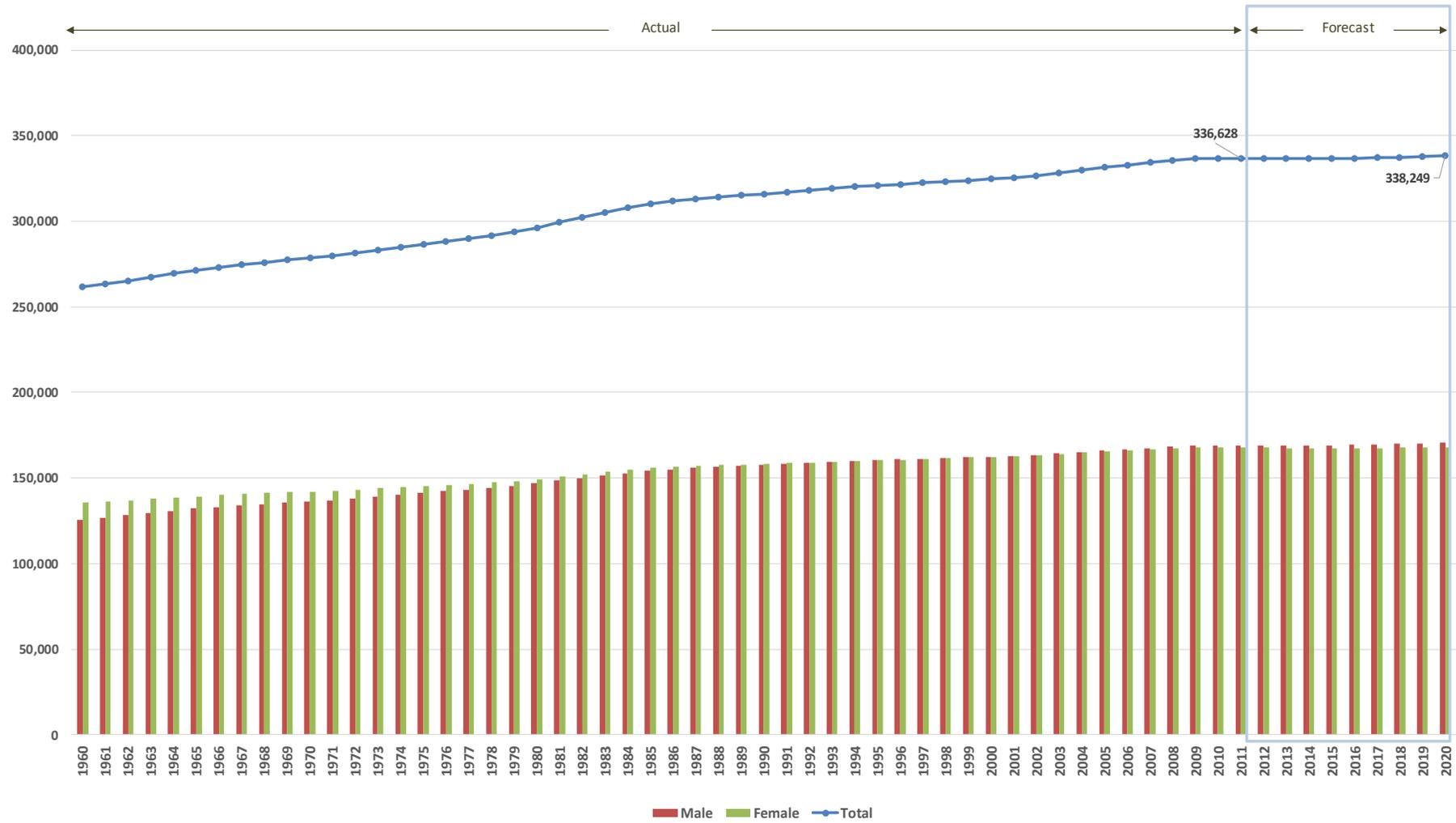
Figure 7 - The working age population trend in key inbound markets over 1960-2011 and forecasts from 2012-2020 (unit: '000 persons)
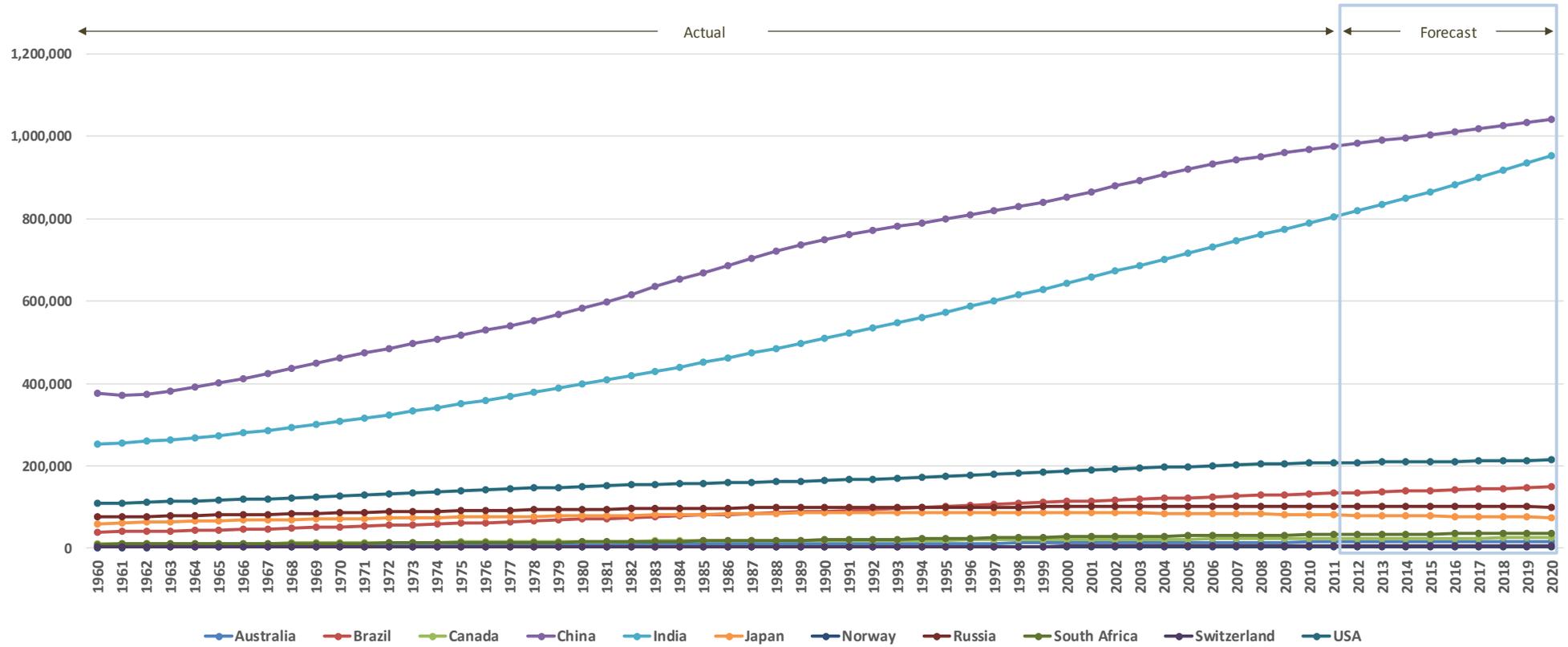
Figure 8 - The elderly population trend in the EU27 countries over 1960-2011 and forecasts from 2012-2020 (unit: '000 persons)
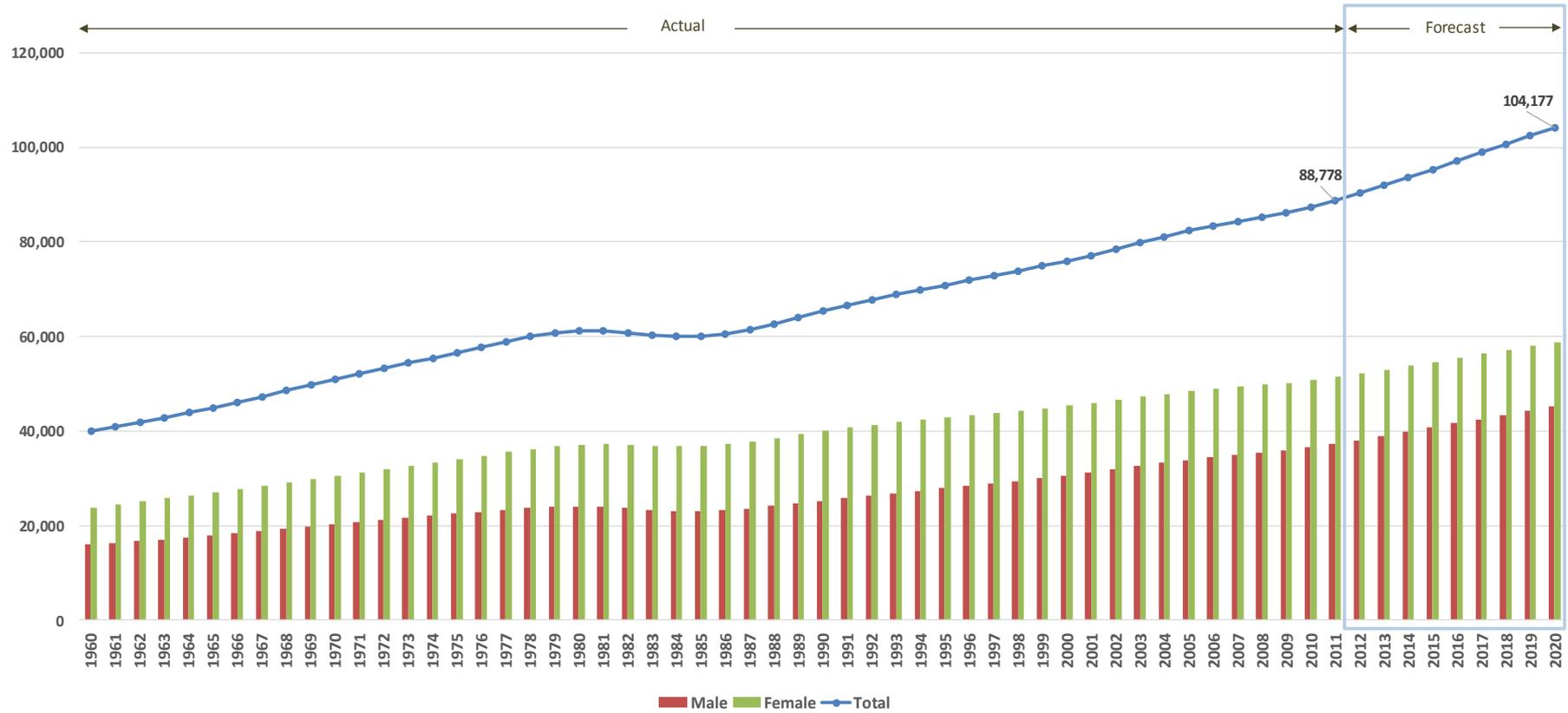
Figure 9 - The elderly population trend in key inbound markets over 1960-2011 and forecasts from 2012-2020 (unit: '000 persons)
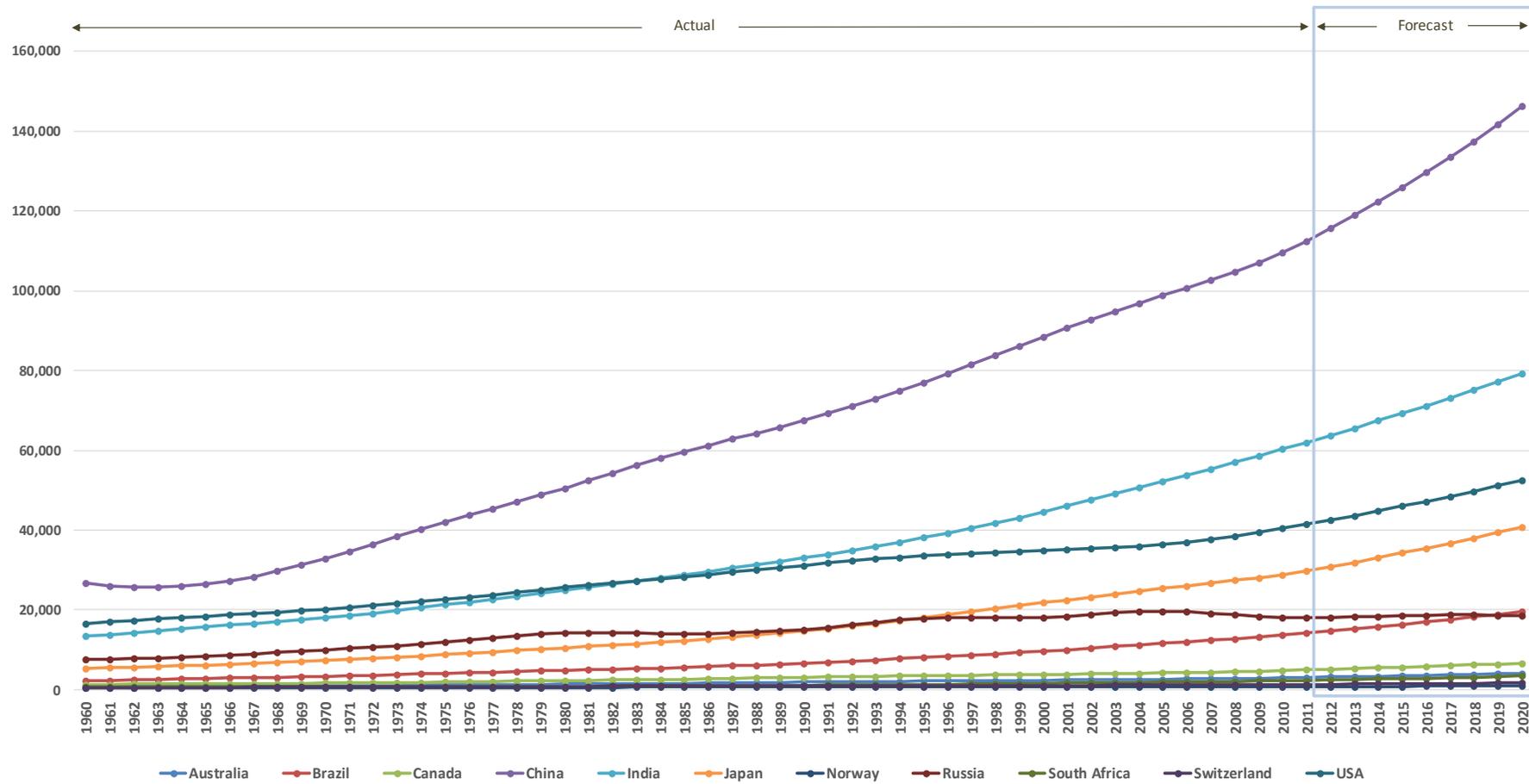
Figure 10 - Average annual growth rate of working age population in EU27 countries over 1960-2011 (unit: %)
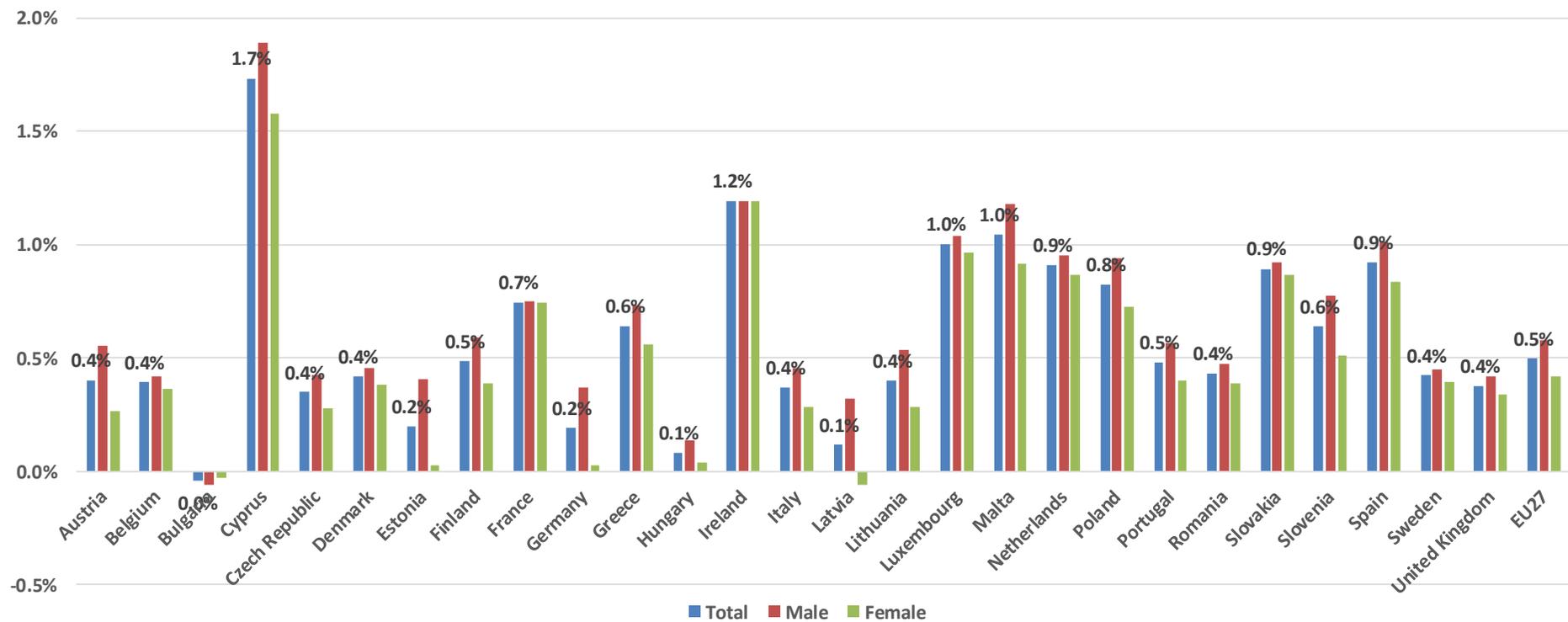
Figure 11 - Average annual growth rate of elderly population in EU27 countries over 1960-2011 (unit: %)
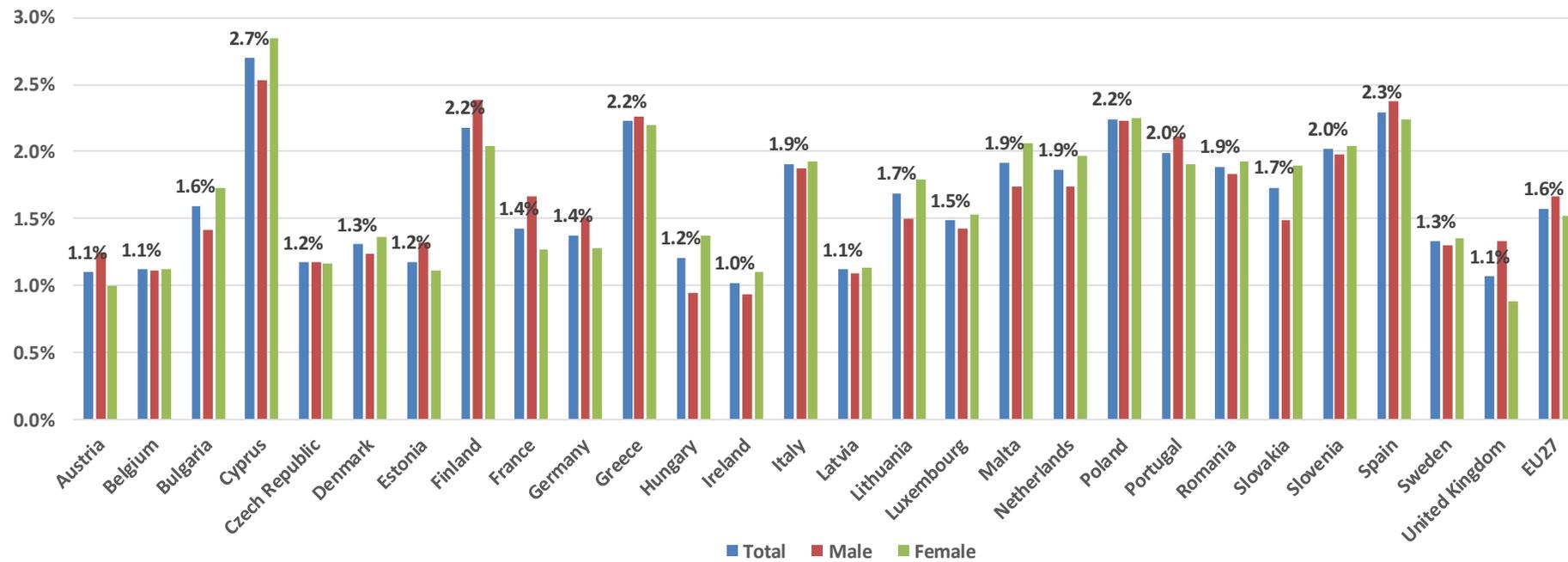
Figure 12 - Average annual growth rate of working age population in key inbound markets over 1960-2011 (unit: %)
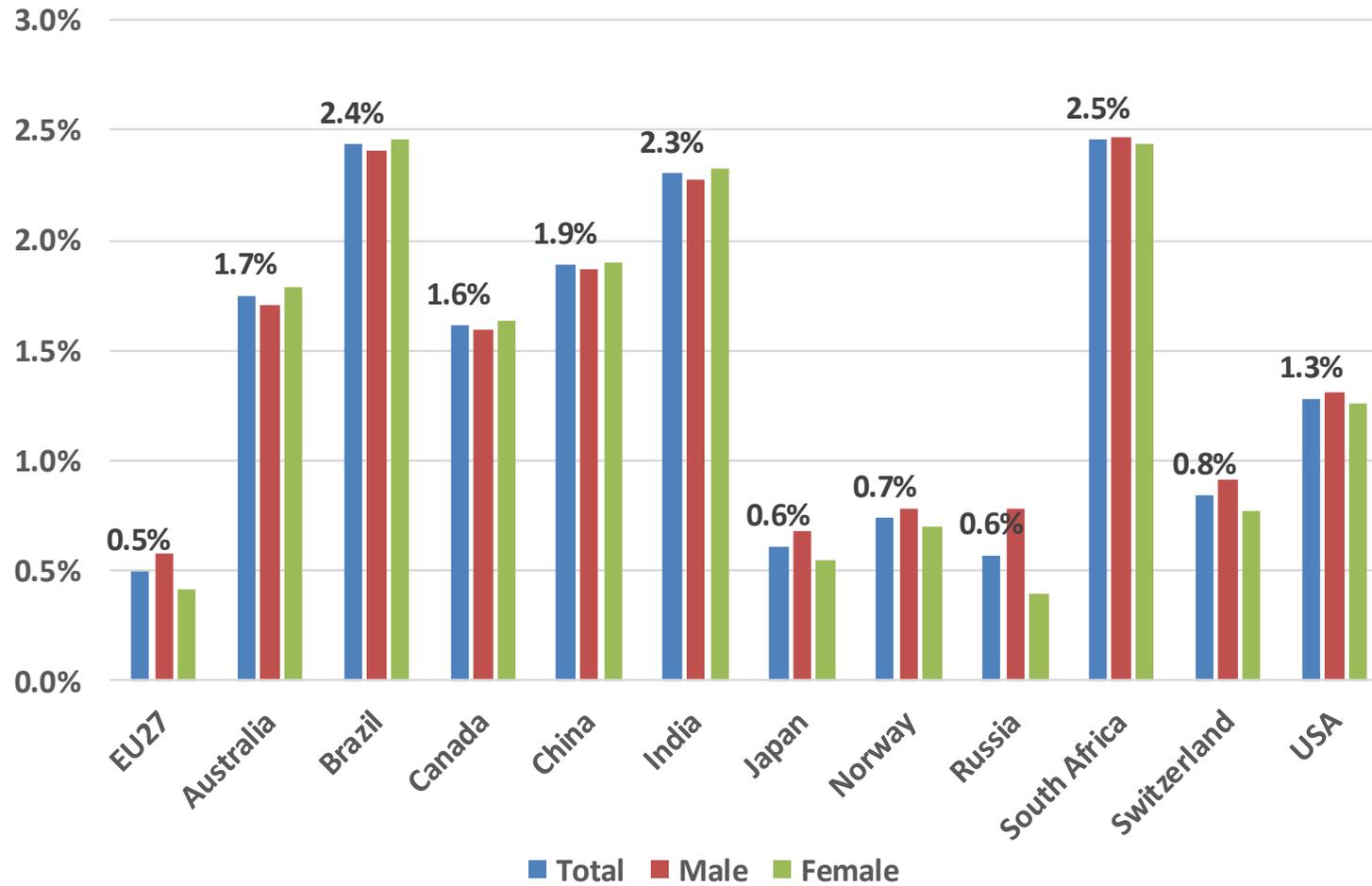
Figure 13 - Average annual growth rate of elderly population in key inbound markets over 1960-2011 (unit: %)

Legend: Total, Male, Female

Data labels (Total):
- EU27: 1.6%
- Australia: 2.5%
- Brazil: 3.6%
- Canada: 2.6%
- China: 2.9%
- India: 3.0%
- Japan: 3.5%
- Norway: 1.2%
- Russia: 1.7%
- South Africa: 2.5%
- Switzerland: 1.8%
- USA: 1.8%
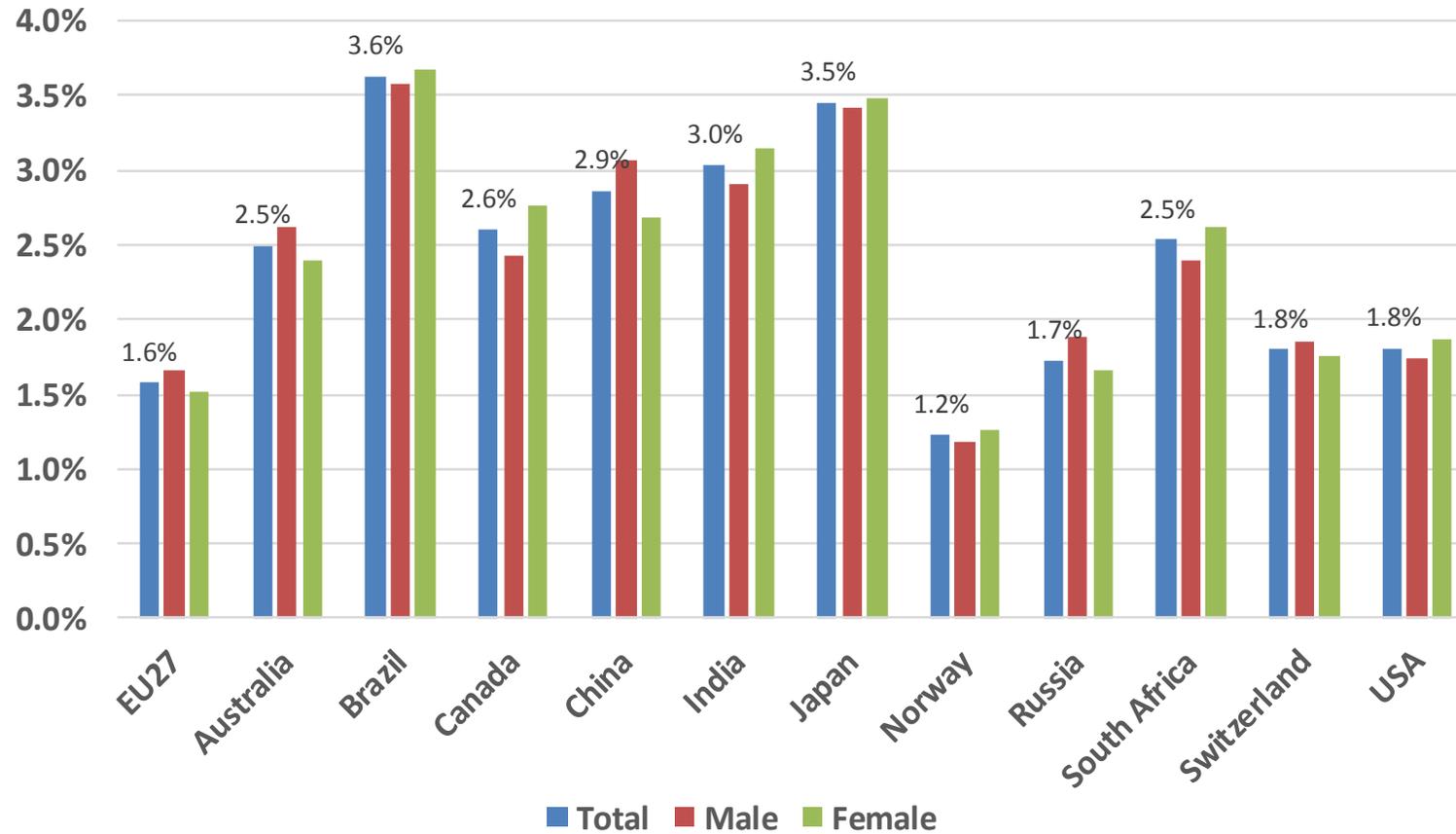
3.2.2.2 People with special access needs

In 2011, in the EU27 area the total number of working age people (aged 15-64) that have one or more disabilities amounted to 49.8 million, and the total elderly population (aged 65 or above) was 88.8 million. Hence, the population of people with access needs in EU27 area in 2011 was up to 138.6 million. This is basically in line with the findings of the OSSATE research by Buhalis et al. (2005)[1] that there were 46.6 million people with disabilities (aged 16-64) and 80.9 million elderly population (aged 65 or above), or equivalently 127.5 million people with access needs in 2005. The narrow gap between the two estimates can be explained by the fact that the population of people with access needs experienced a mild growth over the past few years[2]. A brief summary comparing the access needs in EU27 area and those in key international inbound markets can be found below in Figure 17. Furthermore, Figure shows the access needs in each of the EU27 countries. To visualise the information in Figure 17 and Figure 18, geographic maps are supplemented, see Figure 14, Figure 15, and Figure 16. Please note that due to the size of the world map and for clarity purposes, the key inbound markets are not presented on the geographical maps, but noted numerically alongside the maps.

With regard to the population of people with disabilities (Figure 17 and Figure 18), it is apparent that France and the UK are the two EU countries with the largest population of this group, with 10 million and 11 million respectively. China, the USA and Brazil are the largest inbound markets for people with disabilities, with 61 million, 32 million, and 32 million respectively.

With regard to the elderly population (Figure 17 and Figure 18), France, Germany, Italy and the UK are the four countries with the largest elderly population. Around the globe, China and India are the two potentially largest markets for senior tourism.

In summary, Figure 16 shows that France, Germany and the UK are the EU countries with highest access needs, whilst China leads the list among the international inbound markets.

From 2011 to 2020, the population of people with access needs in the EU27 area is expected to experience a mild growth of 1.2% per year (see Figure 19). This means that the total population of people with access needs will jump from 138.6 million in 2011 to 154.6 million in 2020. Noticeably, the growth rate of the elderly population (1.8%) is predicted to be much higher than that of the

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[1] Buhalis, D., Eichhorn, V., Michopoulou, E., & Miller, G. (2005). Accessibility market and stakeholder analysis. OSSATE project Guildford: University of Surrey.
http://www.ossate.org/doc_resources/OSSATE_Market&Stakeholder%20Analysis_Public_Version_Fina..pdf

[2] Based on historical data, the population of people with access needs grows at 1.2% per year (Figure 19).

people with disabilities (0.1%). This confirms the importance of the senior market as the potential driving force of accessible tourism.

Across the EU area, however, the growth rate ranges from -2.3% to 3.1%. Latvia and Lithuania are the two countries that will experience negative growth across both groups of people. At the other end, Malta sees the highest growth rate of people with access needs, at 3.1%, although in terms of the senior market Netherlands comes in the top place.

When compared to the situation of the international inbound markets (Figure 20), the EU's growth rate is less impressive. Except for Russia, which will have a stagnant growth, the majority of international markets can expect a growth rate at more than 2% annually. In the cases of Norway and Japan, these can be even higher, at 3.4% and 3.0% respectively.

It should be pointed out that, the growth rates in Figure 19 and Figure 20 are implied rates from the population forecast. Specifically, this means that the growth rates are calculated from the forecasts. The population of people with access needs were forecasted first using three advanced econometric techniques. Then the implied growth rates were calculated from the forecasts. As the forecast used historic information of population (Figure 6 to Figure 9), a strong correlation can thus be spotted between Figure 19 and Figure 20, on one hand and Figure 10 to Figure 13 on the other.

Annex C shows the forecast figures for people with access needs.

Figure 14 - The population of people with disabilities in the EU27 countries and key inbound markets in 2011 (unit: '000 persons)

Key Inbound Markets

China	61441
USA	31961
Brazil	31929
India	16892
Russia	9193
Japan	4695
Canada	3965
Australia	2999
South Africa	2407
Switzerland	1187
Norway	539
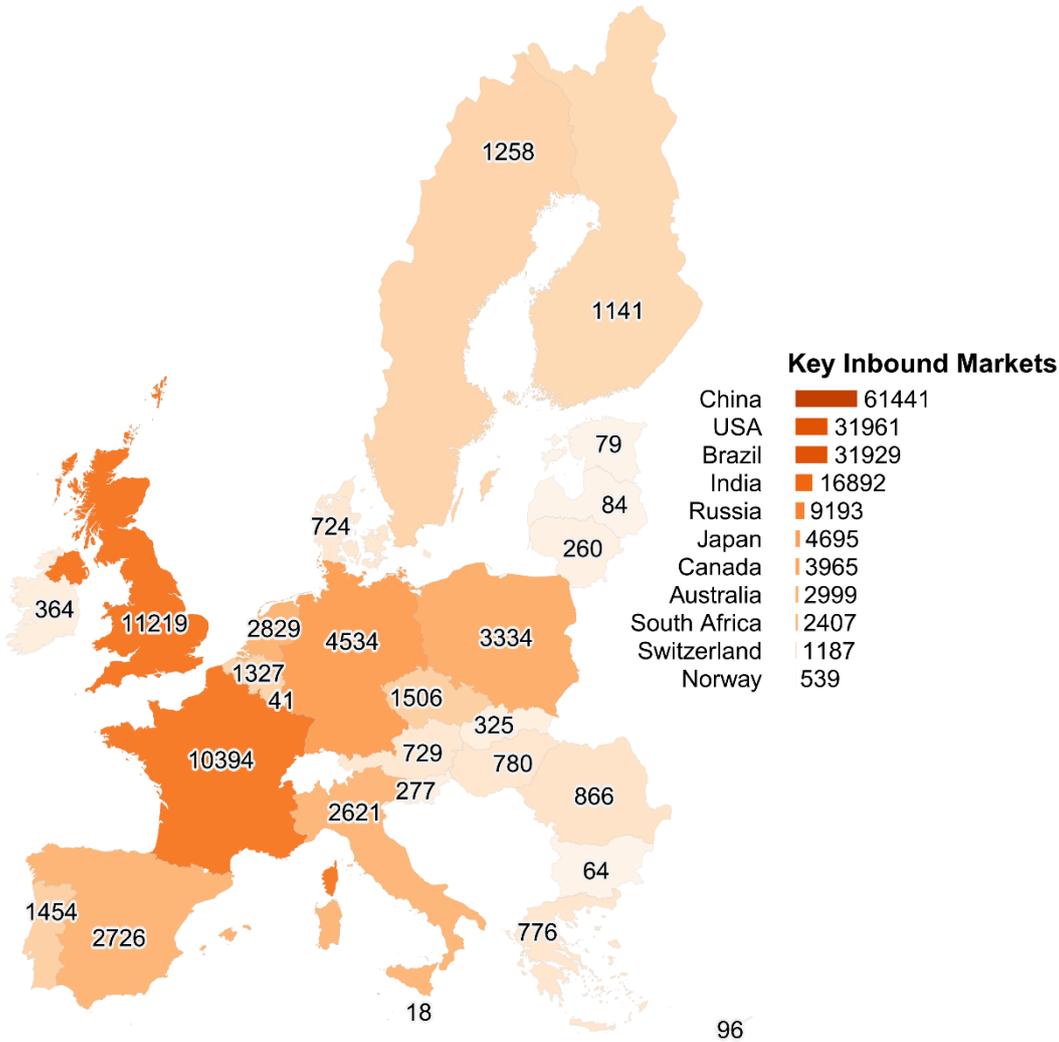
Figure 15 - The elderly population in the EU27 countries and key inbound markets in 2011 (unit: '000 persons)

Key Inbound Markets

China	112498
India	62000
USA	41444
Japan	29892
Russia	18104
Brazil	14141
Canada	4978
Australia	3098
Switzerland	1345
South Africa	1306
Norway	743
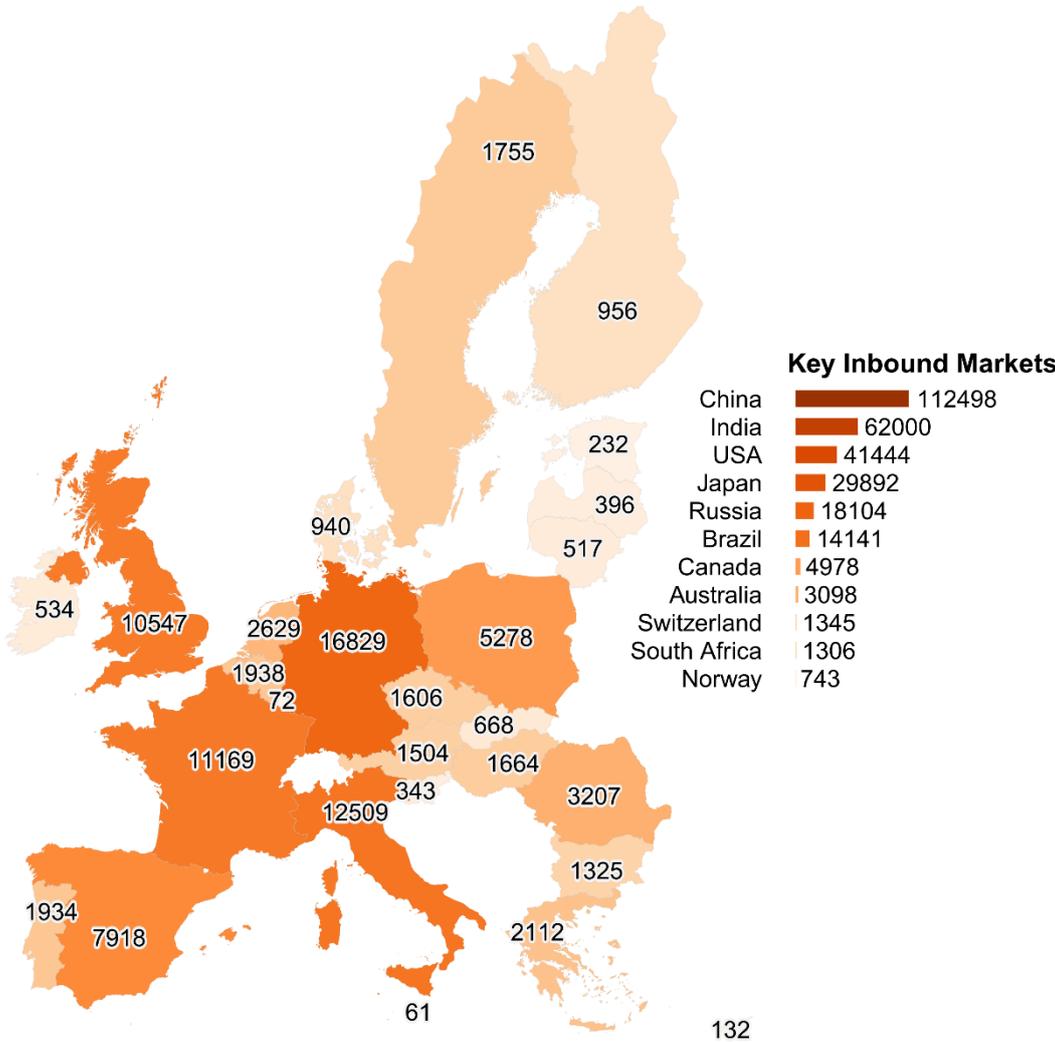
Figure 16 - The population with access needs in the EU27 countries and key inbound markets in 2011 (unit: '000 persons)

Key Inbound Markets

China	173939
India	78892
USA	73405
Brazil	46070
Japan	34587
Russia	27298
Canada	8942
Australia	6097
South Africa	3713
Switzerland	2532
Norway	1282
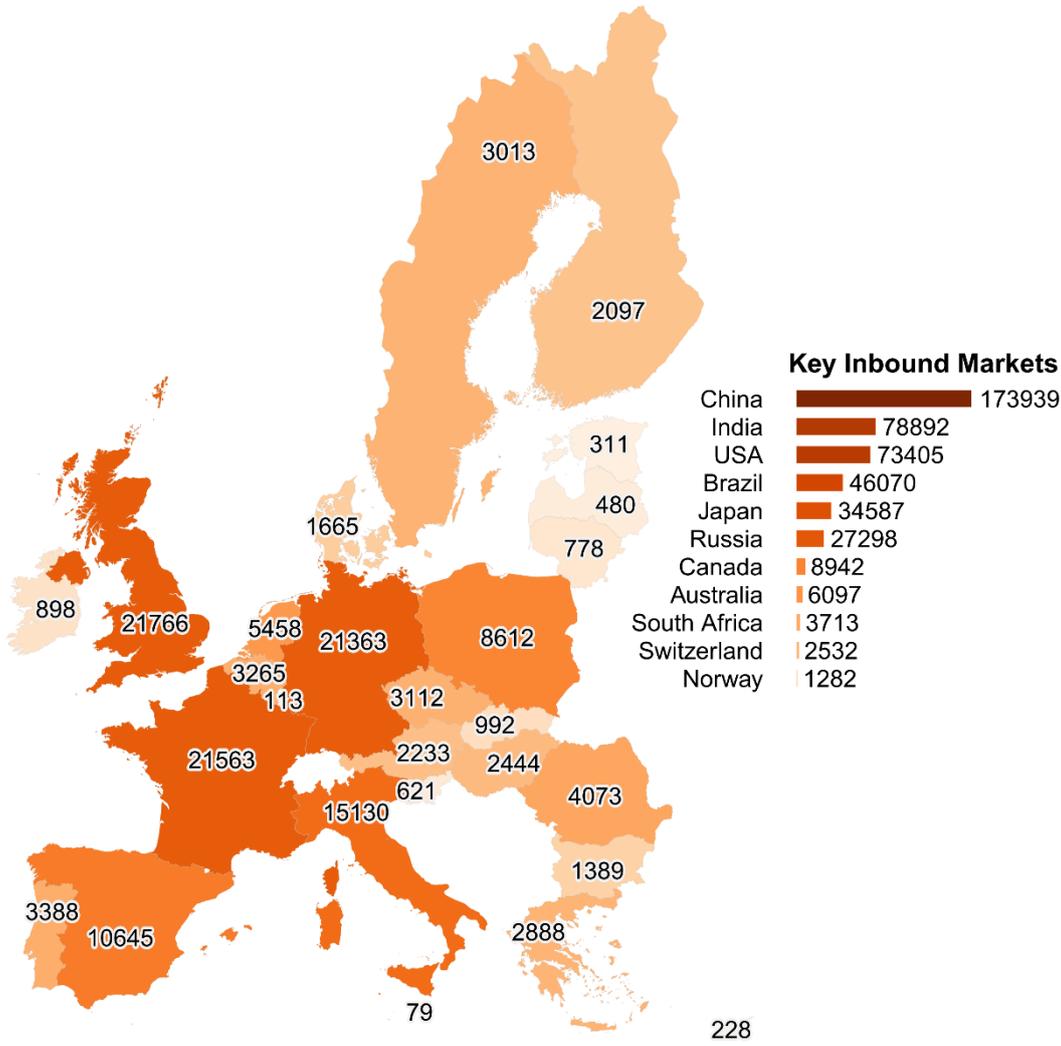
Figure 17 - People with access needs in the EU27 countries and key inbound markets as of 2011 (unit: '000 persons)

	EU27	Australia	Brazil	Canada	China	India	Japan	Norway	Russia	South Africa	Switzerland	USA
The elderly (aged 65 or above) (1)	88,778	3,098	14,141	4,978	112,498	62,000	29,892	743	18,104	2,407	1,345	41,444
People with disabilities (aged 15-64) (2)	49,825	2,999	31,929	3,965	61,441	16,892	4,695	539	9,193	1,306	1,187	31,961
Access Needs (3)=(1)+(2)	138,603	6,097	46,070	8,942	173,939	78,892	34,587	1,282	27,298	3,713	2,532	73,405

Figure 18 - People with access needs in the EU27 countries as of 2011 (unit: '000 persons)

	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy
The elderly (aged 65 or above) (1)	1,504	1,938	1,325	132	1,606	940	232	956	11,169	16,829	2,112	1,664	534	12,509
People with disabilities (aged 15-64) (2)	729	1,327	64	96	1,506	724	79	1,141	10,394	4,534	776	780	364	2,621
Access Needs (3)=(1)+(2)	2,233	3,265	1,389	228	3,112	1,665	311	2,097	21,563	21,363	2,888	2,444	898	15,130

	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	United Kingdom	EU27 Countries
The elderly (aged 65 or above) (1)	396	517	72	61	2,629	5,278	1,934	3,207	668	343	7,918	1,755	10,547	88,778
People with disabilities (aged 15-64) (2)	84	260	41	18	2,829	3,334	1,454	866	325	277	2,726	1,258	11,219	49,825
Access Needs (3)=(1)+(2)	480	778	113	79	5,458	8,612	3,388	4,073	992	621	10,645	3,013	21,766	138,603

Figure 19 - Implied annual growth rate of people with access needs in the EU27 countries over 2011 – 2020 (unit: %)

People with Access needs   People with Disabilities   The Elderly People
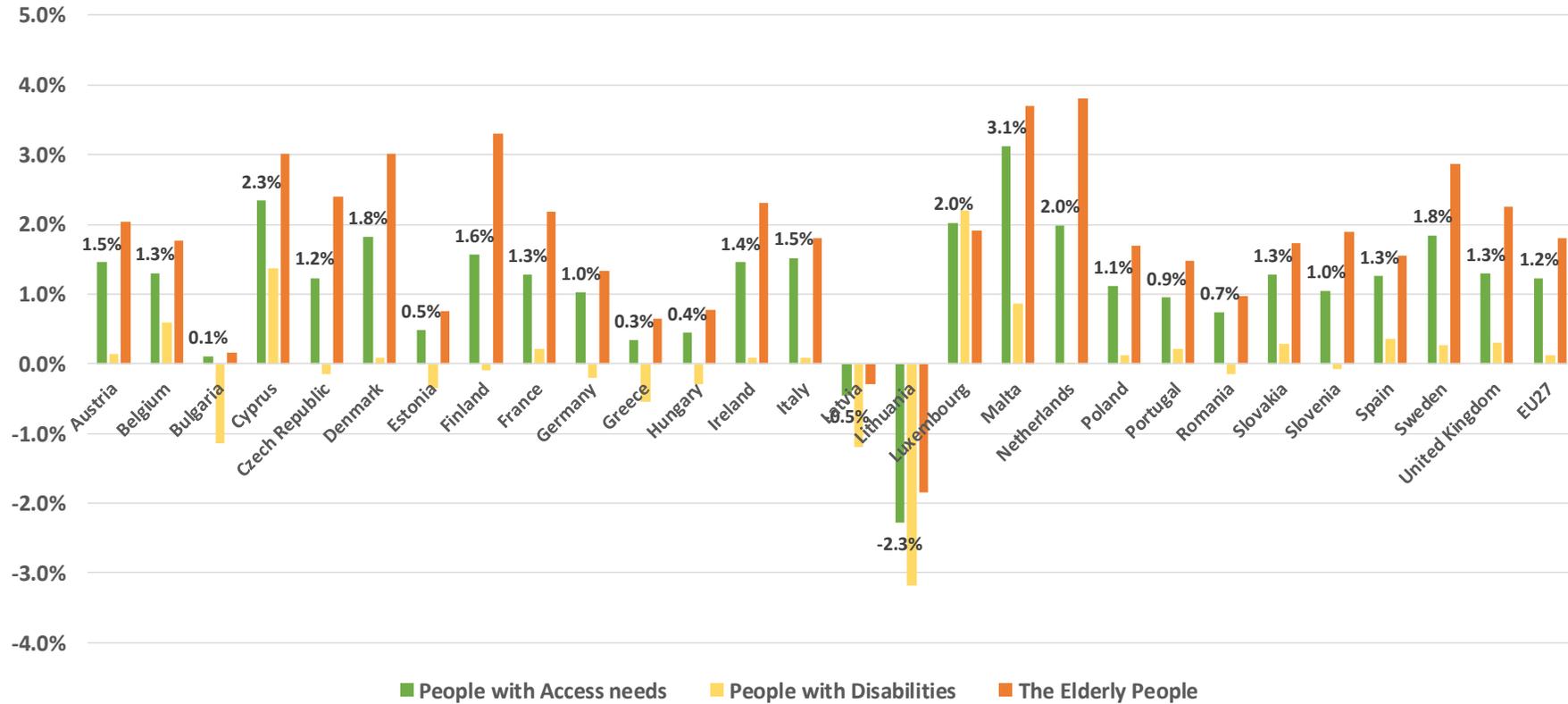
Figure 20 - Implied annual growth rate of people with access needs in the EU27 area and the key international inbound markets over 2011 – 2020 (unit: %)
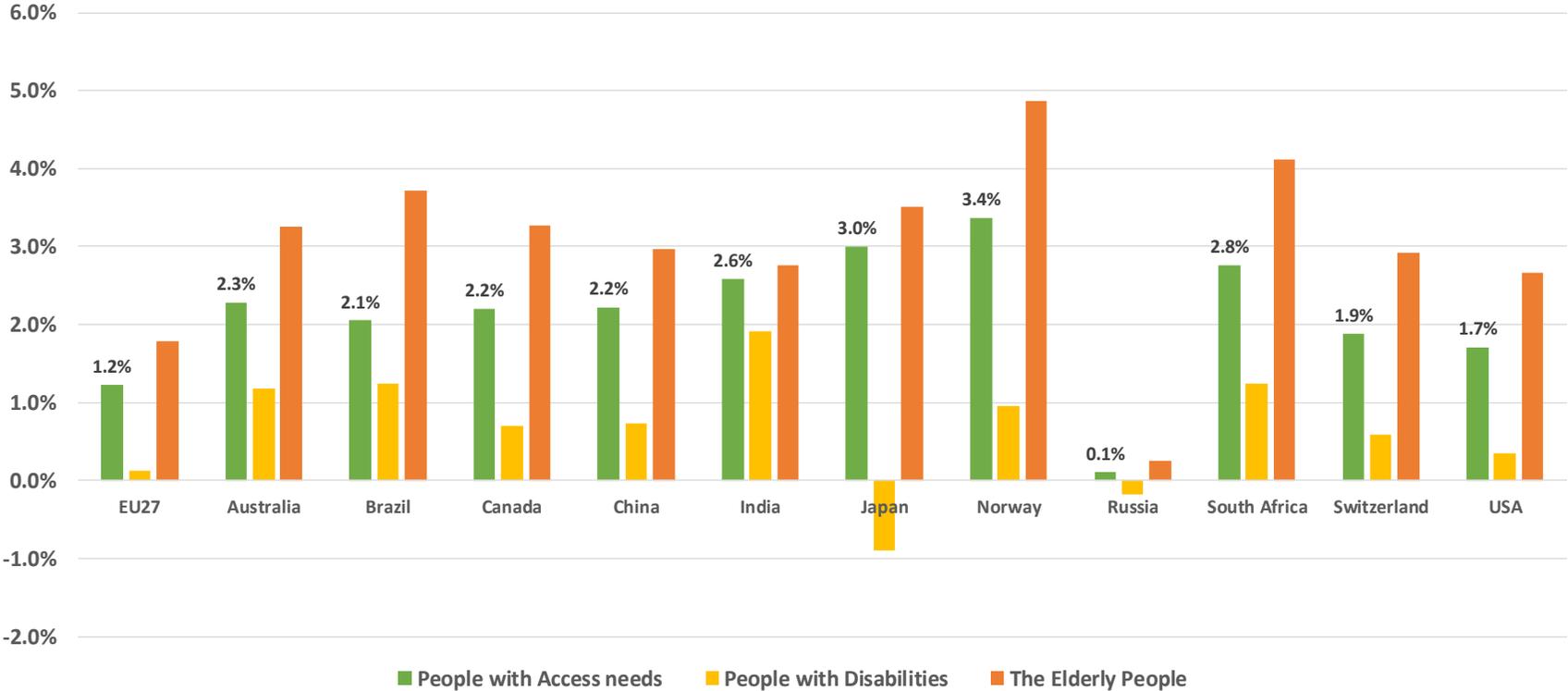
Figure 21 - Prevalence rate of disabilities in EU27 countries (%)
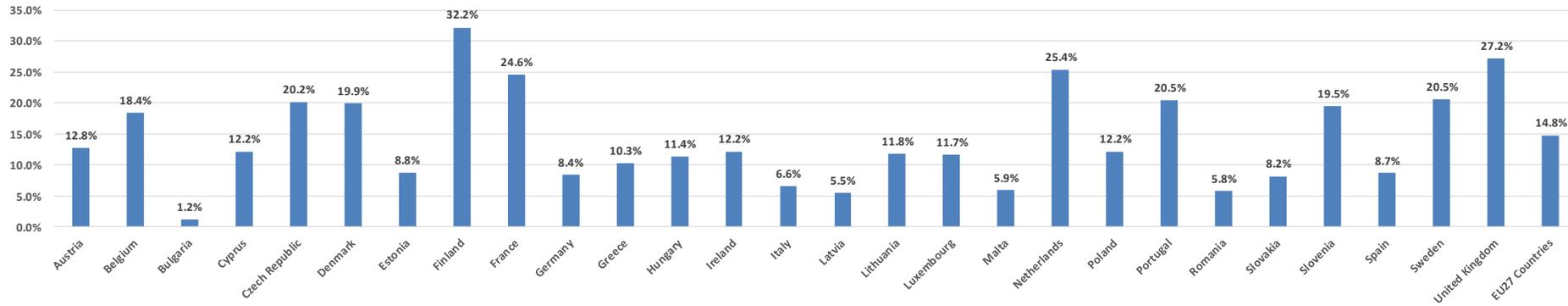
Figure 22 - Prevalence rate of disabilities in the EU27 area and key inbound markets (%)
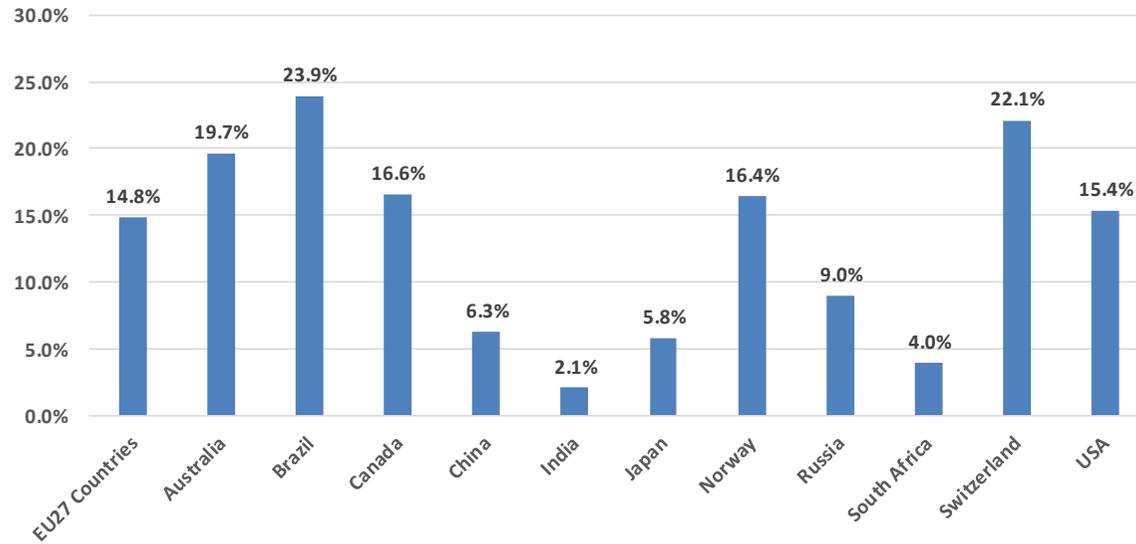
With the evolution of the population with access needs in mind, the following paragraphs take a closer look at both components of this population, i.e., the people with disabilities and the elderly population.

As shown in Figure 18, the number of people with disabilities was 49.8 million in 2011. To verify how valid this estimation is, a comparison with previous studies has been conducted. A press release by the European Commission estimated that approximately 80 million people (among all the age groups) in the EU area live with a disability - roughly one out of six people[1]. However, this figure (80 million) includes those aged 65 or above, whereas the estimation in the current project (49.8 million) only refers to those aged 15-64. In 2011, the working age population (aged 15-64) in the EU27 area was 337 million. In proportional terms, roughly one in six people of working age has a disability, which is in line with the general statistics for all age groups, as mentioned above.

Figure 23 summarises the estimations made by other researchers. These estimations range from 45 million to 115 million, depending on the age group in question and the geographic coverage. Focusing on a similar age group, the Dupré & Karjalainen study estimated that about 45 million people (working age population/aged 16 to 64) in 25 European countries had a disability. This further supports the validity of the current estimation.

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[1] http://europa.eu/rapid/press-release_IP-10-1505_en.htm

Figure 23 - Estimations of prevalence of disability in Europe

Estimation (total number)	% of population	Sources/ references
Approximately 45 million (working age population/ aged 16 to 64) in 25 European countries	15.70%	Dupré & Karjalainen published in Eurostat (2003)[1]
45 to 90 million in Europe having at least one type of impairment	10% to 20%	Toerisme Vlaanderen (2001)[2]; National Disability Authority (2003)[3] (Ireland)
50 million in the enlarged EU	Approx. 11%	European Disability Forum, 2005[4]; Gerlin, 2005[5]; Qualitas, 2004[6]; Brown, 1991[7]; van Horn, 2002[8]; Horgan-Jones & Ringaert, 2004[9]
69 to 92 million in the EU	15% to 20%	Pühretmair, 2004 [10]
60 to 80 million disabled/ people with reduced mobility	13% to 17%	Community Researchand Development Information Service CORDIS (1995) [11]
92 to 115 million in the EU	20% to 25%	Stumbo & Pegg (2005) [12]

Source: adapted from Buhalis et al.(2005)[13]

In terms of the prevalence rates of disabilities in each member state, Figure 21 and Figure 22 give an overview.

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[1]Eurostat (2003). Employment of Disabled People in Europe in 2002.ISBN, 1024-4352, catalogue number: KS-NK-03-026-EN-N, European Communities 2003. http://epp.eurostat.cec.eu.int/cache/ITY_OFFPUB/KSNK-03-026/EN/KS-NK-03-026-EN.PDF

[2]Toerisme Vlaanderen (2001). Tourism for all in the European Union. Status Report on Tourist Accommodation Schemes in Europe. Meeting of EU Ministers of Tourism, "Tourism for all", Brugge 1st - 2nd of July 2001. http://www.toegankelijkheidsbureau.be/docs/Tourism%20for%20All%20Report%20Final%20SEP2001b.pdf

[3]National Disability Authority (2003). Accessibility and Tourism. Tourism Policy Review Group. http://www.nda.ie/

[4]European Disability Forum (2005). People with Disabilities in the European Union: Some facts and figures.http://www.edffeph.org/Papers/StructuralFunds/HearingMarch2005/General%20facts%20and%20figures%20on%20disability.doc

[5]Gerlin, A. (2005). Access Denied. Time Europe, Vol. 165 (15). http://www.time.com/time/europe/magazine/article/0,13005,901050411-1044655,00.html?promoid=rss_world

[6]Qualitas (2004). Conclusions of the 1st International Congress on "Tourism for all". http://www.worldtourism.org/quality/E/standards2.htm

[7]Brown, F. (1991). Tourism for all. Tourism Management, Vol. 12 (3), pp. 258-260

[8]Van Horn, L. (2002). Travellers with Disabilities: Market Size and Trends. http://ncpedp.org/access/isu-travel.htm

[9]Horgan-Jones, M., & Ringaert, L. (2004). Accessible Tourism in Manitoba. http://www.ttra.com/pub/uploads/AccessibleTourismInManitoba.htm

[10]Pühretmair, F. (2004). It's time to make eTourism accessible. In Miesenberger, K., Klaus, J., Zagler, W. & Burger, D. (Eds.) Computers helping people with special needs. 9th International Conference, ICCHP 2004, Paris, France, July 2004, Proceedings, Berlin, Springer Verlag

[11]Cordis (1995). Cost 322: Low Floor Busses. Final report. http://www.cordis.lu/cost-transport/src/cost-322.htm

[12]Stumbo, N.J., & Pegg, S. (2005). Travellers and Tourists with Disabilities: A Matter of Priorities and Loyalties. Tourism Review International, Vol. 8 (3), pp. 195-209

[13]Buhalis, D., Eichhorn, V., Michopoulou, E., & Miller, G. (2005). Accessibility market and stakeholder analysis. *OSSATE project Guildford: University of Surrey.*

Across the EU27 countries, the overall prevalence rate of disabilities among the working age population is 14.8% (Figure 22), which is comparable to that of Canada (16.6%), Norway (16.4%), and USA (15.4%). Among the key inbound markets, India has the lowest prevalence rate (2.1%), whereas Brazil has the highest rate (23.9%). There is no obvious pattern across the 11 key inbound markets, although arguably the developed countries tend to register a higher percentage of people with disabilities than the emerging countries.

Within the EU27 area (Figure 21), Finland has the highest prevalence rate (32.2%), and Bulgaria the lowest (1.2%). Again, higher percentages could be found in countries with a higher GDP, such as France (24.6%), the Netherlands (25.4%) and the UK (27.2%). Overall, prevalence rates are from 8% to 15% for most countries.

Figure 24 and Figure 25 present the distribution of impairment types across countries. Consistently across the EU27 countries (Figure 24), mobility impairments and hidden impairments are the major types of disabilities, followed by cognitive impairments and sensory impairments. Of the three types of sensory impairments, the majority are visually impaired, and the minority speech impaired. Bulgaria is an exception, with a much lower prevalence rate of disabilities than other countries.

A similar pattern can be found in the international inbound markets (Figure 25), with mobility impairments being the major type of disability. For the other impairment types, their distribution varies significantly across the different markets.

Given the high proportion of mobility impairments, a straightforward implication is that many travellers with disabilities show certain dependence on a companion (or companions), in order to be 'mobilised'. Especially when a person is limited by severe disabilities, physical dependence on others for mobility and performance of many activities of daily living is inevitable (Smith, 1987[1]). Furthermore, Darcy (2002)[2] pointed out that brain injury/stroke, cerebral palsy and quadriplegia have substantially higher levels of travel dependence than other impairment types. Overall, in the Darcy (2002) study, 70% of the 2562 Australian respondents required the assistance of a companion. Similarly, in a survey of 350 respondents from North America attending the 2001 Society for Disability Studies conference, Horgan-Jones and Ringaert (2001)[3] found that 2/3 of the respondents travelled with a companion, usually a spouse or family member. A slightly more recent study was

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[1] Smith, R. W. (1987). Leisure of disabled tourists Barriers to participation. *Annals of Tourism Research*, *14*, 376-389.
[2] Darcy, S. (2002). Marginalised participation: Physical disability, high support needs and tourism. Journal of Hospitality and Tourism Management, 9, 61-72.
[3] Horgan-Jones, M., & Ringaert, L. (2001). Accessible tourism in Manitoba.TTRA–Travel and Tourism Research Association, Niagara Falls, Canada.

done by Neumann and Reuber (2004)[1], which surveyed 4,062 Germans with disabilities. 52% of them depended on a companion. Of these, over half required full-time assistance in the form of support in moving around or pursuing leisure activities.

In estimating the possible impact of accessible tourism, it is often argued that tourism suppliers who cannot accommodate the travel needs of persons with disabilities are also losing the business of their friends and family members[2]. To quantify this sort of 'multiplication' or, more precisely, incurred tourism demand, proves to be tricky, because the numbers of travel companions for each person are largely missing or unreported. Neumann and Reuber (2004) showed that the respondents with dependence needs were on average accompanied by 1.56 persons. Buhalis et al.(2005)[3] suggested a 'multiplier' of 2 with regard to travel companions.

However, it has to be noted that the numbers above were usually yielded on an ad hoc basis, in the sense that the studies were conducted in a specific country and basically only those with physical disabilities were reached. Therefore it is not appropriate to generalise the numbers' applicability to cover the whole EU27 area. Besides, strictly speaking, it will exaggerate the market size of accessible tourism by attributing the travel companions' demand to that of people with access needs, because travel companions' demand can be well catered for by the existing generic tourism facilities.

Regarding the elderly population, in 2011 it totalled 88.8 million across EU27 area, of which 37.3 million were male and the remainder female (51.4 million). Figure 26 and Figure 27 provide an overview of the gender distribution. The female elderly population is consistently larger than the male elderly population, across the EU27 area and in the key inbound markets.

The following hypotheses can be formulated.

> H1: France, Germany, Italy and the UK are the major European source markets for the EU's Accessible Tourism.
> H2: The BRICS countries and the USA are the most important international inbound markets for the EU's Accessible Tourism.

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[1] Neumann, P., & Reuber, P. (2004). Economic Impulses of Accessible Tourism for All. Study commissioned by the Federal Ministry of Economics and Labour (BMWA), Berlin, Germany.
[2] http://ncpedp.org/access/isu-travel.htm
[3] Buhalis, D., Eichhorn, V., Michopoulou, E., & Miller, G. (2005). Accessibility market and stakeholder analysis. OSSATE project Guildford: University of Surrey.

> - H3: Mobility facilities are the primary area of access needs, and sufficient attention should be paid to these facilities.[1]
> - H4: The seniors have higher spending power than the people with disabilities, because they have higher wealth level and are more willing to spend on leisure activities.
> - H5: The seniors are more frequent travellers than the people with disabilities.
> - H6: The motivation of travelling and activities by the seniors are pretty diverse.
> - H7: Female senior customers will dominate the senior travel market, given the higher proportion of population.

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[1]Please note hidden impairments are a major type of disability but that related access needs are more varied and therefore less widely used and needed by smaller proportions of people.

Figure 24 - Distribution of each type of disability in EU countries
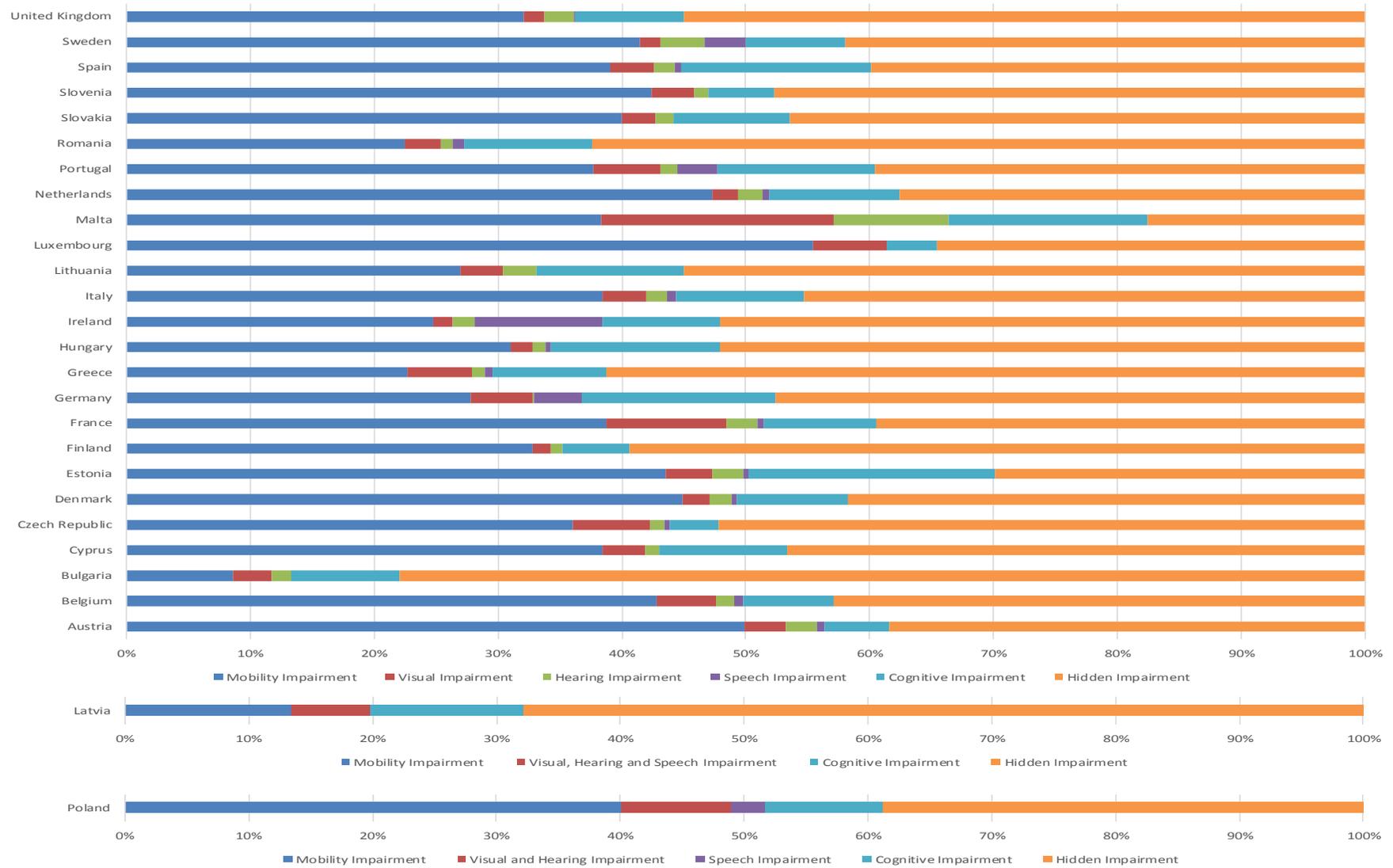
Figure 25 - Distribution of each type of disability in key inbound markets

Distribution of Each Type of Disability in Key Inbound Markets
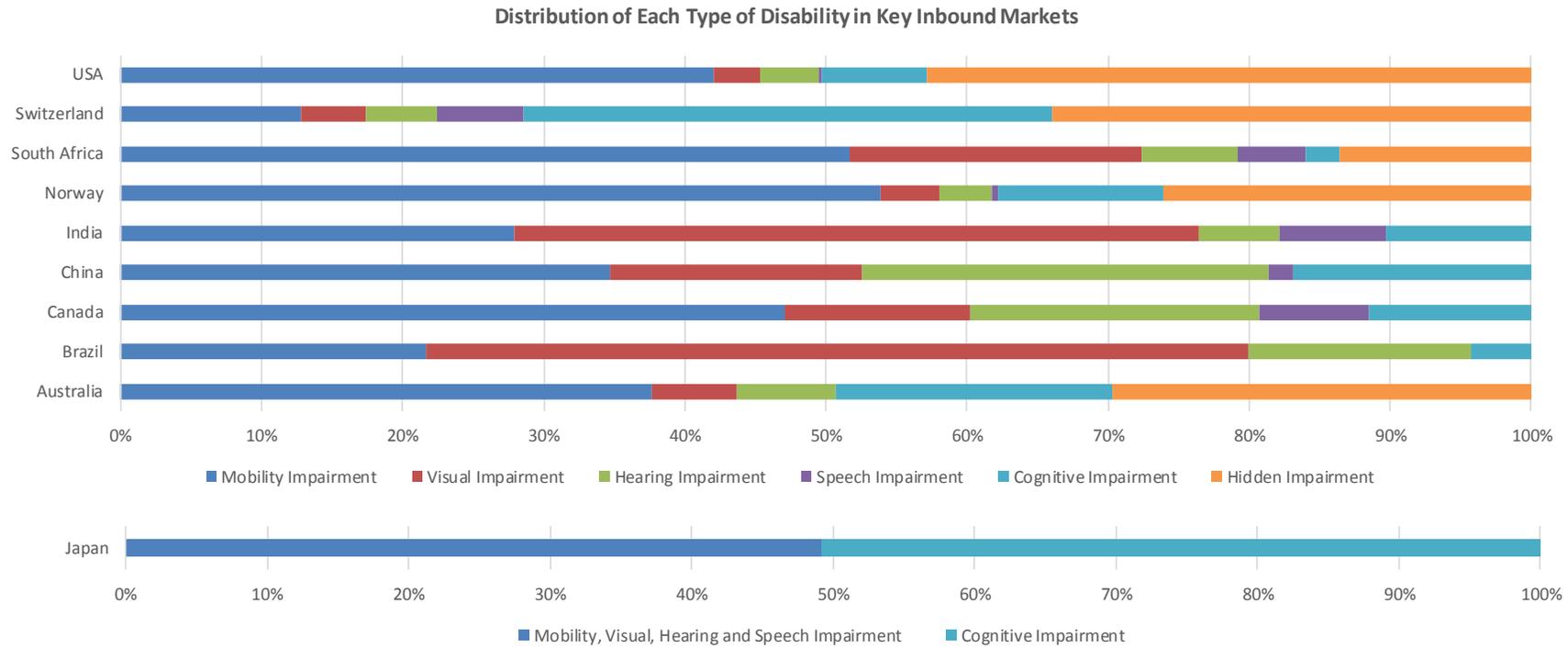
Figure 26 - Elderly population in EU27 countries by gender in 2011 (unit: thousands)
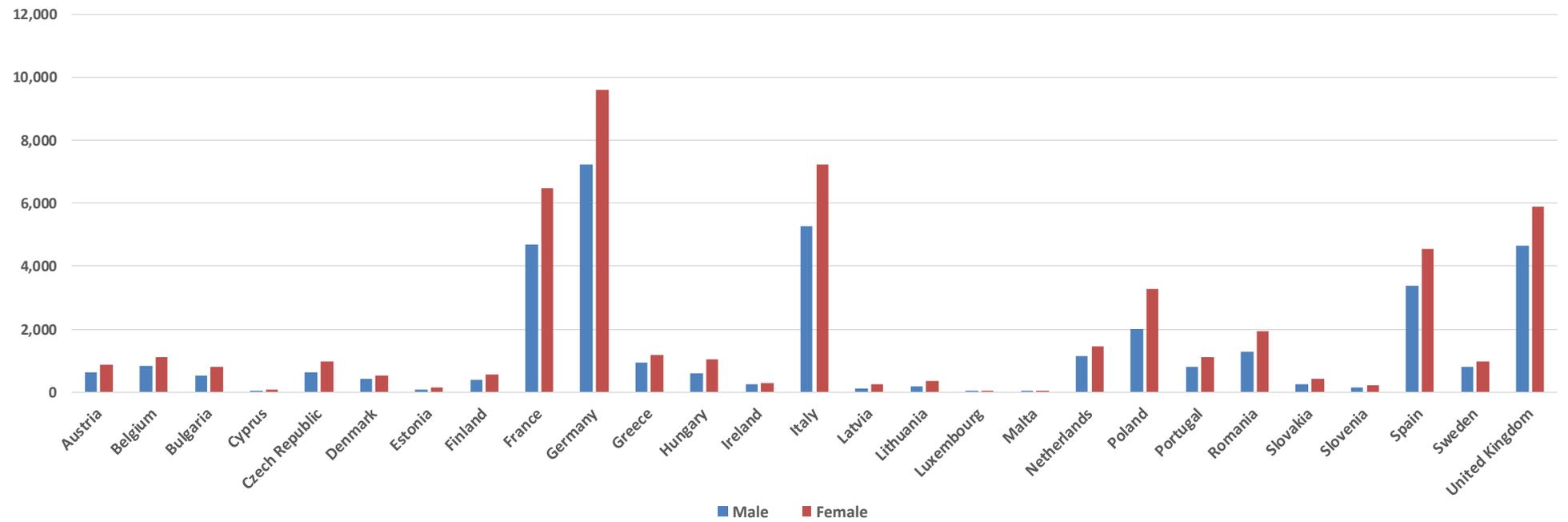
Figure 27 - Elderly population in major international inbound markets by gender in 2011 (unit: thousands)
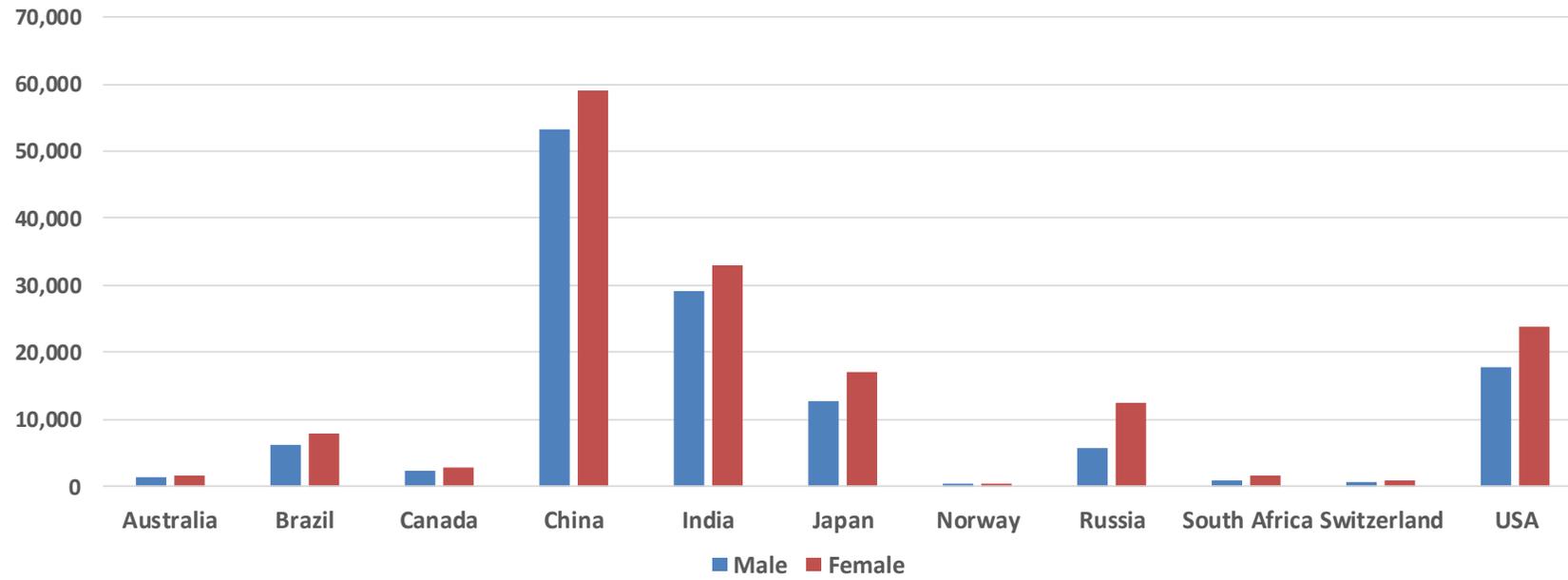
3.2.3 Demand for accessible tourism

3.2.3.1 Travel behaviour

In tourism demand estimation[1], two parameters concerning the travellers' behaviour are of utmost importance, i.e., travel propensity and travel frequency. Both parameters are obtained from the online survey conducted in 12 representative countries. Results are inferred from Q1 of the questionnaire, as explained in the methodology section.

It should be noted that, once the propensity indicators for the different demand segments were calculated based on the survey data collected, cross validation via the relevant Eurostat statistics was conducted. The only available information is related to the participation of the elderly population for overnight travel in 2012[2], which was used as a reliable reference to compare and adjust the propensity indicators calculated from the survey data. The reason for the adjustment is that, because of the nature and purpose of the survey, a high proportion of non-travellers did not participate in the survey, and therefore the sample captured a higher proportion of active travellers than in the actual population. As a result, the travel propensies derived from the sample tended to be over-estimated. Proportionate adjustments had to be exercised consistently across all segments of accessible tourism demand using the Eurostat statistics as a reference.

Figure 28 provides an overview of the travel behaviour at the EU level. Figure 29 to Figure 32 contain detailed information for each member state.

At EU level, more than half of the population with disabilities was reported to have travelled over the last 12 months (mid 2012 – mid 2013). With regard to the elderly population, this percentage is somewhat lower, at 40%. Compared to the propensity figures of Germany in a previous study (Neumann, P., & Reuber, P., 2004[3]), which are 54.3% (people with severe disabilities, holiday trips) and 32.3% (people with severe disabilities, short breaks), the propensity figures in Figure 28 are reasonable.

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[1] As explained in Section 3.2.1.1, the estimation of accessible tourism demand in this project considered two main segments: individuals with disabilities and the elderly population. The respondents with temporary limitations in the survey sample of this project accounted for only 7% (97 out of 1354) of all the respondents with any limitations (aged 15-64); therefore the demand by the individual with disabilities well represented the broader group of people with any limitations. In addition, within the survey sample people travelling with children were heavily overlapped with either individuals with disabilities or the elderly population, and only 184 of them (8.7% of the whole sample) did not fall into either group. Thus, their demand and economic contribution were not estimated separately.

[2] The 'Participation in tourism for personal purposes by age group in 2012 (tour_dem_toage)' series from: http://epp.eurostat.ec.europa.eu/portal/page/portal/tourism/introduction

[3] Neumann, P., & Reuber, P. (2004). Economic Impulses of Accessible Tourism for All. Study commissioned by the Federal Ministry of Economics and Labour (BMWA), Berlin, Germany.

Across the EU27 countries and the two groups of people with special access needs (Figure 29 to Figure 32), the propensity figures vary a lot. Within the group of people with disabilities, Bulgaria sees the lowest percentage of people that have travelled, no matter whether it was a day trip or overnight trip, at below 10%. The next lowest figures are found in Romania, at roughly 10%. At the other end, the Netherlands has the keenest travellers with disabilities, with more than 80% who reported to have travelled during the last year. Within the group of the elderly population, a similar pattern is maintained, that is, the elderly population from Bulgaria are least likely to travel (less than 10%). The elderly population from the Netherlands are, just as the younger people with disabilities, keen travellers, for both day trips and overnight trips. However, the highest propensity in the elderly population is found in Denmark and Sweden, which is 72.1% for overnight trips.

In terms of the travel frequency, the EU average figures are up to slightly less than 7 trips per year for both day trips and overnight trips (Figure 28). Generally, individuals with disabilities conduct more trips than the elderly population, especially when it comes to overnight trips[1]. However, travel frequency figures across both travel types (day trips and overnight trips) cannot be added up to yield a total number of annual trips, because people who conduct day trips do not necessarily take overnight trips (for example, one can take 7 day trips per year without taking any overnight trips). Thus, adding up the frequency figures of both travel trips will mistakenly overstate people's travel behaviour.

With regard to the destination, the pattern is very obvious in that most of the trips are conducted within the respondent's home country, especially when it comes to day trips. At the EU level (Figure 28), slightly under 90% of all day trips were domestic trips, whereas around 70% of overnight trips were domestic. Compared to day trips, a higher proportion of overnight trips were spent in the intra-EU area or internationally. At country level (Figure 29 to Figure 32), the same pattern can be observed with few exceptions. Individuals with disabilities from Austria, Belgium and the Netherlands conducted more intra-EU overnight trips (roughly 50%) than domestic overnight trips (roughly 30%) during mid-2012 to mid-2013. For those from Slovenia, the overnight trips were almost evenly spread among domestic, intra-EU and international destinations. For the elderly population from Austria, Belgium and the Netherlands, they made very similar choices, with about 30% of overnight trips in the home country and more than 50% in intra-EU destinations.

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[1] Regarding the group of people with disabilities, compared to the figures from BMWA's study (Neumann, P., & Reuber, P., 2004), which are 1.3 holiday trips and 2.18 short breaks, the travel frequency figures in Figure 28 appears a bit high. Nevertheless, the difference could come from the fact that the sample of the BMWA's study only included those with severe disabilities, whereas the sample of the current survey have a much broader population base since people with less severe disabilities as well as those with temporary limitations have been included.

Figure 28 - Travel behaviour of people with access needs: EU-wide averages, 2012

Group	People with Disabilities		The Elderly population	
Travel Type	Day Trips	Overnight Trips	Day Trips	Overnight Trips
Travel Propensity	51.8%	58.1%	36.4%	47.5%
Travel Frequency	6.7	6.7	6.9	5.5
Of these, spent in				
Domestic (%)	87.1%	60.1%	87.3%	70.0%
EU (%)	10.4%	27.4%	12.1%	22.8%
International (%)	2.5%	12.5%	0.5%	7.2%

Notes: 1) Of the 2,111 responses received, 53 responses have been discarded for the estimation, due to irrational travel patterns answered.

2) The travel propensity figures have been adjusted according to the 'Participation in tourism for personal purposes by age group (tour_dem_toage)' series of Eurostat.

Figure 29 - Travel behaviour of people with disabilities in the EU27 countries: country-specific averages, 2012 – Day trips

Source Market	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland
Travel Type	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips
Travel Propensity	55.1%	27.7%	6.4%	40.4%	53.8%	68.5%	60.8%	68.5%	57.9%	57.0%	47.4%	21.1%	40.4%
Travel Frequency	6.5	6.5	8.1	6.9	7.9	7.7	9.1	7.7	5.7	7.3	7.8	8.1	6.9
Of these, spent in													
Domestic (%)	81.1%	81.1%	88.0%	90.6%	88.0%	90.1%	92.5%	90.1%	86.0%	85.7%	90.1%	88.0%	90.6%
EU (%)	18.3%	18.3%	10.0%	5.9%	10.8%	8.5%	7.3%	8.5%	11.6%	10.4%	8.9%	10.0%	5.9%
International (%)	0.6%	0.6%	2.0%	3.5%	1.3%	1.3%	0.2%	1.3%	2.4%	3.9%	1.0%	2.0%	3.5%

Source Market	Italy	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	United Kingdom
Travel Type	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips
Travel Propensity	20.7%	46.5%	47.8%	55.4%	40.2%	81.7%	19.8%	32.6%	9.3%	25.4%	45.0%	47.4%	68.5%	62.0%
Travel Frequency	7.3	9.1	9.1	6.5	7.8	5.8	7.9	7.8	8.1	7.9	7.8	7.8	7.7	6.7
Of these, spent in														
Domestic (%)	85.7%	92.5%	92.5%	81.1%	74.0%	80.1%	88.0%	90.1%	88.0%	88.0%	74.0%	90.1%	90.1%	88.9%
EU (%)	10.4%	7.3%	7.3%	18.3%	16.3%	15.4%	10.8%	8.9%	10.0%	10.8%	16.3%	8.9%	8.5%	8.3%
International (%)	3.9%	0.2%	0.2%	0.6%	9.7%	4.4%	1.3%	1.0%	2.0%	1.3%	9.7%	1.0%	1.3%	2.8%

Figure 30 - Travel behaviour of people with disabilities in the EU27 countries: country-specific averages, 2012 – Overnight trips

Source Market	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland
Travel Type	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips
Travel Propensity	61.1%	30.7%	7.8%	46.2%	61.8%	75.5%	62.0%	75.5%	70.7%	71.6%	49.5%	25.7%	46.2%
Travel Frequency	4.3	4.3	7.1	8.1	7.1	8.0	7.0	8.0	6.3	6.3	8.0	7.1	8.1
Of these, spent in													
Domestic (%)	34.9%	34.9%	77.7%	60.3%	77.1%	67.9%	71.6%	67.9%	62.9%	62.2%	67.4%	77.7%	60.3%
EU (%)	56.0%	56.0%	17.2%	30.1%	17.4%	23.8%	23.6%	23.8%	23.1%	26.0%	23.3%	17.2%	30.1%
International (%)	9.1%	9.1%	5.0%	9.6%	5.5%	8.3%	4.8%	8.3%	14.0%	11.8%	9.3%	5.0%	9.6%

Source Market	Italy	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	United Kingdom
Travel Type	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips
Travel Propensity	26.0%	47.4%	48.7%	61.4%	38.2%	85.7%	22.8%	34.1%	11.4%	29.2%	42.8%	49.5%	75.5%	63.7%
Travel Frequency	6.3	7.0	7.0	4.3	3.9	6.0	7.1	8.0	7.1	7.1	3.9	8.0	8.0	6.9
Of these, spent in														
Domestic (%)	62.2%	71.6%	71.6%	34.9%	37.6%	34.3%	77.1%	67.4%	77.7%	77.1%	37.6%	67.4%	67.9%	55.3%
EU (%)	26.0%	23.6%	23.6%	56.0%	38.9%	47.5%	17.4%	23.3%	17.2%	17.4%	38.9%	23.3%	23.8%	29.6%
International (%)	11.8%	4.8%	4.8%	9.1%	23.5%	18.2%	5.5%	9.3%	5.0%	5.5%	23.5%	9.3%	8.3%	15.2%

Notes: 1) Of the 2,111 responses received, 53 responses have been discarded for the estimation, due to irrational travel patterns answered.

2) The travel propensity figures have been adjusted according to the 'Participation in tourism for personal purposes by age group (tour_dem_toage)' series of Eurostat.

Figure 31 - Travel behaviour of the elderly population in the EU27 countries: country-specific averages, 2012 – Day trips

Source Market	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland
Travel Type	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips
Travel Propensity	50.9%	25.5%	7.5%	34.4%	63.6%	55.4%	42.2%	55.4%	54.8%	38.4%	33.3%	24.8%	34.4%
Travel Frequency	6.2	6.2	8.5	8.7	8.7	9.8	7.1	9.8	8.1	4.8	5.9	8.5	8.7
Of these, spent in													
Domestic (%)	79.6%	79.6%	95.3%	88.5%	92.7%	90.8%	97.3%	90.8%	89.4%	71.0%	93.3%	95.3%	88.5%
EU (%)	19.9%	19.9%	4.7%	11.5%	6.8%	9.2%	2.0%	9.2%	9.9%	27.4%	6.7%	4.7%	11.5%
International (%)	0.6%	0.6%	0.0%	0.0%	0.5%	0.0%	0.7%	0.0%	0.6%	1.6%	0.0%	0.0%	0.0%

Source Market	Italy	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	United Kingdom
Travel Type	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips	Day Trips
Travel Propensity	13.9%	32.3%	33.1%	51.1%	33.1%	64.7%	23.4%	22.9%	11.0%	30.0%	37.0%	33.3%	55.4%	47.9%
Travel Frequency	4.8	7.1	7.1	6.2	9.7	5.0	8.7	5.9	8.5	8.7	9.7	5.9	9.8	8.0
Of these, spent in														
Domestic (%)	71.0%	97.3%	97.3%	79.6%	69.4%	80.7%	92.7%	93.3%	95.3%	92.7%	69.4%	93.3%	90.8%	94.2%
EU (%)	27.4%	2.0%	2.0%	19.9%	28.9%	19.3%	6.8%	6.7%	4.7%	6.8%	28.9%	6.7%	9.2%	5.8%
International (%)	1.6%	0.7%	0.7%	0.6%	1.7%	0.0%	0.5%	0.0%	0.0%	0.5%	1.7%	0.0%	0.0%	0.0%

Figure 32 - Travel behaviour of the elderly population in the EU27 countries: country-specific averages, 2012 – Overnight trips

Source Market	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland
Travel Type	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips
Travel Propensity	56.1%	28.2%	8.2%	47.5%	60.7%	72.1%	32.1%	72.1%	65.8%	65.0%	40.0%	27.2%	47.5%
Travel Frequency	3.9	3.9	3.8	6.4	8.0	7.2	5.7	7.2	5.4	5.3	6.3	3.8	6.4
Of these, spent in													
Domestic (%)	29.6%	29.6%	90.5%	53.5%	70.7%	81.2%	79.1%	81.2%	83.8%	64.7%	75.4%	90.5%	53.5%
EU (%)	53.6%	53.6%	9.5%	34.6%	24.6%	15.6%	14.3%	15.6%	8.5%	29.3%	19.3%	9.5%	34.6%
International (%)	16.8%	16.8%	0.0%	11.9%	4.8%	3.2%	6.6%	3.2%	7.7%	6.0%	5.3%	0.0%	11.9%

Source Market	Italy	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	United Kingdom
Travel Type	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips
Travel Propensity	23.6%	24.6%	25.2%	56.4%	28.9%	70.1%	22.4%	27.5%	12.1%	28.7%	32.4%	40.0%	72.1%	60.8%
Travel Frequency	5.3	5.7	5.7	3.9	7.2	3.6	8.0	6.3	3.8	8.0	7.2	6.3	7.2	4.7
Of these, spent in														
Domestic (%)	64.7%	79.1%	79.1%	29.6%	47.4%	39.4%	70.7%	75.4%	90.5%	70.7%	47.4%	75.4%	81.2%	65.4%
EU (%)	29.3%	14.3%	14.3%	53.6%	45.4%	50.0%	24.6%	19.3%	9.5%	24.6%	45.4%	19.3%	15.6%	21.8%
International (%)	6.0%	6.6%	6.6%	16.8%	7.2%	10.6%	4.8%	5.3%	0.0%	4.8%	7.2%	5.3%	3.2%	12.8%

Notes: 1) Of the 2,111 responses received, 53 responses have been discarded for the estimation, due to irrational travel patterns answered.

2) The travel propensity figures have been adjusted according to the 'Participation in tourism for personal purposes by age group (tour_dem_toage)' series of Eurostat.

3.2.3.2 Current tourism demand and forecasts

Based on the population figures of people with access needs from Section 3.2.2, together with the travel behavioural profiling figures from Section 3.2.3.1, the current demand for accessible tourism can be estimated according to the rationale described in the methodology section (Section 3.2.1.1).

Figure 33 provides a summary of the current and future demand of accessible tourism by people from the EU27 countries.

Over 2011 – 2020, the tourism demand will jump from about 744.3 million trips to 861.9 million trips by all people with access needs within the EU27 area, which is equivalent to an annual growth rate of 1.64%.

From the figure, it can be established that the elderly population will be the major source of travellers. Not only is the absolute size of demand by the elderly population larger than that of individuals with disabilities, but also the growth rates differ between the two groups of people. The elderly market has an implied growth rate of 1.98% per year, whereas individuals with disabilities are only ready to increase the demand by 0.12% per year. These forecasts are based on the assumption that the present travel propensity and frequency remain unchanged during the forecast period. It is arguable that these figures may change over time; however, without the support from the past literature or historical secondary data, the trends and patterns of the changes are unable to be established. It would be arbitrary and unjustifiable to make any assumption of changes.

The following figure shows how the demand estimation is established and also provides detailed information with regard to each segment of the accessible tourism market. The figures refer to the current demand in 2012.

Figure 33 - The current demand for EU's accessible tourism by people from EU27 area in 2012

Group	People with disabilities	The elderly population
Population in 2012 ('000 persons)	49,849	90,288
Day trips		
Travel propensity (%)	51.8%	36.4%
Travel frequency (trips per year)	6.7	6.9
Of these, spent in		
Domestic	87.1%	87.3%
Other EU countries (%)	10.4%	12.1%
International destinations (%)	2.5%	0.5%
Demand for EU's tourism ('000 trips)	169,902	225,623
Overnight trips		
Travel propensity (%)	58.1%	47.5%
Travel frequency (trips per year)	6.7	5.5
Of these, spent in		
Domestic	60.1%	70.0%
Other EU countries (%)	27.4%	22.8%
International destinations (%)	12.5%	7.2%
Demand for EU's tourism ('000 trips)	169,656	217,586

Figure 35 and Figure 36 show the current and future demand trends of both the people with disabilities and the elderly population from 2012 to 2020. As the travel frequencies are very similar between day trips and overnight trips (Figure 33), it is not surprising that in Figure 35 and Figure 36, demand for both types of trips only differ marginally.

At country level, current and future demand figures can be found in Annex T where each country's tourism demand and economic contribution figures are compiled. Figure 37 to Figure 39 visualise the current demand figures in geographical maps.

From the maps, it can be easily discerned that France, the United Kingdom and Germany are the three major source markets for the EU's accessible tourism, which inevitably is linked to their large population size.

Figure 34 - Current and future demand for EU's accessible tourism by EU27 countries from 2012-2020 (unit: '000 trips)

Year	Demand by People with Disabilities	Demand by The Elderly People	Demand by People with Access Needs
2012	339,558	443,209	782,768
2013	339,770	452,073	791,843
2014	340,062	461,307	801,369
2015	340,439	470,759	811,197
2016	340,901	480,314	821,215
2017	341,440	489,897	831,337
2018	342,029	499,467	841,496
2019	342,632	509,029	851,662
2020	343,222	518,647	861,869
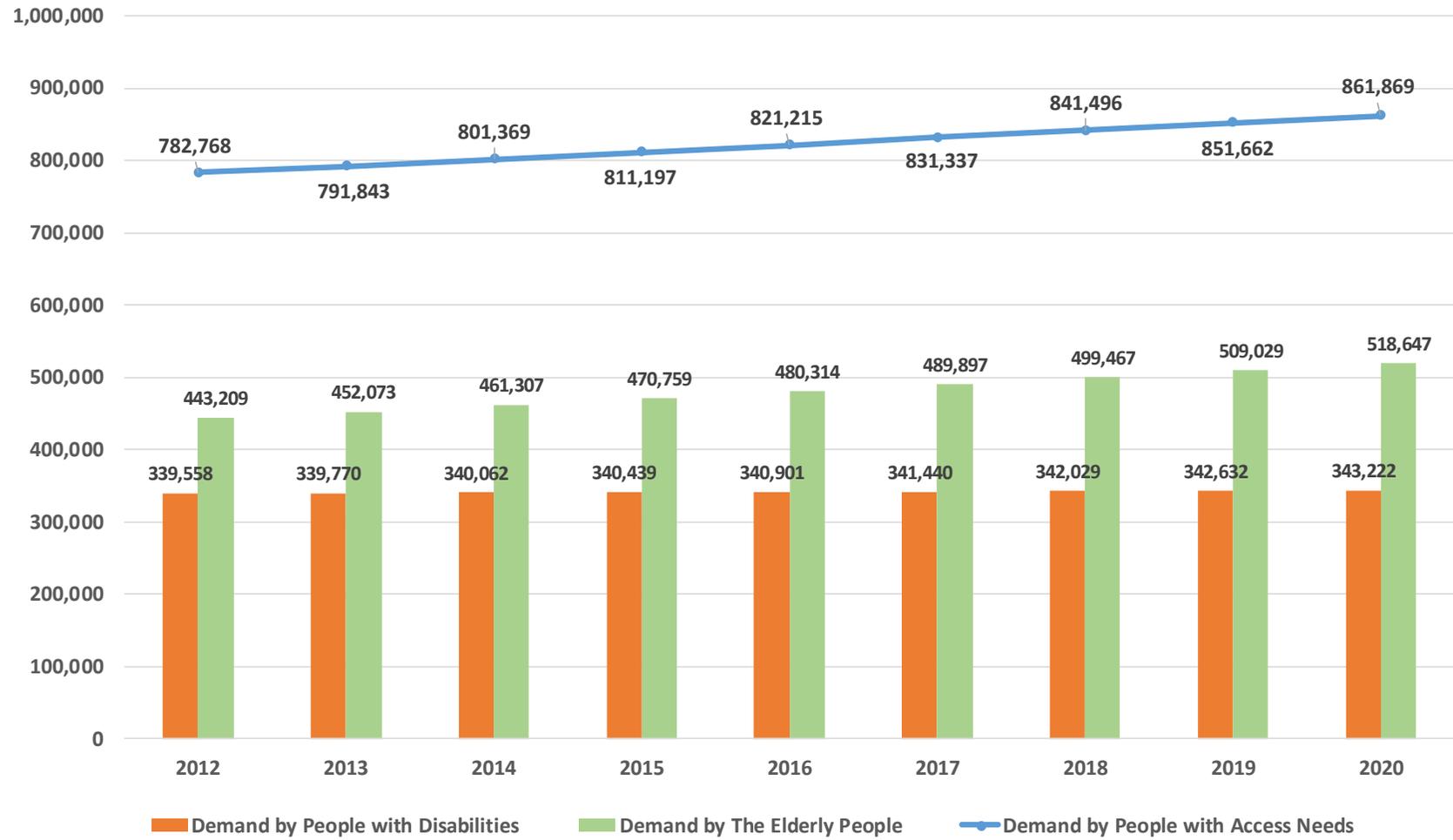
Figure 35 - Current and future demand for EU's accessible tourism by people with disabilities from 2012-2020 (unit: '000 trips)
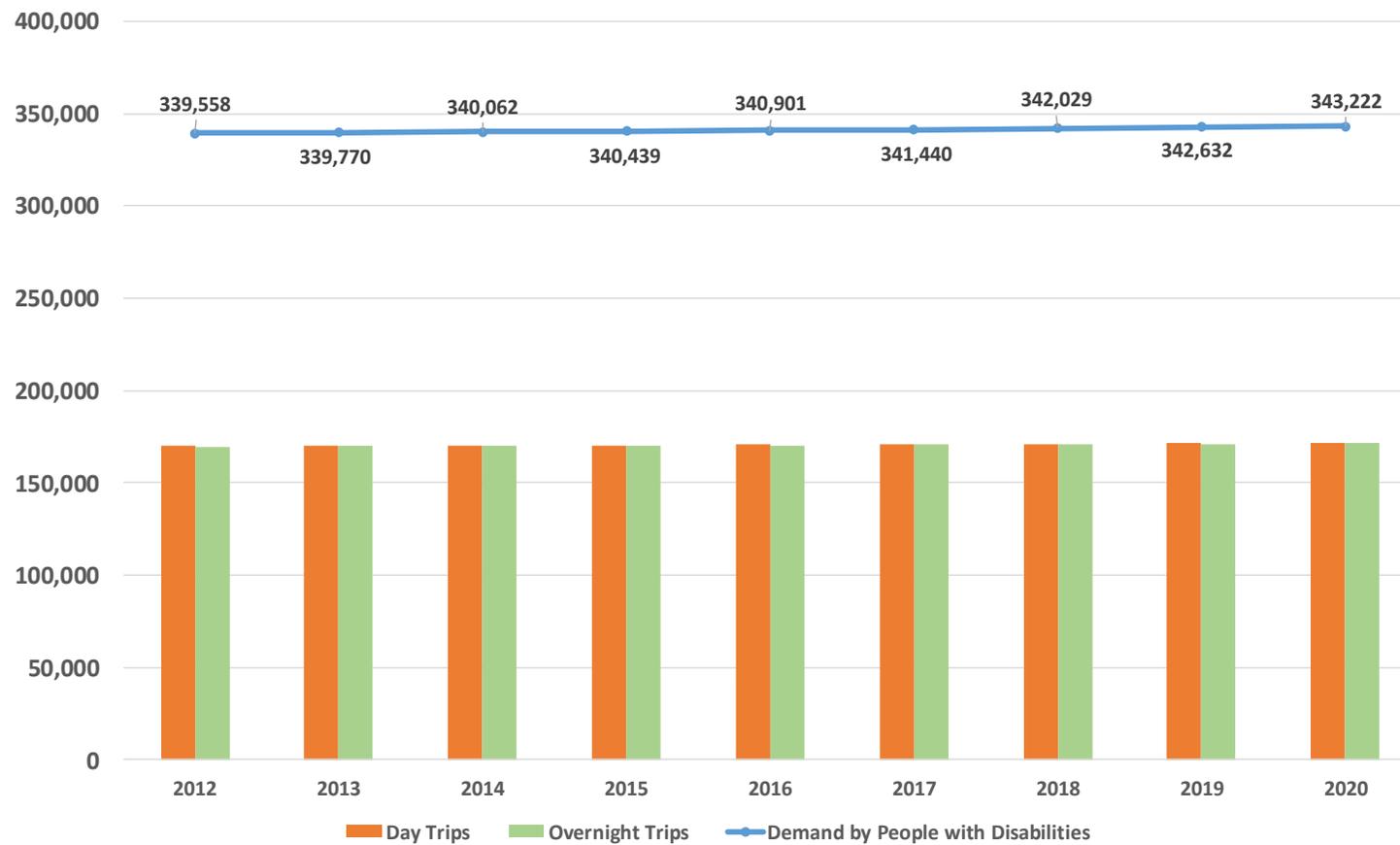
Figure 36 - Current and future demand for EU's accessible tourism by the elderly population from 2012-2020 (unit: '000 trips)

Legend: Day Trips · Overnight Trips · Demand by The Elderly People

Data labels (Demand by The Elderly People): 443,209 · 452,073 · 461,307 · 470,759 · 480,314 · 489,897 · 499,467 · 509,029 · 518,647
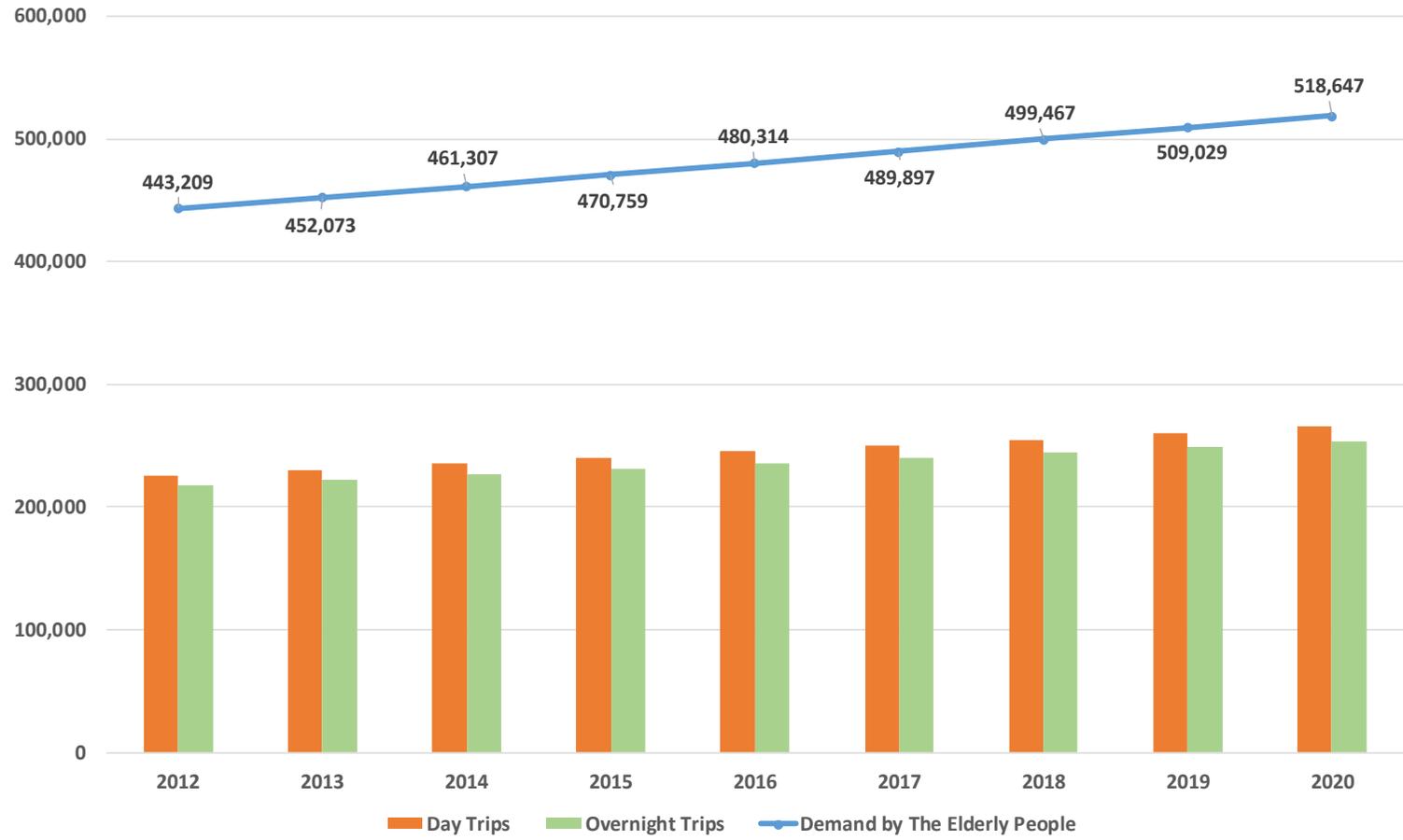
Figure 37 - Current demand for EU's accessible tourism by people with access needs in the EU27 countries in 2012 (unit: '000 trips)

Figure 38 - Current demand for EU's accessible tourism by people with disabilities in the EU27 countries in 2012 (unit: '000 trips)
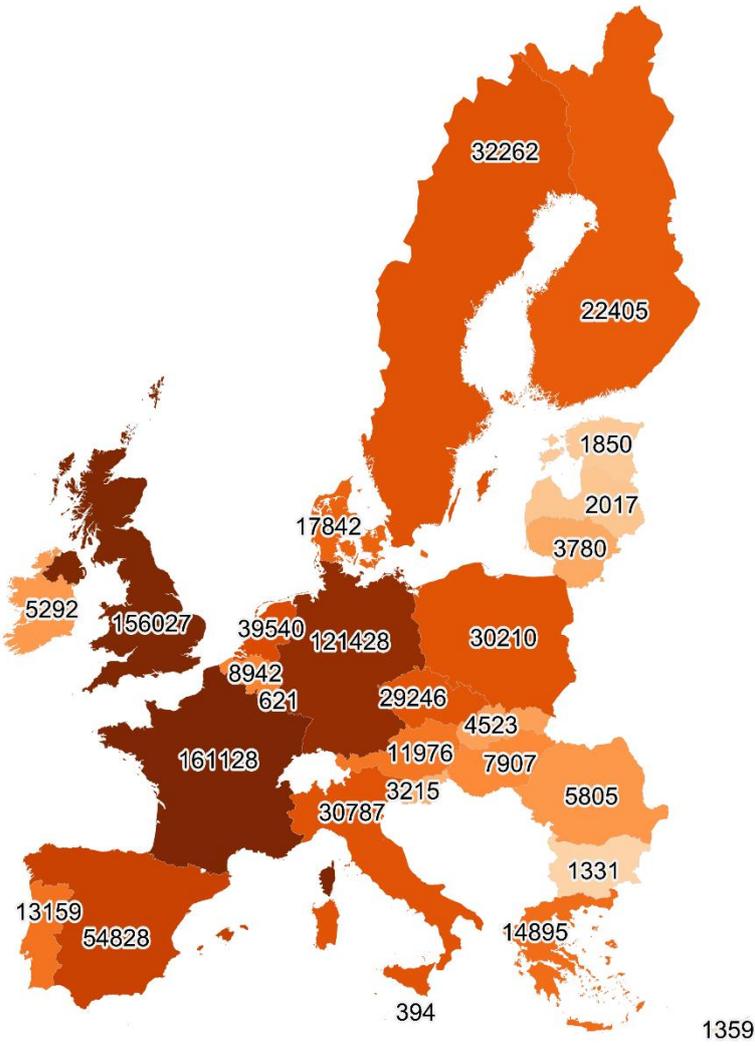
Figure 39 - Current demand for EU's accessible tourism by the elderly population in the EU27 countries in 2012 (unit: '000 trips)
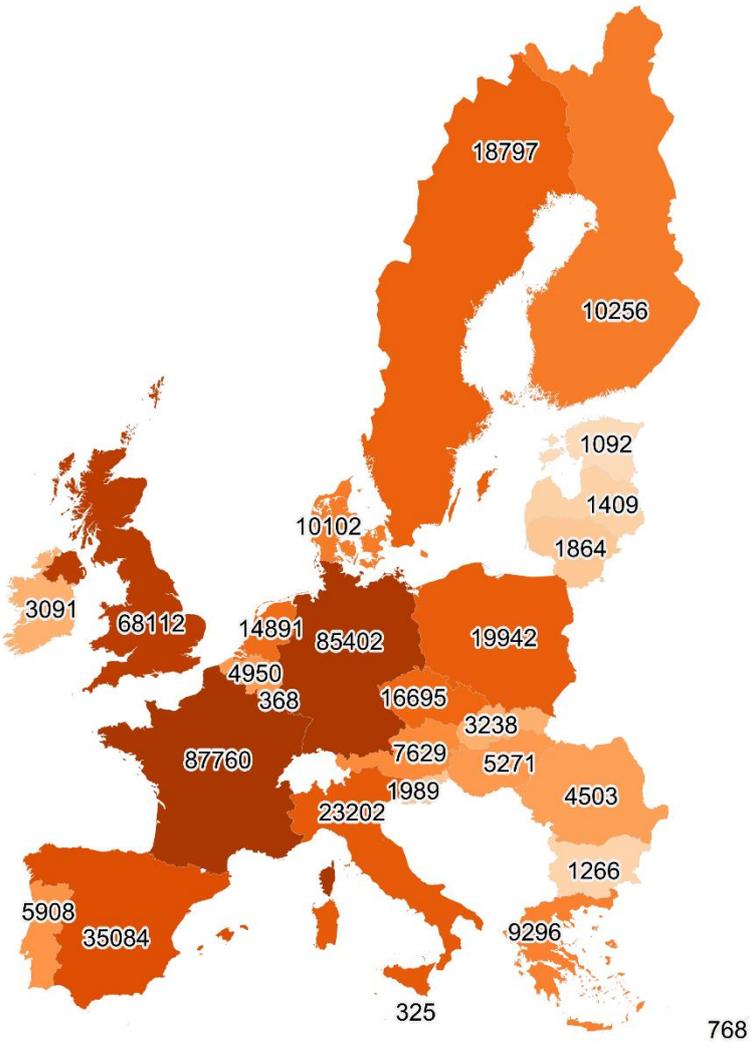
Among the people with disabilities, further demand for accessible tourism by individual with each type of impairment can be predicted. The estimation is based on the current and future overall demand figures in Figure 35 and the prevalence rates of disabilities.

Figure 40 presents the estimation results. It is obvious that the demand for accessible tourism is predominantly related to people with mobility limitations and hidden limitations. As the EU's population of individuals with disabilities stays highly stable over the forecasting period (Figure 20), the tourism demand related to each type of impairment also increases stagnantly. Specially, the annual growth rate of the demand related to mobility limitations from 2012 to 2020 is 0.15%, sensory limitations 0.15%, communication limitations 0.04%, behavioural limitations 0.12% and hidden limitations 0.13%.

Figure 40 – Current and future demand for EU's accessible tourism by people with disabilities in the EU27 countries: by types of impairment (unit: '000 trips)
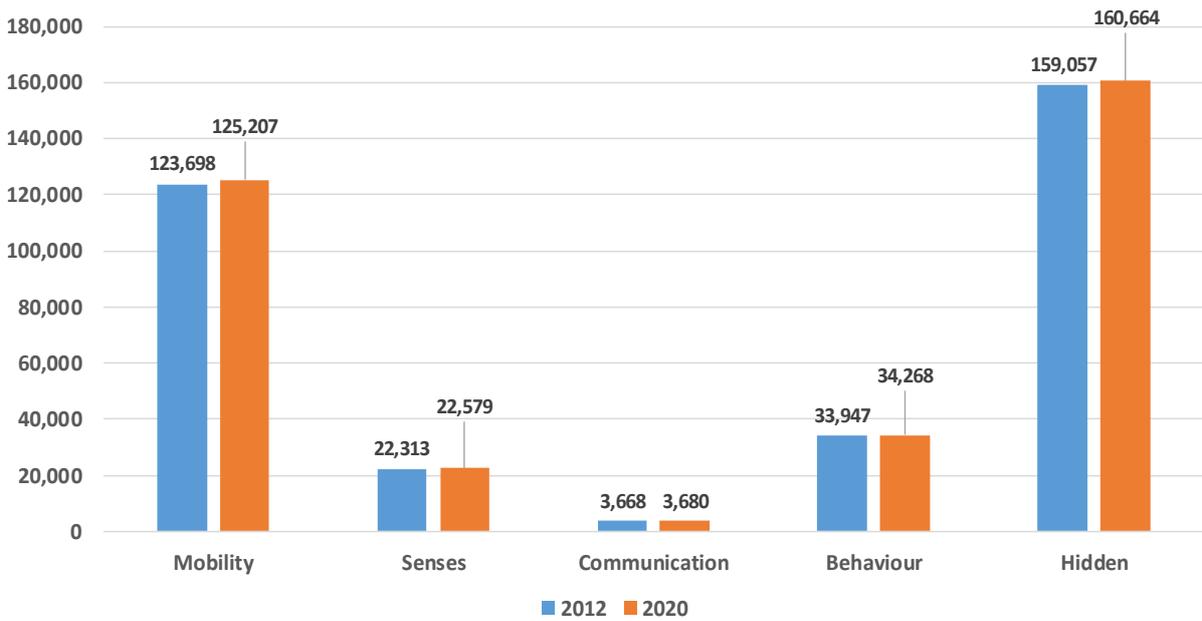
Note: 1) The demand figures across different disability types cannot be added up. Such add-up will substantially exaggerate the scale of demand, because people may have multiple disabilities. Hence their demand may be counted more than once under different types of impairment.

3.2.4 Demand for accessible tourism under different scenarios of improvements

3.2.4.1 Travel behaviour under different scenarios

It is anticipated that by improving the level of accessible facilities across the European Union, more tourism demand can be elicited. This is generally supported by the responses to the survey.

This is addressed byQ26 in the questionnaire:

Q26. If Scenarios A, B or C were true for any EU destinations you were interested in visiting, would you consider including some of these EU destinations in your travel plans for the next 12 months?

Among the people with disabilities that **travelled last year**, about 32.7%, 46.4% and 53.2% of them would like to visit some of the destinations which are currently relatively weak in offering accessible facilities, if the level of their accessible infrastructure could be improved under different scenarios A (minimum improvements), B (medium improvements) and C (extensive improvements) respectively (see Figure 41 and Annex S). Nevertheless, among these positive respondents only a small proportion (13.8%, 13.9% and 41.1% respectively under different scenarios A, B and C, equivalent to 4.5%, 6.4% and 21.9% of all respondents with disabilities) felt ready to increase their travel budget and make additional trips to these destinations. The rest of the positive respondents were more likely to switch between their previous travel destinations and new destinations without increasing their usual travel budget[1]. The relatively cautious consideration of their travel budget is likely to be influenced by the current uncertain economic climate in Europe.

Among the elderly population that **travelled last year**, about 20.5%, 29.5% and 38.0% of them would like to visit some new destinations if accessibility were to be improved under different scenarios A, B and C, respectively (see Figure 41 and Annex S). Compared to the travellers with disabilities, a smaller proportion of elderly travellers who showed positive attitudes (8.3%, 10.5% and 26.1% respectively under different scenarios A, B and C, equivalent to 1.7%, 3.1% and 9.9% of all the elderly respondents who travelled last year) was willing to increase their travel budget. Understandably, the elderly travellers were more cautious with their financial planning especially in a tough economic situation.

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[1] Effectively they would not contribute to the additional demand and additional economic contribution under each scenario. Therefore, the scenario forecasting and the following scenario economic impact estimation only considered the proportion of the respondents who were willing to both increase their budget and take additional trips. The same consideration was also applied to the calculations in relation to the other segment (i.e., the elderly population who travelled last year).

Figure 41 - Increased willingness to travel under different scenarios – existing travellers
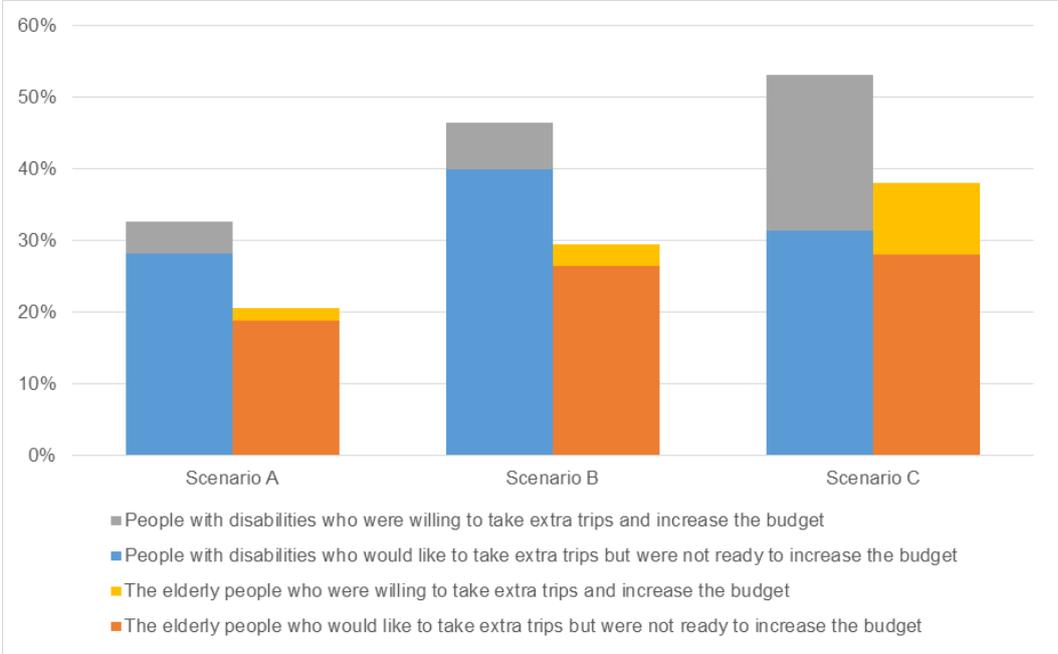
However, an important dimension that needs to be taken into consideration is that under each scenario, there will be people who **haven't travelled** but would be willing to travel, due to the improvements in accessibility. Also from Q26 in the questionnaire, among the people with disabilities that have not travelled last year, up to 24.2% would be willing to travel under Scenario A (minimum improvements). Under Scenario B (medium improvements), 36.8% of these non-travellers would become travellers, and under Scenario C (extensive improvements), the percentage would be 44.2%.

For the elderly people, though their willingness to convert from non-travellers to travellers is apparently lower, the figures are still positive. Under Scenario A (minimum improvements), 16.1% would be going to travel, whereas under Scenario B (medium improvements) and Scenario C (extensive improvements), the percentage would become 19.5% and 25.3%, respectively.

Figure 42 - Willingness to travel under different scenarios – non-travellers
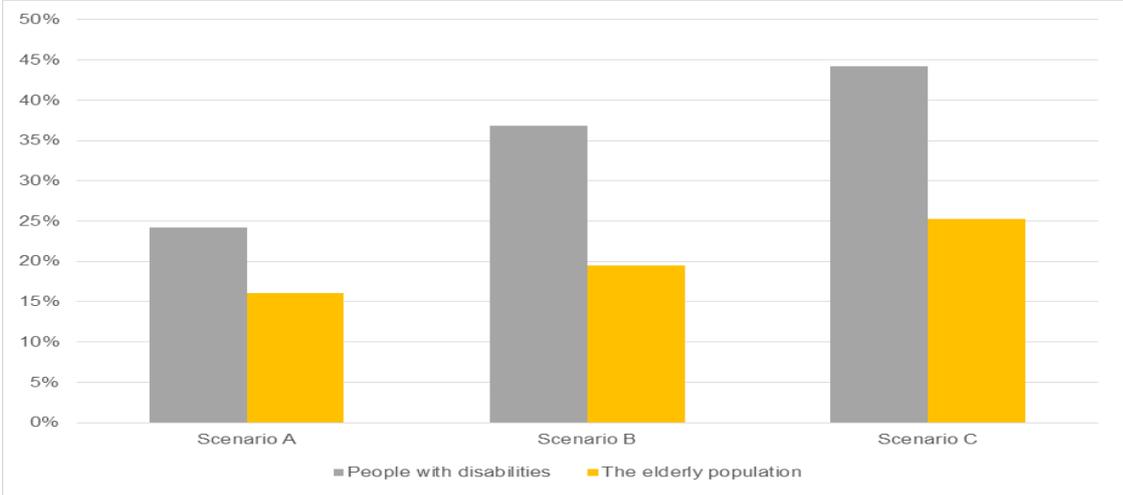
Given that there will be new travellers joining the forces that drive up the demand for accessible tourism, the travel propensity under the different scenarios will be higher than the baseline situation.

The travel behavioural profiling figures at the EU level are displayed in Figure 43 to Figure 45, whilst the country level figures can be found in Annex T where each country's tourism demand and economic contribution figures are compiled.

Figure 43 - Travel behaviour of people with access needs under different scenario A (minimum improvements): EU-wide averages

Group	People with Disabilities		The Elderly population	
Travel Type	Day Trips	Overnight Trips	Day Trips	Overnight Trips
Travel Propensity	64.8%	69.4%	47.5%	57.4%
Travel Frequency	6.9	6.7	6.8	5.4
Of these, spent in				
Domestic (%)	83.2%	59.0%	85.2%	68.6%
EU (%)	14.5%	29.1%	14.3%	24.5%
International (%)	2.4%	11.9%	0.5%	6.9%

Note: 1) Of the 2,111 responses received, 367 responses have been discarded for the estimation, due to irrational travel patterns answered.

Figure 44 - Travel behaviour of people with access needs under different scenario B (medium improvements): EU-wide averages

Group	People with Disabilities		The Elderly population	
Travel Type	Day Trips	Overnight Trips	Day Trips	Overnight Trips
Travel Propensity	70.7%	74.7%	49.7%	59.2%
Travel Frequency	7.1	6.8	6.9	5.4
Of these, spent in				
Domestic (%)	80.7%	58.5%	84.1%	68.3%
EU (%)	17.0%	29.9%	15.4%	24.8%
International (%)	2.3%	11.7%	0.5%	6.8%

Note: 1) Of the 2,111 responses received, 367 responses have been discarded for the estimation, due to irrational travel patterns answered.

Figure 45 - Travel behaviour of people with access needs under different scenario C (extensive improvements): EU-wide averages

Group	People with Disabilities		The Elderly population	
Travel Type	Day Trips	Overnight Trips	Day Trips	Overnight Trips
Travel Propensity	74.2%	77.7%	53.3%	62.1%
Travel Frequency	7.4	6.9	6.9	5.5
Of these, spent in				
Domestic (%)	77.6%	57.3%	82.9%	63.9%
EU (%)	20.2%	31.3%	16.6%	29.9%
International (%)	2.2%	11.3%	0.5%	6.2%

Note: 1) Of the 2,111 responses received, 367 responses have been discarded for the estimation, due to irrational travel patterns answered.

3.2.4.2   Tourism demand and forecasts under different scenarios

Based on the travel behaviour profiling figures, the tourism demand can be estimated in a way similar to Figure 33, which follows exactly the rationale described in the methodology section.

The tourism demand trends from 2012 to 2020 are displayed in Figure 47 to Figure 49. To highlight the new trips taken under the scenarios of improvements, the figures use stacked columns, which illustrate the build-up of demand with improvements in accessibility.

Overall, the demand will see a leap from the baseline situation to Scenario A. By drawing on the figures from 2012, the baseline current demand is 782.8 million trips by all people with access needs in the EU27 area[1]. With minimum improvements, the tourism demand could jump to 971.9 million trips, or an increase of 24.2%. From Scenario A to Scenario B, however, the difference is relatively small, at around 7.3% when compared to Scenario A, or 33.2% when compared to the baseline. A further 7.8% from Scenario B to Scenario C can be expected, when almost all buildings are made accessible together with services catered to special access needs. Figure 46 summarises the increase of tourism demand under all three scenarios.

The figures for country level tourism demand under different scenarios can be found in Annex T.

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[1] The baseline figures can be found in Section 3.2.3.2. More specifically, the demand numbers in Figure 47 to Figure 49 are all baseline figures.

Figure 46 - Summary of potential demand for accessible tourism under different scenarios in 2012

Scenario	People with access needs		People with disabilities		The elderly population	
Baseline demand ('000 trips)	782,768	increase against baseline	339,558	increase against baseline	443,209	increase against baseline
Scenario A demand ('000 trips)	971,879	24.2%	422,298	24.4%	549,581	24.0%
Scenario B demand ('000 trips)	1,042,995	33.2%	467,795	37.8%	575,200	29.8%
Scenario C demand ('000 trips)	1,124,242	43.6%	504,454	48.6%	619,788	39.8%

Figure 47 - Demand for EU's accessible tourism by people with access needs in the EU27 countries (unit: '000 trips)

	Baseline	Additional Demand under Scenario A	Additional Demand under Scenario B	Additional Demand under Scenario C
2012	782,768	189,111	71,116	81,247
2013	791,843	190,952	71,595	82,014
2014	801,369	192,910	72,108	82,830
2015	811,197	194,950	72,645	83,683
2016	821,215	197,042	73,199	84,560
2017	831,337	199,159	73,765	85,449
2018	841,496	201,272	74,334	86,338
2019	851,662	203,361	74,899	87,219
2020	861,869	205,428	75,460	88,091
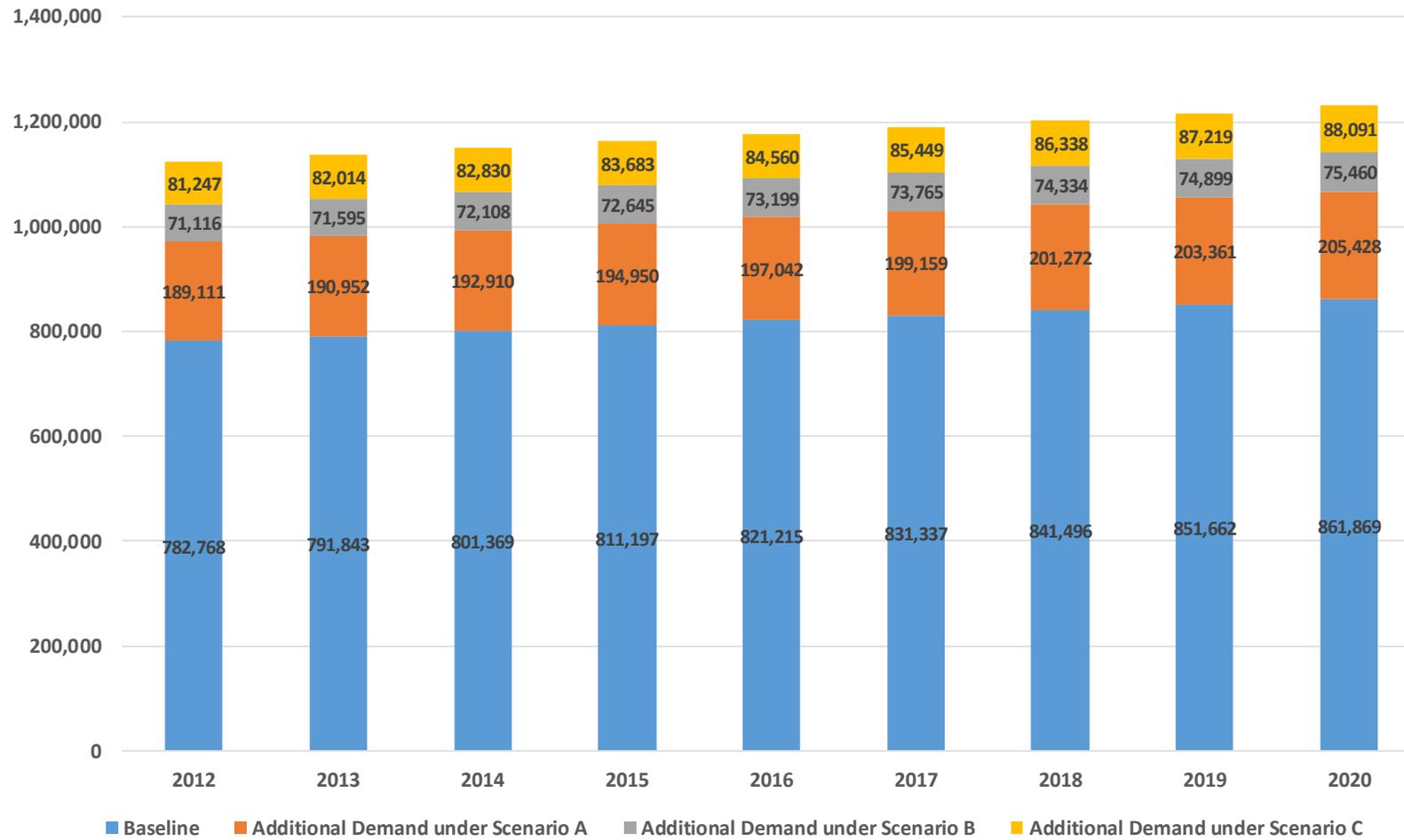
Figure 48 - Demand for EU's accessible tourism by people with disabilities in the EU27 countries (unit: '000 trips)

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Additional Demand under Scenario C	36,659	36,678	36,708	36,748	36,799	36,859	36,925	36,992	37,057
Additional Demand under Scenario B	45,497	45,518	45,553	45,600	45,659	45,730	45,807	45,885	45,960
Additional Demand under Scenario A	82,740	82,774	82,833	82,915	83,021	83,148	83,289	83,432	83,569
Baseline	339,558	339,770	340,062	340,439	340,901	341,440	342,029	342,632	343,222

■ Baseline   ■ Additional Demand under Scenario A   ■ Additional Demand under Scenario B   ■ Additional Demand under Scenario C

Figure 49 - Demand for EU's accessible tourism by the elderly population in the EU27 countries (unit: '000 trips)

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Additional Demand under Scenario C	44,588	45,336	46,122	46,935	47,762	48,590	49,413	50,227	51,034
Additional Demand under Scenario B	25,619	26,077	26,555	27,045	27,540	28,035	28,527	29,014	29,500
Additional Demand under Scenario A	106,372	108,179	110,077	112,035	114,022	116,011	117,983	119,929	121,859
Baseline	443,209	452,073	461,307	470,759	480,314	489,897	499,467	509,029	518,647

Baseline   Additional Demand under Scenario A   Additional Demand under Scenario B   Additional Demand under Scenario C

3.2.5 Demand for accessible tourism – International inbound markets

3.2.5.1 Travel behaviour

For the international inbound markets, a literature review was carried out with regard to mainly the profile of senior travellers from these markets. Thirty-seven journal articles and books were identified, with the key findings of each study summarised (see Annex D1 for full details of the summary, Annex D2 for additional numerical profiling of selected markets, and Annex D3 for a full list of the 37 articles and books).

The demographic profiling of the EU27 accessible tourism demand was performed based on the primary data collected from the online survey among cluster representative countries. With regard to international inbound markets, an online survey was conducted via specialised organisations based in those countries. In order to validate and support the data collected through these additional channels, efforts have been made to collect relevant information from secondary data sources – mainly quantitative studies published in academic journals and books.

The key non-EU inbound markets covered in this literature review include Brazil, China, the USA, Japan, Australia, Norway and Switzerland. For the Russian market, only general tourist behaviour, not specifically related to the senior traveller segment, was identified. For the Indian market, no studies were found. This indicates a lack of knowledge of the Russian and Indian outbound tourism markets, despite the fact that they are two emerging source markets for outbound travel.

A general observation of the senior tourism market is that it has received much attention from industry practitioners in many countries. A major reason for this is that the number of international senior tourists, especially from Europe and North America, has consistently increased over the past 10 years (Alén et al., 2012) [1]. It is widely recognised that senior travellers often have large amounts of discretionary income due to the wealth they have accumulated over their lifetimes (Chon and Singh, 1995[2]; You and O'Leary, 2000[3]; Bai et al., 2001[4]). Many are willing to spend a large portion of

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[1] Alén, E., Domínguez, T., & Losada, N. (2012). New Opportunities for the Tourism Market: Senior Tourism and Accessible Tourism. Murat Kasimoglu (a cura di)"Visions for Global Tourism Industry-Creating and Sustaining Competitive Strategies", InTech, Open Access Publisher (www.intechopen.com)..

[2] Chon S, & Singh A. (1995). Marketing resorts to 2000: review of trends in the USA. Tourism Management 16(6):463–469.

[3] You X, & O'Leary J. (2000). Age and cohort effects: an examination of older Japanese travellers. *Journal of Travel and Tourism Marketing* 9(1/2): 21–42.

[4] Bai B, Jang S, Cai L, & O'Leary J.(2001). Determinants of travel mode choice of senior travelers to the United States. *Journal of Hospitably and Leisure Marketing* 8(3): 147–168.

this income on leisure activities, including overseas travel (Teaff and Turpin, 1996[1]; Thai Farmers Research Center, 1999[2]; Bai et al., 2001[3]). And, importantly, senior travellers often have more time to travel than any other age groups, as most are retired, and have fewer family responsibilities (Teaff and Turpin, 1996[4]). Time flexibility after retirement among seniors, makes the senior travel market more attractive to travel businesses that suffer from seasonal demand fluctuation (Jang and Wu, 2006[5]).

In addition to the profiling of the senior travel market, the literature regarding the profile of travellers with disabilities from the international inbound markets was examined. However, only very limited research has been found containing relevant quantitative information of profiling.

Van Horn (2012)[6] analysed the travel behaviour of people with disabilities in the USA, based on the results from Open Doors Organization (ODO)'s nationwide study in 2002 and 2005. It is found that roughly 70% of adults with disabilities travel at least once in a two-year period. In terms of travel frequency, they take about two trips every two years, with each trip lasting 5 days. Whilst travelling, the typical adult with a disability spends US$430. But the typical spending on international travel is up to almost US$1,600 per trip[7].

Dwyer and Darcy (2010)[8] conducted an economic impact study on accessible tourism in Australia. The study made use of the data from the Australian Tourism Satellite Account (TSA) and the National Visitor Survey. The data suggest that when a person with a disability travels on an overnight trip, they are in a group of between 2 to 8 people (on average 3). With regard to spending, the expenditure on overnight trips by people with disabilities (AU$444) is roughly 76% of their non-

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[1] Teaff J, & Turpin T. (1996). Travel and the elderly. *Parks and Recreation* 31(6): 16–19.

[2] Thai Farmers Research Center. (1999). Senior Tourists: Next Target Visitors with High Purchasing Power. Available at http://www.krc.co.th/tfrc/cgi/ticket/ticket.exe

[3] Bai, B., Jang S., Cai, L., & O'Leary J. (2001). Determinants of travel mode choice of senior travelers to the United States. *Journal of Hospitably and Leisure Marketing* 8(3): 147–168.

[4] Teaff, J., & Turpin, T. (1996). Travel and the elderly. *Parks and Recreation* 31(6): 16–19.

[5] Jang, S., & Wu, C. (2006). Seniors travel motivation and the influential factors: an examination of Taiwanese senior. *Tourism Management* 27(2):306–316.

[6] Van Horn, L. (2012). The United States: Travellers with disabilities. *Best practice in accessible tourism: Inclusion, disability, ageing population and tourism*, 65-78.

[7] Research among Adults with Disabilities: Travel and Hospitality. (https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=6&cad=rja&ved=0CFMQFjAF&url=http%3A%2F%2Fwww.ossate.org%2Fdocs%2Fresults_2nd_Intern_workshop%2FZografopoulos.ppt&ei=8t6pUvHiC83xhQe-uYDwBA&usg=AFQjCNEmPpbYHOIios96LxDLbYHO43IYFw&bvm=bv.57967247,d.ZG4)

[8] Dwyer, L., & Darcy, S. (2010). Economic contribution of tourists with disabilities: An Australian approach and methodology. *Accessible Tourism*.

disabled counterparts (AU$582). On average they had 5 trips away annually, staying for 4.98 nights. However, as the study focuses only on the domestic and inbound tourism in Australia, it is of limited use with regard to the behaviour of the Australians with disabilities travelling to the EU. As with the estimation for the EU markets, a tourism demand calculation for the key international markets has to make use of the primary data collected via the specialised organisations. Four major countries, namely Brazil, China, Russia and the USA, have been selected to conduct the online survey. In total 423 responses (including both people with disabilities and the elderly population) have been received ; of which 9 responses were discarded during the estimation process, as irrational travel patterns have been identified (for example, the total number of days travelled over the last 12 months exceeds 365).

Following the rationale described in Section 3.2.1, two behavioural parameters, i.e., the travel propensity and the travel frequency, are to be extracted from the survey data. A preliminary calculation showed that, among people with disabilities that have been surveyed, between 14.8% and 64.6% claimed that they had overnight trips[1] to the EU over the last 12 months. The travel frequency of those travellers can be up to 2.5 to 4.0 times per year. Similarly, among the elderly population surveyed, between 5.5% and 18.4% reported that they had travelled to the EU on overnight trips. The frequency is about 1.0 to 2.3 times per year.

From the preliminary results, the departure number (i.e., travel propensity × travel frequency) ranges between 59.3 trips and 162.5 trips for every 100 people with disabilities, and between 5.5 trips and 39.6 trips for every 100 elderly people.

Compared with the generic tourism sector (all age groups, with or without access needs), the preliminary results draw a too optimistic picture of accessible tourism. According to the statistics 'Arrivals at tourist accommodation establishments by country/world region of residence of the tourist' from Eurostat (series code: tour_occ_arnraw[2]) and the population figures from the World Bank[3], the departures to the EU per 100 people for the international inbound markets are shown in Figure 50.

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[1] As it would be unrealistic to travel from the international markets to the EU within a day trip, the estimation for the international inbound markets only focused on the overnight trips.

[2] http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=tour_occ_arnraw&lang=en

[3] Population dynamics and structure, World Development Indicators database (http://databank.worldbank.org/data/home.aspx)

Figure 50- Departures to the EU per 100 people in 2011 by all tourists from key international inbound markets (unit: trips per year)

Source Market	Australia	Brazil	Canada	China	India	Japan
Departures to EU per 100 people (travel propensity × travel frequency)	18.59	1.66	11.00	0.38	0.16	4.51

Source Market	Norway	Russia	South Africa	Switzerland	USA
Departures to EU per 100 people (travel propensity × travel frequency)	120.15	6.99	1.12	137.85	6.87

Notes: 1) The figures mean the number of trips made by every 100 people over a one-year period; these are equivalent to the travel propensity multiplied by the travel frequency.
2) The figures are derived from the number of overnight arrivals to EU and the whole population of a particular source market.

The figures in Figure 50 are generally much smaller than the preliminary results. On the one hand, as the sample size of the survey in the international markets is relatively small, it is unavoidable that the results based on the survey data will be influenced by outliers (i.e., extreme values). On the other hand, as suggested above, the survey tends to attract the more active respondents and hence captures a high proportion of travellers. Hence the travel propensity figures calculated from the survey data may exaggerate the real situation (the whole group of people with access needs may actually be not as active as the survey data show). A preliminary estimation showed that the travel propensity, frequency and spending indicators were too positive and much higher than those of the generic tourism sector (all age groups, with and without access needs). Therefore, to take a cautious approach, Figure 50 is used to approximate the demand for accessible tourism by the key international inbound markets. The assumption is that the group of people with access needs are, if not less, as likely to travel as the general population.

According to Figure 50, the highest departure figures are observed in Norway and Switzerland, which are not surprising because both these two source markets are next to the EU countries. At the other end of the spectrum, China and India have the lowest departure figures. This could be linked to several factors, such as the limited budget for long haul travel, the huge price gap between the origin country and the EU, and the visa requirements.

3.2.5.2 Current tourism demand and forecasts

Based on Figure 50 and the population figures of people with disabilities and the elderly people, the scale of current demand for EU's accessible tourism by people with access needs from the key international inbound markets are estimated. Figure 51 illustrates how the demand figures are derived. It is estimated that in 2012 the total demand for EU's accessible tourism by people with disabilities from the 11 key international markets was up to 7.2 million trips and 10.4 million trips by the elderly population. Hence, in total the demand by the two groups was 17.6 million trips in 2012.

To visualise the information in Figure 51, and allow for a comparison between different source markets, Figure 52 shows each key source market's share of the current tourism demand in 2012.

Figure 51 - Current demand for EU's accessible tourism by people with access needs from key international inbound markets in 2012

Source Market	Australia	Brazil	Canada	China	India	Japan
Group	People with disabilities					
Population in 2012 ('000 persons)	3,032	32,339	3,994	61,898	17,205	4,656
Departures to EU per 100 people (travel propensity × travel frequency)	18.59	1.66	11.00	0.38	0.16	4.51
Demand for EU's tourism ('000 trips)	563	538	439	233	28	210
Group	The elderly population					
Population in 2012 ('000 persons)	3,202	14,661	5,145	115,633	63,766	30,905
Departures to EU per 100 people (travel propensity × travel frequency)	18.59	1.66	11.00	0.38	0.16	4.51
Demand for EU's tourism ('000 trips)	595	244	566	436	103	1,395

Source Market	Norway	Russia	South Africa	Switzerland	USA
Group	People with disabilities				
Population in 2012 ('000 persons)	544	9,166	2,438	1,196	32,074
Departures to EU per 100 people (travel propensity × travel frequency)	120.15	6.99	1.12	137.85	6.87
Demand for EU's tourism ('000 trips)	654	641	27	1,649	2,203
Group	The elderly population				
Population in 2012 ('000 persons)	769	18,143	2,500	1,385	42,526
Departures to EU per 100 people (travel propensity × travel frequency)	120.15	6.99	1.12	137.85	6.87
Demand for EU's tourism ('000 trips)	924	1,269	28	1,909	2,922

Comparing the two groups of people with access needs (Figure 51), i.e., those with disabilities and the elderly population, it is obvious that more demand comes from the latter group, given a larger population base of that group. In ageing societies, for example Japan, the demand for EU's tourism by the elderly population can be 6 times as high as that by people with disabilities.

Figure 52- Share of current demand for EU's accessible tourism by people with access needs from key international inbound markets in 2012
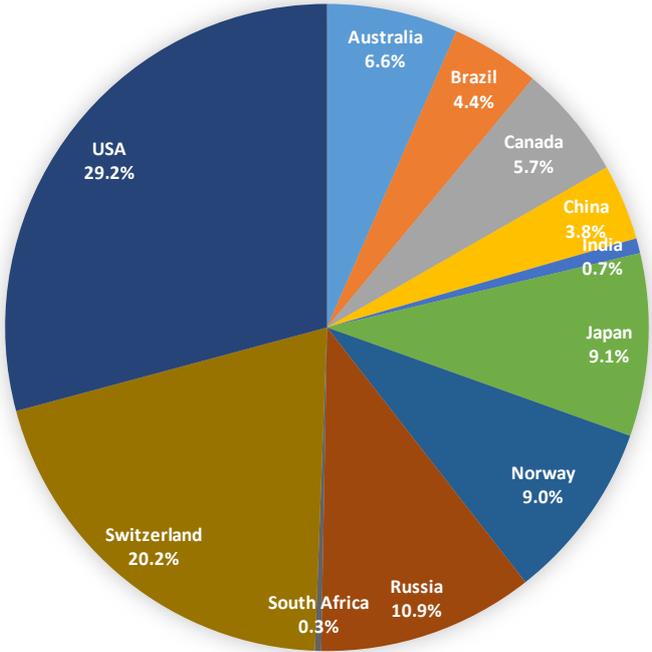
Across the 11 inbound markets, the USA and Switzerland are the two most important source markets for EU's accessible tourism, in terms of the size of demand. In 2012, the travellers with access needs from these two countries accounted for almost half of the total demand by all the 11 markets. As can be seen from Figure 52, big shares of demand are unambiguously found in more developed countries, such as the USA, Switzerland, Japan, Norway, Australia and Canada. An exception is Russia, which is less developed. As explained by the low departure figures, the considerably huge population of China and India does not translate into much of the tourism demand.

Based on the forecasts of the population in the coming decade, up to 2020, the future demand for EU's accessible tourism by people from the key international inbound markets is established, as shown in Figure 53.

Figure 53 - Current and future demand for EU's accessible tourism by people with access needs from the key international inbound markets from 2012-2020 (unit: '000 trips)
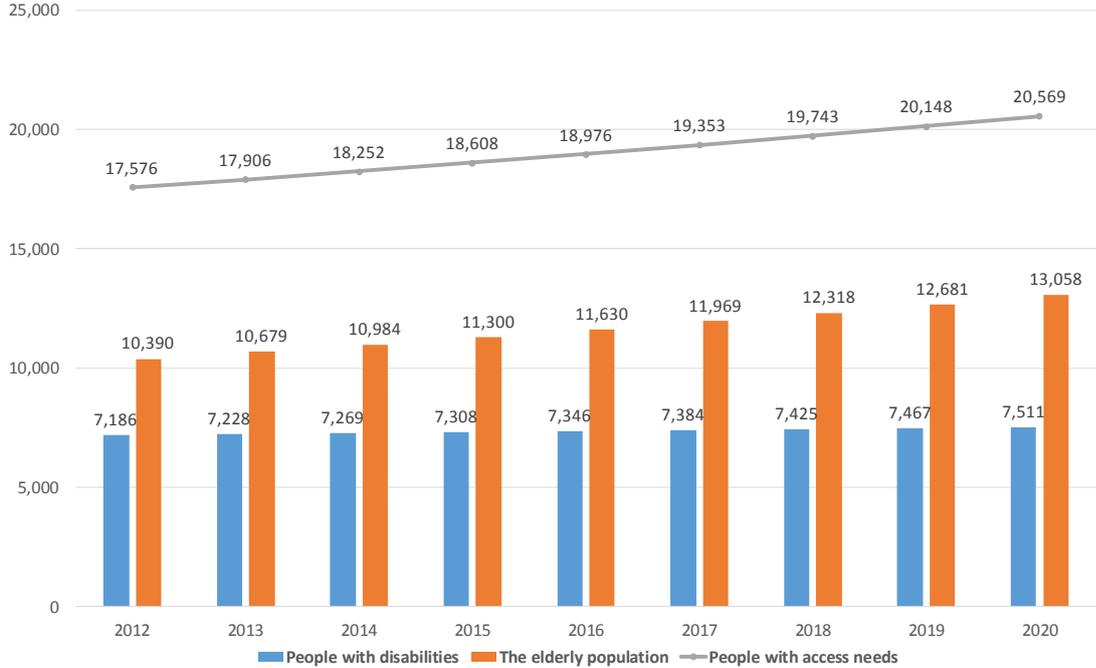
As with the pattern found in the EU source markets, the tourism demand from the international markets will also continue to be dominated by the elderly population over the years to come. Specifically, from Figure 53 it can be seen that the implied growth rate of demand by people with disabilities is merely 0.55% per year, whereas that for the elderly population could reach 2.90% per year. Compared with the EU sources markets (annual growth rates at 0.12% for people with disabilities, and 1.98% for the elderly population), the international inbound markets look much more promising.

Among the people with disabilities, the demand for accessible tourism according to each type of impairment can be further established. As official secondary data on the prevalence of each impairment type are not found in every inbound market, the estimation is only carried out for those countries where the data are available. No total demand figures for each impairment type are provided. The estimation results at the country level can be found in Annex T, which consists of the profile of each source market's demand and associated economic impacts.

3.2.6 Demand for accessible tourism under different scenarios – International inbound markets

3.2.6.1 Travel behaviour under different scenarios

Under different scenarios of improvements, it is expected that ever more people with access needs from the international inbound markets would be willing to visit EU destinations.

When investigating the survey data, a distinction is made between existing travellers and new travellers. It should be noted that the existing travellers mentioned in this section refer to those who **have visited the EU** over the last 12 months. Accordingly, the new travellers are those who **have not visited the EU** during this past year but are willing to travel under different scenarios; this group includes both those who simply have not travelled to any destination at all and those who have only travelled to destinations other than the EU countries.

Of the 423 responses received, as explained in Section 3.2.5.1, 9 were discarded due to irrational travel behaviour reported. Another 84 responses were further filtered out, due to irrational answers to travel behaviour under different scenarios. Hence, for the purpose of this calculation, only 330 responses were used.

For people from the international markets (specifically Brazil, China, Russia and the USA which were included in the survey), it is a long haul journey to travel to the EU destinations. It is thus not surprising that only a small fraction of the population can travel to the EU, considering that many will be constrained by limited time and budget.

Of the 330 respondents with access needs, only 66 (or 20% of the sample) reported that they **had travelled to the EU** over this last year. Answers from these 66 respondents are still quite encouraging when it comes to their travel behaviour under different scenarios. However, due to the low base size, the results should be interpreted with caution.

Figure 54 and Annex S summarise the statistics.

Figure 54. Increased willingness to travel under scenarios – existing travellers
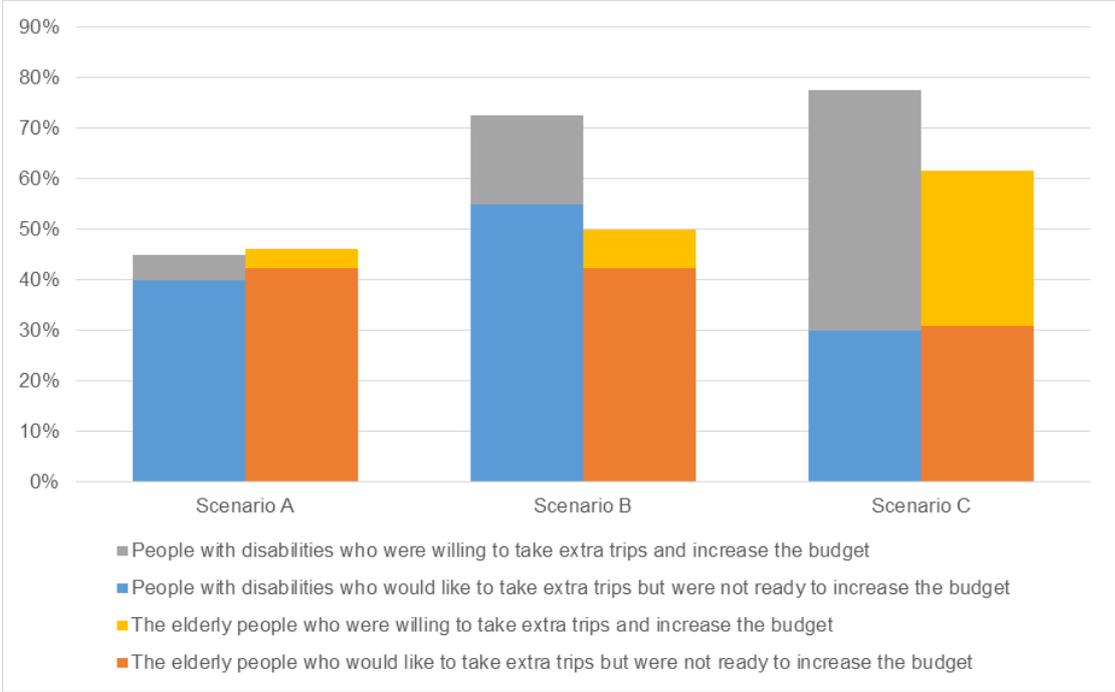
From the figures, among the people with disabilities that **have travelled to the EU** over the past 12 months, 45%, 72.5% and 77.5% of them are willing to increase their number of trips in the future in order to visit some of the destinations that are currently relatively weak in terms of accessibility, if the level of accessibility of those destinations are to be improved under scenarios A (minimum improvements), B (medium improvements) and C (extensive improvements), respectively. A closer look at the row 'Distribution between Option 1 & Option 2 (%)' in Annex S reveals that, to finance their additional trips to the EU, only a small proportion of people chose to increase their total budget (i.e., Option 1). For the majority, they chose Option 2, which means they are not going to increase their total annual travel budget and inevitably will switch between their previous travel destinations and new destinations. This reality implies that the improvement of accessibility could potentially increase the EU destinations' competitiveness as monetary flows by the tourists (tourism expenditure) could be diverted from other international destinations to the EU countries.

Among the elderly population that **have travelled to the EU**, 46.2%, 50% and 61.5% of them would take extra trips to visit some EU destinations if the level of accessibility could be improved under scenarios A, B and C, respectively. Not surprisingly, the majority of the elderly population who showed positive attitudes are only willing to take the extra trips with their total budget unchanged. In fact, compared to that of people with disabilities, the proportion of the elderly population who chose Option 2 is even higher (row 'Distribution between Option 1 & Option 2 (%)' in Annex S). Thus

improving accessibility could potentially help to attract more international tourists to the EU against other destinations.

Apart from those who **have travelled to the EU**, those who **have not** would also change their behaviour when the accessibility of EU destinations was improved. Of the 330 respondents that have been included in the calculation, 264 claimed that they have not come to the EU over the last 12 months. This implies a large market that deserves more attention and could potentially be persuaded to explore Europe. Figure 55 shows the percentages of people with access needs that have not been to the EU but would be willing to travel under different scenarios of improvements in accessibility.

From the figure it can be seen that 33%, 39.4% and 45.9% of people with disabilities who **have not been to the EU** in the last 12 months would visit some EU destinations under scenarios A (minimum improvements), B (medium improvements) and C (extensive improvements), respectively. Among the elderly population who **have not been to the EU**, the percentages are slightly lower (25.2%, 38.7% and 41.3%, respectively).

Comparing Figure 54 and Figure 55, in general it can be inferred that people that have not visited the EU are not as enthusiastic to take extra trips to the EU as those who have. But considering the large proportion of people that have not travelled to the EU, some 30%-40% of new travellers from this group would already ensure a considerable hike in demand.

Figure 55 - Willingness to travel under different scenarios – new travellers
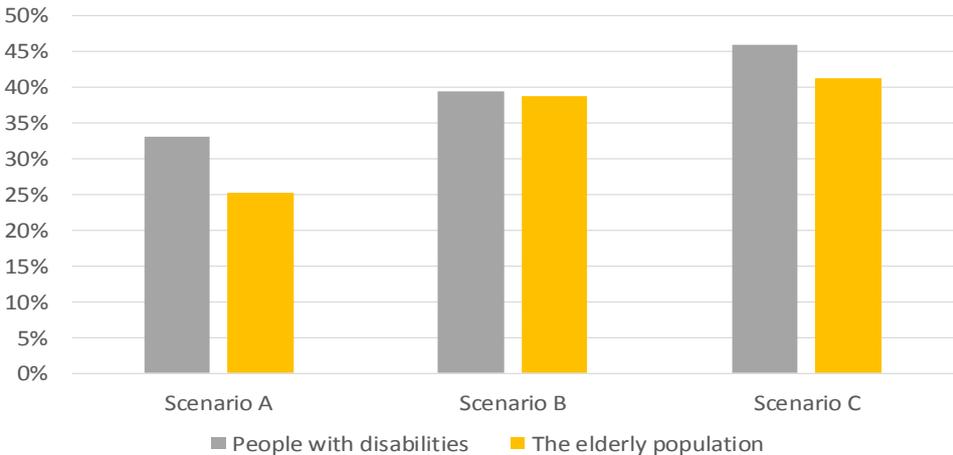
Based on the numbers in Figure 54 and Figure 55 (which will affect the travel propensity under different scenarios) and the number of extra trips (answers to Q29 in the questionnaire, which will

affect the travel frequency), a preliminary estimation reveals that the departures to the EU per 100 people should accordingly increase by 27.8%, 49.3% and 74.6% for people with access needs (both people with disabilities and the elderly population). Figure 56 summarises the departure per 100 people figures under different scenarios, on which the calculation of scenario tourism demand is based.

Figure 56 - Departures to the EU per 100 people by all tourists from key international inbound markets under different scenarios (unit: trips per year)

	Australia	Brazil	Canada	China	India	Japan
Baseline	18.59	1.66	11.00	0.38	0.16	4.51
Scenario A	23.75	2.13	14.05	0.48	0.21	5.77
Scenario B	27.75	2.48	16.42	0.56	0.24	6.74
Scenario C	32.45	2.90	19.20	0.66	0.28	7.88

	Norway	Russia	South Africa	Switzerland	USA
Baseline	120.15	6.99	1.12	137.85	6.87
Scenario A	153.51	8.93	1.43	176.13	8.78
Scenario B	179.42	10.44	1.67	205.86	10.26
Scenario C	209.77	12.21	1.95	240.68	11.99

3.2.6.2 Tourism demand and forecasts under different scenarios

With the numbers in Figure 56, the current and future demand for the EU's accessible tourism by people from the key international inbound markets can be established in exactly the same way as Figure 51.

Figure 57 presents the change of total demand by the 11 key international markets under different scenarios. The demand figures have already considered both the extra trips taken by the existing travellers and the trips by the new travellers.

Figure 57- Summary of potential total demand for accessible tourism by the key international inbound markets under different scenarios in 2012

Scenario	People with access needs		People with disabilities		The elderly population	
Baseline demand ('000 trips)	17,576	increase against baseline	7,186	increase against baseline	10,390	increase against baseline
Scenario A demand ('000 trips)	22,456	27.8%	9,181	27.8%	13,275	27.8%
Scenario B demand ('000 trips)	26,247	49.3%	10,731	49.3%	15,515	49.3%
Scenario C demand ('000 trips)	30,686	74.6%	12,546	74.6%	18,140	74.6%

The evolution of potential demand for accessible tourism from 2012-2020 is displayed in Figure 58 – Figure 60.

Figure 58 - Total demand for EU's accessible tourism by people with access needs from the 11 key international inbound markets (unit: '000 trips)

Figure 59 - Total demand for EU's accessible tourism by people with disabilities from the 11 key international inbound markets (unit: '000 trips)

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Additional demand under Scenario C	1,815	1,826	1,836	1,846	1,855	1,865	1,875	1,886	1,897
Additional demand under Scenario B	1,550	1,559	1,568	1,576	1,584	1,593	1,601	1,610	1,620
Additional demand under Scenario A	1,995	2,007	2,018	2,029	2,040	2,050	2,061	2,073	2,085
Baseline	7,186	7,228	7,269	7,308	7,346	7,384	7,425	7,467	7,511

Baseline ■ Additional demand under Scenario A ■ Additional demand under Scenario B ■ Additional demand under Scenario C
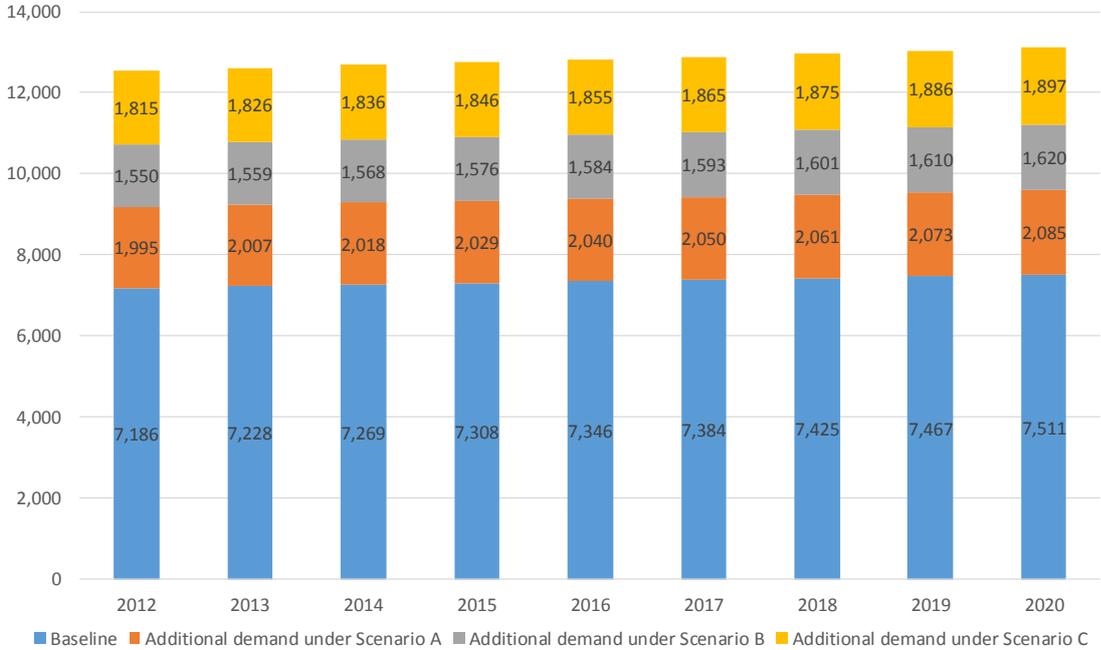
Figure 60 - Total demand for EU's accessible tourism by the elderly population from the 11 key international inbound markets (unit: '000 trips)

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Additional demand under Scenario C	2,624	2,697	2,774	2,854	2,938	3,023	3,112	3,203	3,298
Additional demand under Scenario B	2,241	2,303	2,369	2,437	2,508	2,581	2,657	2,735	2,816
Additional demand under Scenario A	2,885	2,965	3,050	3,138	3,229	3,323	3,420	3,521	3,626
Baseline	10,390	10,679	10,984	11,300	11,630	11,969	12,318	12,681	13,058

Baseline ■ Additional demand under Scenario A ■ Additional demand under Scenario B ■ Additional demand under Scenario C
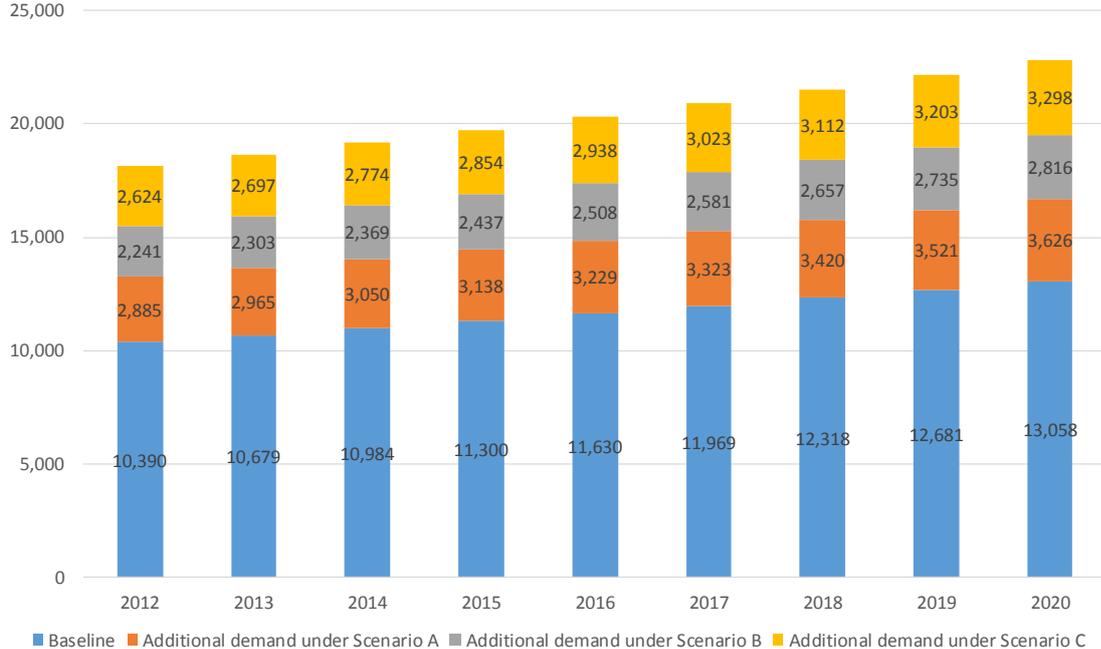
From Figure 57 to Figure 60, it can be identified that the leap of tourism demand between scenarios is relatively steady. This would be very much desirable when the improvements of accessible facilities and services are fulfilled gradually from one stage to the next. Therefore, the implication here is that whilst the accessibility level is being improved, the inflow of tourists from the international markets is likely to grow at a stable pace, rather than a radical one.

In addition to the total figures, the potential current and future demand for each key international market under different scenarios can be found in Annex T.

4 Task 2 – Behavioural profiling of tourist with special access needs

4.1 Task 2a - Website analysis

Task 2a: <u>Supply</u>: To investigate the provision of information about accessible offers

4.1.1 Methodology

The main aims of the website analyses are to improve the understanding of current Accessible Tourism offers and to evaluate the information available to travellers with accessibility needs. The analysis, which will also include printed materials, will focus principally on websites as one of the major sources of information for travellers in general and people with access needs in particular.

4.1.1.1 Scope

The focus is strictly on the user's point of view, which means conducting a so-called "customer's journey" on each website. Respondents pose as ordinary guests, checking for specific information on a website they are visiting for the first time. In the process, a number of questions are addressed (see Figure 61). Figure 62 presents an example of the analysis conducted.

Figure 61 - Key questions to address in the website analysis

Technical aspects	Information	Communication	Target groups	Service chain
Is the website accessible from a technical point of view at least at a basic level (does it follow the WAI (Web Access Initiative) technical recommendations)? This is done by analysing specific aspects of the website design and structure. Each criterion is applied to the relevant content of the website.	Is information on accessibility present at all, or is it missing? Is information on accessibility easy to find (e.g. by browsing the main menu), or is it necessary to use the website's search engine? Is the information given in different languages, so that it can also be used by foreign guests? What is the depth of information? For example, are exact measurements provided or are simply phrases used like "disabled guests welcome"? If detailed information is given, how is this presented (database, special web portal for disabled guests, seal of approval etc.)?	What is the main communication strategy? Does the provider address special target groups like "disabled people", "seniors" etc. or does the provider follow a mainstream strategy, embedding crucial or helpful information in the main content? What type of message, wording and pictures are used on the website? Is the information technical- and/or deficit-oriented, do the pictures show settings of inclusion or "lonely wheelchair users" etc.? This question is rather subjective; however, this task attempts to elicit the main features of the website.	What are the target groups (if at all), independent from the communication strategy? Is the given information helpful for disabled guests (if so, for what kind of disabilities), for families and/or for seniors or foreign nationals?	Which elements of the service chain are covered? This is mainly important for national tourist boards or destinations. However, even railways or airlines may sometimes provide helpful information beyond their main focus.

The technical accessibility of the websites has been surveyed following the principles of the Web Access Initiative (WAI) from the World Wide Web Consortium ([www.w3.org]( ) who summarises the accessibility requirements as following:

- Perceivable
    - Provide **text alternatives** for non-text content.
    - Provide **captions and other alternatives** for multimedia.
    - Create content that can be **presented in different ways**, including by assistive technologies, without losing meaning.
    - Make it easier for users to **see and hear content**.
- Operable
    - Make all functionality available from a **keyboard**.
    - Give users **enough time** to read and use content.
    - Do not use content that causes **seizures**.
    - Help users **navigate and find content**.
- Understandable
    - Make text **readable and understandable**.
    - Make content appear and operate in **predictable** ways.
    - Help users **avoid and correct mistakes**.
- Robust
    - Maximize **compatibility** with current and future user tools.[1]

Among all the WAI requirements the following features that according the Design for All Foundation are the more relevant to ensure ease of navigation for people with or without access limitations have been checked:

- Sufficient colour Contrast
- Alt text for images
- HTML written to accepted Web standards
- The ability to enlarge text
- Functional without JavaScript
- Accessibility information about the site

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[1] Source: http://www.w3.org/WAI/WCAG20/glance/

- No horizontal scroll when zooming

- No use of frames

Following the results of the survey the technical level of accessibility - based on the features from WAI standard from W3C (World Wide Web Consortium) selected above – has been assessed for the above mentioned requirements for the pages inspected. They have been ranked as follows although to ensure their accessibility level all WAI criteria should be present in all their pages:

- AA = level required for public administrations and companies in many countries

- A = lower level of accessibility

4.1.1.2 Website analysis

Figure 62 summarises the scope of the website analysis, while the section below explains it in more detail.

Figure 62 - Website analysis approach

National websites		Europe-wide websites
Belgium	Official Tourism Office/ Board	Tour operators
Bulgaria		
France		Booking portals
Ireland		
Italy	Main railway company	Hotel chains
Lithuania		
Poland		Destinations - Cities
Slovenia		
Spain	Main airline	
Sweden		Destinations - Beaches
Netherlands		

UK		
Good practices		

The website analysis is conducted along the service chain, according to the five main sectors:

1. Travel services
2. Transportation
3. Accommodation
4. Food and Beverages
5. Entertainment

The category "travel services" comprises all services which make travelling more comfortable for those with special needs. For example wheelchair assistance, guide dogs, service hotlines etc. Most of these services were offered on the airline and rail company sites.

The category "Transportation" refers to transportation means for disabled people, such as accessible taxis or buses. Additionally information about station facilities was looked at.

The geographical range consists of the 12 countries identified in the cluster analysis and, importantly, some European-wide providers. In detail the analysis covers the:

- Official Tourist Office / Tourist Board (especially information concerning the five service chain elements),
- Principal Railway operator and
- Principal Airline

For the following countries:

1. Belgium
2. Bulgaria
3. France
4. Ireland
5. Italy
6. Lithuania
7. Poland
8. Slovenia
9. Spain
10. Sweden
11. The Netherlands
12. United Kingdom

In addition, analysis was conducted on the websites of the five leading European **tour operator brands, listed by market** share in Europe[1]:

- TUI Travel (18.6 %)
- Thomas Cook (13.9 %)
- REWE (5.1 %)
- Kuoni (3.4 %)
- Club Med (2.1 %)

Europe's leading **booking portals** were also analysed, here listed by Alexa ranking[2]:

- Booking.com (157)
- Expedia.com (427)
- Hotels.com (601)
- Priceline.com (697)
- Kayak.com (816)

The websites of leading European **hotel chains** were analysed:

- Accor (2,345 hotels /254,535 rooms[3])
- Best Western (1,316/89,743)
- Intercontinental (559/86,780)
- Groupe du Louvre (956/67,687)
- Carlson Rezidor (253/51,498)

Looking at the **destinations**, we analysed a selection of websites of destinations that reflect the most important reasons for going on holiday. According to Eurobarometer data, enjoying the sun and the beach were the most popular reasons given for going on holiday in 2012, followed by visiting family members and friends. Nature and culture rank third and fourth respectively, while city trips follow in fifth place.[4]

In analysing the five most important European beach sites (which are not in cities) and five European city destinations both cities and rural sites are covered in order to reflect the main reasons given for going on holiday.

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[1] Source: Viardot, E. (2009). European Tour Operators: confronting competition in the tourism industry.
[2] Source: alexa.com
[3] Source: MKG Hospitality 2012
[4] Source: European Commission (2013): Attitudes of Europeans toward Tourism. Flash Eurobarometer 370: p. 6

The object of our investigations are five of the most well-known **beach destinations** in Europe, selected from the 2013 shortlist for the World Travel Awards in the category of "Europe's Leading Beach Destination"[1]:

- Cannes, France
- Corfu, Greece
- Costa Smeralda, Sardinia, Italy
- Marbella, Spain
- Algarve, Portugal

Also part of the analysis are the five most popular **city destinations** in Europe, listed here by overnight stays in millions[2]:

- London (48.7m overnight stays)
- Paris (35.8)
- Berlin (20.8)
- Rome (20.4)
- Madrid (15.2)

Food and beverages websites were not included, as previous analysis reveals that these services are highly fragmented Inclusion would require a highly detailed analysis of several hundred websites in each EU Member State, which would be beyond the scope of the present study.

Finally we analysed a selection of five websites that demonstrate **good practice** in website design and content for Tourism for All. The selection has been curated in order to cover what we believe are the most interesting and professionally conceived websites encompassing differing approaches as well as providing benchmarks for good practice:

- Denmark: God Adgang (www.godadgang.dk)
- England: Visit England (www.visitengland.com/ee/Practical-Information/Accessible-England)
- Belgium/Flanders: Toegankelijk Vlaanderen (www.toegankelijkvlaanderen.be)
- France: Tourisme et Handicap (www.tourisme-handicaps.org)
- Belgium/Luxembourg/Germany: Eurewelcome (www.eurecard.org/projekte/eurewelcome.html)

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[1] Source: http://www.worldtravelawards.com/award-europes-leading-beach-destination-2013
[2] Source: European Cities Marketing (ECM) 2011:
http://www.europeancitiesmarketing.com/userfiles/file/Press/Europaweiter%20St%C3%A4dtetourismus%20-Wirtschaftskrise%20%C3%BCberwunden,%20U_S_A_%20und%20Deutschland%20Hauptm%C3%A4rkte.pdf

4.1.1.3 Print media analysis

Not all travellers use the internet to prepare their holiday trips. Brochures are still popular among many target groups, especially older people. In order to complement the website analysis, we analysed brochures of the tourist board of each country mentioned above. Not all tourist boards provide brochures for the whole country. In such cases, we analysed a brochure of a typical and/or important destination of the country in question. In addition, we asked each tourist board to furnish us with any special-interest brochures designed for disabled and older guests.

The questions to be answered were similar to those of the website analysis (see section 4.1.1.2).

This approach aimed to provide a realistic picture of the printed materials people with access needs would be provided with prior to a trip.

4.1.2 Results

4.1.2.1 Tourist boards

10 of the 12 websites include information on accessible offers (83.3 %); only Bulgaria and Lithuania have no special information. However in4 of these 10 websites the special information is hidden on pages that are difficult to find.

Though most of the analysed sites provide information concerning accessibility, the quality and quantity of the information varies greatly. The level of information seems in most cases cursory. Only the websites of the Spanish and English tourist boards give in-depth information on accessibility, allowing the guest to decide, if an offer suits his or her requirements.

Where information for those with special access needs is present, the websites tend to focus on various target groups (Figure 63). Most websites (five and four respectively) include information for those with mobility impairments or disabilities in general. Those with visual or hearing impairments find relevant information on three websites, while only one website has information aimed at guests with cognitive impairments. Interestingly no information designed specifically for those with speech impairments or hidden impairments can be found.

In addition, relatively few websites include specific information for families and seniors (three and two respectively). This finding is surprising because demographic change is a topical issue in the EU and one would expect a closer focus on these two groups, although further analysis would be necessary to assess the importance given to these more generally.

Figure 63 - Target groups

Target group	Number of websites
Mobility Impairment	5
Disability in general	4
Visual Impairment	3
Hearing Impairment	3
Families	3
Seniors	2
Cognitive Impairment	1
Speech Impairment	0
Hidden Impairment	0
Analysed websites	12

Most of the websites with information on accessibility we studied deal with information along the **service chain**. However, not all elements of the service chain are treated equally. The most common service chain element mentioned and described is accommodation, followed by transport and entertainment. Travel services (though very important) and food and beverage are described less frequently (Figure 64).

Figure 64 - Number of websites addressing each part of the service chain

Service chain element	Number of websites
Accommodation	8
Transportation	7
Entertainment	6
Travel services	3
Food & Beverage	2
Analysed websites	12

All but one website (Poland) refers to **external websites** with information on accessible tourism, provided by specialist organisations. Some tourist boards provide almost no information of their own, but have a varied selection of useful links. Others use such links as an additional service to add extra depth to their website's content.

All websites have information in different **languages**. While the tourist boards of England and Italy only offer information in six languages, Slovenia offers no less than 28. These numbers, however, are extremes. The average of all websites is 12 languages.

The most common languages are English, German and Spanish, which are present on all websites. French and Italian are lacking only on two. Most of the remaining languages are much less common. 17 languages occur only once or twice (Figure 65).

Figure 65 - Number of websites offering information in each language (national language of the website is included)

Language	Number of websites
English, German, Spanish	12
French, Italian	11
Russian	9
Chinese, Dutch, Japanese	8
Portuguese	6
Danish, Swedish	5
Polish	4
Norwegian	3
Arabic, Bulgarian, Czech, Finnish, Hebrew, Hungarian, Korean, Ukrainian	2
Bosnian, Croatian, Lithuanian, Macedonian, Romanian, Serbian, Slovenian, Taiwanese, Turkish	1
Total number of languages	31
Analysed websites	12

Technical accessibility according to the requirements analysed is the commonly requested for public web sites (AA) in 3 websites (Belgium, Italy and Spain), and presenting certain accessibility improvements (A) in 4 websites. The remaining 5 web sites even a lower accessibility level.

4.1.2.2 Railways

All but one (Poland) website of the main national railway companies contain information on accessibility (91.7%). On the websites of France and Sweden, the information is rather difficult to find, while all other websites show the information in more prominent places.

On five websites, travellers can find rather detailed information including evaluations. These mostly refer to wheelchair access, while other impairment groups are less often catered for. Good examples are France and the Netherlands. The information on the other 6 websites remains brief.

Guests with mobility impairments find information on 9 websites. Only 5 websites are dealing with information for guests with visual impairments, and 3 guests with hearing impairments. No information is present for travellers with speech impairments, cognitive or hidden impairments. Only 2 website each gives information for families and one for seniors (Figure 66).

Figure 66 - Target groups

Target group	Number of websites
Mobility Impairment	9
Visual Impairment	5
Disability in general	3
Hearing Impairment	3
Families	2
Seniors	1
Speech Impairment	0
Cognitive Impairment	0
Hidden Impairment	0
Analysed websites	12

Looking at the entire service chain, most information on the websites is available for travel services (11 websites) and transportation (8). Only one website covers food & beverage, while accommodation and entertainment offers are not mentioned at all (Figure 67).

Figure 67 - Number of websites addressing each part of the service chain

Service chain element	Number of websites
Travel services	11
Transportation	8
Food & Beverage	1
Accommodation	0
Entertainment	0
Analysed websites	12

No website refers to **external websites** with further information on accessible tourism.

Except, Ireland and England, which give information only in English, all other railway websites provide information in at least one foreign language (Bulgaria, Italy, Netherlands providing information in English) or more languages. Spain provides information in 7 languages, but 5 of them (Basque, Catalan, Galician, Spanish and Valencian) are national languages.

English is by far the most common language used, followed by French, Dutch and German. All other languages are national languages of the website (Figure 68).

Figure 68 - Number of websites offering information in each language (national language of the website is included)

Language	Number of websites
English	11
French	3
Dutch, German	2
Basque, Bulgarian, Bosnian, Catalan, Chinese, Croatian, Czech, Danish, Finnish, Galician, Hungarian, Italian Japanese, Korean, Lithuanian, Macedonian, Norwegian, Polish **Portuguese, Romanian, Russian, Serbian, Slovenian, Spanish, Swedish, Taiwanese, Turkish, Ukrainian, Valencia**	1
Total number of languages	33
Analysed websites	12

Technical accessibility according to the requirements analysed is the commonly requested for public websites (AA) in 4 web sites (Italy, Spain, UK and partially in Netherlands), and presenting certain accessibility improvements (A) in 3 web sites. The remaining 5 websites even a lower accessibility level.

4.1.2.3 Airlines

10 of 12 websites of the main national airlines provide information on accessibility (83 %). In a half of those webpages (5), the guest may find the information on accessibility easily. None of the websites provides detailed information including measurements.

Travellers with mobility impairments can find information on 10 websites, those with visual or hearing impairments on 5 websites each. Cognitive impairments are mentioned on 2 pages, and even for speech impairments information can be found on one website (Air France). It seems that airlines are focussing more on families, because 8 websites supply special information for this target group. Information for seniors is not given at all (Figure 69).

Figure 69 - Target groups

Target group	Number of websites
Mobility Impairment	10
Families	8
Visual Impairment	5
Hearing Impairment	5
Hidden Impairment	3
Cognitive Impairment	2
Speech Impairment	1
Disabled in general	0
Seniors	0
Analysed websites	12

All those 10 websites with accessibility information provide Information on travel service, 8 provide information on food & beverage. General information on transportation is given on just one website, while accommodation and entertainment offers are not mentioned at all (Figure 70).

Figure 70 - Number of websites addressing each part of the service chain

Service chain element	Number of websites
Travel services	10
Food & Beverage	8
Transportation	1
Accommodation	0
Entertainment	0
Analysed websites	12

All 12 websites are available in English, followed by French (9), German and Russian (8 each) (Figure 71).

Figure 71 - Number of websites offering information in each language (national language of the website is included)

Language	Number of websites
English	12
French	9
German, Russian	8
Spanish	7
Italian	6
Chinese	5
Dutch, Japanese, Polish, Swedish	3
Danish, Finnish, Norwegian, Portuguese	2
Bulgarian, Catalan, Estonian, Greek, Hungarian, Kazakh, Korean, Latvian, Lithuanian, Slovenian, Taiwanese, Turkish, Ukrainian	1
Total number of languages	28
Analysed websites	12

Just one website (British Airways) reaches the low WAI-level A of technical accessibility for the requirements analysed. All other websites do not fulfil even basic WAI standards.

4.1.2.4 Tour operators

The analysed websites of the tour operators are insufficiently prepared for visitors with special needs. From the five biggest tour operators in Europe, only one offers information on accessibility on its website. The website of Thomas Cook provides some information concerning travel assistance especially for people with reduced mobility. The information is not easy to find and is more disability-based than marketing-based.

On all other websites, no information on accessibility can be found. No website provides external links to websites with information on accessibility.

Two Germany-based tour operators are among the biggest five in Europe (TUI and REWE), so German is the language, which can be found on all websites, followed by French (Figure 72). TUI and Thomas Cook have special child sites for different countries, while REWE offers information only in English.

Figure 72 - Number of websites offering information in each language (national language of the website is included)

Language	Number of websites
German	5
French	4
Dutch, English	3
Chinese, Danish, Finnish, Italian, Portuguese, Russian, Swedish	2
Greek, Hungarian, Japanese, Korean, Norwegian, Polish, Romanian, Slovak, Spanish, Taiwanese, Turkish, Ukrainian	1
Total number of languages	23
Analysed websites	5

Only the website of Thomas Cook reaches the low WAI-level A of technical accessibility for the requirements analysed. All other websites do not fulfil even basic WAI standards.

4.1.2.5 Booking portals

Just as with the tour operators, the booking portals lack information concerning accessibility. Two of the five main booking portals have information on accessibility. In all three cases the information is not easy to find. On all websites, information on accessibility is given for three target groups: guests with mobility impairments, guests with visual impairments and guests with hearing impairments.

Just one booking portal – Expedia – has links to external websites with additional information on accessibility.

All 5 websites are available in English, and almost all websites – except Priceline – offer information in many different languages (Figure 73).

Figure 73 - Number of websites offering information in each language (national language of the website is included)

Language	Number of websites
English	5
Finnish, French, German, Italian, Norwegian, Polish, Russian, Spanish, Swedish	4
Chinese, Danish, Dutch, Japanese, Korean, Latvian, Malaysian, Portuguese, Slovenian, Taiwanese, Thai, Vietnamese	3
Arabic, Bulgarian, Catalan, Croatian, Czech, Estonian, Filipino, Greek, Hebrew, Hungarian, Icelandic, Indonesian, Lithuanian, Serbian, Turkish, Ukrainian	2
Romanian	1
Total number of languages	39
Analysed websites	5

No website is technically accessible according to the WAI standard.

4.1.2.6   Hotels

None of the five biggest hotel chains in Europe provides information on accessibility and none have external links to websites with information on accessibility can be found.

All five websites provide information in English. Overseas languages (Chinese and Japanese) are important in the hotel business, so they can be found on four websites (Figure 74).

Figure 74 - Number of websites offering information in each language (national language of the website is included)

Languages	Number of websites
English	5
Chinese, French, Japanese, Spanish	4
German, Korean, Portuguese	3
Italian, Russian	2
Arabic, Finnish, Hebrew, Indonesian, Latvian, Polish, Swedish, Turkish, Ukrainian	1
Total number of languages	19
Analysed websites	5

In terms of technical accessibility, the Best Western website offers an alternative text-only-version for their main web site. All other websites do not fulfil even basic WAI standards.

4.1.2.7 Beach destinations

Two of five beach destinations provide information on accessible offers, but all of these are difficult to find. Detailed information like measurements is not given. Furthermore, no website provides external links to specialised websites with information on accessible offers.

All websites provide information in English, followed by German (4 websites) (Figure 75).

Figure 75 - Number of websites offering information in each language (national language of the website is included)

Language	Number of websites
English	5
German	4
French, Spanish	3
Greek, Italian	2
Arabic, Portuguese, Russian, Swedish	1
Total number of languages	10
Analysed websites	5

In terms of technical accessibility, the websites of Costa Smeralda (Sardinia) and Algarve (Portugal) reach the low WAI level A. The 3 remaining websites do not fulfil the WAI standard.

4.1.2.8 City destinations

All of the surveyed city destinations provide information on accessibility. In all of these cases – excepted Madrid – the information is easy to find. However, the website of Madrid is the only one with detailed information on accessibility. All websites provide external links to websites with information on accessibility).

Travellers with mobility impairments, visual or hearing impairments may find information on four websites. Cognitive impairments are mentioned on one page and general information for disabled guests and seniors is given on one website also. Information for other impairments and families are not given at all (Figure 76).

Figure 76 - Target groups

Target group	Number of websites
Mobility Impairment	4
Visual Impairment	4
Hearing Impairment	4
Disabled in general	1
Cognitive Impairment	1
Seniors	1
Families	1
Speech Impairment	0
Hidden Impairment	0
Analysed websites	5

All three websites with information on accessibility cover all elements of the service chain (Travel services, Transportation, Accommodation, Food & Beverage, Entertainment).

The most frequent languages are English, French and Spanish (Figure 77).

Figure 77 - Number of websites offering information in each language (national language of the website is included)

Language	Number of websites
English, French, Spanish	5
German, Italian	4
Chinese, Dutch, Japanese, Russian	3
Portuguese	2
Arabic, Polish, Turkish	1
Total number of languages	13
Analysed websites	5

The technical accessibility of the website of Madrid is high and declares that reaches the WAI level AA. The website of London declares that they follow level A and level AA in some pages. Berlin, Paris and Rome do not fulfil the WAI standards.

4.1.2.9 Good practice examples

With the exception of "Visit England", the good practice examples consist of special-interest websites that focus mainly on disabled guests. Unsurprisingly, all five websites provide information on accessibility, but, in one case (Tourisme et Handicap), the information is difficult to find due to the complex structure of the site.

Detailed information including measurements is given on three websites. God Adgang (DK), Toegankelijk Vlaanderen (BE) and Eurewelcome (BE, LUX, D, NL) offer databases with information on accessible features. The guest may search the databases for helpful information along the entire service chain.

"Eurewelcome" and "Visit England" try to communicate the information in an attractive way for the guest (including pleasant pictures and text). This is clearly visible on the website "Visit England". Unlike all other websites, the website focuses on marketing and tries to inspire travellers with high quality pictures and attractive descriptions. In addition, beyond providing a database of information, this website presents recommendations for an enjoyable holiday trip. In general, "Visit England" is not a special-interest page for guests with special needs, but addresses all travellers. Information on

accessibility is fully integrated in the main website. This is a good example of inclusive communication without any discriminating "special channels" (Figure 78).

Figure 78 - Screenshot of "Visit England" with attractive pictures and helpful information

The number of languages is rather limited. "Eurewelcome", "Toegankelijk Vlaanderen" and "Tourism et handicap" only provide information in the national languages of the partners. Only "Visit England" and "God Adgang" disseminate their information in 6 and 5 languages respectively (Figure 79).

Figure 79 - Number of websites offering information in each language (national language of the website is included)

Language	Number of websites
Dutch, French, German	3
English	2
Danish, Italian, Norwegian, Spanish, Swedish	1
Total number of languages	9
Analysed websites	5

It is surprising that none of the websites reach the WAI level AA in technical accessibility. Only three websites – God Adgang, Visit England and Eurewelcome – reach level A for the requirements analysed. The two remaining websites do not even fulfil basic WAI standards.

The following tables give an overview of the main features of the good practice websites. Detailed information on the other websites can be found in Annex E.

The Danish website "God Adgang" deals with information for disabled travellers in Denmark, Sweden, Malta and Iceland (Figure 80). Guests can search a database for points of interest in 26 categories. The Icons are not self-explanatory.

Figure 80 – God Adgang case-study

God Adgang (www.godadgang.dk)	
Country	Denmark
Target groups	The information is targeted to the following groups: • Wheel chair users • Guests with walking- arm- or hand-impairments • Guests with visual impairments • Guests with hearing impairments • Guests with Asthma or allergies • Mentally disabled guests • Guests with dyslexia
Icons	Icons are used for each group.
Service chain	The service chain is covered comprehensively.
Website languages	The website is available in Danish, English, German, Swedish and Icelandic.
Technical accessibility	WAI-level "A": Contrast is good but there are options that cannot be used by people with visual impairments. No web site map or description of web site design criteria.

This website "Visit England" provides information for all guests wishing to travel to or visit England (Figure 81). Information on accessibility is given on integrated subsites. Unlike all other websites, the website focuses on marketing and tries to inspire travellers with high quality pictures and attractive

descriptions. In addition, beyond providing a database of information, this website presents recommendations for an enjoyable holiday trip.

Figure 81 – Visit England case-study

Visit England (www.visitengland.com/ee/Practical-Information/Accessible-England)	
Country	United Kingdom
Target groups	The Visit England website addresses the following groups: • Guests with reduced mobility and older guests • Guests with visual impairments or blind guests • Guests with hearing impairments or deaf guests
Icons	Icons are used to address to the different groups.
Service chain	All elements of the service chain are covered.
Website languages	The website is available in English, German, French, Spanish, Italian and Dutch.
Technical accessibility	WAI-level "A" but with a good description of their web site design policy, adaptation tools and site map.

The Belgian website "Toeganglijk Vlaanderen" gives information about accessibility in all Benelux countries, but mainly in Flanders (Figure 82). Visitors can easily search a database. However, the icon system is rather complex and not easy to understand.

Figure 82 - Toegankelijk Vlaanderen case-study

Toegankelijk Vlaanderen (www.toegankelijkvlaanderen.be)	
Country	Belgium
Target groups	Information is given for the following groups: • Wheel chair users • Guests with visual impairments • Guests with hearing impairments • Guests with allergies
Icons	Icons address these groups, while other icons indicate certain features of accessibility along the service chain.
Service chain	14 service chain categories are included.
Website languages	The website is available in Dutch/Flemish only.
Technical accessibility	Although colour contrast is ok not even basic images description is provided. No site map and no accessibility site statement.

The French website "Tourisme et Handicap" deals with information for disabled travellers all over France (Figure 83). The website has a twin site, dedicated to visitors with visual impairments. This approach does not fit with the concept of Design for All. Information on topics of interest is rather difficult to find. No search engine or databases are available.

Figure 83 - Tourisme et Handicap case-study

Tourisme et Handicap (www.tourisme-handicaps.org)	
Country	France
Target groups	The information is designed for the following groups: • Guests with walking impairments • Guests with visual impairments • Guests with hearing impairments • Mentally disabled guests
Icons	General label with additional icons, addressing different disabilities.
Service chain	Information is given along the service chain, divided in three categories: • Accommodation • Food and Beverage • Entertainment
Website languages	The website is only available in French.
Technical accessibility	The main site does not reach level "A". There is a different access for visually impaired people but this has only larger text and better contrast. The images are not described.

Eurewelcome is a joint venture of regions of four EU member states: Belgium (Limburg, Luttich, German Community), Germany (Northrhine-Westfalia, Rhineland-Palatinate), Luxembourg and the Netherlands (Limburg) (Figure 84). Visitors may use a database to search for the accessibility of points of interest.

Figure 84 – Eurewelcome case-study

Eurewelcome (www.eurecard.org)	
Country	Belgium/Luxembourg/Germany/Netherlands
Target groups	It is designed for all guests, but mainly guests with disabilities will find helpful information.
Icons	No icons, but a label to designate partners.
Service chain	In general, Eurewelcome covers all elements of the service chain.
Website languages	The website is available in German, French and Dutch.
Technical accessibility	WAI-level "A". Good contrast and some accessories to increase accessibility for those who are visually impaired. Site map. Although the images are not described the text is sufficiently explanatory.

4.1.3 Summary and discussion

Almost 70 % of all 66 surveyed websites provide information on accessible offers (Figure 85). However, the information is very often hard to find. Of the 46 websites with information on accessibility, only 28 (60%) have placed the information prominently and easy to find. Many guests will not be able to find the information easily. So even if information is present, it may be lost for a good deal of clients.

Figure 85 - Number of websites with (yes) and without (no) information on accessible offers

	Yes	No
Tourism boards	10	2
Railways	11	1
Airlines	9	3
Tour operators	1	4
Booking portals	3	2
Hotel chains	0	5
Beach destinations	2	3
City destinations	5	0
Good examples	5	0
Total	46	20
%	70	30

Furthermore, only 11 websites out of 66 (17 %) are technically accessible on the level usually requested for public web sites (WAI level AA for the pages and requirements inspected). 14 websites (21 %) reach the lower WAI level A for these requirements. 41 websites – more than 61 % – do not even reach basic accessibility requirements. Many guests with visual impairments or other special needs are excluded from that information, even if information on accessibility is present. The lack of respect of accessibility standards in the sites' design implies also a difficult navigation on

small devices, mobiles and tablets. This implies a compromise not only for the users with access limitations but to all users in general.

Most destinations, on a national or local level, provide information on accessibility. The same goes for railway companies and airlines. But tour operators and hotel chains almost never give information on accessible features. This is surprising, because accommodation is a main element of the service chain, and of course, all guests with special access needs are in need for information, if they want to stay overnight. Tour operators and hotels obviously do not use the full potential of guests when they do not communicate their accessible offers.

In all cases, accessibility is mainly understood as a feature for disabled guests. There could not be found a single case, where accessibility is communicated as a plus in service and comfort for all guests. This is a pity, because destinations and service providers are not taking the opportunity to address the majority of guests without special needs. In particular the big and fast growing group of older people and the important group of families (with small children), that could benefit to a large extend from accessible offers, is widely neglected.

As a result, accessibility is almost never used in marketing and advertising. Information remains technical and does not seek to promote a destination. The only exception is the website of "Visit England". On one hand, it deals with detailed information on accessibility, but is not a special interest site for disabled guests. On the other hand, the site communicates the subject in an attractive way, far beyond pure technical details.

If information on accessibility is given, most websites focus on guests with mobility impairment. Information for guests with visual and hearing impairments is less frequently found, while the level of information for guests with cognitive or hidden impairments are exceptional. As mentioned above, seniors and/or families are almost never considered as a target group for accessible information. Only the airlines (8 out of 12) cover special information for families more often, but they do not focus on accessible features for this target group.

Information along the service chain is usually not comprehensive and is mostly provided on special interest websites. Tourism boards often try to cover the whole service chain, but mainly provide information on accommodation, transport and entertainment. In particular the city destinations take all elements of the service chain into account. It is not surprising that railway companies and airlines focus on travel services and transportation. Airlines in addition inform guests about food and beverages.

If destinations or service providers wish to deal with information on accessibility, they do not necessarily have to do it on their own websites. Alternatively, they may link to relevant special interest pages. This procedure does not follow the concept of "Tourism for All", because it may lead

to discrimination of a special target group and to a loss of information for guests without special needs, who are just seeking good services and comfortable offers. However, a link to external pages may be useful, when information on accessibility is gathered in databases (like Toeganglijk Vlaanderen, God Adgang and Eurewelcome in the chapter of good examples). All in all, only a quarter of the websites provides external links for further and/or more detailed information on accessibility (Figure 86). As mentioned above, it is usually better to have information for guests with and without special needs in one source in order to prevent discrimination and to provide all guests with helpful information. However, at least for the websites without information on accessibility, it could be a first step to improving the information and link to specialized sites prominently.

Figure 86 - Number of websites with (yes) and without (no) external links to specialized websites

	Yes	No
Tourism boards	9	3
Railways	0	12
Airlines	1	11
Tour operators	0	5
Booking portals	1	4
Hotel chains	0	5
Beach destinations	0	5
City destinations	5	0
Good examples	2	3
Total	17	49
%	26	74

The findings of the research do correspond mainly with the findings of the recent ENAT study on accessible websites.[1] ENAT checked all European tourism boards (including the ones that are not in the EU), so the focus of the two studies is different; just nine websites have been studied in both cases.

4.1.4 Brochure analysis

Though the internet is the most important source for information, many guests still prefer written information like leaflets, flyers and brochures. The reasons may be different. Some guests,

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[1] ENAT (Ed.) (2912): Accessibility Review of European National Tourist Boards' Websites 2012

especially a proportion of older guests, have no access to the internet, others do not want to use the internet abroad or simply like the feel of printed papers.

We ordered brochures from the 12 countries identified in the cluster analysis. We asked for general information on tourism and for special interest brochures for guests with access needs.

Not all tourism board send printed information. The tourism boards of Italy and the Netherlands just referred to the tourism board's website; information is just given electronically due to the higher costs of printed material. However, we managed to collect a brochure from the Netherlands (Island of Texel), so only Italy is missing in the analysis.

Furthermore, not all tourism boards have brochures for the whole country. Belgium, England and The Netherlands only provide printed information for single destinations or regions. In this case, we looked for typical or important destinations and analysed their brochures. An overview of the brochures and the results is given in Annex E.

No tourism board sent special interest brochures with information for guests with access needs.

From the 11 analysed brochures, 9 use a font size which is too small for guests with visual impairments. This is a very general result, because most brochures use different font sizes and some of them are big enough.

In all but one brochure (Poland), the contrast between text and background is sufficient and all brochures are dazzle-free.

It is often difficult for guests with visual impairments to read text that crosses pictures or graphics. With the exception of Spain, all brochures separate text and pictures.

All but one brochure was structured clearly and well laid out. Only in the case of England was it difficult to distinguish text and description among a lot of advertisement images.

As mentioned above, no tourism board provided special interest brochures for guests with access needs. However, in four brochures (England, Ireland, The Netherlands and Sweden), information for this group of guests is given in the regular brochure. In half of the cases, the information is easy to find. All four brochures supply external links to special websites with more detailed information on accessibility. In fact, there is no space in a brochure to deal with detailed measurements of accessible offers.

4.2 Task 2b – Online survey and focus groups

4.2.1 Overview

The travel patterns and behaviour of people with access needs were investigated via two main channels: an online survey among people with access needs and two focus groups among seniors.

The online survey was conducted among 2111 people in 12 EU Member States selected to represent the different country clusters: Bulgaria and Poland represent Cluster 1, Spain and Slovenia Cluster 2, Ireland Cluster 3, Italy Cluster 4, Belgium and the Netherlands Cluster 5, France and the UK Cluster 6, Sweden Cluster 7, and Lithuania Cluster 8. In addition, 423 interviews were conducted with people with limitations and seniors in inbound markets. The two focus groups were conducted in Lithuania and Ireland among people aged over 65. A full description of the methodology and survey materials can be found in Annexes F, G, H and J.

The results in this section are presented split by access need profile: people above 65, people with a limitation and/or people who travel with children. The groups overlap to some extent since a respondent may belong to two or three of these groups depending on his/her personal situation.

4.2.2 EU - Overall results

4.2.2.1 Travel behaviour

Figure 87 – Reasons for not travelling in the past 12 months

Q2. Why did you not travel at all in the past 12 months? Please select all answers that apply.

Reason	Travel with children (n=87)	Age above 65 (n=89)	Any limitations (n=271)
Financial reasons	58%	67%	68%
Preferred to stay at home	37%	36%	30%
Long-term illness or health issue	8%	27%	29%
Lack of time/not possible to take time off study, work or other commitments	14%	5%	10%
Family reasons (e.g. need to care for small children or elderly relative)	20%	10%	9%
Lack of AFFORDABLE accessibility services or infrastructures at my preferred destination(s)	11%	7%	7%
Lack of accessibility and of accessible tourism services at my preferred destination(s) (accessible means that anyone	2%	1%	3%
Information on accessible services and destinations not AVAILABLE	8%	0%	3%
Information on accessible services and or destination not ACCESSIBLE	5%	0%	2%
Lack of help/not enough help (during transport, at destination and on return journey)	6%	3%	2%
Not enough information or incorrect information on accessible services on possible destinations	1%	1%	2%
I am not interested at all in travelling now or in the future*	0%	0%	0%
Accessibility	26%	9%	15%
Other – please specify:	0%	1%	1%

N.B. Respondents who selected this answer were screened out of the survey

■ Travel with children (n=87) ■ Age above 65 (n=89) ■ Any limitations (n=271)

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In total, 20% of people over 65 report not travelling at all in the past 12 months. These respondents were asked why they did not travel and a majority mentioned financial reasons (67%), followed by personal preference (36%). 27% mentioned a long-term illness or health issue and 10% family reasons. Overall, 9% mentioned a reason linked to accessibility such as the lack of accessibility of destinations, the availability and accessibility of information or the affordability of accessible services.

18% of people with any limitations report not travelling at all in the past 12 months. These respondents were asked why they did not travel and a majority mentioned financial reasons (68%), followed by personal preference (30%). 29% mentioned a long-term illness or health issue and 9% family reasons. Overall, 15% mentioned a reason linked to accessibility such as the lack of accessibility of destinations, the availability and accessibility of information or the affordability of accessible services.

9% of people who travel with children report not travelling at all in the past 12 months. These respondents were asked why they did not travel and a majority mentioned financial reasons (58%), followed by personal preference (37%). 8% mentioned a long-term illness or health issue and 20% family reasons. Overall, 26% mentioned a reason linked to accessibility such as the lack of accessibility of destinations, the availability and accessibility of information or the affordability of accessible services.

Figure 88 - Seasonality

Q3. In general, when are you most likely to schedule trips? And when are you also likely to schedule trips?
All answers
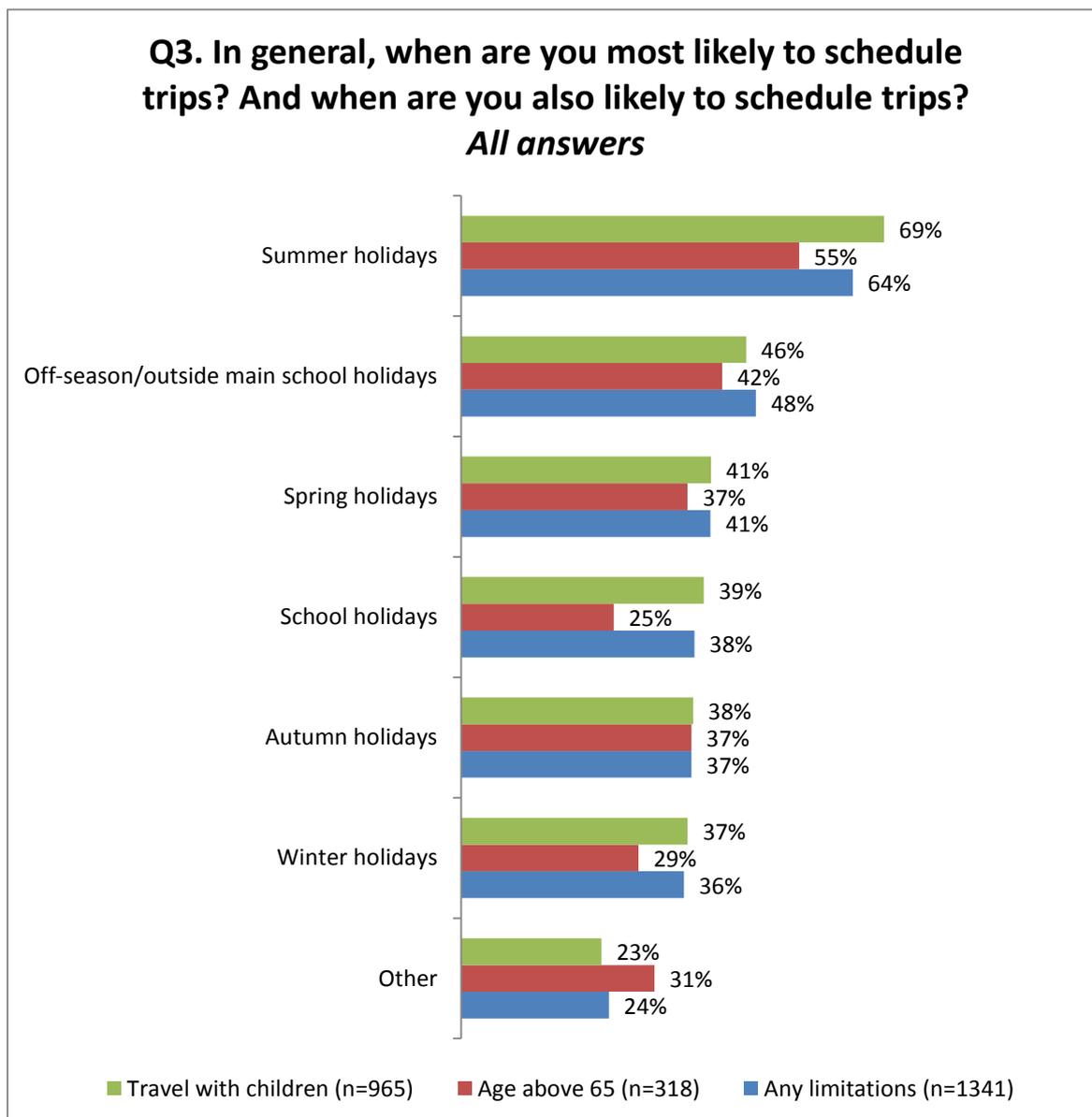
Turning to seasonality, respondents were asked for their main holiday period in general. 64% of people with any limitations report being most likely to travel during the summer holidays, followed by off-season holidays (48%). When asked over which other periods they travel, spring holidays are cited most frequently, at 41%, followed by school holidays (38%), autumn holidays (37%) and winter holidays (36%). Other periods are the least popular (24%).

Travelling during summer holidays (55%) and off-season holidays (42%) is also popular for people who are older than 65. Besides these holidays, the results indicate that 37% of the 65s travel during

the autumn holidays and the spring holidays. The least popular time to travel was during the winter holidays (29%). A high proportion (31%) also indicated to travel over all other possible periods.

69% of people travelling with children report being most likely to travel during the summer holidays, followed by off-season holidays (46%). Spring (41%) and school holidays (39%) are also reported often, shortly followed by autumn (38%) and winter holidays (37%). They travel least frequently during other periods (23%), but this is still a sizeable proportion.

Figure 89 – Travel companions

Q4. Thinking of your trips in the past 12 months, who did you travel with most often? And who else did you travel with in the past 12 months?
All answers

	Travel with children (n=965)	Age above 65 (n=318)	Any limitations (n=1341)
My partner	63%	58%	57%
Other family or household members	40%	30%	44%
Friend(s)	31%	23%	31%
Children below 5	43%	18%	28%
Children above 5	33%	18%	27%
I travelled on my own	20%	25%	27%
Colleague(s)	18%	14%	17%
Other group	15%	11%	15%
Personal care worker	12%	7%	12%
Other	12%	15%	13%

A majority of people with any limitations mention their partner (57%) as their most frequent travel companion, followed by other family or household members (44%). When asked which other travel companions they may travel with, they mentioned friends (31%), children below (28%) and above 5 (27%) and with nobody else (27%). A smaller group of people with any limitations travelled with colleagues (17%) and with other groups (15%). A minority stated to travel with other people that were not specifically mentioned (13%) and with personal care workers (12%) in the past 12 months.

People older than 65 also reported travelling most frequently with their partner (58%) and other family or household members (30%) in the past 12 months. Travelling on their own (25%) and with friends (23%) were also mentioned relatively frequently. Furthermore, the results show that two smaller segments travel with children who are above or below 5 years old (both 18%). Over 65s least often mentioned personal care workers (7%).

People with children travelled most often with their partner (63%) and with children below five (43%), followed by family and other household members (40%), children above 5 (33%) and friends (31%). A smaller proportion of people with children travelled on their own (20%), with colleagues (18%) or with other groups (15%).

Figure 90 - Destinations

Q5. Thinking of your trips in the past 12 months, which of the following destinations have you visited?

Europe — 98% / 97% / 98%
EU — 97% / 94% / 96%
[HOME COUNTRY] — 78% / 77% / 80%
All non-European — 30% / 22% / 25%
Americas — 20% / 12% / 16%
Africa & Middle East — 16% / 8% / 12%
Asia & Oceania — 12% / 4% / 8%

Spain — 18% / 11% / 16%
France — 20% / 15% / 16%
Germany — 19% / 7% / 15%
Belgium — 12% / 5% / 10%
Italy — 14% / 9% / 10%
United States — 12% / 5% / 8%
United Kingdom — 10% / 2% / 8%
Portugal — 7% / 7% / 5%
Czech Republic — 6% / 5% / 5%
Greece — 7% / 3% / 5%
Turkey — 6% / 5% / 4%
Netherlands — 6% / 4% / 4%
Ireland — 6% / 2% / 4%
Switzerland — 5% / 6% / 4%
Croatia — 5% / 4% / 4%
Japan — 5% / 1% / 4%
Egypt — 5% / 2% / 4%
Austria — 5% / 5% / 4%

N.B. All other answers below 5% - 57 answers were presented in total

■ Travel with children (n=965) ■ Age above 65 (n=318) ■ Any limitations (n=1341)

Almost all people with any limitations (96%) travelled in the European Union in the past months, while only 25% travelled outside Europe. A very large majority of respondents (80%) mention travelling in their own country in the past 12 months. In terms of foreign destinations within the

European Union, the most frequent mentions are of Spain (16%), France (16%), Germany (15%), Belgium (10%), Italy (10%), the UK (8%) and Portugal (5%).

Almost all over 65s (94%) travelled in the European Union in the past months, while only 22% travelled outside Europe. A very large majority of respondents mention travelling in their own country in the past 12 months. In terms of foreign destinations within the European Union, the most frequent mentions are France (15%), Spain (11%), Italy (9%), Germany (7%), Portugal (7%), Belgium (5%), and the UK (2%).

Almost all people who travel with children (967%) travelled in the European Union in the past months, while only 30% travelled outside Europe. A very large majority of respondents mention travelling in their own country in the past 12 months. In terms of foreign destinations within the European Union, the most frequent mentions are France (20%), Germany (19%), Spain (18%), Italy (14%), Belgium (12%), the UK (10%) and Portugal (7%).

Figure 91 – Reasons for travelling outside the EU

Q6. Why did you choose to travel outside the European Union in the past 12 months?

Reason	Travel with children (n=233)	Age above 65 (n=58)	Any limitations (n=280)
Interest in local culture, nature or sightseeing opportunities	63%	54%	61%
Visiting family or friends	40%	32%	40%
General value for money of the destination	37%	39%	37%
Accessibility of the destination and services (accessibility means that anyone can visit a destination whatever their ability or individual situation)	23%	13%	21%
Availability of health or wellness treatments	20%	0%	16%
Other – please specify:	8%	19%	7%

■ Travel with children (n=233)　■ Age above 65 (n=58)　■ Any limitations (n=280)

Turning to reasons for travelling outside the European Union, a majority of people with any limitations who have travelled outside the European Union in the past 12 months (61%) mention an interest in local culture, nature or sightseeing opportunities, followed by visits to family and friends (40%) and the general value for money of the destination (37%). Comparatively smaller proportions mention the accessibility of destinations (21%) or the availability of health or wellness treatments (16%).

The over 65s reported travelling outside the European Union for their interest in local culture, nature or sightseeing opportunities (54%), for the general value for money of the destination (39%) and to visit family or friends (32%). A less frequent reason was the accessibility of the destination and services (13%). The over 65s did not report travelling outside the European Union for the availability of health or wellness treatments.

Looking at the reasons why people with children travel outside the European Union, the pattern is more or less the same. They reported choosing a country outside the European Union especially for their interest in local culture, nature or sightseeing opportunities (63%). They also mentioned frequently wanting to visit family or friends (40%) or the general value for money of the destination (37%). A smaller proportion reported that the accessibility of the destination and services (23%) and the availability of health or wellness treatments (20%) were important.

Figure 92 – Accommodation

Q7. Thinking of your trips in the past 12 months, in what type of accommodation did you usually stay?

	Travel with children (n=921)	Age above 65 (n=281)	Any limitations (n=1250)
In a hotel or Bed & Breakfast	61%	63%	59%
At the home of friends or family members	43%	41%	43%
In a rental house or flat	22%	17%	20%
In a tent/caravan/mobile home	15%	6%	15%
In your own holiday house or flat	13%	9%	11%
In a spa or wellness resort	13%	9%	10%
In a youth hostel or hostel	9%	2%	8%
In a medical or healthcare institution (e.g. a clinic or post-surgery rehabilitation centre)	3%	3%	3%
Other	4%	7%	4%

59% of people with any limitations usually mention staying in a hotel or B&B in the past 12 months, followed by 43% staying with family or friends, 20% in a rental house or flat and 15% staying in a tent, caravan or mobile home. Respectively 10%, 11%, 8% and 3% said they had stayed in a spa or wellness resort, their own holiday house or flat, a youth hostel or hostel or in a medical or healthcare institution. Most of the people with any limitations paid for their accommodation (81%).

78% of the over 65s paid for their accommodation. 63% stayed in a hotel or B&B and 41% stated they had stayed at the home of friends or family members. People above 65 stayed less frequently in a rental house or flat (17%), in a holiday house or flat they owned (9%) or in a spa or wellness

resort (9%). Almost none of the over 65s stayed in a medical or healthcare institution (3%) or in a youth hostel or hostel (2%).

Most people who travel with children stayed in a hotel or B&B (61%) in the past 12 months. 43% stayed at the home of friends or family members. There was a smaller segment who stayed in a rental house or flat (22%), followed by those staying in a tent, caravan or mobile home (15%), their own holiday home or flat (13%) or in a spa or wellness resort (13%). Even smaller proportions stayed in a youth hostel or hostel (9%) and in a medical or healthcare institution (3%). 83% paid for their accommodation.

Figure 93 – Transport means

Q8 Thinking of your trips in the past 12 months, what types of transport did you use to and from your destination? And what types of transport did you use once at your destination?
Transport used to and from one's destination or at destination

Transport	Travel with children (n=965)	Age above 65 (n=318)	Any limitations (n=1341)
Car	82%	77%	79%
Airplane	55%	48%	49%
Train	47%	29%	46%
Local public transport	46%	31%	44%
Taxi	38%	23%	35%
Long-distance bus/coach	35%	27%	34%
Boat/ship/ferry	28%	20%	26%
Bicycle	28%	8%	24%
Wheelchair, mobility scooter or other mobility devices	14%	3%	13%
Motorbike/scooter	16%	4%	13%
Other	10%	7%	13%

■ Travel with children (n=965) ■ Age above 65 (n=318) ■ Any limitations (n=1341)

Looking into transportation means used at destination or to and from one's destination in the past 12 months, 79% of people with any limitations used a car, 49% an airplane, 46% the train and 44 local public transport. Other transportations mentioned often were the taxi (35%), long-distance bus or coach (34%), or boats, hips or ferries (26%).

People above 65 choose to use the car (77%), airplane (48%) and local public transport (31%) the most frequently for their transportation. Less people over 65 used the train (29%), long-distance bus (27%), followed by the taxi (23%) and the boat, ship or ferry (20%).

People who travelled with children used more often the car (82%), the airplane (55%) and the train (47%) to reach their destination. The proportion of people with children that used local public transport (46%), the taxi (38%), the long-distance bus (35%), and the boat, ship or ferry (28%) was lower, but was still high.

Figure 94 – Activities at destination

Q9. Thinking of your trips in the past 12 months, which of the following activities did you take part in?

Activity	Travel with children (n=965)	Age above 65 (n=318)	Any limitations (n=1341)
Shopping	64%	56%	65%
Dining out at a local restaurant or café/trying local food and drinks/going out	63%	64%	64%
Sightseeing/walking around	60%	58%	63%
Spending time with family or friends/social activities	58%	46%	59%
Cultural visits (museums, monuments, art, heritage)	50%	53%	49%
Swimming/sunbathing	48%	30%	45%
Walking, hiking or running	49%	36%	45%
Natural visits (e.g. national parks)	43%	37%	37%
Activities for families or children	43%	15%	32%
Animal or wildlife parks (e.g. aquarium, zoo)	37%	17%	31%
Local events (e.g. festivals, pilgrimages or sports events)	32%	21%	29%
Guided tours/excursions	34%	34%	29%
Spa, massages or other wellness activities	21%	13%	17%
Business or other work-related activities	18%	7%	16%
Other sports (e.g. cycling, skiing, water or air sports)	15%	6%	13%
Other outdoor activities (e.g. fishing, bird-watching)	10%	6%	10%
Health care or other medical activities	8%	4%	8%
Other	2%	8%	4%

■ Travel with children (n=965) ■ Age above 65 (n=318) ■ Any limitations (n=1341)

The tourism activities that people with any limitations mentioned most frequently are shopping (65%), dining out or going out (64%), sightseeing/walking around (63%) and spending time with family or friends (59%). Wellness and healthcare activities were less popular (respectively 17% and 8%).

The activities mentioned most frequently by the over 65s are dining out or going out (64%), shopping (56%), spending time with family or friends (46%) and sightseeing/walking around (58%). A small amount of the over 65s were interested in wellness activities (13%) and health care (4%).

Most of the people who travelled with children frequently went out to shop (64%), to dinner or to go out (63%), to sightsee or walk around (60%) and to spend time with family and friends (58%). Wellness activities (21%) were more popular compared with the two other groups, but a small proportion of people mentioned health care (8%).

4.2.2.2 Decision-making

Figure 95 – Information sources

Q10.3 Which of the following is the most important to you as an information source when you make a decision about your travel plans? And which other sources are important?
All Answers

Source	Travel with children (n=965)	Age above 65 (n=318)	Any limitations (n=1341)
People	72%	72%	74%
Tourism sector	71%	70%	68%
Media	43%	28%	40%
Specialised	41%	28%	38%
Family, friends or colleagues	48%	44%	51%
Your own experience	46%	46%	49%
Tourism websites	45%	46%	46%
Brochures/catalogues	40%	33%	35%
Travel/tourist agency	37%	37%	35%
General guidebooks	31%	28%	30%
Forums, blogs or online reviews	30%	14%	28%
Newspapers, magazines, radio or TV	27%	23%	27%
Social networks	24%	11%	21%
Specialised websites	22%	15%	20%
Social media	20%	10%	18%
Specialised sources other than websites	18%	9%	17%
Specialised guidebooks	19%	9%	16%
Doctor or other health professional	15%	11%	15%
Non-profit organisations	17%	11%	15%
Other	10%	11%	13%

■ Travel with children (n=965) ■ Age above 65 (n=318) ■ Any limitations (n=1341)

When making a decision about their travel plans, people aged over 65 mention as their most important information sources their own experience (21%) or tourism websites (19%). A further 14% mention family, friends or colleagues. Only 7% use specialised sources (not-for-profit organisations, health professionals or guidebooks, websites or other sources for families, seniors or disabled

people). However, this proportion rises to 28% when the over 65s can indicate all information sources they find important.

When making a decision about their travel plans, people with any limitations mention as their most important information sources family, friends or colleagues (20%) or their own experience (19%). Another 17% mentions tourism websites. Only 12% use specialised sources (not-for-profit organisations, health professionals or guidebooks, websites or other sources for families, seniors or disabled people). However, this proportion rises to 38% when people with any limitations can indicate all information sources they find important.

When making a decision about their travel plans, people travelling with children mention as their most important information sources family, friends or colleagues or their own experience (both 18%). Another 16% mentions tourism websites. Only 14% use specialised sources (not-for-profit organisations, health professionals or guidebooks, websites or other sources for families, seniors or disabled people). However, this proportion rises to 41% when people travelling with children can indicate all information sources they find important.

Figure 96 – Booking channels

Q11b.1 Thinking about your trips in the past 12 months, how did you book these?												
Booking channel	Telephone			In person			Internet			Other		
Type of booking	Any limitations (n=1341)	Age above 65 (n=318)	Travel with children (n=965)	Any limitations (n=1341)	Age above 65 (n=318)	Travel with children (n=965)	Any limitations (n=1341)	Age above 65 (n=318)	Travel with children (n=965)	Any limitations (n=1341)	Age above 65 (n=318)	Travel with children (n=965)
Through a travel agency	11.40%	7.60%	14.30%	24.30%	26.50%	29.30%	22.10%	14.30%	26.20%	3.20%	2.30%	3.90%
Through an institution or group	7.10%	6.50%	9.90%	10.80%	5.60%	12.40%	11.30%	6.30%	15.00%	3.60%	2.80%	3.40%
Directly with a transport or accommodation provider – before your holiday	15.70%	11.60%	15.60%	12.70%	6.50%	16.40%	36.00%	33.20%	38.40%	2.60%	1.80%	3.30%
Directly with a transport or accommodation provider – once at destination	11.90%	8.10%	12.80%	14.90%	9.30%	18.30%	21.00%	14.40%	23.60%	3.60%	1.40%	5.00%
Through someone you know	15.20%	7.80%	17.60%	20.10%	13.20%	21.20%	14.80%	11.50%	18.10%	3.20%	2.50%	3.80%

Other	5.70%	5.90%	4.60%	8.10%	4.50%	9.70%	10.10%	5.20%	12.50%	6.20%	6.50%	7.10%

When booking in the past 12 months, 47% of the over 65s booked directly with a provider before their trip, 45% through a travel agency, 30% through someone they know, 29% with a provider once at their destination and 18% through an institution or group. The most common booking channel is the Internet (used by 59% of the over 65s) followed by booking in person (47%) and by phone (32%).

When booking in the past 12 months, 57% of people with any limitations booked directly with a provider before their holiday, 46% booked directly with a provider once at their destination, 45% through someone they know, 51% through a travel agency and 30% through an institution or group. The most common booking channel is the Internet (used by 67% of people with any limitations) followed by booking in person (52%) and by phone (42%).

When booking in the past 12 months, 63% of the people travelling with children group booked directly with a provider, 51% through someone they know, 61% through a travel agency and 37% through an institution or group. The most common booking channel is the Internet (used by 70% of the group of people travelling with children) followed by booking in person (58%) and by phone (47%).

Figure 97 – Checking accessibility prior to trips
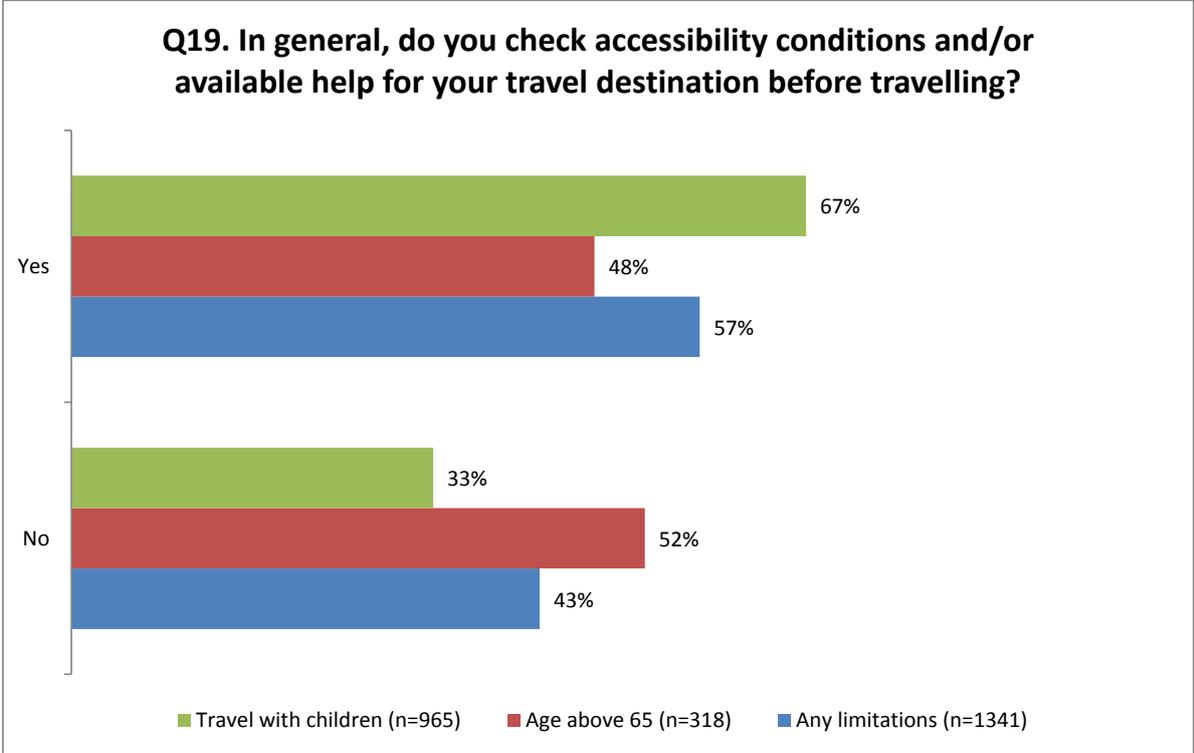
Figure 98 – Accessibility information

Q20. In general, is there enough information available about accessibility conditions and/or help at your destination? Is it reliable? And is it accessible to you?
All who answered No

Enough information: 15% / 18% / 15%

Reliable information: 17% / 13% / 16%

Accessible information: 13% / 11% / 12%

N.B. Question asked of people who check this type of information before travelling

■ Travel with children (n=623) ■ Age above 65 (n=148) ■ Any limitations (n=772)

48% of the over 65s checks accessibility conditions and/or available help before travelling. Out of these, 18% do not think there is enough information available on this topic, 13% think it is not reliable and 11% think this information is not accessible to them.

57% of people with any limitations check accessibility conditions and/or available help before travelling. Out of these, 15% do not think there is enough information available on this topic, 16% think it is not reliable and 12% think this information is not accessible to them.

67% of the group of people travelling with children check accessibility conditions and/or available help before travelling. Out of these, 15% do not think there is enough information available on this topic, 17% think it is not reliable and 13% think this information is not accessible to them.

4.2.2.3 Experience

Figure 99 – Importance of trip aspects – People with limitations

Q12a. How important are each of the following aspects when choosing your travel destination?
People with limitations (n=1341)

Aspect	6 - Don't Know/Not applicable	1 - Not at all important	2	3	4	5 - Very important
General value for money of the destination	5%	3%	2%	10%	27%	53%
Safety	3%	2%	4%	13%	25%	53%
Information available before the trip	4%	2%	3%	13%	31%	48%
Accommodation available at destination	3%	4%	5%	14%	27%	48%
Transport to and from destination	5%	3%	5%	15%	25%	47%
Nature (weather conditions, landscape, etc.)	4%	4%	3%	15%	30%	45%
Access to information before trip and at destination	4%	3%	3%	12%	35%	44%
How tourists are treated (customer care/service)	4%	4%	5%	16%	29%	42%
Accessibility of booking services	4%	3%	4%	18%	30%	42%
Information available once at destination	4%	2%	4%	17%	33%	41%
Availability of services in a language you understand	5%	4%	4%	18%	28%	41%
Food and drink available at destination	4%	3%	6%	17%	32%	38%
Availability of information about accessible services	4%	3%	4%	19%	32%	38%
Sightseeing, entertainment and cultural activities	3%	3%	5%	17%	34%	38%
Medical help or health care at destination	4%	4%	7%	22%	26%	37%
Accessible tourist accommodation	5%	5%	6%	17%	33%	35%
Accessible transport types to and from destination, and once at destination	4%	6%	7%	21%	29%	34%
Accessible restaurants and other food and drink businesses	4%	5%	5%	19%	34%	34%
Accessible locations	5%	4%	6%	20%	33%	33%
Local culture/people	4%	3%	7%	21%	32%	33%
Transport once at destination	5%	6%	9%	22%	29%	29%
Destination adapted to a specific group of people	5%	11%	12%	19%	26%	27%
Accessible shops or shopping services	4%	7%	8%	24%	31%	26%
Excursion activities available at destination	5%	7%	8%	22%	32%	25%
Availability of a specific service, infrastructure or product	6%	11%	12%	27%	24%	20%
Shopping opportunities	4%	9%	16%	23%	29%	20%
Accessible sport or leisure equipment or service	6%	12%	10%	26%	26%	19%
Health treatments (including wellness or beauty)	7%	15%	16%	24%	20%	18%

Figure 100 - Importance of trip aspects – People above 65

Q12a. How important are each of the following aspects when choosing your travel destination?
People above 65 (n=318)

Aspect	6 - Don't Know/Not applicable	1 - Not at all important	2	3	4	5 - Very important
Information available before the trip	3%	3%	1%	10%	26%	57%
Transport to and from destination	5%	4%	4%	13%	18%	57%
Safety	4%	3%	2%	8%	27%	57%
General value for money of the destination	4%	5%	1%	11%	26%	54%
Access to information before trip and at destination	4%	3%	2%	9%	29%	53%
Accommodation available at destination	4%	3%	2%	12%	31%	48%
Availability of services in a language you understand	8%	5%	2%	11%	26%	48%
Information available once at destination	5%	3%	2%	11%	33%	46%
Nature (weather conditions, landscape, etc.)	3%	4%	2%	14%	32%	45%
Accessibility of booking services	5%	4%	2%	18%	28%	44%
How tourists are treated (customer care/service)	4%	8%	2%	17%	27%	43%
Medical help or health care at destination	4%	4%	7%	16%	27%	43%
Sightseeing, entertainment and cultural activities	3%	4%	3%	14%	34%	41%
Availability of information about accessible services	6%	4%	2%	17%	31%	39%
Local culture/people	4%	4%	7%	15%	31%	39%
Food and drink available at destination	6%	5%	8%	14%	31%	38%
Accessible transport types to and from destination, and once at destination	5%	6%	6%	21%	25%	37%
Accessible tourist accommodation	6%	6%	6%	16%	30%	37%
Accessible locations	6%	4%	4%	19%	32%	35%
Accessible restaurants and other food and drink businesses	4%	4%	6%	24%	29%	34%
Transport once at destination	7%	10%	8%	24%	25%	26%
Excursion activities available at destination	5%	11%	11%	18%	30%	25%
Destination adapted to a specific group of people	6%	13%	8%	23%	26%	24%
Accessible shops or shopping services	5%	11%	10%	34%	20%	21%
Health treatments (including wellness or beauty)	9%	24%	13%	21%	17%	17%
Availability of a specific service, infrastructure or product	6%	16%	10%	34%	19%	17%
Accessible sport or leisure equipment or service	9%	18%	11%	26%	19%	16%
Shopping opportunities	5%	18%	22%	23%	21%	12%

Figure 101 - Importance of trip aspects – Travel with children

Q12a. How important are each of the following aspects when choosing your travel destination?
Travel with children (n=965)

Aspect	6 - Don't Know/Not applicable	1 - Not at all important	2	3	4	5 - Very important
Safety	3%	1%	3%	9%	24%	60%
General value for money of the destination	4%	2%	3%	9%	26%	56%
Accommodation available at destination	3%	2%	4%	13%	26%	52%
Transport to and from destination	4%	2%	4%	14%	26%	51%
Information available before the trip	3%	2%	2%	11%	31%	50%
Nature (weather conditions, landscape, etc.)	3%	3%	3%	13%	31%	49%
Access to information before trip and at destination	3%	2%	2%	12%	34%	47%
How tourists are treated (customer care/service)	4%	3%	3%	14%	30%	46%
Accessibility of booking services	3%	2%	3%	15%	31%	46%
Information available once at destination	3%	1%	2%	13%	35%	46%
Availability of services in a language you understand	3%	3%	4%	16%	30%	45%
Medical help or health care at destination	4%	3%	4%	19%	25%	45%
Availability of information about accessible services	4%	2%	3%	15%	34%	43%
Accessible locations	4%	1%	5%	17%	33%	40%
Sightseeing, entertainment and cultural activities	3%	3%	5%	15%	35%	40%
Accessible transport types to and from destination, and once at destination	4%	3%	6%	18%	30%	40%
Accessible restaurants and other food and drink businesses	3%	2%	5%	17%	33%	40%
Accessible tourist accommodation	3%	2%	5%	15%	35%	39%
Food and drink available at destination	3%	1%	6%	16%	35%	39%
Local culture/people	3%	2%	5%	21%	32%	37%
Destination adapted to a specific group of people	4%	5%	9%	18%	28%	37%
Transport once at destination	3%	5%	7%	21%	31%	33%
Excursion activities available at destination	3%	4%	6%	23%	33%	30%
Accessible shops or shopping services	4%	4%	6%	23%	35%	28%
Accessible sport or leisure equipment or service	4%	7%	8%	23%	31%	27%
Availability of a specific service, infrastructure or product	4%	7%	10%	23%	29%	26%
Shopping opportunities	3%	8%	12%	25%	30%	23%
Health treatments (including wellness or beauty)	4%	12%	15%	23%	24%	22%

The most important aspects for the over-65 age-group are safety (with a mean importance of 4.4 out of 5), information available before the trip (4.4), general value of money of the destination (4.3), transport to and from destination (4.3), and access to information before the trip and at destination (4.3).

The most important aspects for people with any limitations are general value for money at the destination (with a mean importance of 4.3 out of 5), safety (4.3) and information available before trip (4.3).

The most important aspects for the people travelling with children are general value for money of the destination (with a mean importance of 4.4 out of 5), safety (4.4), accommodation available at destination (4.3), information available before the trip (4.3), information available once at the destination (4.3) and access to information before trip and at destination (4.3).

Figure 102 – Satisfaction with trip aspects – People with limitations

Q12b. And thinking of YOUR MOST RECENT TRIP, how satisfied or dissatisfied were you with each of these aspects?
People with limitations(n=1341)

Aspect	6 - Don't Know/Not applicable	1 - Completely dissatisfied	2	3	4	5 - Completely satisfied
Nature (weather conditions, landscape, etc.)	4%	1%	3%	12%	30%	52%
Safety	6%	1%	3%	11%	32%	48%
Accommodation available at destination	8%	1%	2%	11%	31%	46%
Food and drink available at destination	3%	2%	3%	16%	32%	44%
Availability of services in a language you understand	9%	1%	2%	13%	32%	43%
General value for money of the destination	4%	1%	3%	17%	33%	43%
Information available before the trip	5%	1%	2%	14%	36%	42%
How tourists are treated (customer care/service)	7%	2%	4%	14%	32%	42%
Information available once at destination	5%	1%	4%	15%	34%	42%
Sightseeing, entertainment and cultural activities	6%	1%	3%	16%	33%	42%
Local culture/people	6%	1%	3%	14%	34%	41%
Accessible restaurants and other food and drink businesses	8%	1%	1%	13%	36%	41%
Accessibility of booking services	9%	1%	2%	15%	33%	40%
Access to information before trip and at destination	6%	1%	3%	15%	36%	40%
Transport to and from destination	11%	1%	2%	14%	33%	38%
Availability of information about accessible services	10%	1%	3%	17%	33%	37%
Accessible shops or shopping services	9%	2%	3%	20%	30%	37%
Transport once at destination	12%	2%	4%	16%	31%	36%
Accessible tourist accommodation	13%	1%	2%	16%	33%	35%
Accessible locations	11%	1%	2%	17%	34%	35%
Shopping opportunities	8%	2%	4%	19%	33%	34%
Accessible transport types to and from destination, and once at destination	14%	1%	3%	18%	33%	32%
Excursion activities available at destination	11%	2%	4%	18%	34%	31%
Destination adapted to a specific group of people	19%	1%	4%	16%	31%	30%
Medical help or health care at destination	23%	1%	4%	16%	28%	29%
Accessible sport or leisure equipment or service	20%	3%	3%	18%	32%	24%
Health treatments (including wellness or beauty)	24%	2%	5%	18%	25%	24%
Availability of a specific service, infrastructure or product	22%	1%	4%	18%	32%	24%

Figure 103 – Satisfaction with trip aspects – People above 65

Q12b. And thinking of YOUR MOST RECENT TRIP, how satisfied or dissatisfied were you with each of these aspects?
People above 65 (n=318)

Aspect	6 - Don't Know/Not applicable	1 - Completely dissatisfied	2	3	4	5 - Completely satisfied
Nature (weather conditions, landscape, etc.)	4%	0%	2%	10%	31%	54%
Safety	5%	1%	1%	9%	32%	53%
Accommodation available at destination	9%	0%	1%	12%	26%	52%
Accessibility of booking services	10%	0%	1%	12%	27%	50%
Information available before the trip	5%	0%	2%	9%	35%	49%
Food and drink available at destination	3%	2%	2%	10%	35%	48%
Information available once at destination	7%	0%	2%	11%	34%	47%
Transport to and from destination	14%	1%	4%	8%	27%	47%
Access to information before trip and at destination	8%	0%	1%	11%	33%	47%
Local culture/people	7%	2%	3%	13%	29%	47%
Accessible restaurants and other food and drink businesses	9%	1%	1%	10%	33%	46%
General value for money of the destination	5%	1%	2%	14%	33%	46%
Sightseeing, entertainment and cultural activities	7%	2%	1%	14%	30%	45%
Availability of services in a language you understand	12%	3%	2%	8%	32%	44%
How tourists are treated (customer care/service)	12%	3%	3%	11%	29%	41%
Availability of information about accessible services	13%	0%	2%	18%	31%	38%
Accessible locations	12%	2%	1%	13%	35%	37%
Excursion activities available at destination	16%	2%	5%	16%	26%	36%
Transport once at destination	22%	2%	3%	13%	26%	34%
Accessible transport types to and from destination, and once at destination	19%	0%	2%	15%	32%	33%
Accessible tourist accommodation	21%	1%	1%	14%	31%	32%
Accessible shops or shopping services	17%	2%	2%	19%	29%	31%
Shopping opportunities	16%	3%	6%	14%	30%	31%
Destination adapted to a specific group of people	29%	0%	3%	16%	26%	27%
Medical help or health care at destination	29%	0%	2%	19%	24%	25%
Health treatments (including wellness or beauty)	34%	3%	5%	16%	21%	22%
Accessible sport or leisure equipment or service	33%	3%	3%	17%	27%	18%
Availability of a specific service, infrastructure or product	31%	2%	3%	19%	27%	18%

Figure 104 – Satisfaction with trip aspects – Travel with children

Q12b. And thinking of YOUR MOST RECENT TRIP, how satisfied or dissatisfied were you with each of these aspects?
Travel with children (n=965)

Aspect	6 - Don't Know/Not applicable	1 - Completely dissatisfied	2	3	4	5 - Completely satisfied
Nature (weather conditions, landscape, etc.)	3%	1%	2%	12%	32%	51%
Safety	3%	1%	2%	11%	34%	49%
Accommodation available at destination	4%	1%	2%	11%	36%	47%
Information available before the trip	4%	0%	2%	14%	34%	46%
Availability of services in a language you understand	6%	2%	2%	13%	32%	45%
General value for money of the destination	3%	1%	2%	17%	32%	45%
Information available once at destination	3%	1%	3%	14%	35%	44%
Food and drink available at destination	2%	1%	3%	14%	35%	44%
Local culture/people	4%	1%	3%	14%	35%	43%
Accessible restaurants and other food and drink businesses	4%	1%	2%	14%	37%	43%
Sightseeing, entertainment and cultural activities	4%	1%	3%	14%	36%	43%
Accessibility of booking services	5%	1%	2%	14%	36%	42%
Access to information before trip and at destination	4%	1%	3%	14%	37%	42%
How tourists are treated (customer care/service)	5%	1%	3%	14%	34%	42%
Transport to and from destination	8%	1%	2%	14%	33%	42%
Availability of information about accessible services	6%	1%	3%	17%	35%	39%
Accessible locations	7%	1%	3%	15%	36%	39%
Accessible tourist accommodation	6%	1%	3%	16%	37%	38%
Accessible shops or shopping services	6%	2%	3%	20%	32%	38%
Transport once at destination	10%	1%	3%	16%	33%	36%
Shopping opportunities	7%	2%	4%	21%	31%	36%
Destination adapted to a specific group of people	10%	1%	3%	17%	35%	35%
Accessible transport types to and from destination, and once at destination	8%	1%	3%	20%	33%	35%
Medical help or health care at destination	15%	1%	3%	17%	30%	34%
Excursion activities available at destination	6%	2%	4%	18%	38%	32%
Accessible sport or leisure equipment or service	9%	2%	4%	19%	37%	30%
Availability of a specific service, infrastructure or product	14%	1%	5%	19%	34%	28%
Health treatments (including wellness or beauty)	17%	2%	6%	19%	29%	27%

The age above 65 group is most satisfied with nature (mean satisfaction of 4.4 out of 5), accommodation available at destination (4.4), information available before the trip (4.4), access to information before the trip and at destination (4.4), and safety (4.4).

In contrast, the over-65 group is most dissatisfied with health treatments (mean satisfaction 3.8 out of 5), accessible sport or leisure equipment or service (3.8), or availability of services in a language they understand (3.8). None of the aspects had both a high importance and low satisfaction.

People with any limitations are most satisfied with nature (mean satisfaction of 4.3 out of 5), accommodation available at destination (4.3) and safety (4.3). In contrast, people with any limitations are most dissatisfied with health treatments (including wellness or beauty) (mean satisfaction of 3.8 out of 5), accessible sport of leisure equipment or service (3.9) and availability of a specific service, infrastructure or product (3.9). The priorities for action (aspects with a high importance and low satisfaction) are general value for money and information available before the trip.

The people travelling with children is most satisfied with nature (mean satisfaction of 4.3 out of 5), accommodation available at destination (4.3), safety (4.3) and information available before the trip (4.3). In contrast, people travelling with children are most dissatisfied with shopping opportunities (mean satisfaction of 4 out of 5), excursion activities available at destination (4.0), accessible sport of leisure equipment or services (4.0), the availability of a specific service, infrastructure or product (4.0) and health treatments (3.9). The priorities for action (aspects with a relatively high importance and low satisfaction) are general value for money, safety and access to information before trip and at destination

Figure 105 – Barriers
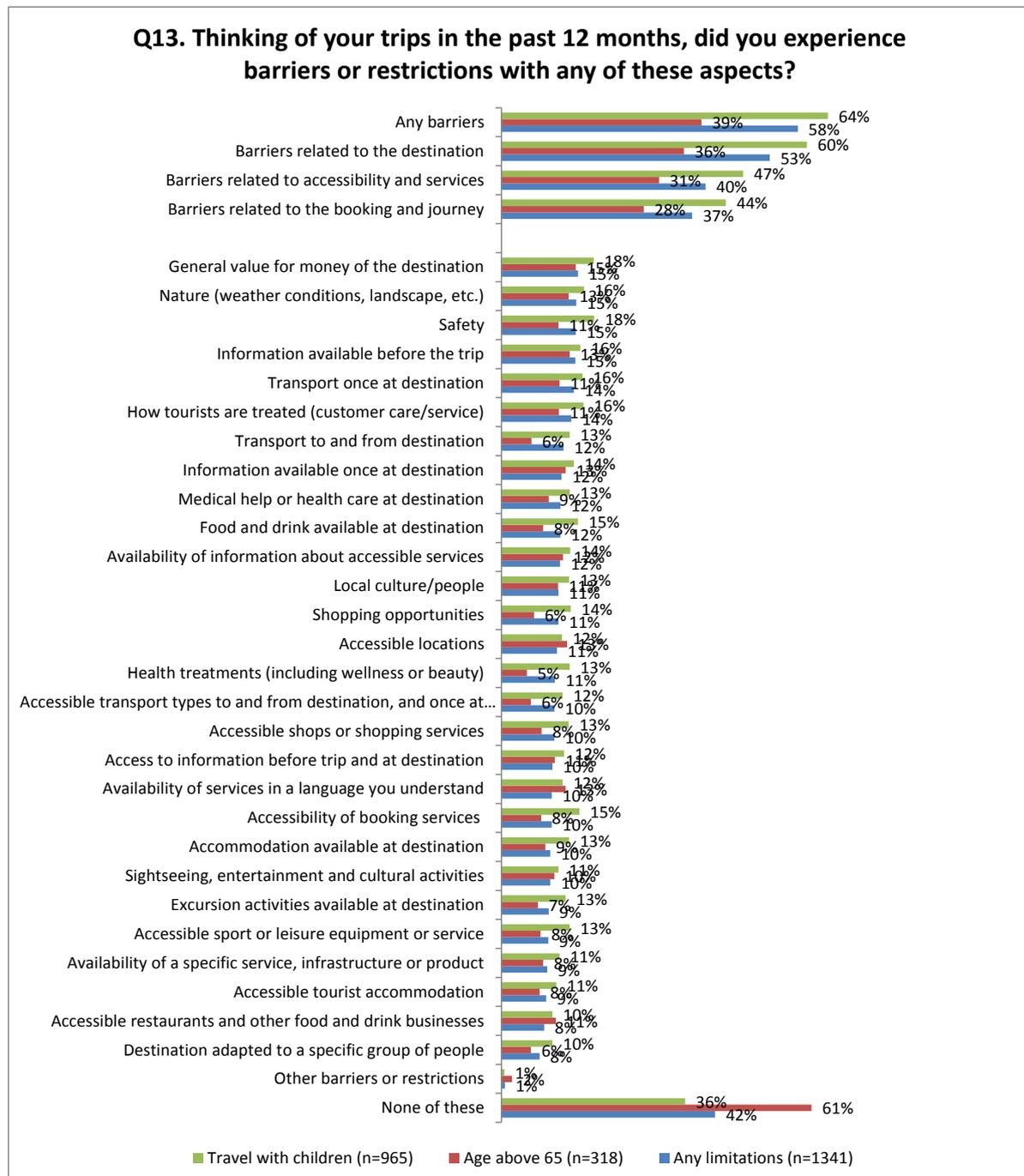
Q13. Thinking of your trips in the past 12 months, did you experience barriers or restrictions with any of these aspects?

When asked about the aspects with which they experienced barriers or restrictions when travelling in the past 12 months, 61% of the over-65 group answered 'None of these.' The group most often mentions accessible toilet and bathroom facilities, ease of use of lifts, and easy to use the furniture, furnishing and lights as aspects for which they experienced barriers.

When asked about the aspects with which they experienced barriers or restrictions when travelling in the past 12 months, 42% of the group of people with any limitations answered 'None of these.'

The people with any limitations group most often mentions accessible toilet and bathroom facilities, easy to use the furniture, furnishing and lights, mobility within the room, mobility within the building, ease of use of lifts as aspects for which they experienced barriers.

When asked about the aspects with which they experienced barriers or restrictions when travelling in the past 12 months, 36% of people travelling with children answered 'None of these.' The people travelling with children group most often mentions accessibility of booking services, accessible sport or leisure equipment and accessible shops and shopping services as aspects for which they experienced barriers.

Figure 106 – Importance of building aspects – People with limitations

Q17a. Thinking of buildings you can visit at your destination (hotels, museums, etc.), how important are each of the following aspects?
People with limitations (n=1341)
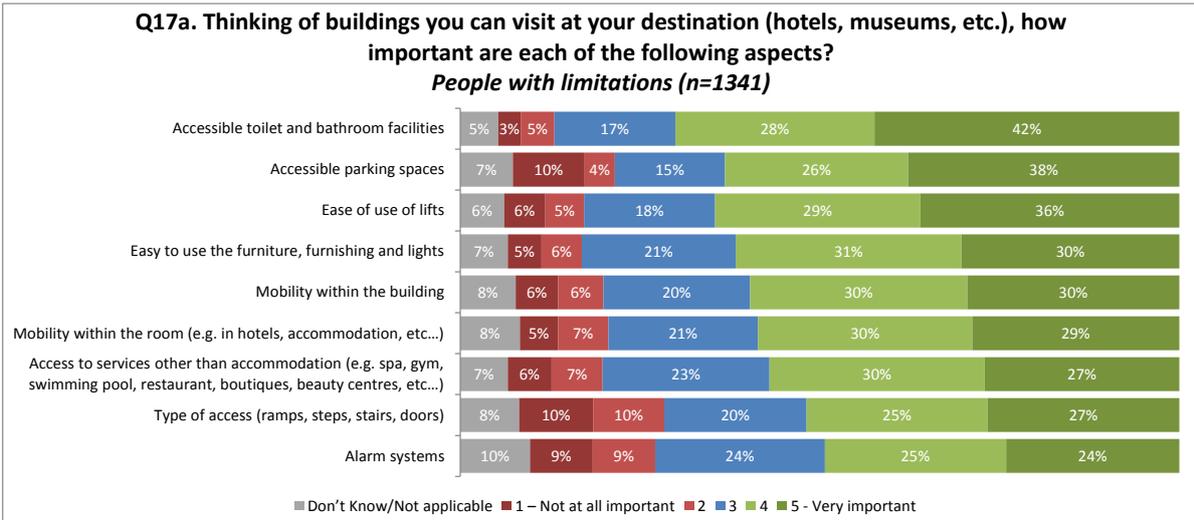
When people with any limitations are asked about the importance of various aspects of building they can visit at their destination, 70% cited accessible toilet and bathroom facilities as being important or very important.

65% mentioned the use of lifts as being important or very important and 64% mentioned accessible parking spaces.

The group of people with any limitations also cited the importance of the ease of using the furniture, furnishing and lights (61%), mobility within the building (60%) and mobility within the room (59%).

A last group of aspects, access to services other than accommodation, type of access (ramps, etc.) and alarm systems were accorded scores of 57%, 52% and 49% importance respectively.

Figure 107 – Importance of building aspects – Travel with children

Q17a. Thinking of buildings you can visit at your destination (hotels, museums, etc.), how important are each of the following aspects?
Travel with children (n=965)

Aspect	Don't Know/Not applicable	1 – Not at all important	2	3	4	5 - Very important
Accessible toilet and bathroom facilities	4%	2%	4%	16%	28%	47%
Accessible parking spaces	4%	8%	3%	14%	26%	45%
Ease of use of lifts	5%	4%	4%	19%	29%	40%
Mobility within the building	5%	4%	6%	19%	32%	35%
Mobility within the room (e.g. in hotels, accommodation, etc…)	5%	3%	7%	20%	31%	35%
Easy to use the furniture, furnishing and lights	4%	4%	6%	19%	35%	33%
Type of access (ramps, steps, stairs, doors)	5%	7%	9%	18%	28%	32%
Access to services other than accommodation (e.g. spa, gym,…	5%	4%	7%	19%	33%	32%
Alarm systems	7%	6%	7%	22%	30%	28%

75% of the group of people travelling with children cited the importance of accessible toilet and bathroom facilities in buildings they visit at their destination. Considerable importance was also accorded to accessible parking spaces (71%), easy to use lifts (69%), easy to use furniture and fittings (68%), mobility within the room (65%).

In fact in the case of all aspects listed, a large majority considered that they were important and even the aspect of lowest importance, alarm systems, was accorded a score of 57%.

Figure 108 – Importance of building aspects – People above 65

Q17a. Thinking of buildings you can visit at your destination (hotels, museums, etc.), how important are each of the following aspects?
People above 65 (n=318)

Aspect	Don't Know/Not applicable	1 – Not at all important	2	3	4	5 - Very important
Accessible toilet and bathroom facilities	7%	5%	2%	14%	30%	43%
Accessible parking spaces	10%	13%	4%	13%	23%	37%
Ease of use of lifts	9%	7%	5%	16%	27%	37%
Type of access (ramps, steps, stairs, doors)	11%	12%	8%	16%	25%	28%
Easy to use the furniture, furnishing and lights	9%	6%	5%	20%	33%	27%
Mobility within the building	12%	9%	5%	17%	32%	26%
Mobility within the room (e.g. in hotels, accommodation, etc…)	13%	8%	6%	19%	29%	25%
Access to services other than accommodation (e.g. spa, gym,…	11%	9%	8%	22%	30%	20%
Alarm systems	13%	10%	9%	25%	24%	18%

The group of people aged 65 and above accorded particular importance to accessible toilet and bathroom facilities (72%), ease of use of lifts (63%) and accessible parking spaces and easy to use furniture, furnishing and lights (both 60%).

In a secondary category were mobility within the building (58%), type of access (53%), mobility within the room (54%) and access to services other than accommodation (50%).

Lastly, a large minority (43%) of the group aged 65 and above considered alarms to be of importance.

It is perhaps worth noting that in respect of several of these aspects, there were rates of 'don't know' responses of 10% and above in the case of alarm systems and mobility in the room (both 13%), mobility within the building (12%), type of access to buildings and access to services other than accommodation (both 11%) and accessible parking spaces (10%).

Figure 109 – Satisfaction with building aspects – People with limitations
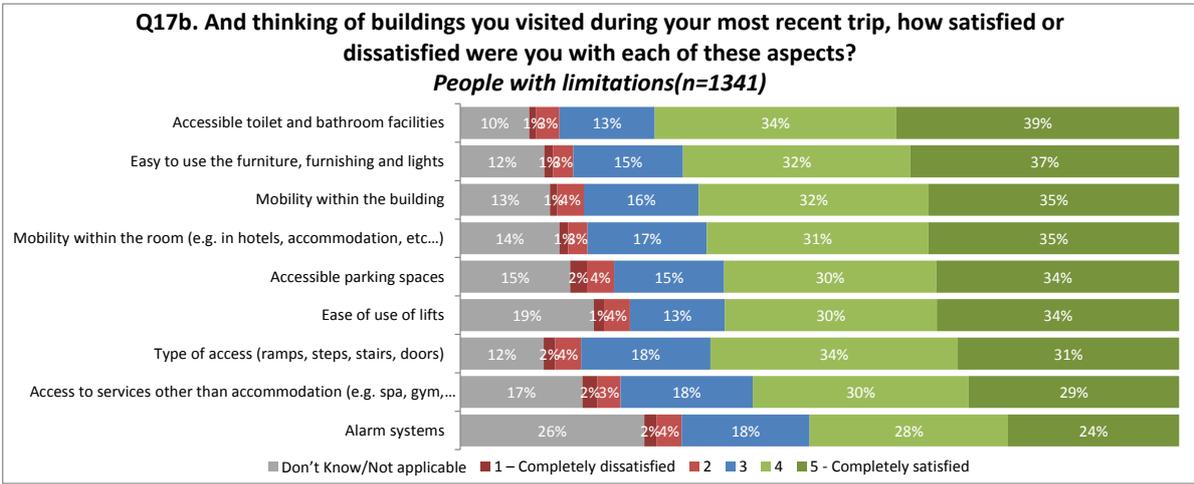
When people with any limitations are asked about their satisfaction with various aspects of building they can visit at their destination, 73% cited accessible toilet and bathroom facilities as having been satisfactory or very satisfactory.

Ease of use of furniture and furnishings was also considered satisfactory (69%), as was mobility in the building (67%), mobility in the room (66%), type of access (65%) and accessible parking spaces and ease of use lifts (both 63%).

There were slightly lower figures in relation to satisfaction regarding access to services other than accommodation (59%) and alarm systems (51%).

Figure 110 – Satisfaction with building aspects – People above 65

Q17b. And thinking of buildings you visited during your most recent trip, how satisfied or dissatisfied were you with each of these aspects?
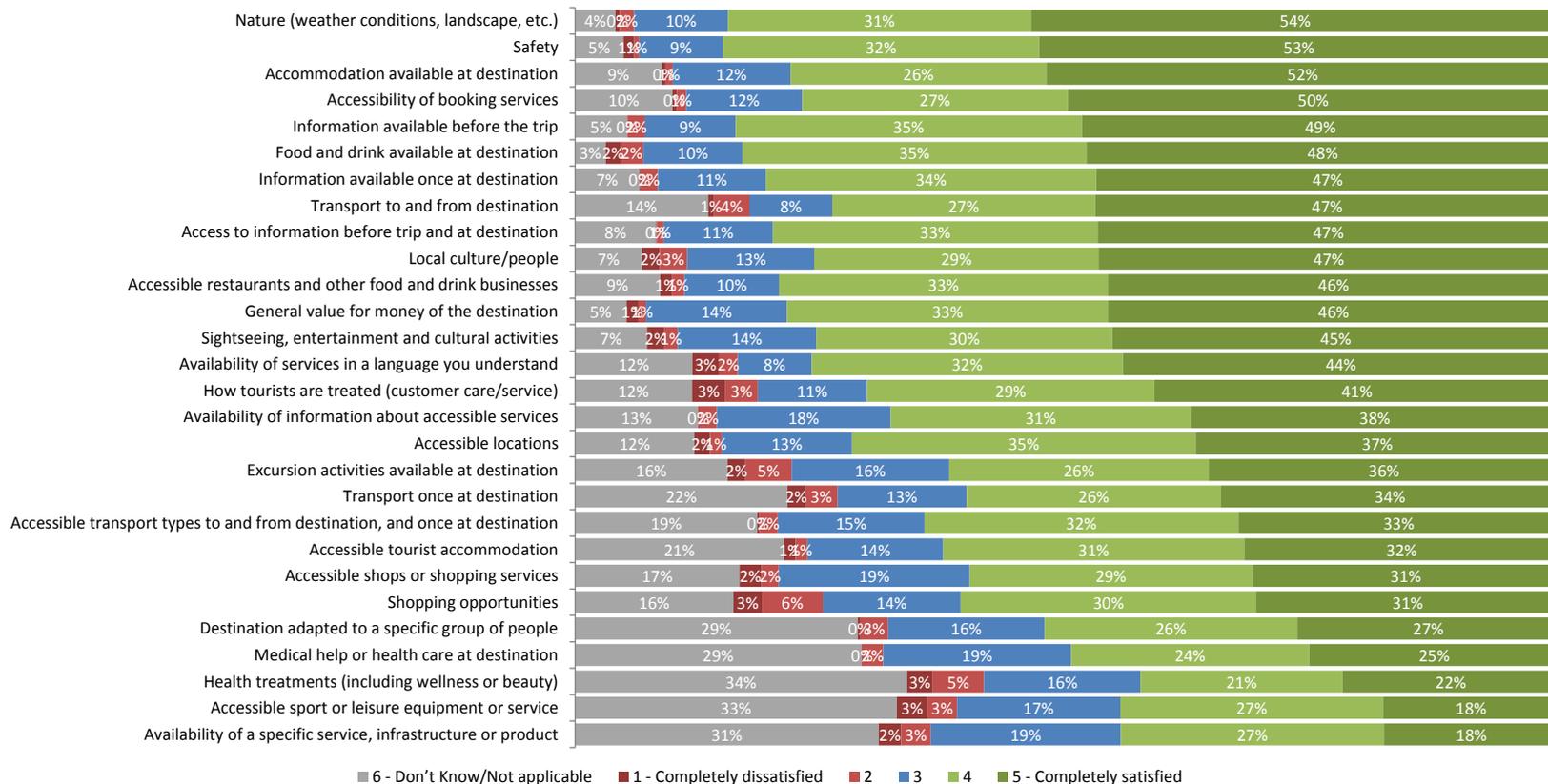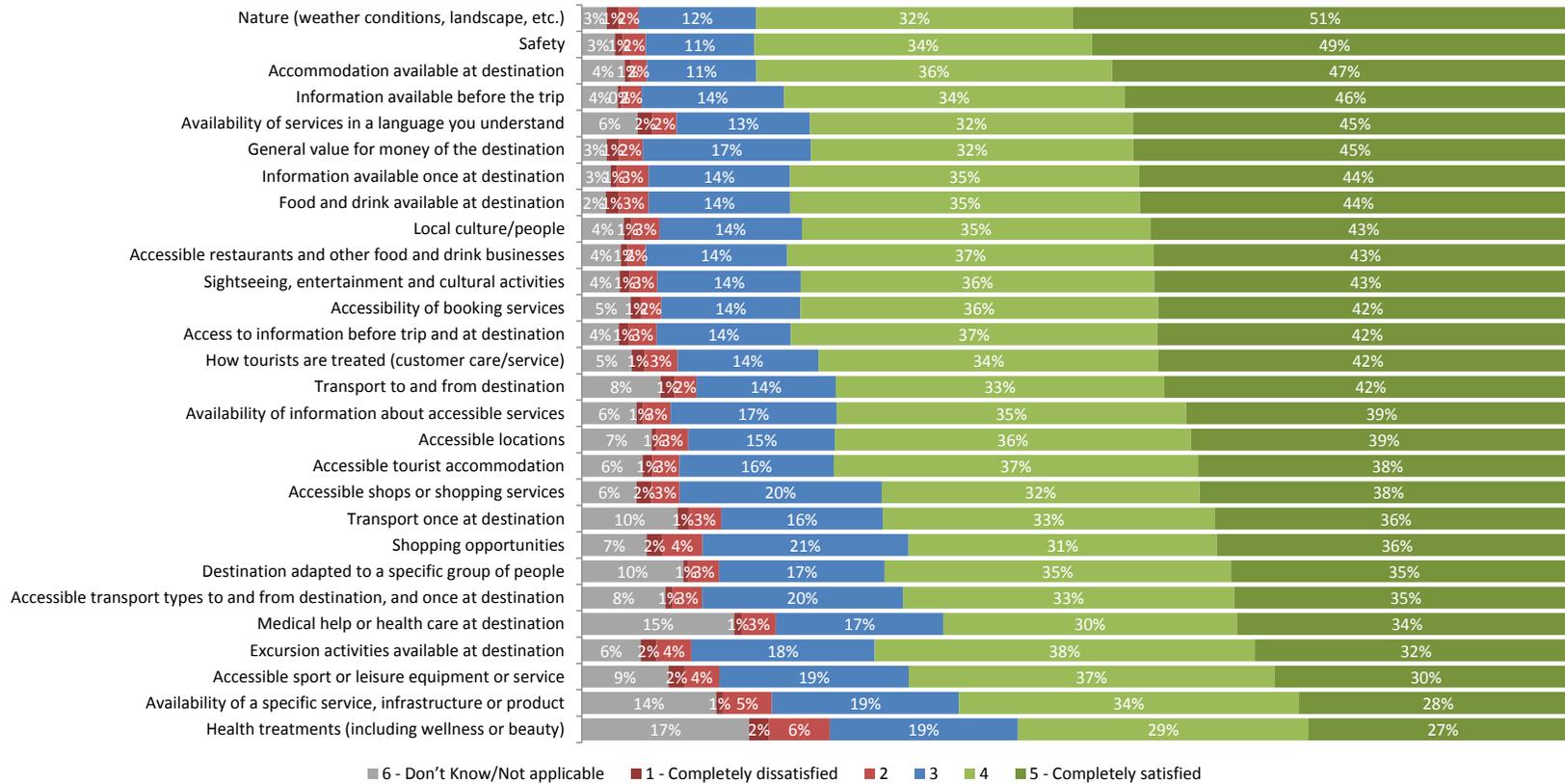*People above 65 (n=318)*

Aspect	Don't Know/Not applicable	1 – Completely dissatisfied	2	3	4	5 - Completely satisfied
Accessible toilet and bathroom facilities	9%	0%	4%	10%	34%	43%
Easy to use the furniture, furnishing and lights	15%	0%	3%	11%	32%	39%
Mobility within the building	14%	2%	2%	11%	34%	38%
Mobility within the room (e.g. in hotels, accommodation, etc...)	17%	2%	2%	7%	35%	38%
Ease of use of lifts	25%	1%	2%	6%	31%	36%
Accessible parking spaces	22%	2%	3%	18%	24%	32%
Type of access (ramps, steps, stairs, doors)	14%	2%	3%	16%	35%	31%
Access to services other than accommodation (e.g. spa, gym,…)	26%	2%	2%	17%	30%	24%
Alarm systems	32%	2%	4%	16%	26%	19%

77% of the group of people aged over 65 said they were satisfied or completely satisfied with the accessibility of toilet and bathroom facilities. 73% were satisfied with mobility in the room, 72% with mobility in the building and 71% with the ease of use of furniture and fittings.

However, only 68% expressed satisfaction with the lifts and it is particularly noteworthy that only 55% expressed satisfaction with the accessibility of parking spaces and 54% with access to services other than accommodation.

There was an exceptionally high 'don't know' response of 32% in relation to satisfaction with alarm systems, as well as one of 22% in relation to the accessibility of parking spaces.

Figure 111 – Satisfaction with building aspects – Travel with children

Q17b. And thinking of buildings you visited during your most recent trip, how satisfied or dissatisfied were you with each of these aspects?
Travel with children (n=965)

Aspect	Don't Know/Not applicable	1 – Completely dissatisfied	2	3	4	5 - Completely satisfied
Accessible toilet and bathroom facilities	5%	1%	4%	14%	34%	41%
Easy to use the furniture, furnishing and lights	6%	1%	3%	16%	36%	37%
Accessible parking spaces	7%	3%	5%	17%	31%	37%
Mobility within the room (e.g. in hotels, accommodation, etc...)	8%	2%	3%	19%	34%	36%
Mobility within the building	7%	2%	4%	17%	36%	35%
Ease of use of lifts	13%	1%	4%	15%	34%	34%
Access to services other than accommodation (e.g. spa, gym,…)	9%	2%	3%	19%	34%	33%
Type of access (ramps, steps, stairs, doors)	8%	2%	4%	21%	37%	29%
Alarm systems	18%	2%	3%	20%	30%	26%

The group of people travelling with children were satisfied in relation to all aspects. In all cases, other than for alarm systems (57%), satisfaction levels exceeded 66%.

There was also a high rate of 'don't know' responses of 18% in respect of respondents' satisfaction with alarm systems.

4.2.2.4 Expectations & future

Figure 112 – Likelihood to travel more often
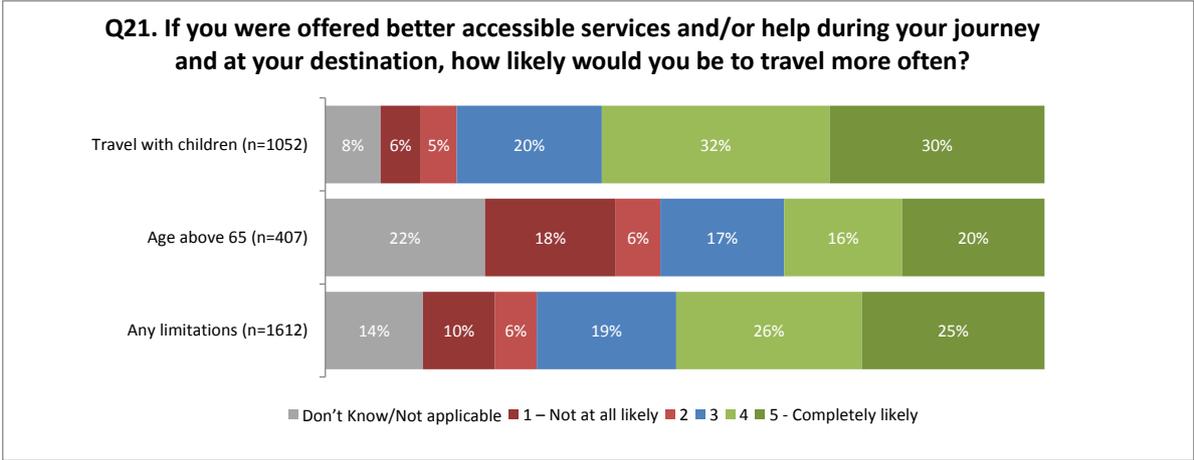
Respondents were asked if they were offered better accessible services and/or help during their journey and at their destination, how likely they would be to travel more often. Respondents were asked to give their answers on a scale from 1 to 5 where 1 means 'Not at all likely' and 5 means 'Completely likely.'

36% of the group of people aged over 65 said they were likely or completely likely to travel more frequently under such circumstances, while 18% said they were not at all likely. There was also a high 'don't know'/not applicable response to this question of 22% among this group.

Members of the group of people with any limitations were asked if they were offered better accessible services and/or help during their journey and at their destination, how likely they would be to travel more often. Respondents were asked to give their answers on a scale from 1 to 5 where 1 means 'Not at all likely' and 5 means 'Completely likely.'

51% of the group of people with any limitations said they were likely or completely likely to travel more frequently under such circumstances, while 10% said they were not at all likely.

Members of the group of people travelling with children were asked if they were offered better accessible services and/or help during their journey and at their destination, how likely they would be to travel more often. Respondents were asked to give their answers on a scale from 1 to 5 where 1 means 'Not at all likely' and 5 means 'Completely likely.'

62% of the group of people travelling with children said they were likely or completely likely to travel more frequently under such circumstances, while 6% said they were not at all likely.

Figure 113 – Spending more for accessibility – People with limitations

Q24.1 Thinking of travelling in general, how often do you have to do the following?
People with limitations (n=1612)

	Never	Sometimes	Often	Always	Don't Know/Not applicable
Switching to a more expensive product or service because you need them to be accessible (e.g. choose a more expensive hotel)	36%	26%	15%	6%	16%
Paying more than the standard price because you need accessible products or services (e.g. pay an additional fee)	35%	28%	14%	7%	16%

Members of the group with limitations were asked about the frequency they had to switch to a more expensive product or service because of their need for them to be accessible (e.g. choose a more expensive hotel). Almost half (48%) said that, at least sometimes, this was the case, although 36% said that this was never the case.

People with limitations were also asked about the frequency they had to pay more than the standard price because of their need for accessible products or services (e.g. need to pay an additional fee). Virtually half (49%) said that, at least sometimes, this was the case, although slightly over a third (35%) said that this was never the case.

Figure 114 - Spending more for accessibility – People above 65

Q24.1 Thinking of travelling in general, how often do you have to do the following?
People above 65 (n=407)

	Never	Sometimes	Often	Always	Don't Know/Not applicable
Switching to a more expensive product or service because you need them to be accessible (e.g. choose a more expensive hotel)	52%	21%	7%	1%	20%
Paying more than the standard price because you need accessible products or services (e.g. pay an additional fee)	48%	22%	10%	1%	20%

Members of the group aged over 65 were asked about the frequency they had to switch to a more expensive product or service because of their need for them to be accessible (e.g. choose a more expensive hotel). More than half (52%) said that this was never the case, although 28% said that this happened at least sometimes.

People aged over 65 were also asked about the frequency they had to pay more than the standard price because of their need for accessible products or services (e.g. need to pay an additional fee). Although almost a third (32%) said that, at least sometimes, this was the case, virtually a half (48%) said that this was never the case.

Figure 115 - Spending more for accessibility – Travel with children

Q24.1 Thinking of travelling in general, how often do you have to do the following?
Travel with children (n=1052)

	Never	Sometimes	Often	Always	Don't Know/Not applicable
Switching to a more expensive product or service because you need them to be accessible (e.g. choose a more expensive hotel)	32%	31%	21%	7%	9%
Paying more than the standard price because you need accessible products or services (e.g. pay an additional fee)	31%	33%	18%	9%	8%

Members of the group travelling with children were asked about the frequency they had to switch to a more expensive product or service because of their need for them to be accessible (e.g. choose a

more expensive hotel). Almost six out of ten (59%) said that, at least sometimes, this was the case, although 32% said that this was never the case.

People travelling with children were also asked about the frequency they had to pay more than the standard price because of their need for accessible products or services (e.g. need to pay an additional fee). 61% said that, at least sometimes, this was the case, although 31% said that this was never the case.

Figure 116 – Potential use of accessibility items

Q16. If available on your trip or at your destination, which of the following items would you use?

Medical — Travel with children: 32%, Age above 65: 15%, Any limitations: 27%
Mobility — Travel with children: 19%, Age above 65: 9%, Any limitations: 19%
Senses — Travel with children: 19%, Age above 65: 12%, Any limitations: 18%
Any — Travel with children: 64%, Age above 65: 32%, Any limitations: 58%

Medical help — Travel with children: 21%, Age above 65: 9%, Any limitations: 17%
Menu for special dietary needs — Travel with children: 18%, Age above 65: 7%, Any limitations: 15%
Areas or equipment for children — Travel with children: 23%, Age above 65: 5%, Any limitations: 14%
Medical or paramedical treatment — Travel with children: 15%, Age above 65: 8%, Any limitations: 13%
Activities for specific groups of people — Travel with children: 18%, Age above 65: 3%, Any limitations: 12%
Specifically trained staff — Travel with children: 16%, Age above 65: 5%, Any limitations: 12%
Help to get on board, leave or change transport type — Travel with children: 11%, Age above 65: 6%, Any limitations: 12%
Visual aids — Travel with children: 9%, Age above 65: 6%, Any limitations: 9%
Personal care worker or other medical or paramedical help — Travel with children: 9%, Age above 65: 5%, Any limitations: 8%
Wheelchair or scooter — Travel with children: 8%, Age above 65: 4%, Any limitations: 8%
Walker, crutches or stick — Travel with children: 8%, Age above 65: 4%, Any limitations: 8%
Hearing aids — Travel with children: 6%, Age above 65: 5%, Any limitations: 6%
Sign-language interpreter — Travel with children: 8%, Age above 65: 1%, Any limitations: 5%
Induction loop — Travel with children: 6%, Age above 65: 1%, Any limitations: 4%
Other — Travel with children: 0%, Age above 65: 1%, Any limitations: 1%
None of these — Travel with children: 36%, Age above 65: 68%, Any limitations: 43%

■ Travel with children (n=1052) ■ Age above 65 (n=407) ■ Any limitations (n=1612)

When presented with a list of possible items that they might use if available on their trip or at their destination, members of the group of people aged over 65, 68% said they would make use of none of them.

9% of the over-65s group said they would avail of **medical help**, 8% of **medical or paramedical treatment** and 7% of a menu for **special dietary needs**.

When presented with a list of possible items that they might use if available on their trip or at their destination, 43% of the members of the group of people with any limitations said they would make use of none of them.

15% would avail of menus for **special dietary needs**, 14% would make use of **areas or equipment for children**, and 9% **visual aids** (e.g. magnifying glasses).

Nevertheless, in regard to the **medical category**, 17% said they would make use of medical help, 13% medical or paramedical treatment and 8% a personal care worker.

In the **mobility category**, 12% would avail if help to get on board, leave or change transport type and 8% would make use of a wheelchair or scooter or a walker, crutches and stick.

When presented with a list of possible items that they might use if available on their trip or at their destination, 36% of members of the group of people travelling with children said they would make use of none of them.

23% would make use of areas or equipment for children, 21% of medical help, 18% of specific activities for children, 18% of menus for special dietary needs, 16% of specifically trained staff and 15% of medical or paramedical treatment.

Figure 117 – Likelihood to go back to the same destination
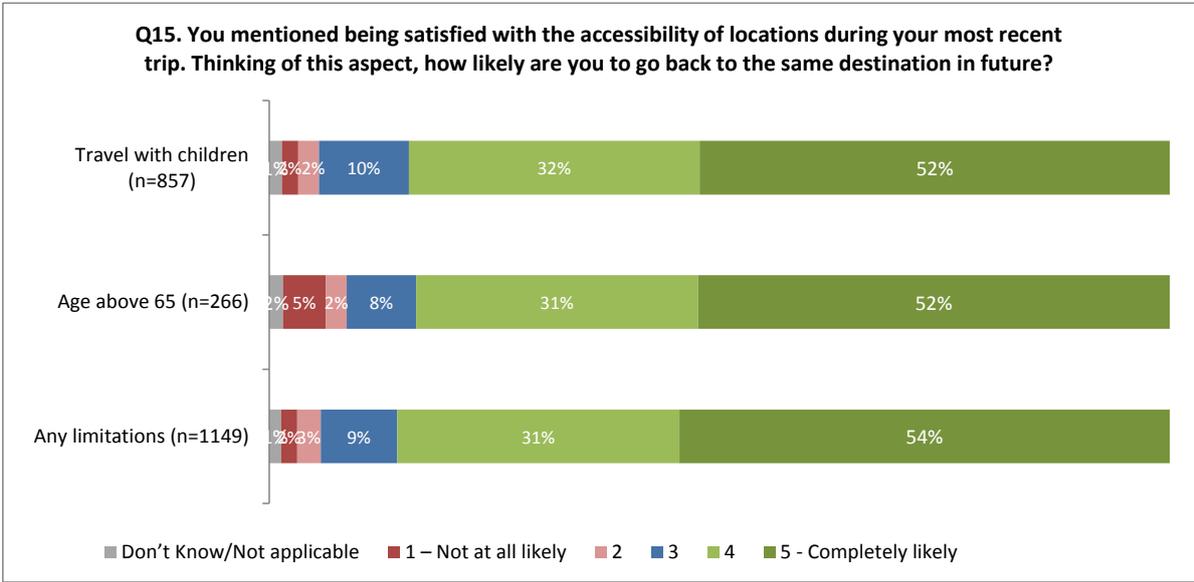
Looking back at the accessibility of locations during their most recent trip and the likelihood of returning to the same destination in the future, a high proportion (84%) of the people aged over 65 said they were likely or completely likely to do so.

Looking back at the accessibility of locations during their most recent trip and the likelihood of returning to the same destination in the future, a high proportion (86%) of the people with any limitations group said they were likely or completely likely to do so.

Looking back at the accessibility of locations during their most recent trip and the likelihood of returning to the same destination in the future, a high proportion (84%) of the group of people travelling with children said they were likely or completely likely to do so.

4.2.3 EU - Results by limitation

This section details the survey results for people with limitations split by type of limitation:

• Mobility: includes difficulties with walking, picking up objects or daily activities
• Senses: includes difficulties with seeing, hearing or other senses
• Communication: includes difficulties with speaking or understanding complex information
• Behaviour: includes fears, mental, nervous or emotional problems and learning disabilities
• Hidden limitations: includes allergies and chronic diseases
• Special needs: includes help from a person or animal, specific equipment or medical treatments

4.2.3.1 Travel behaviour

Of the total sample of those with limitations, 18% did not travel at all. A slightly higher proportion (20%) of those with special needs, mobility (19%) and communication (19%) limitations compared with 16% of those with sensory limitations and 17% of those with hidden limitations did not travel.

4.2.3.1.1 Reasons for not travelling

A little over two-thirds (68%) of people with any limitation cited financial reasons for not travelling in the previous 12 months. Those with hidden limitations (71%) were more likely to cite this reason than those in the other categories and those with mobility issues (64%) were least likely to do so. The proportions for the other categories ranged from 67% to 68%.

Those with a behavioural limitation (34%) were more likely to cite a preference for staying at home as their reason for not travelling, followed by those with special needs (33%) and communication limitations (32%). Those with mobility issues (28%) were least likely to cite this reason. Those with sensory or hidden limitations gave this reason in 30% of cases.

Lack of time/can't get off work: this reason was more likely to be given by those with sensory, communication and hidden limitations (11%) with special needs at 10%, behaviour limitations at 9%, and those with mobility limitations at 7%.

Long-term illness or health issues: those with mobility limitations (36%) and those with special needs (37%) are, by some margin, most likely to cite long term illness or a health issue as a reason for not travelling. Those with sensory, communication and hidden limitations mentioned this reason less

frequently at 29% -31%, while considerably fewer with behavioural limitations cited this reason (25%).

Family reasons (e.g. the need to care for small children or an elderly relative): 12% of those with hidden limitations cited this as a reason for not travelling, closely followed by those with special needs at 10%. At the other end of the scale, a little under 7% of those with behavioural limitations mentioned this as a reason. Those in the mobility, sensory and communication categories mentioned this reason with a frequency of between 8 and 9%.

Lack of affordable accessibility services or infrastructures at the destination: those with communication limitations mentioned this most frequently at 9%, whereas this was a less important reason for those with hidden limitations at 7%. This reason was cited by 8% of those falling within the other categories.

Other reasons were mentioned by too small a proportion of respondents to be analysed across groups: lack of accessibility and of accessible tourism services at the preferred destination, information on accessible services and destinations not available, information on accessible services and/or destinations not accessible, lack of help/not enough help, not enough information or incorrect information on accessible services on possible destinations.

4.2.3.1.2   Preferred holiday periods

Unsurprisingly perhaps, those with all types of limitations express a preference for scheduling trips in the summer holidays. However, this would appear a particularly strong response among those with communication limitations, 71% of whom gave this response, followed by those with special needs at 70%. **Summer** holidays were least likely to be scheduled by those with mobility (64%) and sensory (65%) limitations.

From the figures, we also see that **winter** holidays show a preference spike amongst those with communication issues compared with the average with 47% citing this reason contrasting with 36% overall.

A sizeable proportion said they would be likely to schedule trips **off-season** or **outside the main school holidays**, with those with special needs leading the way with 55%. This alternative was least favoured by those with mobility limitations, at 48%, while those in the other categories of limitation varied from 50 to 52%.

Although the majority of the sensory limitation group opt for summer holidays, **winter** holidays show up as a strong preference in relation to the norm (42% over 36% norm) of those choosing to holiday at that time of year. Similarly, this applied to those with mobility issues where the figures are 40% to 36%.

The **school holidays** preference shows up slightly more frequently in the profile of those with behaviour limitations (44% against the 38% norm).

In the same way, the figures for those with a hidden limitation show that there is a slightly greater tendency to schedule **winter** (40 against 36%) or **spring** (45 against 41%) holidays than the respondents in other limitation categories. In the same way, with special needs, there is a slight indication of similar preferences 44 against 36% for **winter** holidays and 48% against 41% for **spring** holidays.

If we now look at figures which indicate which holiday periods are less favoured by those with different types of limitations, we see that those with mobility issues may have a slightly lower tendency to schedule trips during the summer holidays (63.9% of respondents compared with a figure of 63.6% across all the limitation ranges, a figure which also includes those who have not taken a trip).

Among those with communication issues, we can infer that **off-season** trips are least favoured in comparison with the general profile of preferences across all the limitations (52% against 48%).

The figures show quite strongly among those with behaviour limitations that **autumn** holidays are proportionately less favoured, this period being mentioned by 39% in this category compared with 37% across the board.

In a similar analysis of the figures, there is a hint that for the hidden limitation category, that **autumn** holidays are proportionately slightly less favoured at 40% compared with 37% (a figure which itself includes those taking no holiday).

4.2.3.1.3   Travel companions

We have seen that a majority of respondents (44%) said they most frequently travelled with a **partner**, and those with hidden limitations were most likely to give this response with 46% with those with behavioural limitations rather less likely to give the same response (41%).

Those with behavioural limitations (22%) gave the highest proportion of responses for those travelling with other family or household members in contrast to under 17% of those with mobility limitations giving the same response. When other travel companions are incorporated in the figures for family or household members, the special needs group (49%) generates the highest figure amongst those who travel with other family or household members, as a primary or secondary companion.

At just under 10%, those with mobility issues were more likely to say they travelled on their own than those in other categories of limitations, while the hidden limitations segment were proportionately less likely to travel alone, at 8%. When all travel companions are aggregated, those respondents

with communication limitations then become proportionally the most likely to say they had travelled on their own.

Of those who travel with children most frequently, people with special needs and communication limitations are more likely to travel with children over the age of 5 whereas those in the other four categories tend more to travel with under-5s.

When other travelling companions are added to those most frequently travelled with, children become a much more important part of the picture with, in most cases, more than 30% of all the limitation categories saying they had travelled with children of both age groups – below and above age 5.

People with sensory limitations are the least likely to have a friend or colleague as their most frequent travel companion, at a little over 10%, while almost 12% of those with communication issues were those who travelled most frequently with a friend or colleague.

A personal care worker (1.6%) was the most frequent travel companion for those with behaviour limitations but around 1.0% of those with mobility, sensory and hidden limitations were least likely to give this answer.

When the figures include all travel companions, the proportion who said they travelled with personal care workers at times grows considerably with 21% of those with communication limitations and 19% of those with special needs travelling at some time with a personal care worker. This practice is less evident among those with mobility, sensory and hidden limitations, where the figure falls to 15%.

4.2.3.1.4   Destinations

People with mobility limitations were less likely than average to have travelled in their home country. 30% of those with communication limitations travelled to non-European countries while a little over 24% of those with special needs did the same. Also it is less likely to travel outside Europe, at 25% and 26% respectively, were those with hidden limitations and those with behaviour limitations.

4.2.3.1.5   Reasons for travelling outside the EU

The most frequently cited reason for travelling outside Europe was for local culture, nature or sightseeing opportunities (61%). This was particularly true for those with sensory limitations 64% of whom referred to this aspect. This reason was less important for those with mobility limitations with only 56% citing this.

A little over half (50%) of those with special needs were visiting family or friends but only 41% of those with sensory issues travelled in order to visit their family or friends.

For 40% of those with sensory limitations, the general value of money of the destination was important, whereas this only applied to 31% of those with hidden limitations and 32% of those with special needs.

Accessibility of the destination and services was an issue for 24% of those with sensory, communication or behavioural issues but less important to those with mobility issues, hidden limitations or special needs (22%, 21% and 21% respectively).

While 20% of those with communication issues were interested in the availability of health or wellness treatments, this was of concern to under 17% of those with sensory, behavioural or special needs.

4.2.3.1.6 Type of accommodation

A hotel or bed and breakfast was the chosen accommodation for over 60% of those with hidden limitations or special needs, while only 55% of those with communication issues usually stayed in such accommodation.

Almost 45% of those with behaviour issues chose to stay with friends or family. 41% of those with special needs usually stayed with friends or family, while this figure was 42% for the other categories.

There was little variation among the categories in terms of usually staying in a rental house or flat but this form of accommodation was most likely to be occupied by someone with communication limitations (a little over 20%). Those with mobility and behaviour issues were marginally less likely to use this form of accommodation (19%).

Those with behavioural limitations and those with special needs were more likely to take advantage of accommodation in a tent, caravan or mobile home at 18% and 17% respectively. Those with hidden limitations, however, were least likely to stay in such accommodation (13%).

14% of those with behaviour limitations cited their own holiday house or flat as their usual form of accommodation, whereas those with sensory issues were least likely to stay in their own holiday house or flat (12%).

A spa or wellness resort was most likely to be the choice of someone with communication limitations (14%) whereas, for those with sensory issues, it was the least likely at under 11%. Those with hidden limitations and special needs were only slightly more likely to usually stay in a spa or wellness resort at a little over 11%.

Youth hostel or hostel accommodation was the accommodation of choice for almost 10% of those with sensory limitations compared with only 8% with hidden limitations and special needs.

A small percentage usually made use of a medical or healthcare institution with under 4% of those with mobility or communication issues usually staying in such accommodation. A little over 3% of those in the other limitation categories usually stayed in such establishments.

Overall, around four in five people usually stayed in paid-for accommodation, with the highest take-up among those with hidden limitations or special needs (83%) and behaviour limitations (82%). The proportion of those with mobility, sensory or communication limitations who usually stayed in paid for accommodation ranged from 80% to 81%.

4.2.3.1.7   Modes of transport to and from destination

With almost 68% of those with special needs using car as transport to their destination, this form of transport was, by a considerable margin, the most popular. However, only 61% of those with mobility issues cited this as their mode of transport.

There was little variation in the proportions of those who flew to their destination, with figures ranging from 44% (mobility and special needs) and 46% (sensory, behaviour and hidden limitations).

Those with behaviour limitations mentioned train travel most often, at 39%, followed by those with communication limitations and special needs (38%). However, the train was mentioned by only 36% of those with mobility or sensory limitations.

23% of those with communication or behavioural issues used long-distance buses or coaches to get to their destination whereas only 21% of those in other categories used this form of transport.

Over 19% of those with communication or behaviour limitations said they used local public transport to get to their destination but this figure dropped to 15% for those with hidden limitations and 16% for those with special needs.

15% of those with communication, behavioural or special needs used boats, ships or ferries, while this figure dropped below 14% for those with sensory or hidden limitations and below 13% for those with mobility issues.

People with communication or behavioural limitations were the largest users of taxis at 17% but those with sensory limitations were the lowest users at under 13%. Those with mobility, hidden limitations or special needs took the middle ground with 15% using taxis.

Leading those who used bicycles by a considerable margin were those with communication limitations, at over 12%. Only 9% of those with sensory or hidden limitations or special needs, travelled by bicycle, whereas this figure was less than 8% for those with mobility issues.

Wheelchairs or other mobility devices were most often used by those with special needs and those with communication issues (both 8%). This figure drops to 6% for those with sensory or hidden limitations. It should be noted that 7% of those with mobility issues said they used such devices.

Almost 10% of those with communication issues said they used a motorbike or scooter to get to their destination. This figure drops markedly among the other categories of limitation, 7% for those with behavioural and hidden limitations and special needs and 6% for those with mobility and sensory limitations.

Overall, those with behavioural limitations more often tended to pay for their transportation to their destination, at 77%, whereas this figure was 74% for those with sensory limitations and special needs. 75% of those with mobility, communication and hidden limitations paid for their transportation.

4.2.3.1.8   Modes of transport at destination

The car was the most popular type of transport once at the holiday destination with 57% of those with special needs making use of it, falling to 49% of those with communication issues.

Local public transport was used most by those with sensory, communication, behaviour limitations and special needs (39%-41%) and least used by those with mobility and hidden limitations (36-37%).

29-30% of all those with limitations reported using taxis at their destination with very little variation amongst the categories, although, notably, those with mobility issues used taxis most often.

27% of those with communication issues used long-distance buses or coaches at their destination though this form of transport was used somewhat less by those in other categories, the lowest use being among those with mobility or hidden limitations (22%).

The bicycle was the chosen form of transport by 26% of those with communication limitations, although this figure dropped to 20% for those with mobility issues and 21% for those with sensory limitations or special needs.

21% of those with communication or behaviour issues made use of the train at their destination, while this figure dropped to 17% for those with special needs and 18% for those with mobility or hidden limitations.

The highest users of water transport were those with communication limitations at 22%. Least liable to use this mode of transport were those with mobility or sensory limitations, at 17%.

Those with communication limitations were ahead of the other categories in the use of air travel at their destination, at 19%, though 15% of those with sensory, mobility, behaviour limitations or special needs used air travel at their destination. The lowest users of air travel were those with hidden limitations, at 13%.

17% of those with communication issues used a motorbike or scooter at their destination, a mode of transport used far less often by those in other categories of limitation. 12% of those with mobility, sensory or hidden limitations used this form of transport.

15% of those with communication limitations made use of wheelchairs or other mobility devices. However, only 11% of those with mobility, sensory or hidden limitations used this form of transport at destination.

Overall, approaching 70% of those with communication or behavioural limitations used paid for transportation at their destination. This figure dropped marginally to 68% of those with mobility or sensory limitations and 66% and 65% respectively for those with special needs or hidden limitations.

4.2.3.1.9   Participation in activities

Spending time with family or friends and social activities was relatively popular with all those with limitations but particularly so for those in the behaviour and hidden limitations and special needs categories (59-60%) but slightly less favoured by those with mobility, sensory or communication limitations (55-57%).

Sightseeing and walking around was slightly favoured by those with sensory limitations (63%) followed by those with behaviour or hidden limitations (both 61%) and those with mobility and special needs (60%). However, a little more than 57% of those with communication limitations said they took part in this activity.

18% of those with sensory, communication, behavioural or hidden limitations reported that they took part in **work-related activities**, while this activity was less common for those with mobility and special needs at 16% and 17% respectively.

Those with sensory limitations (49%) preferred to take part in **cultural visits** compared with people with other types of limitation. This activity was least preferred by those with mobility limitations or special needs (46% and 45% respectively).

Natural visits was a favoured activity for those with sensory and communication limitations, at 41-42%, and less favoured by those with mobility, hidden and behavioural limitations and with special needs (between 38% and 40%).

Zoo visits were more popular with those with behavioural or communication limitations (37% and 36% respectively). This was an activity less favoured by those in other categories of limitation, with those with mobility issues at the bottom of the list (32%).

Swimming and sunbathing was a favoured activity for those with special needs (49%), followed by those with behavioural limitations (48%). Those with mobility issues were, again, at the bottom of the list with 45% reporting that they had taken part in this activity.

47% of those with sensory limitations said they had taken part in **walking, hiking or running activities**. These activities were much less favoured by those with special needs (40%) or mobility limitations (41%).

Almost 15% of those with sensory limitations enjoyed other sports (e.g. **cycling, skiing, water or air sports**). In contrast, fewer than 11% of people with mobility issues and fewer than 12% of those with special needs took part in such other sports.

Other outdoor activities (e.g. **fishing, bird-watching**) were enjoyed across the board by all categories of limitations and were mentioned by 10-11% of the sample. Those with mobility issues were at the lower end of this range.

Heading the list of those enjoying **guided tours and excursions** were those with sensory limitations or special needs (32%). The activity was less favoured by those with behavioural (28%) or mobility limitations (29%).

Shopping was enjoyed across the board by around two-thirds of the sample. The activity was marginally more popular among those with sensory, hidden or behavioural limitations (66-67%). Those with mobility issues and special needs were slightly less likely to take part, with the figure being 64% for these groups.

Those with hidden limitations were more likely to **dine out**, by a relatively considerable margin, with 65% saying that they took part in this activity. This compares with 62% of those with mobility, sensory, behavioural limitations or special needs. Slightly lagging behind in this group were those with communication issues 61% of whom reported taking part in this activity.

Over 21% of those with communication issues reported that they had taken part in **spa or wellness activities**. In contrast, those with mobility and behaviour limitations were least likely to take part in such activities (18%).

Around 10% of the sample group took part in **healthcare or other medical activities**, with very little deviation among the different categories of limitation.

Taking part in **local events** was marginally more favoured by those with behavioural or hidden limitations, 32% of whom reported being involved in such events. At the lower end of the scale, only 29% of those with mobility limitations or special needs took part in these activities.

Topping the list of those who took part in **activities for families or children** were those with special needs with 36% of people in this category saying they had taken part. This was closely followed by those with behavioural limitations (35%). People with mobility issues were less likely to take part in such activities with 31% reporting they had done so.

A little over 90% of all activities experienced involved a financial cost, with little variation in this figure between the categories of limitation.

4.2.3.2 Decision-making

4.2.3.2.1 Most important information sources when deciding travel plans

The relative profile of information sources that are important to the various limitation groups changes slightly when all the answers given are aggregated, for instance where more than one source is taken into account, not just the factor deemed most important.

In making decisions about travel plans those with communication limitations (12%) were the group most likely to make use of a **travel agency** as a first resort. Least likely to turn principally to a travel agency are those with sensory, behavioural or hidden limitations (10%).

When all sources of information used are collated, travel agencies remain an important resource, with 40% of those with communication issues mentioning them. Again, it is those with mobility and sensory limitations who are slightly less likely to use this source of information.

Those with communication limitations (18%) are the least likely to use **family friends or colleagues** as their most importance source.

More than 19% of those with mobility limitations rely principally on their **own experience** when making travel plans. Similarly, 18% of those with special needs tend to rely on personal knowledge. People with behavioural and communication limitations are slightly less likely than the others to use their own experience as the most important source (15%).

Tourism websites are most likely to be relied upon by those with sensory, behavioural or hidden limitations, with 18% in these categories saying they were their most important source of information. At the other end of the scale, only around 16% of those with mobility, communication and special needs said that tourism websites were their most important resource.

In summary, 40% of those with sensory limitations use the **tourism sector** as their most important source of information. This compares with a figure of just over 36% of those with mobility limitations or special needs.

When the figures for **all forms of individual advice** are added together, for example, family, friends, colleagues, online information from members of the public, and personal experience, the special needs group (41%) is the group relying most on this information. Much less likely to make use of such personal recommendations are those with communication limitations, with fewer than 36% saying they made use of this information as a first resort.

Those with communication limitations or special needs (15%) tend to make use of sources such as **specialised guidebooks or websites** when seeking information. Those with sensory limitations (12%) are least likely to go to these specialised resources.

In terms of the most important source cited by the sample, travel agents, word of mouth from family, friends or colleagues, personal experience and tourism websites were the most important. When all sources mentioned by respondents are aggregated, **newspapers, magazines, radio, television, forums and blogs**, and **general guide books** all increase in importance. **Brochures and catalogues** also become important back-up sources of information.

Boosted, particularly by those with communication limitations, 34% of whom mentioned **newspapers and magazines, radio and television**, as a source of back up information, these media become an important general resource across the board when we look at the aggregated figure for all sources of information. The same source is, however, only mentioned by 29% of those with mobility or hidden limitations.

Similarly, **social networks**, for example, Facebook, are an important secondary source of information. When figures are aggregated for all sources, those with communication and behavioural limitations lead the way with more than 28% mentioning this as a source of information, although only 2% or 3% of these groups said it was their principal resource. In comparison, fewer than 24% of those with mobility or hidden limitations mentioned social networks as a source of information.

Although fewer than 2% saw **social media**, for example Twitter, as their most important source of information, 27% of those with communication issues cited social media as one of their sources although not necessarily their primary source. This was, by a clear margin, ahead of those in other limitation categories where only 20% of those with mobility issues and 21% of those with hidden limitations made use of this source of information.

When all responses concerning **family, friends and colleagues** are collated, those with behavioural limitations are clearly ahead of the other categories of limitations with 55% of them saying they made some use of this source of information. The figure was 50-51% among other categories.

Figures for those relying on their **personal knowledge** to some extent were relatively consistent across the board with between 47% and 49% mentioning this source. Slightly ahead of the rest were those with behavioural or hidden limitations.

Although not generally considered to be an important primary source of information, **forums, blogs or online reviews** were particularly important to those with behaviour limitations 33% of whom mentioned this resource. At the other end of the scale, this source of information was important to only 27% of those with mobility issues.

Similarly, **brochures and catalogues** were an important back-up resource, with 40% of those with communication or behavioural issues making some use of this resource. The figure was 37% for those with mobility, sensory or hidden limitations.

Support groups and consumer organisations remained a relatively minor source of information when all answers were aggregated. However, this was a slightly more important resource for those with communication limitations than those in other categories of limitation with 22% mentioning they at some time used these sources. Fewer than 18% with mobility, sensory or hidden limitations mentioned this source of information.

General guidebooks were also mentioned as useful, mostly secondary, sources of information, particularly important to those with communication issues, 37% of whom made some use of them. General guide books were considered somewhat less useful by those with mobility and hidden limitations where the figure was 31%.

Specialised guidebooks also had their adherents with, again, those with communication issues leading the way with 23% using this resource. Such guidebooks were less important for those with mobility and hidden limitations (19%).

Although only one in six used **tourism websites** as a first resort, getting on for 50% made use of this resource to some extent. Those with behavioural limitations were most likely to consult such websites (49%), with those with mobility issues least likely (43%).

Specialised websites were of particular importance to those with communication limitations with 29% making use of these resources overall. However, only 22% of those with mobility limitations consulted the more specialised websites.

Specialised sources other than websites were also cited and, again, it was those with communication limitations who made use of these resources more often (24%) and those with mobility and hidden limitations (19%) were least likely to make use of this kind of resource.

Doctors and other health professionals were a source of information particularly for those with communication limitations with 24% citing this source. This resource was much less important to those with other categories of limitation, in particular those with sensory issues, of whom 17% mentioned this source.

Turning to an analysis of general tendencies of the sample in making decisions about travel plans, most appear to turn to **word of mouth** and the **tourism sector** as their most important source of information. However, this appears to be backed up by use of websites and social media, as well as more specialist resources.

Those with communication limitations are more likely to rely on **media** in general as an information source than those with other types of limitations. 47% of this group consults this type of resource at some point. This compares with 42% of those with special needs. Also slightly less inclined to follow advice gathered from the media are those with mobility or hidden limitations (43%).

Members of all limitation groups tend to equally seek information from the **tourism sector**, amounting to around 70% of each group, although significantly those with mobility limitations (67%) are less likely to use this resource. Those with behavioural and hidden limitation are more likely to rely on their **own resources or friends, families, colleagues and online blogs** (74%) than those with other types of limitation. Least likely to follow **personal recommendations** are those with communication limitations (71%).

It is those with communication limitations and special needs (respectively 47 and 48%) who are most likely to turn to specialised advice compared with those with mobility or sensory limitations who make use of these resources less often, at 42% and 41% respectively.

4.2.3.2.2   Booking channels

Those with communication limitations (62%) were clearly more likely to have booked **through a travel agency**. People with hidden limitations are least likely to do the same (53%). Figures for those in other limitation groups varied between 54% and 56%.

Those with communication limitations (41%) were also the most likely to book **through an institutional group**, whereas those with hidden limitations were much less likely to do so at 33%. The figures for the other types of limitation varied between 36% and 37%.

Over 60% of those with those with communication limitations chose to book **directly with providers** before their holiday. The figure for all the other groups was 59% with the exception of those with special needs of whom fewer than 57% chose this method of booking.

A similar pattern emerges **once at their destination** where 54% of those with communication limitations are the most likely to **book directly with providers**. Those with sensory or hidden limitations or those with special needs are least likely to take this course, at 49%.

Those with communication limitations (53%) were also the most likely to **book through people they know**, while those with special needs or hidden limitations (both 48%) were somewhat less likely to choose this option.

If a booking is made through a travel agency, this is more likely to be done in person with those with communication limitations leading the way - 29% of whom said they had booked in person. Those with hidden limitations (25%) were least likely to book in person, when they booked with a travel agency.

Similarly, those with communication limitations were more likely to have used the telephone (16%) or the internet (26%) to make their booking through a travel agency than those with other types of limitation. Those with hidden limitations or special needs were least likely to telephone when booking with a travel agent (between 12 and 13%).

Also, in the case of internet booking, it was those with mobility, sensory or hidden limitations who are least likely to use that form of communication when booking with a travel agent (all 23%).

When booking through an institution or group, those with communication limitations and special needs were more likely to use the telephone than those in other categories (9% having said they used this form of communication). In contrast, only 7% of those with hidden limitations used the telephone when booking through an institution or group.

Similarly, it was those with communication limitations or special needs who led the field in terms of booking in person when booking through an institution or group (14%). Personal booking was used by fewer than 13% in the other segments when booking through an institution or group.

Those with communication limitations were joined by those with mobility or sensory limitations (13-14%) in preferring to make their bookings through an institution or group via the internet. In contrast, this was a less favoured option for those with hidden limitations (under 12%).

Booking directly with a provider by telephone in advance of a holiday was a generally equally preferred option of communication for most categories at a little over 16%. However, those with sensory limitations were less likely to telephone (under 15%).

Over 16% of those with communication limitations made their advance booking directly with providers in person, whereas for those with hidden limitations, this was a far less preferred communication option (13%) and this group, instead, was the group which most preferred booking direct with providers over the internet (37%). Significantly, those with communication limitations were, on this occasion, least likely to make their booking directly with a provider over the internet (31%).

Those with mobility limitations (15%) are top of the list of those preferring to make their booking directly with a provider by telephone once at their destination, closely followed by those with communication limitations (14%). In contrast, those with hidden limitations were least likely to use the telephone to make such a booking (11%).

19% of those with communication limitations said that where they booked directly they did it in person with providers once at destination, closely followed by those with special needs (18%). Those with mobility or hidden limitations were the least likely to make bookings in person when making bookings directly with providers (16%).

The group most likely to make a direct booking at destination via the internet was those with behavioural limitations (23%). Those with mobility or sensory limitations or special needs were least likely to use the internet for this type of booking at just under 21%.

Those with sensory and behavioural limitations were more likely than those in other segments to use the telephone when booking through someone they knew (17%). This was the least likely form of communication for those with communication or hidden limitations or with special needs (15%).

There was a wider disparity between the groups in relation to using the internet when booking through someone they knew. 20% of those with communication limitations said they used this form of communication compared with under 16% of those with mobility limitations.

4.2.3.2.3 Checking of accessibility conditions and/or available help at travel destination before travelling

Respondents were asked whether, before travelling, they checked accessibility conditions and/or available help at their destination. Those with communication limitations (68%) were more likely to check such conditions than respondents with sensory or hidden limitations (respectively 63% and 62%). The other groups were clustered between 65% and 66%.

As to whether there is sufficient information of this nature, high proportions in all the groups appeared to think so. 81% of those with mobility, sensory or hidden limitations held this view, while the figures were marginally lower at 78% for those with special needs and 79% for those with communication and behavioural limitations. It is perhaps worth noting that there were relatively high "don't know" responses of 7% among those with behavioural or communication limitations.

When asked to rate the reliability of the information received before travelling regarding accessibility conditions and/or available help at their travel destination, it is noteworthy that there was a "don't know" response ranging from 9% among those with mobility limitations to 12% among those with behavioural limitations, at the other end of the scale. 75% of those with communication limitations and 74% of those with special needs, sensory, communication or hidden limitations felt that this information was reliable, while the figure was slightly lower for those with behavioural limitations, at 72%.

Around 80% of respondents felt this information about accessibility conditions and/or the availability of help at travel destination before travelling was generally accessible with little variation across the board. Again, there was a certain segment of between 7% and 9% of each group who gave a "don't know" response, with the highest proportions (of almost 9%) seen among those with behavioural or communication limitations.

4.2.3.3 Experience

4.2.3.3.1 Aspects of importance when choosing travel destination

In choosing their travel destination, information about weather conditions and landscape, etc. was more important to those with sensory, communication or hidden limitations or those with special needs (4.2 on a scale of 1 to 5, where 1 is not at all important and 5 is very important).

This was only slightly less important for those in the other groups (4.1).

Customer care and service was of prime importance to those with communication limitations (4.2) whereas those with sensory limitations were, by a small margin, the least concerned with an average score of 4.0.

Of all the groups, those with hidden limitations were most concerned about value for money of the destination (4.4 out of 5). This was also very important for all the other groups, but slightly less so, at 4.3.

Sightseeing, entertainment and cultural activities were equally important aspects for all groups with scores of 4.0.

One of the least important factors was shopping opportunities, though this was relatively more important for those with communication limitations (3.6) compared with those with sensory or hidden limitations or special needs (3.4).

Information about food and drink at destination generally gained an importance level of 4.0 but was marginally more important for those with hidden limitations (4.1).

Those with mobility limitations or hidden limitations expressed most concern about accommodation when choosing their travel destination giving it a score of 4.2 compared with 4.1 for the other groups.

Excursion activities were a little less important scoring 3.7 in general but were marginally more important for those with communication limitations who scored this factor at 3.8.

Interest in local culture scored 3.9 across the board, while information about health treatments was the least important of all the factors for all groups when choosing their destination, scoring between 3.2 and 3.4 (those with communication limitations).

Transport at destination was considered moderately important with most of the groups scoring it at 3.8. Those with sensory limitations said it was slightly less important (3.7).

Safety was the most important issue for all groups with most scoring this factor at 4.3, but with those with communication limitations or special needs rating this factor at an importance of 4.4.

Transport to destination was important for all categories of limitation (4.2) with only those with mobility limitations scoring this factor at 4.1.

Information being available before the trip was also seen as quite important, scoring 4.3 for most groups and 4.2 for those with special needs.

The availability of information once at the destination was considered only slightly less important at 4.2 across the board, although those with behavioural limitations rated this aspect at the slightly lower rating of 4.1.

When asked about access to information before the trip and at destination, most groups scored this as important or very important, at 4.2, with this aspect being considered especially important by those with communication limitations who gave this 4.3.

Those with communication limitations were also the group feeling that availability of information about accessible services was most important scoring 4.2, though this was slightly less of an issue for those in the hidden limitations or special needs categories (4.0).

Accessibility of booking services was rated 4.1 in importance across the board, while there was generally less concern about the accessibility of locations, sightseeing and entertainment, scoring between 3.9 and 4.0. Those with sensory limitation and communication limitations felt this aspect was slightly more important than did the other groups, scoring 4.0.

Accessibility of accommodation was considered slightly more important to most groups than accessible locations, scoring 4.0 across the board, with the exception of 3.9 for those with hidden limitations.

Accessible restaurants were considered to be similarly important, scoring between 3.9 and 4.0, with this aspect being slightly more important for those with mobility, communication or behaviour limitations.

Only moderately important were accessible shops when choosing a destination, generally scoring between 3.6 and 3.8. This aspect was deemed to be most important by those with communication limitations and of least importance, relatively, by those with hidden limitations.

Also deemed to be of relatively lesser importance was the accessibility of leisure equipment. Those with communication limitations were, however, most keen on this (3.6), whilst all but those with sensory limitations (3.5) gave this an importance rating of 3.4.

The availability of accessible transport was important to all the groups who mostly gave this a rating of 3.9, the exception being those with communication limitations who felt this was slightly more important, meriting a score of 4.0.

Of moderate importance for most groups, at 3.6, was the question of whether the destination was adapted for a specific group, for example, seniors or children. However, those with communication limitations felt that this was slightly more important, scoring 3.7.

The question of medical help or healthcare at destination was important to all groups with a score of 4.0 across the board. Slightly more important was the availability of services in a language understandable to the individual, scoring 4.1. Perhaps significantly, those with communication limitations scored this even higher, at 4.2.

The availability of specific services, infrastructure or products (e.g. special foods) was considered only moderately important. Those with communication limitations scored this highest of all the groups, at 3.6, while those with sensory or behavioural limitations were least concerned, at 3.4.

4.2.3.3.2   Satisfaction with each of these aspects

Respondents were asked to rate the same aspects in terms of their level of satisfaction following their most recent trip.

There are a number of aspects where the level of satisfaction is rated less than the level of importance accorded to them in choosing a destination.

General value for money of the destination is given a satisfaction score of 4.2 compared with importance of 4.3 while, similarly, the question of information available before the trip is given a satisfaction rating of 4.2 compared with an importance rating of 4.3. Within these figures, there is some variation among the different limitation groups.

Those with communication limitations have a more consistent mismatch between satisfaction rating and the corresponding importance rating. For instance, they are the only group where satisfaction is lower on customer service issues but they are in agreement with three other groups in terms of relative dissatisfaction over general value for money. These groups are those with behavioural or hidden limitations or special needs.

Those with communication limitations are joined by those with special needs in giving a lower score for satisfaction compared with their importance rating on safety issues.

The figures show that four groups are relatively dissatisfied in terms of transport to and from destination. These are those with sensory, communication or behavioural limitations or special needs.

By the same measure, relative dissatisfaction seems to be generally across the board as regards information available before the trip, though an exception is those with special needs.

Those with sensory or communication issues are perhaps relatively dissatisfied with access to information before the trip and at destination, while those with communication limitations are the only group where level of satisfaction does not accord with the level of importance they gave to the availability of information about accessible services.

In most of the other aspects, satisfaction levels seem to exceed comfortably the levels of importance given to them, especially in relation to shopping opportunities, accessible shopping, accessible sport, availability of specific services and health treatments.

4.2.3.3.3 Experience of barriers or restrictions

When respondents were asked about their experience in the past 12 months of barriers or restrictions in relation to all the important aspects of travel destinations covered above, we observe that, with regard to almost all of these aspects, the group with communication limitations recorded higher figures than all of the other groups.

For example, when we look at the aggregated figures for destination-related aspects, such as nature (weather conditions, landscape, etc.), how tourists are treated, general value for money, etc.), we see that those with communications limitations, at 65%, record a substantially higher figure than the other groups, all of which had figures of 60% or below.

More specifically, when we look at the nature aspect, it can be seen that the figure relating to those with communication limitations (22%) exceeds by at least three percentage points the figures relating to those with behavioural or hidden limitations or special needs (all at 19%). In contrast, the corresponding figures for those with sensory and mobility limitations, at 17 and 18% respectively were somewhat lower.

We can note quite often that the figures recorded for those with hidden limitations are lower than those recorded for other groups, perhaps, precisely because their limitations are hidden. This may be seen in the case of many of the destination-related aspects, such as accommodation available at destination, general value of the destination, and how tourists are treated, to cite a few specific examples.

For those with mobility limitations, their relative experience of barriers and restrictions compared with the other groups appears to have been most marked in relation to aspects such as how tourists are treated, transport to and from destination, and accessible restaurants.

Where those with sensory limitations tend to experience barriers and restrictions, it would appear to be more common in relation to aspects such as general value for money of the destination, medical help or healthcare at destination, or availability of services in a language they understand.

The group with behavioural limitations tends to experience barriers or restrictions more often than most other groups in relation to aspects such as shopping opportunities, transport to and from destination, nature, general value for money of the destination, sightseeing, entertainment and cultural activities, food and drink available at destination, excursion activities, and issues relating to the access to and availability of information in its various forms, accessibility of booking services, etc.

The special needs group felt that it had experienced barriers or restrictions more so than most other groups in relation to shopping opportunities, accommodation available at destination, local culture/people, transport once at destination, safety, availability to information in its various forms, accessible shops, accessible sport, availability of services in a language they understand, and medical help or healthcare at destination. This group and the behavioural limitations group appear to share a number of similar experiences.

4.2.3.3.4   Aspects regarding buildings visited

On a scale of 1 to 5 (where 1 means not at all important and 5 means very important), respondents proceeded to rank aspects of buildings they can visit when travelling. In terms of buildings visited during their most recent trip, they also ranked these aspects on a scale of 1 to 5, where 1 means completely dissatisfied and 5 means completely satisfied.

Accessible parking space was accorded a mean of 4 in terms of importance by those with mobility limitations. All of the other groups gave it a score of 3.9, for those with sensory limitations (3.8). Satisfaction with this aspect was 4.0 across the board, except for the special needs group which gave it the slightly higher score of 4.1.

Type of access (ramps, steps, doors, etc.) was given greatest importance, at 3.7, by those with mobility and communication limitations, with the rest of the groups giving it a score of 3.6. In terms of satisfaction in this regard with buildings visited on their most recent trip, all groups give a satisfaction score of 4.0.

In terms of importance, accessible toilet and bathroom facilities are given a score of 4.1 by all groups, except those with mobility limitations (4.2). When we look at respondents' satisfaction in this respect, the mobility group's satisfaction remains at 4.2, and those with behavioural or hidden limitations and those with special needs also give an identical score.

Ease of using furniture, furnishings and lights was accorded greatest importance by those with mobility and communication limitations (4.0), with scores of 3.9 from the other groups, except those with sensory limitations (3.8). In terms of satisfaction with this aspect, all groups gave an identical satisfaction score of 4.1.

As regards access to services other than accommodation, all groups rated its importance at 3.8 except for those with sensory limitations (3.7). Satisfaction ratings with this aspect were 4.0 across the board.

Alarm systems were of greater importance to those with communication limitations (3.8), than all the rest of the groups (3.7 except those with sensory limitations with 3.6). Satisfaction with alarm systems was rated at 3.9 (mobility, sensory or behavioural limitations) and 4.0 (communication or hidden limitations, or special needs).

Mobility within the room was most important for those with communication limitations (4.0), with those with mobility or behavioural limitations or special needs giving it 3.9 and the remaining groups 3.8. Satisfaction levels in this regard were a uniform 4.1 across the board.

Mobility within the building was assigned most importance by those with communication limitations (4.0) followed by those with mobility or behavioural limitations or special needs (3.9), and the remaining groups at 3.8. Again, satisfaction with this aspect was given a score of 4.1 across the board (with the exception of people with communication limitations, who gave an average score of 4.0).

Ease of use of lifts was of equally high importance (4.0) for all of the groups, except for those with sensory limitations. Satisfaction, in respect of this aspect was given a score of 4.1 by all the groups.

4.2.3.4   Expectations & future

4.2.3.4.1   Likelihood to travel more or return to the same destination

Respondents were asked whether, if offered more accessible services and/or help during their journey and at their destination, they would be likely to travel more often.

A majority in each limitation group said they were likely or completely likely to travel more often in these circumstances.

People with communication limitations (57%) were somewhat more likely than those with mobility, sensory or behavioural limitations or special needs (all 56%) to travel more often were services and/or help more accessible during their journey and at their destination. Those with hidden limitations (54%) were least likely to give this response.

Respondents satisfied with the accessibility of locations during their most recent trip were asked about the likelihood of returning to the same destination in the future.

Those with sensory limitations (87%) were most likely to say they would be likely to return to the same destination, while three groups, those with communication or behavioural limitations or special needs (84%) least likely to say they would return.

4.2.3.4.2   Paying more for accessible products or services

Respondents were asked if they paid more than the standard price for accessible products or services (e.g. an additional fee) and, if so, how often.

Those with communication limitations (61%) were significantly more likely to say that this happens **at least sometimes** than those who had hidden limitations or special needs (both 52%).

There was also a high 'don't know' response to this question ranging from 13% (those with communication limitations) to 17% (those with hidden limitations).

When asked whether it often happened that they had to switch to a more expensive product or service because they needed to be accessible, those with communication limitations (58%) were most likely to respond that this was their experience **at least sometimes** in contrast to those with hidden limitations or special needs (both 50%).

4.2.3.4.3   Use of specific items

Respondents were given a list of 15 items in three main groups (mobility, senses and medical) ranging from a personal care worker, through a sign language interpreter and a wheelchair to hearing aids. They were then asked whether, if these items were available on a trip or at their destination, they would use them.

Those with special needs (25%) were more likely to cite items in the mobility group items (e.g. help to get on board, leave or change transport, wheelchair, walker, crutches, etc.) than those with sensory (20%), behavioural or hidden limitations (both 21%).

Those with communication limitations (26%) would be more likely to use items falling within the senses group (sign language interpreter, induction loop, hearing aids) than those with hidden limitations (19%) or mobility (21%) or behavioural (21%) limitations.

Those with communication limitations (34%) would be more likely to use items falling within the medical group (personal care worker, medical or paramedical treatment or medical help) than those with either mobility (31%) or sensory (30%) limitations.

4.2.4 EU - Country results

The section below presents statistically significant differences between countries. Non-significant differences and questions with a base size below 25 are not included in the analysis.

4.2.4.1   People who travel with children

People from The Netherlands who travel with children are more likely than average to schedule their trips during the school holidays. Their Italian counterparts show a strong tendency to use the summer holidays for their travelling plans but the lowest preference for travelling off-season or outside main school holidays. People from the UK are least likely to use summer holidays for their travels. Among all the respondents, Lithuanians are the people with the lowest tendency to use winter and spring holidays for the traveling plans. While Slovenians show the lowest preference for autumn holidays as the period to do their travelling, although they have a low preference for spring holidays as well. Poles are more likely, regarding the average, to travel during off-season or outside main school holidays.

In general lines, Lithuanians, Dutch and Polish people show the highest tendency to use other periods for their travelling plans.

When it comes to travelling companions, people from the Netherlands who travel with children show the highest variety. They are more likely than average to travel on their own, or with friends, with other groups or with their personal care worker. Polish people show a higher tendency to travel with their partner, other groups and their personal care worker. Lithuanians have an above average preference to travel on their own or with colleagues, although they are the less likely to travel with their partner. French respondents are more likely to travel with their children above 5 years old, while Irish are the less likely to do this. Irish people also report the lower preference for travelling with children below 5 years old. Swedish respondents are the less likely to travel with members of their family or household. British people are less likely to travel with children above 5 years old or with their colleagues.

In general lines, Dutch respondents are less likely in average to visit the EU. Irish are the ones less likely to travel in Europe. Africa and the Middle East are less likely to be visited by Lithuanians, Slovenians and Swedish. The Americas are less likely to be visited, on average, by Belgians, Lithuanians, Poles and Slovenians. On average, Italians and Slovenians are less likely to have visited Asia and Oceania.

When talking about the reasons chosen to travel outside the EU, British respondents are the most likely to report accessibility of the destination and services as a relevant reason for picking the destination.

When asked about the type of accommodation chosen when travelling, Slovenians are more likely to use, in average, a rental house/flat, a tent/caravan/mobile home or a spa or wellness resort. French respondents show an above average preference for using rental houses/flats, and spa or wellness resorts. Polish respondents show a preference for the house of friends or relatives, or a rental house/flat. Respondents from the Netherlands are more likely to choose their own holiday house or flat. Belgians are more likely to use a spa or a wellness resort. Lithuanians will prefer the house of friends or family members. Spanish respondents are more likely than average to go to a hotel or a Bed & Breakfast.

On the other hand, houses of friends or family are less likely to be used by respondents from Belgium, the Netherlands and Slovenia. Rental houses or flats are less preferred by Dutch and British respondents. Hotels or Bed & Breakfast are less likely to be chosen by respondents from France, Lithuania and Slovenia. Youth hostels and hostel are less preferred by people from the Netherlands. Tent/caravan/mobile homes are less likely to be used by Italians and Spanish. Spa and wellness resorts are less likely, in average, to be chosen by Swedish respondents.

Regarding the type of transport preferred, to and from destination/at destination, there are quite different choices. Irish respondents are more likely than average to use airplanes, taxis and wheelchairs/mobility scooters. Spanish respondents prefer airplanes, trains and taxis. Respondents from the Netherlands show a preference for bicycles and wheelchair/mobility devices. Respondents from Poland are more likely than average to use long-distance buses/coaches and bicycles. Belgian and Slovenian respondents report a preference above average to use cars.

On the other hand, airplanes are less likely to be used by French, Lithuanians, Polish and Slovenians. Cars are less preferred by Swedish respondents. Long-distance buses/coaches are less likely than average to be used by Irish and Swedish respondents. Trains are less preferred by respondents from Lithuania and Slovenia. Swedish respondents are less likely than average to use local public transport. Taxis are less likely than average to be used by respondents from Belgium and Lithuania. Bicycles are less preferred by Italian and British respondents. Wheelchair and mobility devices are less likely to be used by Italians.

Regarding the type of activities the respondents took part during the past 12 months, Polish respondents give the widest variety of answers. Pols will prefer, more than average: going shopping, going to local events, spending time with family or friends, sightseeing/walking around, doing work-related activities, visiting natural areas, and walking or running. Slovenian respondents are more likely to engage in spa/wellness activities, go to local events, spend time with friend or families, swimming or sunbathing. Lithuanian respondents declare a preference for going to local events and doing cultural visits. French respondents are more likely than average to do sightseeing and walking around, and running or hiking. Respondents from Ireland show a preference for going to local events, and swimming and sunbathing. Dutch respondents are more likely to prefer swimming or sunbathing, while respondents from Belgium and the UK choose to do activities for families and children.

On the other hand, Italian and Dutch respondents show the lower preference for spending time with family or friends. Sightseeing and walking around have the lower preference on Italian and Swedish respondents. Respondents from Belgium, Ireland and Poland are the groups with the lower tendency to do cultural visits. Natural visits are less preferred by Swedish and Irish respondents. Swimming and sunbathing is mentioned less often by Italian respondents. Walking or hiking is chosen the least by Irish, Italian, Lithuanian, Dutch and Swedish respondents. French, Lithuanian and Slovenian respondents mention less often shopping as an activity they take part in. Trying local food or drinks, and doing activities for families and children are less often chosen by respondents from Italy.

In general lines, activities that imply some kind of payment are less often chosen by respondents from Sweden.

When it comes to source of information for travelling, there are four categories that are preferred. Forums, blogs and online reviews are more often mentioned by Slovenian and Spanish respondents. Family, friends and colleagues are more likely to be used by Lithuanians and Spanish people. Newspapers, magazines, radio or TV are more often preferred by Polish respondents as source of information. Belgian respondents travelling with children are more likely than average to use brochures or catalogues.
On the contrary, newspapers, magazines, radio or TV are less often mentioned by Spanish respondents as a source of information. Social media is less preferred by Belgians and Slovenians travelling with children. Italians report the less using their own experience as a source of information. Respondents from the UK use the least non-profit organizations, and Swedish are less likely to rely on general guidebooks.

Regarding the booking procedure for travelling, Spanish respondents travelling with children are more likely to go through a travel agency, while Polish are less likely to use this way. Institutions or groups are less often preferred by Belgian and Swedish respondents. Irish respondents report more often to use directly a transport or an accommodation provider before their holiday, while their counterparts from Belgium, Lithuania and Sweden are less likely to use this method. Once at their destination, Belgian respondents report to be less likely to use directly a transport or an accommodation provider. Swedish respondents report less often to use someone they know. Booking the trip by phone is more likely done by Belgian, Irish, Dutch and Swedish respondents. Swedish also report more often to do the booking in person, while the internet is more likely used by Irish respondents, and less often used by Lithuanian, Polish and Slovenian respondents.

When it comes to check accessibility conditions and the availability of help at the travel destination before travelling, Italian respondents are the most likely to do it, while Belgian, Irish and Lithuanian report less often to do this.

Regarding the information about accessibility and its availability, respondents from the UK report more often there is enough information, while Spanish respondents are less likely to say this. Regarding the reliability of the information, respondents from Belgium and Poland declare more often they do not know about this. And when it comes to the accessibility of the information, Slovenian respondents are more likely to declare it is, while Belgian respondents are less likely to

say the information is accessible and more likely to answer 'Don't know.' Besides, respondents from Poland and Slovenia are less likely to say the information is not accessible.

Regarding the aspects considered as important when choosing the travel destinations, Italian respondents show the widest range of options. They are more likely than average to give importance to: the general value for money of the destination, the food and drink available, the accommodation, the health treatments, the transport at the location, the availability of information about accessible services, the destination being adapted to a specific group of people, the medical help or health care at the destination, the availability of services in an understandable language, and the availability of a certain service, infrastructure or product. Polish respondents declare more often to give importance to aspects such as: nature, the accommodation available, safety, the information about accessible services, the accessible tourist accommodation, the medical help and health care and the available services in an understandable language. However, they will give a below the average importance to the excursions available at the destination and the availability of certain products or services at the destination. Respondents from Lithuania are more likely to give importance to the information available before and once at the destination. French respondents report more often than average the excursions available at the destination as important, but they give less importance to the food and drinks at destination, the accommodation, safety and the accessible restaurants at destination. Slovenians are more likely to give the accommodations available at the destination a score above the average, although they will give less importance to several elements, such as: general value for money at the destination, sightseeing and entertainment, shopping opportunities, available excursions, transport at destination, accessible locations and accessible sport or leisure equipment. On the other hand, Swedish respondents travelling with children are more likely to score below average in almost all categories. In the case of Lithuanian respondents, it is possible to observe a trend in their responses as well: they have a below average score in almost all items related to accessibility. Belgian respondents are less likely to refer to some variables as important: local culture/people, information available before the trip, accessibility of booking services, accessible locations, accessible tourist accommodation and medical help or health care at destination. Respondents from Ireland give less importance to available excursions, health treatments and accessible products and services in general. Dutch respondents travelling with children give less importance to excursions available at the destination, while Spanish respondents give a below average importance to health treatments.

Regarding satisfaction with their most recent trip, some differences and similarities with the previous question can be observed.
Belgian respondents who travel with children are more satisfied than average to health treatments,

but less satisfied with local culture/people, transport to and from destination, destination adapted to a certain group and information available in an understandable language. Italian respondents are more satisfied with the availability of food and drinks at the destination. Respondents from Lithuania are more satisfied with excursions at destination, while they are less satisfied with shopping opportunities and information about accessible services. Respondents from the UK are more likely to be satisfied with accessible tourist accommodation, accessible shops, and shopping services and opportunities.

On the other hand, Swedish respondents travelling with children have a tendency to be less satisfied with most of the items related to accessibility, nature, and transport in general (at the destination, and to and from the destination). Slovenian respondents are less satisfied than average with sightseeing and cultural activities, shopping opportunities, transport to and from destination, information available at the destination, accessible locations, accessible accommodations and availability of specific services and products. Respondents from Poland, travelling with children, are less satisfied with excursions available at the destination, health treatments and availability of specific services or products. French respondents are less satisfied with food and drinks available at the destination, and Spanish respondents with health treatments.

When it comes to mention barriers or restrictions, Polish people travelling with children are more likely to mention nature, availability of services in a language they understand, and transport to and from their destination. Spanish respondents are more likely to refer to sightseeing and cultural activities, while they mention less often the treatment received as tourists. Slovenian respondents report below the average in the majority of the items. Dutch respondents are less likely to mention the transport (to and from their destination, and an accessible one), the accessibility of booking services, and health treatments as aspects they perceived as barriers or restrictions. Respondents from Sweden mention less often how tourists are treated, the general value for money at the destination, the accommodation available at the destination and the accommodation being adapted for a specific group of people. Irish travelling with children are less likely to mention the excursion activities at the destination, while Lithuanians mention less often health treatments, and accessible sports or leisure equipment and services. Respondents from the UK refer less often to the availability of services in a language they understand as an aspect in which they experienced a barrier or restriction.

People who travel with children and are satisfied with the accessibility of locations during their most recent trip were asked how likely they would be to go back to the same destination in future. Italian people are less likely to say they would go back.

Turning to the likelihood to travel more often if better accessible services were offered, Swedish people are less likely than average to say they would travel more often in these circumstances. Polish people who travel with children are more likely than average to pay more than the standard price for accessible services at least sometimes, while Irish, Lithuanian and Swedish people are less likely to do so. Belgian, Irish and Lithuanian people who travel with children are less likely to mention having to switch at least sometimes to a more expensive service for it to be accessible.

Looking into the items people who travel with children would use when travelling, Polish people are more likely to mention a wide range of items, and particularly medical ones, while UK people mention many items and particularly mobility-related ones. Belgian and French people who travel with children are less likely to select any of the items, while Dutch people mention less often than average a range of items. French and Swedish people mention medical help less often. Lithuanian, Slovenian and Spanish people who travel with children are more likely than average to mention areas or equipment for children, while people in Spain also mention more often wheelchairs and hearing aids.

In terms of satisfaction with building aspects, Lithuanian people who travel with children tend to find most items less important than average. Polish people find accessible parking spaces and toilets, easy to use furniture and access to services other than accommodation more important. Slovenian people find accessible parking spaces and toilets more important, and alarm systems and the ease of use of lifts less important. Swedish people who travel with children find accessible parking spaces, mobility within the building, ease of use of lifts and types of access less important than average, while Belgians feel the same way about types of access and alarm systems. Finally, Italian people who travel with children find types of access more important and the ease of use of furniture less important. Turning to satisfaction with the same items, fewer differences appear. UK people who travel with children are more satisfied than average with accessible parking spaces and toilets, and alarm systems. Belgians are less satisfied than average with alarm systems, while Spaniards are less satisfied with accessible parking spaces, and toilets, and alarm systems. Finally, French people who travel with children are less satisfied than average with accessible toilets and the ease of use of furniture.

4.2.4.2 People aged 65 and above

In terms of most likely period for a holiday, three countries stand out for seniors: people aged 65 and over in Sweden, Belgium and the UK are less likely than average to travel over the summer holidays. In contrast, Swedish seniors are more likely to travel during the spring holidays, UK seniors over the winter holidays and Belgian seniors off-season.

Belgian seniors are less likely than average to have stayed with family or friends in the past 12 months but more likely to have stayed in a rental house or flat, or in a spa or wellness resort.

Seniors in the UK are more likely than average to mention a hotel or bed and breakfast. Swedish seniors are more likely than average to have used a boat, ship or ferry to go to their destination or come back from it.

Turning to activities, Swedish seniors are less likely than average to mention the following activities: sightseeing/walking around, natural visits, hiking/running, guided tours and shopping. Belgian seniors are less likely to mention natural visits and local events, and UK seniors hiking or running.

Swedish seniors are less likely than average to use a travel agency as their most important information source when preparing a trip, but more likely to use social media or their own experience. UK seniors are also more likely to rely on their own experience. In parallel, Swedish seniors are less likely to book their trips in person through a travel agency. UK seniors are more likely to say that booking through an institution or group does not apply to them and less likely than average to mention booking in person through someone they know.

Looking into the importance of various items, shopping opportunities are more important than average for Belgian and UK seniors. In contrast, Belgian seniors find the availability of services in a language you understand less important and UK seniors find the following items less important than average: health treatments, accessible tourist accommodation, and destination adapted to a specific group of people. No significant differences appear in terms of satisfaction with these items.

Turning to barriers, Belgian seniors are less likely than average to mention experiencing barriers with the following items: nature, how tourists are treated, general value for money, local culture and people, transport once at destination, and accessible locations. UK seniors are less likely to mention barriers with the general value for money of the destination, information available before the trip, and the availability of information about accessible services.

In terms of the importance of building-related items, Belgian seniors find accessible parking spaces, mobility within the building and the ease of use of lifts more important than average. UK seniors are more satisfied than average with accessible toilet and bathroom facilities.

When asked how likely they would be to travel more often if they were offered better accessible services, Dutch and Swedish seniors were less likely than average to say they would travel more often.[1] In contrast, Irish and Lithuanian seniors are less likely than average to say they would not travel more often.[2]

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[1] Based on the proportion of answers 4 or 5 on a 5-point scale.
[2] Based on the proportion of answers 1 or 2 on a 5-point scale.

Seniors in Lithuania and the UK are less likely than average to report having to pay more than the standard price at least sometimes because they need accessible products or services. Seniors in Belgium, Lithuania and the UK are less likely than average to report having to switch to a more expensive product or service because you need them to be accessible.

When asked which items could help on their trips, Slovenian seniors are more likely than average to mention help to get on board, leave or change transport type induction loops, areas or equipment for children and menus for special dietary needs. Both Slovenian and Lithuanian seniors mention medical help more often, while Lithuanian seniors are also more likely to mention activities for specific groups of people. Irish, Lithuanian, Dutch and UK seniors are more likely than average to mention a wheelchair or scooter. UK seniors are also more likely to mention walkers, crutches or sticks, or induction loops. Belgian and Swedish seniors are more likely than average to select the 'None of these' option at this question.

Belgian seniors who were satisfied with the accessibility of locations during their most recent trip give a below average score to their likelihood of going back to the same destination in future.

4.2.4.3   People with a limitation

Polish people with any limitation are more likely to mention a lack of help, a lack of affordable accessibility services or infrastructures, family reasons or a long term illness or health issue as a reason not to have travelled in the past 12 months. Their Swedish counterparts are less likely to mention a long term illness or health issue. Dutch people with any limitation are more likely than average to mention a lack of help but mention less often that they preferred to stay at home.

Turning to seasonality, people with any limitation in Italy and Spain are more likely to travel during the summer holidays, while UK people are less likely to do so. Autumn holidays are more often mentioned in Ireland, Poland and Sweden, and less often in France. People with any limitation in Belgium and Poland are more likely to travel off-season, while Italians are less likely to do so. Lithuanian and Slovenian people with any limitation mention less often spring holidays, while Poles are more likely to travel over the winter holidays.

In terms of travelling companions, Polish people with any limitation are more likely than average to mention a range of situations: children below or above 5, colleagues, personal care worker, other group, but also travelling on their own. Irish people mention less often travelling with children below or above 5 and other family or household members. People with any limitation in Lithuania travel more often with colleagues or another group and less often with their partner. Dutch people are more likely to mention and other group or a personal care worker. People with any limitation in Spain are more likely to travel with their partner, while Swedes travel more often on their own and less

often with children below 5. Finally, people with any limitation in the UK are less likely to travel with colleagues.

In terms of destinations, Lithuanian, Polish and Slovenian people with any limitation are less likely to say they have travelled to a non-European destination in the past 12 months, while Dutch people less often mention travelling in their home country, the most frequent answer overall. People with any limitation in the UK who travelled outside the EU in the past 12 months are more likely to mention the accessibility of the destination as a reason for their choice.

Slovenian people with any limitation are more likely to mention staying in a rental house or flat, in a tent, caravan or mobile home, or in a spa or wellness resort, but mention less often staying with family or friends, or at a hotel or B&B. Lithuanian people mention more often than average staying with family or friends, in a tent, caravan or mobile home, or in a spa or wellness resort. People with any limitation in France stay more often in a rental house or flat, and in a spa or wellness resort, but less often in a hotel or B&B. Swedish people stay less often in a rental house or flat, in their own holiday house or in a spa or wellness resort. Polish people with any limitation mention more often staying with friends and family, or in a rental house or flat, while Dutch people are less likely to choose these two answers. Italian and Spanish people with limitation stay less often in a tent, caravan or mobile home, while Spanish people with any limitation mention more often hotels or B&Bs. UK people also mention this last answer more often, and are less likely to stay in a spa or wellness resort. Belgian people with any limitation mention less often staying with family or friends.

In terms of transport, people with any limitation in France are less likely than average to use the airplane, a boat, ship or ferry, or a taxi to travel to and from their destination, or once at destination. Polish people also mention airplanes less often but mention a range of other transport means more often than average: cars, coaches, trains, local public transport, boats, motorbikes, bicycles and wheelchairs.

Slovenian people mention airplanes and trains less often, and cars and bicycles more often. Lithuanian people mention trains less often, but travel more often by coach, local public transport, bike or wheelchair. Irish people with any limitation mention more often airplanes, local public transport, boats, or taxis. Besides, Italian people mention more often airplanes and boats and Spanish people airplanes and trains. Swedes with any limitation mention more often boats and are less likely to travel by car or with a wheelchair. People in the UK are less likely to travel by coach or bicycles and Belgian people by taxi, while Dutch people with any limitation travel more often by bicycle.

Turning to activities at destination, there is a number of country differences among the activities mentioned most often overall. Dutch people mention less often spending time with family and friends and sightseeing, and more often swimming or sunbathing. Italian people with any limitation also

mention less often spending time with family or friends and sightseeing. Belgians are less likely to spend time with their family or friends, or go shopping. French people are more likely to go sightseeing but less likely to take part in local events. Irish people with any limitation mention less often hiking, while people in the UK mention more often spending time with family or friends. Lithuanian people are less likely to go hiking, shopping or dine out while travelling. Slovenian people with any limitation are more likely to go swimming or sunbathing or on natural visits and less likely to go shopping or dine out. Spanish people mention more often hiking and dining out, while Swedes with any limitation are less likely than average to mention sightseeing, natural visits or hiking. Polish people with any limitation mention less often cultural visits and more often than average a range of activities: spending time with family and friends, sightseeing, hiking, and shopping. Besides, they are more likely to mention one of the less frequent answers, health care or other medical activities.

Looking into information sources before travelling, Polish people with any limitation mention more often using the media and specialised sources, while Swedish people mention these less often than average. Slovenian and Lithuanian people mention more often their own experience or other people as a source, with Lithuanian people relying less on the tourism sector. UK people also rely on their own experience more than average. In contrast, Dutch people with any limitation mention people and media less often than average. People with any limitation use media less often in Belgium and the tourism sector less often in Ireland.

Looking at booking channels, Italian people with any limitation are more likely to book through a travel agency. Polish people mention more often booking through an institution or group, an answer less often mentioned in Sweden. Both Lithuanians and Poles with any limitation are more likely than average to book through someone they know. Direct booking with the provider before a holiday or once at destination are both more frequent in Ireland and less frequent in Belgium.

Telephone booking is more frequent in Poland and less frequent in Belgium, Ireland, the Netherlands and Sweden. In Italy and Spain, booking in person is more likely than average, with the opposite trend in Sweden. Internet booking is more frequent in Ireland, the Netherlands and the UK and less frequent in Poland and Slovenia.

People with any limitation in Italy and Poland are more likely than average to check accessibility conditions before travelling, while this is less likely in Belgium, France, Ireland, Lithuania and Sweden.

Among people who check accessibility conditions before travelling, people in the UK are more likely than average to say there is enough information, while people in Italy, Spain and Sweden are less likely to say so. Irish people with any limitation who check accessibility information are less likely to say this information is accessible, and there are no country differences in terms of the perceived reliability of the information.

In terms of importance of aspects when travelling, Lithuanian and Swedish people with any limitation tend to give lower scores to a wide range of aspects, while people in Italy give higher importance scores to a wide range of items. However, Lithuanians find nature, safety, transport and information available at destination more important than average. People with any limitation in Ireland find excursions, accessible sports equipment, the availability of services in a language you understand, and the availability of a specific service of infrastructure less important than average, and accommodation and transport to and from their destination more important. French people with any limitation find accessible restaurants, medical help, food and drink, accommodation and safety less important than average, but excursions more important, while Belgians find the accessibility of booking services less important and nature more important. Polish people with any limitation find medical help and safety more important and excursions, and the availability of specific services, infrastructures or products less important. Dutch people give shopping more importance and excursions less importance, while Spanish people with any limitation find health treatments less important. In contrast, people in Slovenia give a higher importance score to health treatments and lower scores to excursions, sightseeing and shopping. Finally, UK people find accommodation and food and drink more important than average.

In terms of satisfaction with these same items, people with any limitation are more satisfied than average with a wide range of items in the UK, and tend to be less satisfied in Sweden, Slovenia and Spain. Lithuanian people are more satisfied with nature, excursions and local culture, and less with destinations being adapted to specific groups of people and the availability of information about accessible services. French people with any limitation are less satisfied with food and drink, and transport to and from their destination. Irish people are more satisfied than average with this last aspect. Belgians with any limitation are less satisfied with accommodation, local culture, transport once at destination, destinations being adapted to specific groups of people and medical help. Italians are less satisfied about the way tourists are treated, accessible shops and accessible sports equipment. People with any limitation in Poland are less satisfied than average with excursions, health treatments, accessible restaurants, destinations being adapted to specific groups of people and the availability of specific services.

Turning to barriers, Polish people with any limitation are more likely than average to mention any barriers, and particularly related to nature, shopping opportunities, the way tourists are treated, food and drink, safety, information available at destination, accessible shops, destinations being adapted to specific groups of people, and the availability of services in a language they understand. Lithuanians are more likely to mention the value for money of the destination. Italians mention more often barriers linked to local culture, accessible locations or the availability of services in a language they understand. Belgians with any limitation mention less often barriers related to health treatments, value for money or accessible accommodation and are less likely to mention

experiencing any barriers in the past 12 months in general. This is also the case for people with any limitation in the UK, who are less likely to mention a barrier, and less likely to answer the availability of services in a language you understand. Slovenians experience fewer barriers linked to local culture, safety and the accessibility of booking services. Spanish people with any limitation mention less often nature and the way tourists are treated. Swedes are less likely to mention the way tourists are treated, food and drink, accommodation, information at destination, information about accessible services, accessible locations, and the availability of a specific service. French people with any limitation are more likely to experience barriers with transport to and from their destination and less likely than average to say they did not experience any barriers in the past 12 months. Dutch people experience fewer barriers with the accessibility of booking services and transport types.

When asked how important building infrastructures are to them, Polish people with any limitation find accessible parking spaces, building access, accessible toilets, the ease of use of furniture, alarm systems and access to services other than accommodation more important than average. Italians find access of the building more important than average. Slovenian people with any limitation give a higher importance score to accessible parking spaces, and lower scores to alarm systems and the ease of use of lifts. Swedish people find accessible toilets more important and accessible parking spaces, alarm systems, building access, and the ease of use of lifts less important. Lithuanian people with any limitation find accessible parking spaces and toilets less important, while this is the case of the ease of use of furniture and alarm systems in Belgium.

Looking into satisfaction with these same aspects during one's most recent trip, people with any limitation in the UK are more satisfied than average with all items, while Spanish and Lithuanian people are less satisfied than average with most items. French people with any limitation are less satisfied with accessible toilets and the ease of use of the furniture, Dutch people with the ease of use of lifts, and Slovenians with access to services other than accommodation. People with any limitation in Poland are less satisfied than average with mobility within the room (e.g. in a hotel) and within buildings, while Swedes give a lower score to mobility within the room and alarm systems.

When asked how likely they would be to travel more often if they were offered better accessible services, people with any limitation in Italy and Poland give a higher than average score, while people in Belgium, Lithuania and Sweden are less likely to mention travelling more often.

People with any limitation in Italy and Slovenia are more likely than average to say they have to pay more than the standard price at least sometimes because they need accessible products or services. Belgian, Irish, Lithuanian and Swedish people are less likely to say so. In terms of switching to a more expensive product because they need it to be accessible, a similar pattern can be seen, with Italians mentioning this more often and Belgians, Lithuanians and Swedes mentioning it less often.

People who are satisfied with the accessibility of their most recent trip were asked how likely they would be to return to the same destination. Belgians, Slovenians and Swedes are less likely than average to say they would return to the same destination.

In terms of items that people would use at destination, Swedes and Belgians with any limitation are less likely to mention any useful items overall. Dutch people mention less often a range of items, but more often induction loops. French people with any limitation mention less often wheelchairs, walkers or medical help. Italians are more likely to select personal care workers or specifically trained staff, and Lithuanians medical help. People with any limitation in the UK are more likely to mention personal care workers, wheelchairs or walkers. Poles are more likely to mention any answer, and specifically medical treatments or help, specifically trained staff, and menus for special dietary needs. People with any limitation in Slovenia are more likely to mention areas or equipment for children and less likely to mention walkers or personal care workers. Spanish people are more likely to mention hearing aids.

4.2.5 EU - Socio-demographic profile

4.2.5.1 Gender and age
Of the total sample of 1612 persons with any limitations, 51% were male and 49% female. There is, however, some variation in the **gender split** when we look at the individual groups. In the **over-65 group**, there is a greater preponderance of males (59%) and in the **people who travel with children group**, males make up 55% of the group.

The mean age of **people with any limitations** group is 44.5 years. In the group of **people who travel with children**, the mean age is 41.4 years and the average age of those in the **over-65 group** is 68.6 years.

4.2.5.2 Special access needs
When we look at travel accompanied by children younger than 5, respondents could include their own children, grandchildren or other children for whom they took regular responsibility. In the case of **persons with any limitations**, 47% of the group said they had travelled with such children, as did 26% of those aged **over 65**.

The people with any limitations group comprised the following[1]:

• 74% had mobility limitations,
• 68% sensory limitations,

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[1] Because respondents' situation could fall within a number of categories, the totals that follow exceed 100%.

- 67% hidden limitations,
- 60% behaviour limitations,
- 54% special needs, and
- 47% communication limitations.

The **over-65s group** comprised:

- 51% mobility limitations,
- 42% sensory limitations,
- 39% hidden limitations,
- 35% special needs,
- 26% behaviour limitations, and
- 24% communication limitations.

The group of people travelling with children comprises:

- 56% mobility limitations,
- 54% sensory limitations,
- 51% hidden limitations,
- 47% behaviour limitations,
- 40% special needs, and
- 38% communication limitations.

Overall, figures on self-perceived limitations contrast markedly with the figures obtained by asking people which specific difficulties they experience in their everyday lives – they are overall much lower.

In the **people with any limitations** group, 60% considered themselves as a person with one or several of the listed limitations and the remaining 40% considered that they had none of these limitations.[1]

5% considered themselves as having behavioural limitations, 12% hearing limitations, 20% mobility limitations, 22% visual limitations and 26% hidden limitations.

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[1] This difference corresponds to the difference between self-perceptions (people who consider themselves as having a limitation at question SD9) and someone's actual situation (people who reported having any of the limitations listed at question S2).

In the **over-65s group**, on the other hand, a lower proportion of members (58%) considered themselves as a person with one or several of the listed limitations. Of the remaining 42% of the group who said they had any of these limitations, 16% said they had hidden limitations, 17% mobility limitations, and 13% hearing and/or visual limitations.

In the group of **people who travel with children**, 54% of the group considered they had none of the listed limitations.

Of the remaining 46% who said they had one or several limitations, 20% said they had a visual limitation, 15% a mobility limitation, 15% a hidden limitation, 10% a hearing limitation, and 4% a behavioural limitation.

4.2.5.3 Occupation and income[1]

At 36%, the largest segment of the **people with any limitations** group comprised employees, 7% managers and an additional 7% self-employed. A further 20% were retired. 8% were respectively unable to work because of long term illness/disability, studying or unemployed. A final segment of 6% were house persons/responsible for everyday shopping and looking after the home.

Because of their age profile, 83% of the **over 65s group** was retired. 6% of this group were self-employed, 3% managers, and 2% employees. An additional 5% were house persons and 1% unemployed.

47% of the group of **people who travel with children** were employees, 14% retired, 9% managers, 7% self-employed or house persons, 6% unemployed or students and 3% unable to work due to long-term illness or disability.

51% of the group of **people with any limitations** earned wages or salaries and 26% received pensions. 10% were disability benefit recipients, 9% received income from self-employment, disability benefits, support from family or friends, or had other sources of income (e.g. from property, stocks, etc.) respectively, and 8% received unemployment benefits.

87% of the **group of over-65s** received pensions, 14% other income, 9% wages or salaries, 7% income from self-employment, 4% disability benefit or other social benefits, and 2% support from family and friends.

In the group of **people travelling with children**, 62% had a wage or salary, 18% a pension,10% an income from self-employment, 9% other income, 8% support from family and friends or unemployment benefit, while 7% had disability benefit or another social benefit.

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[1] In some cases, respondents had more than one source of income, which means that overall totals may exceed 100%.

Respondents were also asked to provide an indication of their net monthly income (including any benefits or pensions).

9% of the group of **people with any limitations** said they had an income of €500 or under and 13% had an income of between €500 and 1000. 17% had an income of between €1000-1500 and a further 16% of between €1500-2000. Thus 39% of the group had an income of €1500 or under and 55% of the group had an income of €2000 and under.

19% had an income in the €2000-3000 range and a further 8% in the €3000-4000 range. Lastly, 9% had a monthly income in excess of €4000 and 9% preferred not to answer the question.

Looking at the **over-65s group,** we note that there are proportionally fewer members of the group with incomes in the lower categories. In total, 18% had an income of €1000 or lower, in contrast to the people with any limitations group (22%).

At the upper end of the income scale, 20% had an income in excess of €3000, whereas the equivalent figure for the people with any limitations group is 17%. Over 11% of the group preferred not to answer the question.

Moving on to the group of **people who travel with children**, it is observed that 19% of the group had an income of €1000 or below. In this group, there is a higher proportion (24%) of members earning in excess of €3000 than in the group of people with any limitations and in the over-65s group. There is also a lower proportion (8%) of members preferring not to answer the question than in the other two groups.

4.2.5.4 Education

In the group of **people with any limitations**, it can be seen that 39% had completed at least the first stage of tertiary education, 7% had completed post-secondary non-tertiary education, and 34% had completed upper secondary education.

In the **over-65s group**, there were somewhat higher proportions who had only completed pre-primary education (2%) and primary education (3%) than in the other two groups (1% and 2% respectively among the people with any limitations group and 1% in each case for members of the group travelling with children, respectively).

In this group also, there are lower proportions of both those who had completed upper secondary education (33%) and the first stage of tertiary education (35%), although there was a higher proportion of those who had completed post-secondary non-tertiary education (9%).

In the group of **people who travel with children**, a significantly higher proportion (42%) had completed the first stage of tertiary education than in the other two groups. There were also correspondingly lower proportions of people whose highest level of education was pre-primary, primary, lower secondary or upper secondary and post-secondary non-tertiary education.

4.2.5.5 Living situation

70% of the group of **people with any limitations** lived with their family or spouse and a further 21% lived alone. An additional 2% lived in a flatshare or community, 1% with a personal care assistant and 1% lived alone with help (e.g. regular visits from a nurse). Under 1% lived in an institution/nursing home.

Higher proportions of the **over-65s group** (24%) lived on their own and with their family or spouse (71%). There were smaller proportions in this group living alone with help, living with a personal care assistant, living in an institution, or living in a community/flatshare. None of the group lived in an institution or nursing home.

As for the group of **people who travel with children**, there are significantly lower proportions that live alone (12%) and a correspondingly higher proportion (81%) who lives with their family or spouse. Just under 1% lived in an institution or a nursing home or lived alone with help or lived with a personal care assistant.

4.2.6 Focus groups – Overall results

Two focus groups with people above 65 were conducted in Lithuania and Ireland in order to better capture the behaviour and specific needs of this group. The methodological details can be found in Annex G.

4.2.6.1 Overall findings

Ireland and Lithuania have different profiles in terms of elderly people's travel patterns and behaviour, which brings useful information on variations within the EU. Overall, elderly people in Ireland were more likely to travel and organise their trips independently, particularly using the Internet, while elderly people in Lithuania were more likely to rely on a travel agent or association. In both cases, accessibility when travelling was not perceived as a major issue as participants have developed strategies to avoid experiencing barriers. In Ireland, this was likely to involve researching a destination before the trip, while Lithuanian participants were more likely to carefully select a trip organiser who would take into account their specific needs. Advance planning taking into account one's specific needs is therefore a major behavioural pattern identified in the two focus groups. In parallel, participants also reported selecting trip types adapted to their needs, for instance shorter trips to nearby destinations instead of longer, more distant trips where their health condition or specific needs may be issues.

The general hypotheses for the online survey were adapted to elderly people for the focus groups:

- Senior people have specific behavioural patterns when preparing a trip and travelling
- Senior people experience obstacles and barriers of different kinds when travelling
- Senior people are not a uniform group and their type of needs and socio-demographic characteristics have an influence on their attitudes and behaviour

Hypothesis H6 can also be addressed here:

➢ H6: The motivation of travelling and activities by the seniors are pretty diverse.

The focus groups support the idea that seniors have specific behavioural patterns when preparing and booking a trip – in both focus group, advance planning and the prevention of risks and issues was a common topic. Besides, in spite of common trends, elderly people had different motivations and preferred activities when travelling, while obstacles and barriers were more linked to specific access needs than old age as such. Overall, these results show that seniors are not a uniform group and that their needs need to be taken into account in a flexible manner.

4.2.6.2 Detailed findings for Ireland

Irish participants had various profiles in terms of travel and health issues. Interestingly, there is a perception that elderly people in Ireland are more active and socially engaged than a few decades ago – participants to the group tend to regularly go out, travel or use the Internet. Overall, they are likely to go on holidays (1 or 2 weeks on average), on short breaks or to visit family or friends (for a few days) as well as on trips to the city or to funerals (day trips).

As most of the Irish group was retired, they did not travel at a specific time of the year. Most overseas travel took place in Europe or the US, while domestic destinations varied as many of these were visits to family or friends. Irish participants most often travel with their spouses and/or grown children and stay in hotels, B&Bs, self-catering apartments or with family and friends.

Common means of transportation were the plane and public transport for overseas destinations and the car and public transport for domestic trips. In particular, the fact that public transport on bus, trains and trams is free for 65+ people in Ireland was seen as a crucial factor for travelling and explains why these means of transportation are particularly popular for this category. Activities at destination depended more on personal preferences than age or health issues, with spending time with family and friends, sightseeing or going to the beach mentioned as popular activities.

Aging had both a positive and negative influence on their travel patterns: some participants travel less than before due to health issues, while others travel more as they have more time now they are pensioners.

Health issues influence travel choices: for instance, people with mobility of sight issues cannot drive a car anymore and rely on public transport or someone else driving for them. However, this was seen more as a necessary adjustment to their lifestyle than as a problem. Similarly, accessibility was not seen as a restriction to travelling but meant that most participants had to be aware of their limitations when making travel plans. For instance, participants tend to choose overseas destinations where they are unlikely to have accessibility issues or domestic meeting places they can easily reach, and check beforehand if their needs will be met.

In terms of information and booking, family or friends and the Internet (hotel websites or tourism websites) are the most common information sources. A majority of participants were Internet users, others would ask friends or family to take care of the online information search or booking for them. The use of travel agencies remained limited. Information was seen as easy to find as hotel websites include information on the hotel itself and the surrounding area, which can be completed by additional internet searches.

Lack of accessibility was highlighted as a problem for people with mobility issues but problems were rarely reported as they check conditions in advance – for instance by checking beforehand the presence of lifts or ramps and pre-booking airport assistance. Usually, participants did not expect to have accessibility issues as lifts and ramps are seen as basic facilities. Footpaths and pedestrian areas were seen more as an issue, with mentions of potholes or loose pavement stones.

More generally, participants planned their trips according to their preferences, needs and interests and therefore did not report any specific barriers to travelling. The main specific service they use is

free travel on public transport for 65+. No one mentioned looking for specific information about services for elderly people or experiencing accessibility issues when looking for information.

When deciding on a trip, price is the main consideration, but it is weighted against other aspects (activities, destination, and accessibility). The destination itself and things to do at destination are the most important aspects of the trip and also the ones participants measured their experience against.

The main travel-related issues mentioned were the availability of public toilets on public transport (train, bus), the availability of late night or 24 hour chemists in case of health issues and the quality of tourism staff. Chemists were seen as important for their peace of mind. In terms of staff, the availability of staff fluent in English and able to provide information on sightseeing and landmarks was seen as an important factor of satisfaction.

No one reported paying more for accessible services and all participants agreed that they wouldn't expect to have to pay as this should be standard. However, they choose services based on their suitability for their needs: basic services are expected, but participants are ready to pay more for comfort if they can afford it, for instance booking a 4-star hotel closer to public transport instead of a 3-star hotel that requires walking more.

Participants had the feeling they could already travel as much as they can afford without barriers other than their disposable income. Therefore, improvements to accessibility and related information were not seen as likely to influence their future travel behaviour. However, free public transport for 65+ was seen as a major factor in terms of their travel behaviour, with some commenting that removing this service would limit their opportunities to go out and travel.

4.2.6.3   Detailed findings for Lithuania

Lithuanian participants typically travelled less often than their Irish counterparts. Travel frequency mostly depended on participants' financial abilities and health condition, with short breaks in Lithuania and neighbouring countries being the most frequent trip type. More distant or longer trips typically occurred once or twice a year. Lithuanian participants tended to travel in later spring or late summer/early autumn, because of the milder weather, longer days and differences in available budget. Popular destinations are neighbouring countries (Latvia, Estonia, Poland) and other European countries (e.g. Scandinavia, the UK, etc.). As in Ireland, some participants travel more often than before as they have more time while others travel less due to poor health.

Participants did not mention experiencing many issues when travelling, partly because they plan their trips well to avoid putting themselves in situations where issues may occur. They also select trip types that are adapted to their condition, with participants in good health being more likely to go on longer trips, while participants with poor health choose shorter trips to nearby destinations (Lithuania or neighbouring countries). Participants do not want to cause issues to trip organisers or

other travellers and therefore choose "safer" trip types. Financial abilities, poorer health and related fears, anxiety and limitations also have a negative influence on the number of trips.

The main limitations mentioned by participants are a slow pace which may prevent them from joining a group, understanding information more slowly, which may be an issue when listening to a guide or visiting many places in one trip. Besides, some participants say their health issues limit their freedom of movement as they often need outside help or regular medical checks. For instance, participants with issues such as diabetes are afraid of distant and long travels and prefer to travel with people who know how to react in case of issues, for instance with other members of a diabetic people's association.

Overall, the majority of participants adapt to new situations and issues as they arise during trips and do not tend to focus on their difficulties. In addition, it was sometimes difficult for participants to verbalise their needs – in the words of one participant, "We are not used to express our needs and ask for them". Therefore, special needs have a limited influence on travel choices at the moment.

Participants preferred to travel with like-minded people, such as friends or club members. The most common accommodation was hotels, with the main factors of choice being cleanliness, separate toilets and bathroom, peace and quiet, and food. Staying with family or friends was also popular, as was camping in more expensive destinations.

The most usual transportation mean was the bus – it was seen as the safest and most familiar by participants. Travelling by plane was seen as more stressful, more likely to be an issue in terms of their health condition and requiring additional skills to book the trip. Once at destination, participants were most likely to go round with a sightseeing bus or by car with family or friends.

Family and friends are the main information sources. For instance, travel agencies were usually recommended by someone or tried and tested during earlier trips. Participants who travel with organised groups get information from the trip organisers; they trust them and leave the logistics of the trip to them. A few participants checked information online, mostly related to sightseeing places. As participants rely on a trip organiser, they do not report any difficulties finding the information they need: "Everything is perfectly organized for us."

Participants also expect the trip organiser to take into account their specific needs. Participants are not usually offered senior-specific services and are not sure of what this could entail. Besides, they do not know what type of accessibility information they could look for. The information they get from trip organisers is seen as reliable and understandable. Participants tend to go on trips organised by a community or club, or if they go through a travel agency, to book through the travel agent. These booking channels are seen as accessible. In contrast, external help is usually required to book via other channels, for instance for plane ticket bookings.

The first consideration when organising a trip is the budget, followed by health. The destination is the next most important factor in the trip decision. Transport and accommodation are mentioned next. Besides, recommendations and previous experience with the trip organiser and the choice of travel companions (like-minded people with similar goals) are important.

In terms of satisfaction, participants mention the importance of having a good tour guide: someone who organises everything properly and is aware of elderly travellers' needs, for instance a slower pace or the availability of medical help. The choice of suitable transport and accommodation is seen as a factor depending on the choice of a good tour guide. Once they have found a trip organiser who meets their needs, participants tend to travel with them again.

One of the main obstacles faced by seniors when travelling is travel agencies' lack of interest in older customers as they often do not offer trips tailored to this target audience. Another barrier is travel insurance: participants tend not to trust it because they experienced issues or heard stories where the travel insurance did not cover medical expenses or was invalid.

Age is seen as a barrier when preparing a trip as it sometimes means a lack of knowledge, particularly of modern technology and a poorer understanding of information. Therefore, individual trips are seen as complicated and participants favour organised trips, which seem more reliable and less stressful.

Some participants have already benefited from discounts for seniors in museums or on public transport, but otherwise find it difficult to imagine what other services they could use. In terms or building infrastructures, participants mentioned lifts, en-suite toilets and bathroom, a quiet environment, the right temperature (e.g. air conditioning in hot weather), and low curbs and stairs.

Participants mentioned having to pay more to get an individual room, to get an extra seat or for specific meal requirements (for instance vegetarian food). Participants typically had limited financial resources and adapted to the circumstances rather than select a more expensive service.

One of the factors that would encourage participants to travel is travel agencies more widely welcoming seniors and considering them attractive clients. Besides, offering travel at reasonable prices would be important given the participants' financial situation. If services likely to reduce stress and improve health care when travelling were offered, participants would be likely to consider them provided the price was acceptable. Offering these services was seen as a positive move which would improve the choice of travel options.

4.2.7 EU - Hypotheses

The following hypotheses were identified before the data collection phase.

<u>H17:</u> People with access needs have specific behavioural patterns when preparing a trip and travelling

<u>H18:</u> People with access needs experience obstacles and barriers of different kinds when travelling

<u>H19:</u> People with access needs are not a uniform group and their type of needs and socio-demographic characteristics have an influence on their attitudes and behaviour

<u>H20:</u> Other factors, such as changes to the offer, have an influence on people with access needs' behaviour when travelling

Based on the results of the survey, it is possible to draw the following conclusions.

<u>H17.</u> Overall, people with access needs share many behavioural patterns with other travellers, with minorities selecting answers specific to this group. For instance, between 7% and 12% of each sub-group (people aged 65 and above, people with limitations and people who travel with children) mention travelling with a personal care worker in the past 12 months, compared with 57% to 63% travelling with their partner. The same trend appears for people staying in a medical institution or using wheelchairs as transportation – a minority selects this answer, but the majority uses more standard infrastructures.

More striking findings appear for the trip preparation process. Between 28% and 41% of each sub-group uses specialised sources to get information when making travel plans, while 18% to 37% of each sub-group books through an institution or group. Besides, although the most important trip aspects are not related to access needs, the items related to access needs with the highest importance scores, the accessibility of booking services, information on accessible services and medical help or health care at destination, are considered important by large proportions of each sub-group. This can also be linked to the finding that between 48% and 67% of each sub-group checks accessibility conditions and/or available help before travelling. Overall, large majorities find information about accessibility at destination sufficient, reliable and accessible, although these seem to be an issue for a minority in each sub-group. Findings from the focus groups similarly support the hypothesis that people with access needs have specific behavioural patterns when preparing a trip, as they show evidence of advance planning and adaptation behaviours aiming at preventing issues and fulfilling their specific needs, for instance by selecting shorter trips to nearby destinations.

<u>H18.</u> More differentiated results can be seen when looking at barriers. Only a minority mentions travelling outside the European Union due to the accessibility of their destination. Interestingly, the most frequent accessibility-related answer is not about a lack of information or accessible services,

but about the lack of *affordable* accessibility services and infrastructures. Moreover, 32% of seniors, 49% of people with limitations and 61% of people who travel with children had to pay more than the standard price for accessible services at least sometimes with similar proportions mentioning they had to switch to a more expensive product or service because they needed them to be accessible. These results point towards issues with the price of accessibility.

Turning to satisfaction, the accessibility-related items with the highest scores are the accessibility of restaurant and booking services. Several other accessibility-related items get lower scores, but for some of them, this is linked to high proportions of respondents saying these do not apply to them: health treatments, medical help, the availability of specific services or products, accessible sports equipment, and the destination being adapted to specific groups of people. The last three items are least frequently mentioned when respondents are asked which aspects they have experienced barriers with. In contrast, medical help and health treatments both get low satisfaction scores and are mentioned fairly frequently as barriers. Other accessibility-related aspects often mentioned as barriers are the availability of information about accessible services and accessible locations. Turning to buildings, satisfaction is the lowest for alarm systems, types of access and access to services other than accommodation, although many people feel these do not apply to them.

It is also important to note that 61% of people aged 65 and over, 36% of people who travel with children and 42% of people with limitations say they did not experience barriers with any of the trip aspects mentioned. This is consistent with the results of the focus groups, where few participants reported issues when travelling. Some participants pointed out that they simply adapt to local circumstances and issues as they arise.

H19. The survey confirms that people with access needs are not a uniform group: their types of access needs and personal characteristics have an influence on their behaviour. The survey results are different on most questions for the three sub-groups (people who travel with children, people aged 65 and above and people with limitations), although some overall trends apply to all three. Besides, looking at results for people with limitations by type of limitation (e.g. sensory, mobility) also shows important differences between groups. Another difference impacting behaviour is the country of origin, with differences appearing on most questions between countries.

H20. The survey asked a number of questions related to expectations and changes to the accessible tourism offer with results pointing towards possible behaviour changes if accessibility conditions were improved. Around one third of people aged 65 and above and almost half of the two other groups would consider increasing their travel budget in the next 12 months if barriers were removed. Besides, over 80% of people who are satisfied with the accessibility conditions of their last trip are likely to return to the same destination in future. Results are less clear-cut regarding the travel frequency if better accessible services were offered: 36% of people aged 65 and above, 51%

of people with any limitations and 62% of people who travel with children would be likely to travel more often in these circumstances.

Looking at the aspects that could be improved, 64% of people who travel with children, 58% of people with limitations and 32% of people aged 65 and above selected at least one item they would use when travelling out of a list of equipment and services. Seniors and people with limitations most often mention medical help and menus for special dietary needs. These items are also mentioned often by people who travel with children, together with equipment and activities for children. In terms of building accessibility, the aspects seen as most important by all three groups are accessible toilets, accessible parking spaces and the ease of use of lifts.

4.2.8 Inbound markets – Overall results

A total of 423 interviews were conducted in four inbound markets following the same methodology as the main European Union survey: Brazil, China, Russia and the United States. The main results of this survey are presented below.

4.2.8.1 Travel behaviour

Travel behaviour among seniors and people with limitations in the inbound markets is overall in line with the results of the EU surveys, particularly in terms of travel companions, accommodation and transport.

Reasons for not travelling in the past 12 months are close to the EU survey results: 58% of people with any limitations and 57% of people aged 65 and above mention financial reasons, followed by personal preference with respectively 25% and 35% of answers.

People with any limitation most often mention travelling over the summer and off-season (both 54%), which is also the case of people aged 65 and above with 56% mentioning off-season holidays and 51% mentioning the summer.

In terms of travel companions, partners are mentioned most often, by 63% of people with any limitation and 54% of people aged 65 and above. Other family or household members come next with respectively 47% and 45%. People with any limitation also mention often friends, with 44% of mentions.

Turning to destinations, 85% of people with any limitations and 88% of people aged 65 and above mention travelling within their home country in the past 12 months, while respectively 96% and 95% of the two surveyed groups mentioned travelling to the EU in the past 12 months.[1]

A majority of respondents mentions staying in a hotel or Bed & Breakfast – 77% of people with any limitation and 75% of people aged 65 or above. These figures are respectively 36% and 33% for the second highest mention, staying with family or friends.

Looking at transportation means at destination and to and from one's destination, the main mentions among people with any limitations are airplanes and cars (both 73%) while people aged 65 and above most often mention the car (74%) followed by airplanes with 65%.

In terms of activities, the main mentions across both groups are natural visits (68% for people with any limitations and 69% of people aged 65 and above), sightseeing (both 64%), cultural visits (respectively 61% and 64%), shopping (respectively 64% and 52%) and dining out (respectively 51% and 50%).

4.2.8.2 Decision-making and booking

Travel agencies and tourism providers play a more important role in the booking process in inbound markets than in the EU, while respondents in inbound markets are more likely to mention issues with information about accessibility conditions.

People with any limitation most often mention family, friends or colleagues as an information source when planning a trip (59%), followed by tourism websites (54%) and travel agencies (46%). People aged 65 and above mention the same sources, with respectively 60%, 48% and 45% of answers.

Turning to booking channels, a majority books through an agency (75% of people with any limitation and 65% of people aged 65 and above). Only 32% of seniors book through an institution or group, while 54% of people with any limitations do so. There are limited differences between telephone, in person and Internet booking, although people with any limitations are more likely to book in person or through the Internet than the elderly.

63% of people with limitations and 51% of people aged 65 and above check accessibility conditions before travelling. Among these, the majority think there is enough information and that this information is reliable and accessible. Still, these aspects seem to be an issue for minorities in both groups: 20% of people with limitations and 28% of people aged 65 or above do not think there is

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[1] Respondents were interviewed online and people who did not wish to travel at all were not invited to complete the survey – these figures are therefore higher than could be expected for the overall population of people with limitation and/or aged 65 and above in the four target countries.

enough information; 20% of the first group and 22% of the second think this information is not reliable; and respectively 8% and 18 of the two groups do not think that this information is accessible.

4.2.8.3 Experience

Respondents in the inbound markets have a slightly different profile than EU respondents in terms of barriers and the importance of and satisfaction with trip aspects.

Looking into the trip aspects that are considered important, safety comes first for all (with average scores of 4.7 out of 5 for both groups), while natures comes second (with 4.4). People with any limitations also give a 4.4 score on average to the general value for money of a destination.

Respondents were asked about their satisfaction with the same aspects during their most recent trip. Safety and nature come first, with average scores of 4.5 among people aged 65 and above, and average scores of 4.4 among people with limitations.

Shopping opportunities and health treatments (both 3.8) received the lowest scores among people with limitations, while health treatments (3.6) and accessible sport equipment (3.7) score the lowest among seniors.

Turning to building accessibility, people with any limitations find the ease of use of lifts (with an average score of 4.3 out of 5) and mobility within the room (4.1) most important. People aged 65 and above give the highest scores to the ease of use of lifts (4.2), mobility within the room and the ease of use of the furniture (both 3.9). People with limitations also find access to services other than accommodation more important than people aged 65 and above.

Satisfaction with these aspects is highest for the ease of use of lifts, ease of use of the furniture and accessible toilets and bathroom (all 4.1 out of 5 on average) among people with limitations. People aged 65 and above are most satisfied with the same aspects: the ease of use of lifts (4.3), the ease of use of furniture and accessible toilets and bathrooms (both 4.2). People aged 65 and above are more satisfied with the ease of use of the lifts than people with limitations.

In terms of barriers, the main mentions for people aged 65 and above are information available once at destination (16%), food and drinks available at destination (14%), and the general value for money of the destination (13%), although 52% say they have not experienced any barriers with any of the aspects mentioned. Among people with limitations, the availability of information about accessible services is the main issue with 22% of answers, followed by transport once at destination (20%), food and drink available at destination (19%) and the availability of services in a language you understand (17%). 33% of people with limitations answered 'None of these.'

59% of people with any limitations and 44% of people aged 65 and above mention they have to pay more than the standard price for accessible services or products at least sometimes. Besides, respectively 49% and 36% of the two groups say they have to switch to a more expensive product or service at least sometimes for them to be accessible.

4.2.8.4   Expectations & future

People in inbound markets seem more likely than EU respondents to mention they would change their behaviour if accessibility conditions changed.

79% of people with limitations and 69% of people aged 65 and above say they would increase their travel budget if barriers disappeared. Besides, among people who are satisfied with the accessibility of locations during their most recent trip, respectively 85% of people with limitations and 80% of people aged 65 and above say they are likely to go back to the same destination in future.

When asked which items they would use if available at destination, people with any limitations most often mention a sign-language interpreter (28%), help to get on board, leave or change transport type (25%) and medical help (25%). Among people aged 65 and above, 45% did not pick any of the items, while 22% mentioned help to get on board, 19% medical help and 18% a sign-language interpreter.

If they were offered better accessible services, 69% of people with limitations and 55% of people aged 65 or above would be likely to travel more often.

5 Task 3 – Evaluation of the tourist experience across different tourism sectors

5.1 Task 3a - Case-studies

3a: <u>Supply</u>: To examine good practice/success stories in the supply of accessible offerings which act as enabling factors affecting the quality of the tourist experience of people with access needs

5.1.1 Methodology

The aim of the analysis of case-studies is to confirm or to refute the hypothesis stated in section 5.1.4. The following activities were conducted for this task:

- Hypothesis formulation
- Provisional criteria to identify case-studies were established
- List of potential cases has been analysed
- List of study cases has been discussed with the other project team in Avila during the IV. International Congress of Tourism for All.
- Submission of the provisional list to the EC
- Approval of the list with a suggestion for an amendment
- Contact with the cases
- Reception of documentation from cases
- Writing of cases
- Analysis and conclusions from the study-cases

A set of criteria have been defined to select the appropriate study cases. These criteria follow consultation with the team carrying out the other studies. The provisional criteria were as follows:

- They should be cases from all sectors of the tourism chain
- The cases should present evidence of business improvement (number of clients, employees, investment return, popularity, etc.) as the aim of this study is to provide evidence of the economic impact of Accessible Tourism and therefore we should present cases where the accessibility improvements were followed to some degree by business success
- Where measurements of client numbers are possible, figures about tourists will be presented generally, as only a small proportion of impairments is visible (i.e.: an hotel manager can recall how many wheelchair users or blind clients have been received, but may not know if a guest has an artificial limb, allergies or many other limitations – as

Scandic hotels states, 70% of disabilities are invisible).[1]

- They should target the general public (as business opportunities are not only based on targeting people with access needs, and the ethical and political will is integration, not segregation).
- As much as possible the cases are selected from different countries or concern the reception of tourists from different EU countries and abroad to ensure a wide representation of the EU.
- They should be transferable to other locations or sectors
- As far as possible, the cases are drawn from both the private sector (SMEs and large companies) and the public sector.

Following definition of the criteria a provisional list of cases was defined and later amended and confirmed by the EC.

Tourism for All can be implemented in many ways. Various experiences across Europe have shown that in spite of different approaches, certain factors emerged which positively influence the development of a Tourism for All approach. These are the 7 Interdependent Success Factors (ISF), which have to be taken into account in order to ensure successful and satisfactory implementation.[1]

Case studies from all over Europe have shown that there is a strong link between the success of projects or initiatives and the simultaneous presence of all 7 ISF. If one or more ISF is missing or disappears, there is a high risk of the project not reaching its expected goals or results.

These ISF are:

1. Decision-maker commitment: The decision to start and follow the process should be taken at the highest level.
2. Coordinating and continuity: A responsible person should be in charge of the process and guarantee the continuity if key players change.
3. Networking and participation: The internal and external stakeholders should be identified and should be involved in the process.
4. Strategic planning: Actions should be carefully planned in advance and all critical aspects should be defined.

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[1] http://www.scandichotels.com/Always-at-Scandic/Special-needs/

[1] Aragall/Neumann/Sagramola 2008,ECA for Administrations, European Concept for Accessibility Network, www.eca.lu . Neumann/ Pagenkopf/Schiefer/Lorenz 2008, IDZ 2009

5. Knowledge management: Considering both the internal knowledge development and transfer, and the knowledge derived from involvement in external networks.

6. Resources: Devoting the appropriate human, technical and economic resources to the actions planned.

7. Communication and marketing: Both in the sense of external communication in the usual dissemination tools but also acknowledge the contribution of all stakeholders.

In order to collect the information about the cases in a comparable way it was decided to use the Seven Interdependent Success Factors (7 ISF) to be used in the recommendations chapter.

An additional reason for using 7ISF is because our experience and experience of cases already collected from other sectors have demonstrated that to succeed in putting Design for All principles into practise none of the Interdependent Success Factors should be neglected. We also aim to validate or refute this hypothesis by finding out if there is a successful case that has disregarded any of the factors.

After this a questionnaire with open questions was designed and sent to the cases after personal, telephone or e-mail contact.

The completed questionnaires and the complementary information received have been used to write the case studies and the conclusions. For the questionnaire see Annex K.

5.1.2 Preliminary results and hypotheses

Our working hypotheses are:

> H21: In mainstream tourism services investment in accessibility result in an increase in clients.
>
> H22: Destinations that take account of accessibility are usually focused on quality of service in general.
>
> H23: The successful accessible destinations show evidence of a degree of cooperation among service providers.
>
> H24: At least some destinations succeed in including accessibility, comfort and services in their branding.

One of the most challenging aspects of the case-studies will be to track the investments made at a touristic destination and to obtain data about the economic outcomes of a project. This type of data is likely to be available for the suggested case-studies and will be requested from the key stakeholder, particularly if it is not otherwise available.

The case-studies have been selected to represent a range of tourism chain sectors and our suggestion is indicated on Figure 118.

The selected cases have been confirmed by the expert team and the EC.

Figure 118 – Case studies

Case-study	Type	Country
City of Erfurt	Destination	Germany
Accessible Poland Tours	Travel agency	Poland
Chateau des Ducs de Bretagne	Heritage	France
St. Martin Wine Cellar	Entertainment and shopping	Luxembourg
Berlin	Destination	Germany
Barcelona Metro	Transport	Spain
Scandic Hotels	Accommodation	Sweden
GVAM Mobile Guides for All	Assistive Technologies	Spain
Restaurant Monnalisa	Food and beverage	Italy
Restaurant Girasoli	Food and beverage	Italy

5.1.3 Case studies

5.1.3.1 Case Study: The City of Erfurt

Erfurt, the capital of the federal state of Thuringia (Germany) with 203,485 inhabitants (31 December 2012) has a medieval city centre with many points of historical interest. C. 11.2 million guests visit Erfurt every year, on average spending 45.20 € per day. The city centre and its principal places of interest are, in general, not particularly accessible. However, Erfurt is considered to be one of the most famous accessible destinations in Germany. The wide range of barrier-free offers of the Erfurt Tourism and Marketing Board includes:

- Guided tours or sightseeing tours by bus/ tram with access for disabled people
- Inclusive packages
- Accommodation
- Culinary specialities
- Events and visits to the many places of interest
- Offers in German Sign Language

Monitoring of the success factors reveals the following findings:

1. Commitment of decision-makers

- Accessible tourism is located at the top of the tourism hierarchy. The CEO of the tourist board (Erfurt Tourismus und Marketing GmbH) is responsible for the subject.
- Political supervision does exist, but politics does not control the tourism board. The decision to prioritise accessible tourism derives from marketing needs.

2. Coordination and continuity

- The tourist board has worked since 1999 on accessible tourism.

3. Networking and participation

- On a local scale, a network of service suppliers from different tourism sectors and other associated sectors like transport meets regularly with associations of disabled people.
- Since 2008 Erfurt has been a member of the association "Barrier-free destinations in Germany" (www.barrierefreie-reiseziele.de). This is an association of eight German regions particularly committed to the concept of accessible tourism for all. Its members include the Eifel region, the city of Erfurt, the Franconian Lake region, the city of Magdeburg, East

Frisia, the Ruppiner Land region, Saxon Switzerland and Lower Lusatia. The group thus works on a national and inter-regional level.[1]

- On a national and international scale, the head of the Erfurt tourist board is often invited to speak at congresses and meetings. International contacts also exist.

4. Strategic planning

- The Erfurt Tourism & Marketing Board is responsible for strategic development.
- Accessible tourism is part of marketing plans and strategic planning
- Many offers for disabled guests have been developed; accessible tourism is widely understood as tourism for disabled guests.

5. Qualification and knowledge transfer

- The management and the service team are trained in accessibility in general. Some members of the staff have obtained further knowledge, e. g. in sign languages, or have attended seminars on guiding tours for blind guests. Furthermore, co-operation with local disability NGOs is strong. A constant exchange between guests and service providers is assured, and clients' suggestions are welcomed.
- City guides have been trained
- Special training for service suppliers has been offered
- Exchange of knowledge is assured within the association "Barrier-free Destinations in Germany"
- Member of the new German Project "Entwicklung und Vermarktung barrierefreier Angebote und Dienstleistungen im Sinne eines Tourismus für Alle in Deutschland". The project, commissioned by the German Ministry for Economics and conducted by the German Seminar for Tourism (DSFT) and the National Coordination Centre for Tourism for All (NatKo), aims to implement a German-wide system to validate and label accessible offers in tourism.

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[1] The catalyst that brought six of these eight destinations together was their selection as test subjects for the ongoing study entitled "Success factors and measures to improve quality in barrier-free tourism for all in Germany", commissioned by the Federal Ministry of Economics and Technology. The qualitative data for the study was collected from these six model regions with their successful approaches and projects in barrier-free tourism. The charter of the Barrier-free Destinations in Germany Association was signed at the ITB trade fair in 2008. The association closely cooperates with the German Tourism Board (DZT) and other important players in tourism like German Railway (Deutsche Bahn).

6. Communication and distribution

- Website is highly accessible, including for example easy language and videos with sign language (www.erfurt-tourismus.de)
- Special-interest brochure "Erfurt erlebbar für Alle" lists accessible offers for different target groups (guests with walking difficulties, wheelchair users, sight and hearing impairments, mentally handicapped guests).
- On a national scale, accessible offers are promoted through a marketing cooperation within the association "Barrier-free Destinations in Germany".
- On an international scale, offers are promoted by the German Tourism Board (DZT).
- Offers are promoted by the German Railway

7. Improvement of resources and capabilities

- Low-floor buses and trams
- Offer:
  - City guides for disabled guests
  - Arrangements for disabled guests
  - Guidebooks for guests with sight impairments
  - Offers presented in German Sign Language

Drivers & Obstacles

Drivers

- Constant personal engagement of stakeholders was the main driver of accessible tourism in Erfurt
- Motivation of many service suppliers was often achieved by a social approach
- The number of guests taking part in guided tours increased and Erfurt has an increasing number of individual guests with disabilities. The accessible rooms in the hotels are heavily booked.
- Accessible tourism leads to positive outcomes in internal marketing

Obstacles

- The level of necessary investment is higher than expected, especially in time and human resources
- Projects for disabled guests are sometimes rather expensive and need support from public bodies, usually from the Ministry for Social affairs in Thuringia
- Constant personal engagement of stakeholders is needed

- Financial investment is currently low in this sector and it can be difficult to motivate partners to invest in common marketing projects

Further comments

- Erfurt won the award „Willkommen im Urlaub - Familienzeit ohne Barrieren" 2003
- Erfurt has been nominated for the German Tourism award 2013 for barrier-free projects

Figure 119 – Official logo of Erfurt tourism board

5.1.3.2   Case Study: Accessible Poland Tours

The licensed tour operator "Accessible Poland Tours" has offered services since 2009, when the company was the first travel agency strongly focussed upon services for disabled people in Poland. Most clients are severely disabled people with mobility problems such as wheelchair users or slow walkers and guests with intellectual impairments such as Down syndrome. The offered services consist of:

- Incoming and outgoing tourism
- Package tours 1-6 days within Poland and abroad
- Arranging accessible hotels
- Arranging accessible transport: buses, air travel, taxis, trains
- Tailor-made tours for individuals and groups: NGO organisations
- Organising accessible routes, including accessible toilets and tourist attractions
- Booking tickets to tourist attractions, theatres
- Arranging local guides with multi-language skills
- Arranging special rehabilitation equipment.

Monitoring of the success factors reveals the following findings:

1. Commitment of decision-makers

- The founder and managing director has a disability herself and therefore is strongly committed to the ideas of accessible Tourism for All
- Where possible, the managing director conducts the tours personally guaranteeing a consistent implementation of accessibility in all its offers

2. Coordinating and continuity

- The company started in 2009 and has been managed by the same committed person since that time
- The founder and managing director usually works on her own and is always seeking constant improvements

3. Networking and participation

- "Accessible Poland Tours" is a member of the European Network for accessible Tourism (ENAT)
- Strong and enduring links with NGOs of people with disabilities would be highly desirable

4. Strategic planning

- The project has not been planned
- Methods and strategies gleaned from each tour experience, changes and improvements were introduced progressively

5. Qualification and knowledge transfer

- The managing director is herself disabled and brings an insider's knowledge of the needs of the target groups
- The managing director also completed the required training to be a tour guide, but had no special educational background when starting the business

6. Communication and distribution

- Website (www.accessibletour.pl), which is also available in English due to the high importance of foreign markets
- Brochure is also available in English
- Congresses and meetings (often abroad)

7. Improvement of resources and capabilities

- Each tour is unique and demands an individual approach to the range of differing client needs

- The company is reactive to users' requests; for example, the need for a higher than normal bed, a special diet or piece of equipment or the assistance of volunteers, since guests frequently travel without a carer

Drivers & Obstacles

Drivers

- Personal engagement and idealism of the managing director
- Extended knowledge about guest's needs of the managing director from her own experience
- Growing interest in the company's work, mainly from abroad
- Encouragement of satisfied guests

Obstacles

- No financial or institutional support; the main problem running the business is that it is much more expensive than expected. Only between three and six groups with mostly few participants take place per year, which is not sufficient to cover costs

- Lack of accessible rooms for those on limited budgets and lack of accessible means of transport in Poland

- People with disabilities in Poland would like to travel, but often do not have the financial means

- NGOs, as potential clients, avoid using the services of the company and try to organise the trips themselves in order to save money

Further comments

- The motivation to run the business was from experienced during an organised trip to Australia

- Due to the disappointing financial situation, the business activities may be suspended or the business transformed into a Foundation

Figure 120 – Official logo of Accessible Poland Tours

Figure 121 – English version of the flyer

Figure 122 – Example of the official website „http://www.accessibletour.pl"

5.1.3.3 Case Study: Château des Ducs de Bretagne

A witness to the history of Nantes and of Brittany, the Chateau of the Dukes of Brittany is a site of exceptional heritage. The mediaeval fortress encloses the 15th century ducal residence, built by Francis II and his daughter Anne of Brittany. A restoration programme, lasting a number of years, has recently been completed by the City of Nantes. It enables the creation of a modern museum, the Nantes history museum, labelled *Musée de France.*

At the forefront of contemporary museum design, with a number of multimedia features, the Nantes history museum occupies 32 rooms of the 15th century former ducal residence and displays more than 850 items from its collection. This "portrait of the city", from its origins as the dukes' favoured residence through to the modern city of today, covers a considerable range of European and world history, from the Edict of Nantes, the colonial period and the slave trade right through to the major upheavals of the 20th century.

Every type of disability is catered for:

- Visitors with a motor disability: 28 out of 32 rooms are accessible. The ramparts are partly accessible and reached by a lift. Free wheelchair loans.
- Sight-impaired visitors: touch and sound devices are provided around the museum, with special audio guides, visit booklets for the exhibitions…
- Visitors with learning disabilities: specific assistance at the visit, large print colour cards, fun areas in the exhibitions….

Monitoring of the success factors reveals the following findings:

1. Commitment of decision-makers

- The city of Nantes, proprietors of the Chateau of the Dukes of Brittany, re-opened the chateau for visitors in 2007 after 15 years of renovation.

- The museum advertises its commitment to inclusion for everyone.

- Nantes has a long-standing commitment, both political and practical, to improving facilities and services for disabled people across various aspects of city life. Among French accessibility professionals is, together with Grenoble, one of the more accessible cities in France.

- In 2013, Nantes obtained *the Access City Award* (European prize), just behind Berlin.

- The Chateau of the Dukes of Brittany operates a visitor policy based on four main principles: to promote the pleasure of discovery, to respect the spirit of the place, to communicate the knowledge object, and to develop subjects for further reflection. They declare that they aim to create *facilitating* environments.

- It offers a diversified range of visits, events, educational and learning initiatives, cultural programs aimed at people with little or no familiarity with the world of museums and heritage.

- The approaches offered are both interactive and multidisciplinary, making the Castle a place of exchange and encounter, inviting its visitors to build a long-term relationship with it.

- The low-floor tram system provides a good connexion with the city centre.

2. Coordinating and continuity

- There is a manager responsible for development and visitor policy who coordinates staff activities under the municipal structure.

3. Networking and participation

- The City has adopted a Disability Action Plan. Therefore, the manager worked with technical staff from the municipality and with the Nantes Council of Disabled People. Associations of disabled people also participated in the project.

4. Strategic planning

- It was been a planned project since the beginning aiming to devise innovative approaches for all visitors.

- Finance, time and human resources planned from the beginning.

- The restoration program cost 51,530,000 €. The finance for the restoration programme comes from : 58% the municipality ,2% the metropolitan area,7% the department of Loire-Atlantique,10% the Pays de la Loire region and 10% European Regional Development Fund.

- The chateau does not have specific budget allocated for improvements to meet the needs disabled people. Each project integrates financially the needs of disabled people.

5. Qualification and knowledge transfer

- The process was based on trial and error through the engagement of users. Disabled people tested the infrastructures until a suitable solution was found.

- An important network including among others museums, associations and design schools also contributed to improvements

- Vocational training has been provided to the staff.

6. Communication and distribution

- The chateau website.

- Brochures.

- Information directly shared with a network of associations

7. Improvement of resources and capabilities

- Visitors with a disability are welcome at the Chateau of the Dukes of Brittany. Tours and features adapted to specific disabilities as the following offer summarises:
  - Sensory tours open to everyone: these visits allow visitors to discover some of the

topics covered by the museum and its exhibitions through the use of objects, as well as sound, visual, olfactory and tactile experiences.

- Accessible exhibition spaces: visitors can use rest areas and borrow wheelchairs or folding stools.
- Guided tours: Visitors with physical disabilities can follow general or themed guided tours, family tours (museum and exhibitions) or the museum's short tours series
- Audio guide tactile tour of the museum: using both a special audio guide (only available in French) and different tactile and sound features available throughout the museum, the visit is made accessible to visitors with visual disabilities
- Exhibition booklets and guides: in Braille, embossed or in large print
- Guide dogs are welcome
- The ticket-front desk has induction loops available
- The multimedia terminals are subtitled and interactive.
- Leaflets summarizing the content of certain films are also available.
- Visual descriptions in French Sign Language (FSL) are available all year round in order to allow visitors with hearing disabilities to discover the museum and the chateau, whether on their own or accompanied. Tours in FSL linked to exhibitions are also on offer.
- The Internet site offers practical information and a presentation of the site in FSL.
- A booklet and educational materials designed for visitors with developmental or learning disabilities: a selection of objects in a dozen or so rooms is highlighted in a booklet and educational materials, for example commentaries, treasure trails, the use of magnets and associations of ideas.
- Different materials allow visitors to discover the museum at their own pace:
  - Colour maps depicting Nantes in a simplified fashion down through the ages.
  - Multimedia features (films, terminals, interactive maps) provide information on a variety of subjects.
  - The exhibitions include interactive spaces.
- Group tours:
  - With a guide, by reservation only: a variety of bespoke visits have been designed based on a sensory approach, observation, the handling/touching of objects and participation, such as: the castle down through the ages: architectural tour that includes the handling of materials and models; monsters and stone animals: tour of the castle followed by a modelling workshop inspired by the castle's decorative, sculpted features; sailors and sea monsters: tour of the museum followed by a modelling workshop; and the contours of the city: an interactive tour to enable

visitors to better understand the city's development and transformation down through the ages.

- o Without a guide: the group leader may make use of the booklet and educational materials, available free of charge, at the front desk.

Drivers & Obstacles

Drivers

The most important factors are commitment at the highest level within the City to improved accessibility and a clear and continuing link between the City at political and operational levels and citizens with a disability and older citizens.

The Chateau of the Dukes of Brittany is a core feature of the cultural, economic and tourist development of Nantes and its estuary. Their refurbishments, with the creation of the history museum, and its artistic events program running throughout the year, have enhanced the site's interest and appeal.

As of early 2013, six years after the museum reopened to the public, more than 7,500,000 people have visited the castle. The museum and the exhibits have received more than 1,100,000 visitors.

In the museum, people with a disability represent 1.7% of the visitors (those who identify themselves as such when obtaining free entrance) - 68% of them are individual visitors and 32% in a group.

The geographical distribution of the national disabled visitors is as follows:
67% come from the surrounding department of Loire-Atlantique
7% come from the Brittany region
6% come from the Paris region
4% come from Pays de la Loire region

10.5% come from other regions of France
5.5% disabled visitors are foreign visitors. They are mainly European.

The museum team estimates that 6% of those visiting the Castle have some kind of disability that impacts their daily lives.

In 2008, the Castle received the "Museums for everyone" award from the Ministry of Culture, in recognition of its accessibility policy.

In 2011, the castle obtained the label «tourism and disability» for the 4 impairments, mobility, visual, audio, and mental.

The Castle has made accessibility and Design for All a core priority.

Figure 123 – Château des Ducs de Bretagne

Le château des ducs de Bretagne

5.1.3.4 Case Study: Cave St Martin Winery – Remich, Luxemburg

http://www.cavesstmartin.lu

The Caves St Martin winery is based in the municipality of Remich, one of the most picturesque and frequented by tourists village on the left bank of the Moselle river, a few kilometres from the border triangle between Luxembourg, Germany and France.

Monitoring of the success factors reveals the following findings:

1. Commitment of decision-makers

- From the Beginning of the family business on, attention was paid to the clients` needs. So that the decision to care for accessibility has been for the family a matter of fact pertaining to the internal policy and way of doing business.

2. Coordinating and continuity

- The goal of the Caves St Martin has been to be accessible for everyone, so every generation of the family made improvements, according to the technical state of the art. Improvements take place with the help of new equipment, especially in the area of sanitation.

3. Networking and participation

- Since 2009 the Cave St Martin Winery has held the EureWelcomeLabel. The EureWelcome label is recognized in the Grand Duchy of Luxembourg as well as in six neighbouring regions of Belgium, the Netherlands and Germany. In Luxembourg the Ministry of the Middle Classes and Tourism is responsible for the delivery of the EureWelcome, showing a strong will from the government to include accessible tourism in the mainstream of touristic offers. The label is awarded to service providers in the fields of tourism and recreation for their special efforts in terms of accessibility and welcoming everyone including people with disabilities. The philosophy of EureWelcome label is increasingly orientated to the concept of "Design for All". This means that the quality of accessibility is not only the convenience for

disabled people, but also for society in general.

The accessible premises are brought to the attention of potential customers and visitors via the website www.welcome.lu as well as via brochures and links to nationally and internationally repute as cultural and tourist sites.

4. Strategic planning

- Different offers for guests have been developed, such as guided tours through the cellars accessible for wheelchair users, with the possibility of having explanations in simplified language. The guided tour lasts about 45 minutes. On demand, it is also possible to have a guided tour in German sign language through the integration service from the city of Luxembourg.
  Tasting experiences are offered for different target groups: wine for adults and grape juice for children.
- Accessible tourism is mainly understood as tourism for disabled guests.

5. Qualification and knowledge transfer

- Management and staff are trained in accessible tourism and have personal experiences with guests with special needs. Communication with guests is ensured, management and staff are ready to learn from the suggestions of their guests.

6. Communication and distribution

- Info about the accessibility condition of the winery is available in the EureWelcome Label website (www.welcome.lu), but only in French. Other languages are likely to follow soon.
- Communication about accessibility is mainly due to the word-to-mouth way among visitors.

7. Improvement of resources and capabilities

- Designated parking place for people with disabilities.
- Entrance door and internal route without threshold, steps and obstacles.
- An adapted toilet is available next to the visitor reception.
- Guided tour in simplified language and with the help of gesture.

Drivers & Obstacles

Drivers

- Constant personal engagement was the main driver of being accessible for the winery owners.
- The winery owners feel that the loyalty of their clients, disabled or not, is proving that they are working in the right way and that they are providing the visitors what they need and look

for.

- According to http://www.wine-pages.com/features/luxembourg-wine.htm they receive 30,000 visitors per year.

Obstacles

- Constant engagement is needed.

Figure 124 – Parking place and entrance to the Winery (Photo: www.welcome.lu)

Figure 125 – The Eurewelcome label at the Winery entrance door (Photo: NeumannConsult 2013)

Figure 126 – The wine cellar (Photo: NeumannConsult 2013)

Figure 127 – Webpage www.welcome.lu

5.1.3.5 Case Study: Berlin City, Germany

Berlin, the capital of Germany, covers an area of about 890 square kilometres (nine times bigger than Paris), with 3.5million inhabitants, including over 494,400 residents with foreign passports. People from more than 185 nations are long-term residents in the city making Berlin the most multicultural city in Germany.

Berlin has 175 museums, 3 UNESCO World Heritage Sites (Museum Island, the Prussian castles and gardens, Berlin modernist housing estates). About 44 per cent of its area consists of parks and woods, or rivers, lakes and waterways (over 180 kilometres of these are navigable).

The city's public road network is about 5,400 kilometres long, lined with more than 400,000 trees. The metro, tram, S-Bahn and bus lines already cover about 2,300 kilometres.

Tourism in Berlin is booming. In 2012, almost 11million people visited Berlin, with a growth in arrivals and overnight stays of about 12% (Source: http://www.visitberlin.de/en/plan/city-info/numbers-facts).

Since 1992, the City of Berlin is developing accessibility offers through the entire service chain, with the Motto: 'Berlin for disabled people: the city is prepared.' To honour the efforts of Berlin, the city has been rewarded with the Access City Award in 201. Monitoring the success factors reveals the following findings:

1. Commitment of decision-makers

- The tourism board is committed to Accessible tourism

- The Accessible Tourism strategy is supported by political authorities

- All catering establishments opened since 2006 have been required to be accessible following a City legal disposition

- Within the round table Berlin "barrier-free city", under the leadership of the Senate Department for Urban Development and Environment, stakeholders from government, companies and associations merged. The aim of the cooperation is the pooling of initiatives and the expansion of Berlin as a barrier-free city

2. Coordinating and continuity

- Since 1992 the city of Berlin has followed a policy of accessible organisation and design of the city itself, from pedestrian crossings, public infrastructures and means of transport, buildings and open spaces. The goal is to allow the citizens and tourists equal participation in all aspects of life in Berlin, social, economic and cultural.

- Round table as a guarantee for continuity (see below)

3. Networking and participation

- The responsible staff member of the Berlin City Senate is a contributing member of the federal state's tourism boards working group on accessible tourism

- Berlin is a member of the Eurocities Working group on accessibility

- Berlin has established links and ongoing co-operation with its twin city Moscow on accessibility

- The label "Berlin barrierefrei" has been developed through collaboration between representatives from industry, trade, tourism, culture and science, people with disabilities and their organisations, advisory boards, administrations and other institutions. This label displayed on a door or shop window, on a metro lift or a public toilet says that all people, including those with disabilities, can clearly get in and have support, where needed. Moreover, the label offers business people the opportunity to advertise themselves as barrier-free premises and thus to attract new customers.

Figure 128 – Label "Berlin barrierefrei" (Source: www.berlin.de/lb/behi/barrierefrei/signets/index.html)
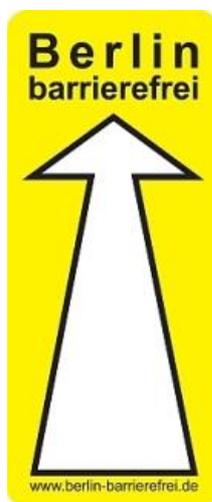
4. Strategic planning

- According to the city Senate Resolution of 7 June 2011, the guidelines for the development of Berlin as an accessible city should be transposed and implemented in terms of Design for All

- The Senate Department for Urban Development and Environment of the city of Berlin has developed a draft for the concept of a Round Table "City without barriers/accessible city". Within the Round Table, Accessible/Tourism for all represents a development task, in

connection with the accessibility of infrastructures of the city itself. This should require a coordinated effort on team working between the Senate and public administrations with organisations and initiatives from civil society

- "Accessibility of Destination Berlin" - is a basic empirical investigation of the EBC Hochschule Berlin which was initiated by Visitberlin. This study is a comprehensive analysis of the situation and represents the status quo in Berlin, making also a comparison with Brandenburg

- Berlin's further steps towards a more accessible city and tourist offers will be:

  - Creating more accessible packages,

  - Strengthening co-operations and communication

  - Web marketing, fairs participation, Advertisement und Media campaign,

  - Standardising labelling of barrier free offers for all Germany

  - Developing of quality standards

  - Training of staff within the tourism service chain

  - Working closely with political decision makers

5. Qualification and knowledge transfer

- Knowledge stems from internal capacities, engagement and qualification

- Staff of Berlin's transport system gets regular training in services for disabled guests

- Berlin takes part in many working groups like the federal state's working group on accessible tourism, the Eurocities Network and twin cities partner programmes, all meant to transfer know-how and knowledge

6. Communication and distribution

- On the website www.visitBerlin.de there is a great deal of information about offers of accessible tourism. The site works closely in joint working groups with different partners in order to formulate offers responding to the requirements of the different target groups. The offers cover the entire service chain: arrival, mobility on site, accommodation, food and drink, entertainment and departure.

- Information about accessibility issues: http://www.berlin.de/tourismus/infos/1730823-721039-barrierefreies-berlin.html http://www.visitberlin.de/en/plan/city-info/accessible-berlin http://www.berlin.de/lb/behi/barrierefrei/

- Mobidat provides an important database on tourism and accessibility in Berlin

- http://www.mobidat.net/links/tourismus/
- The "Berlin Special Guides" guide people with and without disabilities in the Reichstag, through the "Mitte" city quarter, or to Potsdam. In special tours of Berlin's past historical episodes are described, as well as providing a wealth of information and background on the topic "barriers and disabilities"
- Cross-border cooperation with Potsdam / Brandenburg is continually being expanded and deepened in joint projects
- The issue of "accessibility" is also integrated in the work program of "service in the City".

7. Improvement of resources and capabilities

- Qualification of individuals (e.g. continuing training programme of staff of Berlin's public transport system)

- Networking and collaboration with the main service providers of the city

- The wide range of barrier-free offers in Berlin includes:

  - Guided tours or sightseeing tours by bus with access for disabled people

  - Accessible accommodation, restaurants and shops

  - Inclusive packages

  - Events & visits to the many places of interest

  - Offers in German Sign Language and in Braille, audio-guides, experiences for the senses of smell and touch

Drivers & Obstacles

Drivers

- Constant engagement

- Accessible tourism leads to positive results in marketing

- Access City Award 2013 as an additional motivation for stakeholders and politicians

Obstacles

- Large investments needed

- Constant engagement of stakeholder is needed.

Further comments

- In the third edition of the European Commission Access City Award 2013, the Award was given to Berlin. The Access City Award recognises and celebrates cities of over 50,000 inhabitants in EU which have put into action exemplary initiatives to improve accessibility in the urban environment, allowing people with disabilities to participate fully in society and to enjoy their fundamental rights on an equal footing with others.

  The award covers four key areas of accessibility:

  - built environment and public spaces

  - transport and related infrastructure

  - information and communication, including new technologies

  - public facilities and services, and the city must also demonstrate that it is committed to continued improvements in accessibility in a sustainable way, so that it can act as a role model and encourage the adoption of best practices in all other European cities.

  - Berlin was selected on the basis of its strategic policy and inclusive approach to disability. In fact, massive investments have been made to transform the city into an accessible and barrier-free environment (for instance transport system and reconstruction projects to facilitate the access of people with disabilities).

Figure 129 – Website www.visitberlin.de
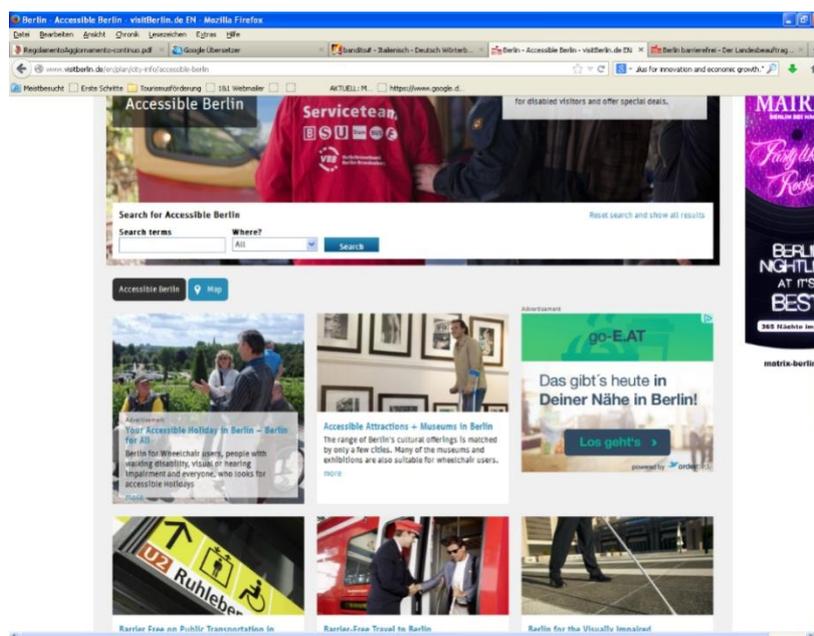
5.1.3.6   Case Study: Barcelona metro

The Catalan railways (FGC) transport more than 80 million passengers every year. FGC operates some of the Barcelona commuter rail network. There are two distinct (and separate) systems: the Metro del Vallès and Línia de Balmes are standard-gauge lines, while the Metro del Baix Llobregat and Línia Llobregat-Anoia are metre-gauge lines.

The check of the success factors reveals the following findings:

1. Commitment of decision-makers

- Since late eighties when Catalan society become aware of the need to improve the city for the organisation of the 1992 Olympics and Paralympics Games the top management of the company has supported the constant accessibility improvements.

2. Coordinating and continuity

- The company's management staffs have been always aware that accessibility and Design for All are key elements of the service quality.
- Design for All principles have been transmitted in a "viral" way among all company department, from planning and design to service provision, information, public relations, ticketing, etc.

3. Networking and participation

- Since FGC was aware of the need for improving accessibility has been in close contact and consultation with administrations and NGOs dealing with the People with Reduced Mobility but also with experts.
- They have a close collaboration with the other metro company and transport authorities to guarantee the easy navigation of passengers along the different transport networks.
- They have actively participated in public transport international organisations and have also been invited to lecture at international events dealing with Design for All.

4. Strategic planning

- All the improvements made have been accurately planned and budgeted over the years.
- Assessment of accessibility conditions considering the typical accessibility aspects but also lighting, loudspeakers, etc.
- Satisfaction survey and constant contact with customers' representatives (disabled or not disabled) bring new improvement opportunities.

5. Qualification and knowledge transfer

- Personnel training is also included in the planned activities (for example a course on how to communicate with deaf customers)
- Staff aware of Design for All and provided with appropriate training

6. Communication and distribution

- Website www.fgc.cat , which is also available in English.
- Brochure and maps also available in English
- Website indicates which client offices can deal with deaf clients and the accessibility facilities for each station.

7. Improvement of resources and capabilities

- 95% of their stations are accessible. The cumulative investments in these stations were 17.1 M€.

Figure 130 – Evolution of the adapted stations
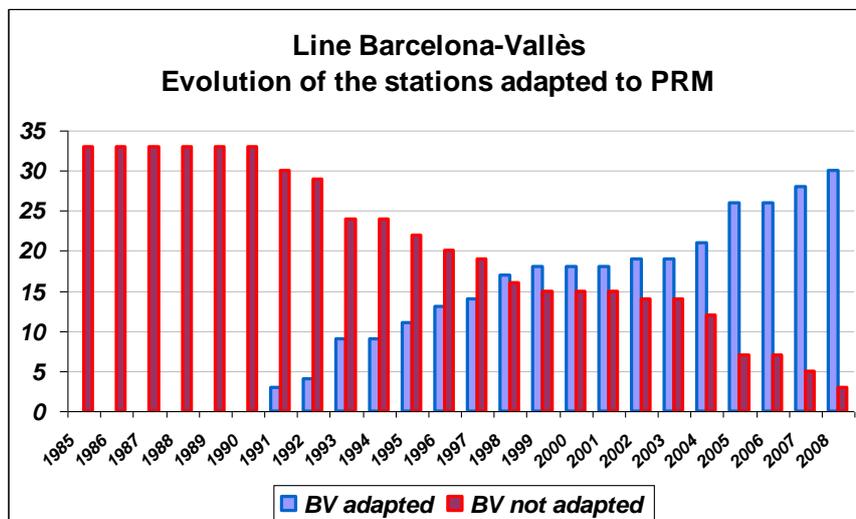
- Accessibility is one of the aspects evaluated in the Clients' Satisfaction Index that is constantly improving

Figure 131 – Evolution of the client satisfaction index

Evolució Índex de Satisfacció del Client (ISC)
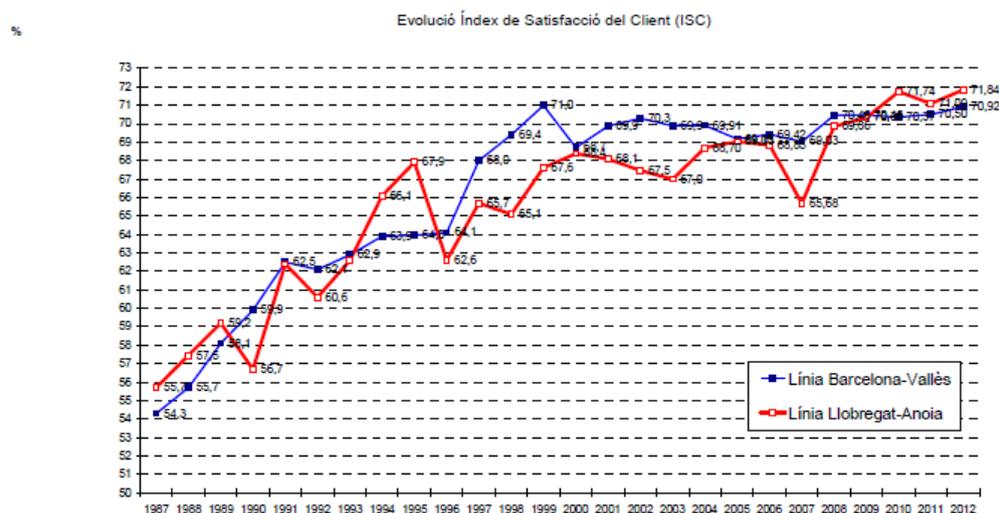
It should be underline that, although other factors (like mobility trends, tourism and immigration, etc.) have intervened in the overall mobility data, while population have increased 5.3% in the period 1997-2006, the number of journeys have increased by 69%. Comparing it with the other metro company who started the accessibility improvement later, in the period 2001-2006 TMB increased the number of passengers by 16% while FGC increased its number of customers by 23%.

Although FGC attributes this increase to quality improvements in general (including accessibility) their own analysis concludes that renovation to make a station accessible increases the number of passengers at a station by 16%.

Accessibility is not an isolated issue but a component of the overall quality of the service provided.

No evidence exists for a direct relationship between the level of investment and the number of customer journeys, but we can observe a continuous increase in the number of passengers in the period 1997-2006 where the improvement in accessibility was constant (important changes like the integration of tariffs in the Metropolitan Area did not dramatically affect the rate of progress).

Obstacles

- The main obstacle at present is the dramatic economic restrictions in the public sector that delay further improvements and involvement in international networks.

Further comments

- Although it is not the object of this case study FGC manages five ski stations and their premises (ski facilities, hotels, restaurants, etc.) and also manages the transport systems (cable car, funicular, mountain train) in Montserrat, one of the most outstanding religious tourism destinations with more than 2m visitors/year. The same Design for All criteria are also applied to these other services.

Figure 132 – Official logo of the FGC

Figure 133 – Website of the FGC
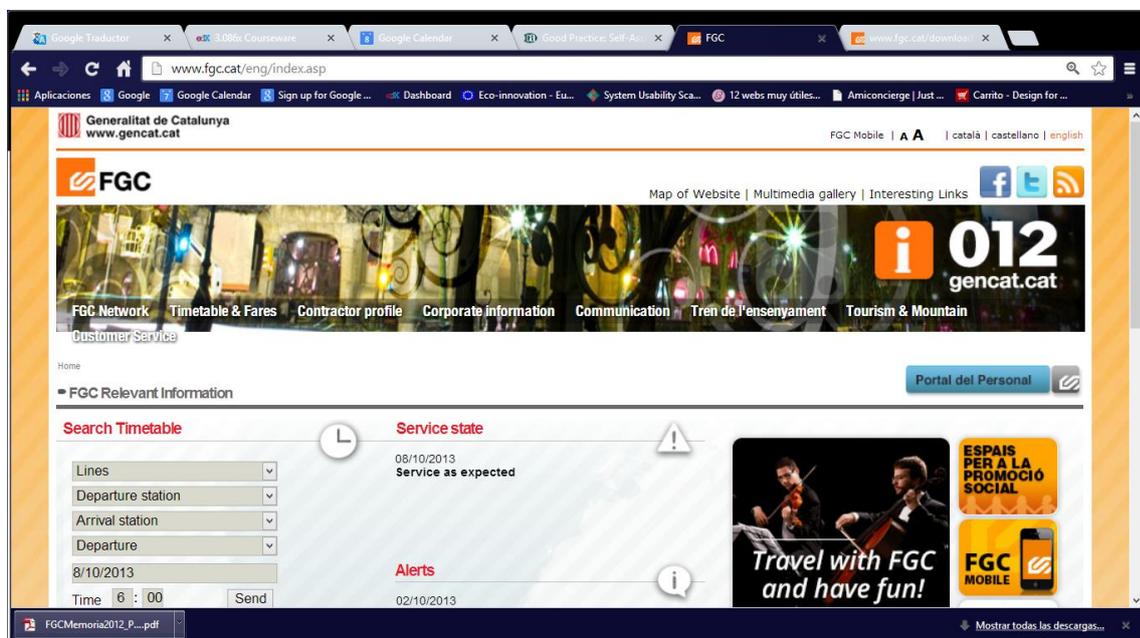
5.1.3.7 Case Study: Scandic Hotels

Scandic Hotels is a hotel chain operating in Sweden, Denmark, Finland, Norway, Germany, the Netherlands, Belgium and Poland.
The first hotel was established in 1963 and now they have 155 hotels in operation with 29,696 rooms and they plan to open three new hotels soon. They have 7,500 employees.

Their offer is aimed at companies, families, couples and events.

Around 500 hotel rooms have been adapted to meet the requirements of people with some kind of disability.

All the 155 hotels are working with Scandic's own accessibility concept which is their Accessibility Standard. The standard has grown over the years and today it contains 110 check points to follow. 81 of these points are mandatory for all hotels and for new hotels all points must be considered. This standard works as a checklist and template for the hotels.

Scandic offers:

- Rooms for disabled people (equally well-designed as any other room)
- Full accessibility information online – every Scandic Hotel has its own page with unique information about the hotel and its facilities. They also provide a general information page about accessibility such as recommended hotels in different cities, tips and advice, useful links and more
- Public areas at the hotel that are adapted for people with special needs, such as a lowered reception desk for wheelchair users, a hearing loop in conference facilities, vibrating alarm clock and more.
- Food & Beverage - No allergenic garnish on the buffet breakfast, Gluten- and lactose-free bread at breakfast
- Guide dogs are always welcome at the hotels

Monitoring the success factors reveals the following findings:

1. Commitment of decision-makers

- The Scandic Group Executive Committee is responsible for any action carried out about accessibility, the Disability Ambassador report directly to them.

2. Coordinating and continuity

- The accessibility commitment started in 2003. Since then Magnus Berglund, now appointed as Accessibility Director at Scandic is responsible for this activity.

3. Networking and participation

- Magnus Berglund is member of ENAT

- They work continuously with disability organizations, hotel guests and team members

4. Strategic planning

- Its strategy is to include accessibility and Design for All in all operations of the company.
- A check list is applied to any new hotel and renovation.
- Staff education has been included as a planned strategy.

5. Qualification and knowledge transfer

- To increase constantly their own knowledge and listen to the clients is the key factor for qualification.

6. Communication and distribution

- The Scandic group us their website, marketing material, PR, internal communications and lectures, for instance at accessibility conferences to advertise their business.

7. Improvement of resources and capabilities

- As the accessibility improvements are included in the general budget there is no need for any special resource.

Drivers & Obstacles

Drivers

- A former employee of Scandic suggested using accessibility to gain a competitive advantage after being affected by a long term illness.
- Their goal is that everyone should be welcome at Scandic regardless of whether they have a disability or not.
- A high level of satisfaction feedback. Some of their guests said they weren't able to stay at a hotel until they started to work with disability.
- Already 2005 they could see that they sold 15,000 more room nights in Sweden due to that they can offer rooms for disabled.
- They can see increased business every year in all countries.
- Many of their investments have been repaid in less than one year.

Obstacles

- No specific obstacles were mentioned by the stakeholder

Further comments

There is a critical issue in order to succeed: Service providers need to combine business knowledge with knowledge of special needs.

www.scandichotels.com/specialneeds presents their approach to Tourism for All.

Figure 134 – Official logo of Scandic

Scandic

Figure 135 – Scandic webpage
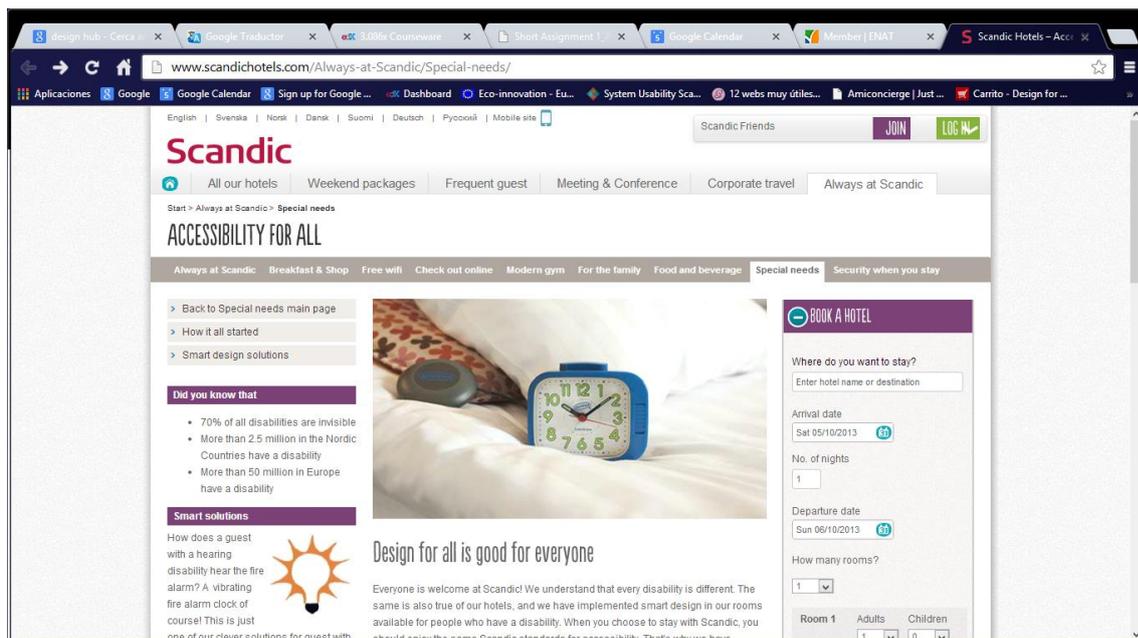
5.1.3.8 Case Study: GVAM

GVAM was created in 2007 with the aim of reinventing the concept of a guided tour. Their aim was to provide the best educational and emotional experience when exploring cultural and tourist areas. Their business model is based on focussing on people. They consider accessibility as synonymous of good design and good performance. Their aim is that their technologies are and will always be easy to understand, simple and cost-effective implemented.

The team consists of professionals from the world of graphic, industrial and interactive design, computer engineering, social communication, international marketing and research.

They offer accessible mobile apps made with GVAM, an online system for creating and publishing audio tours and multimedia guides on major mobile platforms

GVAM was conceived as a universal guidance system including people with disabilities.

The check of the success factors reveals the following findings:

1. Commitment of decision-makers

- Culture must be accessible for all. That was the main idea of founder partners since beginning.
- It is not only a rewarding point but a responsible attitude before society.

2. Coordinating and continuity

- The company started as a partnership between Dos de Mayo SL (multimedia and web production), Universidad Carlos III de Madrid (R&D&i), ONCE (Spanish blind people main NGO) and CESyA (Spanish Centre for Audio description and subtitling)), CNSE and FIAPAS (both federations of associations of deaf people, one with a more sign language approach and the other with a more oral one)) and with the support of the Real Patronato sobre Discapacidad (Official Spanish organisation dealing with disability). Although they maintain excellent relations the company is run by their staff independently.

3. Networking and participation

- The service was launched with the advice of national associations of people with disabilities and the National Administration and they still keep strong links.

4. Strategic planning

- The process was planned since the beginning but improvements have been made in order to benefit customers from the latest technology and user's requests.

5. Qualification and knowledge transfer

- GVAM have in its team external advisers about special access needs although internal knowledge grows day by day.

6. Communication and distribution

- Their own web site, Apps (can be downloaded in Apple Store the ones for Museo Lázaro Galdiano, Alcázar, Museo Sorolla) and brochures.
- Speeches in professional museum and accessibility events.

7. Improvement of resources and capabilities

- The requested investments for initial R&D&i were planned from the beginning but not the ones related to technical evolution. The investment pay back for the start-up was 3 years.
- They are really proud of GVAM as the only accessible guiding system in the market, as they claim. It was a good investment for society because they consider that we all have special accessibility needs. Although their clients are increasing they don't know if the number of museums' visitors increased but they perceive that all enjoy richer experiences with no extra costs.
- The published Apps are compatible with the native accessibility features in iOS and Android, such as VoiceOver and TalkBalk.
- They claim that visitors of all ages, abilities and languages may use the guides thanks to the advanced editing tools that incorporate:

    • Automatic audio-navigation for the visually impaired.
    • Subtitled voiceover speeches and automatic full review online editor.
    • Sign language videos.
    • Easy reading texts and pictograms.

Drivers & Obstacles

Drivers

- Social Responsibility and detection of a lack of communication about accessibility in cultural premises.

Obstacles

- The critical issues are institutions in charge of incorporating accessible products or services. They have no knowledge about what to do and they are afraid of costs and technologies.

Figure 136 – GVAM webpage
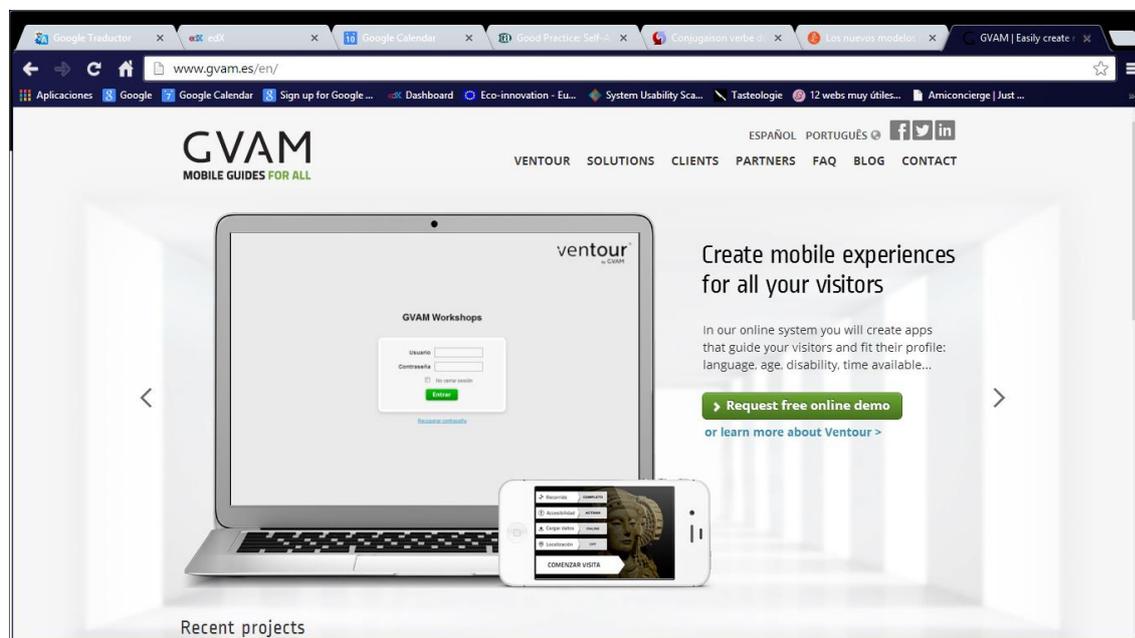
Figure 137 – Official logo of SGVAM

5.1.3.9 Case study: Restaurant Monnalisa Beach Restaurant

The Monnalisa Beach Restaurant is situated inside the Holiday Village Florenz in Lido degli Scacchi, Comacchio (Ferrara),built in 2008 according to the Italian accessibility laws.

The menu is normally based on seafood and fish. On demand it is also possible to have meals for people with food allergies and intolerances.

The restaurant is open also to external guests and is available for special events, celebrations and parties.

Monitoring the success factors reveals the following findings:

1. Commitment of decision-makers

- The property owner are aware of Accessible tourism and committed to it

- The propriety decided in 2006 to arrange in an accessible way the facilities within the Holiday Village. In this perspective, some bungalows and holiday flats had been built and furnished in a way that could fit the needs of as many guests as possible; moreover the restaurant Monnalisa was built barrier-free to allow every guest (internal and external) to fully enjoy the time within the Holiday Village.

2. Coordinating and continuity

- Since 2006 the internal policy of the propriety has started to develop the accessibility organization and design of the Holiday Village, from car parks, to paths leading to the facilities, to the restaurant and to the beach, toilets and to the restaurant itself. Moreover, the staff is also specifically trained to meet the needs of guests with disabilities. They have the idea to developing it always consistently further, for example, for the next season it is foreseen to install some fittings for people with visual impairments and also to have menus in Braille.

3. Networking and participation

- The Restaurant Monnalisa, being in the Holiday Village Florenz, belong also to the Network Village4All, a Quality Brand Hospitality for All, that provides accessibility survey and makes the info freely available in the own website.

- The property has regular exhibits at the tourism Fair "Gitando", since its inception.

4. Strategic planning

- The property's commitment to accessibility is based on both social and business reasons.

- It carries out careful and constant promotion activities on its website and through specific sporting events and tourist promotions.

- The further steps towards more accessible offers will be:

  - Creating more accessible packages and providing more fittings and facilities for guest with different disabilities

  - Increase Web marketing, fairs participation, Advertisement and Media campaigns

5. Qualification and knowledge transfer

- Staff have been trained in services to fulfil the needs of guests with disabilities

6. Communication and distribution

- Through the link www.campingflorenz.it/eng/village/camping-for-disabled.php it is possible to find out much information about the accessibility of the Holiday Village.

- Info about the accessibility condition are also available here: www.villageforall.net/en/italia-emilia_romagna-lido_degli_scacchi_comacchio_ferrara-campeggio_villaggio_accessibile-holiday_village_florenz/

7. Improvement of resources and capabilities

- Website improvement

- Networking and collaboration

- It is possible to rent a wheelchair to move within the Holiday Village and also to reach the Restaurant. It is possible to have the meals delivered from the restaurant to the holiday houses within the village.

Drivers & Obstacles

Drivers

- Constant engagement

- Accessible tourism leads to positive results in marketing and business

Obstacles

- Investment is needed

Further comments

- The accessibility improvements have given to the restaurant and Village the possibility of hosting groups of people with disabilities and also to host accessible sporting events.

  Moreover, the accessibility of the facilities guarantees more comfortable experiences for all the guests, who are mainly families.

5.1.3.10 Case study: Restaurant I Girasoli

I Girasoli Restaurant is situated within the Casa Vacanze I Girasoli in the southern part of Tuscany.

The all facilities haves been built in 2000 according to the Italian accessibility laws. Everything was designed and built with a special focus to the needs of guests with mobility impairment. The Casa Vacanze belongs to AISM, (Italian Multiple Sclerosis Society), an Italian national charity on Multiple Sclerosis and it was foreseen to host the own members and families.

On demand it is possible to have meals for people with food allergies and intolerances.

The restaurant is open to external guests and is available for meetings and special events. Casa Vacanze is fully accessible to people with mobility impairment. In this perspective, the 51 rooms and 9 bungalows, the restaurant, the paths in the surrounding park and the external areas can be fully enjoyed by all the guests (there are also 2 swimming pools with lifting equipment to access to water and a gym).

Not only the buildings, connection paths and open spaces are accessible, but the staff can propose a series of accessible service to the guests, i.e. shuttle service from and to the airports or arrival spots, accessible guided tour to the main tourist highlights of the surroundings and of the neighbour regions, wine tours and testing, educational tour with sommelier. Wheelchairs and other equipment can be borrowed free of charge. Moreover, the staff is also specifically sensitised and trained to match the needs of guest with mobility impairment.

Monitoring the success factors reveals the following findings:

1. Commitment of decision-makers

- The aim of the propriety was since the beginning to allow the members of AISM and their families to enjoy an active and relaxing holiday in the wonderful Tuscan setting. Accessible tourism for people with mobility impairment was (and still is) the goal of the propriety.

2. Coordinating and continuity

- The propriety has started since some years to become mainstream and to open up to the market, national and international. In this respect, they have already gained a lot of new tourists. To go further in this direction, they have the intention to start renovating some of the rooms in the direction of Design for All, thus maintaining the high accessibility level that they already have.

3. Networking and participation

- The Restaurant I Girasoli and the all Casa Vacanze belongs to the Network of AISM properties likehome.it.

- It is also included in the Network Village4All, a Quality Brand Hospitality for All that performs accessibility surveys and makes the information freely available on their website.

- It is also member of ENAT - European Network for Accessible Tourism (non-profit association).

- The facility is also present on booking.com, expedia.com and other national and international tourist booking internet portals.

4. Strategic planning

- The property's commitment to accessibility is based on social reasons.

- The further steps towards a more accessible offers will be:

  - Providing more fittings and facilities for guest with different disabilities

  - Re-designing in a more appealing way the accessible rooms.

5. Qualification and knowledge transfer

- Staff have been trained in services to fulfil the needs of guests with disabilities

6. Communication and distribution

- The link www.igirasoli.ar.it/ provides information on accessibility of the Casa Vacanze and the restaurant.

- Information about the accessibility of the property are available on www.likehome.it and http://www.villageforall.net/en/italia-toscana-croce_di_lucignano_arezzo-villaggio_accessibile-casa_vacanze_i_girasoli/

- They carry out promotional activities through specific events and tourist promotions.

- For some years the property has been to the national and international mainstream market

7. Improvement of resources and capabilities

- Networking and collaboration

Drivers & Obstacles

Drivers

- Constant engagement

- Opening to mainstream tourism having accessible facilities leads to positive results

Obstacles

- The house is clearly devoted to guests with disabilities. This may lead to a social segregation of guests.

Further comments

- The management has also to opened other facilities (i.e. the swimming pools) to the citizens of the surrounding area and it is also organising events open to all (aqua gym courses and other special events).

Figure 139 – Girasoli restaurant (Photos: http://www.igirasoli.ar.it)

5.1.4 Analysis of the case studies

To analyse the case studies the available information about organisation and actions were collected and the results grouped according to the already mentioned 7 ISF.

To render the analysis easier to understand we have grouped the case studies in a table that state whether in each case the available information tends to confirm "X" or refute "O" our hypotheses:

> H21: In mainstream tourism services investment in accessibility results in increased client numbers.
>
> H22: Destinations that take care for accessibility usually are focused on service quality in general.
>
> H23: The successful accessible destinations show some kind of cooperation among service providers.
>
> H24: Some destinations succeed in including accessibility, comfort and services in their branding.

In the same row the 7 ISF have been listed to show if each of the Success Factors has been well developed "X" or neglected "O" (Figure 140).

Figure 140 – Case studies and success factors

CASE	H2 1	H2 2	H2 3	H2 4	1 ISF	2 IFS	3 ISF	4 ISF	5 ISF	6 ISF	7 ISF
Erfurt	x	x	x	x	x	x	x	x	x	x	x
Acc. Poland	*	o	o	x	x	o	o	o	o	x	o
Château	x	x	x	x	x	x	x	x	x	x	x
Wine Cellar	x	x	o	o	x	x	x	o	x	o	x
Berlin	x	x	x	x	x	x	x	x	x	x	x
Barcelona Metro	x	x	x	x	x	x	x	x	x	x	x
Scandic	x	x	x	x	x	x	x	x	x	x	x
GVAM	x	x	x	x	x	x	x	x	x	x	x
Rest. Monnalisa	x	x	x	x	x	x	x	x	x	x	x
Rest. I Girasoli	*	x	x	x	x	x	x	x	x	x	x

*H21 is not applicable to these cases as they do not address mainstream tourism.

Figure 141 shows if the cases provided economic data or comments that allow an understanding of the return on investment, their approach to tourism (more mainstream oriented or disability oriented), whether they use accessibility as a marketing tool and the perceived economic results.

Figure 141 – Case study analysis

CASE	€ Data	Approach	Marketing accessibility	€ Results
Erfurt	Some	Mainstream	Yes	Good
Acc. Poland	No	Disability	Yes	Poor
Château	Yes	Mainstream	Yes	Good
Wine Cellar	Some	Mainstream	No	Good
Berlin	Some	Mainstream	Yes	Good
Barcelona Metro	Yes	Mainstream	Yes	Good
Scandic	Yes	Mainstream	Yes	Good
GVAM	Yes	Mainstream	Yes	Good
Rest. Monnalisa	Some	Mainstream	Yes	Good
Rest. I Girasoli	No	Disability/Mainstream	Yes	Good

The data analysis shows that although the initial intention was to select only cases with a mainstream orientation a closer analysis reveals that in one case, Accessible Poland, the approach is disabled guest oriented towards guests who have disabilities while in the case of the Restaurant I Girasoli they have been disability oriented although recently they are evolving to a more mainstream approach to improve their economic results. Due to the lack of orientation towards mainstream tourism the Hypothesis H21 can't be confirmed in these two cases.

In the cases of Erfurt and Berlin the lack of available economic data is understandable as the investments for improving accessibility are assumed by many public and private operators in an isolated way.

In the case of St. Martin Wine Cellar it was only possible to obtain indirect data about guests received without indication of the evolution of these numbers. We estimate that there are two reasons for this: their main activity is to produce and sell wine, the visits being a marketing tool and, on the other hand, the small investments done to improve accessibility are considered by them as valuable for all guests as they are not especially focussed on disabled guests.

Finally in the Restaurant Monnalisa case the economic data cannot be concretised as they have designed and built the property to be accessible from the beginning and therefore no special investment was made although they declare that more investment should be made without defining its amount. We have also been unable to obtain data about the increase in guest numbers.

5.1.5 Conclusions

The hypotheses status confirmed for the analysed cases:

It has emerged that the increase in guest numbers consists not only of disabled customers but of customers in general.

It has emerged that in most cases accessibility is integrated as part of the quality policy.

It is clear that cooperation with other local service providers is close success is greater although if cooperation is not close, but the provision of accessible services is assured along the tourism chain the results are also good.

In most of the cases the way of including accessibility in their advertising tools is as a characteristic or service included among others emphasising more what they offer than to whom the offer it. The style is always positive and avoiding "charity or social service" style language.

- Accessible Poland Tours is not a mainstream service. Their economic results are not good
- I Girasoli is evolving from a disabled marketing orientation to a more mainstream orientation. Their economic results are improving.
- It is more likely that a business will succeed if the management are professionals in their sector with awareness of accessibility needs rather than being disability professionals running a tourism business.
- All the cases that show good economic results and that communicate their offer efficiently have been managed well each aspect of the 7 ISF:

Although social responsibility is a motivation it does not make the company deviate from its own business focus.

The engagement and training of all the staff is a key issue that improves results.

Knowledge transfer flows more easily when the organisation is part of a number of professional networks such as Design for All.

 To plan the actions and anticipate the results before starting is also a key element of success.

The importance of investment varies largely depending on the type of services provided and whether the accessibility improvements have been included since inception, have been planned or have been made in response to demand. But even in the case of the highest investment among the cases discussed, 17.1M€ invested by FGC in stations' accessibility, which resulted in an investment of 1.36€ for each new passenger in the following year, this implied a payback in less than two years, based on an increase of 16% in passenger numbers as estimated by the company. This example, together with the others from cases from which we have obtained concrete economic data, allow us to conclude that planned and reasonable investments pay back in a short period if the 7 IFS has been correctly addressed.

Finally it should be underlined that all cases that have succeed in managing the 7 ISF have validated all the working hypotheses proposed.

5.2 Task 3b - Desk research on existing barriers faced or perceived by people with access needs

5.2.1 Methodology

5.2.1.1 Desk research

The main aim for task 3b is to reach a thorough understanding of the barriers faced by people with access needs. It is important that the barriers for each tourism sector are identified in order to allow for the development of specific action plans to eliminate existing obstacles. Findings from task 3b are channelled into the recommendation section (section 7).

In order to meet the objective of Task 3b, desk research was employed. Desk research, e.g. the collection of secondary data, is a widely used research technique in market research. The systematic review of the literature on access barriers was essential to fulfil four purposes (see Figure 142).

Figure 142 – Purposes of desk research

Purpose 1: Identify and determine the extent to which past research covers the barriers faced by individuals with access needs.

Purpose 2: Conduct a comparative assessment/ examination of existing sources.

Purpose 3: Develop hypotheses to be tested

Purpose 4: Compare the existing literature with the findings from the primary data.

5.2.1.1.1 First round of desk research: Identification of secondary sources

The identification and determination of the extent of past research covering the barriers faced by people with access needs is crucial to identify gaps in the existing literature. For the identification of secondary sources (1), such as reports, studies and academic articles, the comprehensive databases provided by EBSCO Information Services[1] were used. More specifically, the Hospitality and Tourism Index[2] (part of the EBSCO databases) was identified and utilised as the main source as this index is the key database for academic articles and industry news from all areas of the hospitality and tourism sector. The coverage of publications in this index dates back to 1930 and contains more than 990,000 records and almost 830 publications. Most of these publications are peer-reviewed journal articles, following a double-blind review process. This ensures that the publications are of an appropriate standard, acting as a quality-insurance mechanism for the desk research conducted.

For this initial stage of the desk research, eight key words/ parameters were generated to enable the first search for reports and articles that potentially deal with the subject. These keywords/ parameters were used in various combinations as shown inty or representational aspects.

Figure 143 below. The initial results were checked to identify those sources that deal explicitly with access barriers from the demand-side, which is the overall selection criterion. Through thoroughly

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[1] EBSCO is the name of a publishing service, which supplies online databases to libraries. Available via EBSCO are 375 full-text and secondary research databases, over 420,000 e-books and 355,000 e-journals and e-journal packages (http://www.ebsco.com).
[2] The Hospitality and Tourism Index includes wide-ranging publications of three internationally recognised collections, which are: the former hospitality database of Cornell University, articles in Hospitality and Tourism (AHT) (formerly co-produced by the Universities of Surrey and Oxford Brookes) and the Lodging, Restaurant & Tourism Index (LRTI), formerly produced by Purdue University. The geographical scope of the material available from the Hospitality and Tourism Index comprises Europe, Canada, Australia and Asia, offering domestic and international sources of reference (http://www.ebscohost.com/corporate-research/hospitality-tourism-index).

assessing the relevance of all identified sources, articles have been left out that deal for example with conceptual developments of disability studies, disability and identity or representational aspects.

Figure 143 – Keywords/ parameters used for the identification of secondary sources
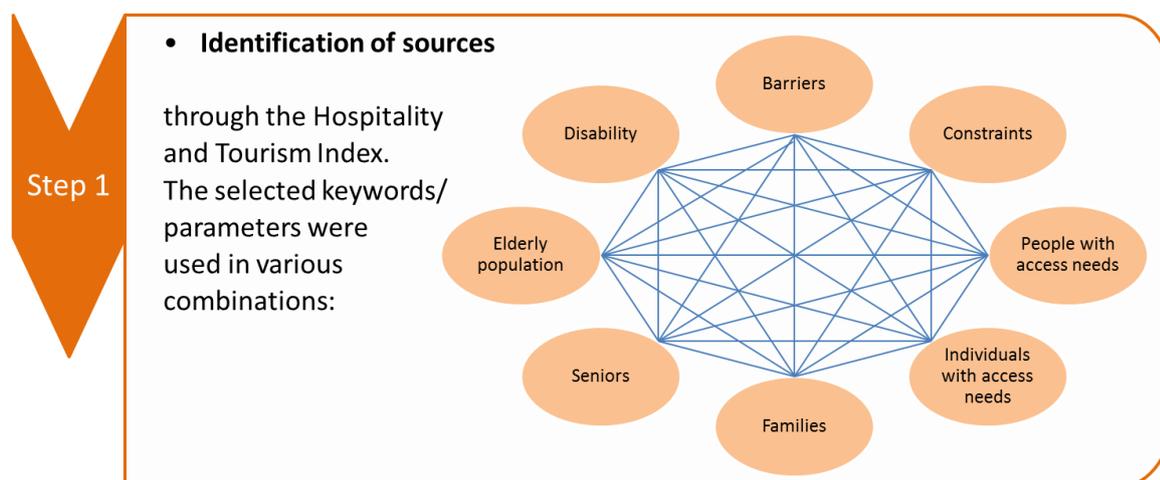
Following this methodological approach, 118 potential reports and articles were identified through the database search, with 48 suitable for analysis (Annex L). These 48 articles are all relevant in that they deal explicitly or partially with access barriers from a demand-side perspective, which represents the main selection criterion.

For any desk research, ensuring quality in terms of rigour and reliability of the sources used is crucial. This has been achieved as the majority of articles listed in Annex L are published in journals that follow a thorough double-blind review process.

The publication period of articles is a very good indicator of the importance given to a specific research topic. With regard to the subject of access barriers, the identified articles cover a time frame from 1987 to 2012. Looking at the historical development, it is apparent that the topic gained far more importance from 2000 onwards. This is reflected in the number of articles and reports identified in this later time period. The large number of articles and reports published between 2010 and 2012 is particularly noticeable. In only two years, 10 articles were published which deal with access barriers. This is almost one-third of all articles appearing from 2000 – 2009 and already more than during the time period from 1980-1999 (Figure 144). The same tendency was observed by an Italian study investigating the start date of projects related to disability/ accessibility. Findings show

that a high percentage of projects were initiated from 2009 – 2012[1], which indicates that the topic has received more attention and achieved more significance over the last ten years.

Figure 144 – Publication period of articles identified during the first search round
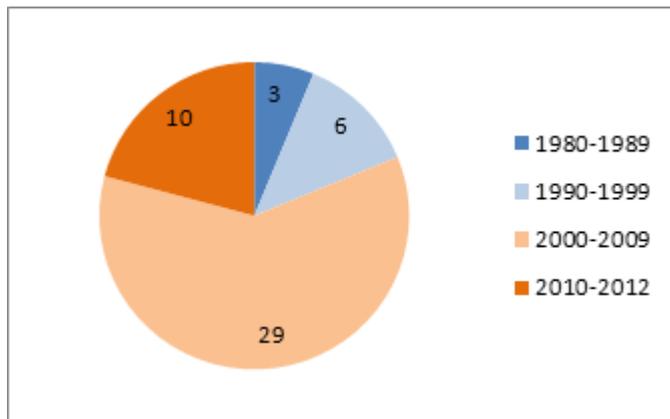
With regard to the nature of the research approach of the identified sources, some articles deal with access barriers in a purely conceptual manner (e.g. Smith, 1987) and relatively few articles deal with the topic from a quantitative perspective. Thus, the majority of sources focus on an exploratory, qualitative approach mainly based on interviewing people with access needs.

The qualitative nature of the data found on barriers can be explained as follows:

• Research into disability is a relatively new and evolving area in tourism and hospitality, therefore qualitative research is mainly employed to build theory which can be tested at a later stage through quantitative methods

• The focus of the research is mainly based on gaining a better understanding of individual, subjective tourist experiences which are often investigated by using qualitative methodologies[2]

• Due to the subjective perceptions of barriers, concepts and issues have to be defined by the people who face access constraints (qualitative methods) instead of providing definitions in advance (quantitative methods)

In summary, qualitative, exploratory research has been mostly employed in order to gain a deeper understanding of the subjective experiences of barriers in a tourism context. The information collected through this approach does not lend itself to statistical analysis as the focus is placed on

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[1] Presidenxa del Consiglio dei Ministri (2013). Accessibile è meglio: Primo Libro Bianco sul Turismo per Tutti in Italia 2013. Comitato per la Promozione e il Sostegno del Turismo Accessibile. Available at: http://www.unifg.it/dwn/ateneo/sportello_west/accessibile_libro_bianco.pdf
[2] McCabe, S., & Stokoe, E. (2009) "Have you been away?": Holiday Talk in Ordinary and Institutional Interaction. IN Richards, V. & Raguz, A. (Eds.) 3rd Critical Tourism Studies Conference. Connecting Academies of Hope: Critical Actions and Creative Vistas. Zadar, Croatia, 21.-24. June 2009.

gathering large amounts of relatively detailed information about a relatively few cases. However, a primary data collection process based on the online survey (task 2b) is used after the completion of the desk research to obtain more quantitative information related to the barriers faced by people with access needs.

5.2.1.1.2 First round of desk research: Examination/ assessment of relevant secondary sources

After assessing the relevance of sources, focusing only on articles that deal with access barriers faced by people with access needs, the examination/ assessment of reports and academic articles was conducted (2). This was based on following a simultaneous screening process related to three dimensions (Annex M):

Type of impairment/ restriction[1]

Tourism sector

Geographical coverage

Figure 145 – Simultaneous screening process used for the examination/ assessment of secondary sources
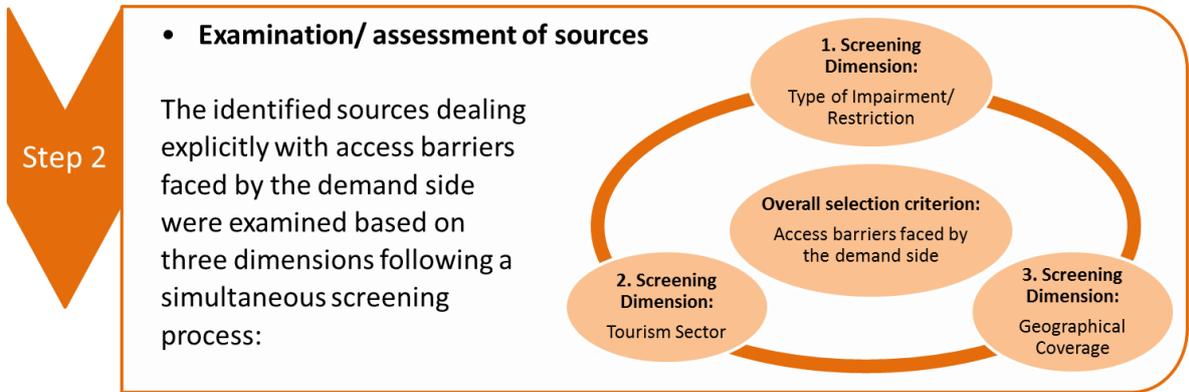
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Using these screening dimensions at the same time allows for a comprehensive understanding of:

- Which types of impairment/ restriction are covered by secondary data

- Which tourism sectors are covered by secondary data

- Which countries have been investigated by existing research

The initial search enabled the first round of evaluation/ assessment providing an overview of the barriers faced by individuals with access needs. The next section provides an explanation on how the identified sources were assessed, followed by a justification for pursuing a second round of literature search.

Following the simultaneous screening process based on three dimensions (Figure 145), the identified 48 articles revealed the following subcategories which have been used for assessment:

Dimension: Type of impairment/ restriction:

- Mobility Impairment

- Blind/ Vision Impairment

- Deaf/ Hearing Impairment

- Speech Impairment

- Cognitive Impairment

- Hidden Impairment

- Elderly Population

- Parents of disabled children

- Families

In addition to these 9 groups, a large number of sources did not explicitly specify the impairment/ restriction, leading to the establishment of an additional category labelled 'Restriction not directly specified'.

Examining the category of 'type of impairment/ restriction' covered, the majority of articles deal with barriers faced by individuals with mobility impairments, followed by articles not directly specifying the type of impairment/ restriction and people with vision impairments. Very limited research exists which deals with barriers faced by people with hidden impairments, cognitive impairments, speech impairments or families and parents with disabled children (Figure 146). These findings are in line

with research conducted in Italy, as the majority of projects were tailored towards physical disabilities (58.4%), followed by sensory disabilities (27.5%)[1].

Figure 146 – Articles dealing with access barriers by type of impairment/ restriction
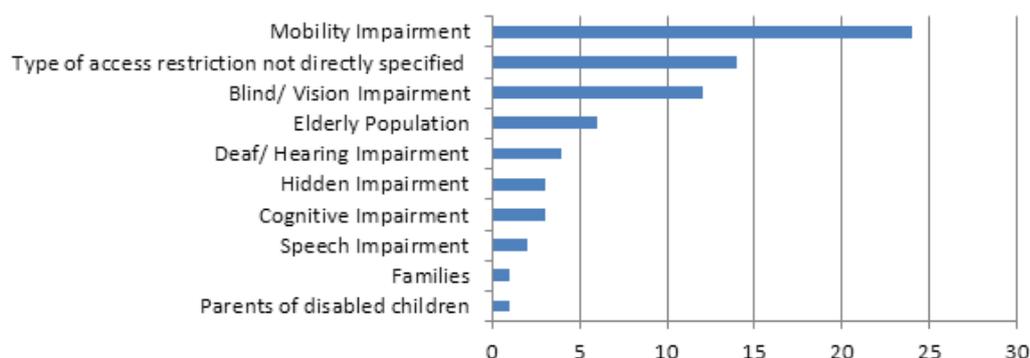
Dimension: Tourism sector

The establishment of subcategories for the second dimension is based on the BMWi study[2] listing tourism sectors across the service chain. Given the limited and sometimes vague specification of tourism sectors in the identified reports and articles, tourism sectors have been grouped into 6 main categories representing key stages of the travel journey.

In addition, as some sources do not refer specifically to any sector, an additional category 'Tourism sector not directly specified' was added. The 7 main categories for the assessment are hence as follows:

- Pre-travel stage/ Information gathering stage
- Transit: Arrival / Departure
- Transport at destination & access paths
- Accommodation
- Catering / Gastronomy/ Food & Beverage
- Attractions/ Activities
- Tourism sector not directly specified

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[1] Presidenxa del Consiglio dei Ministri (2013). Accessibile è meglio: Primo Libro Bianco sul Turismo per Tutti in Italia 2013. Comitato per la Promozione e il Sostegno del Turismo Accessibile. Available at: http://www.unifg.it/dwn/ateneo/sportello_west/accessibile_libro_bianco.pdf
[2] BMWi (2004). Economic Impulses of Accessible Tourism for All, Berlin, Federal Ministry of Economics and Technology.

With regard to the coverage of different tourism sectors, the identified sources reveal that the majority of articles do not directly specify the barriers faced by people with access needs in relation to specific tourism sectors (Figure 147), which was anticipated in the proposal by the Team. The majority of sources identified in the first search round focus on the tourism context in general without referring to specific sectors. Some of these articles investigate barriers in a tourism context by focusing on specific impairments while others do not mention a particular type of impairment.

For the sources that do specify the tourism sector, the following understanding could be gained: Sectors that received most research attention include the attractions/ activities sector and the transit/ transport sector. This is not surprising, as attractions are the main reason why people travel to a destination, and transport is an indispensable element for getting to and from the destination.

Very little is yet known about barriers reported for the Food & Beverage sector (catering/ gastronomy) and transport at the destination, including access paths. Particularly with regard to transport at the destination, it is anticipated that more research needs to be conducted in this area, as isolated accessible facilities (e.g. an accessible hotel or an accessible attraction) do not add to the quality of the tourist experience if accessible access pathways between different facilities or services are not guaranteed.

Figure 147 – Articles dealing with access barriers by tourism sector
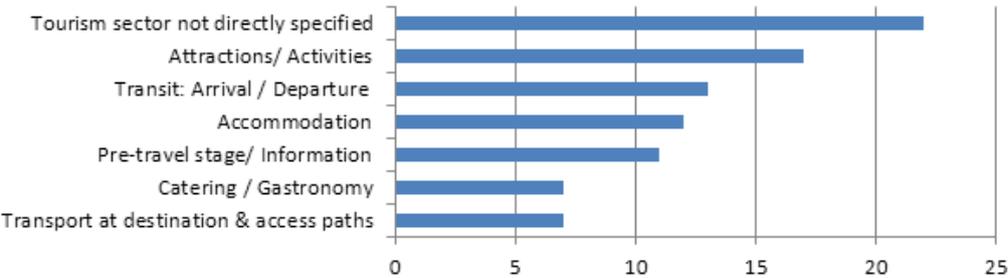
It is notable that the large majority of articles dealing with access barriers without specifying the tourism sector follow a qualitative approach to interpreting barriers and constraints, whereas articles that do specify the tourism sector are starting to employ quantitative methods.

Dimension: Geographical coverage

The third screening dimension investigates the geographical coverage of access barriers reported. As with the second dimension (coverage of individual tourism sectors), most reports and articles do not directly specify the geographical coverage (Figure 148).

Figure 148 – Articles dealing with access barriers by geographical coverage
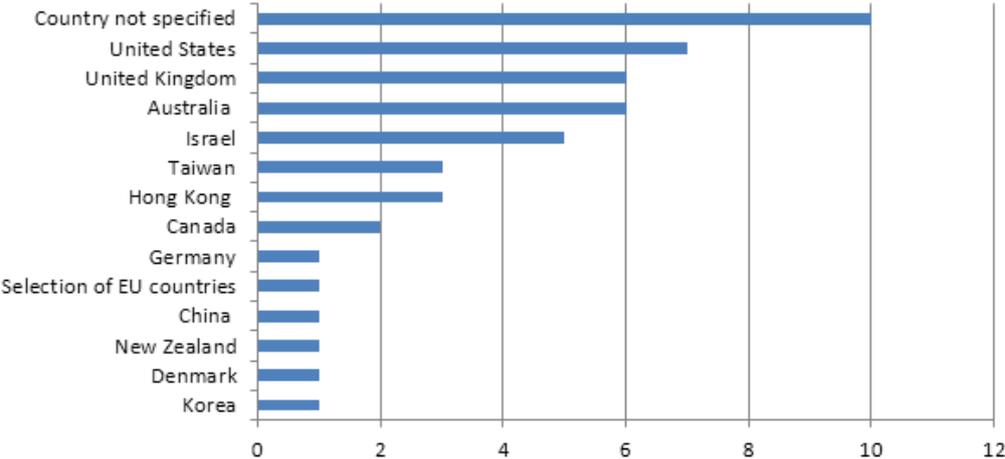
Based on the first round of the search, the top three countries covered include the United States, the United Kingdom and Australia. This might be partially attributable to the fact that English language is required for publications in highly-ranked quality tourism journals. However, given the current dominance of English-speaking countries covered in the desk research, a second round of the search[1] is necessary to specifically identify those sources that cover other European countries and other international source markets, which is explained next.

5.2.1.1.3   Second round of desk research: Identification of additional secondary sources

As is common for desk research, this initial search of the literature helps with the re-definition of more precise keywords/ parameters used to undertake further searches (Figure 149).

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[1] As highlighted above and in Figure 149 this is a common procedure to ensure quality in the desk research methodology where the results of the first search (e.g. lack of sources covering European countries) contributes or informs the second round of the search.

Figure 149 – The desk research process[1]
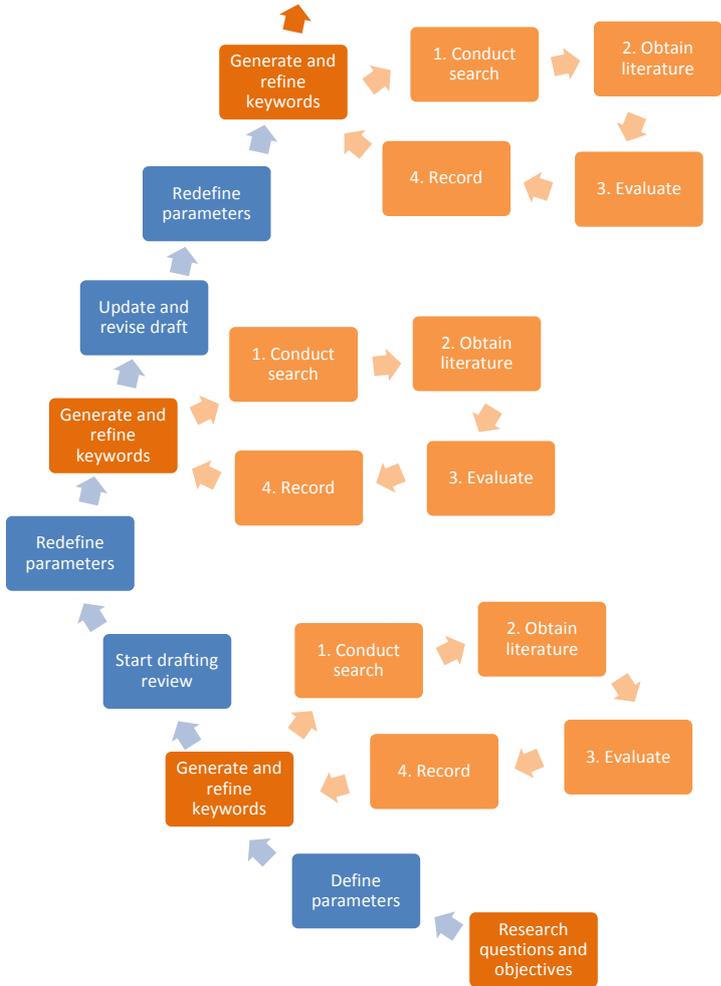
Thus, for the second round of search, the focus is placed on relevant material not identified through the first round of search following a set of different variables, such as for example keywords/ parameters in different languages and/ or geographical areas[2]. The variables employed for the second round of search focused on expanding the source of literature and keywords/ parameters used to cover different geographical areas:

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[1] Saunders, M., Lewis, P., & Thornhill, A. (2003) Research Methods for Business Studies. Harlow, Pearson Education Limited.
[2] Saunders, M., Lewis, P., & Thornhill, A. (2003) Research Methods for Business Studies. Harlow, Pearson Education Limited.

- Source of literature: Keywords/ parameters were employed for searching for relevant sources on different internet sites. While the internet is a useful source, attention was paid to ensure a quality control procedure. Reports were considered for inclusion if they are, for example, published by recognised disability and/ or elderly organisations or other established social institutions in the respective countries.

- Keywords/ parameters: Using keywords/ parameters in different languages:
  - To identify sources in Spanish language:
    barreras/ obstáculos (barriers) ◆ restricciónes (constraints) ◆ personas con nececidades especiales/ personas con discapacidades/ personas con movilidad reducida (people/ individuals with access needs) ◆ familias (families) ◆ Personas de la tercera edad (seniors) ◆ ancianos (elderly) ◆ incapacidad/ discapacidad/ minusvalía (disability)
  - To identify sources in German language:
    Barrieren (barriers) ◆ Mobilitätseingeschränkte Menschen/ Aktivitätseingeschränkte Menschen/ behinderte Menschen (people/ individuals with access needs) ◆ Familien (families) ◆ Senioren (seniors) ◆ Ältere Bevölkerung (elderly population) ◆ Behinderung (disability)
  - To identify sources in French language:
    Barrières ◆ (barriers) ◆ limitations (constraints) ◆ personnes handicapées/ individus atteints d'un handicap moteur (people/ individuals with access needs) ◆ familles (families) ◆ séniors (seniors) ◆ personnes âgées (elderly population) ◆ déficience/ handicap (disability)
  - To identify sources in Portuguese language:
    Barreiras (barriers) ◆ restrições (constraints) ◆ pessoas/individuos com necessidades de acessibilidade (people/ individuals with access needs) ◆ familias (families) ◆ idosos (seniors) ◆ população idosa (elderly population) ◆ deficiência (disability)
  - To identify sources in Italian language:
    barriere (barriers) ◆ vincoli (constraints) ◆ persone con bisogni/esigenze di accessibilità (people/ individuals with access needs) ◆ famiglie (families) ◆ anziani/senior (seniors) ◆ popolazione anziana (elderly population) ◆ disabilità (disability)

Applying different keywords/ parameters and expanding on the source of literature led to the inclusion of 75 new sources to ensure a sufficient coverage of European countries and major inbound source markets. The full list of a total of 123 sources (from the first and second round of desk research) used can be found in Annex N. Overall, the addition of these new sources contributed to:

- Substantiate or re-define the hypotheses (purpose of desk research 3)

- Enable a comparative analysis of primary and secondary data (purpose of desk research 4)

Both assisted in providing new insights that enable a better understanding of the existing barriers faced by people with access needs per tourism sector in European countries and beyond.

5.2.1.2 Development of hypotheses and hypothesis testing procedures

After the two rounds of desk research, the full set of findings represents the prerequisite for the development of hypotheses, which are essential to examine the relationships between different variables related to the barriers that people with access needs face. Important for this task is a thorough understanding that access needs do not only refer to impairments but also to difficulties encountered with daily activities and/ or travelling with children. Thus, five main categories of access needs form the basis for the analysis:

Figure 150 – Five main categories of access needs for analysis

Individuals with mobility difficulties:

e.g. walking long distances or moving in general, picking up objects, carrying, language, etc.

Individuals with sensory difficulties:

e.g. seeing, hearing or other senses, etc.

Individuals with communication difficulties:

e.g. speaking with other people or being understood, understanding complex information or concentrating, etc.

Individuals with behavioural difficulties:

e.g. fears or mental, nervous or emotional problems, learning difficulties, etc.

Individuals with hidden limitations:

e.g. allergies or intolerances to food or other substances, chronic diseases, etc.

The very few quantitative research articles that are currently available assisted in the development of hypotheses. While these articles derive from a non-European context, the developed hypotheses are essential to test relationships within a European context. Based on the information available,

hypotheses are set up to statistically test if the findings from the previous studies can be empirically supported by the primary data in the European context.

The primary data used for the testing of the hypotheses derives from the online survey (task 2b) (based on the categories of access needs outlined in Figure 150) which targets respondents from 12 European countries. The large sample size and the wide coverage of the survey data ensure that reliable results are generated. In total, 12 hypotheses are developed for task 3b, among which 9 are developed to examine the 6 identified sectors/ stages, and 3 for cross-sector comparisons. The basis of the development of the following hypotheses will be discussed in the corresponding sections of each sector.

Pre-travel stage/ Information gathering stage

- H24: The lack of information about accessible services is the most important barrier compared to other barriers (access to information before trip and at destination, and accessibility of booking services) in the pre-travel stage.
- H25: The information contained in general travel sources is more important compared to the specialised sources of information.
- H26: The information available about accessibility conditions is sufficient, reliable and accessible.

Transit: Arrival/Departure

- H27: In the transit stage, attitudinal barriers, such as how tourists with access needs are treated by service staff, are equally as important as physical access barriers, particularly in terms of assistance with getting on board, leaving or changing.

Transport at destination & access paths

- H28: Access pathways, e.g. continuous, accessible routes between facilities and services, and accessible parking spaces, are the most important aspects for people with access needs when moving around at the destination.

Accommodation

- H29: In the accommodation sector, physical access barriers, particularly related to toilets and mobility within rooms, are more important than attitudinal barriers, such as how tourists with access needs are treated by service staff.
- H30: Among the physical access barriers encountered in the accommodation sector, people with access needs are least satisfied with toilets.

- H31: The barriers faced by people with access needs in the food & beverage sector are encountered most often compared to other sectors.

Attractions/Activities

- H32: In the attraction sector, people with access needs experienced barriers most frequently with nature based activities or attractions.

Cross-sector

- H33: Across all sectors, physical access barriers are encountered more often than attitudinal barriers.
- H34: People with access needs encounter different levels of frequency of barriers across key tourism sectors (accommodation, food and beverage, attractions and transportation).
- H35: The lack of accessible toilets is the most important barrier encountered by people with access needs across all sectors.

Testing procedures

Given the types of variables in the questionnaire and the objectives of different hypothesis tests, binomial tests and paired-samples t-tests are performed. Each of the 12 hypotheses is tested against its corresponding null hypothesis. In a test, if the p-value associated with the statistic is less than 0.05, the null hypothesis is rejected. As the alternative hypothesis, the proposed hypothesis is thus supported.

If the variables related to a hypothesis are dichotomous with only two possible answers, the binomial test is used to compare the observed frequencies of these two categories with the expected frequencies. As the experienced barriers are measured by yes and no answers only, the binomial test is used to examine the hypotheses H24, H25, H26, H27, H31, H32, H33 and H34. Although the chi-square test can also be used in some cases, the sample size for each sub-category is not always above 5 which violates the minimal requirement for the chi-square test. Therefore, the binomial test is employed for a consistent and comparable result.

For the variables measured by Likert scale, the paired-samples t-test is employed to compare the difference between the means of two variables for the same group of respondents. In the

questionnaire, respondents are asked to evaluate their perceived importance and satisfaction with a five-point Likert scale. The paired-samples t-test is thus used to test the importance- or satisfaction-related hypotheses H28, H29, H30 and H35.

The purpose of the hypothesis test is to examine the barriers encountered by people with access needs (Figure 150). To analyse the barriers by category of access needs, the respondents who experience or care for people with either permanent or temporary difficulties are regarded as the sample of the answered type(s) of access needs. To further test the barriers by destination, 15 of the most popular destinations are selected based on the sample size. In addition to the 12 countries of residence in the survey, Croatia, Germany and Greece are chosen as the representative destinations. The sample of each destination includes both domestic and international travellers. A summary of testing methods, variables and samples for each hypothesis is shown in Figure 151.

Figure 151 – Summary of testing procedures

Hypothesis	Method	Variables	Samples
H24	Binomial test	q13_17 vs. q13_16, q13_18	5 types of access needs, 12 countries of origin
H25	Binomial test	q10x1	5 types of access needs, 12 countries of origin
H26	Binomial test	q20_a, q20_b, q20_c vs. 50%	5 types of access needs, 12 countries of origin
H27	Binomial test	q13_2 vs. q13_13, q13_24	5 types of access needs, 15 destinations
H28	Paired-samples t-test	q17a_1, q17a_2 vs. q12ax1_11, q12ax3_24 (averages)	5 types of access needs, 15 destinations
H29	Paired-	q17a_3, q17a_7 vs. q12ax1_2	5 types of access needs,

			15 destinations
	samples t-test		
H30	Paired-samples t-test	q17b_3 vs. q12bx1_7, q12bx3_20	5 types of access needs, 15 destinations
H31	Binomial test	q13_16, q13_17, q13_18 vs. q13_13, q13_24 vs. q13_11, q13_24 vs. q13_7, q13_20 vs. q13_6, q13_21 vs. q13_1, q13_4, q13_5, q13_8, q13_19, q13_22, q13_23 (average percentages)	5 types of access needs, 15 destinations
H32	Binomial test	q13_1 vs. q13_4, q13_5, q13_8, q13_19, q13_22, q13_23	5 types of access needs, 15 destinations
H33	Binomial test	q13_2 vs. q13_1, q13_4, q13_5, q13_8, q13_19, q13_22, q13_23, q13_7, q13_20, q13_6, q13_21, q13_11, q13_13, q13_24 (average percentages)	5 types of access needs, 15 destinations
H34	Binomial test	q13_16, q13_17, q13_18 vs. q13_13, q13_24 vs. q13_11, q13_24 vs. q13_7, q13_20 vs. q13_6, q13_21 vs. q13_1, q13_4, q13_5, q13_8, q13_19, q13_22, q13_23	5 types of access needs, 15 destinations

		(average percentages)	
H35	Paired-samples t-test	q17a_3 vs. q12ax1_1, q12ax1_2, q12ax1_3, q12ax1_4, q12ax1_5, q12ax1_6, q12ax1_7, q12ax1_8, q12ax1_9, q12ax1_10, q12ax1_11, q12ax1_12, q12ax2_13, q12ax2_14, q12ax2_15, q12ax2_16, q12ax2_17, q12ax2_18, q12ax3_19, q12ax3_20, q12ax3_21, q12ax3_22, q12ax3_23, q12ax3_24, q12ax3_25, q12ax3_26, q12ax3_27, q12ax3_28, q17a_1, q17a_2, q17a_4, q17a_5, q17a_6, q17a_7, q17a_8, q17a_9	5 types of access needs, 15 destinations

Note: The definition of the variables can be found in Annex O.

5.2.1.3   Comparative analysis of primary and secondary data sources

After the empirical testing of the hypotheses, a comparative analysis of primary and secondary data has been conducted, leading to new insights into the barriers faced by people with access needs for:

• different tourism sectors
• different perceptions among individuals with different access needs
• different European countries

5.2.2   Findings

This section provides an overview of reports and articles that deal with access barriers. The comparative assessment will first focus on *qualitative evaluations*. For the very few cases where quantitative data is available this information is added, leading to the establishment of a number of hypotheses, *which are subsequently tested for people with different types of access requirements in different European countries*.

In general, articles which deal with access barriers without specifying the type of restriction focus on establishing categories of barriers. The seminal paper by Smith (1987) highlights three main barriers to tourism participation. The first category relates to intrinsic barriers, including lack of knowledge, health-related problems, social ineffectiveness and physical and psychological dependency. The second category embraces environmental barriers, encompassing attitudinal, architectural, ecological, transportation, and rules and regulations barriers. The last category refers to interactive barriers highlighting skill challenges, incongruities and communication barriers[1]. A study conducted in the UK confirms that these barriers also apply to people with hidden disabilities[2].

Eichhorn and Buhalis (2011) also refer to three categories of barriers but focus on those constraints that can be addressed by the tourism industry. These include: physical access barriers, attitudinal barriers and the lack of information[3]. This coincides with other studies emphasising physical barriers (e.g. inaccessible transport and holiday resorts) as well as environmental, economic, social and attitudinal barriers. The lack of information and appropriate assistance is also highlighted in addition to stressing the problem that accessibility is not consistently defined across sectors, leading to standards and legislation not being enforced[4].

Industry reports outline the main barriers as being low income, acceptance, marketing/ information, transport, physical environment, service barriers, and wider social and economic issues (e.g. the social exclusion experienced by people with access needs as reflected in wider society)[5].

Figure 152 provides a summary of all categories of barriers. Overall, there is a strong consensus that interactive barriers exist throughout all sectors. These interactive barriers often relate to negative, demeaning and condescending attitudes. Together with the lack of information, these barriers have a very detrimental effect on the overall quality of the tourism experience and are overall rated as being stronger than other barriers. This is mainly because people with access needs require more detailed information before embarking on a holiday experience, with information acting as an 'enabler' to travel. Further, while it is often stated that individuals can negate physical access barriers if detailed and reliable information is available, they cannot plan for avoiding negative attitudes.

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[1] Smith, R.W. (1987). Leisure of Disabled Tourists - Barriers to Participation. Annals of Tourism Research, 14, 376-389.
[2] Horgan-Jones, M., & Ringaert, L. (2001). Accessible Tourism in Manitoba. TTRA - Travel and Tourism Research Association. Niagara Falls, Canada, 14.-16. October 2001
[3] Eichhorn, V. & Buhalis, D. (2011). Accessibility: A Key Objective for the Tourism Industry. IN D. Buhalis & S. Darcy (Eds.) Accessible Tourism: Concepts and Issues, (pp. 46-61). Bristol, Channel View Publications.
[4] EDF - European Disability Forum (2001). EDF Position Paper: Framing the Future of European Tourism, Doc. EDF 01/13 EN, (pp. 1-10). London, European Disability Forum.
[5] Veitch, C., & Shaw, G. (2004). Understanding Barriers to Tourism in the UK. IN British Tourist Authority (Ed.) Insights - Tourism Intelligence Papers, A-185, May 2004.

Figure 152 – Summary of categories of barriers
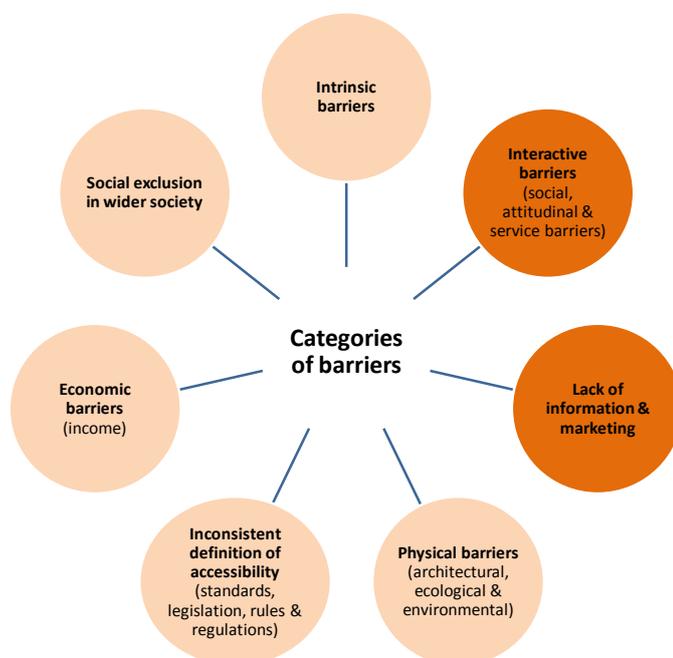
By looking at different tourism sectors, the analysis revealed the following results:

5.2.2.1 Barriers encountered in the pre-travel / information-gathering stage

The majority of articles deal with the lack of information in the pre-travel stage. Overall, this barrier exists due to the inconsistent distribution of **reliable and accurate information** about the level of accessibility of facilities and services for people with a disability[1][2][3]. Also seniors demand high levels of information and communication and require comprehensive information before the trip[4].

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[1] Stumbo, N.J. & Pegg, S. (2005) Travelers and Tourists with Disabilities: A Matter of Priorities and Loyalties. Tourism Review International, 8, 195-209.
[2] Darcy, S. (2002) Marginalised Participation: Physical Disability, High Support Needs and Tourism. Journal of Hospitality and Tourism Management, 9, 61-72.
[3] Darcy, S., Cameron, B. & Schweinsberg, S. (2012) Accessible Tourism in Australia. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 79-113). Bristol, Channel View Publications.
[4] Neumann, P. & Pagenkopf, K. (2011) Informieren und Orientieren IN RKW Kompetenzzentrum (Ed.) Tourismus 50plus: Anforderungen erkennen – Wünsche erfüllen, (pp. 14-17). Available at: http://www.dehoga-bundesverband.de/fileadmin/Inhaltsbilder/Publikationen/WifA_Tourismus_www.pdf

Reliable and accurate information is needed for all types of trips (short break, holiday or business trip) and compliance with the informational needs of people with access requirements can make the difference between winning and losing customers at the organisational or destination level[1].

Further, the lack of reliable and accurate information is recognised across all tourism sectors, including transport, accommodation, attractions and hospitality[2], and often represents the main barrier in the travel process. For example, in a Canadian study examining the barriers faced by senior people and individuals with a disability, it is reported that 60% of the respondents highlighted the lack of information as a primary barrier[3]. In a European context, 70.6% of German travellers with activity limitations highlighted that the organisation of a holiday, including the availability of information about accessible facilities, is very important. Yet, almost 40% pointed out that they experience barriers in the pre-travel stage of planning their holidays[4]. This can be mainly attributed to the imbalance of information required and information provided (Figure 153)[5], since the higher the level of information required by people with various access needs, the lower the provision of information by service providers.

Figure 153 – Imbalance between Information Requirements and Information Provision
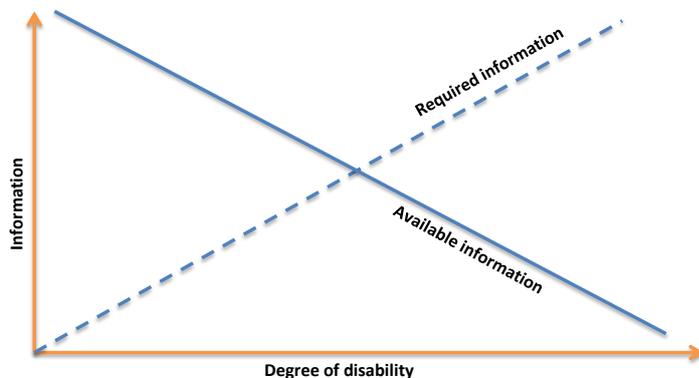
[1] Daines, A. & Veitch, C. (2012). Visit Britain: Leading the World to Britain. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 322-335). Bristol, Channel View Publications.
[2] Darcy, S. (1998). Anxiety to Access: Tourism Patterns and Experiences of New South Wales People With a Physical Disability, Sydney, Tourism New South Wales.
[3] Horgan-Jones, M., & Ringaert, L. (2001). Accessible Tourism in Manitoba. TTRA - Travel and Tourism Research Association. Niagara Falls, Canada, 14.-16. October 2001.
[4] BMWI (2004). Economic Impulses of Accessible Tourism for All, Berlin, Federal Ministry of Economics and Technology.
[5] Pühretmair, F., & Nussbaum, G. (2011). Web Design, Assistive Technologies and Accessible Tourism. IN D. Buhalis & S. Darcy (Eds.) Accessible Tourism: Concepts and Issues, (pp. 274-286). Bristol, Channel View Publications.

This is confirmed by a mystery shopper study, investigating the provision of information by accommodation establishments in Austria, Switzerland and Germany. The results revealed that people with access needs were only inadequately served. It was particularly the limited supply of information specific to the individual's needs and demands that caused dissatisfaction[1]. This was supported by a study in Spain, reporting that a person with access needs encounters numerous difficulties in obtaining the right information. Very few service providers offer the information that people with access needs require and as a consequence, individuals often have to contact the provider numerous times, which adds to levels of stress and anxiety in the travel planning process[2]. As a result of these information deficiencies, a number of projects have been initiated in Italy to improve the information provision for people with access needs[3].

The limited availability of information is one of four recurrent themes[4] in the discussion about informational barriers for people with access needs:

1) Lack or limited availability of information

E.g. service providers not making information about the level of accessibility for people with different access needs available

2) Lack of accuracy of information provided

E.g. service providers claim that the hotel is fully accessible but hotel restaurant contains steps to gain entry

3) Low levels of detail of the information provided

E.g. lack of objective measurements, such as the width of the door

4) Format of the information provided

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[1] Deutsches Seminar für Tourismus (DSFT) (2007). Sonderbefragung zum Thema „Barrierefreiheit" - MysteryCheck 2007 – das Abenteuer Unterkunftssuche. Deutsches Seminar für Tourismus (DSFT), Berlin. Available at: http://www.wissen.dsft-berlin.de/medien/PRE/pre_mysterycheck-2007_dsft-studie_barrierefreiheit.pdf

[2] IMSERSO (2006). El Hotel Accesible - Guía para su diseño, organización y gestión. Ministerio de Trabajo y Asuntos Sociales - Secretaría de Estado de Servicios Sociales, Familias y Discapacidad. Instituto de Mayores y Servicios Sociales (IMSERSO), Madrid, Spain. Available at: http://www.imserso.es/InterPresent2/groups/imserso/documents/binario/hotelaccesible.pdf

[3] SL & A: Turismo e Territorio (2008). Turismo Accessiblle in Italia: La Domanda e L'Offerta. Available at: http://www.turismabile.it/file/lib/files/access0_rapp_tur_acc.pdf

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

E.g. Alternative ways to provided information (Braille, large sign, audio recordings) are often absent and websites are often inaccessible (e.g. not providing alternative text for images), hence not following strategies and guidelines by the Web Accessibility Initiative (WAI)[1]

In examining these four access barriers, **the lack of information about accessible services (1) is often stated as the main constraint**. This is supported by a study from Italy reporting that the lack of correct and reliable information on accessibility features is the most important barrier[2]. The general lack of information is followed by the lack of accuracy (2) and less detailed information (3).

With regard to the format of information (4), the main barrier relates to websites being inaccessible for people with access needs. This contributes to the exclusion of people with mobility, visual, hearing or cognitive impairments[3]. Yet, the format of the information provided affects people with different impairments differently. For example, for someone in a wheelchair, the lack of alternative text for images or alternative means to provide information might not represent an obstacle, whereas it would restrict a blind person to access certain information necessary to plan his/ her holiday.

Outside Europe, numerous studies can be identified that deal with the problem of inaccessible websites. For example, a study of businesses on the West Coast of the South Island of New Zealand found that more than half of the tourist information sites were difficult to access and navigate although claiming to be accessible[4]. Particularly with regard to the format of information provided, it is argued that so far limited insights are available that outline what the 'acceptable' formats of information provision in the accommodation sector actually are[5]. Specific to the Asia-Pacific region, inaccessible websites are also a great problem as the adoption of accessible Internet technologies remains very limited[6].

Within Europe, studies confirm the inaccessibility of websites as a major problem. For example, in Italy it has been reported that particularly young mobility-restricted individuals rely on the internet for

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[1] Web Accessibility Initiative (WAI) http://www.w3.org/WAI/guid-tech.html
[2] Minuti, M.S. (2012) Turismo sostenibile, "turismo per tutti": l'accessibilità come elemento di qualità e volano di sviluppo dei sistemi turistici territoriali. Available at:
http://www.sinergiejournal.it/rivista/index.php/slow/article/view/768
[3] Pühretmair, F. (2004). It's Time to Make eTourism Accessible. IN Miesenberger, K., Klaus, J., Zagler, W. & Burger, D. (Eds.) Computers Helping People with Special Needs, (pp. 272-279). Berlin, Springer.
[4] Rhodda, S. (2012). Accessible Tourism in New Zealand. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 114-123). Bristol, Channel View Publications.
[5] Darcy, S. (2007). A Methodology for Testing Accessible Accommodation Information Provision Formats. CAUTHE 2007 Conference 'Tourism: Past Achievements, Future Challenges', Sidney, Australia. Available at:
http://www.accessibletourism.org/resources/sdarcy_2007_cauthe_conference_paper_en.pdf
[6] Economic and Social Commission for Asia and the Pacific (2003). Barrier-free Tourism for People with Disabilities in the Asian and Pacific Regions, United Nations, New York. Available at:
http://www.unescap.org/ttdw/Publications/TPTS_pubs/pub_2316/pub_2316_tor.pdf

obtaining information. Yet, often the information is misleading so that young mobility-restricted adults are forced to call the service provider to find out that the establishment is not accessible to them[1]. Investigating the usability of websites for different user groups, a Swiss study found that none of the 50 websites which were tested is fully accessible for people with multiple restrictions, blind or visually impaired people or seniors[2]. This can be supported by a study conducted in 2004 showing that none of the destination management systems and web pages of the National Tourism Boards in Europe are accessible due to not complying with the guidelines by the Web Accessibility Initiative (WAI)[3]. The website analysis (task 2a) has also shown that only 17% of the investigated websites are technically accessible at a high level, which causes difficulties to people with access needs to obtain the information they need to successfully plan their holiday trip. Particularly disadvantaged and excluded are individuals with visual difficulties or people with special needs. The general lack of implementing access standards also leads to navigation difficulties on other devices which affect all users regardless of their specific access needs. Thus, it can be argued that inaccessible websites still remain a major obstacle in the pre-travel information gathering stage.

Overcoming the barrier of accessible websites is of high importance as research shows that people with disabilities use the internet more than people without disabilities[4]. Further, the internet is not only used as a vital source for obtaining travel-related information about establishments and destinations, but represents also a central booking tool. In the United States, a study confirms the importance of the **internet to book holidays**. For those individuals that search for information online, 33% also booked their trips online in 2002. In 2005, half of the people who travel (51%) used the internet to book their trips. This is higher than the usage by the general population[5].

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[1] Consiglio dei Ministri - Dipartimento della Gioventù (no date). Turisti Senza Ostacoli – Indagine Sull'Evoluzione Della Domanda E Dell'Offerta del Turismo Accessibile. Available at: http://www.unisa.it/uploads/2405/turisti_senza_ostacoli.pdf

[2] Zugang für alle (2007) Schweizer Accessibility-Studie 2007 - Bestandesaufnahme der Zugänglichkeit von Schweizer Websites des Gemeinwesens für Menschen mit Behinderungen. Schweizerische Stiftung zur behindertengerechten Technologienutzung, Schweiz. Available at: https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=7&ved=0CFUQFjAG&url=http%3A%2F%2Fwww.edi.admin.ch%2Febgb%2F01700%2F01707%2Findex.html%3Fdownload%3DNHzLpZeg7t%2Clnp6I0NTU042l2Z6ln1acy4Zn4Z2qZpnO2Yuq2Z6gpJCDe3x3gGym162epYbg2c_JjKbNoKSn6A--%26lang%3Dde&ei=a4DEUYyvPKqF4gTn9YGwBg&usg=AFQjCNFmDdMR0mQHWD_JTRfnow1La7bc0w&sig2=Gii_coMC6jc6_CVRvsvPvw

[3] Oertel, B. et al., (2004). Accessibility of Tourism Web Sites within the European Union. Proceedings of the 11th International Conference on Information and Communication Technologies in Tourism (ENTER 2004). ISBN 3-211-20669-8, Springer Verlag, pp. 358-368, Cairo, Egypt.

[4] Huber, W. & Vitouch, P. (2008) Usability and Accessibility on the Internet: Effects of Accessible Web Design on Usability. 11th International Conference on Computers Helping People with Special Needs (ICCHP 2008). ISBN 3-540-70539-2, Springer Verlag, pp. 482-489, Linz, Austria.

[5] Van Horn, L. (2012). The United States: Travellers with Disabilities. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 65-78). Bristol, Channel View Publications.

In addition to websites not being accessible, hence disallowing an efficient and effortless booking procedure, it is the existence of segregated booking systems that represents an additional barrier. This was particularly noted when analysing airline procedures, as people with access needs will need to call airlines to ensure that the airline will permit them onto the aircraft. During the phone conversation, people with access needs are often asked about their level of health, independence, equipment needs and baggage, which leads to feelings of discomfort. Further, low cost carriers have introduced 'independence criteria', which state that if a person needs assistance for putting on the oxygen mask, for example, then he/ she is required to travel with a 'carer'[1].

The same situation occurs when analysing current practices by tour operators. For example, in May 2013, Thomson/ TUI told a blind couple just two weeks before their holiday and after they had booked a package to Mallorca that they were not allowed to travel without a chaperone[2].

This already shows that **tour operators and travel agencies** often also represent a barrier in the pre-travel stage. For example, a study conducted in the US highlights four main difficulties for people with access needs when dealing with travel agencies and tour operators. These are:

Travel agencies and tour operators not having access to all disability-related information, which is necessary for people with access needs to plan their trip

E.g. this is the case when not all service providers that are part of the package holiday (e.g. an attraction facility) provide information about the level of accessibility

Travel agencies and tour operators not being able to provide information about ground transportation

E.g. lack of comprehensive information about ground transportation related to air travel

Not providing accurate information about accessibility

E.g. hotel and restaurants which are less than fully accessible for different access requirements

Not understanding the different needs of people with access needs[3]

E.g. often service providers only think about wheelchair users, ignoring the access needs of people with sight, speech or hearing impairments, for example

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[1] Darcy, S. (2007). Improving Airline Practices by Understanding the Experiences of People with Disabilities. Travel and Tourism Research Association - TTRA. Charlottetown, Canada, TTRA, 17.- 20. October 2007.
[2] TravelMole (2013). Thomson tells blind couple they can't travel alone, May 2nd 2013, http://www.travelmole.com/news_feature.php?news_id=2006258
[3] Cavinato, J., & Cuckovich, M. (1992). Transportation and Tourism for the Disabled: An Assessment. Transportation Journal 31, 46-53.

In fact, it can be argued that the lack of understanding of different needs of individuals with different access requirements triggers the inability to provide accurate and comprehensive information, which is necessary to successfully plan a holiday trip. This is supported by Stumbo and Pegg (2005), highlighting that the information provided by tour operators is often misleading and inaccurate. For example, 45% of people with a physical impairment in New South Wales/ Australia noted that the information provided by tour operators is either misleading or inaccurate[1], which often leads to high levels of dissatisfaction with travel agencies and tour operators[2]. As a consequence, people with access needs have to rely on their own experiences and the recommendations of others with similar access needs[3].

An additional barrier relates to the discrimination by travel services and operators[4]. For example in Hong Kong, a research study reported that some travel agents hold the extreme belief that travelling and having a disability are not compatible. Further, and by focusing on specific types of impairments, it is argued that the inflexible design of package holidays is seen as major problem in addition to negative attitudes on behalf of travel agencies[5]. This was highlighted by mobility and visually impaired individuals alike.

Thus, in sum, the main barriers faced by people with access needs in the pre-travel stage are summarised in Figure 154.

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

[2] Hitsch, W. (2005). Probleme, Risiken und Chancen des barrierefreien Tourismus. Institut für Unternehmensführung, Tourismus und Dienstleistungswirtschaft, Fakultät für Betriebswirtschaft der Leopold-Franzens-Universität Innsbruck. Available at: http://www.ibft.at/ibft/doc/Diplomarbeit%20-%20Barrierefreies%20Reisen.pdf

[3] Stumbo, N.J., & Pegg, S. (2005). Travelers and Tourists with Disabilities: A Matter of Priorities and Loyalties. Tourism Review International, 8, 195-209.

[4] EDF - European Disability Forum (2001). EDF Position Paper: Framing the Future of European Tourism, Doc. EDF 01/13 EN, (pp. 1-10). London, European Disability Forum.

[5]McKercher, B., Packer, T., Yau, M.K. & Lam, P. (2003). Travel agents as facilitators or inhibitors of travel: Perceptions of people with disabilities, Tourism Management, 24:465-474.

Figure 154 – Barriers in the pre-travel stage

Sources	Barriers
Travel agencies/Tour operators	Lack of accuracy/reliability of information
	Lack of availability of information
	Lack of detailed information
	Not understanding the needs of people with access needs
	Negative attitudes
Websites of individual service providers	Lack of accuracy/reliability of information
	Lack of availability of information
	Lack of detailed information
	Inappropriate format
	Segregated booking systems

The barriers reported so far relate to mainstream sources, which triggers the need to compare the **importance of mainstream versus specialised sources**. A research study from Sweden highlights that people with access needs often do not trust the information that is provided in mainstream brochures[1]. This indicates that general information sources, such as websites of individual service providers, are perceived as falling short in providing reliable information.

It is hence argued that in contrast to mainstream operators, specialised tour agencies are able to provide reliable and accurate information. For example, in France, specialised organisations exist for people with mobility restrictions (e.g. individuals with osteoarthritis) to help with information provision

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[1] Müller, L. (2012). Accessible Tourism in Sweden: Experiences, Stakeholders, Marketing. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 157-167). Bristol, Channel View Publications.

particularly at the pre-travel stage[1]. Also 'Accessible Portugal' (a specialised tour operator) stresses that the specialised organisation is able to address the main difficulties that a person with access needs might encounter[2].

In this context, research from Denmark emphasises that disability organisations play an important role by providing trustworthy information[3], ultimately assisting in reducing informational barriers. Many of these organisations operate accessible tourism information schemes. A study investigating accessible tourism information schemes[4] established a list of existing schemes through secondary research. With the subsequent employment of snowball sampling, 43 access schemes were identified. The geographical coverage of the schemes is shown below in Figure 155.

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[1] Euller-Ziegler, L., & Bieganowski, G. (2004). Arthrose, Handicap, voyages et loisirs: Le regard des médecins et des professionnels du tourisme, La Presse Médicale, 33(9):19–20.
[2] Prates, J., & Garcia, A. (2009). Turismo Acessível em Portugal - O Caso do Turismo para Pessoas com Mobilidade Reduzida, Revista Turismo & Desenvolvimento N.º 11, pp.171-173.
[3] Stilling Blichfeldt, B., & Nicolaisen, J. (2011). Disabled Travel: Not Easy, But Doable, Current Issues in Tourism, 14(1):79-102.
[4] Eichhorn, V., Miller, G., Michopoulou, E., & Buhalis, D. (2008) Enabling Access to Tourism through Information Schemes. Annals of Tourism Research, 35, 189-210.

Figure 155 – Geographical coverage of analysed Accessible Tourism Information Schemes

Austria, Belgium, Denmark, England, Finland, France, Germany, Ireland, Luxembourg, Scotland, Slovakia, Spain, Sweden, Switzerland, Norway, The Netherlands, UK, Wales and Israel (not shown on the map)

The majority of these schemes were set up by charities, private or non-governmental organisations, and nine schemes were operated by governmental or public bodies. All schemes were sent a survey covering aspects such as information content, target audience, accessibility information, online and offline schemes, and accessibility criteria. All organisations operating a scheme and participating in this survey were ensured anonymity. The responses obtained from these organisations were checked against a framework of inter-related informational needs, as shown in Figure 156.

Figure 156 – Framework of interrelated information need components[1]

Summarising the findings on access schemes assists in outlining the areas in which access schemes are helpful or counterproductive (Figure 157). Apart from providing examples to illustrate the positive as well as negative aspect of the 43 schemes, the evaluation contains qualitative and quantitative arguments.

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[1] Eichhorn, V., Miller, G., Michopoulou, E., & Buhalis, D. (2008). Enabling Access to Tourism through Information Schemes. Annals of Tourism Research, 35, 189-210.

Figure 157 – Useful and counterproductive aspects of access schemes[1]

Helpful	Counterproductive

Reliability

E.g.:

- Information is accurate, recent and constantly updated

- Information is collected by professionals having received training on how to collect access information

- Gradual assessment is employed providing a ranking scale of different accessibility levels instead of yes/ no evaluation technique

Lack of user involvement
E.g. Only 28 schemes involve people with access needs in the assessment process of facilities

Lack of comprehensive tourism content
E.g. Limited number of facilities covered by the schemes (national schemes > 2000; regional schemes < 1000; city-based schemes < 50

Lack of geographical coverage
E.g. Schemes only offer information for a specific region/ country with their own labels

Lack of information on accessible pathways
E.g. No information is provided on the level of accessibility between different facilities

Over-emphasis on the needs of mobility-restricted individuals
E.g. Needs of mobility-restricted individuals (n=39); Blind or partially-sighted (n=25); Deaf or hard of hearing (n=23); Hidden disability and intellectual impairments often missing

No objective measurements
E.g. Lack of objective measurements such as the width of the door in cm

Information not being provided in mainstream channels
E.g. Very few schemes (n=17) provide access information in mainstream channels, e.g. in cooperation with tourism boards

Lack of general tourist information
E.g. While schemes inform consumers about hotels, restaurants and museums, less information is provided, for example for natural attractions

No personalisation services
E.g. Less than half of the schemes provide users the opportunity to define the search according to their personal characteristics

No provision of the opportunity to exchange experiences among users
E.g. Only three schemes provide the option to share experiences with other users in terms of seeing or adding testimonials

While specialised organisations are able to provide accurate and reliable information, mainly due to operating access schemes, the analysis above shows that schemes are limited in number and geographical coverage. Furthermore, a study from the Rhône-Alpes region in France reports that the accessibility labelling system that was developed only offers limited economic benefits for tourism providers so far[2].

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[1] Eichhorn, V., Miller, G., Michopoulou, E. & Buhalis, D. (2008). Enabling Access to Tourism through Information Schemes. Annals of Tourism Research, 35, 189-210.
[2] Tourisme & Handicap (2011). Tourisme et Handicap - État des Lieux et Perspectives. Rhône-Alpes Tourisme, Association Tourisme et Handicaps. Available at:
http://documents.scribd.com.s3.amazonaws.com/docs/23ls7j8v0g16p8cf.pdf?t=1318584308

In addition, Norway's experience in developing an accessibility labelling system for tourist destinations highlights three main challenges in the process of standardising access criteria[1]:

1. Variety of user requirements <u>within</u> each user group
    - *E.g. competing and conflicting interests have to be dealt with*
2. Conflicts of requirements between different groups
    - *E.g. requirements of one user group may conflict with requirements of another user group*
3. Balance between requirements of people with access needs and the requirements for designing a practical market-oriented tool
    - *E.g. the requirements of people have to be met while at the same time ensuring the industry that the tool can be implemented easily*

Given these difficulties and counterproductive aspects as highlighted above, specialised sources of information might not be able to fully overcome the informational barriers that people with access needs face. In addition, specialised operators have been criticised for restricting the individual input by people with access needs, hence limiting the flexibility with regard to changing elements of the package by the traveller him/herself[2]. Also the higher costs for this type of travel represents a major barrier[3]. All these arguments have led numerous European countries to highlight the importance of mainstreaming accessibility information[4][5][6][7].

Based on the whole discussion on barriers encountered in the pre-travel/ information gathering stage, three main problem areas can be identified which are used for the hypotheses testing stage.

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[1] Jørgensen, I.S. (2008). Norway's experience with standard for accessible tourist destinations. ISO Management Systems. Available at: http://www.accessibletourism.org/resources/norway_accesible_destinations_standards_article.pdf

[2] Cavinato, J., & Cuckovich, M. (1992). Transportation and Tourism for the Disabled: An Assessment. Transportation Journal 31, 46-53.

[3] Cavinato, J., & Cuckovich, M. (1992) Transportation and Tourism for the Disabled: An Assessment. Transportation Journal 31, 46-53.

[4] Neumann, P. (2012). Accessible Tourism for All in Germany. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 46-54). Bristol, Channel View Publications.

[5] Voulgaropoulos, N., Strati, E. & Fyka, G. (2012). Accessible Tourism in Greece: Beaches and Bathing for All. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 55-64). Bristol, Channel View Publications.

[6] Müller, L. (2012). Accessible Tourism in Sweden: Experiences, Stakeholders, Marketing. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 157-167). Bristol, Channel View Publications.

[7] Sandøy Tveitan, B. (2012). VisitOSLO, Norway: Supporting Accessible Tourism Content within Destination Tourism Marketing. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 297-309). Bristol, Channel View Publications.

First, the literature from European and non-European countries has highlighted throughout that the main barrier encountered in the holiday planning stage relates to the lack of information about accessible services. By comparing the importance of obtaining information versus booking procedures, it has been shown that all these elements encompass barriers, mainly due to the inaccessibility of websites. Yet, the need to first receive information about accessible services is seen as more important than the subsequent booking process. Hence, the hypothesis is:

H24: The lack of information about accessible services is the most important barrier compared to other barriers (access to information before trip and at destination, and accessibility of booking services) in the pre-travel stage.

Second, while specialised operators together with the operation of access schemes are able to provide information about accessible services, a strong need has been identified to mainstream information about accessible products and services. This is has been supported by people with access needs as it is argued that tourism will not become inclusive if the information needed for planning a trip cannot be found in the same channels as used by the able-bodied population[1]. Given the importance attached to mainstream sources, the hypothesis to be tested for European travellers with access needs is:

H25: The information contained in general travel sources is more important compared to the specialised sources of information.

Third, while information provided in mainstream channels is regarded as key for overcoming the barriers in the pre-travel/ information gathering stage, and ultimately for overcoming exclusion in this tourism sector, it is still important to ensure that the information used by travellers with access needs is sufficient, reliable and accessible, leading to the third and final hypothesis for the pre-trip stage:

H26: The information available about accessibility conditions is sufficient, reliable and accessible

After testing the first hypothesis H24 (The lack of information about accessible services is the most important barrier compared to other barriers (access to information before trip and at destination,

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[1] Eichhorn, V., Miller, G., Michopoulou, E., & Buhalis, D. (2008) Enabling Access to Tourism through Information Schemes. Annals of Tourism Research, 35, 189-210.

and accessibility of booking services) in the pre-travel stage), findings reveal that the hypothesis is partially supported.

The lack of information about accessible services is the most important barrier in the pre-travel stage which confirms findings from outside Europe[1] and Italy[2]. Statistically, information about accessible services is more important than access to information before trip and at destination, and as important as the accessibility of booking services. By comparing different types of access needs, the results revealed that for individuals with communication and hidden difficulties, information about accessible services, access to information before and at the destination and the accessibility of booking services weigh equally (Figure 158).

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[1] Darcy, S. (1998) Anxiety to Access: Tourism Patterns and Experiences of New South Wales People With a Physical Disability, Sydney, Tourism New South Wales.
[2] Minuti, M.S. (2012) Turismo sostenibile, "turismo per tutti": l'accessibilità come elemento di qualità e volano di sviluppo dei sistemi turistici territoriali. Available at:
http://www.sinergiejournal.it/rivista/index.php/slow/article/view/768

Figure 158 – H24: Barriers - Pre-travel stage/ Information gathering stage by type of access need

Type of access need	Hypothesis supported	Most important barrier	Barrier experienced
Mobility	Partially*	Availability of information about accessible services	12.6%
Senses	Partially*	Availability of information about accessible services	12.2%
Communication	No**	Availability of information about accessible services	13.6%
Behaviour	Partially*	Availability of information about accessible services	13.3%
Hidden limitations	No**	Availability of information about accessible services	11.2%

Note: * The listed barrier is not always statistically more important than other barriers; ** The listed barrier is not statistically more important than any other barriers.

Particularly for people with communication difficulties, understanding the complex information entailed in booking procedures represents a major challenge, while for people with hidden restrictions, such as food intolerance and allergies, the access to information while being on holiday is also important. The lack of this information while being at the destination makes it harder to find, for example, suitable food and beverage establishments where the offer corresponds to their needs.

Given that individuals have different needs and wants, the analysis by country of origin of the respondents emphasises that people from Bulgaria experience the highest percentages of all barriers – lack of information about accessible services (17.2%), access to information before the trip and at the destination (16.4%), and the accessibility of booking services (17.2%) – compared to citizens from other European countries (Figure 159 and Annex O).

Figure 159 – H24 Barriers - Pre-travel stage/ Information gathering stage by country of origin

Country of Origin	Hypothesis supported	Most important barrier	Barrier experienced
Belgium	Yes	Availability of information about accessible services	12.3%
Bulgaria	No*	Availability of information about accessible services Accessibility of booking services	17.2%
France	No*	Accessibility of booking services	13.3%
Ireland	No*	Accessibility of booking services	10.9%
Italy	No*	Access to information before trip and at destination Availability of information about accessible services	10.0%
Lithuania	No*	Availability of information about accessible services	11.1%
Poland	No*	Accessibility of booking services	15.1%
Slovenia	No*	Availability of information about accessible services	7.1%
Spain	No*	Availability of information about accessible services	13.0%
Sweden	No*	Accessibility of booking services	8.9%
The Netherlands	No*	Access to information before trip and at destination Availability of information about accessible services	7.7%
United Kingdom	No*	Accessibility of booking services	9.7%

Note: * The listed barrier is not statistically more important than any other barriers.

Importantly, residents in Belgium perceive the lack of information about accessible services as the main barrier compared to people from other European countries where the hypothesis (H24) could not be supported. As shown in the Annex O, the percentages of the other two barriers (5.7% and 4.9% respectively) are lower than the average, which makes the lack of information about accessible services stand out as the most significant barrier for travellers from Belgium. Additionally, three potential interpretations can be provided for this result:

1. It is possible that respondents referred to the lack of information sources outside their home country.

2. If respondents referred to the lack of information sources in Belgium, then the argument can be established that Belgium has limited success in offering access information for its citizens. Accessibility analyses in 1999 and 2000 have shown that parts of Belgium need to improve their infrastructure in terms of accessible facilities together with the provision of reliable information. Particularly with regard to the latter, the lack of information has been identified as a major obstacle for people with access needs in the region of Flanders. While a number of efforts were invested to improve the situation over the years, it is argued that informational barriers still persist[1]

3. Over the years, Belgium has developed various labels for accessible tourism, such as the Flemish label established by the 'Toegankelikheidsbureau'[2]. While labels ensure high levels of reliability, the absence of information in mainstream channels might explain why people from Belgium report the lack of information about accessible services as the most important barrier. In this case, it is not necessarily the general lack of access information but the perceived lack of this vital information as part of mainstream travel sources which is being expressed.

The previous argument leads directly into presenting the results of H25 (**The information contained in general travel sources is more important compared to the specialised sources of information**). After the hypothesis testing procedure, H25 is supported. The information contained in general travel sources is more important compared to the specialised sources of information when investigating the responses by individuals with different access needs (Figure 160). Individuals with mobility, sensory, communication, behavioural or hidden difficulties all

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[1] Ghijsels, P. (2012). Accessible Tourism in Flanders: Policy Support and Incentives. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 36-45). Bristol, Channel View Publications.
[2] Ghijsels, P. (2012). Accessible Tourism in Flanders: Policy Support and Incentives. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 36-45). Bristol, Channel View Publications.

emphasise the importance of information being provided in mainstream communication sources with an almost identical percentage average of 7% to 7.1%, compared to an average of 2.6% to 3.1% for specialised sources (Annex O).

Figure 160 – H25 Barriers: Pre-travel stage/ Information gathering stage: importance of general information sources by type of access need

Type of access need	Hypothesis supported	More important sources of information	Average percentage
Mobility	Yes	General sources	7.0%
Senses	Yes	General sources	7.1%
Communication	Yes	General sources	7.0%
Behaviour	Yes	General sources	7.1%
Hidden limitations	Yes	General sources	7.0%

Equally, testing the hypothesis by different countries of origin of the respondents revealed the importance of general/ mainstream sources for the provision of information (Figure 161).

Figure 161 – H25 Barriers: Pre-travel stage/ Information gathering stage: importance of general information sources by country of origin

Country of origin	Hypothesis supported	Most important sources of information	Average percentage
Belgium	Yes	General sources	7.1%
Bulgaria	Yes	General sources	7.2%
France	Yes	General sources	7.1%
Ireland	Yes	General sources	7.3%
Italy	Yes	General sources	6.6%
Lithuania	Yes	General sources	7.0%
Poland	Yes	General sources	7.2%
Slovenia	Yes	General sources	7.2%
Spain	Yes	General sources	7.0%
Sweden	Yes	General sources	7.3%
The Netherlands	Yes	General sources	7.2%
United Kingdom	Yes	General sources	7.2%

These findings are in line with and correspond to numerous European initiatives. For example, in Germany, the need to mainstream accessibility (including the provision of information) was recognised by the 'German Federal Government Policy Guidelines on Tourism'[1]. Also in Greece recommendations have been published on how to mainstream accessible tourism and the provision

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[1] Neumann, P. (2012) Accessible Tourism for All in Germany. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 46-54). Bristol, Channel View Publications.

of information[1]. The same holds true for Sweden as providing information in mainstream channels is regarded as being of great importance[2]. At the regional level, the presentation of accessibility content within mainstream channels is emphasised since it allows for capturing a larger and wider audience for all channel partners of VisitOslo[3].

Having stressed the importance of general/ mainstream information sources, it is also vital to identify the specific sources which are used for obtaining travel-related information. By comparing individuals with different types of access needs, it is recognisable that for people with mobility and communication difficulties as well as for persons with hidden restrictions, information provided by family, friends or colleagues is the most important source, followed by the individual's own experience and tourism websites. For individuals with sensory and behavioural difficulties, tourism websites and their own experiences 'are'/ 'are almost' given equal importance (Figure 162 to Figure 166). Social media is the least important primary source and also specialised sources, such as specialised websites and specialised guidebooks rank relatively low.

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[1] Voulgaropoulos, N., Strati, E., & Fyka, G. (2012). Accessible Tourism in Greece: Beaches and Bathing for All. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 55-64). Bristol, Channel View Publications.
[2] Müller, L. (2012). Accessible Tourism in Sweden: Experiences, Stakeholders, Marketing. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 157-167). Bristol, Channel View Publications.
[3] Sandøy Tveitan, B. (2012). VisitOSLO, Norway: Supporting Accessible Tourism Content within Destination Tourism Marketing. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 297-309). Bristol, Channel View Publications.

Figure 162 – H25 Barriers: Pre-travel stage/ Information gathering stage: Most important source of information – Individuals with mobility difficulties

Source	%
Family, friends or colleagues	19.5%
Your own experience	18.8%
Tourism websites	16.5%
Travel/tourist agency	9.8%
Brochures/catalogues	4.5%
Forums, blogs or online reviews	4.5%
General guidebooks	4.3%
Specialised websites	4.1%
Newspapers, magazines, radio or TV	3.1%
Social networks	2.9%
Specialised guidebooks	2.6%
Doctor or other health professional	2.2%
Specialised sources other than websites	2.2%
Other	2.0%
Non-profit organisations	1.9%
Social media	1.0%
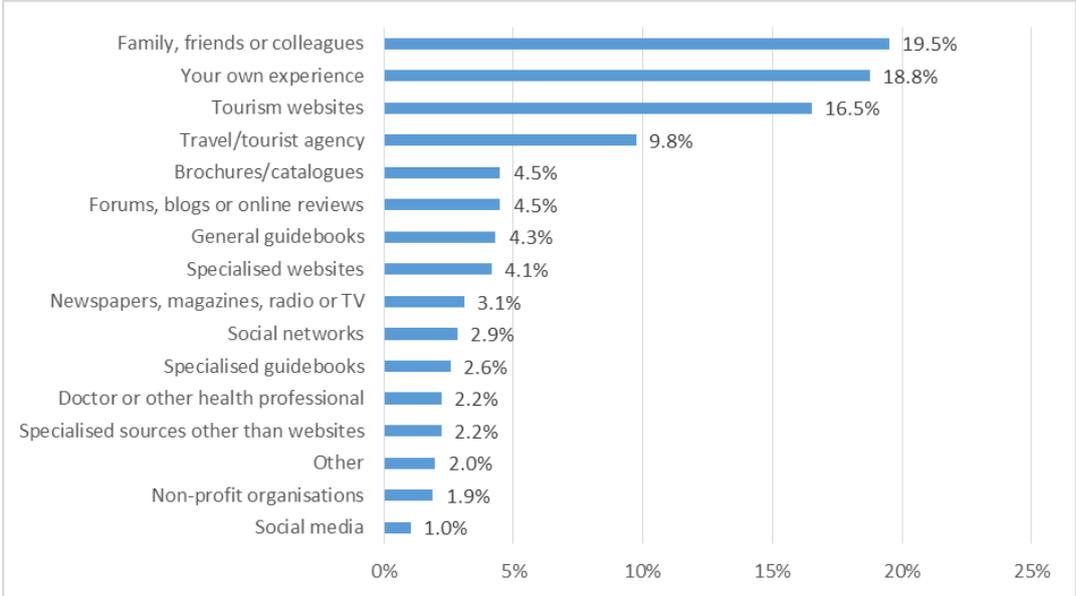
Figure 163 – H25 Barriers: Pre-travel stage/ Information gathering stage: Most important source of information – Individuals with sensory difficulties

Source	%
Family, friends or colleagues	20.6%
Tourism websites	17.8%
Your own experience	17.6%
Travel/tourist agency	9.2%
General guidebooks	4.7%
Brochures/catalogues	4.6%
Forums, blogs or online reviews	4.6%
Specialised websites	3.7%
Newspapers, magazines, radio or TV	3.1%
Social networks	2.9%
Specialised guidebooks	2.3%
Specialised sources other than websites	2.2%
Non-profit organisations	2.0%
Doctor or other health professional	1.8%
Other	1.7%
Social media	1.0%

Figure 164 – H25 Barriers: Pre-travel stage/ Information gathering stage: Most important source of information – Individuals with communication difficulties
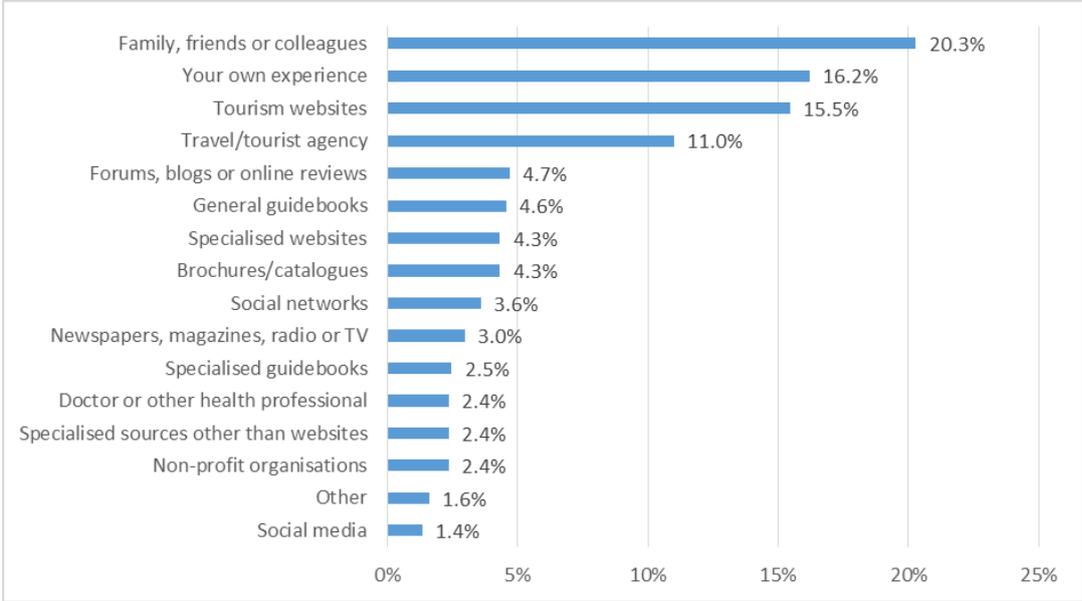
Figure 165 – H25 Barriers: Pre-travel stage/ Information gathering stage: Most important source of information – Individuals with behavioural difficulties
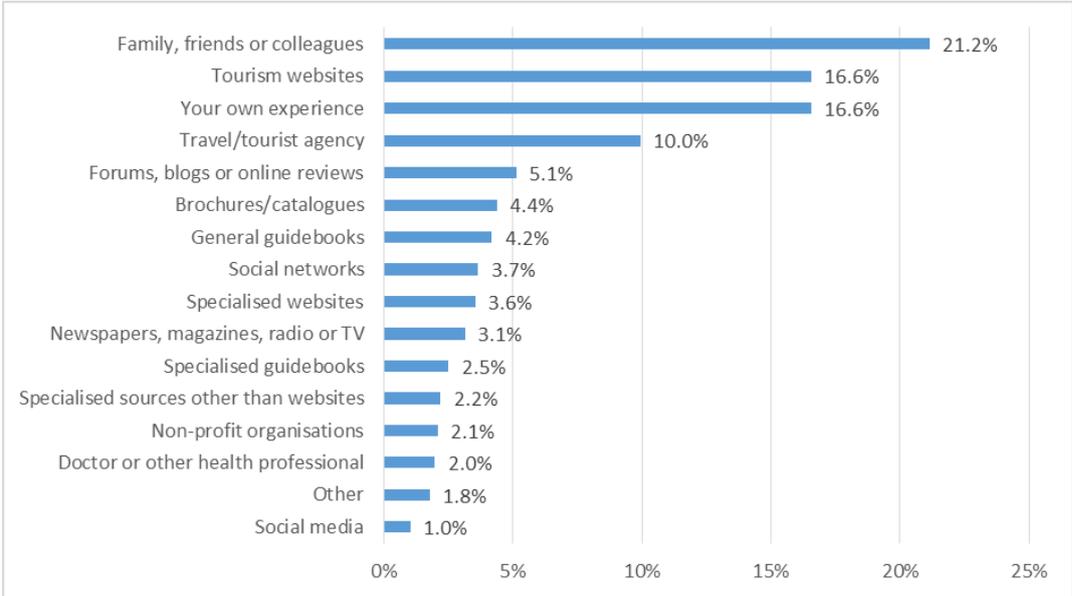
Figure 166 – H25 Barriers: Pre-travel stage/ Information gathering stage: Most important source of information – Individuals with hidden difficulties
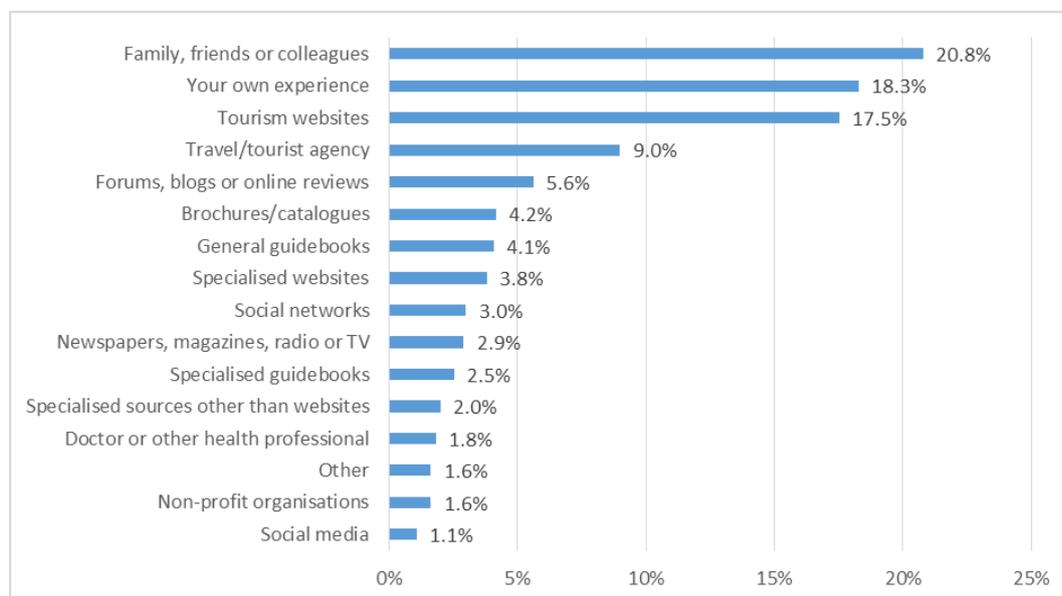
These findings are in line with other research studies:

1st ranked source: Family, friends or colleagues

It is often argued that word-of-mouth communications are regarded as highly valued and utilised by people with access needs[1]. Research in Spain has also shown that people with access needs rely on family and friends when searching for travel-related information as the main source of information. 36% said that family members and friends are 'often used' and 'sometimes used' by 36.8%[2]. The results further reflect the situation outside Europe as 85% of American travellers with access needs highlighted that word-of-mouth is an extremely important source of information[3].

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[1] Ray, N.M., & Ryder, M.E. (2003). 'Ebilities' tourism. An exploratory discussion of the travel needs and motivations of the mobility disabled. Tourism Management, 24, 57-72.

[2] Huesca González, A.Mª., & Ortega Alonso, E. (2005) Hábitos y actitudes hacia el Turismo de las Personas con Discapacidad Física. Available at: http://www.snr.gob.ar/uploads/TA-Otros-27-HabActhaciaelTURISMO-2da_edic-PREDIF.pdf

[3] Van Horn, L. (2012). The United States: Travellers with Disabilities. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 65-78). Bristol, Channel View Publications.
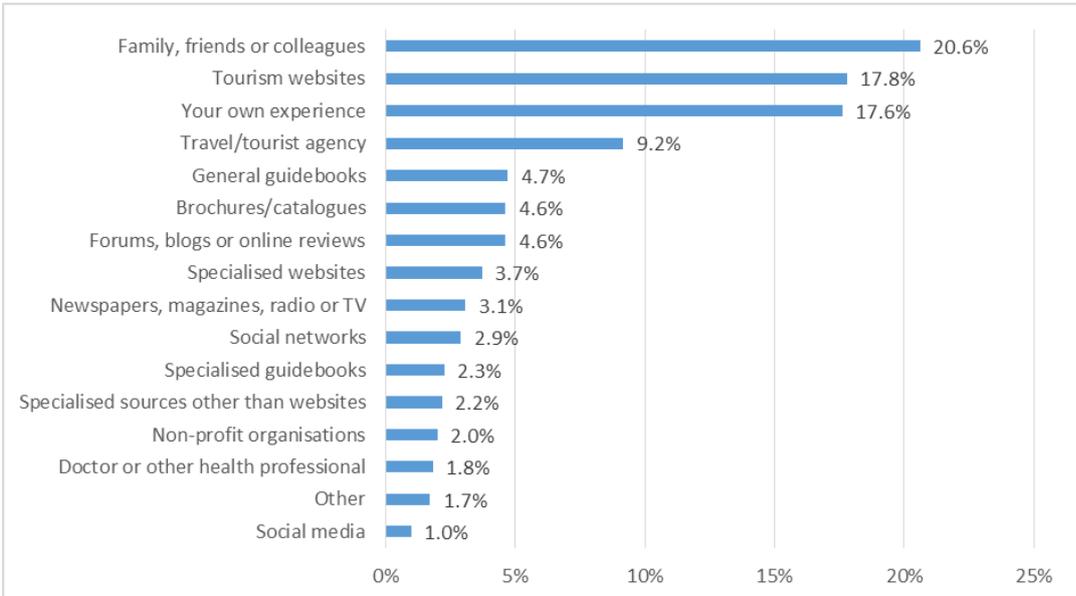
<u>2nd ranked source</u>: Own experience

The results confirm that individuals often have to rely on their own experiences when planning a holiday[1]. This also indicates that people with access needs frequently return to destinations which they have experienced and tested as it ensures that the level of accessibility actually corresponds to their requirements. It is the own experience that provides the guarantee that the destination will offer an enjoyable holiday.

<u>3rd ranked source</u>: Tourism websites

The importance of tourism websites as a source of information substantiates the assumption that the internet is an important source for people with access needs[2][3]. This corresponds to research findings from America, where almost half of the respondents (46%) reported that the internet is used for obtaining travel-related information[4]. Also in an European context, the Internet is stated as an 'often used' source by 20.7% of respondents in Spain[5].

Also in line with other research is that only a few people with access needs use dedicated, specialised websites and guidebooks. In Spain, only 9% of survey participants reported that disability brochures are 'often used' and 18.3% said that they are 'sometimes used'[6].

While highlighting the importance of general/ mainstream sources of information, it is central to investigate the reliability of the information sources consulted, which was stressed as a key aspect when discussing the barriers faced by people with access needs in the pre-travel stage. This is addressed by hypothesis <u>H26</u> (**the information available about accessibility conditions is sufficient, reliable and accessible**).

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[1] Stumbo, N.J., & Pegg, S. (2005) Travelers and Tourists with Disabilities: A Matter of Priorities and Loyalties. Tourism Review International, 8, 195-209.
[2] Huber, W., & Vitouch, P. (2008) Usability and Accessibility on the Internet: Effects of Accessible Web Design on Usability. 11th International Conference on Computers Helping People with Special Needs (ICCHP 2008). ISBN 3-540-70539-2, Springer Verlag, pp. 482-489, Linz, Austria.
[3] Pühretmair, F. (2004). It's Time to Make eTourism Accessible. IN Miesenberger, K., Klaus, J., Zagler, W. & Burger, D. (Eds.) Computers Helping People with Special Needs, (pp. 272-279). Berlin, Springer.
[4] Van Horn, L. (2012). The United States: Travellers with Disabilities. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 65-78). Bristol, Channel View Publications.
[5] Huesca González, A.Mª., & Ortega Alonso, E. (2005) Hábitos y actitudes hacia el Turismo de las Personas con Discapacidad Física. Available at: http://www.snr.gob.ar/uploads/TA-Otros-27-HabActhaciaelTURISMO-2da_edic-PREDIF.pdf
[6] Huesca González, A.Mª. & Ortega Alonso, E. (2005). Hábitos y actitudes hacia el Turismo de las Personas con Discapacidad Física. Available at: http://www.snr.gob.ar/uploads/TA-Otros-27-HabActhaciaelTURISMO-2da_edic-PREDIF.pdf

The results revealed that H26 is supported. The information available about accessibility conditions is regarded as sufficient, reliable and accessible as the hypothesis could be supported for all types of access needs (Figure 167).

Figure 167 – H26 Barriers: Pre-travel stage/ Information gathering stage: Information is sufficient, reliable and accessible by type of access need

Type of access need	Hypothesis supported	Percentage answered "Yes"
Sufficient information		
Mobility	Yes	83.4%
Senses	Yes	84.6%
Communication	Yes	84.1%
Behaviour	Yes	83.1%
Hidden limitations	Yes	83.8%
Reliable information		
Mobility	Yes	80.0%
Senses	Yes	81.4%
Communication	Yes	81.4%
Behaviour	Yes	80.5%
Hidden limitations	Yes	79.3%
Accessible information		
Mobility	Yes	87.0%
Senses	Yes	88.3%

Communication	Yes	87.7%
Behaviour	Yes	86.3%
Hidden limitations	Yes	86.7%

The positive results are justifiable as one's <u>own experiences</u> as well as <u>recommendations by friends, family members and friends or colleagues</u> are trusted and credible sources, which are easy to access.

With regard to <u>tourism websites</u>, the findings indicate that progress has been made to integrate not only sufficient but also reliable information about accessible products and services into mainstream tourism internet pages. As the hypothesis could be supported for all three aspects (sufficiency, reliability and access), it can be claimed that the general accessibility of tourism websites, which are consulted by the survey participants of this study, has also been improved. Yet, familiarity with the existing sources that have been proven to be reliable together with the tendency to go back to these specific sources does not necessarily indicate that all suppliers and destination marketing organisations have made equal progress in providing sufficient, reliable and accessible information. As this was highlighted in the website analysis (Task 2a), tourism providers as well as destination marketing organisations need to further work towards dismantling the barriers associated with inaccessible internet pages.

Taking into consideration that survey respondents most likely refer to their information sources which are already used and more importantly be tested and approved by them, the hypothesis could also be supported when analysing the responses obtained from different source markets. Respondents stated that the information available is sufficient, reliable as well as accessible (Figure 168).

Figure 168 – H26 Barriers: Pre-travel stage/ Information gathering stage: Information is sufficient, reliable and accessible by country of origin

Country of origin	Hypothesis supported	Percentage answered "Yes"
Sufficient information		
Belgium	Yes	90.7%
Bulgaria	Yes	74.6%
France	Yes	84.1%
Ireland	Yes	84.6%
Italy	Yes	80.2%
Lithuania	Yes	72.2%
Poland	Yes	91.4%
Slovenia	Yes	88.5%
Spain	Yes	73.6%
Sweden	Yes	77.6%
The Netherlands	Yes	85.7%
United Kingdom	Yes	92.0%
Reliable information		
Belgium	Yes	84.0%
Bulgaria	Yes	64.2%
France	Yes	80.6%

Country of origin	Hypothesis supported	Percentage answered "Yes"
Ireland	Yes	86.1%
Italy	Yes	76.1%
Lithuania	Yes	81.3%
Poland	Yes	90.0%
Slovenia	Yes	83.0%
Spain	Yes	74.4%
Sweden	Yes	78.7%
The Netherlands	Yes	87.1%
United Kingdom	Yes	84.7%
Accessible information		
Belgium	Yes	89.1%
Bulgaria	Yes	83.6%
France	Yes	85.2%
Ireland	Yes	83.3%
Italy	Yes	84.2%
Lithuania	Yes	77.8%
Poland	Yes	93.5%
Slovenia	Yes	94.3%

Country of origin	Hypothesis supported	Percentage answered "Yes"
Spain	Yes	81.2%
Sweden	Yes	89.8%
The Netherlands	Yes	89.1%
United Kingdom	Yes	88.6%

5.2.2.2 Barriers encountered in the transit/ transport stage: arrival/ departure

Overall, the literature (reports and academic articles) emphasises that the transit/ transportation sector still remains largely inaccessible[1]. A study conducted in the UK highlights that particularly the use of airlines represents a major area for barriers to be encountered[2]. The top barriers faced by people with access needs at <u>airports</u> and the barriers encountered with <u>airlines</u> are illustrated in Figure 169.[3] [4]

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[1] Stumbo, N.J., & Pegg, S. (2005). Travelers and Tourists with Disabilities: A Matter of Priorities and Loyalties. Tourism Review International, 8, 195-209.
[2] Yates, K. (2007). Understanding the Experiences of Mobility-Disabled Tourists. International Journal of Tourism Policy, 1, 153-166.
[3] Chang, Y.C., & Chen, C.F. (2012). Meeting the needs of disabled air passengers: Factors that facilitate help from airlines and airports, Tourism Management, 33:529-536.
[4] Darcy, S. (2007). Improving Airline Practices by Understanding the Experiences of People with Disabilities. Travel and Tourism Research Association - TTRA. Charlottetown, Canada, TTRA, 17.- 20. October 2007.

Figure 169 – Barriers at airports and airlines

Barriers at airports

- 1. Distance between parking lot and terminal
- 2. Lack of barrier-free lifts
- 3. Lack of barrier-free ramps
- 4. Waiting area at boarding lounge
- 5. Barrier-free restroom
- 6. Slip resistant floors in the airport
- 7. Accessibility between terminals

Barriers with airlines

- Lack of user-friendly on-board toilets
- Lack of space in on-board toilets
- Distance between cabin seats and toilets on board
- Airline wheelchair services
- Lack of comfortable transfer wheelchairs (people wish to remain in their own wheelchair as long as possible)
- 'First on - last off' principle (while beneficial for avoiding the gaze of others) adds to the time spent on the plane
- Lack of provision of specialist cushions
- Insecure stowing of wheelchairs
- Inappropriate extra equipment handling – often an additional insurance is needed → inequitable cost imposition associated with 'carer' equipment
- Inappropriate customer service → personnel often not trained in accessibility and does not understand the different access needs

With regard to the barriers experienced at <u>airports</u>, a ranking with regard to the importance of these barriers can be established based on frequency calculations (see Figure above). Among the top three barriers are the distance between the parking lot and the terminal (ranked in 1st position/ frequency: 70), followed by the lack of barrier-free lifts (2nd position/ frequency: 68) and the lack of barrier-free ramps (3rd position/ frequency 53). With regard to parking spaces, it can be added that help points near the car parking spaces are absent in most cases in the UK[1].

When examining the barriers experienced with <u>airlines</u>, Austrian travellers emphasised the lack of the secure transport of the wheelchair as the greatest barrier, which leads to feelings of social

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[1] Sentinella, J. (2006) Access to Air Travel for Disabled People: 2005. Monitoring study. Department for Transport, Mobility and Inclusion Unit. Available at:
http://www.accessibletourism.org/resources/2_access_air_travel_trl_monitoring_en.pdf

exclusion and discrimination[1]. Further, issues related to on-board toilets (including lack of user-friendly on-board toilets, lack of space in on-board toilets and the distance between the cabin seats and the toilets on board) seem to represent the most significant barriers. In addition, it is anticipated that these barriers augment when choosing low-cost carriers. The most crucial barriers here refer to[2]:

- Fares and baggage allowances
  e.g. people with a disability are charged a higher fare due to strict baggage allowances

- Airport (ground) facilities and services
  e.g. lack of trained staff / staff not understanding the needs of people with different access needs

- In-flight services and facilities
  e.g. seating density

- Aircraft used
  e.g. lack of accessible toilets and on-board aisle chairs

Apart from the on-board toilets, inappropriate customer service triggers the emergence of other barriers, which are:

- At the boarding and disembarking stage:
  Staff not trained in understanding different access needs are unaware of the importance of providing information about services that are available to wheelchair users (barrier of 'airline wheelchair services'). Further, not understanding different access needs often leads to ignoring the desire of people with access needs to remain in their wheelchair as long as possible (barrier of 'lack of comfortable transfer wheelchairs)

- At the equipment handling stage:
  Staff not trained in understanding different access needs will not know how to securely stow wheelchairs (barrier of 'insecure stowing of wheelchairs'

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[1] Hitsch, W. (2005) Probleme, Risiken und Chancen des barrierefreien Tourismus. Institut für Unternehmensführung, Tourismus und Dienstleistungswirtschaft, Fakultät für Betriebswirtschaft der Leopold-Franzens-Universität Innsbruck. Available at: http://www.ibft.at/ibft/doc/Diplomarbeit%20-%20Barrierefreies%20Reisen.pdf

[2] Darcy, S., & Ravinder, R. (2012) Air Travel for People with a Disability. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 207-221). Bristol, Channel View Publications.

- Additional services:

    Staff not trained in understanding different access needs have very limited knowledge about how a specialist cushion can contribute to personal comfort on the plane (barrier of 'lack of provision of specialist cushions')

It is surmised that all of these barriers contribute to feelings of helplessness and the fact of needing help results in feelings of embarrassment and discomfort.

When more specific information on the barriers faced by people with different types of access needs is included, an additional important element can be added to the debate. For both types of difficulty (mobility and visual) there appears to be a question with regard to the **importance of attitudinal barriers versus physical access barriers in the transit stage**. For example, a study conducted in Israel strongly highlights that social obstacles, e.g. negative attitudes, weigh stronger than physical access barriers. This is because social barriers affect the feelings of individuals to a greater extent than physical access issues[1]. Similar results were revealed by a study in the UK, where respondents reported the greater importance of attitudinal barriers (e.g. staff not understanding the needs of people with access needs) at 75% compared to physical access barriers (e.g. problems boarding the aircraft) at 66%[2].

However, in contrast, studies from China and the United States stress that people with mobility impairments perceive physical access barriers as being more important than attitudinal barriers[3] [4]. A study by the Open Doors Organization (ODO) reports that the biggest barrier refers to physical obstacles (67%) with cramped seating areas (52%) heading the list, followed by service/ personnel issues with 60%[5]. In Germany, and by focusing on visually restricted individuals, it was found that

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[1]Poria, Y., Reichel, A., & Brandt, Y. (2010). The flight experiences of people with disabilities: An exploratory study, Journal of Travel Research, 49(2):216-227.

[2] Wright, A. (2012) Tour Operating for the less mobile traveller. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 195-206). Bristol, Channel View Publications.

[3]Bi, Y., Card, J.A., & Cole, S.T. (2007). Accessibility and Attitudinal barriers encountered by Chinese Travellers with Physical Disabilities, International Journal of Tourism Research, 9:205-216.

[4]Card, J. A., Cole, S. T., & Humphrey, A. H. (2006) A Comparison of the Accessibility and Attitudinal Barriers Model: Travel Providers and Travelers with Physical Disabilities. Asia Pacific Journal of Tourism Research, 11, 161-175.

[5] Van Horn, L. (2012). The United States: Travellers with Disabilities. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 65-78). Bristol, Channel View Publications.

fewer attitudinal barriers (e.g. assistance from personnel) exist compared to physical access barriers[1].

As the importance attached to physical access barriers versus attitudinal access barriers remains an unresolved question in the debate on barriers encountered in the transit stage, the hypothesis to be tested for the European context is:

H27: In the transit stage, attitudinal barriers, such as how tourists with access needs are treated by service staff, are equally as important as physical access barriers, particularly in terms of assistance with getting on board, leaving or changing.

The hypothesis test results revealed that H27 is partially supported for the European context. **Attitudinal barriers are more important than physical access barriers in the transit stage**, which does not only support the research conducted in Israel[2], highlighting the importance of negative attitudes in the transit stage weighing stronger than physical access barriers, but also backs-up the monitoring study of access to air travel in the UK, indicating that further improvements are needed to enhance the communication between staff and passengers. In addition, greater attention needs to be paid to the general disability awareness of staff working in this sector[3]. Yet, attitudinal barriers are equally as important as some physical access barriers, such as transport to and from the destination for people with communication and hidden limitations (Figure 170).

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[1] Becker, M. (2007). Barrierefreier Tourismus für Alle – untersucht am Beispiel von Reisen blinder und sehbehinderter Menschen. Universität Paderborn, Fakultät für Kulturwissenschaften – Geografie, Deutschland. Available at: http://www.accessibletourism.org/resources/magister_monika_becker_de-2.pdf

[2] Poria, Y., Reichel, A., & Brandt, Y. (2010). The flight experiences of people with disabilities: An exploratory study, Journal of Travel Research, 49(2):216-227.

[3] Sentinella, J. (2006). Access to Air Travel for Disabled People: 2005. Monitoring study. Department for Transport, Mobility and Inclusion Unit. Available at: http://www.accessibletourism.org/resources/2_access_air_travel_trl_monitoring_en.pdf

Figure 170 – H27 Barriers: Transit stage: Attitudinal versus physical access barriers by type of access need

Type of access need	Hypothesis supported	More important barriers	Barriers experienced
Mobility	No	Attitudinal barriers	14.8%
Senses	No	Attitudinal barriers	14.5%
Communication	Partially*	Attitudinal barriers	15.7%
Behaviour	No	Attitudinal barriers	15.5%
Hidden limitations	Partially*	Attitudinal barriers	13.4%

Note: * Statistically, attitudinal barriers are equally as important as transport to and from destination, and more important than accessible transport types

Given that people with communication difficulties give equal importance to attitudes, e.g. how they are treated, and physical aspects, e.g. transport to and from the destination, it can be argued that the National Society for the Deaf in Italy has taken appropriate actions in tailoring its efforts to both of these aspects. Together with the State Railways for transport by rail and the 'Autostrade' for private car transport, a programme to remove physical access barriers was put in place in addition to improving levels of awareness among the general public, including service personnel[1].

5.2.2.3   Barriers encountered with transport at the destination and access paths

Overall, barriers related to transport at the destination often only highlight that these services, including taxis and trains, remain largely inaccessible[23]. Further barriers include missing kerb cuts,

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[1] Collu, I. (2010). The access to tourism for deaf people: requirements and good practice. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at: http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

[2] Stumbo, N.J., & Pegg, S. (2005). Travelers and Tourists with Disabilities: A Matter of Priorities and Loyalties. Tourism Review International, 8, 195-209.

[3] Murray, M., & Sproats, J. (1990). The Disabled Traveller: Tourism and Disability in Australia. Journal of Tourism Studies 1, 9-14.

lack of suitable transportation from and to the airport and taxi drivers not understanding the different needs of people with access needs[1].

Studies from Germany[2] and Israel[3], examining the barriers faced by mobility-restricted individuals, contribute to reaching a better understanding of the barriers experienced when moving around at the destination (Figure 171).

Figure 171 – Barriers experienced when moving around at the destination
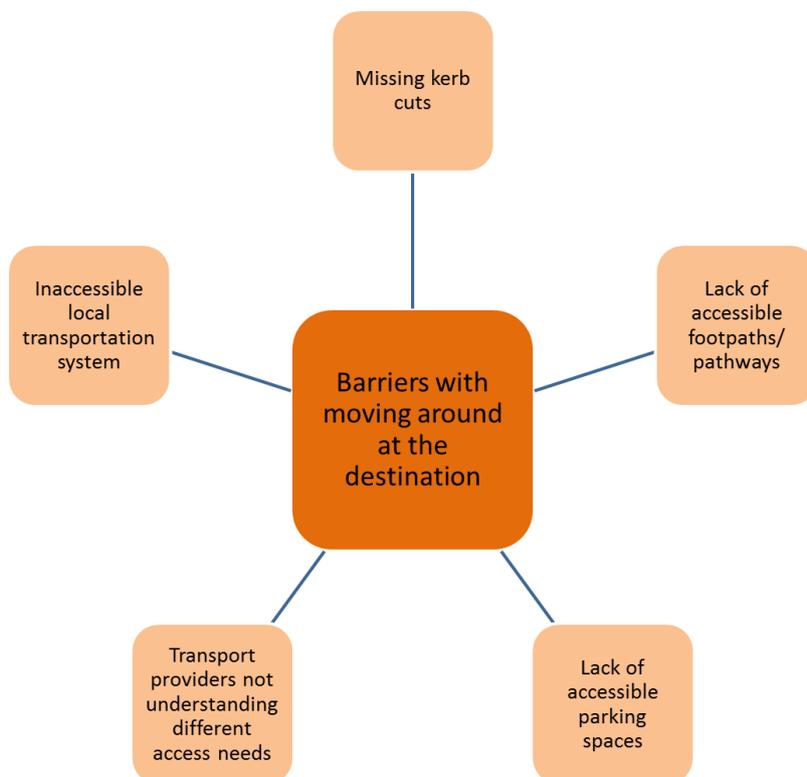
In order to determine which of these barriers weighs higher than other barriers, a study conducted in Australia reported that the lack of accessible public transport is one of the main weaknesses for

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[1] Horgan-Jones, M., & Ringaert, L. (2001). Accessible Tourism in Manitoba. TTRA - Travel and Tourism Research Association. Niagara Falls, Canada, 14.-16. October 2001.
[2] BMWI (2004). Economic Impulses of Accessible Tourism for All, Berlin, Federal Ministry of Economics and Technology.
[3] Poria, Y., Reichel, A., & Brandt, Y. (2009). People with disabilities visit art museums: an exploratory study of obstacles and difficulties, Journal of Heritage Tourism, 4(2):117-129.

Australia as a holiday destination[1]. Another research study, also from outside Europe, ranked the relative importance of certain accessibility features. It was found that when the number of visitations increases, the **relative importance of paths and accessible parking increases**, while the significance of restrooms, sidewalks, elevators and access ramps decreases[2]. In order to test this assumption for the European context, the following hypothesis was set-up:

H28: Access pathways, e.g. continuous, accessible routes between facilities and services, and accessible parking spaces, are the most important aspects for people with access needs when moving around at the destination.

The statistical analysis has shown that H28 is partially supported. Access pathways and accessible parking spaces are perceived as the most important aspects for people with access needs when moving around at the destination for people with mobility difficulties (

[1] Economic and Social Commission for Asia and the Pacific (2003). Barrier-free Tourism for People with Disabilities in the Asian and Pacific Regions, United Nations, New York. Available at:
http://www.unescap.org/ttdw/Publications/TPTS_pubs/pub_2316/pub_2316_tor.pdf
[2] Israeli, A.A. (2002). A Preliminary Investigation of the Importance of Site Accessibility Factors for Disabled Tourists. Journal of Travel Research, 41, 101-104.

Figure 172). This not only supports research from non-European countries such as Israel[1] and Australia[2] but also existing studies from a European context, such as Italy[3], Finland[4] and Spain[5].

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

[2] Darcy, S., Cameron, B., & Schweinsberg, S. (2012). Accessible Tourism in Australia. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 79-113). Bristol, Channel View Publications.

[3] Vitali, G., & Vitali, R. (2010). The results of a complex project to the sea: statistics, economic impact, best practices and customer satisfaction. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at: http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

[4] Ministry of Transport and Communications (2003) Towards Accessible Transport – Accessibility Strategy of the Ministry of Transport and Communication. Programmes and Strategies of the Ministry of Transport and Communications, Finland. Available at: http://www.accessibletourism.org/resources/18_toward_accessible_transport_en.pdf

[5] Ministerio de Industria, Turismo y Comercio (no date) Decálogo de Buenas Prácticas en Accesibilidad Turística. Available at: http://www.planaccesibilidadturistica.es/UserFiles/publicaciones/ficheros/Decalogo_Buenas_Practicas_Accesibilidad_Turistica.pdf

Figure 172 – H28 Barriers: At the destination: Importance of access pathways and accessible parking by type of access need

Type of access need	Hypothesis supported	Importance score - Access pathways and accessible parking spaces	Importance score - Transport at the destination (outdoors)	More important aspect
Mobility	Yes	4.02	3.91	Access pathways and accessible parking spaces
Senses	No	3.93	3.90	Equally important
Communication	No	4.00	3.94	Equally important
Behaviour	No	3.94	3.91	Equally important
Hidden limitations	No	3.95	3.91	Equally important

Yet, for people with different access needs various aspects of transport at the destination are equally important. This includes an accessible transportation system for all user groups incorporating tactile guiding systems to ensure a better orientation in public transport stations. Such an improved transport system has been put in place by Vienna Lines in Austria, ensuring a fully accessible network of buses, tramways and underground lines for all user groups[1].

By analysing destination-specific differences and comparing the top destination countries visited by the respondents of the survey (Figure 173), travellers to Belgium, Croatia, Germany, Greece, Ireland, Italy, Poland, Slovenia, Sweden, the Netherlands and the United Kingdom perceive various aspects of the transport at the destination as equally important.

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[1] Krpata, R. (2012). Accessible Public Transport: Vienna City Tourism. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 222-240). Bristol, Channel View Publications.

Evidence can be found that some of these countries already pay attention to reducing the barriers encountered with transport at the destination and access paths. For example in Italy, the city of Genoa has improved access paths by designing new barrier-free pedestrian crossings and public elevators to reach specific tourism facilities[1]. Yet, improving access paths can be challenging for cities such as Venice. While improvements have been made in terms of making individual attractions, such as museums accessible, the most predominant difficulty rests with improving the pathways from and to specific attractions which requires the involvement of all stakeholders[2].

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[1] Coop. Sociale La Cruna (2008). Genova per tutti noi – a guide for tourism without barriers. Ambient Intelligence System of Agents for Knowledge-based and Integrated Services for Mobility impaired users (ASK-IT), Genova, Italy. Available at: http://www.lacruna.com/amministra/media/9.pdf

[2] Mengardo, G. (2012). Turismo Accessibile a Venezia. Un' "isola dell'accessibilità" attorno ai Musei Civici per una cultura senza barrier. Università Ca'Foscari Venezia, Venice, Italy. Available at: http://dspace.unive.it/handle/10579/2057

Figure 173 – H28 Barriers: At the destination: Importance of access pathways and accessible parking by destination

Destination	Hypothesis supported	Importance score - Access pathways and accessible parking spaces	Importance score - Transport at the destination (outdoors)	More important aspect
Belgium	No	3.91	3.81	Equally important
Bulgaria	Yes	3.91	3.57	Access pathways and accessible parking spaces
Croatia	No	3.83	3.68	Equally important
France	Yes	3.92	3.75	Access pathways and accessible parking spaces
Germany	No	4.14	4.00	Equally important
Greece	No	3.70	4.04	Equally important
Ireland	No	3.99	4.08	Equally important
Italy	No	4.08	4.00	Equally important
Lithuania	Yes	4.24	3.66	Access pathways and accessible parking spaces
Poland	No	4.12	4.00	Equally important
Slovenia	No	3.77	3.64	Equally important
Spain	No	3.73	3.89	Transportation at destination (outdoors)
Sweden	No	3.90	3.65	Equally important
The Netherlands	No	3.71	3.79	Equally important
United Kingdom	No	3.93	3.84	Equally important

In contrast to the destinations mentioned above, where various aspects of the transport at the destination are perceived as equally important by travellers, tourists visiting Bulgaria, France and Lithuania found that access paths and accessible parking spaces represent the most important aspects. This highlights the need for these countries to invest their efforts in ensuring that visitors can fully enjoy the destination by creating uninterrupted paths to or within a building providing access to all required facilities, also incorporating accessible parking[1]. Evidence can be found that France seems to tackle these problems as among the suggestions provided by the National Tourist Board it is highlighted that the concept of ease of use should become a predominant value for all touristic services provided[2].

Spain was identified as the only country where transport at the destination represents the most important aspect by visitors. This is line with other research conducted in Spain highlighting that 55.4% of the research participants encountered major problems particularly with the transfers at the destination[3] while improvements have been made with regard to improving accessible parking in cities such as Avila[4].

5.2.2.4 Barriers encountered in the accommodation sector

In the accommodation sector, an often-stated barrier refers to hotels not complying with access standards and legislation, such as in the United States despite the existence of the Americans with Disabilities Act (ADA)[5]. In addition to this, a number of other barriers are reported with regard to hotel establishments[6 7 8 9 1 2] (Figure 174).

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[1] Darcy, S., Cameron, B., Pegg, S., & Packer, T. (2008) Developing Business Case Studies for Accessible Tourism. STCRC (Sustainable Tourism Cooperative Research Centre), Queensland, Australia. Available at: http://www.crctourism.com.au/wms/upload/images/disc%20of%20images%20and%20pdfs/for%20bookshop/documents/90042_Darcy_DevBusCaseWEB.pdf

[2] Conseil National du Tourisme (no date). Tourisme & Handicap: La chaîne de l'offre touristique pour le droit aux vacances. Available at: http://www.ladocumentationfrancaise.fr/var/storage/rapports-publics/054000368/0000.pdf

[3] Huesca González, A.Mª., & Ortega Alonso, E. (2005). Hábitos y actitudes hacia el Turismo de las Personas con Discapacidad Física. Available at: http://www.snr.gob.ar/uploads/TA-Otros-27-HabActhaciaelTURISMO-2da_edic-PREDIF.pdf

[4] Melgosa Arcos, F.J. (2009). Turismo accesible, Turismo para Todos en una Ciudad Patrimonio de la Humanidad: el caso de Ávila. Revista Turismo & Desenvolvimento N.º 11.

[5] Stumbo, N.J., & Pegg, S. (2005). Travelers and Tourists with Disabilities: A Matter of Priorities and Loyalties. Tourism Review International, 8, 195-209.

[6] Murray, M., & Sproats, J. (1990). The Disabled Traveller: Tourism and Disability in Australia. Journal of Tourism Studies 1, 9-14.

[7] Murray, M., & Sproats, J. (1990). The Disabled Traveller: Tourism and Disability in Australia. Journal of Tourism Studies 1, 9-14.

[8] Horgan-Jones, M., & Ringaert, L. (2001). Accessible Tourism in Manitoba. TTRA - Travel and Tourism Research Association. Niagara Falls, Canada, 14.-16. October 2001.

[9] Darcy, S. (2002). Marginalised Participation: Physical Disability, High Support Needs and Tourism. Journal of Hospitality and Tourism Management, 9, 61-72.

Figure 174 – Barriers experienced with hotel establishments

Physical/ structural barriers		Attitudinal/ social barriers
Position of toilet	Table and bed heights/ single beds too narrow and low	Not understanding different access needs
No grab rails	Clearance under beds	
Long steep ramps	Inadequate shower chair	
Narrow paths/ narrow lifts	Washrooms not accessible and bathroom doors too narrow	Not directly addressing the person with access needs
Existence of steps/ no ramps/ no kerb ramps	Controls too high	
Height of shower hobs	Poor circulation	
No shower recess	Door steps and door widths/ too narrow	Refusal to design rooms that corresponds to the needs of people with access needs
Limited number of accessible rooms/ too much furniture	Sloping bathroom floor	
Assigned rooms for people with access needs are not located close to amenities	Signage too small	

Comparing the relative importance of physical access barriers versus attitudinal barriers within the accommodation sector reveals that obstacles in the physical environment are encountered more often than attitudinal barriers (Figure 175).

Figure 175 – Physical access and attitudinal barriers encountered in the accommodation sector (United States)[3]

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[1]Poria, Y., Reichel, A., & Brandt, Y. (2011). Dimensions of hotel experiences of people with disabilities: An exploratory study, International Journal of Contemporary Hospitality Management, 23(5):571-591.
[2] Wright, A. (2012). Tour Operating for the less mobile traveller. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 195-206). Bristol, Channel View Publications.
[3]Card, J. A., Cole, S. T., & Humphrey, A. H. (2006). A Comparison of the Accessibility and Attitudinal Barriers Model: Travel Providers and Travelers with Physical Disabilities. Asia Pacific Journal of Tourism Research, 11, 161-175.

Physical access barriers		Attitudinal barriers	
Accommodation	81%	Accommodation	65%

The tendency for physical access barriers to be perceived as greater than attitudinal barriers in the accommodation sector is supported by another study from the United States where the biggest barrier relates to physical obstacles (48%) followed by service/ personnel (45%). Among the most prevailing physical access barriers are doors being too hard to open (36%), limited mobility in the rooms (20%) and inaccessible bath facilities (19%)[1].

Similar results highlighting that physical access barriers are greater when compared to attitudinal barriers were also obtained from a Chinese study (Figure 176).

Figure 176 – Physical access and attitudinal barriers encountered in the accommodation sector (China)[2]

Physical access barriers		Attitudinal barriers	
Accommodation	2.80	Accommodation	2.21

Note: The numbers in the table refer to the means of physical and attitudinal barrier levels, based on a 1 to 5 measurement scale, where 1 means few and 5 means many.

The studies discussed above have provided crucial information and assist in establishing the first hypothesis for the accommodation sector. Key information deriving from these qualitative and quantitative findings from various studies outside Europe highlights that **physical access barriers are ranked higher compared to attitudinal barriers in the accommodation sector**. Therefore, the hypothesis to be tested for the European context is:

H29: In the accommodation sector, physical access barriers, particularly related to toilets and mobility within rooms, are more important than attitudinal barriers, such as how tourists with access needs are treated by service staff.

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[1] Van Horn, L. (2012). The United States: Travellers with Disabilities. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 65-78). Bristol, Channel View Publications.
[2] Bi, Y., Card, J.A., & Cole, S.T. (2007). Accessibility and Attitudinal barriers encountered by Chinese Travellers with Physical Disabilities, International Journal of Tourism Research, 9:205-216.

Following on from this hypothesis and particularly focusing on individual physical access barriers within the accommodation sector (Figure 174), a study from Italy highlights a variety of features, such as architectural barriers, unsuitable lifts, inaccessible bathrooms and rooms being too small as barriers[1], yet without indicating the relative importance of these aspects. In contrast, focusing on the relative importance of different physical access barriers, studies from the United States, Israel and Australia found that the **inaccessibility of toilets and bathrooms resides among the greatest barriers**[2][3][4][5].

Specialised tour operators confirm toilets and bathrooms as representing a major obstacle[6]. As these studies derive from a non-European context, it is essential to examine this assumption by investigating whether toilets represent the barrier which causes the greatest dissatisfaction among individuals with access needs for the European context. As such, the second hypothesis for the accommodation sector is as follows:

> H30: Among the physical access barriers encountered in the accommodation sector, people with access needs are least satisfied with toilets.

The hypothesis testing procedure for H29 (in the accommodation sector, physical access barriers, particularly related to toilets and the mobility within rooms, are more important than attitudinal barriers, such as how tourists with access needs are treated by service staff) revealed that H29 is partially supported for the European context. Physical access barriers are perceived as being equally as important as attitudinal barriers in the accommodation sector for all groups of individuals with access needs (Figure 177), with the exception of one destination country (discussed further below).

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[1] Presidenxa del Consiglio dei Ministri (2013). Accessibile è meglio: Primo Libro Bianco sul Turismo per Tutti in Italia 2013. Comitato per la Promozione e il Sostegno del Turismo Accessibile. Available at: http://www.unifg.it/dwn/ateneo/sportello_west/accessibile_libro_bianco.pdf

[2] Turco, D.M., Stumbo, N.J., & Garncarz, J. (1998). Tourism Constraints for People with Disabilities. Parks and Recreations, 33, 78-84.

[3] Poria, Y., Reichel, A., & Brandt, Y. (2011). Dimensions of hotel experiences of people with disabilities: An exploratory study, International Journal of Contemporary Hospitality Management, 23(5):571-591.

[4] Darcy, S. (2002). Marginalised Participation: Physical Disability, High Support Needs and Tourism. Journal of Hospitality and Tourism Management, 9, 61-72.

[5] Van Horn, L. (2012). The United States: Travellers with Disabilities. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 65-78). Bristol, Channel View Publications.

[6] Wright, A. (2012). Tour Operating for the less mobile traveller. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 195-206). Bristol, Channel View Publications.

The result that respondents of the survey stated that physical access barriers are equally as important as attitudinal barriers in the accommodation sector contradicts research findings from the United States[1] and China[2]. It also stands in contrast to other studies. For example, particularly for visually restricted people, it has been reported that physical access barriers, such as navigating through areas with steps, are less important when compared to attitudinal or emotional aspects of the service[3]. Yet, the equal importance afforded to attitudinal barriers highlights the crucial role of well-trained personnel, since positive attitudes and professionalism in the accommodation sector contribute greatly to the satisfaction of visitors with access needs[4]. A French report goes even further by arguing that accommodation establishments should be in the position of offering 'companionship services' as people with access needs often feel isolated when holidaying[5].

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[1] Van Horn, L. (2012). The United States: Travellers with Disabilities. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 65-78). Bristol, Channel View Publications.

[2] Bi, Y., Card, J.A., & Cole, S.T. (2007) Accessibility and Attitudinal barriers encountered by Chinese Travellers with Physical Disabilities, International Journal of Tourism Research, 9:205-216.

[3] Rolli, R. (2010). Tourism for all and people with visual impairment. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at: http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

[4] Weiß, C., Adler, P., Grundner, M.R., Hirschmugl-Fuchs, M., Kirchsteiger, D., Marano, D., Petrovics, G., Pisecky, J., Strzalka, A., Wanecek, H., & Zimmer, C. (2011). Tourismus für alle - Barrierefreies Reisen - ein Leitfaden zum Umgang mit dem Gast. BMWFJ, Sektion Tourismus und Historische Objekte WKO, Bundessparte Tourismus und Freizeitwirtschaft. Available at: http://www.bmwfj.gv.at/Tourismus/TourismusstudienUndPublikationen/Documents/Leitfaden_umgang%20mit%20dem%20Gast%20MINIMIERT.pdf

[5] Rigalleau, R. (2001). Incitation au départ en vacances des non-partants. Conseil National du Tourisme, Commission Droit aux vacances. Available at: http://www.vacances-ouvertes.asso.fr/publications/cnt/cnt2001.pdf

Figure 177 – H29 Barriers: Accommodation sector: Physical access barriers versus attitudinal barriers by type of access need

Type of access need	Hypothesis supported	Importance score - Physical access barriers	Importance score - Attitudinal barriers	More important barrier
Mobility	No	4.16	4.17	Equally important
Senses	No	4.11	4.16	Equally important
Communication	No	4.16	4.17	Equally important
Behaviour	No	4.13	4.13	Equally important
Hidden limitations	No	4.14	4.17	Equally important

Only one destination country (Sweden) was identified where physical access barriers are considered more important than attitudinal barriers (Figure 178). Possible explanations for this are provided by Müller (2012). First, there is a widespread willingness in Sweden 'to do what is possible in order to welcome customers with special needs' (p.159), highlighting the emphasis placed on attitudinal aspects. Second, many Swedish regions run training and awareness courses to be able to constantly improve customer services and change attitudes. These training courses employ a role play technique of learning and understanding[1]. Further, it is argued that in Sweden many service operators are not driven by market principles but rather respond to national policies and laws before making changes to their establishments – and even then these changes include only what is absolutely necessary[2].

These arguments provide a justification why Sweden can be seen as an example where many efforts are in place to eliminate attitudinal barriers. Yet, physical barriers are still apparent as

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[1] Müller, L. (2012). Accessible Tourism in Sweden: Experiences, Stakeholders, Marketing. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 157-167). Bristol, Channel View Publications.
[2] Turism för Alla, European Union & Växtkraft 3 (no date) Att resa utan hinder - Slutrapport från ett utvecklingsprojekt: 2003 - 2006. Available at:
http://www.skane.se/upload/Webbplatser/Naringsliv/Dokument/AttResaUtanHinder.pdf

perceived by the respondents of the survey, potentially also due to the fact that Sweden is a key destination for nature-based activities and attractions which entail greater barriers compared to other activities and attractions (see section 5.2.2.6 – *barriers in the attraction sector*).

Figure 178 – H29 Barriers: Accommodation sector: Physical access barriers versus attitudinal barriers by destination

Destination	Hypothesis supported	Importance score - Physical access barriers	Importance score - Attitudinal barriers	More important barrier
Belgium	No	3.97	3.98	Equally important
Bulgaria	No	4.05	4.08	Equally important
Croatia	No	4.10	4.02	Equally important
France	No	4.01	4.09	Equally important
Germany	No	4.02	3.91	Equally important
Greece	No	4.02	4.43	Equally important
Ireland	No	4.13	4.36	Equally important
Italy	No	4.18	4.18	Equally important
Lithuania	No	4.39	4.33	Equally important
Poland	No	4.30	4.13	Equally important
Slovenia	No	3.96	4.05	Equally important
Spain	No	4.07	4.19	Attitudinal barriers
Sweden	Yes	4.30	3.89	Physical access barriers
The Netherlands	No	3.95	4.15	Equally important
United Kingdom	No	4.11	4.04	Equally important

For all other destination countries, travellers place an equal importance on both physical access and positive attitudes. It is anticipated that for some countries, overcoming both types of barriers might represent a problem. For example, in Poland and Slovenia and specific to the removal of attitudinal

barriers, staff competences are rather weak and participation levels in training courses for the industry are still relatively low. This is mainly due to two reasons. First, there is limited supply of training courses and second, the demand for accessibility training is still very low[1].

While respondents rate physical access and attitudes as equally important, it is still essential to identify the specific physical access barriers that cause the greatest dissatisfaction, leading to the presentation of the results of the hypothesis testing for H30 (**among the physical access barriers encountered in the accommodation sector, people with access needs are least satisfied with toilets**). The hypothesis H30 is partially supported. People with access needs are least satisfied with toilets among all physical access barriers encountered in the accommodation sector. This supports a study from Austria, pointing out that the lack of accessible bathrooms and toilets represent the greatest barriers for people with mobility difficulties, including the elderly population in the accommodation sector[2].

Yet, in order to reach a more nuanced understanding, the current study shows that individuals with behavioural restrictions rank toilets as equal when compared to other physical access elements (Figure 179). In this context, it can be argued that this is mainly due to the nature of behavioural limitations as learning disabilities and/ or emotional and mental problems do not interfere with the ability to use bathrooms. Thus, people with behavioural restrictions face different sets of barriers. This has been identified by UNAPEI, a specialised organisation in France, which has subsequently outlined how the existing barriers for people with behavioural problems can be addressed by developing a special access guide for this group[3].

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[1] MIT! – Make It Accessible (no date).WP3 Report on Research & Exploitation – Learning about MIT! Target Groups. Available at: http://www.mit-makeitaccessible.eu/MIT%20WP3%20Report%20on%20Research%20&%20Exploitation.pdf

[2] Hitsch, W. (2005) Probleme, Risiken und Chancen des barrierefreien Tourismus. Institut für Unternehmensführung, Tourismus und Dienstleistungswirtschaft, Fakultät für Betriebswirtschaft der Leopold-Franzens-Universität Innsbruck. Available at: http://www.ibft.at/ibft/doc/Diplomarbeit%20-%20Barrierefreies%20Reisen.pdf

[3] UNAPEI (Union National des Associations de Parents, de Personnes Handicapées Mentales et de leurs Amis) (2009). Guide pratique de l'accessibilité - Pour vous accompagner dans vos démarches en matière d'accessibilité en faveur des personnes en situation de handicap mental. UNAPEI. Available at: http://www.unapei.org/IMG/pdf/GuidePratiqueAccessibilite.pdf

Figure 179 – H30 Barriers: Accommodation sector: Satisfaction with toilets by type of access need

Type of access need	Hypothesis supported	Satisfaction score - Toilets	Satisfaction score - Accommodation availability and accessibility	People are least satisfied with
Mobility	Yes	4.28	4.37	Toilets
Senses	Yes	4.27	4.35	Toilets
Communication	Yes	4.25	4.32	Toilets
Behaviour	No	4.28	4.31	Equally satisfied
Hidden limitations	Yes	4.32	4.37	Toilets

While previous studies based on qualitative research identified that inaccessible toilets represent the greatest barrier in the United States, Israel and Australia[1][2][3], the data collected for this study also provides a more comprehensive understanding for different European destinations. It was found that respondents visiting France were least satisfied with toilets in their accommodation establishments (Figure 180). This provides valuable guidance for France, as a major and important tourist destination in Europe, to prioritise its efforts in making its offering, particularly related to toilets and bathrooms in the accommodation sector, more accessible.

Figure 180 – H30 Barriers: Accommodation sector: Satisfaction with toilets by destination

[1]Turco, D.M., Stumbo, N.J., & Garncarz, J. (1998). Tourism Constraints for People with Disabilities. Parks and Recreations, 33, 78-84.
[2]Poria, Y., Reichel, A., & Brandt, Y. (2011). Dimensions of hotel experiences of people with disabilities: An exploratory study, International Journal of Contemporary Hospitality Management, 23(5):571-591.
[3]Darcy, S. (2002). Marginalised Participation: Physical Disability, High Support Needs and Tourism. Journal of Hospitality and Tourism Management, 9, 61-72.

Destination	Hypothesis supported	Satisfaction score - Toilets	Satisfaction score - Accommodation availability and accessibility	People are least satisfied with
Belgium	No	4.17	4.07	Equally satisfied
Bulgaria	No	3.85	3.97	Equally satisfied
Croatia	No	4.30	4.36	Equally satisfied
France	Yes	4.12	4.38	Toilets
Germany	No	4.44	4.38	Equally satisfied
Greece	No	4.39	4.48	Equally satisfied
Ireland	No	4.47	4.51	Equally satisfied
Italy	No	4.32	4.32	Equally satisfied
Lithuania	No	4.63	4.67	Equally satisfied
Poland	No	4.31	4.36	Equally satisfied
Slovenia	No	4.11	4.20	Equally satisfied
Spain	No	4.24	4.33	Equally satisfied
Sweden	No	4.37	4.42	Equally satisfied
The Netherlands	No	4.29	4.25	Equally satisfied
United Kingdom	No	4.64	4.61	Equally satisfied

5.2.2.5 Barriers encountered in the catering/ gastronomy/ food & beverage sector

Overall, very limited research has been conducted that investigates the barriers encountered by people with access needs in the food and beverage sector. The few existing studies report that the accessibility of gastronomic organisations is regarded as highly problematic[1]. For example, it was reported that many catering establishments in Greece are promoted as accessible while in reality they are not[2]. In addition, discrimination by restaurants providers plays a crucial role in the debate on barriers in this sector[3], apart from the existence of physical access barriers.

Particularly, in the United States, physical access barriers represent a major concern. These include the lack of room between tables (stated by 40% of respondents), doors being too heavy to open (stated by 33% of respondents) and steps at the entrance or in the restaurant (stated by 28% of respondents)[4]. By investigating individuals with different access needs, the following specific barriers can be summarised (Figure 181):

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[1] Hitsch, W. (2005). Probleme, Risiken und Chancen des barrierefreien Tourismus. Institut für Unternehmensführung, Tourismus und Dienstleistungswirtschaft, Fakultät für Betriebswirtschaft der Leopold-Franzens-Universität Innsbruck. Available at: http://www.ibft.at/ibft/doc/Diplomarbeit%20-%20Barrierefreies%20Reisen.pdf

[2] MIT! – Make It Accessible (no date).WP3 Report on Research & Exploitation – Learning about MIT! Target Groups. Available at: http://www.mit-makeitaccessible.eu/MIT%20WP3%20Report%20on%20Research%20&%20Exploitation.pdf

[3] EDF - European Disability Forum (2001). EDF Position Paper: Framing the Future of European Tourism, Doc. EDF 01/13 EN, (pp. 1-10). London, European Disability Forum.

[4] Van Horn, L. (2012). The United States: Travellers with Disabilities. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 65-78). Bristol, Channel View Publications.

Figure 181 – Barriers experienced in the Food and Beverage Sector[1][2]
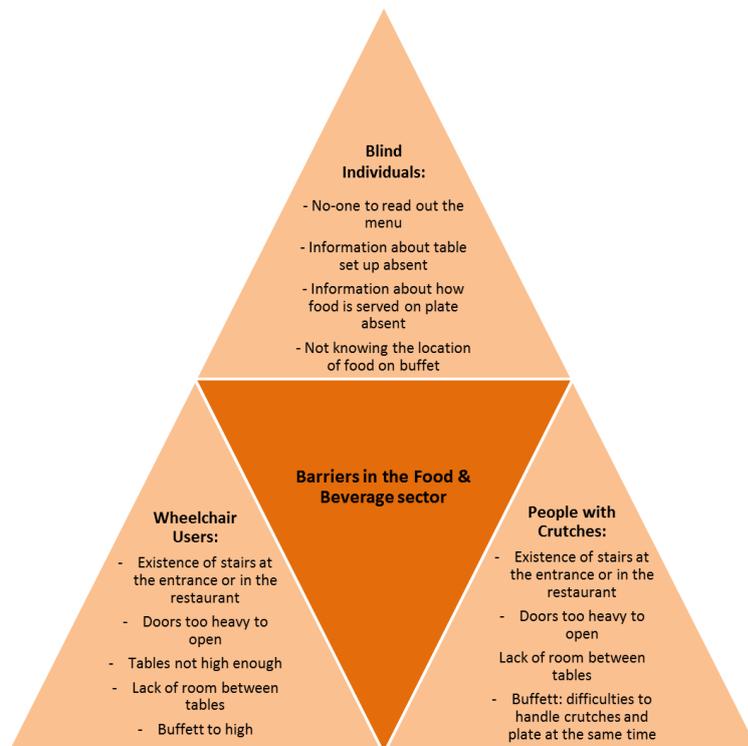
By assessing the overall scope of barriers based on quantitative findings from the United States[3][4], it is assumed that the **food and beverage sector causes the greatest amount of barriers to people with access needs**. In order to test this assumption for the European context, the hypothesis is:

H31: The barriers faced by people with access needs in the food & beverage sector are encountered most often compared to other sectors.

The analysis showed that H31 is not supported. Respondents did not encounter barriers most often in the food and beverage sector. Hence, findings from a European context differ from studies

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[1]Poria, Y., Reichel, A., & Brandt, Y. (2011). Dimensions of hotel experiences of people with disabilities: An exploratory study, International Journal of Contemporary Hospitality Management, 23(5):571-591.
[2] Van Horn, L. (2012). The United States: Travellers with Disabilities. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 65-78). Bristol, Channel View Publications.
[3]Takeda, K., & Card, J.A. (2002). U.S. Tour Operators and Travel Agencies: Barriers Encountered When Providing Package Tours to People Who Have Difficulty Walking. Journal of Travel and Tourism Marketing 12, 47-61.
[4]Card, J. A., Cole, S. T., & Humphrey, A. H. (2006). A Comparison of the Accessibility and Attitudinal Barriers Model: Travel Providers and Travelers with Physical Disabilities. Asia Pacific Journal of Tourism Research, 11, 161-175.

conducted in United States[1][2] as for the US it has been reported that most barriers are encountered in the food and beverage sector whereas this is not the case for Europe. Instead barriers are faced by people with access needs in the transport (at destination) sector most often compared to other sectors, particularly for individuals with mobility, sensory, behavioural and hidden difficulties (Figure 182).

Figure 182 – H31 Barriers: Food & Beverage sector compared to other sectors by type of access need

Type of access need	Hypothesis supported	Sector with most barriers	Barriers experienced
Mobility	No	Transport at destination	12.6%
Senses	Partially*	Transport at destination	12.1%
Communication	Partially*	Transit	13.4%
Behaviour	No	Transport at destination	13.3%
Hidden limitations	Partially*	Transport at destination	12.0%

Note: * Barriers in the food & beverage sector are encountered significantly more often than in the accommodation sector. See Annex O for details.

For people with communication difficulties barriers are encountered most often in the transit sector. Hence, for no single group of people with access needs is the food and beverage sector the most problematic. Yet, for individuals with sensory, communication and hidden limitations, barriers in the food & beverage sector are encountered significantly more often than in the accommodation sector.

After investigating different geographical regions, the study found that the food and beverage sector is not the sector where survey participants encountered barriers most often (Figure 183). These

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[1]Takeda, K., & Card, J.A. (2002) U.S. Tour Operators and Travel Agencies: Barriers Encountered When Providing Package Tours to People Who Have Difficulty Walking. Journal of Travel and Tourism Marketing 12, 47-61.
[2]Card, J. A., Cole, S. T., & Humphrey, A. H. (2006) A Comparison of the Accessibility and Attitudinal Barriers Model: Travel Providers and Travelers with Physical Disabilities. Asia Pacific Journal of Tourism Research, 11, 161-175.

findings are in line with a report from Spain, highlighting that only 22% of people with access needs had indicated that restaurants have little or no accessibility[1].

Figure 183 – H31 Barriers: Food & Beverage sector compared to other sectors by destination

Destination	Hypothesis supported	Sector with most barriers	Barriers experienced
Belgium	Partially*	Food and beverage	12.5%
Bulgaria	Partially*	Information	18.9%
Croatia	No	Attractions/Activities	8.4%
France	No	Transport at destination	15.4%
Germany	No	Transport at destination; Accommodation	10.9%
Greece	No	Attractions/Activities	14.9%
Ireland	No	Accommodation	16.0%
Italy	No	Attractions/Activities	11.5%
Lithuania	No	Transit; Transport at destination	10.9%
Poland	No	Attractions/Activities	13.2%
Slovenia	No	Transport at destination	8.1%
Spain	No	Transport at destination	12.4%

[1] Huesca González, A.Mª., & Ortega Alonso, E. (2005). Hábitos y actitudes hacia el Turismo de las Personas con Discapacidad Física. Available at: http://www.snr.gob.ar/uploads/TA-Otros-27-HabActhaciaelTURISMO-2da_edic-PREDIF.pdf

Sweden	Partially*	Food and beverage	10.3%
The Netherlands	No	Accommodation	9.2%
United Kingdom	No	Accommodation	9.4%

Note: * Barriers in the food & beverage sector are not always encountered significantly more often than in other sectors.

See Annex O for details.

For Belgium and Sweden, most barriers are encountered in the food and beverage sector, yet the results show that they are not experienced *significantly* more often than in other sectors, except in the accommodation sector in Belgium and in attractions in Sweden. The same can be argued for Bulgaria as most barriers are faced in the pre-travel stage. Respondents who visited Bulgaria experienced more barriers in the food and beverage sector than in the attractions sector, but again the percentage is not different enough from other sectors to support the hypothesis (Annex O).

5.2.2.6   Barriers encountered with attractions/ activities

It is often reported that the attractions/ activities sector remains inaccessible due to a number of environmental and architectural barriers[1]. For example, studies call for the elimination of architectural barriers in places of cultural interest[2][3]. Museums and galleries count as sites of cultural interest and the emphasis of the Council for Museums, Archives and Libraries in the UK is placed on removing barriers, which are physical and sensory, intellectual, cultural, attitudinal and financial[4]. Further, museum operators need to find a balance between providing access for people with different requirements while at the same time ensuring the conservation of historical and artistic

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[1] Turco, D.M., Stumbo, N.J., & Garncarz, J. (1998). Tourism Constraints for People with Disabilities. Parks and Recreations, 33, 78-84.

[2] Cirelli, C. (2011). Turismo Urbano e Disabilità. Available at: http://www.siciliaccessibile.it/wp-content/uploads/paper-turismo-urbano-disabilit%C3%A0-caterina-cirelli.pdf

[3] National Disability Authority (NDA) (2012). Access - Improving the Accessibility of Historic Buildings and Places. Government of Ireland. Available at: http://www.nda.ie/website/nda/cntmgmtnew.nsf/0/911AA8C52EA2A0D98025798700303E93/$File/Access_Improving_accessibility_Historic_Buildings_and_Places.pdf

[4] The Council for Museums, Archives and Libraries (2001). Disability Directory for Museums and Galleries. London, UK. Available at: http://www.accessibletourism.org/resources/uk_museumsand-galleries_disability_directory_pdf_6877.pdf

heritage[1]. The same challenge has been reported by the National Disability Authority in Ireland when examining ways of improving access to historic buildings and places[2].

Particularly related to the context of historic environments/ attractions in the United Kingdom, main barriers are summarised in Figure 184.

Figure 184 – Main barriers encountered when visiting historic attractions[3]

Main general barriers	
Informational barriers	Lack of accurate and comprehensive information
Design barriers	Exclusionary design of signage, notices, display boards, announcements and alarm systems which triggers communication difficulties for people with sensory or learning difficulties
Lack of awareness of service providers	Lack of awareness of the different needs of people with a disability
Attitudinal barriers	Negative attitudes of managers and staff
Intrinsic/ personal barriers	Low aspirations/ expectations which triggers the loss of dignity and independence

Investigating the specific barriers of people with different access needs, a more nuanced understanding can be achieved (Figure 185).

Figure 185 – Main barriers encountered when visiting historic attractions and outdoor attractions (Australia)[4]

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[1] Mengardo, G. (2012). Turismo Accessibile a Venezia. Un' "isola dell'accessibilità" attorno ai Musei Civici per una cultura senza barrier. Università Ca'Foscari Venezia, Venice, Italy. Available at: http://dspace.unive.it/handle/10579/2057

[2] National Disability Authority (NDA) (2012). Access - Improving the Accessibility of Historic Buildings and Places. Government of Ireland. Available at: http://www.nda.ie/website/nda/cntmgmtnew.nsf/0/911AA8C52EA2A0D98025798700303E93/$File/Access_Improving_accessibility_Historic_Buildings_and_Places.pdf

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

[4] Muloin, S. (1992). Wilderness Access for Persons with a Disability. IN Harper, G. & Weiler, B. (Eds.) Ecotourism, (pp. 20-25). Canberra, Australian Bureau of Research.

Main general barriers	Barriers faced by mobility-impaired people	Barriers faced by sight-impaired people
Informational barriers: Lack of accurate and comprehensive information		Informational barriers: Lack of printed material in large print
Design barriers: Exclusionary design of signage, notices, display boards, announcements and alarm systems which triggers communication difficulties for people with sensory or learning difficulties	Design barriers: inaccessible public washrooms and BBQ facilities Picnic tables not useable	Design barriers: limited possibilities to feel exhibits
Lack of awareness of the different needs of people with a disability		
Attitudinal barriers: Negative attitudes of managers and staff		Attitudinal barriers: Interaction with and attitudes of other visitors and condescending attitudes by service personnel
Intrinsic/ personal barriers: Low aspirations/ expectations which triggers the loss of dignity and independence		

Specific to the European context, studies from Denmark report that advancements were made in removing physical access obstacles by installing ramps with illuminated directional guidance, positioning textual information about exhibits at an accessible height, integrating touch-screen

displays and providing text in large print. Yet, it has equally shown that **outdoor settings are still inadequately designed with regard to access and use**[1][2].

Numerous studies report that many outdoor settings, such as parks in general or national parks in particular are still not accessible, causing numerous barriers to people with different access needs when wanting to access these natural attractions or activities[3][4][5]. For example, it is argued that the accessibility of national parks is quite poor in Spain and much remains to be done to ensure equal access to facilities, activities and programs offering positive experiences in protected natural areas to people with access needs[6]. Similar results were reported in Italy, as mountain areas are often difficult to access for people with mobility restrictions[7][8]. In fact, mountainous areas are said to represent the least accessible attractions as only 1.9% of respondents of a study in Spain found these to be accessible (33.2%)[9].

Barriers to the enjoyment of nature-based activities and attractions such as parks, national parks and other protected natural areas need to be reduced as studies illustrate that, for example, Germany's elderly travellers show high preferences and motivation to experience nature-based activities and attractions[10].

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[1] Jensen, P.H. (2008). Merging Architecture and Accessibility, IN: Ethical – Barrier-Free Tourism. Available at: www.tourism-review/com/fm485.org/ethical-barrier-free-tourism.pdf

[2] Jensen, P.H. (2007). Merging architecture and accessibility. Ordrupgaards and the Danish Jewish Museum. Access by Design, Issue 112. Available at: http://www.accessibletourism.org/resources/jensen_2007__merging_architecture_and_accessibility-1.pdf

[3] Kreiter, J.N. (2010). A holiday for all from the perspective of a tourist with disabilities. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at: http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

[4] Ministerio de Industria, Turismo y Comercio (no date). Decálogo de Buenas Prácticas en Accesibilidad Turística - Destinos y Recursos Culturales y Naturales. Available at: http://www.planaccesibilidadturistica.es/UserFiles/publicaciones/ficheros/Decalogo_de_Buenas_Practica_2.pdf

[5] Marcos Pérez, D. & González Velasco, D.J. (2003). Turismo Accesible - Hacia un Turismo Para Todos. Comité Español de Representantes de Personas con Discapacidad – CERMI. Available at: http://www.planaccesibilidadturistica.es/UserFiles/publicaciones/ficheros/Turismo_Accesible.pdf

[6] Ministerio de Industria, Turismo y Comercio (2008). El mercado potencial del turismo accesible para el sector turístico español. Available at: http://www.planaccesibilidadturistica.es/UserFiles/publicaciones/ficheros/Mercado_Potencial_Turismo_Accesible.pdf

[7] Cosentino, M. (2010). Accessible tourism in mountain areas: tourism for all in a hostile environment. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at: http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

[8] Martin, G. (2010). The ideal winter resort: professionalism and organisational skills in the service of tourism. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at: http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

[9] Huesca González, A.Mª. & Ortega Alonso, E. (2005). Hábitos y actitudes hacia el Turismo de las Personas con Discapacidad Física. Available at: http://www.snr.gob.ar/uploads/TA-Otros-27-HabActhaciaelTURISMO-2da_edic-PREDIF.pdf

[10] Lohmann, M. & Grimm, B. (2011). Urlaubsreisen und –motive der Altergruppe 50plus: Daten und Trends IN RKW Kompetenzzentrum (Ed.) Tourismus 50plus: Anforderungen erkennen – Wünsche erfüllen, (pp. 11-13).

As part of the nature-based offering, beach holidays play a crucial role and are in high demand by seniors as reported by an Italian study[1] or other European travellers with access needs such as Spaniards[2]. Yet, it is the beach offer that causes the greatest concern and complaints[3]. For example, investigating nature-based activities at the French Riviera, it was found that providers are making progress with regard to offering accessible products and services. Yet, this is a result of general willingness and pressure in terms of complying with the regulations. With the latter in mind, people with access needs are still not considered as 'real' customers which often leads to separating them from other tourists with the aim of upholding the image of a 'perfect destination'[4].

The discussion above has highlighted that **nature-based activities** (e.g. recreation in mountainous areas or beach holidays) represent a very important element for people with access needs in the attraction sector. Yet, it was equally highlighted that **these activities are accompanied by the most barriers**. Thus, it is important to better understand this barrier for Europe as a whole, moving away from individual national studies. In addition, greater levels of detail are required with regard to frequency calculations of barriers with nature-based activities and attractions. Thus, the hypothesis can hence be summarised as:

H32: In the attraction sector, people with access needs experienced most frequently barriers with nature based activities or attractions.

After the hypothesis testing, H32 is partially supported. People with access needs experienced most frequently barriers with nature based activities or attractions. Yet, for people with sensory and behavioural impairments, both nature and shopping opportunities are the equally important barriers in the attractions/activities sector (Figure 186). This coincides with a study investigating if Italy is an

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Available at: http://www.dehoga-bundesverband.de/fileadmin/Inhaltsbilder/Publikationen/WifA_Tourismus_www.pdf

[1] Monti, M. (2010). Tourism for Senior citizens: needs and good practice. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at: http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

[2] Huesca González, A.Mª., & Ortega Alonso, E. (2005). Hábitos y actitudes hacia el Turismo de las Personas con Discapacidad Física. Available at: http://www.snr.gob.ar/uploads/TA-Otros-27-HabActhaciaelTURISMO-2da_edic-PREDIF.pdf

[3] Hitsch, W. (2005). Probleme, Risiken und Chancen des barrierefreien Tourismus. Institut für Unternehmensführung, Tourismus und Dienstleistungswirtschaft, Fakultät für Betriebswirtschaft der Leopold-Franzens-Universität Innsbruck. Available at: http://www.ibft.at/ibft/doc/Diplomarbeit%20-%20Barrierefreies%20Reisen.pdf

[4] Christofle, S., & Massiera, B. (2009). Tourist Facilities for Disabled People on the French Riviera: A Strategic Model of the Controversial Plans to Develop the Seafront Areas, Journal of Coastal Conservation, 13(2/3):97-107.

accessible destination. While not specifying the type of restriction, it was found that shopping malls and mountainous areas often pose the greatest difficulties to people with access needs[1].

Figure 186 – H32 Barriers: Attraction sector: Nature-based activities by type of access need

Type of access need	Hypothesis supported	Most important barrier	Barrier experienced
Mobility	Yes	Nature	15.6%
Senses	Partially*	Nature	14.5%
Communication	Yes	Nature	17.1%
Behaviour	Partially*	Nature	15.5%
Hidden limitations	Yes	Nature	14.5%

Note: * Nature is not always statistically more important than other barriers. See Annex O for details.

Although not always statistically significant, nature based activities or attractions are the most important barriers at 10 out of 15 destinations. Greece, Poland and Ireland are the top three destinations where people experienced most frequently barriers with nature based activities or attractions (Figure 187).

Figure 187 – H32 Barriers: Attraction sector: Nature-based activities by destination

Destination	Hypothesis supported	Most important barrier	Barrier experienced
Belgium	No*	Shopping opportunities	16.7%
Bulgaria	Partially**	Shopping opportunities	16.8%
Croatia	Partially**	Accessible sport or leisure equipment or service	15.2%

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[1] Tournour-Viron, P. (2010). Is Italy an accessible destination? The opinion of foreign tour operators, suggestions to increase the flows according to the data from TTG Italy Observatory. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at: http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

Destination	Hypothesis supported	Most important barrier	Barrier experienced
France	Partially**	Nature	13.6%
Germany	Partially**	Nature	18.8%
Greece	Partially**	Nature	26.1%
Ireland	Partially**	Nature	22.6%
Italy	Partially**	Nature	15.5%
Lithuania	Partially**	Nature; Accessible locations; Accessible shops or shopping services	13.0%
Poland	Yes	Nature	23.1%
Slovenia	No*	Accessible locations; Accessible shops or shopping services	8.1%
Spain	No*	Excursion activities available at destination	10.4%
Sweden	Partially**	Nature	11.0%
The Netherlands	Partially**	Nature	12.3%
United Kingdom	Partially**	Nature	12.5%

Note: * The listed barrier is not statistically more important than any other barriers;

** Nature is statistically more important than certain other barriers. See Annex O for details.

This is supported by reports from Greece, highlighting that while some nature-based activities (e.g. beaches) offer accessible features, the situation does not apply to the majority of areas where nature-based beach activities can be enjoyed[1]. Yet, improving access to nature-based activities is not impossible as shown by the city of Arona (Spain), acting as a best practice case for nature-

[1] Voulgaropoulos, N., Strati, E., & Fyka, G. (2012). Accessible Tourism in Greece: Beaches and Bathing for All. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 55-64). Bristol, Channel View Publications.

based beach activities as numerous obstacles have been removed to allow for the enjoyment of beaches by all users[1]. Similar examples can be found in Germany, where not only barriers were removed but solutions found to enable greater independence, for example by providing a well-designed vehicle (Mobile Strand- und Badeinsel) to move around and to enter the water[2].

Nature based activities or attractions also include the enjoyment of national parks and a pre-requisite for overcoming barriers is a thorough understanding of all different requirements as well as the incorporation of people with access needs in all aspects of planning, implementation and operation[3]. Portugal has shown that successfully reducing the barriers in parks and nature reserves is possible when implementing principles of universal access to allow for the enjoyment of this part of the attraction sector[4]. Further, Greenways are said to provide the most inclusive access to natural areas. Greenways are characterised by being among the few nature routes which are accessible to all people with access needs. Due to the importance of Greenways, they have been incorporated into the grant programme of the European General Directorate of Tourism (2011) in recognition of their great potential and value for the development of sustainable tourism development in Europe. Among the most important benefits of Greenways is the higher level of safety due to their separation from roads. Yet, while Greenways are said to be fully accessible and safe, all destinations need to ensure that all elements of the tourism system contribute to or enhance the accessibility of Greenways. Particularly important in this context is transport to and from dedicated Greenways)[5].

5.2.2.7 Barriers: cross-sector comparisons

After discussing the results of the specific hypotheses for each individual tourism sector, this section introduces three main cross-sector hypotheses and their results. This is important as it permits a holistic overview of the relative importance of barriers encountered in each sector. These cross-

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[1] Hernández Galán, J. (2012). Accessible Tourism in Spain: Arona and Madrid. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 310-321). Bristol, Channel View Publications.

[2] Knigge, M. (2011). Mehr Gäste durch komfortables and attraktives Design, IN: RKW Kompetenzzentrum (Ed.) Gesund und sicher unterwegs - Konzepte und Marktchancen für kleine und mittlere Unternehmen im Tourismus. Available at: http://www.rkw-kompetenzzentrum.de/fileadmin/media/Dokumente/Publikationen/2011_LF_dfa-gesund-unterwegs.pdf

[3] Frank, G. (2011). Natur erlebbar machen – Rangertouren im Nationalpark Eifel, IN: RKW Kompetenzzentrum (Ed.) Gesund und sicher unterwegs - Konzepte und Marktchancen für kleine und mittlere Unternehmen im Tourismus. Available at: http://www.rkw-kompetenzzentrum.de/fileadmin/media/Dokumente/Publikationen/2011_LF_dfa-gesund-unterwegs.pdf

[4] Espírito Santo, R. (2009). Iniciativa Natureza para Todos: o acesso universal às áreas protegidas portuguesas, Revista Turismo & Desenvolvimento N.º 11.

[5] Hernández Colorado, A., & Aycart Luengo, C. with the collaboration of Martínez Pastor, I. (2013). Guide to Best Practices and Recommendations for Accessible Greenways. Environmental Activities and Greenways Department (FFE). Available at: http://www.aevv-egwa.org/SiteResources/data/MediaArchive/pdf/Greenways4tour/G4T_Guide%20to%20best%20practices%20for%20accesible%20Greeways.pdf

sector hypotheses derive from the qualitative and quantitative assessments of barriers faced by people with access needs reported within the individual sectors (sections 5.2.2.1 to 5.2.2.6). Reports and studies from both European and non-European countries have assisted in establishing these hypotheses.

5.2.2.7.1 1st cross-sector hypothesis: Physical access versus attitudinal barriers across all sectors

Almost throughout all sectors, the desk research highlighted the importance of investigating physical access barriers compared to attitudinal barriers. In analysing studies from non-European and European countries, contrasting evidence was found with regard to the extent of physical and attitudinal barriers across different tourism sectors.

For example, when talking about the most positive holiday experience, Austrian travellers referred to positive attitudes and willingness to help[1]. Also Australian tourists with access needs highlighted knowledge and positive attitudes of others as key in reducing exclusion in the tourist experience[2].

Similar results were reported by a number of Italian studies. Overall, it was found that attitudinal barriers weigh higher compared to physical access barriers particularly with regard to how tour operators treat customers with access needs[3]. The main barriers often relate to information and reception (attitudinal perspective – 57%) compared to infrastructural barriers (physical access barriers – 43%) from a service provider perspective as well[4] [5]. As a consequence, it is argued that not only physical access barriers need to be dismantled but also efforts need to be in place to improve staff qualification[6]. Yet, by comparing the perceptions of the population without immediately apparent access needs with people who do have explicit access needs, it was highlighted that the

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[1] Hitsch, W. (2005). Probleme, Risiken und Chancen des barrierefreien Tourismus. Institut für Unternehmensführung, Tourismus und Dienstleistungswirtschaft, Fakultät für Betriebswirtschaft der Leopold-Franzens-Universität Innsbruck. Available at: http://www.ibft.at/ibft/doc/Diplomarbeit%20-%20Barrierefreies%20Reisen.pdf

[2] STCRC (Sustainable Tourism Cooperative Research Centre) (2008). Accessible Tourism – Challenges and Opportunities. Understanding an evolving aspect of Australian tourism. Sustainable Tourism Cooperative Research Centre (STCRC), Queensland. Available at: http://www.accessibletourism.org/resources/crc_accessible_tourism_final_en.pdf

[3] Mengardo, G. (2012). Turismo Accessibile a Venezia. Un' "isola dell'accessibilità" attorno ai Musei Civici per una cultura senza barrier. Università Ca'Foscari Venezia, Venice, Italy. Available at: http://dspace.unive.it/handle/10579/2057

[4] SL & A: Turismo e Territorio (2008). Turismo Accessiblle in Italia: La Domanda e L'Offerta. Available at: http://www.turismabile.it/file/lib/files/access0_rapp_tur_acc.pdf

[5] Presidenxa del Consiglio dei Ministri (2013). Accessibile è meglio: Primo Libro Bianco sul Turismo per Tutti in Italia 2013. Comitato per la Promozione e il Sostegno del Turismo Accessibile. Available at: http://www.unifg.it/dwn/ateneo/sportello_west/accessibile_libro_bianco.pdf

[6] Consiglio dei Ministri - Dipartimento della Gioventù (no date). Turisti Senza Ostacoli – Indagine Sull'Evoluzione Della Domanda E Dell'Offerta del Turismo Accessibile. Available at: http://www.unisa.it/uploads/2405/turisti_senza_ostacoli.pdf

physical environment represents a major barrier. 73.4% of people with a disability stated that physical access barriers represent the greatest obstacle compared to only 18% of the population without explicit access needs)[1].

In addition, by investigating the development of removing physical access barriers through the implementation of Universal Design criteria, it was revealed that progress is still limited in Greece with the biggest barrier referring to society's attitude[2], emphasising the importance of attitudinal barriers.

Yet, in the United States, physical access barriers were encountered more often compared to attitudinal barriers and thus represent the bigger barriers[3]. This was supported by another US study. Based on quantitative findings (Figure 188), it was suggested that American people with access needs encounter more physical than attitudinal barriers in all four tourism sectors that were investigated (food & beverage, accommodation, attraction and transportation sector)[4].

Figure 188 – Physical access and attitudinal barriers encountered in different sectors (United States)

Physical access barriers		Attitudinal barriers	
Eat/ Drink	83%	Eat/ Drink	66%
Accommodation	81%	Accommodation	65%
Attractions	78%	Attractions	56%
Transportation	67%	Transportation	55%

[1] Consiglio dei Ministri - Dipartimento della Gioventù (no date). Turisti Senza Ostacoli – Indagine Sull'Evoluzione Della Domanda E Dell'Offerta del Turismo Accessibile. Available at: http://www.unisa.it/uploads/2405/turisti_senza_ostacoli.pdf

[2] Vozikis, K.T. (2009). Are there accessible environments in Athens, Greece today? WSEAS Transactions on Environment and Development, Vol. 5 (7):488-497. Available at: http://www.wseas.us/e-library/transactions/environment/2009/29-523.pdf

[3] Van Horn, L. (2012). The United States: Travellers with Disabilities. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 65-78). Bristol, Channel View Publications.

[4] Card, J. A., Cole, S. T., & Humphrey, A. H. (2006). A Comparison of the Accessibility and Attitudinal Barriers Model: Travel Providers and Travelers with Physical Disabilities. Asia Pacific Journal of Tourism Research, 11, 161-175.

Similar results were obtained from a study in China (Figure 189) stating that people with access needs experience more physical access barriers than attitudinal barriers across four sectors[1].

Figure 189 – Physical access and attitudinal barriers encountered in different sectors (China)

Physical access barriers		Attitudinal barriers	
Transportation	3.07	Transportation	2.44
Accommodation	2.80	Accommodation	2.21
Eat/ Drink	2.89	Eat/ Drink	2.27
Attractions	3.41	Attractions	2.65

Note: The numbers in the table refer to the means of physical and attitudinal barrier levels, based on a 1 to 5 measurement scale, where 1 means few and 5 means many.

Given these contrasting opinions with regard to **physical access barriers versus attitudinal barriers**, there is a need to examine the situation for the European context, investigating which overall category of barriers (physical access barriers or attitudinal barriers) are experienced most often across the six main sectors (pre-travel/ information gathering stage, transit/ transportation, transport at the destination and access paths, accommodation sector, food and beverage as well as the attraction sector). Thus, the hypothesis is:

H33: Across all sectors, physical access barriers are encountered more often than attitudinal barriers.

The statistical analysis for this hypothesis revealed that H33 is not supported with the exception of one destination country (which is discussed below in further detail). Attitudinal barriers are encountered more often than physical access barriers by comparing the perceptions of individuals with different types of access needs (Figure 190).

Figure 190 – H33 Barriers: Cross-sector comparison: Physical access vs. attitudinal barriers by type of access need

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[1] Bi, Y., Card, J.A., & Cole, S.T. (2007) Accessibility and Attitudinal barriers encountered by Chinese Travellers with Physical Disabilities, International Journal of Tourism Research, 9:205-216.

Type of access need	Hypothesis supported	More important barriers	Barriers experienced
Mobility	No	Attitudinal barriers	14.8%
Senses	No	Attitudinal barriers	14.5%
Communication	No	Attitudinal barriers	15.7%
Behaviour	No	Attitudinal barriers	15.5%
Hidden	No	Attitudinal barriers	13.4%

By investing destination-specific differences, only Spain was identified as the country supporting the hypothesis. This means that visitors to Spain encounter more physical access barriers compared to attitudinal barriers. Yet, in most other cases, attitudinal barriers are encountered more often than physical access barriers (Figure 191).

Figure 191 – H33 Barriers: Cross-sector comparison: Physical access vs. attitudinal barriers by destination

Destination	Hypothesis supported	More important barriers	Barriers experienced
Belgium	No	Attitudinal barriers	16.7%
Bulgaria	No	Attitudinal barriers	20.0%
Croatia	No	Attitudinal barriers	23.9%
France	No	Attitudinal barriers	16.0%
Germany	No*	Physical access barriers	10.3%
Greece	No	Attitudinal barriers	17.4%
Ireland	No	Attitudinal barriers	20.8%
Italy	No	Attitudinal barriers	15.5%
Lithuania	No*	Attitudinal barriers	8.7%
Poland	No	Attitudinal barriers	18.2%
Slovenia	No	Attitudinal barriers	13.5%
Spain	Yes	Physical access barriers	8.9%
Sweden	No*	Attitudinal barriers	8.2%
The Netherlands	No	Attitudinal barriers	13.8%
United Kingdom	No	Attitudinal barriers	9.4%

Note: * The encounter frequencies of attitudinal barriers and physical barriers are not significantly different.

While reports from Spain underline that people with access needs were not treated adequately and with limited respect[1] [2], the findings from this current study draw attention to the need to focus on the removal of physical access barriers alongside changing attitudes of service providers.

In addition to investigating the relative importance of physical access barriers versus attitudinal barriers, it is also important to gain a more in-depth understanding of the frequency of barriers across all sectors, which is discussed next.

5.2.2.7.2   2nd cross-sector hypothesis: Frequency of barriers across all sectors

In order to be able to develop initiatives and set-up policies to reduce barriers in the tourism industry, it is essential to identify the sector where most barriers are experienced by people with access needs.

In this context, the desk research assisted in providing a preliminary overview of the frequency of barriers encountered in different countries and regions in and outside Europe.

Outside Europe, investigating the relative importance of barriers, it was found that in the United States, mobility-restricted individuals ranked the barriers encountered at the hotel bar, in eating/ and drinking establishments and at bus/ coach stations as the top three sectors where most barriers are experienced[3] (Figure 192).

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[1] Ministerio de Industria, Turismo y Comercio (no date). Decálogo de Buenas Prácticas en Accesibilidad Turística - Destinos y Recursos Culturales y Naturales. Available at: http://www.planaccesibilidadturistica.es/UserFiles/publicaciones/ficheros/Decalogo_de_Buenas_Practica_2.pdf
[2] Huesca González, A.Mª., & Ortega Alonso, E. (2005). Hábitos y actitudes hacia el Turismo de las Personas con Discapacidad Física. Available at: http://www.snr.gob.ar/uploads/TA-Otros-27-HabActhaciaelTURISMO-2da_edic-PREDIF.pdf
[3] Takeda, K., & Card, J.A. (2002). U.S. Tour Operators and Travel Agencies: Barriers Encountered When Providing Package Tours to People Who Have Difficulty Walking. Journal of Travel and Tourism Marketing 12, 47-61.

Figure 192 – Frequency of barriers encountered in different sectors (United States I)

Tourism Sectors	
Hotel Bar	80.8%
Eating/ Drinking Establishments	80.6%
Bus/ Coach station	80%
Accommodation (Hotels & Motels)	75.8%
Ship/ Port	69.2%
Train/ Train Station	69.2%

Concurring with another study from the US, the food and beverage sector is highlighted as the sector which entails the most barriers for people with access needs (Figure 193)[1]. Here, food and beverage establishments do not only represent the most problematic sector overall but also when comparing physical access barriers and attitudinal barriers.

Figure 193 – Frequency of barriers encountered in different sectors (United States II)

Physical access barriers		Attitudinal barriers	
Eat/ Drink	83%	Eat/ Drink	66%
Accommodation	81%	Accommodation	65%
Attractions	78%	Attractions	56%
Transportation	67%	Transportation	55%

[1] Card, J. A., Cole, S. T., & Humphrey, A. H. (2006) A Comparison of the Accessibility and Attitudinal Barriers Model: Travel Providers and Travelers with Physical Disabilities. Asia Pacific Journal of Tourism Research, 11, 161-175.

Yet, in contrast to the American studies discussed above, research conducted in China revealed that people with access needs encounter most barriers in the attraction sector. This result is also consistent when comparing physical access barriers and attitudinal barriers (Figure 194)[1].

Figure 194 – Frequency of barriers encountered in different sectors (China)

Physical access barriers		Attitudinal barriers	
Transportation	3.07	Transportation	2.44
Accommodation	2.80	Accommodation	2.21
Eat/ Drink	2.89	Eat/ Drink	2.27
Attractions	3.41	Attractions	2.65

Note: The numbers in the table refer to the means of physical and attitudinal barrier levels, based on a 1 to 5 measurement scale, where 1 means few and 5 means many.

Summarising the discussion above, it can be stated that sectors where most barriers are encountered vary according to different geographical contexts. In order to provide a comprehensive analysis for the European situation, the following hypothesis is established to offer insights into **different levels of frequency of barriers experienced in different tourism sectors**:

H34: People with access needs encounter different levels of frequency of barriers across key tourism sectors (accommodation, food and beverage, attractions and transportation).

 After finalising the statistical testing, H34 is supported. People with access needs encounter different levels of frequency of barriers across key tourism sectors. Barriers experienced in the transport (at the destination) stage are encountered more often compared to other sectors, particularly for individuals with mobility, sensory, behavioural and hidden limitations (Figure 195). This is supported by an Italian study reporting that the main barriers can be found in transport-related sectors[2]. Particularly the distances between service offerings including access to transportation heavily reduce the possibilities for all citizens and the autonomy of people with special

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[1] Bi, Y., Card, J.A., & Cole, S.T. (2007). Accessibility and Attitudinal barriers encountered by Chinese Travellers with Physical Disabilities, International Journal of Tourism Research, 9:205-216.
[2] Tournour-Viron, P. (2010). Is Italy an accessible destination? The opinion of foreign tour operators, suggestions to increase the flows according to the data from TTG Italy Observatory. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at: http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

access needs[1]. This means that a failure to ensure accessible transport and access paths at the destination leads to the exclusion of people with access needs. It is thus not only necessary that hotels and attractions are accessible as attention also needs to be paid to the links between these service offerings regardless of the distance between different establishments. As transport is a major facilitator of social participation[2], barriers inherent in this sector have to be addressed in the short-term.

Yet in contrast, for people with communication impairments, transit is the stage where they face the most barriers. This might be attributable to the lack of alternative means of communication tools and devices (e.g. in airports, rail or coach stations) and/ or the information provided by organisations in the transit stage being perceived as too complex.

Figure 195 – H34 Barriers: Cross-sector comparison: Frequency of barriers by type of access need

Type of access need	Hypothesis supported	Sector with most barriers	Barriers experienced
Mobility	Yes	Transport at destination	12.6%
Senses	Yes	Transport at destination	12.1%
Communication	Yes	Transit	13.4%
Behaviour	Yes	Transport at destination	13.3%
Hidden limitations	Yes	Transport at destination	12.0%

While transport (at the destination) is the sector where most barriers are experienced by people with access needs, accommodation establishments are found to represent the sector with the least barriers. This opposes findings from other studies. For example, looking at the European context, in

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[1] Consiglio dei Ministri - Dipartimento della Gioventù (no date). Turisti Senza Ostacoli – Indagine Sull'Evoluzione Della Domanda E Dell'Offerta del Turismo Accessibile. Available at: http://www.unisa.it/uploads/2405/turisti_senza_ostacoli.pdf
[2] Economic and Social Commission for Asia and the Pacific (2003). Barrier-free Tourism for People with Disabilities in the Asian and Pacific Regions, United Nations, New York. Available at: http://www.unescap.org/ttdw/Publications/TPTS_pubs/pub_2316/pub_2316_tor.pdf

all sectors, accommodation appears as the main concern due to different European interpretations of what counts as an 'accessible' hotel[1].

In addition to the different perceptions held by people with different access needs, opinions with regard to the sector that entails most barriers also vary with regard to the destination context (Figure 196).

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[1] Kreiter, J.N. (2010). A holiday for all from the perspective of a tourist with disabilities. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at: http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

Figure 196 – H34 Barriers: Cross-sector comparison: Frequency of barriers by destination

Destination	Hypothesis supported	Sector with most barriers	Barriers experienced
Belgium	Yes	Food and beverage	12.5%
Bulgaria	Yes	Information	18.9%
Croatia	Yes	Attractions/Activities	8.4%
France	Yes	Transport at destination	15.4%
Germany	Yes	Transport at destination; Accommodation	10.9%
Greece	Yes	Attractions/Activities	14.9%
Ireland	No*	Accommodation	16.0%
Italy	Yes	Attractions/Activities	11.5%
Lithuania	Yes	Transit; Transport at destination	10.9%
Poland	Yes	Attractions/Activities	13.2%
Slovenia	No*	Transport at destination	8.1%
Spain	Yes	Transport at destination	12.4%
Sweden	No*	Food and beverage	10.3%
The Netherlands	Yes	Accommodation	9.2%
United Kingdom	No*	Accommodation	9.4%

Note: * The frequencies of barriers encountered across sectors are not significantly different.

Summarising the table above, transport at the destination is the sector where most barriers are encountered for destinations such as France, Germany, Lithuania, Slovenia and Spain. This is partially supported by a study conducted in Spain where it was highlighted that transport represents the second most important sector where respondents felt that they were treated badly or very badly[1].

In contrast, destination countries such as Germany, Ireland, the Netherlands and the United Kingdom need to work further in reducing obstacles in the accommodation sector. This coincides with research from the UK, indicating that the lack of accessible accommodation (mean score of 3.99) ranks highest followed by no accessible transportation at the destination (mean score of 3.94), no accessible transport to get to the destination (mean score of 3.93) and inaccurate information on accessibility (mean score of 3.91) [2]. Thus, it is the accommodation sector that is perceived as containing the most obstacles in a holiday environment.

Visitors to Belgium and Sweden experience most barriers in the food and beverage sector, whereas tourists holidaying in Poland, Italy, Croatia and Greece encounter most obstacles and difficulties with the attractions sector. The latter can be explained by the fact that these destination countries rely heavily on nature-based attractions and activities such as beach tourism, where people with access needs most frequently encountered barriers (see section 5.2.2.6 – barriers encountered with attractions/ activities).

Having identified and discussed the frequency of barriers encountered in different tourism sectors, the final cross-sector analysis deals with one specific access element that was reported as a barrier throughout almost all sectors.

5.2.2.7.3 3rd cross-sector hypothesis: Inaccessible toilets as most important barrier across all sectors

The desk research covering studies from European and non-European countries has identified the lack of accessible toilets as a key barrier throughout all sectors.

For the transit stage, numerous studies have highlighted that the lack of accessible toilets represents a major barrier at airports as well as for low-cost and standard airlines which causes

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[1] Huesca González, A.Mª., & Ortega Alonso, E. (2005). Hábitos y actitudes hacia el Turismo de las Personas con Discapacidad Física. Available at: http://www.snr.gob.ar/uploads/TA-Otros-27-HabActhaciaelTURISMO-2da_edic-PREDIF.pdf

[2] Buj, C. (2010). Paving the way to accessible tourism. International Centre for Responsible Tourism, Leeds Metropolitan University, Leeds, UK. Available at: http://turismo-sostenible.net/Paving%20the%20way%20to%20accessible%20tourism-Carlos%20Buj.pdf

many difficulties and obstacles for people with access needs[1] [2] [3]. Similar results were obtained from an assessment of the effectiveness of the 'Access to Air Travel for Disabled People – Code of Practice' in the UK, which has highlighted that in-flight services such as toilets and assistance in reaching toilets were not always provided by airlines[4]. Equally, motorway service stations create concern with regard to accessible bathrooms[5].

In the accommodation sector, inaccessible toilets and bathrooms were emphasised by articles and reports conducting research in the United States[6] [7], Australia[8] and Israel[9]. Within Europe, a qualitative research study from Austria also confirms the importance of an accessible bathroom and toilet as the most significant aspect in the accommodation sector[10].

In Germany, research has shown that many people refrain from visiting restaurants due to the lack of accessible toilets in the food & beverage sector[11].

The attractions sector portrays a similar situation with regard to the failure to provide accessible toilet facilities. For example, outside Europe, a study investigating the accessibility of various museums in Rio de Janeiro, noted poorly adapted bathrooms (if adapted at all) among the principal

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[1] Darcy, S., & Ravinder, R. (2012). Air Travel for People with a Disability. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 207-221). Bristol, Channel View Publications.

[2] Darcy, S. (2007). Improving Airline Practices by Understanding the Experiences of People with Disabilities. Travel and Tourism Research Association - TTRA. Charlottetown, Canada, TTRA, 17.- 20. October 2007.

[3] Chang, Y.C. & Chen, C.F. (2012). Meeting the needs of disabled air passengers: Factors that facilitate help from airlines and airports, Tourism Management, 33:529-536.

[4] Sentinella, J. (2006) Access to Air Travel for Disabled People: 2005. Monitoring study. Department for Transport, Mobility and Inclusion Unit. Available at:
http://www.accessibletourism.org/resources/2_access_air_travel_trl_monitoring_en.pdf

[5] Masala, D. (2010). Tourism for all and people with intellectual disabilities from a families point of view. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at:
http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

[6] Turco, D.M., Stumbo, N.J., & Garncarz, J. (1998). Tourism Constraints for People with Disabilities. Parks and Recreations, 33, 78-84.

[7] Van Horn, L. (2012). The United States: Travellers with Disabilities. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 65-78). Bristol, Channel View Publications.

[8] Darcy, S. (2002). Marginalised Participation: Physical Disability, High Support Needs and Tourism. Journal of Hospitality and Tourism Management, 9, 61-72.

[9] Poria, Y., Reichel, A., & Brandt, Y. (2011). Dimensions of hotel experiences of people with disabilities: An exploratory study, International Journal of Contemporary Hospitality Management, 23(5):571-591.

[10] Hitsch, W. (2005). Probleme, Risiken und Chancen des barrierefreien Tourismus. Institut für Unternehmensführung, Tourismus und Dienstleistungswirtschaft, Fakultät für Betriebswirtschaft der Leopold-Franzens-Universität Innsbruck. Available at: http://www.ibft.at/ibft/doc/Diplomarbeit%20-%20Barrierefreies%20Reisen.pdf

[11] BMWi (Ed.) (2010). Wirtschaftsfaktor Alter. Faktenblatt 4. Available at:
http://www.bmwi.de/BMWi/Redaktion/PDF/Publikationen/wirtschaftsfaktor-alter-faktenblatt-4-barrierefreiheit,property=pdf,bereich=bmwi,sprache=de,rwb=true.pdf

barriers encountered in this part of the attraction sector[1]. In contrast, examples can be found for Europe where progress has been made in terms of the accessibility of museums. For example in Genoa/ Italy, many museums offer accessible toilets[2]. Understandably, the National Disability Authority of Ireland argues that accommodating accessible toilets in historic buildings is more challenging compared to 'standard' buildings[3].

Also with regard to nature-based activities in Spain[4] and sport facilities[5] in general, the lack of accessible toilets represents a major obstacle preventing people with access needs engaging and enjoy this part of the tourism offer at destinations. Particularly with regard to beach holidays, reports call for more accessible toilets at beaches to be made available[6]. This is important as bathrooms with accessible toilets are mentioned as the first element that needs to be in place in order to remove existing architectural barriers in Italy[7].

The examination of the importance of accessible toilets and bathrooms across different sectors has emphasised that 'accessible toilets are a "must"' (p.314)[8]. In order to test this assumption empirically, the hypothesis is:

> H35: The lack of accessible toilets is the most important barrier encountered by people with access

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[1] Cohen, R., Rose de Siqueira Duarte, C., de Barros Horizonte Brasileiro, A., & Rogrigues de Melo, N. (2012). Tourism in Brazilian Cities: Accessibility Condition for Museums declared as Historic Patrimony in Rio de Janeiro, Brazil. Available at: http://www.transed2012.in/Common/Uploads/Theme_C_Session_1_Regency_III/346-paper_transedAbstract00155.pdf

[2] Coop. Sociale La Cruna (2008). Genova per tutti noi – a guide for tourism without barriers. Ambient Intelligence System of Agents for Knowledge-based and Integrated Services for Mobility impaired users (ASK-IT), Genova, Italy. Available at: http://www.lacruna.com/amministra/media/9.pdf

[3] National Disability Authority (NDA) (2012). Access - Improving the Accessibility of Historic Buildings and Places. Government of Ireland. Available at: http://www.nda.ie/website/nda/cntmgmtnew.nsf/0/911AA8C52EA2A0D98025798700303E93/$File/Access_Improving_accessibility_Historic_Buildings_and_Places.pdf

[4] Hernández Galán, J. (2012). Accessible Tourism in Spain: Arona and Madrid. IN D. Buhalis, S. Darcy & I. Ambrose (Eds.) Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism, (pp. 310-321). Bristol, Channel View Publications.

[5] Kreiter, J.N. (2010). A holiday for all from the perspective of a tourist with disabilities. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at: http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

[6] Ministerio de Industria, Turismo y Comercio (no date). Decálogo de Buenas Prácticas en Accesibilidad Turística - Destinos y Recursos Culturales y Naturales. Available at: http://www.planaccesibilidadturistica.es/UserFiles/publicaciones/ficheros/Decalogo_de_Buenas_Practica_2.pdf

[7] Faccin, M. (2012). Analisi dell'evoluzione del concetto di accessibilità nel turismo. Università Ca'Foscari Venezia, Venice, Italy. Available at: http://dspace.unive.it/bitstream/handle/10579/2036/834819-1163227.pdf?sequence=2

[8] Kreiter, J.N. (2010). A holiday for all from the perspective of a tourist with disabilities. IN IsITT – Istituto Italiano per il Turismo per Tutti (ed.) Viaggiare senza limiti: il turismo per tutti in Europa. Available at: http://www.turismabile.it/file/lib/files/viaggiare_senza_limiti_web.pdf

needs across all sectors.

The hypothesis testing procedure has revealed that H35 is partially supported. Accessible toilets and bathroom facilities are perceived as more important compared to 28 out of 36 aspects of a destination (Figure 197).

Figure 197 – H35 Barriers: Cross-sector comparison: Importance of barriers by type of access need

Type of access need	Hypothesis supported	Most important aspect	Importance score
Mobility	Partially (28/36)	General value for money of the destination	4.39
Senses	Partially (27/36)	General value for money of the destination	4.36
Communication	Partially (28/36)	General value for money of the destination	4.40
Behaviour	Partially (28/36)	General value for money of the destination	4.36
Hidden limitations	Partially (28/36)	General value for money of the destination	4.40

In particular, accessible toilets and bathroom facilities are perceived as the most important aspect in Sweden (Figure 198), while they are relatively less important in Ireland, Germany and the Netherlands. With an average importance score ranging from 4.0 for the Netherlands to 4.6 for Poland (Annex O), it is suggested that all sectors must strengthen their efforts to improve the availability of toilets and bathrooms as an indispensable element for people with access needs when being on holiday.

Figure 198 – H35 Barriers: Cross-sector comparison: Importance of barriers by destination

Destination	Hypothesis supported	Most important aspect	Importance score
Belgium	Partially (11/36)	Nature	4.40
Bulgaria	Partially (20/36)	Nature	4.35
Croatia	Partially (15/36)	General value for money of the destination	4.46
France	Partially (15/36)	General value for money of the destination	4.40
Germany	Partially (8/36)	General value for money of the destination	4.47
Greece	Partially (16/36)	Nature	4.70
Ireland	Partially (7/36)	General value for money of the destination	4.57
Italy	Partially (20/36)	General value for money of the destination	4.58
Lithuania	Partially (10/36)	Nature	4.52
Poland	Partially (34/36)	General value for money of the destination	4.60
Slovenia	Partially (19/36)	Food and drink available at destination	4.27
Spain	Partially (21/36)	General value for money of the destination	4.46
Sweden	Yes (36/36)	Accessible toilet and bathroom facilities	4.48
The Netherlands	Partially (9/36)	How tourists are treated	4.15
United Kingdom	Partially (20/36)	General value for money of the destination	4.36

As can be seen from the table above, respondents also stressed the general value for money. It can be argued that this is not different compared to the population without explicit access needs as during times of economic downturn and recessions, individuals pay closer attention to what they get for their money spent. Recent news stories highlight that tourism to Ireland has significantly improved by giving value for money, which also leads to tourists being more willing to recommend the destination to friends and family members[1].

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[1] TheJournal.ie (2013) Ireland getting better in offering value for money, say tourists. Available at: http://www.thejournal.ie/ireland-value-for-money-tourism-878516-Apr2013/

6 Task 4 - Estimate of the current and future economic contribution of accessible tourism

6.1 Task - 4a Stakeholder consultation

6.1.1 Methodology

The consultation of stakeholders is a qualitative approach and an additional tool to complement the survey's quantitative approaches. The main aims are:

- Gathering information regarding the current impact of the demand for accessible tourism
- Surveying means and tools of relevant service providers in product development and marketing
- Contributing to the definition of success factors and recommendations
- Refining the definition of the three possible future scenarios to be used in the surveys.
- Last but not least, the stakeholder consultation plays an important role in reaching and informing key influencers in tourism about the project itself and Accessible Tourism in general.

6.1.1.1 Focus groups

Two focus groups have been conducted. The first one in Luxembourg was a preliminary one in order to test the questions and the procedure. This first focus group was organised within the European Grundtvig workshop: "EMPOWER - MUNICIPALITIES ENABLING THE CITIZENS" on May 12th 2013. The members of the focus group represent 10 countries (Figure 199). Their common interest was accessibility and Design for All although from different perspectives: some as public servants in local administrations, some as disability NGOs members, some as tourism professionals, some as design professionals (industrial design, ergonomists, architects, engineers) and tourism agencies employees.

Figure 199 - Pre-focus group participants

	Name	First Name	Country	Sector
Mr	Boussemaere	Wim	Belgium	Disk Jockey (blind)
Mr	Masson	James	Belgium	Travel Agency Employee
Mrs	Mihaleva	Radostina	Bulgaria	Personal interest in accessibility
Ms	Vinšová	Jana	Czech Republic	Designer
Ms	Abidini	Loreta	Greece	Local administration
Mrs	Gkolfinopoulou	Maria	Greece	Local administration
Mrs	Grigoropoulou	Despoina	Greece	Local administration
Mrs	Kanellopoulou	Despina	Greece	Marketing expert
Mrs	Paliotheodorou	Georgia	Greece	Local administration
Mr	Lucchini	Lorenzo	Italy	Architect
Mrs	Orlandi	Daniela	Italy	Architect
Ms	Steffan	Isabella Tiziana	Italy	Architect
Mr	Sagramola	Silvio	Luxembourg	NGO
Mr	Breuer	Yannick	Luxembourg	NGO
Mr	Zandstra	Christiaan	Netherlands	Cultural Heritage student (wheelchair user)
Mr	Dankovic	Vidan	Serbia	Accessibility expert
Mr	Počuč	Miodrag	Serbia	Traffic Engineer (hearing impaired)
Ms	Rudić Počuč	Bojana	Serbia	NGO
Mrs	Marković	Ivana	Serbia	Sign language interpreter
Ms	Bonet Pedrol	Imma	Spain	NGO
Mr	Yontar	Ahmet Alper	Turkey	Engineer

The IVth International Congress of Tourism for All in Avila (27 June 2013) provided an excellent opportunity to conduct a focus group with experts from many fields in Tourism for All. Many experts from different countries and different branches gathered in one place.

The focus group duration was approximately two hours, and yielded an in-depth discussion amongst the participants on a wide range of aspects of accessible tourism.

Figure 200 presents the list of participants. The discussion guide is available in Annex P.

To investigate certain aspects at a deeper level the participants agreed to comment further on the three future scenarios by e-mail (see below).

Figure 200 - Focus group participants

Name	Institution	Type
Tatiana Aleman	Predif, Spain	Tour Operator
Veroniek Maat	Accessible Travel Netherlands	Tour Operator
Ana Garcia	Accessible Portugal	Tour Operator
Blanka Cros	Catalunya Turisme Cultural i de Lleure, Spain	Destination Manager Tour Operator
Diego Gonzales	Catalunya Turisme Cultural i de Lleure, Spain	Consultant
Carolina Vicens	Mallorca for All, Spain	Tour Operator
Imma Bonet	Design for All Foundation	Stakeholder Organisation
Rüdiger Leidner	Nationale Koordinationsstelle Tourismus für Alle e.V. (NatKo), Germany	Stakeholder Organisation
Magnus Berglund	Scandic Hotels, Sweden	Hotel Manager
Ivor Ambrose	European Network for Accessible Tourism	Stakeholder Organisation
Danny Silva	eCALYPSO.eu	Tour Operator
Annagrazia Laura	Consorzio Sociale COIN Società Cooperativa Sociale, Italy (President of ENAT)	Stakeholder Organisation
Silvio Sagramola	European Disability Forum	Stakeholder Organisation
Pete Kercher	EIDD - Design for All Europe	Stakeholder Organisation
Clara Mineiro (face to face communication only)	Cultural Heritage Portugal	Service supplier

6.1.1.2 In-depth-interviews (IDIs)

The stakeholder consultation included not just the focus groups, but in-depth interviews (IDIs) additionally. Indeed, these two approaches are complementary. IDIs were preferred for stakeholders for whom confidentiality is important (e.g. economic operators) or for experts who could not join the focus group.

11 IDIs were conducted with stakeholders in 10 countries:

• Austria
• Belgium
• Bulgaria
• Czech Republic
• Denmark
• Germany
• Italy
• Romania
• Spain
• Sweden

The stakeholders come from the following branches:

• Advocacy group (6 x)
• Information organisation (2 x)
• Marketing organisation (1 x)
• Public body (1 x)
• Service provider (1 x)

The interviews were carried out by telephone with a semi-structured questionnaire. Each interview lasted around 20 minutes. The interviews were conducted by highly trained and experienced interviewers.

Semi-structured interviews were conducted with a fairly open framework which allow for focused, conversational, two-way communication. Unlike the traditional questionnaire framework, where detailed questions are formulated ahead, semi structured interviewing starts with more general questions or topics. Relevant topics are initially identified and the possible relationship between these topics becomes the basis for more specific questions which do not need to be prepared in advance. The majority of questions were created during the interview, allowing both the interviewer and the person being interviewed the flexibility to probe for details or discuss issues.

6.1.2 Results

The following findings result from both the focus groups and the in-depth-interviews. They are grouped by the most important branches of interest.

6.1.2.1 Associations with accessible tourism

Most stakeholders have a formal definition that they use for "accessible tourism". This definition tends to put accessible tourism in a positive context. Definitions of accessible tourism put forward by focus group participants and interview partners include the following aspects:

• Making tourism possible for everybody

• Equal opportunities – including financial opportunities – for everybody

• Respect for diversity – including gender questions

• Reliable Information

• Adapting services offered to each guest

However, some stakeholders express a concern that the term "accessibility" is (too) strongly connected with "disabilities".

Some stakeholders (in particular the tourism providers) do not know the meaning of "accessible tourism" and need additional explanations. Likewise, the term "Tourism for All" had a lower level of comprehension among some stakeholders, especially tourism operators. One of the focus group participants with limited understanding of the two terms suggested that alternatively terminology would be more appropriate and understandable: "If you want to convince someone, better use other words".

Despite these slight concerns regarding comprehension, the term "accessible tourism" is widely accepted among professionals, as they recognise its potential in terms of driving a specific tourism market: "'Accessible tourism' can be a brand, though it has not yet found its meaning".

6.1.2.2 Product development and marketing

In general, the stakeholders clearly favour a mainstream approach of accessible tourism instead of a special interest approach for disabled guests.

"Interesting attractions should be first of all interesting and then accessible".

A summary of opinion is that all services should be available for all guests, so that no special offers for disabled people are needed. However, the view is also expressed that the lack of information at present about accessible services at the destination requires that some specialised agents provide this information in order to build relations between clients and providers (especially when disabled people travel in group).

The stakeholders do not perceive that elderly people have any special requirement as a target group, but acknowledge that elderly people are more likely than younger tourists to request improved access.

Business-to-business relationships must be established and fostered in order to provide guests with consistency along the service chain. In addition, co-operation helps providers to learn from each other and strive for continuous improvement in the delivery of client satisfaction, while keeping up with the offers of rival companies.

"We should have also in mind that there will not always be people available to deliver assistance services. Therefore, environments where elderly people can be as autonomous as possible is a must".

Due to the importance of considering the whole service chain, accessible tourisms needs both political and public support. Some elements of the service chain, such as public transport and public infrastructure, will not be improved by private enterprises, but rather by public authorities. With this in mind, legislation and its enforcement are required.

6.1.2.3 Motivations

Enjoying holidays is the main need for consumers of tourism services, and the stakeholders agree on the social necessity to care for all members of the society.

However, profitability is an important driver and motivational factor for tourism service providers (destination manager, tour operators, hotel manager). Even the stakeholders with a social background (advocacy groups) tend to bring the financial argument forward.

6.1.2.4 Success factors and recommendations

The stakeholders identified the following success factors to support accessible tourism:

- Political and public support
    - Enhancing public-private-cooperation
    - Direct financial support
    - Harmonisation of standards and legislation
- Encouraging service providers to invest in accessible tourism
- Identifying and disseminating success cases
- Training of staff and decision makers. "Hotels or services providers who show a willingness to learn or treat a guest as well as possible are more likely to have a returning guest, regardless of the ability of the guest." Employment of disabled people in tourism. "Employ people with disabilities and you create customers".
- Communication with the guests:
    - Detailed and reliable information is important

- Demands are very individual. "Once, we had 140 guests in wheelchairs, but just 10 rooms for disabled guests. Many travellers with disabilities don't need rooms for disabled guests".
  - Learning from guests and from team members: trained staff are aware of the guests' demands and often are able to find good solutions themselves
- Product development:
  - Develop accessible tourism step by step, beginning with an inventory of the current offer in order to better understand any shortfalls in the offer. "We collected all accessible offers and grouped them".
  - Think about the diversity and flexibility of your guests. "Through experience, people with access needs are more open to diversity and challenge than the organisations that passionately defend them."

6.1.2.5 Economic meaning and potential impact

The stakeholders agreed that accessible tourism is profitable, whether taking the definition of 'special interest tourism' for disabled guests (example of a winter sport resort) or understood as 'mainstream tourism' (example of Scandic Hotels). Even under the present conditions, accessible tourism may bring a return on investment within the first year. At present, tourism service providers in general do not fully realise that many disabled or elderly guests have a lot of money.

However, some stakeholders stress the social facet of accessible tourism and insist on including social tourism for travellers with little money in order to fully embrace the concept of "Tourism for All".

Looking to the future, the stakeholders expect that this market will grow and there is a growing acceptance of accessible tourism due to the demographic change that will push the market.

As a further note, one stakeholder underlined that accessibility may primarily assist the decision to travel but without a diverse and qualified offer, no tourism business can thrive.

6.1.2.6 Scenario Analysis

The comments on the single scenarios (including the additional feedback received by e-mail) can be summarised as follows:

Scenario 1: "At the destination some buildings are made accessible, but not all of them. Some of the hotels, restaurants and museums have been adapted for access needs, but no other services – such as wheelchairs – are available."

- The general view was that this scenario is more or less identical to the reality of many tourist destinations today.
- People with access needs will travel less or seek out trusted locations rather than new destinations.

- Since information is not always available and/or not reliable, it becomes harder to decide whether or not to travel.
- Such a scenario would not change the spending habits of a traveller. Rather it will influence their choices. Such a location will most likely be dismissed as an option.
- Most services providers have a lack of training and hence no good offers.
- In conclusion, the customers' needs are not sufficiently fulfilled.

Scenario 2: "At the destination, most buildings are made accessible. Most of the hotels, restaurants and museums are adapted for access needs, and some services – like wheelchairs, visual and hearing aids – are available."

- This scenario comes closer to the concept of Tourism for All.
- This scenario will enlarge the potential market to a certain extent, and would enlarge it further with additional investments in infrastructure.
- Factors that will have a particularly positive impact on increasing demand include:
  - Accessibility of visiting cultural sites
  - Accessibility of hotels of 3 stars or less
  - Provision of additional information about accessibility
- However, since a number of buildings and transport service are not accessible, this might constrain their tourism experience or travel pattern. The tourist with access needs would still be required to spend more money to assure quality.
- Depending on the level (hotels stars) of adapted facilities, this destination will attract different segments. For example, a destination where the most accessible buildings are relatively expensive hotels rather than cheaper hotels may be more attractive to older people with more disposable income, but it may still be an unattractive offer to tourists with more severe access needs and limited income resources.
- Since not all the service chain elements are better adapted or made more user-friendly, this might require additional costs which may not be planned in the organizational phase of the travel, but will be faced by the tourist while at the destination, thus compromising the overall satisfaction for the whole trip.
- A better training of tourism sector staff will improve the relationship with the customer, and lead to a more satisfactory experience for the customer.
- The fidelity of tourists will increase, and the positive image of the destination will be enhanced too. This means that the destination will become more attractive and the tourism offer there will become more competitive.

Scenario 3: "At the destination, almost all buildings are made accessible. Almost all of the hotels, restaurants and museums are adapted for access needs, and many services – like wheelchairs, visual or hearing aids, medical services, dedicated personal assistants etc. – are available."

- Obviously such a destination offers comfort and trust to the tourist. The likely impact is to have a high average of return guests/visitors, thus ensuring sustainability, provided that the destination has an attractive and constantly renewed offer.
- Tourists with access needs will not be treated differently from any other tourist. We are not talking about tourist with special needs, or disabled tourist, or accessible tourism, because the accessibility is already everywhere. Therefore, the offer of Scenario 3 closes matches the concept of Tourism for All.
- Persons with disabilities will certainly travel more frequently and thus would spend more money.
- If all accommodation, transport systems within and to/from the destinations and the tourist sites would really be accessible, tourists with access needs would have to spend less to guarantee a good experience.
- Accessibility should be available on all service levels when it comes to travel costs (hostels, 3 star hotels, 4 star hotels etc.)
- The likely impact is to have a high average of return guests
- There are 80 million people who are disabled or with reduced mobility in the EC. All of them would be a potential tourist to this destination, and so this tourist destination will increase its competitiveness and income.
- Accessibility then, will be always part of the design, management and in any of the tourist resources /services /offer. They will use the same commercialisation channels (they will be for both customers with special needs or not), so the demand will increase significantly.

The comments made by the stakeholders were very useful for the team to refine the scenarios and to formulate and support the hypotheses formulated for this study.

6.1.2.7 Conclusion

Focus groups and in-depth-interviews with experienced stakeholders show that:

- Accessible tourism is considered a business opportunity but there is a lack of coordination, particularly between the public and private sector.
- Accessibility is mainly understood as a feature for disabled guests and almost never understood as a plus in comfort and service and, therefore, not used in marketing and advertising.
- Product development and marketing is mainly targeted only to disabled people.
- For the tourism business, political and financial support, awareness raising and activation of service providers are important drivers
- For the guest, reliable information on accessible offers and services is a key factor for success

6.2   Current economic contribution

6.2.1 Methodology

6.2.1.1   Direct economic contribution estimation

The rationale of estimating the economic contribution of accessible tourism can be described as below:

Direct economic contribution =

daily spending × length of stay × people with access needs × travel propensity × travel frequency

From the formula above, it is apparent that the key indicator to be considered is the spending by travellers. Briefly speaking, the economic contribution is the tourism demand in monetary terms.

The first two parameters, daily spending and length of stay, dictate a traveller's spending per trip. Although secondary data on tourist expenditure may be available regarding generic tourism, figures for the accessible tourism are not available. For the current project, the daily spending and length of stay figures were gathered from an online survey conducted in the 12 representative countries. Specifically, this information can be extracted from:

Q18. We will now ask you about your travel budget.

Thinking of your most recent trip, how much money did you spend per person on the following items?

Please write down your destination and the number of nights you spent at your destination.

Please give an amount for each category in [CURRENCY]. If you are unsure about the answer, please give your best estimate.

In the estimation of economic contribution, the other three parameters, i.e., people with access needs, travel propensity and travel frequency, are the backbone of demand estimation. The sources and methods for demand estimation have been explained in Section 3.2.

6.2.1.2   Total economic contribution estimation – indirect and induced effects

Apart from the direct economic contribution generated by directly serving the accessible tourism market, there are secondary effects incurred.

As with any economic contribution estimation, two types of secondary effects are identified, namely the indirect effect and the induced effect. Indirect effect means the changes in income and employment within the destination in backward-linked industries supplying goods and services to tourism businesses. For example, the increased revenue of local farms resulting from supplying fruits and vegetables to hotels are an indirect effect of tourist spending. Induced effect means the increased sales within a destination from household spending of the income earned from tourism

and its supporting sectors. Such income is spent by tourism employees on other consumer goods and services or housing. This generates additional income and employment throughout the destination's economy.

Therefore, via the indirect and induced effects that help to circulate the revenue of tourism businesses, one euro received by the accessible tourism operators can benefit the whole economy by more than one euro.

The rationale of total economic contribution estimation is as follows:

Total of direct and indirect contribution = direct economic contribution ✕ indirect multiplier

Total of direct, indirect and induced contribution = direct economic contribution ✕ induced multiplier

The multipliers are derived from the input-output tables, which are collected from Eurostat[1]. The idea of an input-output table is to track the inputs used in the producing different categories of products. For example, a restaurant uses such inputs as food & beverage, utilities (water, electricity, gas etc.), transport (or logistics), and so on. Hence, via the supply chain linkage the revenue earned by the restaurant is channelled to other industries providing supplies to the restaurant, and is magnified across all industries in the economy.

The derivation of multipliers follows standard procedures, which involve matrix operation. A more detailed explanation of the methodology is provided by the Eurostat Manual of Supply, Use and Input-Output Figures[2] (pp.497-506) and the Input-Output Methodology Guide by the Scottish Government[3] (pp.22-26). A brief technical description is provided in Annex Q.

Specifically, in this task three major contributions were investigated, namely the contribution in terms of output, gross value added and employment. Basically, output consists of those goods or services that are produced within an establishment that become available for use outside that establishment, plus any goods and services produced for own final use[4]. Gross value added (GVA) is the value of output less the value of intermediate consumption; it is a measure of the contribution to GDP made by an individual producer, industry or sector[5]. As a component of GDP, gross value added of the total economy usually accounts for more than 90% of GDP. The difference between GVA and GDP

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[1] http://epp.eurostat.ec.europa.eu/portal/page/portal/esa95_supply_use_input_tables/data/workbooks
[2] http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-RA-07-013/EN/KS-RA-07-013-EN.PDF
[3] http://www.scotland.gov.uk/Resource/Doc/919/0116738.pdf

[4] http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-RA-07-013/EN/KS-RA-07-013-EN.PDF, p.569.

[5] http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-RA-07-013/EN/KS-RA-07-013-EN.PDF, p.558.

is the taxes and subsidies on products[1]. Conceptually, both GVA and GDP measure the same value added (or net output) in an economy over a certain period. In the following sections, the contribution in terms of GVA will be presented alongside the output contribution and employment contribution, whilst the contribution in terms of GDP were presented in the text as a supplement to the GVA figures. Output, gross value added (GVA) and GDP are all measured in monetary terms, while employment is measured in terms of persons.

For the three terms of contribution, both the indirect and the induced effects were estimated. Hence the total set of contribution figures includes six indicators.

6.2.1.3 Effect of travel companions

As discussed in Section 3.2.2.2, there is an urge to quantify the 'multiplication' effects generated by travel companions.

The data is available from the survey questionnaire, specifically

Q18. We will now ask you about your travel budget.

Thinking of your most recent trip, how much money did you spend per person on the following items?

Please write down your destination and the number of nights you spent at your destination.

Please give an amount for each category in [CURRENCY].If you are unsure about the answer, please give your best estimate.

The respondents were asked to fill in 'the number of people who travelled with you (excluding yourself)'. This directly indicates the number of companions.

To calculate the average number of companions at country level, the answers to the question right above were taken simple average for a specific group (with disabilities, or elderly) of a specific country.

To calculate the number of companions at the EU level, the numbers at the country level were taken weighted average, with the weights being the corresponding current tourism demand. Equivalently, this means the calculation is the ratio between the total number of people (including the people with

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[1] The sum of GVA at basic prices over all industries plus taxes on products minus subsidies on products gives gross domestic product (GDP).
http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Glossary:Value_added

access needs and their companions) within the EU27 countries who go out to travel, and the total number of trips (i.e., tourism demand) they conduct.

6.2.2 Results

The following sections report the results of economic contribution estimation at the EU regional level, together with some key comparisons among individual member states. With regard to the full results about each EU country, a detailed summary is provided in Annex T.

6.2.2.1 Direct economic contribution

The daily spending figures and the average length of stay figures, as derived from Q18 of the survey questionnaire, are presented in Figure 201 to Figure 203.

At the EU level, the average day trips spending amounts to about €80.

For overnight trips, as spending on accommodation has to be considered, the daily spending tends to be above €100. Another dimension that needs attention is the length of stay. From Figure 201, it is apparent that the overnight trips to intra-EU destinations (about 10 days) take longer than those within the home country (about 7 days). Hence the spending per overnight trip within the home country stands at about €700, whereas the figure for intra-EU overnight trip is about €1,100.

Comparing both groups of people with access needs, it is not surprising to see that the elderly population has more spending power than the people with disabilities.

At the country level, among the people with disabilities (Figure 202), those from Cyprus, Germany, Ireland and Italy are among the biggest spenders. Their average day trip spending can be as high as €90, whereas the spending per overnight trip is about €800 (domestic) or €1,200 (intra-EU). These almost double the figures of the lowest spending, seen in Bulgaria, Hungary and Romania.

Among the elderly population (Figure 203), the highest spending groups are those from France and the United Kingdom, especially when it comes to overnight trips. The average length of stay of the elderly population from these two countries is about 2 weeks. With the spending more than €100 per day, a whole overnight trip can cost as much as €800 at home or €1,500 at intra-EU destinations. In comparison, the elderly population from Estonia, Latvia and Lithuania spent less than a quarter of the spending by their French and UK counterparts on overnight trips.

Figure 201 - Travel behaviour of people with access needs: EU-wide averages of per person spending, 2012

Group	People with Disabilities		The Elderly Population	
Travel Type	Day Trips	Overnight Trips	Day Trips	Overnight Trips
Daily Spending - Domestic (€)	74.8	101.4	82.3	109.5
Average Days - Domestic	-	6.8	-	6.8
Daily Spending - Intra-EU (€)	74.2	102.3	76.8	113.8
Average Days - Intra-EU	-	10.1	-	10.4

Note: 1) Of the 2,111 responses received, 53 responses have been discarded for the estimation, due to irrational travel patterns answered.

Figure 202- Travel behaviour of people with disabilities in the EU27 countries: country-specific averages of per person spending, 2012

Source Market	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy
Travel Type	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips
Daily Spending (€)	72.5	72.5	40.3	91.9	40.8	84.7	57.7	84.7	74.0	84.0	83.9	40.3	91.9	84.0

Source Market	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	United Kingdom
Travel Type	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips
Daily Spending (€)	57.7	57.7	72.5	56.9	73.1	40.8	83.9	40.3	40.8	56.9	83.9	84.7	75.8

Source Market	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy
Travel Type	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips
Daily Spending (€)	114.8	114.8	49.3	117.6	54.1	109.0	77.2	109.0	99.5	123.6	116.1	49.3	117.6	123.6
Average Days - Domestic	6.1	6.1	6.6	7.1	6.8	5.6	4.2	5.6	8.7	6.7	6.7	6.6	7.1	6.7
Average Days - Intra-EU	9.5	9.5	12.9	10.1	14.0	10.3	9.3	10.3	9.2	9.6	9.8	12.9	10.1	9.6

Source Market	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	United Kingdom
Travel Type	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnigh t Trips	Overnight Trips	Overnight Trips	Overnight Trips
Daily Spending (€)	77.2	77.2	114.8	73.5	95.5	54.1	116.1	49.3	54.1	73.5	116.1	109.0	103.3
Average Days - Domestic	4.2	4.2	6.1	5.0	6.5	6.8	6.7	6.6	6.8	5.0	6.7	5.6	5.7
Average Days - Intra-EU	9.3	9.3	9.5	8.9	10.8	14.0	9.8	12.9	14.0	8.9	9.8	10.3	10.2

Note: 1) Of the 2,111 responses received, 53 responses have been discarded for the estimation, due to irrational travel patterns answered.

Figure 203 - Travel behaviour of the elderly population in the EU27 countries: country-specific averages of per person spending, 2012

Source Market	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy
Travel Type	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips
Daily Spending (€)	60.6	60.6	47.1	67.3	47.2	56.5	42.1	56.5	90.9	74.3	65.5	47.1	67.3	74.3

Source Market	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	United Kingdom
Travel Type	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips	Day trips
Daily Spending (€)	42.1	42.1	60.6	62.9	52.1	47.2	65.5	47.1	47.2	62.9	65.5	56.5	137.6

Source Market	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy
Travel Type	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips
Daily Spending (€)	97.1	97.1	57.1	96.3	62.6	93.6	51.4	93.6	110.2	112.7	111.1	57.1	96.3	112.7
Average Days - Domestic	7.0	7.0	7.2	5.8	6.3	4.4	3.6	4.4	7.4	8.8	6.2	7.2	5.8	8.8
Average Days - Intra-EU	10.1	10.1	16.0	9.3	8.3	7.4	6.8	7.4	13.7	10.8	5.8	16.0	9.3	10.8

Source Market	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	United Kingdom
Travel Type	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips
Daily Spending (€)	51.4	51.4	97.1	84.3	70.4	62.6	111.1	57.1	62.6	84.3	111.1	93.6	174.8
Average Days - Domestic	3.6	3.6	7.0	7.6	5.6	6.3	6.2	7.2	6.3	7.6	6.2	4.4	4.3
Average Days - Intra-EU	6.8	6.8	10.1	9.8	10.6	8.3	5.8	16.0	8.3	9.8	5.8	7.4	13.9

Note: 1) Of the 2,111 responses received, 53 responses have been discarded for the estimation, due to irrational travel patterns answered.

With the spending figures, it is feasible to establish the current direct economic contribution of accessible tourism.

Figure 204 illustrates the estimation process of direct economic contribution of accessible tourism at the EU level.

The direct economic contribution is usually measured by gross turnover and net turnover. The gross turnover directly captures the final demand for goods and services by travellers and is equivalent to the direct economic contribution in terms of output. The net turnover is basically the gross turnover deducted by valued added tax (VAT)[1]. An EU-wide average VAT rate of 12.1% was applied for calculation purpose. The VAT was calculated according to the rates announced at Eurostat[2] and the tourism revenue at each member state[3]. Only the VAT rates related to accessible tourism were considered, namely those for transport, hotel accommodation, restaurant, sightseeing and medical care.

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[1] In business, both the VAT and the trade discounts (if applicable) need to be deducted from the gross turnover to yield the net turnover.
[2] http://ec.europa.eu/taxation_customs/resources/documents/taxation/vat/how_vat_works/rates/vat_rates_en.pdf
[3] http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-RA-10-031/EN/KS-RA-10-031-EN.PDF;
http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-TC-13-006/EN/KS-TC-13-006-EN.PDF

Figure 204 - Direct economic contribution of EU's accessible tourism by people from the EU27 countries in 2012

Group	People with disabilities	The elderly population
Day trips		
Demand for EU's tourism ('000 trips)	169,902	225,623
Spending per trip (€)	74.7	81.6
Gross turnover (€ million)	12,698	18,420
Net turnover (€ million)	11,162	16,191
Overnight trips		
Demand for EU's tourism ('000 trips)	169,656	217,586
Spending per trip (€)	798	852
Gross turnover (€ million)	135,362	185,457
Net turnover (€ million)	118,983	163,016

Notes:

1) The demand for EU's tourism figures are from Figure 33, which have already taken into consideration the population of people with access needs, travel propensity and travel frequency.

2) The spending per trip figures are averages for both domestic trips and intra-EU trips, derived from Figure 201.

3) The gross turnover is equivalent to the output, which measures the final tourism demand in monetary terms.

4) The EU-wide weighted averaged VAT rate is 12.1%, by own calculation.

From Figure 204 the direct economic contribution, in terms of gross turnover (output), of EU's accessible tourism by people with access needs within EU is €351,936 million in 2012.

From the input-output tables available from Eurostat, an EU-wide gross value added (GVA) rate[1] for accessible tourism related products is calculated as 42.6%. Hence the direct economic contribution, in terms of gross value added (GVA), is €149,947 million in 2012. After considering taxes and subsidies on products on top of GVA, the equivalent contribution in terms of GDP is €164,066 million.

Also from the input-output tables, an EU-wide employment input ratio[2] for accessible tourism related industries is calculated as 0.012 (thousand persons per million €). Hence the direct economic contribution, in terms of employment, is 4,249 thousand persons.

Figure 205 summarises the direct economic contribution in terms of gross turnover (output), GVA and employment.

Figure 205 - Direct economic contribution of EU's accessible tourism in 2012

Contribution	People with access needs	People with disabilities	The elderly population
Gross turnover (€ million)	351,936	148,060	203,876
Gross value added (€ million)	149,947	62,329	87,618
Employment ('000 persons)	4,249	1,579	2,670

A further breakdown of the economic contribution is shown in Figure 206 to Figure 208.

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[1] It is calculated as the ratio between 'value added at basic prices' and 'output at basic prices'.
[2] It is calculated as the ratio between 'Labour inputs (1.000 persons)' and 'output at basic prices'.

Figure 206 - Breakdown of Gross Turnover Contributed by People with Access Needs in EU27 Countries

The Elderly Population — Domestic Trips, 68.1% | Intra-EU Trips, 31.9%

People with Disabilities — Domestic Trips, 62.0% | Intra-EU Trips, 38.0%

0% 20% 40% 60% 80% 100%
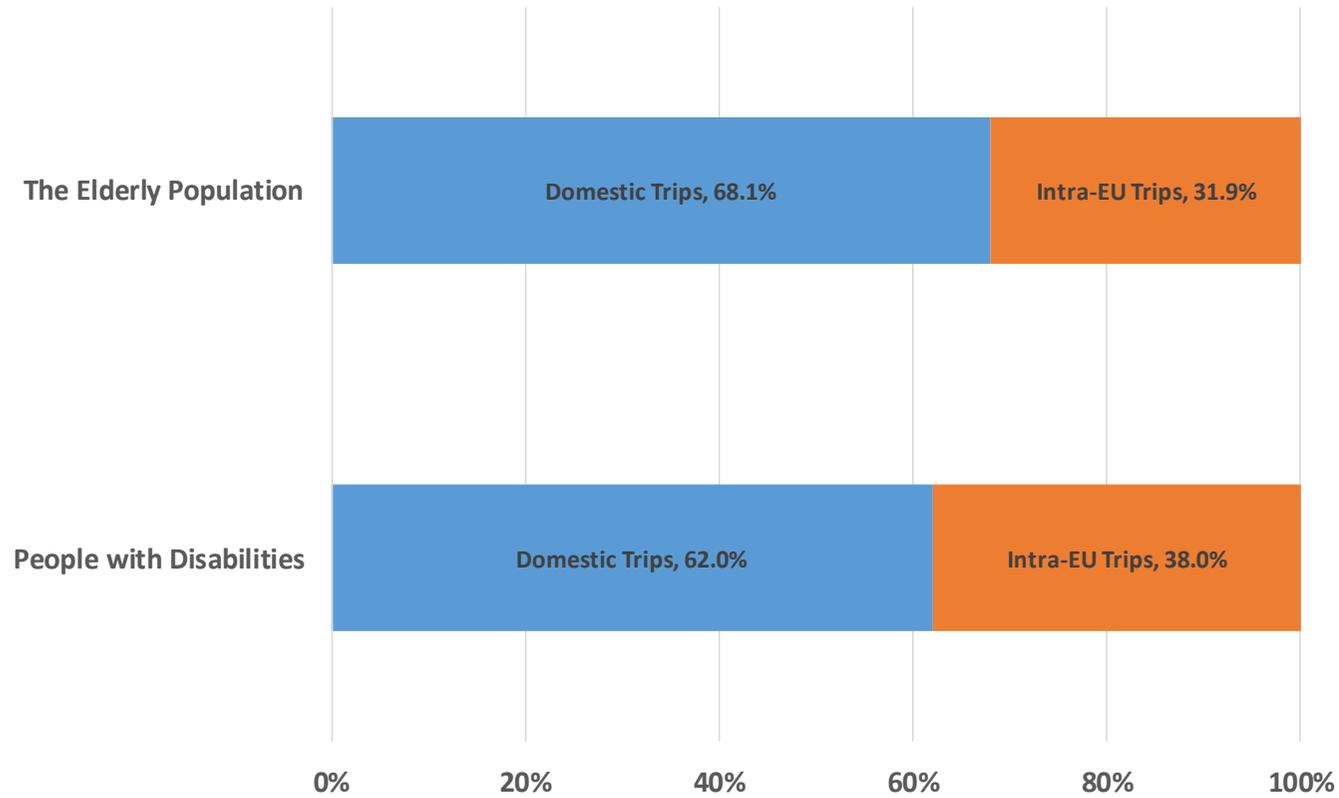
Figure 207 - Breakdown of Direct Gross Value Added Contributed by People with Access Needs in EU27 Countries
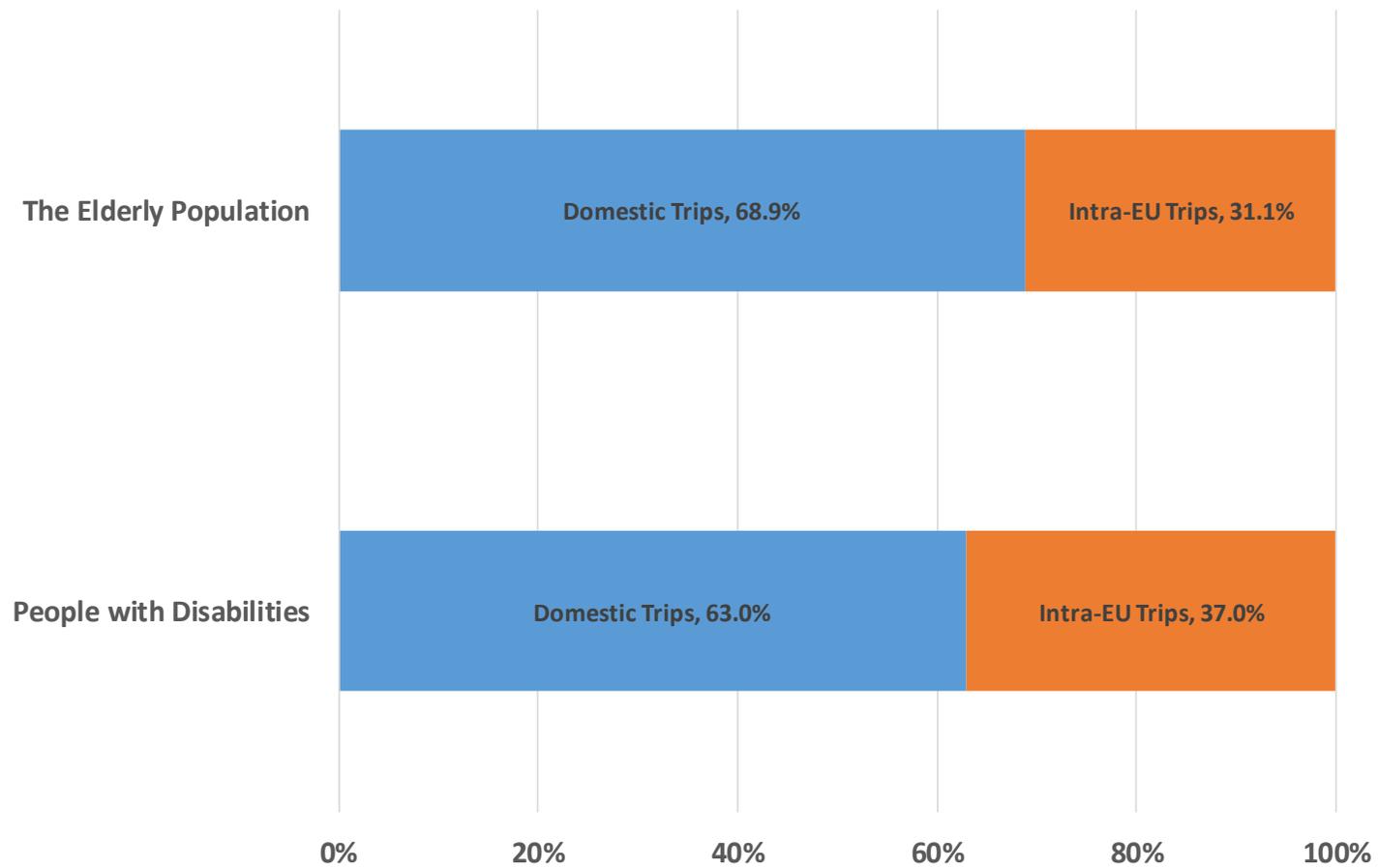
Figure 208 - Breakdown of Direct Employment Contributed by People with Access Needs in EU27 Countries

	Domestic Trips	Intra-EU Trips
The Elderly Population	Domestic Trips, 56.0%	Intra-EU Trips, 44.0%
People with Disabilities	Domestic Trips, 48.5%	Intra-EU Trips, 51.5%
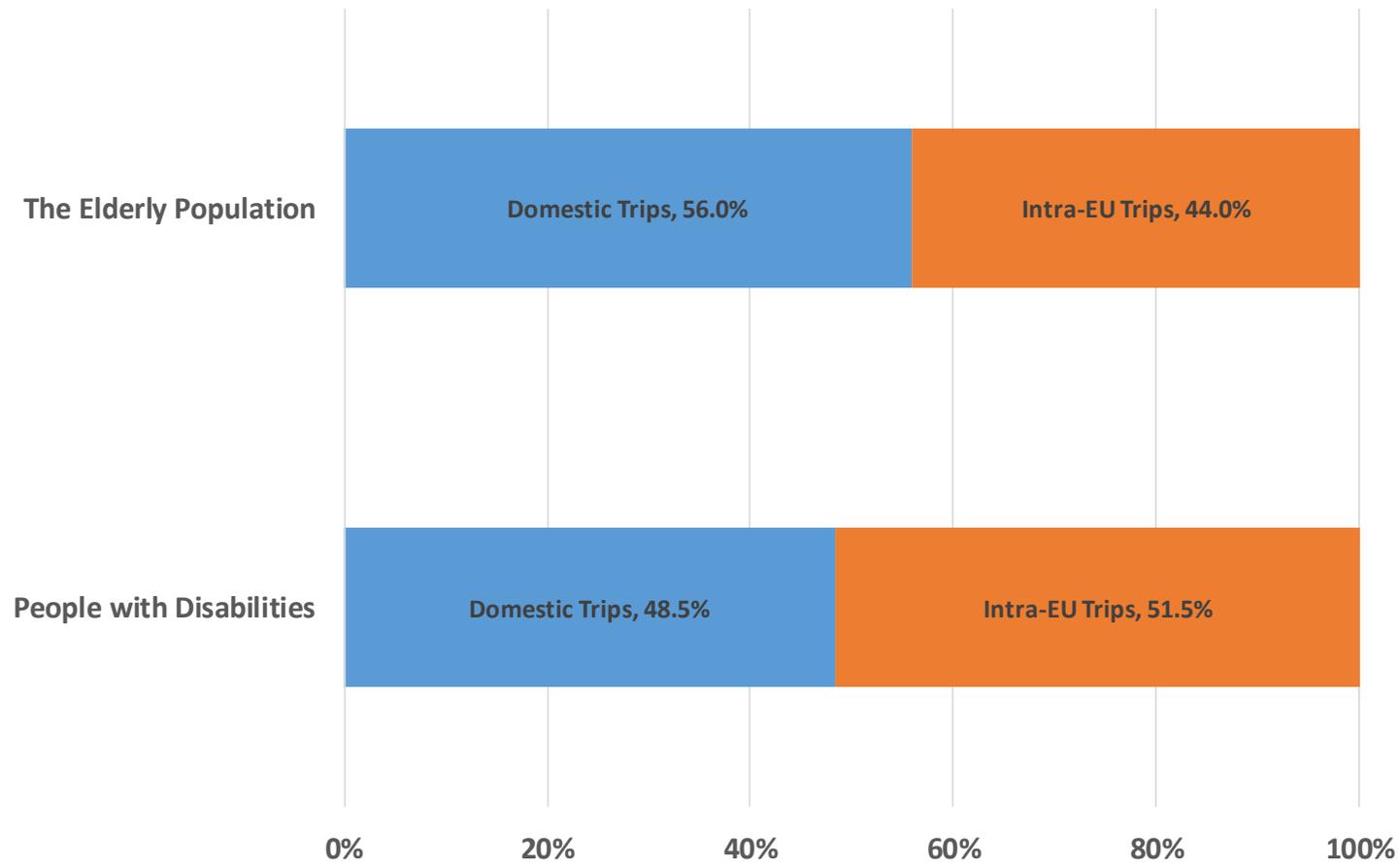
6.2.2.2   Total economic contribution

On top of the direct economic contribution, total economic contribution that contains both the indirect and induced effects of accessible tourism was estimated.

The key parameters needed for this estimation are the multipliers, which were calculated from the input-output tables. For each tourism expenditure category, a specific multiplier is derived. The results are attached in Annex R.

Overall, at the EU level, the indirect multipliers stand at 1.79 (gross turnover/output), 1.84 (gross value added) and 1.65 (employment). The induced multipliers are 2.23 (gross turnover/output), 2.38 (gross value added) and 2.05 (employment).

Figure 209 shows how each multiplier effect builds up to form the total economic contribution. Based on the GVA figures, the equivalent total economic contribution in terms of GDP is €394,259 million, of which €164,066 million is direction contribution, €140,540 million is indirect effect, and €89,653 million is induced effect.

Figure 209 - Breakdown of total economic contribution of EU's accessible tourism by people with access needs in the EU27 countries

Contribution	Direct contribution [1]	Indirect effect [2]	Induced effect [3]	Total economic contribution [4]=[1]+[2]+[3]
Output (€ million)	351,936	277,900	156,457	786,294
Gross value added (€ million)	149,947	126,622	79,632	356,201
Employment ('000 persons)	4,249	2,778	1,683	8,711

To visualise these results, Figure 210 to Figure 212 are presented, with further breakdown by the two groups of people with access needs.

Figure 213 to Figure 215 provide breakdowns according to source markets. It can be discerned from the charts that, France, Germany, Italy, Spain and the United Kingdom are consistently among the top 5 source markets that hold most shares of economic contribution, whichever terms of economic contribution.

Figure 210 - Total output contribution of EU's accessible tourism by people from the EU27 countries in 2012 (unit: '000 000 €)
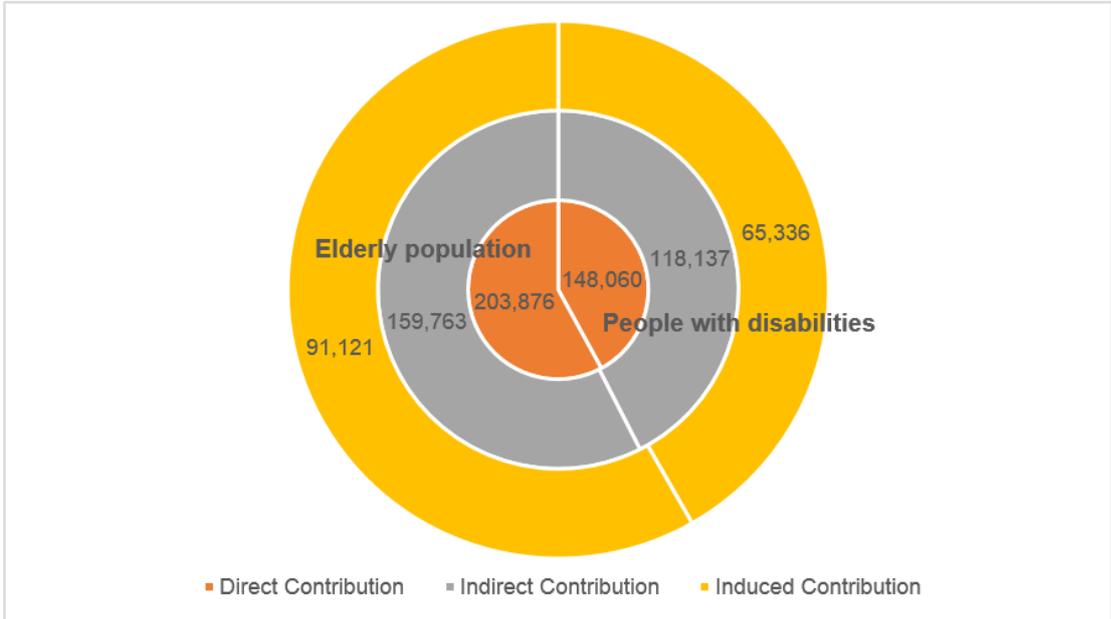
Figure 211 - Total gross value added contribution of EU's accessible tourism by people from the EU27 countries in 2012 (unit: '000 000 €)
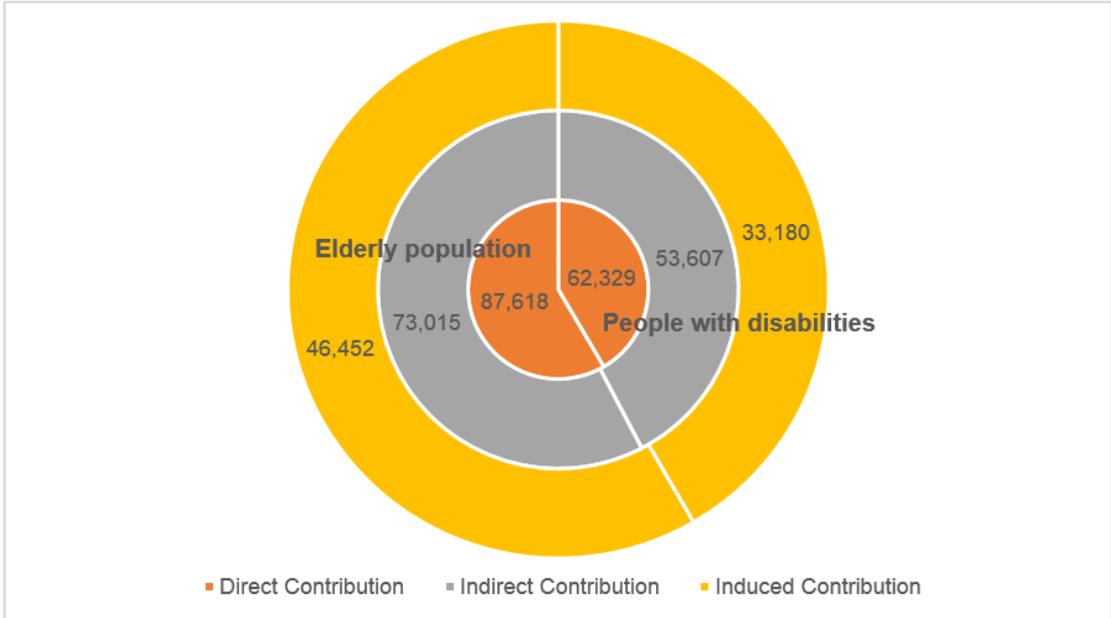
Figure 212 - Total employment contribution of EU's accessible tourism by people from the EU27 countries in 2012 (unit: '000 persons)
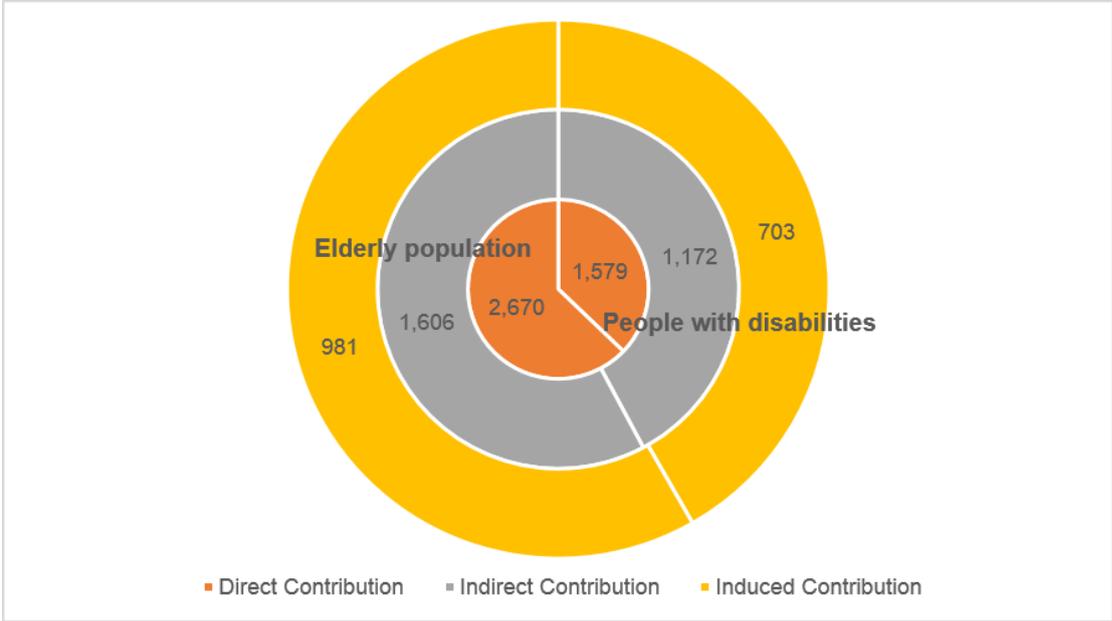
Figure 213 - Breakdown of Total Output Contribution of EU's Accessible Tourism by Source Market

Legend:
- Austria
- Belgium
- Bulgaria
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- United Kingdom

Pie chart values:
- 0.1%
- 0.9%
- 1.2%
- 0.1%
- 1.8%
- 1.4%
- 0.1%
- 2.1%
- France, 21.9%
- Germany, 22.1%
- United Kingdom, 21.7%
- Spain, 6.9%
- 2.6%
- Italy, 5.9%
- 1.6%
- 0.4%
- 0.6%
- 0.1%
- 0.1%
- 0.1%
- 0.0%
- 4.0%
- 2.0%
- 1.6%
- 0.3%
- 0.3%
- 0.2%
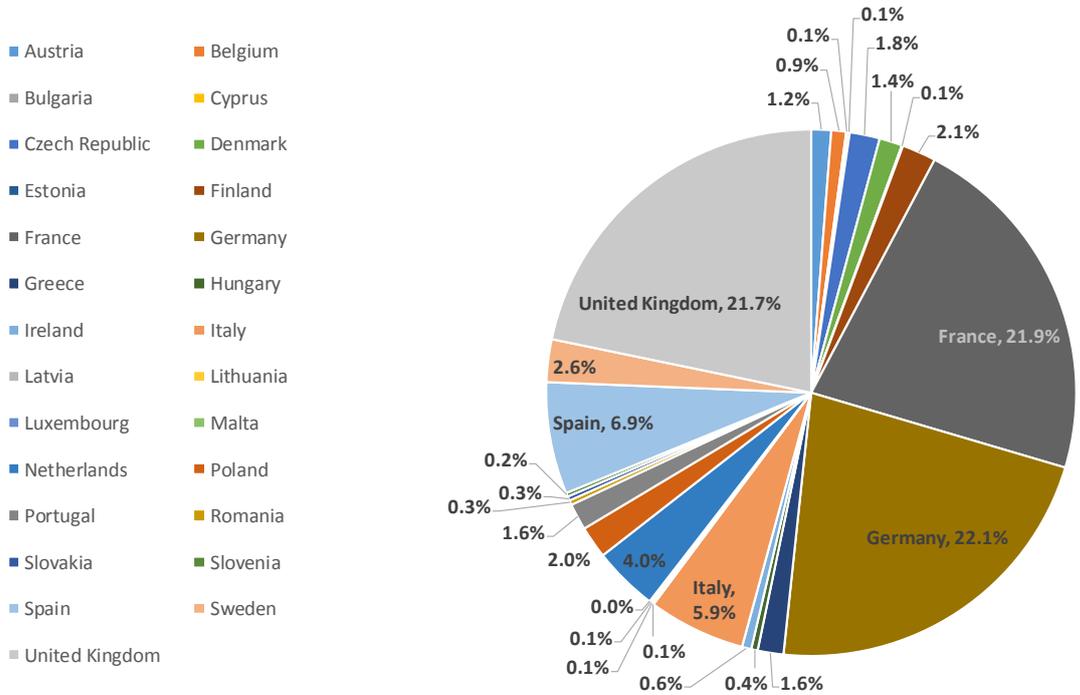
Figure 214 - Breakdown of Total Gross Value Added Contribution of EU's Accessible Tourism by Source Market

Legend: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom

United Kingdom, 21.9%; France, 22.7%; Germany, 22.5%; Italy, 5.7%; Spain, 6.5%; Sweden 2.2%; 0.1%; 0.1%; 1.6%; 1.4%; 0.1%; 2.0%; 0.8%; 1.2%; 0.2%; 0.3%; 0.2%; 1.7%; 1.8%; 3.9%; 0.0%; 0.1%; 0.2%; 0.1%; 0.4%; 0.5%; 1.9%
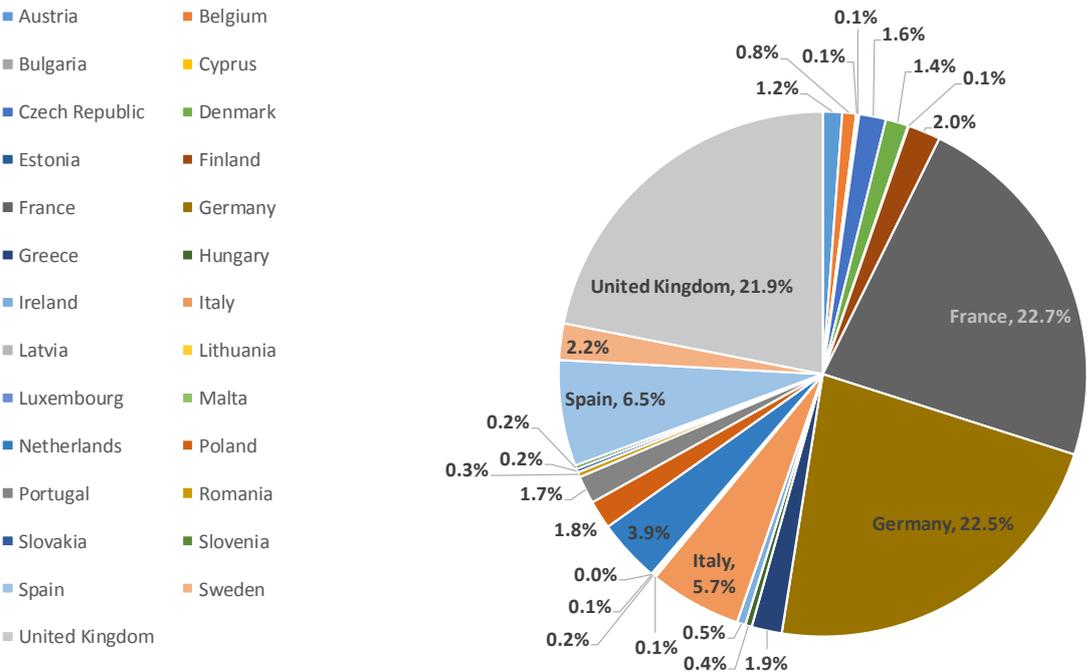
Figure 215 - Breakdown of Total Employment Contribution of EU's Accessible Tourism by Source Market

Legend: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom

United Kingdom, 19.6%; France, 17.0%; Germany, 27.2%; Italy, 4.8%; Spain, 5.7%; Sweden 2.0%; 0.1%; 0.1%; 1.0%; 1.4%; 2.6%; 1.3%; 0.1%; 1.8%; 0.3%; 0.5%; 1.0%; 2.5%; 3.2%; 4.3%; 0.1%; 0.1%; 0.4%; 0.2%; 0.5%; 0.8%; 1.6%
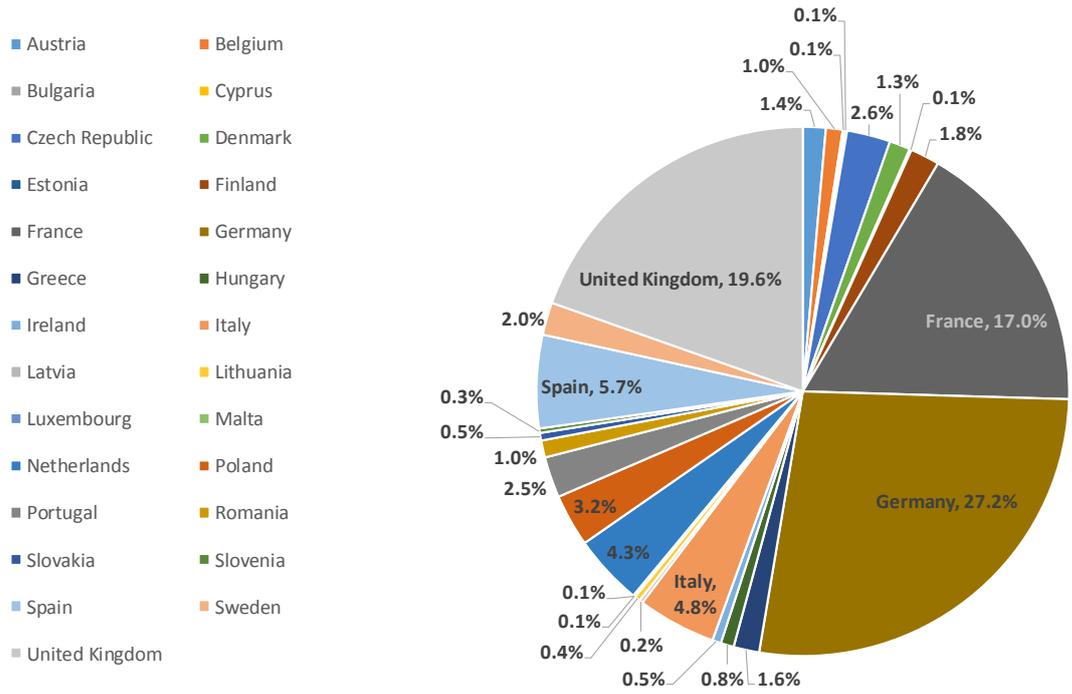
6.2.2.3 Effect of travel companions

Figure 218 and Figure 219 provide an overview of the number of companions with each country's people with access needs. Generally speaking, across the EU27 countries the people with disabilities travel with more companions (on average 2.2 persons) than the elderly population do (on average 1.6 persons). Overall at the EU level, the weighted average number of companions the people with access needs (both those with disabilities and the elderly) travel with is 1.9. This result is consistent with the previous studies. For example, Neumann and Reuber (2004)[1] showed that the respondents with dependence needs were on average accompanied by 1.56 persons. Buhalis, Eichhorn and Miller (2005)[2] suggested a 'multiplier' of 2 with regard to travel companions.

When travel companions are taken into consideration, there will be additional demand generated by this group of people.

Figure 216 provides a contrast between two sets of estimation at the EU level for people with access needs (both those with disabilities and the elderly population). It should be noted that the numbers for 'with companions' consider the contribution by both the people with access needs themselves and the travel companions. When taxes and subsidies on products are considered on top of GVA, the direct economic contribution in terms of GDP generated by both the people with access needs and the companions is €459,946 million, and the total contribution in terms of GDP is €1,109,740 million.

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[1] Neumann, P., & Reuber, P. (2004). Economic Impulses of Accessible Tourism for All. *Study commissioned by the Federal Ministry of Economics and Labour (BMWA), Berlin, Germany.*

[2] Buhalis, D., Eichhorn, V., Michopoulou, E., & Miller, G. (2005). Accessibility market and stakeholder analysis. *OSSATE project Guildford: University of Surrey.*

Figure 216 - Economic contribution of EU's accessible tourism: without/with travel companions

	Direct economic contribution			Total economic contribution		
	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)
Without companions	351,936	149,947	4,249	786,294	356,201	8,711
With companions	991,263	421,660	11,615	2,218,773	1,004,187	24,158

Note: 1) The 'with companions' figures consider the contribution by both the people with access needs themselves and the travel companions. 2) Caution should be exercised when referring to the economic contribution with travel companions being taken into account. Since some travel companions themselves were also the individuals with special access needs, the total economic contribution therefore tended to be over-estimated to some extent, due to double-counting this group of companions' share of contribution.

As a robust check of the estimation of direct economic contribution (with the effect of travel companions accounted for), the OSSATE research by Buhalis et al. (2005)[1] is used for comparison, of which the results are displayed in Figure 217.

As explained in Section 3.2.2.2, the general demand figure (127.5 million) by the OSSATE research is highly comparable to that of the current study (138.6 million, see Figure 18).

The travel propensity figure used by the OSSATE research was 70%, whereas the current study finds the figure at below 60% (see Figure 33). As explained in Section 3.2.3.1, cross validation has been carried out to ensure the figures used in the current study are in line with the existing statistics

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[1] Buhalis, D., Eichhorn, V., Michopoulou, E., & Miller, G. (2005). Accessibility market and stakeholder analysis. *OSSATE project Guildford: University of Surrey.*
http://www.ossate.org/doc_resources/OSSATE_Market&Stakeholder%20Analysis_Public_Version_Fina..pdf

reported on Eurostat, particularly the figures regarding the elderly population segment[1]. This treatment reflects the conservative and prudent approach taken throughout the economic estimation of the current report.

Regarding the multiplier effect of travel companions, both the OSSATE research and the current study use very similar estimates (roughly 2).

One indicator that has considerable difference is the average expenditure per person per holiday. The OSSATE research has a lower figure (€620 in 2003) whereas the current study finds out that the figure stands at €800 in 2012 (see Figure 204). This can be largely explained by the inflation of consumer prices[2] and the increase of real income[3].

Overall, the OSSATE research estimated that the potential tourism revenues when the companion number is 2 are 166 billion euros. The current study estimated it to be 991 billion euros (see Figure 216, gross turnover with companions). The striking difference comes from the fact that the OSSATE research assumed that every people with access needs only travel **once** (over an unspecified period), whereas the survey of the current study has shown that people tend to travel **several times** (roughly 6.7 day trips and 6.2 overnight trips to both EU and international destinations) over a 12-month period. Other studies such as Dwyer and Darcy (2011)[4], Neumann and Reuber (2004)[1], Van

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[1] See Section 3.2.3.1, the travel propensity figures of the elderly population in the EU have been adjusted according to The 'Participation in tourism for personal purposes by age group in 2012 (tour_dem_toage)' series from: http://epp.eurostat.ec.europa.eu/portal/page/portal/tourism/introduction

[2] According to the harmonised indices of consumer prices (HICPs) reported on Eurostat (series name: HICP (2005 = 100) - annual data (average index and rate of change (prc_hicp_aind)), the general consumer prices increase by roughly 24% from 2003 to 2012. HICPs provide the official measure of consumer price inflation in the euro area for the purposes of monetary policy and the assessment of inflation convergence as required under the Maastricht criteria for accession to the euro.

[3] According to the real GDP per capita reported on Eurostat (series name: GDP per capita - annual Data (nama_aux_gph)), the real GDP per capita of EU27 countries was €21,700 in 2003, and €23,200 in 2012, an increase of 6.9%. According to the economic theory and consumer demand, higher income of consumers leads to increased demand for consumption, such as demand for accessible tourism. It should be noted that, if there were no economic recession in 2012-2013, the average holiday expenditure estimated by the present study could have been even higher.

[4] Dwyer, L., & Darcy, S. (2011). Economic contribution of tourists with disabilities: An Australian approach and methodology. *Accessible tourism: Concepts and issues*, 213-239.

Horn (2012)[2] also confirmed that multiple trips were taken by people with access needs. Therefore the estimation of the present study is believed to be more realistic and accurate.

Figure 217 - Potential travel market and tourism revenues of Accessible Tourism

General demand for accessibility	70% that have the economical and physical ability to travel	Multiplier effect for friends & family members	Accompanying friends and family	TOTAL potential travel market	Average expenditure per person per holiday	Potential tourism revenues
127.5 million	89.3 million	0.5	44.7 million	134 million	€ 620	83 billion euro
		2	178.6 million	267.9 million		166 billion euro

Source: Buhalis, D., Eichhorn, V., Michopoulou, E., & Miller, G. (2005). Accessibility market and stakeholder analysis. OSSATE project Guildford: University of Surrey.

Note: The average holiday expenditure in the EU was 620 euro in 2003 (see OSSATE report)

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[1] Neumann, P., & Reuber, P. (2004). Economic Impulses of Accessible Tourism for All. Study commissioned by the Federal Ministry of Economics and Labour (BMWA), Berlin, Germany.

[2] Van Horn, L. (2012). The United States: Travellers with disabilities. *Best practice in accessible tourism: Inclusion, disability, ageing population and tourism*, 65-78.

Figure 218 - Average number of companions travelled with people with disabilities from the EU27 countries

Source Market	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy
Number of Companions	2.5	2.5	2.5	2.0	1.8	2.3	2.2	2.3	2.1	2.3	2.1	2.5	2.0	2.3

Source Market	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	United Kingdom
Number of Companions	2.2	2.2	2.5	2.3	2.1	1.8	2.1	2.5	1.8	2.3	2.1	2.3	2.4

Figure 219 - Average number of companions travelled with the elderly population from the EU27 countries

Source Market	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy
Number of Companions	1.7	1.7	1.1	1.9	1.7	1.5	1.7	1.5	1.7	1.1	1.9	1.1	1.9	1.1

Source Market	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	United Kingdom
Number of Companions	1.7	1.7	1.7	1.7	1.7	1.7	1.9	1.1	1.7	1.7	1.9	1.5	2.0

6.2.3 Results – International inbound markets

6.2.3.1 Direct economic contribution

The starting point of estimating the economic contribution, as explained in Section 6.2.1.1, is tourists' daily spending behaviour. This information is supposed to be derived from Q18 of the survey questionnaire. However, a close examination of the answers to Q18, which reports the destination and spending structure of the respondents' most recent trip, suggests that only 34 respondents across the four countries surveyed have visited the EU during their last trip[1]. This means that, to derive the average level of international tourists' daily spending in the EU, only 34 responses can be used. This renders the sample base rather small. A preliminary estimation showed that the average spending figures were biased due to some reported extreme values.

To pursue a robust solution, the spending structure statistics yielded from the main survey conducted in 12 EU representative countries were used as proxies for the international markets. The calculation involves only deriving the average daily spending in the EU by the respondents in the 12 representative countries, excluding their average transport spending between the destination and the origin. The implicit assumption is that the level of spending within the EU by the international tourists is much comparable to that of their EU counterparts. This is plausible, as the international tourists and the EU tourists are both subject to the same prices of goods and services when travelling across the EU. Their levels of average daily spending should thus be similar. The only part of spending that sees considerable difference between the international tourists and the EU tourists is the transport to/from destinations, which has been removed from the calculation (in line with tourism statistics of most countries and international organisations such as UNWTO), as this spending is not expected to benefit the EU tourism.

As to the length of stay, which also determines the total spending per trip, the statistics are derived from the Q18 of the survey.

The estimation results of the tourists' daily spending, length of stay and the average spending per trip are presented in Figure 220 and Figure 221.

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[1] After 9 responses being discarded due to irrational answers, of the 414 respondents, 96 reported that they had visited the EU **over the last 12 months**. However, to derive the spending behaviour of the tourists, the answers to their **last trip**'s spending are needed, which are reported in Q18. Here, only 34 respondents reported their spending in the EU, the rest reported spending in either domestic destinations or other international destinations.

Figure 220 - Travel behaviour of people with disabilities in the 11 key international inbound markets: averages of per person spending, 2012

Source Market	Australia	Brazil	Canada	China	India	Japan
Travel Type	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips
Daily Spending (€) [1]	84.9	84.9	84.9	84.9	84.9	84.9
Average Days [2]	11.6	17.8	11.6	11.8	11.6	11.6
Spending per trip (€) [3]=[1]*[2]	984.9	1510.9	984.9	999.7	984.9	984.9

Source Market	Norway	Russia	South Africa	Switzerland	USA
Travel Type	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips	Overnight Trips
Daily Spending (€) [1]	84.9	84.9	84.9	84.9	84.9
Average Days [2]	10.2	8.8	11.6	10.2	11.7
Spending per trip (€) [3]=[1]*[2]	868.4	749.8	984.9	868.4	990.3

Figure 221 - Travel behaviour of the elderly population in the 11 key international inbound markets: averages of per person spending, 2012

Source market	Australia	Brazil	Canada	China	India	Japan
Travel type	Overnight trips	Overnight trips	Overnight trips	Overnight trips	Overnight trips	Overnight trips
Daily spending (€) [1]	83.0	83.0	83.0	83.0	83.0	83.0
Average days [2]	11.6	17.8	11.6	11.8	11.6	11.6
Spending per trip (€) [3]=[1]*[2]	963.1	1477.4	963.1	977.6	963.1	963.1

Source market	Norway	Russia	South Africa	Switzerland	USA
Travel type	Overnight trips	Overnight trips	Overnight trips	Overnight trips	Overnight trips
Daily spending (€) [1]	83.0	83.0	83.0	83.0	83.0
Average days [2]	10.2	8.8	11.6	10.2	11.7
Spending per trip (€) [3]=[1]*[2]	849.2	733.2	963.1	849.2	968.4

From the figures above, it emerged that of the 11 key international markets, travellers with access needs from Brazil contributed the most to the EU economy in terms of average spending per trip. This is generally associated with the longer stay (up to around 18 days per trip). On the contrary, the relatively short stay by the people with access needs from Russia leads to a lower spending per trip. By and large, across all the key international inbound markets, it can be expected that tourists spend approximately €1,000 per trip within the EU, which is considerably higher than the figures (about €700-800) found when analysing the tourists from EU countries (see Figure 201 in Section 6.2.2.1).

With the spending figures, the direct economic contribution to the EU was estimated. Figure 222 shows the direct economic contribution by people with access needs from all the 11 international markets. The results for each individual international market are presented in Annex T.

Figure 222 - Direct economic contribution of EU's accessible tourism by people from the key international inbound markets in 2012

Group	People with disabilities	The elderly population
Overnight trips		
Demand for EU's tourism ('000 trips)	7,186	10,390
Spending per trip (€)	968	918
Gross turnover (€ million)	6,957	9,539
Net turnover (€ million)	6,115	8,385

In 2012, the gross turnover generated from accessible tourism that serves the 11 key international inbound markets was estimated to be €16,496 million, with roughly 58% associated with the elderly tourists and the rest 42% representing travellers with disabilities. The distribution structure here (58% and 42%) coincides with that of the gross turnover generated by the people with access needs within the EU countries (see Figure 204 and Figure 205).

In addition to the gross turnover and the net turnover, the economic contributions in terms of gross value added (GVA) and the associated employment are also calculated. Figure 223 summarises the three types of direct economic contributions. With the taxes and subsidies on products added to the GVA, the equivalent direct contribution in terms of GDP amounts to €7,781 million.

Figure 223 - Direct economic contribution of EU's accessible tourism associated with people with access needs from the key international inbound markets in 2012

Contribution	People with access needs	People with disabilities	The elderly population
Gross turnover (€ million)	16,496	6,957	9,539
Gross value added (€ million)	6,897	2,889	4,008
Employment ('000 persons)	268	106	162

6.2.3.2 Total economic contribution

Considering the multiplier effects, accessible tourism is expected to benefit not only the businesses that directly serve the tourists, but also those who work in the supply chain or associated sectors. Accessible tourism can impact on every sector of the economy. Figure 224 illustrates the build-up of secondary effects (i.e., indirect and induced effects) which form the total economic contributions.

Figure 224 - Breakdown of total economic contribution of EU's accessible tourism by people with access needs from all the 11 key international inbound markets

Contribution	Direct contribution [1]	Indirect effect [2]	Induced effect [3]	Total economic contribution [4]=[1]+[2]+[3]
Gross turnover (€ million)	16,496	11,887	5,999	34,382
Gross value added (€ million)	6,897	5,267	2,968	15,133
Employment ('000 persons)	268	171	98	538

Taking the taxes and subsidies on products into account, the equivalent total contribution in terms of GDP is €16,901 million, of which €7,781 million is direct contribution, €5,762 million is indirect effect and €3,358 million is induced effect.

It should be noted that, at the aggregate level of all the 11 international markets, the magnitude of the multiplier effect (as shown in Figure 224) is slightly lower than that at the aggregate level of all the EU27 countries (as shown in Figure 209). This is basically due to the fact that the multiplier effect associated with the transport to/from destination is omitted in the international market estimation.

The results are visualised in Figure 225 – Figure 227, with a breakdown between people with disabilities and the elderly population.

Figure 225 - Total output contribution of EU's accessible tourism by people from the 11 key international inbound markets in 2012 (unit: '000 000 €)

Elderly population

People with disabilities

2,509
5,012
6,957
9,539
6,875
3,490

■ Direct Contribution   ■ Indirect Contribution   ■ Induced Contribution
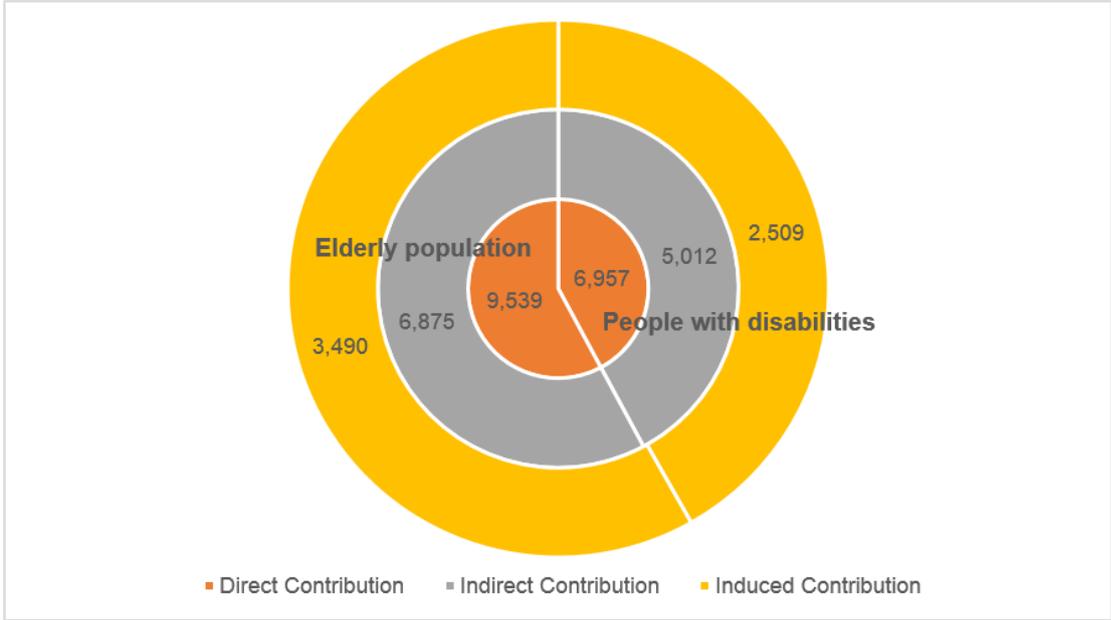
Figure 226 - Total gross value added contribution of EU's accessible tourism by people from the 11 key international inbound markets in 2012 (unit: '000 000 €)

Elderly population

People with disabilities

1,243
2,217
2,889
4,008
3,051
1,726

■ Direct Contribution   ■ Indirect Contribution   ■ Induced Contribution
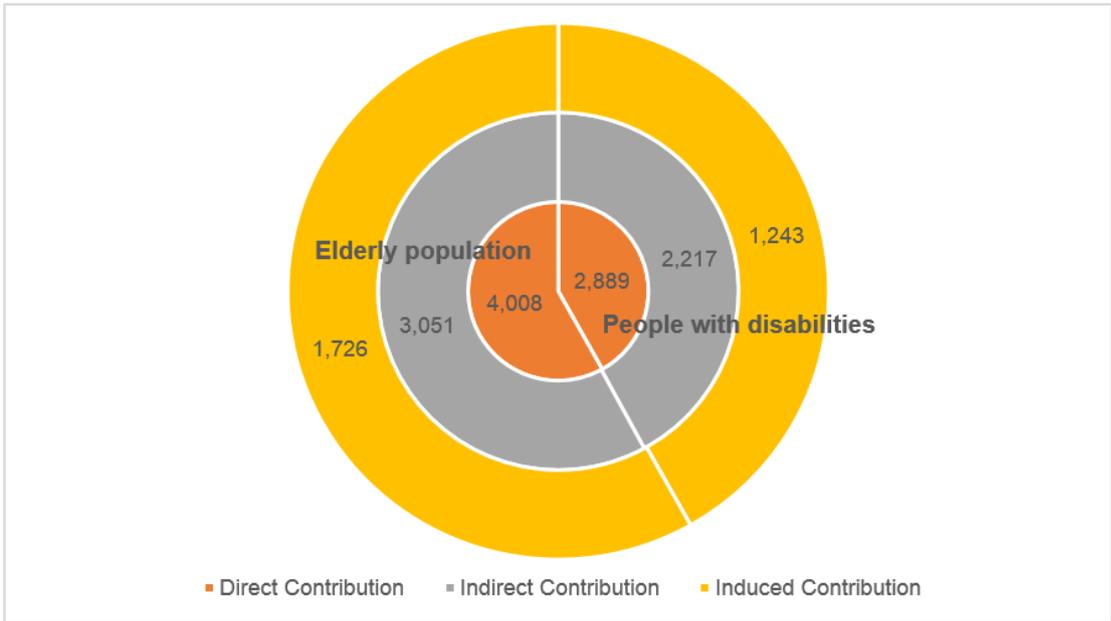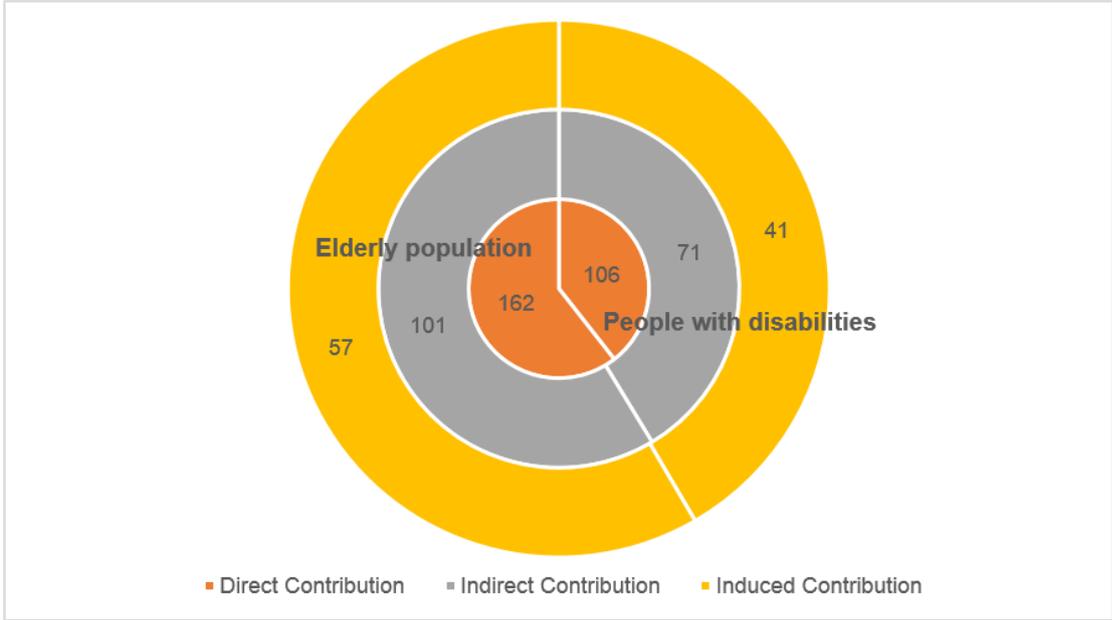
In addition, the distributions of total economic contributions according to the source markets are provided in Figure 228 – Figure 230.

Figure 228 - Breakdown of Total Output Contribution of EU's Accessible Tourism by Source Market
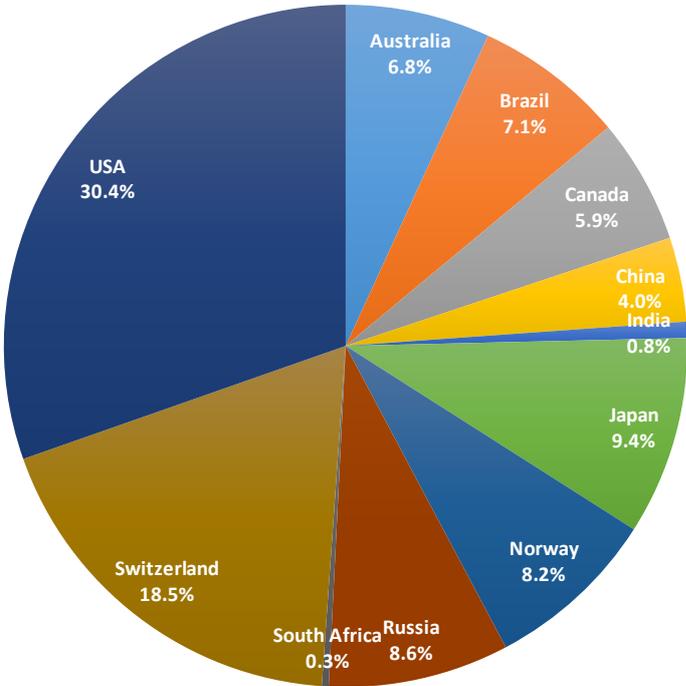
Figure 229 - Breakdown of Total Gross Value Added Contribution of EU's Accessible Tourism by Source Market
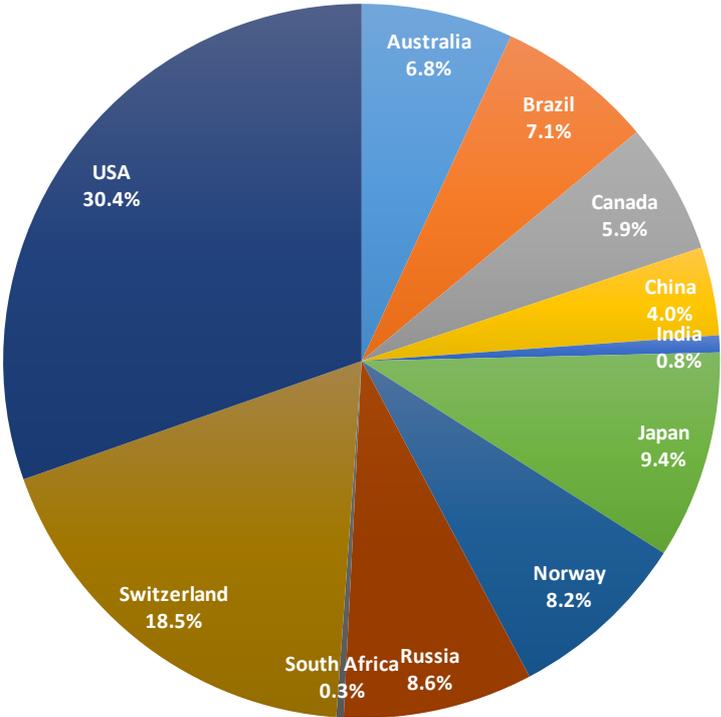
Figure 230 - Breakdown of Total Employment Contribution of EU's Accessible Tourism by Source Market
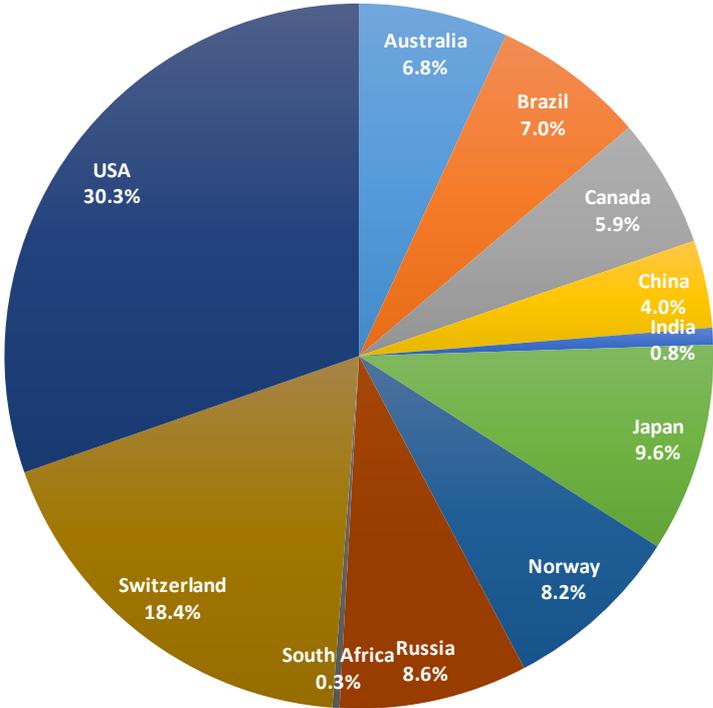
As with the pattern found in tourism demand figures (see Figure 52), the top source markets that generate most economic contributions are the more developed countries, such as the USA, Switzerland, Japan and Norway.

6.2.3.3 Effects of travel companions

Travelling with companions is common among people with access needs, as shown by the results in Section 6.2.2.3. This is also the case when it comes to those coming from the international inbound markets, given that travelling to the EU usually means embarking on a long haul trip.

According to the respondents' answers to Q18 of the survey questionnaire, the average numbers of companions travelling with people with access needs are presented in Figure 231 and Figure 232.

Figure 231 - Average number of companions travelled with people with disabilities from the 11 key international inbound markets

Source Market	Australia	Brazil	Canada	China	India	Japan
Number of Companions	2.6	2.7	2.6	3.0	2.6	2.6

Source Market	Norway	Russia	South Africa	Switzerland	USA
Number of Companions	2.2	1.0	2.6	2.2	3.0

Figure 232 - Average number of companions travelled with the elderly population from the 11 key international inbound markets

Source Market	Australia	Brazil	Canada	China	India	Japan
Number of Companions	1.6	2.4	1.6	3.0	1.6	1.6

Source Market	Norway	Russia	South Africa	Switzerland	USA
Number of Companions	1.6	2.3	1.6	1.6	1.0

Overall, the average number of companions who travelled with people with access needs for the 11 international markets stands at 1.9, which is the same as the average number of their EU counterparts (see Section 6.2.2.3). Hence, in terms of the companion effect, there is no notable difference between the EU source markets and the international markets.

Among the group of people with disabilities, the average number across all the 11 international markets is 2.5 and among the group of the elderly population it is 1.6. This is in line with the findings from the main survey in the EU countries, e.g. that the people with disabilities tend to travel with more companions than the elderly population.

After considering the additional demand brought by travel companions, the economic contributions are further magnified as shown in Figure 232. Moreover, the equivalent direct contribution in terms of GDP generated by both the people with access needs and their companions is €23,052 million, and the total contribution amounts to €50,139 million.

Figure 233 - Economic contribution of EU's accessible tourism: without/with travel companions

	Direct economic contribution			Total economic contribution		
	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)
Without companions	16,496	6,897	268	34,382	15,133	538
With companions	49,029	20,480	789	102,170	44,945	1,589

Note: 1) The 'with companions' figures consider the contribution by both the people with access needs themselves and the travel companions. 2) Caution should be exercised when referring to the economic contribution with travel companions being taken into account. Since some travel companions themselves were also the individuals with special access needs, the total economic contribution therefore tended to be over-estimated to some extent, due to double-counting this group of companions' share of contribution.

6.3 Task 4b - Scenarios and impact assessment

6.3.1 Methodology

The estimation of direct economic contribution under different scenarios is largely based on the baseline contribution estimation.

With improvements of accessibility, it is expected that the people with access needs who have travelled before are willing to travel more often and, furthermore they are willing to increase their budget to explore new destinations. In addition, those who have not travelled are believed to be more willing to travel, because a wide range of destinations will be more accessible if the improvements under each scenario would be made.

Hence, the estimation makes use of the additional budget that the existing travellers (those who have travelled this last year) will make, and the contribution generated by the new travellers (those who have not travelled but are willing to travel under different scenarios).

Direct economic contribution (scenario) =

Direct economic contribution (baseline) + additional budget by existing travellers + contribution by new travellers

The baseline direct economic contribution can be found in Figure 205. The additional budget by existing travellers can be extracted from the questionnaire:

Q26. Thinking about the last 12 months, there are some destinations in the European Union (EU) that you may have wanted to visit, but you couldn't because of accessibility problems. For example, you did not go because no services have been made accessible and basic things like wheelchairs are not available.

If Scenarios A, B or C were true for any EU destinations you were interested in visiting, would you consider including some of these EU destinations in your travel plans for the next 12 months?

Q27. You said that you would visit some of these EU destinations and increase your travel budget for the next 12 months if options A, B or C were true. How much extra budget would you be ready to spend for your trip(s) to such destinations? Please give your best estimate as a percentage of your current travel budget per year.

The contribution generated by the new travellers can be estimated following the exact rationale described in Section 6.2.1.1, which relies on the spending behaviour of travellers and the tourism demand. Specifically this will make use of the travel spending figures found in Figure 201 to Figure 203 and the scenario tourism demand Figure 48 and Figure 49, and the country level scenario tourism demand found in Annex T.

The estimation of total economic contribution of accessible tourism under different scenarios follows the exact rationale described in Section 6.2.1.2, which is

Total of direct and indirect economic contribution (scenario) = direct economic contribution (scenario) × indirect multiplier

Total of direct, indirect and induced economic contribution (scenario) = direct economic contribution (scenario) × induced multiplier

Apparently, as long as the direct economic contribution (scenario) is available, the scenario contribution can be derived accordingly.

It should be noted that the direct and total economic contributions estimated based on the rationale above only reflect the potential benefits that the EU's economy can receive from Accessible Tourism, whereas the costs (i.e., investments) to be made to improve accessibility have not been considered. Since details about the scale of investments under each scenario are not available yet, the cost aspect of Accessible Tourism is omitted in the current report. Hence, the economic contribution figures are gross values, rather than net values. Nevertheless, the figures would still give a clear sense of the size of Accessible Tourism under each scenario of improvements.

6.3.2   Results

The following sections report the results of economic impact assessment under different scenarios at the EU regional level. With regard to the results about each EU member state, a detailed summary is provided in Annex T.

6.3.2.1   Direct economic contribution under different scenarios

Under different scenarios of improvement, people who have travelled are likely to spare additional budget to explore new destinations.

According to answers to Q27 of the questionnaire, among all the people with access needs who have travelled during last 12 months, the percentage of budget they are willing to expend are presented in Figure 234. It should be noted that the numbers are weighted averages among all existing travellers according to their travel spending over the last 12 months.

Figure 235 further shows how the direct economic contribution under different scenarios is established following the rationale described in Section 6.3.1. The numbers are at the EU level.

Figure 234 - Percentage of extra budget under different scenarios by all existing travellers with access needs from the EU27 countries

Scenario	People with disabilities	The elderly population
Scenario A	2.21%	0.14%
Scenario B	3.53%	0.37%
Scenario C	9.51%	3.76%

Figure 235 - Estimation of direct economic contribution of EU's accessible tourism under different scenarios

Scenario	Scenario A		Scenario B		Scenario C	
Group	People with disabilities	The elderly population	People with disabilities	The elderly population	People with disabilities	The elderly population
Baseline direct economic contribution (gross turnover, € million) [1]	148,060	203,876	148,060	203,876	148,060	203,876
Additional budget by existing travellers (€ million) [2]	3,270	275	5,231	762	14,082	7,660
Contribution by new travellers (€ million) [3]	25,338	35,126	38,586	42,554	47,319	58,969
Direct economic contribution (scenario, (€ million) [4]=[1]+[2]+[3]	176,668	239,277	191,878	247,192	209,461	270,505

Figure 236 - Breakdown of direct economic contribution under different scenarios between existing travellers and new travellers

Scenario	Scenario A		Scenario B		Scenario C	
Group	People with disabilities	The elderly population	People with disabilities	The elderly population	People with disabilities	The elderly population
Direct economic contribution (scenario, € million)	176,668	239,277	191,878	247,192	209,461	270,505
of which, generated by						
Existing travellers	85.7%	85.3%	79.9%	82.8%	77.4%	78.2%
New travellers	14.3%	14.7%	20.1%	17.2%	22.6%	21.8%

Note: 1) This table is inferred from Figure 235.

Figure 235 can be used to further infer the structure of contribution between existing travellers and new travellers. As shown in Figure 236, the existing travellers would still be the major driving forces of accessible tourism under different scenarios of improvements.

In addition to the direct economic contribution in terms of gross turnover (output) (as in Figure 235), the other types of direct economic contribution, namely in terms of gross value added and employment, are also calculated. The results are presented in Figure 237, and the comparison against baseline has also been provided. Considering the taxes and subsidies on products on top of GVA, the equivalent direct contributions in terms of GDP under baseline and Scenario A, B and C are €164,066 million, €193,565 million, €204,141 million, and €223,183 million, respectively. All the numbers include contribution by both the people with disabilities and the elderly population.

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Figure 237 - Direct economic contribution of EU's accessible tourism under different scenarios by people with access needs in the EU27 countries

Scenario	Gross turnover (output) (€ million)		Gross value added (€ million)		Employment ('000 persons)	
Baseline	351,936	increase against baseline	149,947	increase against baseline	4,249	increase against baseline
Scenario A	415,946	18.2%	176,943	18.0%	5,068	19.3%
Scenario B	439,070	24.8%	186,696	24.5%	5,352	26.0%
Scenario C	479,966	36.4%	204,073	36.1%	5,888	38.6%

6.3.2.2 Total economic contribution under different scenarios

Since the estimation of total economic contribution under different scenarios relies on the same set of multipliers in Section 6.2.2.2 and Annex R, Figure 238 only presents the total economic contribution numbers at the EU level. Considering the taxes and subsidies on products on top of GVA, the equivalent total economic contributions in terms of GDP are €394,259 million, €465,340 million, €490,922 million and €536,540 million for baseline, Scenario A, B and C. The numbers include the contribution by both the people with disabilities and the elderly population. Figure 239 to Figure 241 visualise the indirect and induced effects under different scenarios.

Figure 238 - Total economic contribution of EU's accessible tourism under different scenarios by people with access needs in the EU27 countries

Scenario	Total output Contribution (€ million)		Total gross value added contribution (€ million)		Total employment contribution ('000 persons)	
Baseline	786,294	increase against baseline	356,201	increase against baseline	8,711	increase against baseline
Scenario A	929,801	18.3%	420,240	18.0%	10,426	19.7%
Scenario B	981,603	24.8%	443,380	24.5%	11,032	26.6%
Scenario C	1,073,179	36.5%	484,476	36.0%	12,145	39.4%

Figure 239 - Total output contribution under different scenarios by people with access needs (unit: '000 000 €)
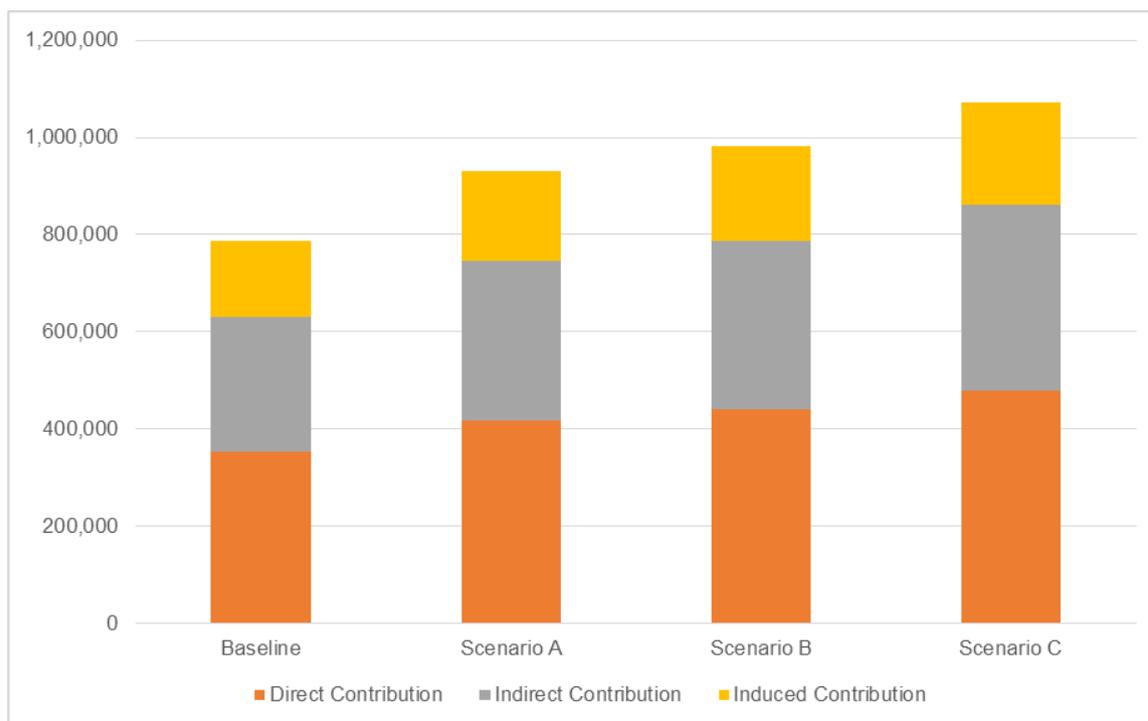
Figure 240 - Total gross value added contribution under different scenarios by people with access needs (unit: '000 000 €)
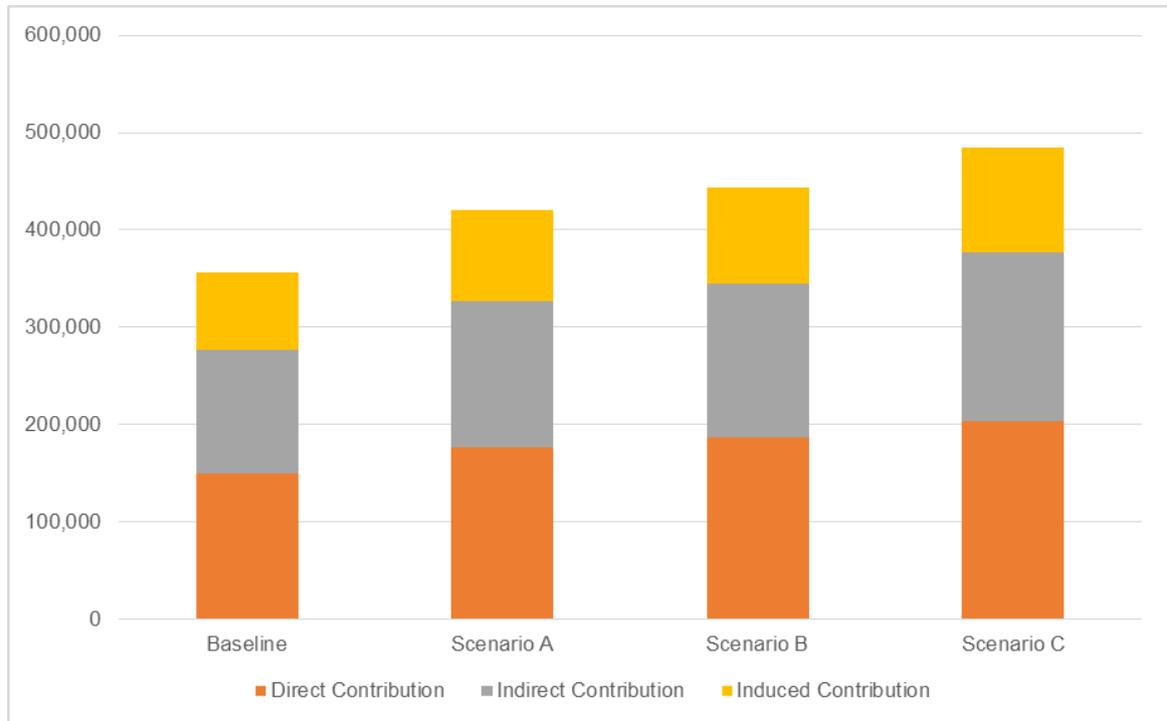
Figure 241 - Total employment contribution under different scenarios by people with access needs (unit: '000 persons)

6.3.2.3 Effect of travel companions

The multiplication effect of travel companions under different scenarios are summarised in Figure 242. As opposed to the GVA figures, the equivalent direct economic contributions in terms of GDP generated by both the people with access needs and their companions are €542,847 million, €574,220 million, and €627,671 million under Scenario A, B and C, respectively. The equivalent total contributions in terms of GDP generated by the people with access needs and their companions are €1,310,204 million, €1,386,289 million, €1,514,711 million under Scenario A, B and C.
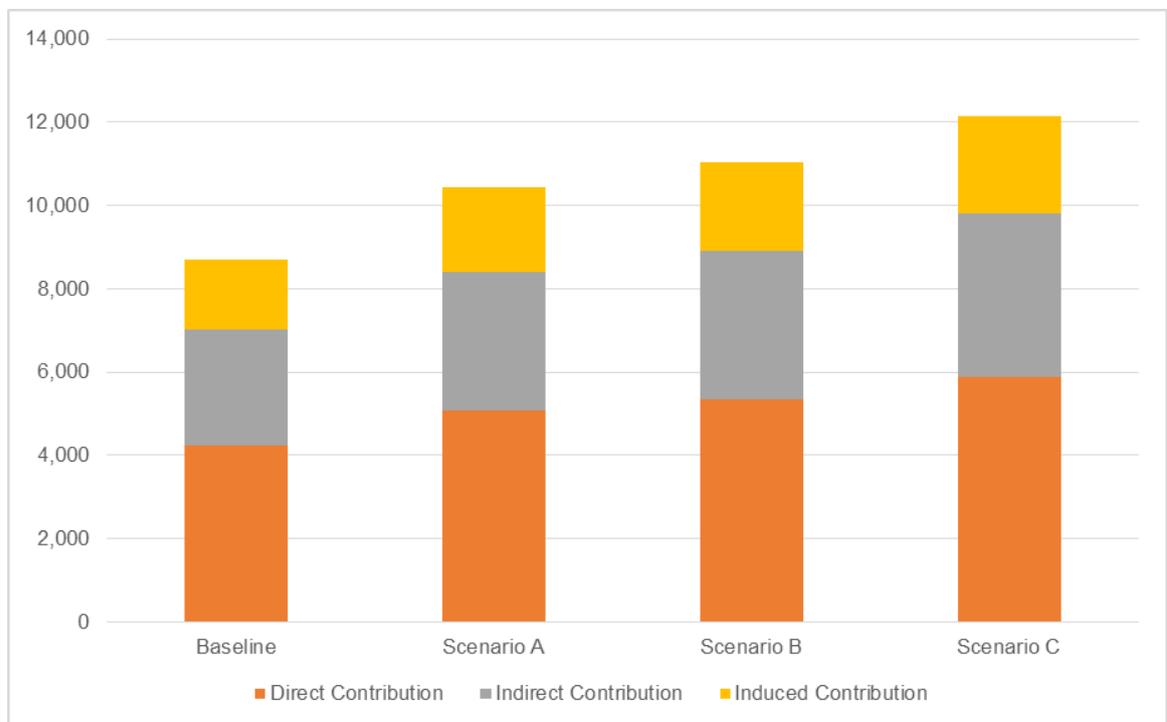
Figure 242 - Economic contribution of EU's accessible tourism under different scenarios: without/with travel companions

Scenario A

	Direct economic contribution			Total economic contribution		
	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)
Without companions	415,946	176,943	5,068	929,801	420,240	10,426
With companions	1,171,720	497,738	13,864	2,623,906	1,185,096	28,923

Scenario B

	Direct economic contribution			Total economic contribution		
	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)
Without companions	439,070	186,696	5,352	981,603	443,380	11,032
With companions	1,240,483	526,734	14,692	2,778,083	1,254,009	30,704

Scenario C

	Direct economic contribution			Total economic contribution		
	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)
Without companions	479,966	204,073	5,888	1,073,179	484,476	12,145
With companions	1,355,671	575,656	16,156	3,036,245	1,369,889	33,784

6.3.3 Results – International inbound markets

6.3.3.1 Direct economic contribution under different scenarios

As with the tourism demand under different scenarios, the economic contribution is expected to increase when more tourists are attracted to the EU destinations due to improved accessibility. Under different scenarios, the increase of economic contribution against the baseline situation comes from the additional budget that the travellers would be willing to spare (i.e., Option 1 in Q26 of the questionnaire, which states that the respondent is willing to visit some EU destinations and willing to increase travel budget) and the shift of tourism spending from other destinations to the EU destinations (i.e., Option 2 in Q26, which states that the respondent is willing to visit some EU destinations but not willing to increase travel budget).

Figure 243 shows the percentages of additional budget that the travellers would be willing to commit under each scenario. The numbers are applied to the baseline economic contribution figures.

Figure 243 - Percentage of extra budget under different scenarios by all travellers with access needs from the 11 key international inbound markets

Scenario	People with disabilities	The elderly population
Scenario A	5.24%	3.77%
Scenario B	13.93%	7.19%
Scenario C	32.20%	47.73%

Note: 1) The travellers here are those who have travelled to **any destination** in the last 12 months, irrespective of whether they have been to the EU or not. 2) The numbers are the average across all the 11 key international markets.

The estimation process of the economic contribution under each scenario is presented in Figure 244, which takes into consideration the additional budget and the shift of budget between destinations.

Based on Figure 244, Figure 245 further explores the distribution of economic contribution between existing travellers and new travellers. A general observation is that under each scenario, the majority of the economic contribution is associated with existing travellers, i.e., those who have visited the EU destinations over the last 12 months, although the dominant role of existing travellers is not as strong for the elderly population as it is for people with disabilities.

It can also be discerned that with the improvements in accessibility going further (from scenario A to scenario C), the role of new travellers becomes more and more important. The share of economic contribution generated by new travellers increases progressively, from 14.2% to 19.5% for people with disabilities, and from 17.1% to 34.6% for the elderly population.

Figure 244 - Estimation of direct economic contribution (gross turnover) of EU's accessible tourism under different scenarios

Scenario	Scenario A		Scenario B		Scenario C	
Group	People with disabilities	The elderly population	People with disabilities	The elderly population	People with disabilities	The elderly population
Baseline direct economic contribution (gross turnover, € million) [1]	6,957	9,539	6,957	9,539	6,957	9,539
Additional contribution by existing travellers (€ million) [2]	645	735	1,856	1,021	2,372	1,719
Contribution by new travellers (€ million) [3]	1,263	2,115	1,811	4,105	2,254	5,968
Direct economic contribution (scenario, € million) [4]=[1]+[2]+[3]	8,865	12,390	10,624	14,665	11,583	17,226

Notes: 1) Existing travellers are those who have visited the EU in the last 12 months;
2) Under different scenarios, the additional contribution by existing travellers comes from either the additional budget they would be willing to commit or the shift of spending from other destinations to EU destinations;
3) New travellers are those who have not been to the EU in the last 12 months but would be willing to travel to the EU under different scenarios; they may have been to domestic destinations or other international destinations, or simply have not travelled at all in the last 12 months;
4) Under different scenarios, the contribution by new travellers comes from either the additional budget they would be willing to commit or the shift of spending from other destinations to EU destinations.

Figure 245 - Breakdown of direct economic contribution under different scenarios between existing travellers and new travellers

Scenario	Scenario A		Scenario B		Scenario C	
Group	People with disabilities	The elderly population	People with disabilities	The elderly population	People with disabilities	The elderly population
Direct economic contribution (scenario)	8,865	12,390	10,624	14,665	11,583	17,226
of which, generated by						
Existing travellers	85.8%	82.9%	83.0%	72.0%	80.5%	65.4%
New travellers	14.2%	17.1%	17.0%	28.0%	19.5%	34.6%

Following the same estimation process presented in Figure 244, the economic contribution in terms of gross value added (GVA) and employment is also made available. The results, which are the sum of contributions by both people with disabilities and the elderly population, are shown in Figure 246. Based on the GVA figures, the equivalent direct economic contributions in terms of GDP under baseline, scenario A, B and C are €7,781 million, €10,028 million, €11,929 million, and €13,600 million.

Figure 246 - Direct economic contribution of EU's accessible tourism under different scenarios by people with access needs from the 11 key international inbound markets

Scenario	Gross turnover (output) (€ million)		Gross value added (€ million)		Employment ('000 persons)	
Baseline	16,496	increase against baseline	6,897	increase against baseline	268	increase against baseline
Scenario A	21,255	28.9%	8,888	28.9%	345	28.9%
Scenario B	25,289	53.3%	10,574	53.3%	411	53.3%
Scenario C	28,809	74.6%	12,048	74.7%	469	75.0%

Compared with Figure 237, which shows the increase of economic contribution against the baseline situation for the EU source markets, Figure 246 indicates a very optimistic picture. However, it should be noted that all the figures regarding the respondents' behaviour under different scenarios are only an expression of willingness, rather than the reality. Given that the scenarios are hypothetical at the time of the survey, caution has to be taken to interpret the survey results. Besides, unlike the EU countries which are more homogenous because they are a unified market and are subject to a more unanimous economic climate, the international markets are way much more diverse. There are developed economies, such as Australia, Japan and the USA, and emerging economies, such as Brazil, China and India. Each international source market may thus face unique factors that influence its outbound tourism demand.

Even though it can be expected that with improved accessibility the tourism demand by the key international inbound markets would see substantial growth, such growth (as shown in Figure 246) would inevitably be subject to various uncertainties.

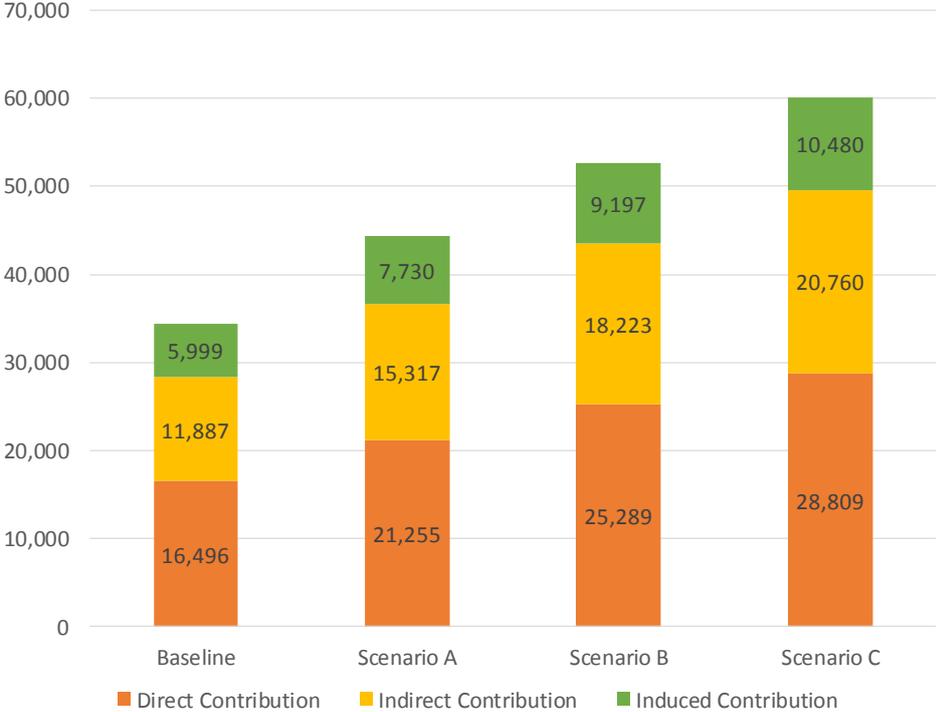**6.3.3.2 Total economic contribution under different scenarios**

Under different scenarios, the economic contribution of accessible tourism will also be amplified, according to the same multiplier effects summarised in Annex R. The total economic contribution, in terms of output, gross value added and employment, is presented in Figure 247. The total economic contributions of GDP, which include taxes and subsidies on products on top of GVA, are €16,901 million, €21,779 million, €25,910 million, and €29,530 million under baseline, scenario A, B and C. The magnitude of the increase between scenarios follows that of the direct economic contribution (see Figure 246). For the results of each individual source market, the country profiles in Annex T provide a summary.

Figure 247 - Total economic contribution of EU's accessible tourism under different scenarios by people with access needs from all the 11 key international inbound markets

Scenario	Total output Contribution (€ million)		Total gross value added contribution (€ million)		Total employment contribution ('000 persons)	
Baseline	34,382	increase against baseline	15,133	increase against baseline	538	increase against baseline
Scenario A	44,302	28.9%	19,500	28.9%	693	28.9%
Scenario B	52,709	53.3%	23,199	53.3%	824	53.3%
Scenario C	60,049	74.7%	26,433	74.7%	940	74.9%

Figure 248– Figure 250 visualise the build-up of indirect and induced effects, on top of the direct contribution.

Figure 248 - Total output contribution under different scenarios by people with access needs (unit: '000 000 €)

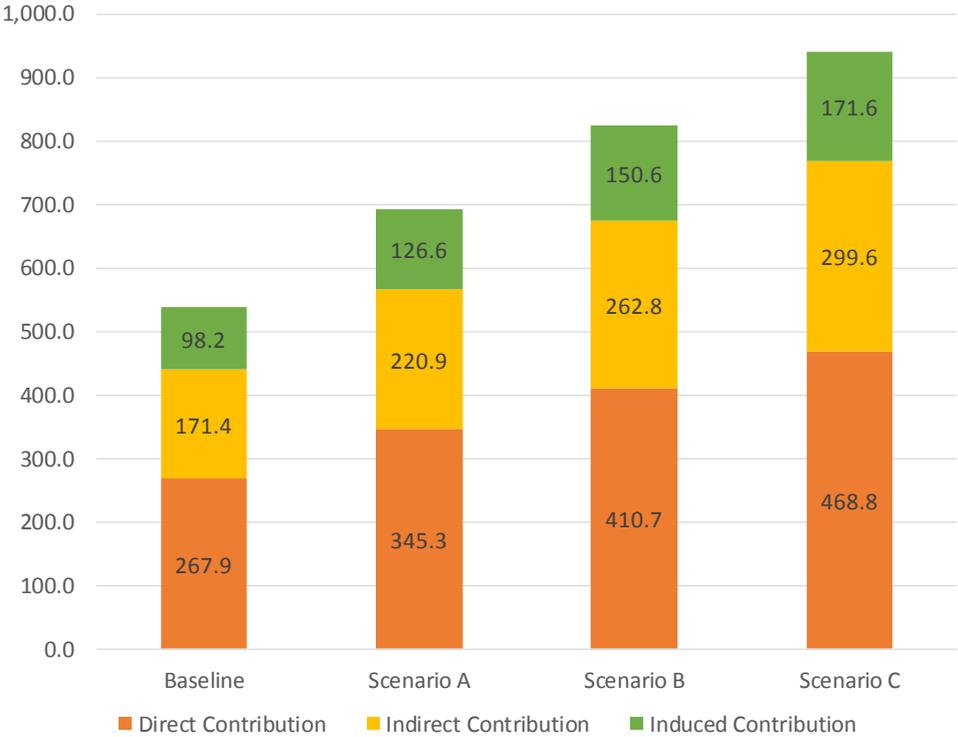**Figure 249 - Total gross value added contribution under different scenarios by people with access needs (unit: '000 000 €)**
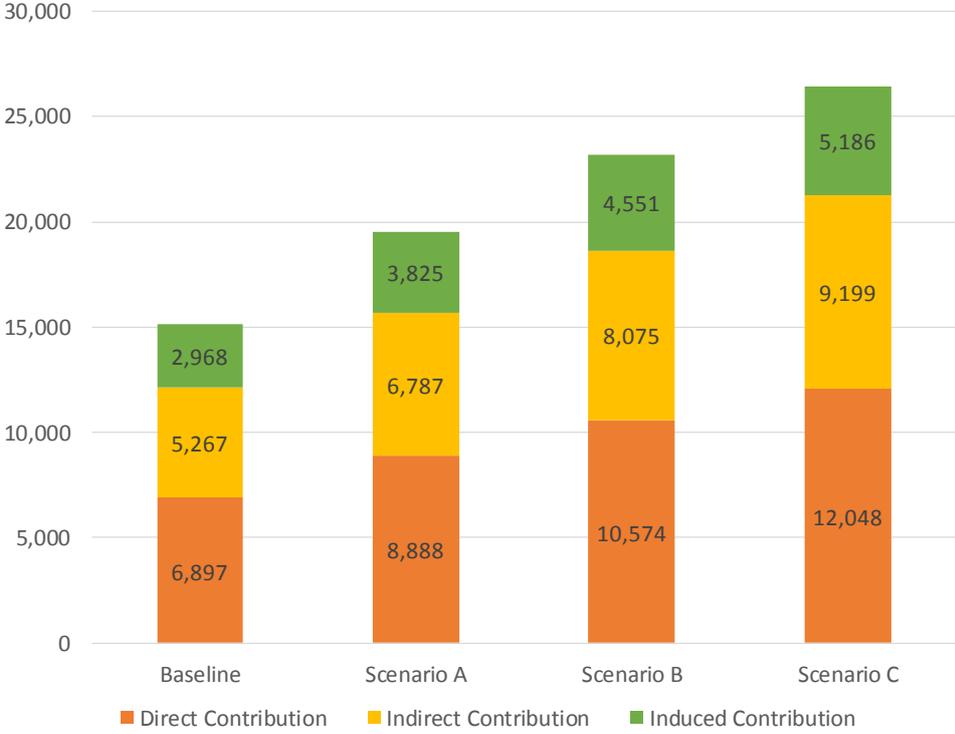
Figure 250 - Total employment contribution under different scenarios by people with access needs (unit: '000 persons)

6.3.3.3 Effect of travel companions

Based on Figure 231 and Figure 232, the multiplication effects of travel companions are calculated. Results presented in Figure 251 are the sum of contributions by all 11 international inbound markets. As opposed to the GVA figures, the equivalent direct economic contributions in terms of GDP generated by both the people with access needs and their companions are €29,664 million, €35,323 million, and €40,037 million under scenario A, B and C, respectively. The equivalent total contributions in terms of GDP generated by the people with access needs and their companions are €64,516 million, €76,827 million, €87,050 million under scenario A, B and C.

Figure 251 - Economic contribution of EU's accessible tourism under different scenarios: without/with travel companions

Scenario A

	Direct economic contribution			Total economic contribution		
	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)
Without companions	21,255	8,888	345	44,302	19,500	693
With companions	63,080	26,351	1,016	131,452	57,828	2,045

Scenario B

	Direct economic contribution			Total economic contribution		
	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)
Without companions	25,289	10,574	411	52,709	23,199	824
With companions	75,123	31,381	1,210	156,548	68,867	2,435

Scenario C

	Direct economic contribution			Total economic contribution		
	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)	Gross turnover (output) (€ million)	Gross value added (€ million)	Employment ('000 persons)
Without companions	28,809	12,048	469	60,049	26,433	940
With companions	85,082	35,549	1,373	177,310	78,010	2,761

6.4   Summary of hypothesis results

A number of hypotheses were formulated in relation to the demand for accessible tourism. Based on the findings discussed above, this section provides a review of the hypotheses.

➢ H1: France, Germany, Italy and the UK are the major European source markets for the EU's Accessible Tourism.

According to the estimated accessible tourism demand by each of the EU states in 2012 (see Figure 252, the top 10 source markets are listed below, with France, Germany, Italy and the UK ranked at the top, third, seventh and second, respectively. Therefore, H1 is mostly supported.

Figure 252 - Top 10 source markets for accessible tourism demand in EU

Rank	Source market	No. of trips ('000)
1	France	161128
2	United Kingdom	156027
3	Germany	121428
4	Spain	54828
5	Netherlands	39540
6	Sweden	32262
7	Italy	30787
8	Poland	30210
9	Czech Republic	29246
10	Finland	22405

Note: The number of trips includes both day trips and overnight trips.

➢ H2: The BRICS countries and the USA are the most important international inbound markets for the EU's Accessible Tourism.

Based on Figure 52, Figure 228, Figure 229 and Figure 230, the USA is the country that contributes the most tourism demand (up to 29.2%) and the most economic contribution (up to 30.4%). Hence, it is confirmed that the USA is the most important international inbound market for the EU's accessible tourism.

The next most important market is Switzerland, holding 20.2% of the demand and 18.5% of the economic impact.

The BRICS countries as a whole and Switzerland come very close. In terms of demand, the BRICS countries take up 20.1% of the share in total, with Russia being the best performer (10.9%). In terms of economic contribution, the BRICS countries have a share of 20.8% in total, with Russia contributing the most again (8.6%).

Therefore, H2 is generally supported.

- H3: Mobility facilities are the primary area of access needs, and sufficient attention should be paid to these facilities.[1]

  According to the distribution of impairment types among all individuals with disabilities in EU27 (see Figure 24) and the estimated accessible tourism demand by different types of impairments (see Figure 38), mobility impairments account for the highest proportion (about 36% within EU27 overall) apart from hidden impairments. Therefore mobility facilities are the primary area of access needs, and it is necessary to pay particular attention to these facilities. Hence H3 is supported.

- H4: The seniors have higher spending power than the people with disabilities, because they have higher wealth level and are more willing to spend on leisure activities.

  According to Figure 201, the EU-wide average daily spending of the elderly travellers is slightly higher than of people with disabilities as far as both day trips and overnight trips are concerned. Nevertheless, this pattern does not always hold at the individual country level (see Figure 202 and Figure 203). Overall, within EU27 the elderly population spent more on travel than individuals with disabilities and thus contributed more to the EU economy (see Figure 204). Beyond the EU area, the elderly population from the key international inbound markets spend roughly the same as the people with disabilities, when they travel to the EU (see Figure 219 and Figure 220). This general observation basically holds at the individual country level. Both groups spend approximately €1,000 per trip within the EU.

  Therefore, H4 is generally supported for the EU population with access needs, but not for the international inbound markets.

- H5: The seniors are more frequent travellers than the people with disabilities.

  As shown in Figure 28, the elderly population in EU27 travelled slightly more frequently than the people with disabilities for day trips (6.9 versus 6.7 trips per year), but the opposite trend is found with regard to overnight trips. Across EU27, on average the elderly population travelled 1.2 times less than people with disabilities. Therefore, H5 is partially supported.

- H7: Female senior customers will dominate the senior travel market, given the higher proportion of population.

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[1] Please note hidden impairments are a major type of disability but the related access needs are more varied and therefore less widely used and needed by smaller proportions of people.

As Figure 8, Figure 26 and Figure 27 show, the female senior population always outnumbers the male counterpart, and therefore account for a higher share of the senior travel market (58% with EU27 overall, 55% within 11 key inbound markets). Therefore H7 is supported.

➢ H8: Key parameters such as travel propensity, travel frequency, and expenditure level should be notably different across clusters.

According to Figure 29 to Figure 32, Figure 202 and Figure 203, across EU 27 countries the propensity, travel frequency, and average expenditure figures vary significantly for both groups of the people with access needs and as far as both day trips and overnight trips are concerned. Using overnight trips of the people with disabilities as an example, the travel propensity varied from 7.8% in Bulgaria to 85.7% in the Netherlands. The travel frequency varied from 3.9 trips in Malta and Slovenia to 8.1 trips in Ireland and Cyprus. With regard to average spending per night, it varied between 49.3 Euros (in Bulgaria/Hungary/Romania) and 123.6 Euros (in Germany/Italy). So H8 is supported.

➢ H9: The senior travel market will become even more important by 2020, given that the steep growth of the elderly population will continue.

• Within the EU27 area, based on the predicted growth both market segments of accessible tourism demand (see Figure 34), the senior travellers segment will grow much faster (about 2% annually) than the segment of the people with disabilities (only 0.12% per year)[1]. By 2020 the demand of the senior travel market is predicted to reach 518,647 thousand trips, accounting for 60% of total accessible tourism demand in EU27, 66% higher than the demand of the segment of individuals with disabilities (343,222 thousand trips). As to the key inbound markets, Figure 53 shows that the senior travellers segment will significantly outperform the segment of the people with disabilities, in the sense that the annual growth rate of demand by the senior travellers is predicted to be 2.9%, versus 0.55% by the people with disabilities. Thus H9 is supported.

➢ H10: China and India will be much more important than other inbound markets for Accessible Tourism.

From Figure 52, Figure 228, Figure 229 and Figure 230, it emerged that the USA is the most important inbound market due to its high share of tourism demand (29.2%) and economic

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[1] These are baseline forecasts assuming the travel propensity and frequency of the people with access needs remain unchanged.

contribution (30.4%) among all the inbound markets. In contrast, the shares of China and India are much lower. In terms of demand, China only accounted for 3.8% and India 0.7% in 2012. In terms of economic contribution, China accounted for 4.0% and India 0.8%. The reason for China and India falling behind is related to the extremely low departures per 100 people. Compared to a figure of 6.87 for the USA, it is only 0.38 for China and 0.16 for India.

Therefore, H10 is rejected.

➢ H41: The improvement of accessibility will help attract people with access needs to explore new destinations.

Figure 41, Figure 42, Figure 54 and Figure 55 show clear evidence that by improving accessibility of those destinations which are currently less accessible in Europe, people with access needs were keen to expand their travel to these new destinations. In particular, current non-travellers showed higher interest in travelling in future if accessibility could be improved. A higher level of accessibility improvements corresponds to a higher level of willingness to travel to the new destinations. Therefore, H41 is supported.

➢ H42: Extensive improvements of accessibility can generate significant economic contributions with respect to output and employment. As Figure 237 to Figure 241 and Figure 246 to Figure 250 clearly show, extensive improvements of accessibility (i.e., Scenario C) can improve the overall economic contributions by up to 36.5% and 39.4% (EU27 travellers), and up to 74.7% and 74.9% (international travellers) with regard to economic output and employment, respectively, as far as direct, indirect and induced effects are concerned all together. Therefore H42 is supported.

6.5   Limitations of demand forecasting and economic impact assessment

This project aimed to provide a broad picture of the scale of accessible tourism and its economic contribution in the European Union. Although rigorous methodologies and scientific procedures have been followed to achieve the objectives, the precision of the estimated results were inevitably affected by some limitations of the research design, which could not be avoided.

On the one hand, this project has three limitations that to some extent may lead to over-estimated results. First, using cluster representative countries' profiling parameters to infer the behaviour of other countries could only provide the best possible approximation rather than actual figures. Second, although the overall sample size of the main survey in the EU representative countries is large, the country specific sample sizes are relatively small for estimating the demand and economic contribution at the country level. The small sample also represented a challenge for the international

market survey as outliers (i.e. extreme values) were identified. Hence approximation is unavoidable in order to achieve meaningful results, even though this means the estimation would be less accurate. Third, an online survey is an effective way for primary data collection. Nevertheless, its limitation is also unavoidable, particularly in relation to the representativeness of the sample. Online survey tends to capture a higher proportion of active internet users. Particularly among the people with disabilities and the elderly population, these respondents may represent relatively well-educated population whose income level is likely to be above average. Their travel and spending behaviour also tends to be above average.

On the other hand, some underlying issues may render the results relatively conservative. First, the online survey was conducted in mid-2013 to capture the tourists' most recent behaviour in mid-2012 to mid-2013, during which the debt crisis in the Eurozone still haunted the EU area. Due to reduced personal income, the tourists might have acted conservatively when travelling. Once the economy recovers and people's income bounces back to pre-crisis level, the behavioural profiling parameters, such as travel propensity, travel frequency and expenditure per trip, could be improved against the current figures captured by the survey. Second, in forecasting the future tourism demand (in terms of trips), it is assumed that the behavioural profiling parameters will remain unchanged over the next decade. The reason for this assumption is that there are no relevant historical data available to infer the parameters' evolution, given that the current online survey is a one-off. Such restriction may overlook the intrinsic trend of people travel behaviour over time.

All in all, caution has to be taken when interpreting the estimation results, as exaggeration factors and conservative factors co-exist.

7   Task 5 - Recommendations and success factors

The study results show that the accessible tourism demand by people with special access needs from the EU generated a total economic contribution of 786 billion Euros in terms of total output and 356 billion Euros in terms of gross value added or 394 billion Euros in terms of GDP within the EU. This scale is equivalent to about 3% of total GDP of EU27 in 2012[1]. In addition, the people with special access needs from the 11 key international inbound markets generated a total economic contribution of 34 billion Euros in terms of total output and 15 billion Euros in terms of gross value added or 17 billion Euros in terms of GDP to the EU.

Demand for accessible tourism will also continue to grow in future, with the forecast of future growth suggesting that by 2020 the demand by people within the EU will grow to about 862 million trips per year whilst the demand by the key international inbound markets will reach 21 million trips per year, and possibly more if accessibility improves in the tourism sector. The forecast based on the most optimistic scenario tested in this study, based on extensive improvements in accessibility (Scenario C), shows that up to 39.4% of additional economic contribution associated with the demand by people within the EU could be achieved, which suggests that up to 1,073 billion Euros of total output could be generated, along with up to 12.1 million employed persons within the whole EU economy - taking all direct, indirect and induced effects into account. Moreover, under Scenario C, up to 74.9% of additional economic contribution associated with the demand by people from the key international inbound markets would be reached, which the whole EU economy will in total benefit from 60 billion Euros of economic output and 940 thousand employed persons. Besides, it was estimated that each individual with special access needs in the EU and beyond travelled with 1.9 companions on average. With the additional contribution from travel companions taken into consideration, the overall economic contribution related to accessible tourism demand could be further amplified by a similar scale. Another interesting trend is the growth of the population with access needs in inbound markets, which can have a positive impact on the EU tourism sector (see Tasks 1b and 4b).

However, the study shows that **travellers with access needs encounter problems and obstacles while preparing a trip or travelling** and that, in general, **destinations and service providers in tourism have insufficient awareness of the importance of accessible tourism** (see Tasks 3b, 2b and 4a). Many are not yet prepared for the demands of guests with access needs in terms of

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[1] According to the latest statistics from Eurostat:
http://epp.eurostat.ec.europa.eu/tgm/refreshTableAction.do?tab=table&plugin=1&init=1&pcode=tec00001&language=en

infrastructure, services and attitudes. Nevertheless the results show that the majority of tourists with access needs managed to find destinations that, in general, were satisfactory for them in that respect. This illustrates two important aspects:

- Even when facing difficulties in finding information, tourists with access needs are often able to choose destinations adapted to their needs.
- A number of destinations already benefit from accessibility as a competitive tool, either following the implementation of a specific strategy or through word-of-mouth.

In order to improve the accessible tourism offer and encourage demand, isolated and individual responses to support or develop accessible tourism do not address the issue adequately. Success depends on a professional and coherent approach tackling a range of factors and leading to a cost-effective implementation of initiatives. The present study therefore makes the following recommendations:

1. Commitment of the decision-makers

Under three scenarios of increasing accessibility levels, it was estimated that demand would increase respectively by 24.2%, 33.2% and 43.6% (see Task 1). For the tourism industry to realise these benefits and taking into account the diversity of social, economic or political systems, the implementation of accessible tourism generally stands a greater chance of success when it is also of benefit to the general tourist and **integrated in mainstream offers**. It is also an important task for decision makers to encourage service providers to invest in accessible tourism and to demonstrate its economic and social benefits to the whole community.

Service providers in tourism may also feel unsure about the strategy to follow because they are unaware of how to implement accessibility. Similarly guests encounter a variety of standards and labels across Europe and even within the same country (see Task 3b). The study suggests that the question of **harmonising standards and legislation** could be an important factor in improving accessibility, through better guidance for providers and clearer information for users. Existing legislation such as, for example, the Lifts Directive 95/16/EC have already shown the benefits of this type of approach. This harmonisation towards improved accessibility could also be an effective way to attract tourists with access needs from the growing inbound markets.

Strong and on-going support from politicians, administrators and decision makers in business is another key factor. This includes **support in education and training** as well as **direct financial**

support (see Tasks 3a, 3b and 4a). Many service providers who are aware of the issues are looking for stronger financial support and funding especially for accessible offers. In many countries, tourism in general is crucially dependent on public money. Accessibility and Design for All[1] should be considered for inclusion in the criteria for public funding and may also be considered a requirement in public procurements.

2. Coordinating and continuity

The study findings show that accessible tourism is considered a valuable business opportunity. Yet, in order to ensure future growth, it is anticipated that the industry needs to improve its **coordination efforts, particularly through public-private partnerships** and on local and regional level (see Task 4a). Accessible tourism requires long term commitment. Enhancement of services and infrastructure is an on-going task, which requires technical and financial resources as well as human resources and knowledge. To ensure the sustainability of the development process and a professional approach, it is useful to assign a **dedicated work unit or coordinator** within the management structure of tourism organisation with appropriate resources, particularly in terms of budget and time allocated to this role (see Task 3a). The coordinator's role would mainly consists of setting up and maintaining network communication, following up strategies and actions defined within the process plan and storing and circulating knowledge accumulated during the process. The higher the position of the coordinator within the management structure, the greater the impact of internal and external communication is.

3. Networking and participation

Accessible tourism is a complex subject and there are many potential pitfalls for service providers and destinations. Analysis of good practice and success stories shows that knowledge transfer flows more easily when organisations are part of wider **professional networks** of experienced service providers and experts on accessibility (see Task 3a). European countries have access to the ENAT network, and national or regional networks exist in many countries. Among the benefits are the exchange of knowledge, enhanced advertising opportunities and improved communication with client groups. In addition, these networks play an important role in putting accessible tourism issues on the political and administrative agenda.

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[1]Design for All is about ensuring that environments, products, services and interfaces work for people of all ages and abilities in different situations and under various circumstances.

Local networks among providers at a destination are a key factor for success as they enable closer collaboration to ensure accessibility along the entire tourism chain. In addition to including the entire chain, it is equally important to **guarantee the accessible offer across all categories of services and prices** offered at the destination. Indeed, the study shows that sizeable proportions of travellers feel they have to pay more or switch to more expensive services to benefit from an accessible offer (see Task 2b).

4. Strategic planning

Service providers, destinations and other decision-makers in tourism may often respond to demands of guests in an *ad hoc* fashion. This may be useful as a first step in responding to guests' needs. However, strategic planning is crucial for sustainable success, particularly when the forecasted increase in demand is taken into account. So, the development of accessible tourism should proceed strategically, and step by step:

1. On a strategic and long-term level, it is important to **be aware of the diversity of access needs and patterns of travel behaviour across different groups and countries, but also across individuals within groups,** and to target them in the most appropriate way. For instance, the results of the study show that it is not enough to focus just on wheelchair users or older guests. Those travelling with children complain about a lack of services for children, while diet-related aspects, such as special menus for allergies and religious restrictions, would enhance many travellers' experience (see Task 2b).

2. An **inventory of the current offer in terms of infrastructure, services and possibilities for improvement** might be a first step. It is important to involve guests and other stakeholders already at this stage of the process in order to incorporate the very best practice.

3. Having identified the strengths and weaknesses of the offer and the demands of potential guests, it can be advisable to **improve the offer gradually**. Often, just minor changes are enough to substantially enhance services and comfort for the guests (see Task 2b). Furthermore, **accessibility should be an important feature of long-term planning and investments** in modernisation of infrastructure. It is also crucial to develop **tools to listen to the specific requirements of guests** to establish accessibility priorities (see Task 3a).

4. The study shows that a well planned investment in infrastructures and service provision can make a good return on investment in the relatively short term as high proportions of tourists with access needs tend to return (see Tasks 3a and 2b). This can also be enhanced through **improved marketing and advertising strategies** taking into account accessibility features.

5. Knowledge management and qualification

Though accessibility is often considered merely a matter of infrastructure, services are at least as important. As shown in the study (see Tasks 2b and 3a), good services can overcome many obstacles in infrastructure, while poor service may prevent guests from enjoying accessible offers. For instance, an accessible toilet (the main barrier identified in Task 3b) is useless if staff do not inform guests that it is available. It is therefore important that all members of the staff acquire a solid knowledge base on accessibility through good **knowledge management**. This can be supplemented by information about good practice examples and with the experience of external experts in order to learn from the experience of other successful providers (see Task 3a).

Regular training of staff and management is also important to keep all service providers up-to-date and to help them to understand the demands and wishes of all guests. Many service providers still feel uncertain about how to treat a disabled guest or the specific needs of families with children. This is why many guests experience attitudinal barriers and find the way they are treated an important aspect of their trip (see Tasks 3b and 2b). Special training involving guests of different groups is very helpful and can ensure an on-going exchange between guests and providers ultimately leading to better quality services.

6. Optimisation of resources

Optimisation of resources has two dimensions: using as many resources as possible to meet the demands of a strategic development of accessible tourism while prioritising tasks along the service chain. A better understanding of travel behaviour and patterns can help improve specific aspects of the service chain within different tourism sectors (see Tasks 2b and 3b).

Most importantly, the study shows that overall, attitudinal barriers are encountered more often than physical access barriers across all sectors by individuals with different types of access needs. The **awareness and level of training of service providers** is thus an important factor across all sectors, as highlighted above.

In the pre-travel/ information gathering stage, the lack or limited **availability of information about accessible services** represents the biggest barrier for people with access needs. Therefore, the communication of accessible features of infrastructure and services remains to be improved (see recommendation 7.Communication and marketing).

Barriers encountered in the transport stage largely refer to airlines not ensuring an accessible environment. The **infrastructure of airports and aircrafts** (although significantly improved in recent years for people with mobility impairments) should therefore be better adapted to the needs of

travellers with access needs. In addition to transport from home to destination, moving around at the destination was seen as the sector where most barriers are encountered. This result shows the importance to improve, for example, the **accessibility of public transport, pathways and parking** for travellers with access needs.

In the entertainment sector, people experience the most barriers with **nature-based activities**, indicating that destinations should develop their offer on experiencing nature in an accessible way.

Usually all guests benefit from improvements in infrastructure and services. However, the results of the survey show that different sub-groups report different barriers (see Tasks 2b and 3b). While guests with limitations and seniors experience problems with the accessibility of toilets and private space, families face more problems in public services and leisure activities. **In planning improvements, the different needs and expectations of guests have to be taken into account**. Therefore, although improvement of toilets and ergonomics in general along with additional space are important factors, it is not possible to give general recommendations on how a service provider or a destination should invest: improvements targeting specific sub-groups are more likely to have an impact on the quality of the offer.

Aside from tourism chain stages and target group needs, **seasonality and price offers** are also aspects to take into account (see Task 2b). For many service providers, it may be profitable to shift the focus from the high season to the high percentage of people in all groups that travel off season. Besides, the study shows that many potential guests do not travel due to financial reasons. This underlines the need for accessible offers in the lower budget sector. In addition, it supplies a strong argument for social tourism – not just for guests with access needs.

7. Communication and marketing

People with access needs demand specific information when preparing their trip (see Task 2b). However, information on accessibility on websites and especially in brochures and other printed materials is often insufficient, technical and not user-friendly. Once individuals have tried and tested websites, these sources are then subsequently considered sufficient and reliable (see task 3b). Yet, familiarity with the existing sources that have been proven to be reliable together with the tendency to go back to these specific sources does not necessarily indicate that sufficient progress has been made in this area. Most importantly, information on accessibility is not integrated in general marketing and communication materials (see Task 2a). This is an issue as the results of the study show that people with access needs show similar patterns in preparing their holiday trips to tourists in general and only a small proportion use special-interest resources (see Task 2b). This is a strong indicator to **include sufficient accessibility information in mainstream tourism information**.

However, detailed features may be difficult to fully integrate in all general materials and special-interest media remain a useful resource to share more in-depth information. Regarding market segmentation, the study results advise against segmenting target groups based on different types of access needs. On the contrary, it suggests that as different access needs are present in any target group, accessibility should always be part of the offer.

Besides, many guests rely on **personal information and recommendations** which **should be an element of marketing strategies**. Social media play an important role in word-of-mouth-communication, especially among younger groups of guests, for instance the important group of families with children (see Task 2b).

Further to the efforts to improve accessibility through the involvement of decision-makers, better coordination, networking, strategic planning, knowledge management and the optimisation of resources, the key final step is to promote these accessible tourism services and products among travellers. Communication and marketing are therefore of particular relevance to embracing the business opportunities created by the demand for Accessible Tourism.

Roadmap to success

The above-mentioned recommendations and success factors should be integrated part of a process to implement Tourism for All approaches. This process can only be completed step by step and according to the specific situation at hand. Service providers, destination managers and administrations have to decide when and how to start, which path to follow and what targets to be achieved.

The development process usually takes place in four phases of transition[1]:

1. Awareness Phase
2. Starting Phase
3. Developing Phase
4. Consolidating Phase

All four phases display certain characteristics and actions that are common to all developments and the recommendations are of different importance in the different phases. Nevertheless, the recommendations can be prioritised and grouped according to the seven success factors and four phases of transitions as per Figure 253.

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[1] Neumann/Reuber 2004, Aragall/Neumann/Sagramola 2008, Neumann/ Pagenkopf/Schiefer/Lorenz 2008

In order to respond in an appropriate and balanced way to all recommendations and success factors mentioned before, the participation of all stakeholders and available resources has to be considered in all phases according to the local or regional culture and conditions.

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Figure 253 - Roadmap to success

	Awareness Phase	Starting Phase	Developing Phase	Consolidating Phase
1. Commitment of the decision-makers	Encourage service providers to invest in accessible tourism and demonstrate its economic and social benefits	Strong and on-going support from politicians, administrators and decision makers in business – including education and training as well as direct financial support	Harmonise standards and legislation to provide better guidance for providers and clearer information for users Integration in mainstream offers	
2. Coordinating and continuity		Assign dedicated work unit or coordinator within the management structure of tourism organisations with appropriate resources	Improve the industry's coordination efforts, particularly through public-private partnerships and on local and regional levels	
3. Networking and participation		Encourage knowledge transfer, particularly through professional networks		Guarantee the accessible offer across all categories of services and prices offered at the destination
4. Strategic planning	Raise awareness for the diversity of access needs and patterns of travel behaviour across different groups and countries, but also across individuals within groups, to target them in the most appropriate way	Install an inventory of the current offer in terms of infrastructure, services and possibilities for improvement	Improve the offer gradually, include accessibility in long-term planning and investments and develop feedback tools for customers to establish accessibility priorities	Improve marketing and advertising strategies by taking into account accessibility features
5. Knowledge management and qualification		Staff with a solid knowledge base on accessibility through good knowledge management	Regular training of staff and management	
6. Optimisation of resources		Using as many resources as possible for a strategic development of accessible tourism Prioritising tasks along the service chain		

7. Communication and marketing			Include sufficient accessibility information in mainstream tourism information Take personal information and recommendations into account in marketing strategies (e.g. through social media)	