

Chapter 33

Accessible tourist experiences

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Introduction

The disabled population is a critical consumer segment which is currently largely ignored or misunderstood by the tourism industry (Loi & Kong, 2017; Tchetchik, Eichhorn & Biran 2018). The World Bank (2019) estimates that 15 percent of the global population have a disability with around 190 million experiencing considerable challenges in functioning. Further, it is anticipated that by 2030, 100 million people will be living with a disability in the US alone (Tchetchik et al., 2018). Indeed, it is expected that the number of people living with a disability (PLwD) will increase to 1.2 billion by 2050 globally (World Bank, 2019). Other societal factors make such figures concerning. According to the United Nations (2015a), the number of people aged 60 or over will more than double to 2.1 billion by 2050. As a society, we are experiencing longer life expectancy yet fertility rates are also falling, meaning that the global population is increasingly ageing (Lee & King, 2019). As an example, the percentage of the global population over 65 years old has increased from 4.1 percent in 1900 to 16 percent in 2016 (Turner & Morken, 2016). This development has, in turn, meant that ageing is today one of the greatest economic and social challenges (Duedahl, Blichfeldt & Liburd, 2020). These challenges are further exacerbated as a result of the often times accompanying age-related disabilities (Vila, Darcy & González, 2015). Indeed, people with disabilities (PLwD) and seniors make up in excess of 20 percent of the global population (Vila et al. 2015).

As a result, societies across the world are faced with significant challenges, especially with an increasing focus on accessibility and inclusion in all areas of life (Michopoulou, Darcy, Ambrose & Buhalis, 2015). Yet, a study by the European Commission (2013) found that 70 percent of those requiring accessibility had both the financial and physical capabilities to travel and that PLwD tend to take longer vacations and spend more. The links between tourism and quality of life are well documented, with it improving physical, psychological

and mental health (Hartwell et al., 2018; Lee, Agarwal & Kim, 2012; Moura, Kastenholz & Pereira, 2018). Indeed, tourism has the ability of contributing positive emotions, life satisfaction and personal development (Agovino, Casaccia, Garofalo & Marchesano, 2017; Evcil, 2018; Yau, McKercher & Packer, 2004). Furthermore, tourism may also contribute to society through a realization of social equality, social integration and the reduction of social adaptation expenses (Eichhorn, Miller & Tribe, 2013; Lee et al., 2012).

In 1948, the United Nations General Assembly recognized the right to leisure and international travel as human rights under the Universal Declaration of Human Rights (United Nations, 2015b; also McCabe & Diekmann, 2015). Although there have been debates surrounding the extent these rights encompass tourism (Breakley & Breakley, 2013), many Western nations have interpreted them as such (McCabe & Diekmann, 2015). Nevertheless, within the developed world, the rights of people with disabilities are much more clearly defined. In 2006, the United Nations' Convention on the Rights of People with Disabilities (CRPWD) recognized the rights of people with disabilities (PLwD) to access services from all areas of citizenship, including transport and the built environment (Article 9), as well as all areas of cultural life (Article 30) (Michopoulou et al., 2015). Indeed, accessibility and inclusion are critical parts of the CRPWD, with the emphasis on living independently and enabling participation within society, including leisure, sport and tourism, as well as community inclusion (Darcy & Burke, 2018).

More recently, the UN has included 'Reduced Inequalities' as one of the 17 Sustainable Development Goals (SDGs), expanding the importance of accessibility (UNWTO, 2015). Likewise, the European Disability strategy 2010-2020 recognized accessibility as one of eight areas for joint action between the EU countries under the European Disability Strategy 2010–2020 (Agovino et al., 2017). Importantly, many of these principles are captured in disability legislation, such as the Equality Act 2010 in the UK (UK, 2010) and the Disability Act (1990) in the US (Department of Justice, 2010) in the US (Nyanjom, Boxall & Slaven, 2018; Shaw & Veitch, 2011), which further extend the UN's CRPWD as they focus particularly on the access needs of various areas of disability, including mobility, vision, hearing, intellectual/cognitive, mental health and sensitivities. Tourism is specifically included under such legislation, with legislation prohibiting service providers, such as accommodation, visitor attractions and restaurants, from denying full and equal access to services based on an individual's disability (Card et al., 2006). Nevertheless, access issues for PLwD are well-documented within the tourism industry (Buhalis & Darcy, 2011; Mesquita & Corneira, 2016; Nyanjom et al., 2018).

Experiences are at the heart of tourism (Tussyadiah, 2014). Indeed, to remain competitive, destinations seek to create and deliver memorable experiences to their visitors (Kim & Ritchie, 2014). Yet, tourist experiences are predominantly framed as hedonic with the focus overwhelmingly on stimulating positive emotions (Sedgley et al., 2017), and barriers to full participation in tourism experiences for PLwD remain (McKercher & Darcy, 2018). Some argue that tourist activities remain a distant dream for PLwD, with social exclusion a common reality (Pagán, 2015; Sedgley, Pritchard, Morgan & Hanna, 2017). Previous studies have, for example, highlighted various barriers to full participation in tourism experiences and these are believed to be one of many reasons why PLwD tend to have lower quality tourism experiences than those of the general population (McKercher & Darcy, 2018). In fact, the benefits of tourism experiences are largely inaccessible to PLwD, despite the obvious relevance to a demographic often deprived of opportunities to develop their physical, intellectual and social capacities (Kastenholz, Eusébio & Figueiredo, 2015).

The numerous barriers to PLwD participation in tourism include physical, environmental, economic and social barriers (Agovino et al., 2017). Perhaps not surprisingly, therefore, the concept of accessible tourism has become increasingly popular and viewed with growing importance within both academia and practice (Buhalis & Darcy, 2011; Cohen, Prayag & Moital, 2014; Vila et al., 2015). Yet, in reality, access issues remain common whilst scholars and practitioners alike continue to struggle to comprehend the needs of the wider disability spectrum (Bauer, 2018). In fact, the tourism industry has arguably neglected and, indeed, excluded PLwD and their carer(s), focusing instead on the ideal tourist (Small, Darcy & Packer, 2012). As such, the need exists to design experiences with the end-user in mind and in which the service provider emphasises with the tourist (Lam, Chan & Peters, 2020). Tussyadiah (2014) refers to this as human-centred design, whereby experiences are designed with a focus on stimuli such as senses, cognition, emotions and affect.

Accessible tourism

Accessible tourism promotes accessible services to PLwD and is an increasingly important focus-area within both academia and industry (Buhalis & Darcy, 2011; Rickly, 2018). The focus of accessible tourism is on inclusion as well as on the removal of barriers to travel for PLwD (Lam et al., 2020; McKercher & Darcy, 2018). In contrast to much medical research, accessible tourism adheres to the social model of disability, whereby it is the way in which the environment and society is organized that is considered to be disabling as opposed to it being the 'fault' of the individual (Gillovic, McIntosh, Darcy & Cockburn-Wooten, 2018;

Randle & Dolnicar, 2019). The theoretical underpinnings of the social model revolve around the way in which organizations, structures, processes and practices exclude, omit, overlook or deliberately discriminate against PLwD (McKercher & Darcy, 2018; Shakespeare, Watson & Alghaib, 2017). As such, the social model of disability recognizes that impairments are an inherent part of society and, therefore, the role of society is to enable full participation as opposed to disable people (Randle & Dolnicar, 2019). Hence, the model focuses on identifying barriers to participation and on either eliminating them or at least minimizing their impact (Randle & Dolnicar, 2019). By removing barriers to access to participation that effectively limit the functioning of PLwD, quality of life and wellbeing is improved (McIntosh, 2020). In fact, it is widely believed that tourist experiences may benefit socially marginalized groups of people by improving self-worth and thereby quality of life and wellbeing (McCabe, 2009; Sedgley et al., 2017).

Nevertheless, barriers to travel and participation remain and discourage people with disabilities from engaging in tourism (Bauer, 2018; Connell & Page, 2019a; McKercher & Darcy, 2018). Moreover, hostile attitudes toward people with disability are not uncommon and are often founded in a lack of awareness, education and training toward disability (McKercher & Darcy, 2018; Rickly, Halpern, McCabe & Hansen, 2020). However, somewhat worryingly, it has also been argued that owing to the growing importance of superior customer experience, managers in hospitality are wary of adopting positive attitudes towards PLwD over concerns of customer incompatibility (Tchetchik et al., 2018).

Accessible tourism is, at times, referred to as ‘disabled tourism’, ‘disability tourism’, ‘easy-access tourism’, ‘barrier-free tourism’, ‘inclusive tourism’ and ‘universal tourism’ (Lam et al., 2020). Critical to these concepts is the desire for accessible and inclusive experiences, meaning the removal of barriers for PLwD is key (Agovino et al., 2017; Lam et al., 2020). In their seminal work, Buhalis and Darcy (2011:10) defined accessible tourism as:

a form of tourism [...] that enables people with access requirements, including mobility, vision, hearing and cognitive dimensions of access, to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments.

Accessibility is considered to be contingent on the nexus between legislation and the built environment (Bohdanowicz-Godfrey, Zientara & Bąk, 2019). In fact, in many Western countries, service providers have a legal responsibility to comply with disability legislation,

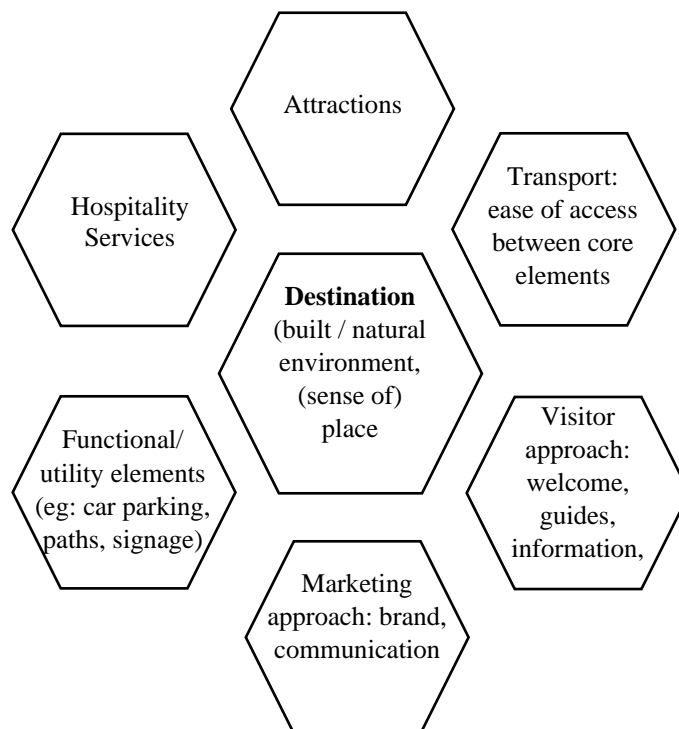
such as that in the UK and the US referred to above. Nevertheless, it is widely believed that the legislation is outdated as it typically only covers major disabilities, meaning the wider and growing disability spectrum, such as hidden and visual disabilities, are often disregarded (Deville & Kastenholz, 2018; Mesquita & Carneiro, 2016; Rickly, 2018). Or, as Randle and Dolnicar (2019) discovered, the Disability Act (1990) in the US effectively contained inadvertent loopholes owing to the growth of the sharing economy and organizations such as Airbnb. In that case, it was found that hosts with five rooms or less and where the owner resides at the property were able to disregard the legislation. In addition, previous research indicates that tourism service providers fail to provide accessible services to people with disabilities through an apparent lack of education and awareness (Connell & Page, 2019; Rickly et al., 2020). As an example, service providers within destinations often assume that by being wheelchair accessible, they are naturally accessible to all disabilities (Kong & Loi, 2017). Yet, this is a particularly complex demographic, including many types and levels of disabilities, meaning a one-size-fits-all approach is highly ineffective (Mckercher & Darcy, 2018). However, this is not just an issue for immediate tourism stakeholders as it seemingly reflects systemic issues across society, with architects, designers and planners also tending to reduce disability to medical and stereotypical notions, thereby disregarding the diversity and complexity of disability (Rebernik, Favero & Bahillo, 2020).

However, PLwD have a desire to travel. Indeed, their desire to participate in tourism experiences is considered the same as non-disabled (Tutuncu, 2018). Yet, the literature on accessible tourism experiences, particularly with regards to participation, is still in its early stages (Deville & Kastenholz, 2018). Nevertheless, this demographic is considered an under-developed market for the tourism industry, meaning destinations have an opportunity to seize a potential competitive advantage as well as an avenue to combat seasonality (Lee & King, 2019; Visit Scotland, 2019). As an example, the Purple Pound, the spending power of PLwD in the UK, is estimated to be worth over £249 billion and contributes £12bn to tourism in England (Visit England, 2016; We Are Purple, 2019). Furthermore, research also indicates that three out of four customers living with a disability have moved their business elsewhere due to disability awareness of businesses (Visit Scotland, 2019). Thus, it is incredibly important and relevant to understand the travel behaviours of PLwD and the factors that influence their experience, such as the barriers to full participation (Deville & Kastenholz, 2018). This is particularly so with regards to the development of accessible destinations and tourist products, especially with the goal of creating a civil society where PLwD are treated equally compared to others (Connell & Page, 2019a; Devile & Kastenholz, 2018). The need

has been recognized for a change in attitudes to facilitate, encourage and support accessible tourism experiences, with the understanding that these can be beneficial to PLwD’s personal development, wellbeing, improving the ability to cope with stress, improve health conditions, self-esteem, satisfaction and social inclusion (Devile & Kastenholz, 2018; Tutuncu, 2018).

Nevertheless, research has revealed that the tourism industry itself has struggled to consider, and indeed understand, the significance of this emerging demographic as a tourist market and its implications, with a disregard toward the wider disability spectrum beyond the wheelchair with regards to the needs of PLwD (Tchetchik et al., 2018). This is seemingly down to a question of education and awareness (Connell et al., 2019; Nyanjom et al., 2018). Indeed, delivering a satisfactory experience for PLwD at a destination level becomes even more complex owing to the fragmented nature of the destination, given that such an experience involves various different entities which all need to be accessible to PLwD and their carer(s) (Nyanjom et al., 2018). These include, amongst others, accessible transportation, hospitality facilities and visitor attractions (Vila et al., 2015). Connell and Page (2019a) further outline the many touch-points within the destination influencing accessibility and inclusivity. These are summarized below (see Figure 33.1). Evidently, delivering accessible tourist experiences is a major challenge.

Figure 33.1: Destination accessibility touch-points



Source: Adapted from Connell and Page (2019a)

Barriers and constraints to tourism

Key to accessible tourism is the design and delivery of experiences that adhere to its core values: independence, equality and dignity (Buhalis & Darcy, 2011). However, many barriers remain still today, such as attitudinal, physical and informational barriers, preventing this from becoming the reality (Lam et al., 2020; Randle & Dolnicar, 2019). The removal of barriers is a complex and challenging issue owing to heterogeneous access requirements of PLwD. Furthermore, McKercher and Darcy (2018) found that the literature tends to focus on physical and mobility disabilities, thereby neglecting other equally important fields, such as vision and hearing, families with children and intellectual disabilities. In this regard, design thinking, which is a process to solve challenges for the creation of tourism experience and successful tourism development (Sheldon, Fesenmaier & Xiang, 2017), would be able to drive innovative technological solutions to fulfil the access requirement of PLwD.

PLwD are confronted with various barriers and constraints to participation when engaging in tourism experiences (Lee et al., 2012). The literature on constraints to draws on leisure constraints theory and focuses on why individuals are unable to participate in travel or why travel preferences are changed as a result of the constraints (Crawford & Godbey, 1987; Jackson, Crawford & Godbey, 1993; Karl, Bauer, Ritchie & Passauer, 2020). Smith's (1987) seminal work categorizes barriers that PLwD experienced whilst travelling. He developed three categories: intrinsic (relating to a person's physical, cognitive or psychological state), environment (relating to infrastructure in place, such as buildings and transportation) and interactive (relating to the barriers disrupting the interaction of people and society). However, constraints do not necessarily prevent travel, but may force the tourist to adapt their travel behaviour from what it would be in the absence of constraints (Karl et al., 2020). This is referred to as the constraints negotiation model (Ying et al., 2020).

Crawford and Godbey (1987) categorized barriers to travel as intrapersonal, interpersonal and structural. Intrapersonal barriers revolve around the individual's psychological and physical characteristics, such as sensory impairment, motivation to participate and lack of sufficient knowledge (Huber, Milne & Hyde, 2018; Karl et al., 2020; Lam et al., 2020). Interpersonal barriers include barriers to interacting with service providers, travel companions and strangers during travelling (Lam et al., 2020). Finally, structural barriers revolve around the infrastructure of the destination, getting to and from the destination, but also financial resources (Lam et al., 2020). McKercher and Chen (2015) later added a fourth category, namely lack of interest; no amount of barrier removal would stimulate the desire to travel, if the PLwD simply has no interest in travel. The categories are

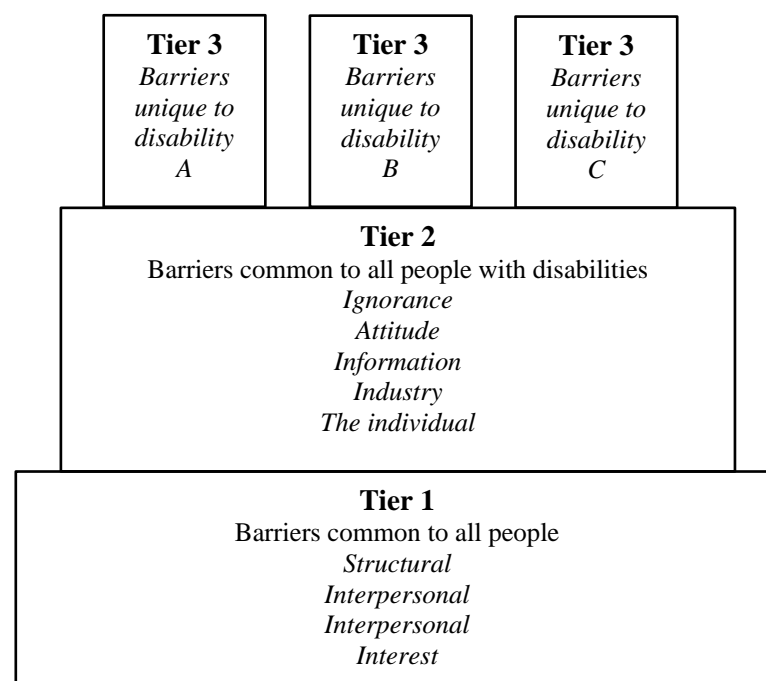
organised into a hierarchy with intrapersonal barriers at the bottom, meaning PLwD have to negotiate their way sequentially through the constraints successfully in order to participate in tourist experiences (Crawford et al., 1991).

Key to this argument is the understanding that whilst constraints may discourage participation, the motivation to travel may also break down such barriers (Karl et al., 2020). This may be achieved through coping strategies. Jackson and Rucks (1995), for example, identified two types of coping strategies: cognitive and behavioural. On the one hand, cognitive strategies relate to changes in cognition in order to cope with cognitive dissonance in order to accommodate leisure needs (Ying et al., 2021). On the other hand, behavioural strategies revolve around changes made to travel behaviour, such as rescheduling of activities and changes to the time or frequency of participation (Ying et al., 2020). Previous studies indicate that the likelihood of PLwD attempting to negotiate through barriers depends on variables such as motivation, attitudes and perceived benefits (Lyu, 2012; Ying et al., 2020). McKercher and Darcy's (2018) hierarchical and interactive framework, adapted and simplified in Figure 33.2 below, provides further structure to our understanding of the barriers that are experienced by PLwD. As in the previously discussed frameworks, this too is sequential although though barriers at one level may influence barriers at another. In addition, it highlights the increasing specificity of needs by categorizing barriers that impact on influencing to those barriers that are unique to PLwD, taking into account the dynamicity of disability (Mckercher & Darcy, 2018).

However, barriers to participation can also lead to a state of learned helplessness. This is not, perhaps, surprising; the barriers they face, societal overprotection and even levels of enforced dependency may result in PLwD eventually succumbing to a lack of confidence and demonstrating 'expected' behaviours as proposed in the theory of learned helplessness (Bauer, 2018). Although only limited research has been undertaken into the incidence of learned helplessness in the context of tourist experiences (Lee et al., 2012; Wen, Huang & Goh, 2020), it does provide a deeper understanding of why PLwD may opt out of travel and tourism, particularly once we have understood the constraints to participation experienced by PLwD. Seligman (1975: 33), who developed the theory, defined it as 'an effect resulting from the uncontrollability of aversive events'. Essentially, as PLwD continue to experience barriers and challenges to participation in tourist experiences, they will inevitably expect negative outcomes, meaning non-participation, and therefore stop attempting further participation in the future (Lee et al., 2012). Likewise, Smith (1987) argued that as a consequence of the impact of the barriers that PLwD experience, their decision making

process is influenced by a variety of personal characteristics, including self helplessness. Barriers to participation are, nevertheless, experienced differently among PLwD, because they do not comprise a homogenous group (Vila et al., 2015). To further explore how these barriers are experienced by PLwD, impairments can be categorized into three groups: physical/mobility impairments, sensory impairments and cognitive impairments (Dominguez et al., 2013). The following sections will provide some examples of barriers that PLwD might encounter within the tourist experience.

Figure 33.2: Hierarchy of barriers to travel by people with disabilities



Source: Adapted from McKercher and Darcy (2018)

Travelling with a physical impairment

Physical and mobility impairments include those that lead to physical mobility restrictions affecting limbs, back and / or neck. Such impairments can cause difficulty with physical and motor tasks, independent movement and performing tasks in daily life (Buhalis & Darcy, 2011; Dominguez, Fraiz & Alén, 2013). People who use mobility devices, such as wheelchairs, experience many access issues including getting in and out of transportation vehicles and disembarking at ports as well as when using hospitality services (Tutuncu,

2018). Issues surrounding travelling in a wheelchair at airports and on airplanes in particular are well documented (Bauer, 2018; Poria, Reichel & Brandt, 2010). The sheer size of some airports make them particularly inaccessible to people with mobility impairments, with challenges including long waits in uncomfortable temporary wheelchairs as well as long distances to gates and toilets (Bauer, 2018). However, once on the plane, there is also the issue of the transfer from the wheelchair to the seat which, in some cases, has caused pain to the tourist and led to undignified experiences whilst front-line staff appear ill-aware and lack appropriate training and education in the handling of passengers with disabilities (Poria et al., 2010). In addition, toilets on board the planes are largely inaccessible to people using mobility devices; Bauer (2018) describes them as painful, embarrassing and humiliating to use. Indeed, it would appear that passengers using mobility devices are prepared to go to lengths in order to avoid using these facilities by using nappies, catheters or bottles (Poria et al., 2010). However, others split their flight journeys to allow for toilet trips at the airport (Bauer, 2018). A further problem is that wheelchairs have to be stowed in the hold during the flight, and it is not uncommon for them to be returned damaged or even sometimes to go missing, meaning that the trip may be over before it has even started (Bauer, 2018). Thus, despite much of the focus related to tourist accessibility being on wheelchair access, barriers facing wheelchair users whilst travelling are not uncommon.

Travelling with a sensory impairment

Participating in tourism goes beyond mere physical access (Yau et al., 2004). Sensory impairment refers to those who have limited or no vision, live with an audiological impairment or have limited, impaired or delayed capacities to use expressive or receptive language (Buhalis & Darcy, 2011; Dominguez et al., 2013). PLwD may struggle with tasks requiring clear vision, clear hearing, written or oral communication, understanding information presented visually or auditorily or general speech capabilities, and have issues with conveying, understanding or using written and spoken language (Buhalis & Darcy, 2011; Dominguez et al., 2013; Vila et al., 2015). A number of impairments would therefore fall under this category, including the perhaps more obvious ones such as audiological and visual impairment, but conditions such as dementia, epilepsy and autism also involve sensory impairments (Connell & Page, 2019; McIntosh, 2020; Sedgley et al., 2017; Vila et al., 2015). Indeed, these latter conditions are considered to be hidden disabilities in the sense that there is no immediately obvious signifier of disability, such as a wheelchair or a guide dog, which

presents further challenges (Connell & Page, 2019a; McIntosh, 2020). Yet, the conditions play a critical role in travel experiences.

Given the increasing interest in the phenomenon that is accessible tourism, it is surprising that traveling with a visual impairment has to date been largely neglected (Bauer, 2018; Devile & Kastenholz, 2018; Richards et al., 2010). People with vision impairment (PwVI) experience similar barriers to other PLwD through a hostile society and inaccessible environments. However, unlike many impairments, PwVI often rely on a guide dog as a mobility aid which in itself may be problematic within tourism, for example with transport and in accommodation facilities (Rickly et al., 2020). Indeed, Rickly et al. (2020) encountered hostile environments toward guide dogs, despite their importance both as a mobility aid and also to the emotional wellbeing of the PwVI. Specifically, Rickly et al.'s study identified barriers similar to those discussed earlier in this chapter at airports, train stations, hotels and restaurants, including poorly trained front-line staff, a lack of awareness among the general public and front-line staff, as well as poorly designed environments.

At the same time, it is important to note that travel and tourism is also largely geared toward sighted people, promoting experiences dominated by words such as 'sightseeing' (Lam, Chan & Peters, 2020). The World Health Organization (2020) estimates that, globally, up to one billion people live with a visual impairment that could have been prevented or has yet to be addressed (WHO, 2020) whilst in the UK it is estimated that over 2 million people are visually impaired, a figure that is expected to increase owing to an ageing population and other underlying health issues (Small, 2015). It is further believed that PwVI are less likely to travel compared to those with other impairments, particularly in the context of international travel (Loi & Kong, 2017; Small & Darcy, 2010). Issues such as the fear of missing information, including information such as changes to flight details or train platforms, particularly in noisy environments, have been identified as a source of travel anxiety for PwVI (Poria et al., 2011). Another barrier to travel for PwVI revolves around the challenge of memorizing journeys, often a prerequisite owing to inaccessible environments. Basic aspects, such as signage and lighting, for example, are typically unsuitable for PwVI and indeed people living with sensory impairments, such as dementia (Connell & Page, 2019a; Darcy & Dickson, 2009). This becomes a particular problem when travelling (Bauer, 2018) and, as such, independence and confidence have a considerable bearing on travel behaviour (Loi & Kong, 2017).

Travelling with a cognitive impairment

Most research on accessible tourism has, to date, focused on visible disabilities such as physical impairments (McIntosh, 2020). Consequently, it is perhaps not surprising that industry and scholars alike struggle to comprehend the wider disability spectrum and, specifically, those surrounding cognitive impairment, also known as hidden or invisible disabilities. Matthews and Harrington (2000: 405) define hidden disability as ‘one that is hidden: not to be immediately noticed by an observer except under unusual circumstances or by disclosure from the disabled person or other outside source’. Hidden disabilities revolve around intellectual and mental health and are life-long illnesses that effectively lead to behavioural disorders (Vila et al., 2015). As a result, people living with a cognitive impairment may struggle to learn, have disorganized patterns of learning, struggle with adaptive behaviour, struggle to comprehend abstract concepts, have limited control of cognitive functioning, struggle with sensory, motor and speech skills and have restrictive life functions (Buhalis & Darcy, 2011; Dominguez et al., 2013). Impairments that fall into this category include autism, dementia and epilepsy (Connell & Page, 2019b; McIntosh, 2020; Sedgley et al., 2017), and quality of life is considered to be reduced for those living with such impairments owing to the limiting factors with regards to positive life experiences and personal control (McIntosh, 2020). Nevertheless, research in these fields is extremely limited and only recently has any significant attention been paid to these areas.

According to Kong and Loi (2017), some simply assume that people living with a cognitive impairment have no interest in participating in tourism experiences (Kong & Loi, 2017). This, however, is not necessarily the case; people living with cognitive impairments still have a desire to engage in tourism experiences but, unfortunately, tend not to feel supported and that places are inaccessible (Connell & Page, 2019b). As an example, research indicates that access issues for people living with dementia can be numerous and revolve around mobility, memory-loss, visual perception and spatial awareness, information provision (including websites), interaction with the environment, accommodation and paying for goods and services, but also with regards to the design and colour of the infrastructure, including transport and signage (Klug et al., 2017; Connell & Page, 2019b). Yet, many of these issues are also relevant for someone living with autism, and indeed other cognitive impairments.

Social exclusion is a common factor amongst people living with cognitive impairments (McIntosh, 2020). This can have severe consequences; people living with autism, for example, have increased chances of experiencing depression, and anxiety as a

result of social exclusion (Sedgley et al., 2017). In such instances, once again, barriers remain person-centred as well as societal, arguably presenting levels of intrapersonal, interpersonal and structural barriers (Crawford & Godbey, 1987). Barriers within society are largely a result of a lack of training and education among front-line staff and a lack of awareness within wider society (Connell & Page, 2019; McIntosh, 2020; Sedgley et al., 2017). This has led to a poor understanding of cognitive impairments and, in turn, has created a stigma that has caused misconceptions and negative stereotypes, thereby leading to social exclusion (McIntosh, 2020). As a result, cognitive impairments do not just affect the person psychologically, but also socially (McIntosh, 2020). Indeed, people living with autism or dementia, for example, often struggle with social interaction and imagination, find communication problematic and many may find it difficult to understand social norms and struggle to comprehend others' emotions

The challenge for destinations, and the tourism industry more broadly, is that society has yet to fully comprehend what these impairments mean to the people living with them (Connell & Page, 2019a). However, this is slowly changing. The UK, for example, is at the forefront of dementia care, where the focus is not only on finding a cure for the disease but also on how to live well with it (Klug et al., 2017). For example, Visit Scotland (2019) published a dementia-friendly toolkit for the Scottish tourism industry, providing guidelines on how to deliver dementia-friendly experiences. It is hoped that such initiatives will also help educate society and remove the current prevalent stigma surrounding people with dementia, and indeed that they may be useful for addressing other cognitive impairments, such as autism and epilepsy.

The following section provides a small case study of an award-winning family vacation resort in Denmark, called Feriecenter Slettestrand, which prides itself on its disability-friendly facilities. The analysis of the resort and its facilities was carried out using information from their website as well as the resort's Instagram page and Access Denmark, an organisation founded in 2003 in collaboration with Visit Denmark, HORESTA (Hotel, Restaurant and Tourism industry) and Disabled Peoples' Organisations Denmark (Access Denmark, 2020). The websites accessed are listed separately at the end of the chapter.

Feriecenter Slettestrand, Denmark

Feriecenter Slettestrand, which will be referred to simply as Slettestrand in what follows, is a vacation resort on the north-western coast of Denmark close to one hour's drive from the city of Aalborg. It has been family owned since 1999, when John and Inger-Marie Kronborg

purchased the resort. John and Inger-Marie both had backgrounds in special education, working with children living with various impairments. As such, their aim was, and remains, to deliver an experience where people, irrespective of their circumstances, are able to participate equally and experience nature. They refer to this as vacations with freedom.

Today, Slettestrand is well-known across Denmark as a prime resort for people with or without impairments. It was awarded the North-Jutland Disability prize in 2005, the Danish Prize of Initiative, owing to its unique and accessible facilities; it has also received a five-star rating by Handi-Travel-Info and is recognized as meeting all seven accessibility criteria by Access Denmark. These accessibility criteria revolve around: (i) wheelchair users; (ii) people living with motor impairments; (iii) people living with visual impairment; (iv) people living with audiological impairment (v) people living with asthma and other allergies; (vi) people living with cognitive impairment; and (vii) people living with reading difficulties. Slettestrand promotes an experience with a focus on the self rather than the disability, with the understanding that it is the environment that disables as opposed to it being the fault of the visitor. This approach is very much along the lines of the social model of disability (Randle & Dolnicar, 2019).

The resort boasts various facilities, including swimming pools which are accessible to wheelchairs and which are also used for rehabilitation exercises, and apartments with lifts, whilst activities include customized horse carriages and specialized bikes and vehicles. As such, the resort has removed many barriers to participation for people with a physical impairment, avoiding the aforementioned challenges of uncomfortable transport in temporary wheelchairs (Bauer, 2018). However, rather unfortunately, there is no indication that Slettestrand is accessible to disabilities beyond those requiring wheelchair access, apart from a statement declaring they meet all seven accessibility requirements of Access Denmark (a statement that is nevertheless supported by Access Denmark on their website). As an example, the resort's disability-friendly page on the website highlights only the needs of those in wheelchairs. In contrast, no mention is made of how Slettestrand is accessible to people living with a sensory or cognitive impairment and, hence, it is not possible to ascertain the extent to which the resort remains accessible to PLwD beyond those of the physical nature, despite this being advertised rather prominently.

Thus, one can refer back to the accessible tourism literature in which Kong and Loi (2017) argue that many tourism stakeholders believe that by being wheelchair accessible, they are accessible to all disabilities. Certainly, that is the immediate impression a potential visitor to Slettestrand would have. Indeed, much like the literature on accessible tourism

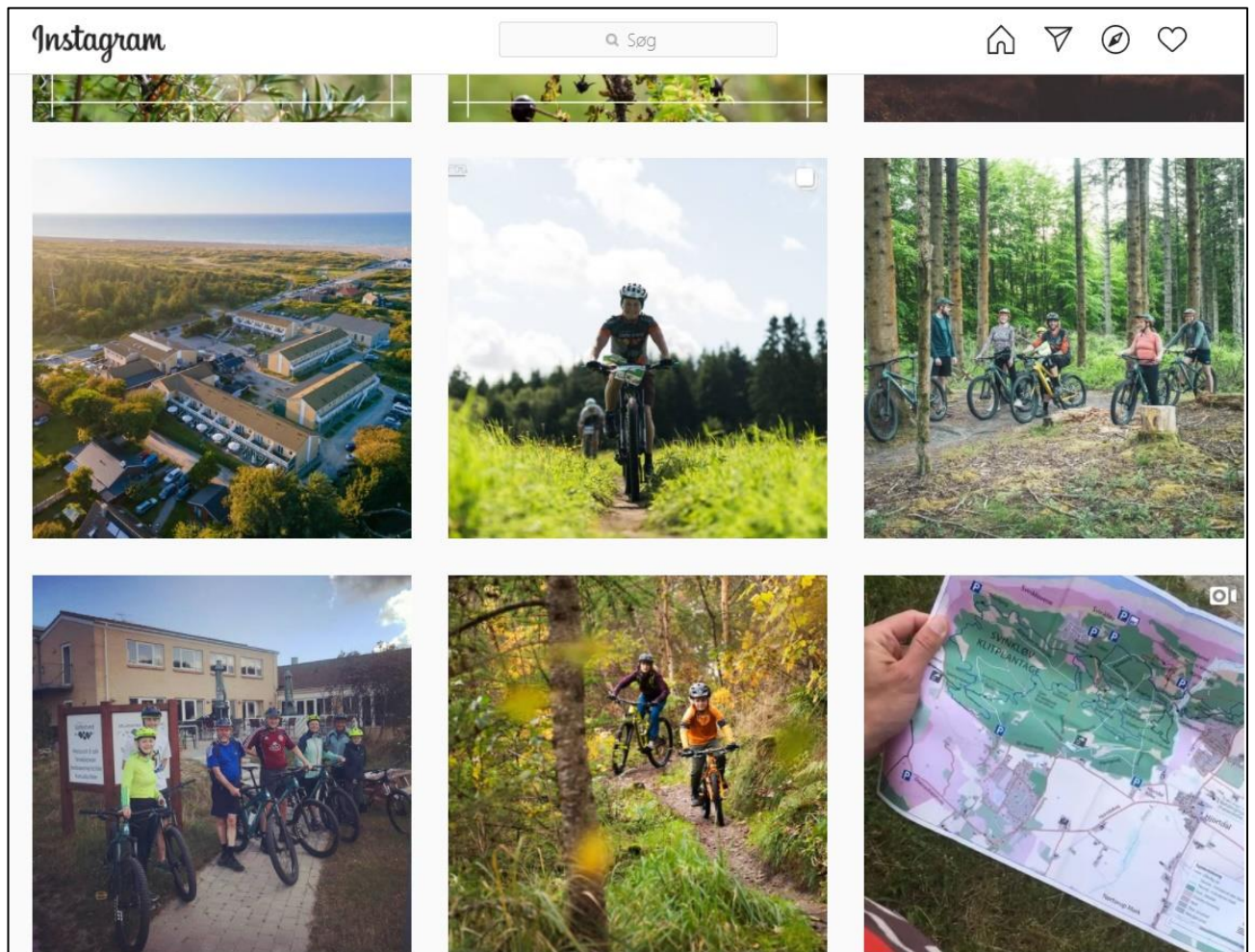
(McKercher & Darcy, 2018), the resort is appears to focus predominantly on physical and mobility disabilities. This would further indicate that attitudinal, informational and physical barriers remain for those with sensory and/or cognitive impairments, as argued by Lam, Chan and Peters (2020). Whether this links back to the issue of customer compatibility remains unclear (Tchetchik, 2018), yet it is easy to see how a resort promoting activities that are particularly physical in nature may discourage PLwD from participation.

However, Slettestrand is not just for PLwD but also people without disabilities who, in general, are in pursuit of an active vacation. Certainly, on the resort's Instagram page, it is outdoor walks and mountain bike-related activities that are mainly promoted as opposed to anything more closely related to an accessible vacation (See Figure 33.3). In fact, beyond family values and environmentally friendly behaviour, the resort's Instagram page primarily appears to promote adrenaline-fuelled activities more akin to those offered by an adventure tourism visitor attraction (Hansen, Fyall & Spyriadis, 2020), with little regard to highlighting their disability-friendly features. Yet, online features such as websites and social-media pages are also considered part of the accessibility equation in the context of the ease of access of destination infrastructure (Connell & Page, 2019). As such, owing to the lack of information provided on Slettestrand's website and Instagram page, people living with sensory and/or cognitive impairments may be confused and look elsewhere for a vacation resort, despite the promise of the resort being accessible to various disabilities.

Conclusion

Accessible tourism is a concept attracting increasing attention within both academic and tourism sector circles. With people with disabilities becoming increasingly common, in part reflecting changing demographics around the world, contemporary society is facing one of the greatest economic and social challenges. Most developed countries have some form of disability legislation to enable equal access across society for PLwD. Indeed, the creation of a civil society has become a priority for many countries, whilst 'reducing inequalities' is one of the seventeen Sustainable Development Goals established by the United Nations. Yet, as considered in this chapter, various barriers to accessible tourism experiences for PLwD continue to exist. The desire to participate in tourism is evident amongst PLwD, yet the industry is clearly struggling to facilitate such experiences. This arguably reflects a lack of awareness, understanding and training within the industry and, indeed, across society more generally.

Figure 33.3: Feriecenter Slettestrand



Source: Instagram (2020)

This chapter has highlighted how some of the more obvious disabilities, such as physical and mobile impairments, tend to attract more attention both within the literature and in practice, undoubtedly adding to this lack of awareness. Not only is this discussed widely in the literature explored for the chapter but also exemplified in the mini case study of Feriecenter Slettestrand in Denmark, a resort in which experiences are marketed as being widely accessible but are primarily focused on physical and mobile impairments. This lack of awareness is most likely also adding to the current stigma surrounding many disabilities, such as autism, epilepsy and dementia, which in turn has added to levels of social exclusion. Certainly, it contributes to the barriers experienced by PLwD when travelling.

This chapter has also highlighted how infrastructure may contribute to barriers to participation. This is perhaps the more obvious type of barrier, yet the mini case study demonstrated how a resort promoting itself as disability-friendly may quickly discourage PLwD from participating owing to an ambiguous website in which it claims to be accessible

to seven different types of impairments but only describes its facilities in relation to physical and motor-related impairments. Connell and Page (2019) specifically referred to information provision, including that of websites, as one of a number of infrastructural barriers causing access issues for PLwD. In addition, this chapter has explored the many different types of barriers to participation in tourism experiences for PLwD and it is clear that industry is some way off of being able to deliver such experiences.

Nevertheless, as suggested here, tourism experiences can alleviate social exclusion and contribute to wellbeing and quality of life. Equally, from the service provider's perspective, providing accessible experiences is not only a legal and, perhaps even moral obligation, but may also very well contribute to a competitive advantage. Further research is, however, required, particularly in the fields of tourist experiences, in relation to cognitive impairments. It is also likely that many in the tourism industry, as well as many tourism scholars, do not possess expertise in accessibility issues and hence, are unable to deliver such experiences. Thus, future research would benefit from an interdisciplinary focus on accessible tourism.

Websites accessed for the case study

<https://nordjyske.dk/nyheder/pris-til-feriecenter-slettestrand/5d77cf7f-86ae-4b03-a722-947bd01f3924>

<https://handi-travel-info.dk/Rejsemaal.aspx?id=36>

<https://slettestrand.dk/handicapvenlig/>

<https://slettestrand.dk/>

<https://slettestrand.dk/om-os/>

https://www.instagram.com/feriecenter_slettestrand/

<http://accessdenmark.com/>

<http://accessdenmark.com/purpose-of-the-labelsystem/purpose-of-the-label-system-105>

<http://accessdenmark.com/factsheet/feriecenter-slettestrand-2371-1>

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