

## **ACCESSIBLE TOURISM IN CENTRAL-EASTERN EUROPE – THE PRESENT SITUATION AND DEVELOPMENT POSSIBILITIES**

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### **Abstract**

Approximately 15% of the world's population live with some form of disability, and this proportion is expected to rise in the future. Despite undoubted progress in recent decades, the participation of people with physical, organoleptic, intellectual etc. disabilities in tourism is often blocked by different mental, physical, organisational etc. barriers, or the lack of interest and attention on the part of tourism service providers, even in countries with a relatively high level of socio-economic development, and so the tourism sector is losing a significant economic opportunity, as accessibility is opening up a potential new customer base. Based on the findings in international and Central-Eastern European literature, the results of international studies and research, including statistical data from a recent four-country survey in Central-Eastern Europe, the paper demonstrates the achievements of accessible (or inclusive) tourism so far and outlines some possible solutions for making the tourism sector more inclusive. It also proves that the increased inclusion of people with disabilities is a largely untapped economic opportunity, and also a moral obligation of the majority societies. The overall conclusion of the paper is that accessible tourism may improve the performance of tourism by the inclusion of a large and until now largely unutilised segment, provided that more attention is paid to their special needs and the provision of accessibility becomes a mainstream attitude in the tourism industry.

Keywords: accessibility, disabilities, inclusive tourism, sensitisation, Central-Eastern Europe, Hungary.

### **INTRODUCTION: THE SIGNIFICANCE OF ACCESSIBLE TOURISM**

It is a widely accepted fact that tourism is one of the most dynamically developing sectors of the world's economy and a phenomenon that now concerns a major part of the planet's population ("total tourism", see Michalkó, 2023). However, despite the seemingly (over-)saturated market and the more and more frequently mentioned phenomenon of overtourism (Milano, Novelli & Cheer, 2019; Vagena 2021), there are still significant reserves in the further growth of the tourism sector, one of which is people with disabilities (PwD). The participation of this target group in tourism is much underrepresented compared to their share from the population, even in advanced economies with relatively well-functioning social

services and tourism sector, not to mention the countries with less developed economies or the third world countries.

The World Health Organization (WHO) defines disabilities as follows: “Disabilities 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.” (<https://www.emro.who.int>, 2025)

According to the Center for Disease Control and Prevention, the national public health agency of the United States, a disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions), and the following forms of disabilities exist: vision; movement; thinking; remembering; learning; communicating; hearing; mental health; and social relationships (Center for Disease Control and Prevention, 2025).

We can be affected by this issue at any time, just think of our advancing age (but an accident can also make someone permanently disabled at any time). Special needs occur in older age for everyone, but there are also many other situations in life that can give rise to special needs: e.g. undergoing rehabilitation after an accident, having young children (Darcy & Dickson, 2009), being pregnant women or parents pushing a pram etc.

There are a number of situations, circumstances and health challenges which can put the “owner” in the category of disabled: obesity or chronic illness such as asthma or diabetes or live with food intolerances are all problems that may prevent them from participating in certain tourist activities requiring substantial physical effort. Some authors classify people with allergies as Pwd (Zsarnóczy, 2018).

The number of Pwd is expected to increase in the coming decades, due to factors like the increase in life expectancy – people live longer than they did generations ago, and reaching old age typically leads to locomotory, sensory etc. disabilities; and the fact that the development of medical services allows more infants born with disabilities to stay alive, and they (and their families) may become a new target group of tourism in a few years. Also, if we consider the growing number and proportion of people with chronic health conditions, allergies, food intolerances, the growth in the number of people in need of accessibility including accessible tourism services, will rise in the coming decades (Schiefert & Matteucci 2018).

The economic benefits that Pwd may mean for tourism are as follows:

- the Baby Boomer generation is now in the retirement age, and they will be much more active participants in tourism than the previous generations were;
- new technologies open up greater opportunities for Pwd;
- many Pwd have to travel with (an) assisting person(s), so the inclusion of one disabled person in tourism actually leads to the inclusion of more than one person in many of the cases.

Despite these evident facts and figures, the access of Pwd to tourism services (especially, but not limited to, travel services and accommodations) is often problematic, seriously restricting their possibilities to participate in the “beatific” travel experience (Michalkó, 2010), in the worst case excluding them from travelling, leaving them no other choice than to stay out of travel completely, in the fear that inaccessible services would make their travel impossible (Gonda & Raffay, 2021). Evidence suggests that it is (public) transportation and the access to tourist attractions that poses the main barriers to the travels of Pwd (Gonda & Raffay, 2021; Csapó et al., 2025).

## **THEORETICAL BACKGROUNDS**

Historically, “accessibility” appeared in tourism research with Smith’s (1987) conceptual work on barriers to leisure participation – intrinsic, environmental and interactive – followed by early use of the label “Accessible Tourism” in the English Tourism Council report “Tourism for all” (Baker, 1989). Fieldwork-based studies in the 1990s, influenced by the Social Model, examined market value and barriers for Pwd and highlighted transport accessibility (Darcy & Daruwalla, 1999; Darcy, 2002).

Accessible Tourism initially referred to the removal of barriers that prevent people with impairments from fully enjoying tourism experiences (Buhalis & Darcy, 2012). Over the years it has evolved into a broader process of reshaping the – physical, informational, online and attitudinal – tourism environment on the basis of the principles of universal design, so that destinations and services can be used by all people regardless of age, condition, capacity or impairment (Buhalis & Darcy, 2012; Buhalis & Michopoulou, 2011; UNWTO, 2016). The rise of accessible tourism is linked to two major shifts in postmodern/post-industrial societies: (1) new democratic and identity values that reframed disability and placed the social “normalisation” of Pwd on the public agenda; and (2) the progressive “cultural normalisation” of tourism, as rising affluence and welfare-state measures transformed tourism from an elite

activity into a widely affordable aspiration among working and middle classes (Rubio-Escuderos, García-Andreu & de la Ros, 2021). A further stage of this trajectory is the recognition of tourism as a universal right. Two documents basically influencing the development of tourism impacted accessible tourism: the declaration of the Manila Conference (1980) affirmed the right to tourism as part of human fulfilment, emphasising the „right to access to holidays and to freedom of travel and tourism” in general and implicitly mentioning Pwd in social tourism as “an objective which society must pursue in the interest of those citizens who are least privileged in the exercise of their right to rest” (UNWTO, 1980), and UNWTO’s Global Code of Ethics for Tourism that explicitly encouraged and facilitated tourism for Pwd in Art. 7(4): “Family, youth, student and senior tourism and tourism for Pwd, should be encouraged and facilitated” (UNWTO, 1999).

As a scholarly field, accessible tourism emerged at the intersection of tourism studies and disability studies (Rubio-Escuderos, García-Andreu & de la Ros, 2021), yet, despite increased recognition, research remains comparatively young and substantial work is still required to understand and advance accessibility across destinations (Darcy & Dickson, 2009; McKercher & Darcy, 2018). The contemporary relevance of accessible tourism is strongly shaped by the shift from medicalised interpretations of disability to social and multidimensional approaches, which emphasise that many travel limitations arise because destinations and firms are not prepared to meet diverse access needs (Darcy & Buhalis, 2011). Tourism is associated with well-being and happiness, supporting arguments that the rights of PwD to enjoy leisure and travel on equal terms should be recognised. Accessible tourism is increasingly framed as both a development strategy for destinations and enterprises and a growing issue for public welfare programmes, as expectations of entitlement rise (Buhalis & Darcy, 2010; Buhalis & Michopoulou, 2011).

From 2000 onwards, accessible tourism gained momentum in high-impact periodicals, with largely exploratory qualitative designs and pilot quantitative surveys on behaviours, motivations, experiences, barriers, travel-agent perceptions and accessibility priorities: key findings included segmentation by severity of impairment (Burnet & Baker, 2001), motivations such as outdoor activity and sport, novelty, relaxation and freedom (Shaw & Coles, 2004), and the disproportionate burden of accessibility deficits in accommodation and transport (Daniels, Rodgers & Wiggins, 2005). Research also noted financial constraints and reliance on budget packages (Shaw & Coles, 2004), careful pre-trip information gathering (Ray & Ryder, 2003), scepticism towards traditional travel agents (McKercher, Packer, Yau

& Lam, 2003), and strong well-being effects – positive trips can enhance confidence, while negative experiences can deter future travel (Yau, McKercher & Packer, 2004).

A notable institutional development was the establishment of ENAT (European Network for Accessible Tourism) in 2006 and the subsequent OSSATE Report reviewing accessibility information systems across EU member states (ENAT, 2019). For 2007–2019, two edited volumes became core references: *Accessible tourism: Concepts and issues* (Buhalis & Darcy, 2010) and *Best practices in accessible tourism* (Buhalis, Darcy & Ambrose, 2012). Over time, exploratory work declined relative to specialised studies; experimental approaches became more common; and theories from other fields (e.g., destination competitiveness, value co-creation, learned helplessness) were increasingly applied. Research broadened across five thematic clusters: (1) experiences and motivations, increasingly integrating biopsychosocial perspectives – e.g., learned helplessness as a mediating mechanism in barrier effects (Lee, Agarwal & Kim, 2012), health perception shaping participation (Pagán, 2012), and strategies used by blind tourists to overcome constraints through individual, interpersonal and structural resources (Devile & Kastenholtz, 2018); studies also highlighted escape from “objects of care” roles (Blichfeldt & Nicolaisen, 2011), social integration and identity benefits (Kastenholz, Eusébio & Figueiredo, 2015), and problematic travel segments such as flying (Poria, Reichel & Brandt, 2010); (2) technological accessibility needs, focusing on ICTs, online information quality and assistive-technology compatibility, with calls for detailed, format-accessible information and systems supporting filtering, personalisation, interoperability and route-level accessibility mapping (Buhalis & Michopoulou, 2011; Darcy, 2010); early work suggests social media can expand knowledge sharing and raise awareness (Altinay, Saner, Bahçelerli & Altinay, 2016); (3) market strategy studies, emphasising heterogeneity by type and degree of impairment (Buhalis & Michopoulou, 2011), with accommodation accessibility as a dominant satisfaction driver and willingness-to-pay factor (Darcy, 2010; Lyu, 2017), and comparative competitiveness analyses between countries (Vila, Darcy & González, 2015); (4) industry attitudes, where firms often improve accessibility primarily to comply with legislation rather than to pursue opportunity, with persistent misconceptions and limited stakeholder collaboration (Darcy & Pegg, 2011; Nyanjom, Boxall & Slaven, 2018); and (5) foresight, which frames accessible tourism implementation as requiring social change, multi-stakeholder alignment and long-term planning, including links to sustainability and lifecycle functionality – arguing Universal Design can support

operations, reduce costs, advance equality and strengthen sustainability (Michopoulou, Darcy, Ambrose & Buhalis, 2015).

Rubio-Escuderos, García-Andreu & de la Ros (2021) identify two central limitations in accessible tourism research. First, methodological constraints: small qualitative samples often recruited through Pwd associations and convenience/snowball methods, reflecting “hard-to-reach” population challenges and the invisibility of many impairments, with many surveys therefore conducted online (e.g. Buhalis, Darcy & Ambrose, 2005; Darcy & Buhalis, 2011). Broader random, census-based or stratified approaches could reduce bias and enable comparisons across socio-demographics. Second, conceptual complexity: disability is diverse and socially contingent, and studies need sharper scoping to assess the relative weight of contextual factors for specific impairment types. Intellectual and hidden impairments remain under-studied, representing a major gap.

There is substantial literature on accessible tourism from the four countries of the questionnaire survey in the empirical part of the paper: Croatia, Hungary, Poland and Romania as well, clarifying the current state of accessible tourism research in Central-Eastern European contexts. Across all four cases, a recurring conclusion is that policy attention and market rhetoric have grown faster than systematic academic evidence, while research – if exists – identifies accessibility as a multidimensional issue spanning physical/technical infrastructure, information provision, staff competences and attitudinal barriers.

In Croatia, the international-language research base is both recent and relatively small, with the reviewed corpus concentrated after 2019. Several studies nevertheless provide clear signals about demand, supply gaps and governance. Gonda (2021), drawing on a survey conducted in Hungary and comparing results with Germany, Italy, Spain and Croatia, reports that Pwd strongly support inclusion policies and travel more frequently than the overall population, implying that tourism stakeholders have a substantive incentive to engage with this segment. However, because Croatia is only one of several comparative markets and the Croatian subsample is small, the author cautions against generalisation. By contrast, Gregoric, Skryl & Drk (2019) use a representative sample to diagnose a broad need to adapt tourism facilities, arguing that travellers with disabilities seek equal participation but are frequently restricted by inadequate provision. Their recommendations are operational and governance-oriented: destination management planning, the development of forms of tourism aligned with diverse impairment types, cross-sector collaboration (health facilities, tourism communities, family businesses, small enterprises and renters), the removal of “mental barriers”, and staff

training. Pókó (2022) further frames accessible tourism as a rapidly expanding market segment and, through exploratory work in Hungary and Croatia, foregrounds the lived difficulties encountered during travel. The paper stresses the value of reliable cross-border information infrastructure – especially an online database of accessible facilities and trips in neighbouring Croatia and Hungary – alongside mainstream products and programmes (gastronomy, concerts, sports) designed to be inclusive without being segregated, and improved online information to encourage nature-based and even extreme-sport participation where feasible and safe.

Croatian studies also highlight the role of local governments and the importance of mobility and interpretation in destination accessibility. Popović, Slivar & Gonan Božac (2022) emphasise that accessible tourism extends beyond mobility to include intellectual, mental, visual, speech and hearing impairments, as well as conditions such as stroke. Focusing on five major Istrian destinations, they assess municipal planning documents, organisational activities, project participation and coordination practices, finding that none of the units studied has a dedicated programme for equalising opportunities for Pwd: accessibility measures are partial elements within broader strategies and plans, with some from earlier planning periods. While the study does not directly sample Pwd, it adds a valuable governance lens by demonstrating how accessibility can be normalised within “responsible” tourism policy and linked to revenue generation for accessible destinations. Relatedly, Škaja, Bašić, Vuk, Stiperski & Horvat (2019) adopt a participatory methodology with power wheelchair users to map physical barriers and street navigability in Zagreb, producing accessibility maps and an interactive online GIS tool, and proposing further methodological refinement and a mobile application to support route planning. Their work underscores transport as a decisive factor in destination choice (also implied by Gonda, 2021) and positions navigational tools as a bridge between urban accessibility and tourism participation. Finally, Tubic, Vidak & Kovacevic (2022) examine interpretive tools and assistive technologies within Croatian national parks via in-depth interviews with park directors, identifying limited development and uneven provision (e.g., orientation lines, tactile sensors, adapted mobile applications, audio descriptions and accessible sanitary facilities). Authors link poor web-based information to low visitation, note the absence of statistical monitoring, and highlight organisational constraints like limited capacity to adapt tours and insufficient staff training, collectively characterising national-park accessibility as emergent rather than established.

Hungary presents a longer and more diversified trajectory, although accessible tourism research intensified only towards the end of the first two decades of the 21st century. Early contributions in *Turizmus Bulletin* remain influential: Végh (2005) argues that the travel needs of Pwd are fundamentally similar to those of their non-disabled peers while documenting persistent disadvantages and sectoral challenges (transport, accommodation, spas and the role of animators). Gálné Kucsák (2008) draws attention to the relative invisibility of visually impaired travellers in accessibility thinking and identifies lack of information as a central constraint, while Csesznák et al. (2009) discuss museum accessibility through the lens of inter-institutional cooperation and equal opportunities. From 2010 onwards, the literature expands across formats and disciplines: broader quality-of-life framing (Michalkó, 2010), conceptual and empirical work on technical accessibility (Farkas, 2019), theses addressing disability, special needs and information accessibility (Dorogi, 2012; Mező, 2019), and applied studies in Hungarian journals on hotel-industry conflict management and equal opportunities (Kovács & Kozák, 2016; Gondos, 2019), as well as EU-level perspectives on accessibility and parasport tourism (Zsarnóczky, 2018). A legal-institutional strand is also present (Farkas & Nagy, 2020).

A notable development in Hungary is the increased international visibility of authors publishing in foreign journals, including Zsarnóczky (2018), Gonda (2021), and Zsarnóczky & Zsarnóczky-Dulházi (2019), as well as empirical work on managerial attitudes in hospitality (Sharma, Zsarnóczky & Dunay, 2018). The Erasmus+ Peer-AcT project functioned as a major catalyst, generating cross-country good-practice mapping and a questionnaire survey among Pwd (Gonda & Raffay, 2020, 2021), with additional dissemination via research summaries and workshop outputs (Gonda & Raffay, 2021). Institutionally, a conference held in Orfű in 2020 consolidated a national research community and led to a thematic issue in *Turisztikai és Vidékfejlesztési Tanulmányok (TVT)* in 2021, where studies addressed both general patterns (e.g., travel frequency: Gonda & Raffay, 2021) and specific sub-sectors, such as cultural facilities (Angler, 2021; Máté, 2021), wine tourism (Slezák-Bartos, Máté & Guld, 2021), river cruising (Pókó, 2021), and accommodation (Horváth, 2021). Subsequent work includes place-based analysis linked to Veszprém as European Capital of Culture (Raffay-Danyi & Ernszt, 2021) and a philosophical reframing of equal access (Farkas, Raffay & Dávid, 2022). Among Hungarian tourism journals, TVT has become the primary sustained outlet for accessibility scholarship, while international collaborations have supported publication in higher-ranked journals (Ernszt, Tóth-Kaszás,

Péter & Keller 2019; Csapó & Gonda 2019, 2025; Gonda 2024; Farkas, Raffay & Dávid, 2022).

Poland's literature, largely from the last decade, is distinctive for its breadth: it spans theoretical and conceptual discussions, empirical studies at scale, and a substantial body of practical guides and publicly funded good-practice compilations. Conceptually, Zajadacz (2015) offers a critical analysis of disability models as a basis for policy change, emphasising the value of synthesising paradigms often treated as opposed (notably medical and social models) in order to support accessible tourism development. Review-oriented work such as Lubarska (2018) focuses on how researchers classify barriers and constraints, comparing Polish and international typologies and identifying the most frequently applied categories. Empirical studies range from urban tourism (Popiel, 2014, on Kraków) to rural contexts with a large quantitative sample (Żbikowski, Siedlecka, & Kuźmicki, 2019), where education and professional activity emerge as key stimulants of tourism participation alongside family circumstances. Further contributions broaden the determinants of participation by linking tourism to leisure-time structure and preferences (Magiera, 2020) and examining how personal qualities shape tourist activity (Trybuś, 2023). The Polish literature also contains a specialised stream on sensory disabilities, including museum communication technologies such as beacons (Manczak & Bajak, 2020), and a sustained research programme on deaf tourism and accessible information provision (Zajadacz, 2012; 2014; Zajadacz & Szmal, 2017), as well as work on inclusive outdoor well-being environments for blind and partially sighted users through sensory gardens (Zajadacz & Lubarska, 2020; 2019).

A further Polish emphasis concerns ageing and senior tourism studies addressing demographic change and its market implications (Bąk, 2012), socio-demographic determinants (Grzelak-Kostulska & Hołowiecka, 2012), local participation and motivations (Kunysz, Rzepko, Drozd, Drozd & Bajorek, 2017), economic status and changing activity patterns (Markiewicz-Patkowska, Pytel, Widawski & Piotr Oleśniewicz, 2018), and accommodation-sector opportunities and challenges in an ageing society (Żmuda-Pałka & Siwek, 2019). Borzyszkowski & Michalczak (2021) add a policy-oriented review of initiatives to increase senior travel, translating European experiences into recommendations for Polish tourism policy. Importantly, Polish scholarship often treats accessible tourism in a broad, "tourism for all" frame that includes Pwd, older travellers and families with children (e.g., Zajadacz, 2017; Zajadacz & Lubarska, 2019a; Szał, Zajadacz, Lubarska & Minkwitz, 2021). Within this frame, criteria-based auditing of cultural heritage accessibility features prominently: Zajadacz & Lubarska (2019b) and Szał, Zajadacz, Lubarska & Minkwitz (2021)

propose catalogues of criteria structured around three core components – physical/technical preparation, information systems, and staff competences – illustrated through the Piast Trail case and used in practice for accessibility audits. The review also observes a terminological shift in Poland, with “availability” becoming a common descriptor and the English-derived “accessible tourism” replacing earlier expressions such as “tourism without barriers” and “tourism for disabled people”.

Romania’s reviewed literature places strong emphasis on structural barriers, the nascent state of provision, and the role of social tourism and responsible tourism frameworks in driving inclusion. Paşcalău-Vrabete and Băban (2018) analyse mobility-impaired individuals’ lived experiences in post-socialist Romania through phenomenological interviews, identifying themes that connect identity formation to social exclusion, physical barriers and the need to challenge medical-productivist perspectives. Oreian and Rebeleanu (2016) examine the social economy as a facilitator of socio-professional integration, including gendered aspects of employability for people with mental disabilities, implying that labour-market integration and social policy are closely intertwined with the conditions that enable travel participation. Social tourism is presented as a “market of the future” for disadvantaged groups (Mihaela, 2019), yet Simon, Busuioc, Niculescu & Rădulescu (2017) and Simon, Bogan, Frent & Barbu (2018) argue that social tourism, including tourism for Pwd, remains underdeveloped and poorly monitored, with limited participation data and inadequate national-level information.

Romanian research also documents emerging initiatives and persistent infrastructural and informational deficits. Mihaela (2019) describes Motivation Foundation Romania’s online accessibility map established from 2013, alongside building accessibility assessment leading to an “accessibility mark”, and notes a limited number of tourism providers meeting criteria. Babaita (2014) investigates societal openness to this market segment and explores attitudes of non-disabled people towards Pwd, arguing for the development of a social model in tourism scholarship. Within responsible tourism, Văduva, Petroman, Marin & Petroman (2021) synthesise barriers (environmental, infrastructural and social) and propose implementation measures aligned with international guidance, including public–private partnerships, international cooperation, training, diversified transport systems and accessible destination promotion. Sector-specific studies highlight accommodation choice challenges (Butnaru, 2010), the application of indicator systems such as ETIS (Tudorache, Simon, Frenţ & Musteaţă-Pavel, 2017), and family tourism involving children with disabilities (Tecu et al., 2019), where inadequate preparation among authorities, tourists and employees, as well as cultural and economic constraints, limit participation. Qualitative and applied studies

repeatedly identify limited accessible infrastructure in hotels and resorts (Munteanu, Rizea, Ilie & Sârbu, 2014; Babaita, 2012), low levels of overall development (Rabontu, 2018), the need for software platforms to support safe route planning and information communication (Tecău, 2017), and widespread accessibility deficits across hotels, transport and tourist sites despite legal obligations under Romanian Law 448/2006 (Cernaianu-Sobry, 2011). Empirical evidence from Braşov County and other settings points to recurrent difficulties around transport, attraction accessibility and information for both disabled travellers and companions (Epuran, Tecau, Constantin, Tescasiu & Chitu, 2020; Brătucu, Chitu, Dinca & Stefan, 2016; Brătucu, Chiţu, & Demeter, 2015). Finally, Crismariu (2017) characterises Romania as being in an awareness-raising and early-stage phase, where training, principle-setting and groundwork are prerequisites for subsequent development; Bordeianu (2015) too notes limited understanding and weak enforcement of disability-related legislation, coupled with superficial sectoral knowledge about how to implement accessibility.

Taken together, the four-country review indicates uneven research maturity and differing emphases: Croatia's recent scholarship provides targeted insights into governance, mobility and protected-area interpretation but remains limited in volume; Hungary exhibits rapid consolidation, institutionalisation and internationalisation, particularly following the Peer-AcT project; Poland offers a broad and methodologically diverse body of work linking disability, ageing and family travel, with strong applied outputs (criteria catalogues, audits and guides); and Romania's literature foregrounds systemic constraints, social tourism's underdevelopment, and the early-stage nature of accessibility implementation, while also documenting nascent digital and certification initiatives. Across contexts, the most consistent cross-cutting message is that accessible tourism is best understood as an integrated policy-and-practice domain requiring infrastructural adaptation, reliable information ecosystems, skilled and sensitised staff, and governance mechanisms that embed accessibility as a standard feature of destination development rather than a peripheral add-on.

This paper aims to remedy the first research gap: having access to populations that lie out of the most common social groups where informants are usually selected from, it relies on a questionnaire survey conducted in four Central-Eastern European countries, reaching a total of 1,175 people living with disabilities. The main aim of the research was to identify the issues of general accessibility and accessible tourism in Hungary and three other Central-Eastern European countries (Croatia, Poland and Romania), the factors that hold back or discourage Pwd from travelling in the respective countries and, equally important, to find

solutions to remedy these issues and make recommendations for a more inclusive tourism sector.

## DATA AND METHODS

The research was conducted in the framework of an international research project called Accessible+, led by the University of Pécs in Hungary, in 2023–2025 (Csapó et al., 2025). The project partnership included, in addition to the University of Pécs as a lead partner, Adam Mickiewicz University in Poznań, Poland; University of Zagreb in Croatia; and Sapientia Hungarian University of Transylvania, Romania. Besides a detailed review of literature on accessible tourism in the four countries, two extended questionnaire surveys were conducted in each country:

1. the “able-bodied” society was conducted in all four countries, with a sample of over 4,000 respondents from the four countries combined (representative of the respective societies), in an attempt to gain a deeper understanding of the attitudes of the general public towards the state of development of accessible tourism in their countries, their attitudes towards the needs and requirements of this specific demand segment, and their knowledge about possible barriers for Pwd; and
2. a research carried out among people with various disabilities, conducted in parallel in the four countries in the period October 2023–January 2024 with a sample of 1,175 people. The main objective of this survey was to identify patterns of tourist behaviour of Pwd, their limitations in tourist travels, as well as important directions of education of staff working in tourist services in the field of accessible tourism (Csapó et al. 2025). The empirical findings of the paper are from this latter questionnaire survey.

Given the difficulties of reaching this specific segment, a sample of almost 1,200 respondents can be considered as a good basis to draw conclusions from, conclusions that are generalisable not only to other Central-Eastern European countries but also to countries with different socio-economic development paths, as previous research findings show that the issues of inclusive tourism, the travel difficulties for Pwd are quite similar in other countries of Europe (Gonda 2021).

The basis for conducting the research was a survey form created jointly by the research teams representing the four countries involved in the project – initially in English, then

translated into national languages to alleviate the research. The research was conducted face to face and based on an electronic form. The selection of the sample was based on availability. Having collected the responses, results were recorded in English and in simple statistical summaries (number, percentage of indicated responses), enabling further, in-depth statistical analyses. Before discussing the research results, the characteristics of the respondents were presented, including features like gender; age; marital status; the level of highest finished school education; employment conditions; settlement type of place of residence of the respondent; country of residence; and type of disability. Respondents' characteristics also included the following variables by type of disability: limitations in everyday functioning; limitation of individual mobility; disability from birth; ability of leaving home to deal with everyday matters.

As regards the general characteristics of respondents, a slight majority were women (54%) compared to men (43%) – some did not want to answer this question or indicated the “other” category. Respondents most often described their limitations in everyday functioning as “slightly limited in my daily activities” and “intermittently need assistance with daily activities”. Most of the respondents “can travel on all means of transport without any assistance” (36%) and “need assistance to get around on some public transport” (31%). Nearly half (49%) of men and 47% of women indicated their disability from birth. The study involved adults aged 18 to over 66. The largest groups were those aged 36-50 (29%), 51-65 (19%) and 26-35 (19%). It can be noticed that the highest percentage of respondents stating that they “need constant supervision” are people in the youngest age group 18-25 years (14%). The largest part of this, the youngest group also indicated “cannot get around without an assistant person” (24%).

In terms of marital status, most indications included the categories of “single” (44%) and “married” (29%). The most common limitations: “I can't get around without an assistant person” were mentioned in the group of singles (23%) and divorced people (22%). As regards the highest finished school education, the most common answers were “Secondary school” (32%) and “Vocational school” (20%). The percentage of people with a university or bachelor's degree decreases with the increase in limitations in everyday functioning from 59% in the “am slightly limited in my daily activities” group to 2% in the “need constant supervision” group, but there is no such relationship with regard to the limitation of individual mobility.

The most frequent answer to questions about employment conditions were Pensioner (20%), White-collar employee (18%) and Disability pensioner (18%). However, in the case of

the white-collar employee group, there is a noticeable tendency for the percentage of employees to decrease as the limitations in everyday functioning increase. Also, the smallest percentage of people from the group that indicated their mobility limitations at the highest level (“I can’t get around without an assistant person”) are employed as white-collar employees.

Concerning the type of settlement where respondents live, the largest group lives in a village (22%), followed by medium-sized city of 25,000 – 100,000 people (21%), capital city (14%) and large regional centre of 500,000 – 1 million inhabitants (11%). The largest number of respondents live in Romania (29%), followed by Hungary (27%), Poland (25%) and Croatia (17%).

The primary aim of the research was to identify travel habits of the target group and detect the factors that deter them from travelling.

## RESULTS

### **Travel arrangements for Pwd and the main purpose of their trip**

A very important aspect in research related to accessible tourism is the very ability to travel for recreational purposes by Pwd and the need to travel in the company of assistants. In the analysed sample of 1,175 respondents, 1,166 indicated their travel frequency, of which 15% do not travel for recreational purposes, 49% travel with assistance, and 36% travel alone. Most of the negative answers by type of disability were given by participants with Multiple disability (22%), Obstacle related to age (18%) and Psychosocial disability (17%). Least “No” answers were given by the Speech (3%), Hearing (6%) and Sight (8%) impairment groups. Those who most often travel for recreational purposes with assistance are people with Intellectual disability (73%), Sight problems (59%), Locomotor impairment and ASD (58%). The least likely disabled individuals to travel for recreational purposes with assistance are those with Obstacle related to age (12%), Speech (21%), and Hearing (24%). Those who most often travel alone for recreational purposes include individuals with Speech (76%), Obstacle related to age (70%), and Hearing (70%). In contrast, individuals who travel least often for recreational purposes on their own are those with Intellectual disability (18%), Locomotive disability (28%), and Multiple disability (28%).

Equally important aspects of travelling are organisational issues, which may be more difficult in the case of tourism for Pwd. Not surprisingly, the majority of respondents travel with companion and not on their own: most of them (44%) travel with their family (including

spouse and children) or with friends and relatives (42%). They least frequently mentioned colleagues from workplace (10%) as travel companions, and travelling on their own (18%).

Respondents were also asked about who organises the tours typically – replies included people from their immediate environment: other family member (36%), independent organisation of trips with the help of booking platforms (32%), and NGOs (non-governmental organisations) assisting Pwd (31%). The aspect of support in organising travel is also important: to the question ‘To whom can you turn for help if you need assistance in organising and implementing your travel?’, respondents mentioned family (56%), and NGOs assisting Pwd (30%); but they also organise trips themselves (29). Most respondents finance their trips from their own budget (53%) and use help from their family (33%). They also use several sources of financing mentioned in the survey (22%). (In the questions above more than one answer could be indicated.)

The study also touched upon the issue of the form of travel, i.e. the type of group with which respondents prefer to go on a trip. They indicated what form of travel organisation and group structure suited them best: travels specifically designed for Pwd; travel with integrational programmes (designed for both disabled and non-disabled travellers); programmes that are not specifically designed for Pwd; and travel without any assistance. Respondents equally prefer travelling with integrational programmes and individual travelling, without any assistance (19% both), slightly less respondents indicated travelling with programmes that are not specifically designed for Pwd (16%) and travelling with programmes for Pwd (15%). However, respondents generally indicated trips organised without any assistance (36%).

Analysing the results in terms of individual types of disabilities, in programmes designed specifically for Pwd, respondents with intellectual disability (39%) and with multiple disabilities (21%) would be most willing to participate, the least willing, on the other hand, are respondents with temporary disability (42%) and with obstacles related to age (38%). Integrational programmes would be most willingly chosen by respondents with multiple disability (24%) and intellectual disability (27%), and the least willingly by those indicating other disabilities (27%), temporary disability (25%), locomotor disability (24%) and obstacles related to age (23%). Programmes that are not specifically designed for Pwd are preferred by respondents with ASD (22%), other disabilities (21%) and locomotor disabilities (20%). On the other hand, this form of travel corresponds least to people with intellectual disability (29%), with multiple disabilities (25%) and those indicating other disabilities (25%). Respondents with other disabilities (40%) and hearing problems (29%) would prefer to travel

without any assistance. This latter form of travel would not be chosen by respondents with intellectual disability (70%) and with multiple disabilities (47%).

An important issue in organising the trip and preparing an appropriate offer is also information about the main purpose of the trip. To obtain the answer, respondents were asked to rate how often they travel for each of the following 12 purposes – cultural; wellness; medical; (active) sport; business; religious; nature trip; shopping; city sightseeing; visiting friends and relatives; visiting a concert, sporting event, exhibition; and culinary, on a 4-point scale, where 1 means never, 2 is rarely, 3 is often, and 4 is very often. Generally speaking, the respondents mostly (score 4) indicated visiting relatives and friends (35.9%), nature trip (27,3%) and culture (24.9%) as the main purpose of their trips. The least common was the business-inspired tips – 71.2% indicated this was not their motivation to travel.

Another important aspect related to travelling for Pwd is determining the level of difficulty in performing specific activities or obtaining reliable information related to the availability of tourist attractions during travel (tourist supply). The activities performed by Pwd while travelling and the access to which basically determines their travel experience include:

- use of transportation;
- use of accommodation;
- use of catering facility;
- sport activities;
- visiting attractions; and
- lack of reliable information on real accessibility.

In the sample of respondents, only 21% of them encountered no difficulties related to the use of transportation, while 17% of respondents very often encountered difficulties during the use of it. With regard to the level of difficulties related to the use of accommodation encountered by Pwd, 26% of all respondents did not encounter difficulties at accommodations, while 13% of respondents very often encountered difficulties when using them. As regards the level of difficulties related to the use of catering facilities encountered by Pwd, 28% of all respondents encountered no difficulties, while 9% of them very often faced difficulties when using a catering facility. In the access to sport activities, 21% of all respondents did not encounter difficulties, while 18% of respondents very often faced difficulties when using sport activities. The questionnaire also asked about the level of difficulties related to visiting attractions as seen by Pwd, where 20% of all respondents did not report any difficulties, while 12% of them very often encountered difficulties when

visiting attractions. A serious issue is the lack of reliable information on real accessibility faced by Pwd: 20% of all respondents did not encounter difficulties in this matter, while 19% of them very often encountered difficulties related to information.

To check the validity of the common belief that Pwd travel less frequently than their able-bodied counterparts, we also asked the question ‘How many times did you travel in your country in 2022?’ (the year preceding the start of the questionnaire survey). In the analysed sample, only 9% did not travel in 2022, 10% travelled only once, 12% travelled twice, 11% travelled three times and as many as 58% of respondents declared that they had travelled more than three times during the specified period. Analysing this question in terms of types of disabilities, it should be stated that the types of disabilities that prevent people from travelling within their own country in 2022 were: Obstacle related to age (21%), ASD (14%) and Multiple disabilities (10%). On the other hand, people with Other (71%), Sight (68%) and Temporary disability (64%) travelled the most within their own country (Table 1).

**Table 1** Frequency of respondent’s travels within her/his homeland in 2022

Disability	Not once	Once	Twice	Three times	More than three times	Total
Temporary disability	3	5	5	6	34	53
	6%	9%	9%	11%	64%	
Obstacle related to age	17	10	12	6	37	82
	21%	12%	15%	7%	45%	
Sight	8	8	14	7	80	117
	7%	7%	12%	6%	68%	
Hearing	1	5	8	6	31	51
	2%	10%	16%	12%	61%	
Locomotory	32	34	46	43	198	353
	9%	10%	13%	12%	56%	
Multiple disability	29	30	29	30	179	297
	10%	10%	10%	10%	60%	
Intellectual disability	4	11	9	5	30	59
	7%	19%	15%	8%	51%	
Speech	1	2	3	7	16	29
	3%	7%	10%	24%	55%	
Other	1	2	3	3	22	31
	3%	6%	10%	10%	71%	
ASD	8	11	5	8	27	59
	14%	19%	8%	14%	46%	
Psychosocial disability	0	2	1	2	7	12
	0%	17%	8%	17%	58%	
All Groups	104	120	135	123	661	1143

Source: Csapó et al. 2025, p. 185.

The frequency of travels abroad was also analysed, using the question ‘How many times did you travel abroad in 2022?’. Of all respondents answering this question (1,143 persons), 58% did not travel abroad in 2022, 14% travelled only once, 13% travelled twice, 6% travelled three times, and 9% of respondents declared that they had travelled more than three times abroad in 2022. As regards the of types of disabilities of respondents, people with the following types of disabilities typically did not travel abroad in 2022: Psychosocial disabilities (83%), Intellectual disabilities (77%) and Multiple disabilities (63%). On the other hand, people with temporary disability (30%), Speech (21%) and Hearing (12%) travelled abroad the most (Table 2).

**Table 2** Frequency of respondent’s travels abroad in 2022

Disability	Not once	Once	Twice	Three times	More than three times	Total
Temporary disability	20	4	12	1	16	53
	38%	8%	23%	2%	30%	
Obstacle related to age	46	13	16	0	7	82
	56%	16%	20%	0%	9%	
Sight	66	18	10	12	11	117
	56%	15%	9%	10%	9%	
Hearing	26	10	7	2	6	51
	51%	20%	14%	4%	12%	
Locomotory	201	57	46	19	28	351
	57%	16%	13%	5%	8%	
Multiple disability	188	29	37	26	18	298
	63%	10%	12%	9%	6%	
Intellectual disability	46	7	1	2	4	60
	77%	12%	2%	3%	7%	
Speech	10	4	7	2	6	29
	34%	14%	24%	7%	21%	
Other	15	9	4	2	1	31
	48%	29%	13%	6%	3%	
ASD	35	14	6	3	1	59
	59%	24%	10%	5%	2%	
Psychosocial disability	10	1	1	0	0	12
	83%	8%	8%	0%	0%	
All groups	663	166	147	69	98	1143

Source: Csapó et al. 2025, p. 186.

To analyse travel frequencies in a broader time horizon we asked two more questions, concerning the numbers of travels by respondents in 2018-2021. In the sample of 1,139 who answered this question, 6% did not travel within their country in 2018-2021, 5% travelled only once, 6% travelled twice, 7% travelled three times and 76% of respondents declared that

they had travelled more than three times within their country in the given period of time. Broken down by types of disabilities, the largest group of Pwd not to travel within their own country in 2018–2021 were those with Psychosocial disabilities, ASD, and Obstacle related to age. As for foreign trips, of the 1,143 respondents answering, 37% did not travel abroad in 2018-2021, 14% travelled only once, 15% travelled twice, 10% travelled three times, and 24% of respondents declared that they travelled abroad more than three times between 2018 and 2021. Analysing the answers in terms of types of disabilities, it can be seen that the biggest obstacles to disabled individuals deterring them from travelling abroad were Intellectual disability, Obstacles related to age, Multiple disability and Psychosocial disability. On the other hand, individuals with Temporary disability, Hearing, Locomotive and Other impairments travelled abroad the most in 2018-2021.

### **The impact of accessibility improvements on accessible tourism**

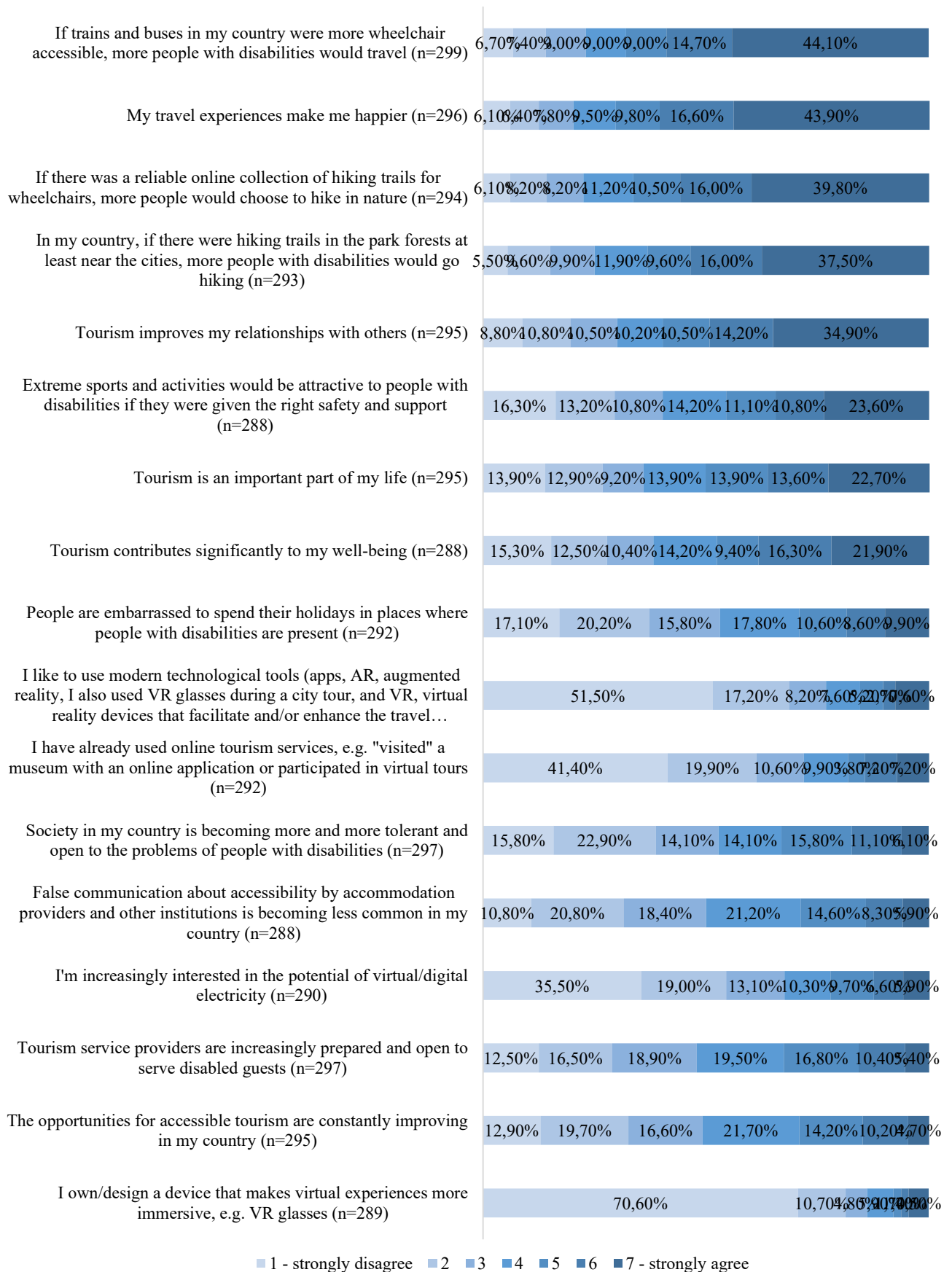
Besides these quantifiable issues, the questionnaire survey was also used to detect opinions of respondents about issues concerning the situation and possible improvement of accessible tourism in their countries, in order to find out which are the major areas that still need to be improved for a more inclusive tourism sector. Respondents were asked to indicate their level of agreement or disagreement with specific statements. They could mark their answers on a rating scale from 1 to 7, where 1 meant “I do not agree at all” and 7 meant “I completely agree”. The attitude statements were as follows:

- If trains and buses in my country were more wheelchair accessible, more Pwd would travel.
- Travel experiences make me happier.
- If there was a reliable online collection of hiking trails for wheelchairs, more people would choose to hike in nature.
- In my country, if there were hiking trails in the park forests at least near the cities, more Pwd would go hiking.
- Tourism improves my relationships with others.
- Extreme sports and activities would be attractive to Pwd if they were given the right safety and support.
- Tourism is an important part of my life.
- Tourism contributes significantly to my well-being.
- People are embarrassed to spend their holidays in places where Pwd are present.

- I like to use modern technology tools (apps, BVR, augmented reality), I also use VR glasses during a city tour, and VR, virtual reality devices that facilitate travelling.
- I have already used online tourism services, e.g. “visited” a museum with an online application or participated in virtual tours.
- Society in my country is becoming more and more tolerant and open to the problems of Pwd.
- False communication about accessibility by accommodation providers and other institutions is becoming less common in my country.
- I’m increasingly interested in the potential of virtual/digital tourism.
- Tourism service providers are increasingly prepared and open to serve disabled guests.
- The opportunities for accessible tourism are constantly improving in my country.
- I own a device that makes virtual experiences more immersive.

The distribution of replies to the various statements can be seen in Fig. 1. Although the chart is not very easy to read, it is clearly visible that the right (darker) side of the columns means a basic agreement and the left (light) one a basic disagreement with the given statements. In addition to the definite agreement with the beatific nature of tourism (almost two-thirds of respondents said tourism definitely made them happier, and half of them felt the relationship-improving effect of travels), there is a general consensus that the improvement of accessible infrastructure (accessibility of public transport devices, wheelchair accessible hiking paths at least in the vicinity of major settlements) and the reliability of information on accessible attractions and facilities would greatly improve the willingness of Pwd to travel. (If these improvements were made, probably the agreement with the statement on the importance of tourism in one’s life and general well-being would also be stronger, although it is mostly positive now as well.) What seems to be surprisingly low is the acceptance of modern technology devices that seemingly make tourism more democratic, allowing people unable or hardly able to travel to get the same experiences as their able-bodied counterparts – it seems that Pwd want to participate in the same real-life experiences as everybody else, and this finding is in line with previous research on the travels habits of Pwd (Gonda & Raffay 2021).

**Figure 1** Levels of agreement by respondents with accessible tourism related issues



Source: Csapó et al., 2025

As regards the attitude of the majority society towards Pwd, the situation is neither definitely bad nor completely satisfying (but less than optimum of the whole): the majority of respondents reported that in their opinions and experiences non-disabled people felt uneasy when being together with apparently disabled people, and more than a third mentioned intolerance and lack of openness of the majority society towards the problems faced by Pwd; also, exactly half of the respondents said that false communication on accessibility is still rather typical, and almost half of them had a negative opinion about the general improvement of the opportunities for accessible tourism in their countries. The replies, on the other hand, were also positive in a significant proportion of the cases, with several respondents reporting on palpable improvement in the issues (see Fig. 1).

A similar question related to the attitude of majority society towards Pwd was whether respondents had experienced discrimination when travelling and if so, what form of it. The answers to this open question were grouped into 10 categories and frequency analysis was carried out. The sensitive nature of the question and the sensitivity of the topic is reflected in the unexpected result that not all respondents answered this question – only a third of them (340 respondents, i.e. 29%). In fact, the same number of people (340) said they had not experienced discrimination. However, the largest group were those who encountered discrimination while travelling – 42% of respondents. Each person who reported discrimination could describe what it was. A wealth of data was created from 489 people, which can be analysed in many aspects. One of them is an attempt to assess whether the discrimination had a technical or human basis, i.e., to what extent it resulted from the lack of appropriate infrastructure, and how much from unprofessional approach to the disabled client (on a trip, in a hotel, a restaurant) or inappropriate behaviour towards Pwd on the part of other people travelling or using tourist services (staying in the same hotel, train, beach etc.).

The predominant form of discrimination was unfriendly, often very offensive and degrading treatment by other people – indicated by no less than 58% of the responses, which shows the scale of the problem, especially if compared to architectural and infrastructural barriers, which were mentioned by 15% of people who said they experienced discrimination. Every tenth respondent indicated refusal of service to them. These results show that discrimination against Pwd when travelling has a very strong social basis. It is not the architectural barriers that are the main obstacle; it is the lack of empathy among the people the disabled persons travel with.

Respondents were also asked about their best practice experiences with two open questions: (1) based on your experience, which country or countries should your country

follow in the field of accessible tourism? and (2) in which countries and/or in your country, in which tourist destinations/attractions have you seen good examples of supporting the participation of Pwd in tourism? A surprisingly high proportion of respondents found it hard to give examples (45% and 40% to the two questions, respectively) and did not mention any. Of the countries mentioned as good examples, the top three were the Netherlands with 14%, Germany with 7% and Austria with 5% of mentions. In turn, respondents noted good examples of supporting the participation of Pwd in tourism in Austria (20%), and Poland and Hungary (4% each).

## **CONCLUSIONS AND RECOMMENDATIONS**

Despite being a large and increasing segment, Pwd are a relatively under-researched segment of tourism, with most of the literature on the topic released in the recent two decades. From the early 2000s on, the research on accessible tourism gained momentum, and now the issue of the travels of disabled people is scrutinised from several aspects (legal and organisational issues, technical and technological issues, experiences and motivations of Pwd, their technological accessibility needs, market strategy studies, travel industry attitudes etc.). Most of the studies, however, are qualitative in nature, given the relatively difficult accessibility of the target group.

In the framework of an international cooperation, a quantitative recent survey made with more 1,100 respondents, all Pwd, in four Central-Eastern European countries (Croatia, Hungary, Poland and Romania) was carried out in 2023-2024 to reveal the travel habits of Pwd and identify the main obstacles that prevent them from travelling.

The overwhelming majority, 85% of the respondents to the questionnaire are active travellers, both within their countries and abroad, although the frequency of domestic travels is much higher than that of the trips made abroad. Those segments that seems to be most excluded from the joy of travel are those with multiple disability, old-age and having psychosocial disability, whereas almost all of those who have speech impairment travel. The majority of respondents travel with companion: most of them with their family or with friends and relatives, the least typical is their travelling on their own. This is a clear indication of the economic significance of this segment in tourism: allowing one person with disabilities to travel typically means another person(s) involved in tourism.

Pwd are much less keen on specific programmes designed for them than it is often thought: their feeling of independence and dignity is reinforced by their ability to participate in any

travel designed for all (underlining the importance of the application of the principles of universal design). Respondents also like travelling with integrational programmes, and their least favoured means of travels is participation in programmes specifically designed for Pwd. There are differences of course, when the form of disability is taken into consideration. In programmes designed specifically for Pwd, respondents with intellectual disability and with multiple disabilities would be most willing to participate (39% and 21%, respectively), the least willing, on the other hand, are those with temporary disability (42%) and with obstacles related to age (38%). Integrational programmes (designed for both disabled and non-disabled travellers) would be most willingly chosen by respondents with multiple disability and intellectual disability. As regards the main travels motivations, they are similar to those of the able-bodied society, visiting relatives and friends, nature trip and participation in culture-related programmes being the main purposes of their trips.

A central part of the survey was to detect the factors that keep Pwd from travelling. In line with previous findings of similar survey (e.g. PeerAcT, see Gonda & Raffay 2021), it is transportation, especially public transportation that poses the biggest challenge, but the access to tourism attractions is far from being satisfactory, as well. The situation seems to be the best in case of catering facilities. A serious issue is the lack of reliable information on real accessibility faced by Pwd: it is only one-fifth of all respondents who did not encounter difficulties in this matter, while the same proportion of them very often encountered difficulties related to information.

In addition to looking at their travel habits, an equally important part of the research was to find out what needs to be done to make the tourism industry more inclusive, by breaking down the barriers to the travels of Pwd. For this, respondents were asked to express their opinions concerning seventeen statements regarding the actual conditions and the development possibilities of accessible tourism in their countries, ranging from their personal feelings about travels through infrastructure developments allowing their travels to the attitude of the majority society towards them.

There seems to be a definite agreement on the beatific nature of tourism, the fact that tourism makes people happy and is an integral party of their lives. Respondents also agreed that improvement of accessible infrastructure (accessibility of public transport devices, wheelchair accessible hiking paths at least in the vicinity of major settlements) and the reliability of information on accessible attractions and facilities would significantly improve the willingness of Pwd to travel. The acceptance of modern technology devices, seemingly more important for Pwd than for their able-bodied peers, is very low, another reinforcement

of the fact that Pwd want to participate in the same real-life experiences as everybody else, and this finding is in line with previous research on the travel habits of Pwd. What is a definite problem, though, is the attitude of the majority society (and also the tourism industry) towards people in need of assistance: although the situation is not definitely bad, the majority of respondents reported that in their opinions and experiences the non-disabled had prejudices about and bad attitudes towards apparently disabled people, with more than a third of them reporting on the intolerance and lack of openness of the majority society towards the problems faced by Pwd; also, half of all encountered false communication on accessibility, and almost half of them had a negative opinion about the general improvement of the opportunities for accessible tourism in their countries. The replies, on the other hand, were also positive in several cases, with several respondents reporting on palpable improvement in the issues.

A similar question related to the attitude of majority society towards Pwd was the very existence and the form of discrimination experienced by the disabled respondents during their travels. Most respondents, unfortunately, did experience discrimination, in the most diverse forms. The predominant form of discrimination was unfriendly, offensive and degrading treatment by other people – indicated by more than half of the respondents, which shows the scale of the problem, especially if compared to architectural and infrastructural barriers, which were mentioned only by 15% of people who said they experienced discrimination. Every tenth respondent indicated refusal of service to them. These results show that discrimination against Pwd when travelling has a very strong social basis. It might be an exaggeration to talk about an ableist attitude of societies, but much remains to be done in the field of sensitisation of both industry service providers and the fellow travellers. It is not the architectural barriers that are the main obstacle; it is the lack of empathy among the people the disabled persons travel with.

The findings of the study may also be thought-provoking and inspiring for the practical side, i.e. tourism service providers and decision-makers. Several service providers (accommodation and catering facility owners, attraction managers, etc.) are often either unaware of the necessities of disabled travellers or, even if they, are reluctant to make alterations and investments, in the false belief that serving the market of Pwd is not a good investment where money may never return and also that accessibility improvements are often technically difficult or impossible to implement. There are many improvements, however, that are more of a matter of attitude than of capital; also, most capital investments in accessibility return within a reasonable timescale, due to the significant market demand by people with

disabilities – another factor that practical experts may not necessarily know. Last but not least, higher education institutions may find the study findings useful, helping them integrate the issue of accessible tourism into their training curricula, founding this way the supply of future experts who are not only sensitive towards the needs of disabled travellers but are also knowledgeable in the issue.

There are limitations of this survey, of course. The findings are from a specific region, Central-Eastern Europe, with a peculiar historical development path, and the findings valid in this macro-region may not necessarily correspond to findings in e.g. Western Europe, although the combined population of the four countries amounted to 100.713 million in 2022, the year preceding the start of the project, representing 69.8% of the total population of the macro-region and 21.6% of the population of the European Union as a whole ([ec.europa.eu/eurostat](http://ec.europa.eu/eurostat)), and the findings are similar to those made in a previous survey (PeerAcT, see Gonda & Raffay 2021) where Western European countries were also present. Also, the survey is one-off examination, a longitudinal survey detecting the changes in the situation of Pwd and the attitudes of tourism service providers and the majority societies towards them would be very important. Furthermore, more research is needed on the existing good practices and the impacts of the already existing initiatives designed to improve the situation of Pwd (e.g. the application of universal design at tourism attractions and service facilities, campaigns for the sensitisation of the employees and staff, as well as the majority societies).

## **SUMMARY**

Despite all efforts made in the recent decades, people living with disabilities are still a market segments whose needs are not fully satisfied in tourism, due to different problems (lack of information or misunderstandings of their needs by decision-makers and service providers in tourism, architectural and design problems at some attractions and venues, inadequate attitudes of the staff at some tourism facilities etc.). The total of the tourism supply chain must be made accessible for a large proportion of people who live with disabilities. There is much to be done in this respect, as most of the Pwd still find difficulty in travelling, access to the tourism attractions, and suffer from the discrimination of the fellow travellers, tourism service providers and the majority society as a whole. On the technical side of improvements, it is especially transportation, within that public transportation that must be made more inclusive, and a better access to attractions must be achieved (using the principles of universal design –

what is good for Pwd is good for everyone), whereas on the “soft solutions” side it is the attitude of service providers and the non-disabled society that must be altered. The findings from a survey questioning 1,175 disabled persons from four Central-Eastern European countries are a contribution to this effort.

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