Re-conceptualizing barriers to travel by people with disabilities

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ABSTRACTS

This paper proposes a four-tiered hierarchy to understand better the nature and effects of barriers, constraints and obstacles to travel faced by people with disabilities. Previous studies tended to aggregate barriers into a single group and further, some research associated barriers faced by all tourists as being unique to people with disabilities. The failure to recognise the complex, yet subtle, interplay between tourism and different types of barriers results in the tendency to see people with disabilities as a homogeneous group where a one size fits all solution applies. In reality, they are a heterogeneous cohort who face the same types of barriers as everyone, some barriers that are common to all people with disabilities, those that are unique to each disability dimension and specific impairment effects that are individualistic.

1. Introduction

The World Health Organization (WHO) estimates that more than one billion people worldwide can be classified as having a disability, with up to 190 million experiencing significant difficulties in functioning (WHO, 2015). This figure is expected to increase as a causal link exists between aging and the onset of disabilities (Patterson & Pegg, 2011). The WHO recognizes further that a range of obstacles, barriers and/or constraints hinder their full and effective participation in society. Within a tourism context, a large number of studies has also identified barriers as one of the many reasons why participation rates in and qualities of experience of tourism are lower than that of the general population (see Buhalis & Darcy, 2011 and UNWTO, 2016 for a summary of these studies).

Much of this research tends to regard people with disabilities as a largely homogeneous group “as if every person with a disability possessed the same constraints and has to overcome the same barriers (Figueiredo, Eusebio, & Kastenholz, 2012: 534).” Yet, Darcy and Buhalis (2011) remind us first that disabilities can be classified into a wide array of categories and second, that within each category, the degree of ability exists along a continuum based on the individual’s level of support needs. Much of this research also identifies the types of barriers noted in the general tourism and leisure constraints literature as being unique to people with disabilities (PWD), when in fact they are issues all tourists must resolve. As a result, there is a tendency in the literature to adopt a one-size fits all approach to constraints research, which as Eichhorn and Buhalis (2011) observe has hindered the systematic understanding, analysis and resolution of issues faced by people with different types of disabilities.

This paper proposes that we should adopt a more holistic perspective by disaggregating constraints and, instead, grouping them hierarchically into a four-tiered framework (Fig. 1). Each tier represents an increasing level of specificity beginning with constraints faced by all and ending with the consideration of specific impairment effects (Thomas, 1999, 2004) that are highly individualistic. The model is conceptual in nature based on a critical review of the literature, the authors’ own research, the lived experience of one author and the other author’s experience of travelling with PWD. The paper begins by examining the many contextual challenges involved in the development of such a framework. Each of the tiers is then discussed and the paper concludes with an overview of the model’s implications for future research.

2. Contextual challenges

A number of contextual challenges arise when discussing barriers to travel by people with disabilities. To begin, the paper adopts a social model of disability whereby the types of constraints identified are imposed on those with impairments by society, more so than ‘disability’ being a function of a medical condition (Barnes, Mercer, & Shakespeare, 2010; Oliver, 1990). It acknowledges that social approaches of environments (physical, economic, social, cultural etc.) are disabling by their nature and that people with disabilities are exposed to hostile social attitudes that overtly and covertly constrain participation. Together the disabling environments and hostile attitudes are imposed on top of an individual’s impairment creating ‘disabled people’ (Barnes...
et al., 2010; Oliver, 1990), rather than people who happen to have a disability. The materialist or critical theory underpinnings of the social model focus on the way that organisations, structures, processes and practices exclude, omit, overlook or deliberately discriminate against people with disability (see Shakespeare, 2017 for a deeper discussion of this issue).

The social model further highlights a number of linguistic, subjective and emotive challenges that arise when trying to develop a framework to assess barriers. Very little is absolute in this issue, and as with much foundation work in other tourism topic areas, early works have laid the foundation for future studies up to the current time, even with much foundation work in other tourism topic areas, early works seem high, in reality, only the relatively small share of those with hearing difficulties are completely deaf. And so, while the numbers of PWD may seem high, in reality, only the relatively small share of those with moderate, high or very high support needs may require specialist tourism products and services (Darcy et al., 2011; Darcy & Buhalis, 2011).

Finally, barriers and constraints are not absolute. Thirty years ago, McGuire, Dottavio, and O’Leary (1986) noted the impact of any constraint is dependent on how people react to it. In some cases, the same constraint may prohibit participation; in other cases it may limit the range of activities; and in other cases still, it may be a non-issue. The key difference between a prohibiting and a limiting factor is that one may stop travel in whole or preclude people from visiting certain places, while the other may affect the frequency, type of activities engaged in, or satisfaction (Small, Darcy, & Packer, 2012; UNWTO, 2016).

Each may or may not be successfully negotiated either by choosing strategies or by making personal compromises to enable participation (Daniels, Drogin Rodgers, & Wiggins, 2005; Mactavish, Mackay, Iwasaki, & Betteridge, 2007; Yau, McKercher, & Packer, 2004). Moreover, a person who might have low ability in one area (e.g. mobility) might have exceptionally high ability in another (e.g. intelligence or seeing) (Buhalis, Eichhorn, Michopoulos, & Miller, 2005).

And yet, an apparent belief held by many in industry is that resolving mobility access issues represents a universal template to resolve all other issues. The O’Neill and Knight (2000) study of hotels in Western Australia, for example, found 96% of properties surveyed had a clear and accessible route to the reception desk, but only 29% had any facilities for people with sight or hearing impairments. In an extreme example, Richards et al. (2010) reported a visually impaired couple...
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