

## Case study

## Tourism and disability in Italy. Limits and opportunities☆

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## ABSTRACT

As society develops, the status of tourism changes from being socially desirable to being a necessity. No less so is this for those who have various physical and other disabilities. This paper examines secondary data derived from Italian sources to illustrate both the demand for tourism from those with disabilities, and the factors that both inhibit and enhance the opportunities they have for participation in tourism. It provides a geographical assessment of tourism provision within Italy and identifies areas of good and poor provision for this market segment. Implications for tourist providers are discussed.

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## 1. Introduction

Tourism, as well as being an important economic factor for economic growth and job creation, has increasingly become a primary social need. Empirical studies show that tourism has a positive effect on people that take advantage of it (Daniels, Drogin Rodgers, & Wiggins, 2005; Eichorn, Miller, & Tribe, 2013; Minnaert, Maitland, & Miller, 2009; Ozturk, Yayli, & Yesiltas, 2008). Moreover, the UNWTO Global Code of Ethics for Tourism, the global framework for the responsible and sustainable development of the sector, underlines in its Article 7 that all persons should be able to exercise their right to enjoy tourism without hindrance. As for its position on top of the social hierarchy needs, it requires the possibility that everyone can access it to equal advantage, independent of physical, social and economic conditions.

People with disabilities represent a largely underestimated niche of the tourism market both in numerical and economic terms. About 15% of the world population has at least one disability (World Bank, 2016). In Europe there are 80 million people with at least one disability (1 person in 6) and in Italy, the phenomenon extends to 6.7% of the population (WHO, 2016). These figures are expected to increase over the years due to the demographic ageing because of its correlation with age (WHO, 2011). In the case of Italy, according to the FCS-Censis (2012) estimates,

the percentage of this group will increase from 6.7% in 2010 to 10.7% in 2040 (Fig. 1).

As highlighted in several international studies this target group is not favoured to benefit from tourism due to the existence of physical, environmental, economic and social and/or other barriers that affect both tourists and local residents of a destination (Bizjak, Knezevic, & Cvretznik, 2011; Eichhorn, Miller, Michopoulou, & Buhalis, 2008; Gillovic & McIntosh, 2015; Small & Harris, 2011). Accessible Tourism is referred to as a *modus operandi* for the removal of such barriers, through a set of facilities and services directly adapted. Accessibility is, therefore, a lever towards full social inclusion of people with disabilities or other special needs, as well as a source of significant economic benefits. Accessibility is also one of the 8 areas for joint action between the EU and EU countries under the European Disability Strategy 2010–2020.

The development of universal accessibility measures to tourists tracks its origins in the Seventies in Britain, where a working group of the English Tourist Board sought to identify tools for the creation of an open-to-all tourism offer. The study results gave way to a series of national services to tackle the problems and critical issues. In 1989, an English working group was created: The *Tourism for All*, which had a wide spread throughout the world. The *Tourism for All* indicated the set of organizations and institutions engaged in the development of an accessible tourism for these people. Over the last years, many initiatives were taken by the European Union for the development of barrier-free tourism products and services in travel destination. Among them there was the establishment of an operational centre, with the aim of identifying and certifying tourism accessibility conditions of various structures. In 2006 the European Network For Accessible Tourism was launched (ENAT).

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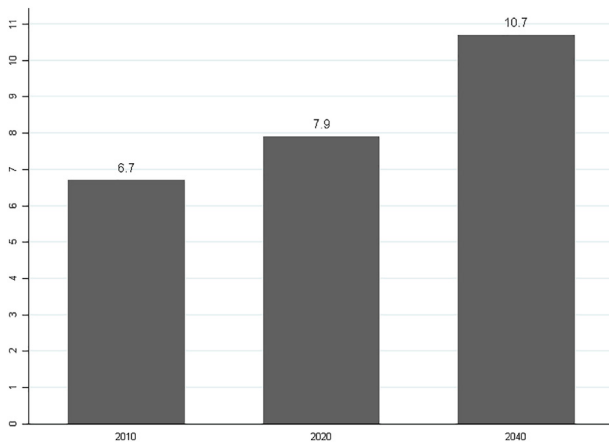


Fig. 1. Disability progression, years 2010, 2020, 2040.  
Source: Our elaboration on estimates FCS-Censis (2012).

The first important steps in the creation of accessible environments were taken in Italy via the law 13/89 and the Ministerial Decree 236/86, whose objective was the removal or overcoming of the architectural barriers of the buildings. A greater awareness towards the topic, indeed, found concrete expressions in conferences including “*Tourism for All Networking*” organized in 1994 by C.O.I.N. (non-profit integrated cooperatives) and “*A.A.A. 30 milioni di turisti europei offresi - problemi e prospettive per il turismo dei disabili*”. The national commitment to accessible tourism then consisted primarily in a number of institutional projects (National, Regional, Local) aimed at creating and/or strengthening an accessible tourism supply in Italy.

In reality, despite numerous initiatives, both public and private, empirical studies show that this group of people continue to have a lower probability of participation in tourism activities than non-disabled ones. On the contrary this probability decreases with the increasing of the degree of disability (see Pagán, 2012). Several studies on the implementation of accessible tourism have been conducted at international level which showed the profitability of accessibility but little has been done in Italy on that data. Therefore, the aim of this paper is to fill this gap by highlighting good practices in the implementation of concrete measures to make accessible tourism a reality. In particular, implications for tourist providers are discussed.

The paper is structured as follows. Section 2 presents the existing literature on tourism and disability. Section 3 outlines the socio-economic potential of this group of people (Section 3.1) and identifies the factors that hinder their tourism demand (Section 3.2). Section 4 presents the existing accessible tourism offer in Italy, focusing on its strengths (Section 4.1) and weaknesses (Section 4.2). Section 5 presents the discussions and policy implications. Section 6 concludes.

## 2. Tourism and disability: literature background

The empirical literature has shown that tourism has positive effects on well-being and life quality. These effects are particularly felt by people with different disabilities (Garcés Ferre, Ferri Sanza, Durá Ferrandis, McCabe, & Sanchez Garcia, 2015; Lee, Agarwal, & Kim, 2012; McCabe & Johnson, 2013; McCabe, Joldersma, & Li, 2010; Small, Darcy, & Packer, 2012) but also by companions of non-self-sufficient people (friends, family). If it is also implemented through making small changes, significant improvements can lead to increased market share and favouring the formation of social capital (Daniels et al., 2005; Eichorn et al., 2013; Minnaert et al., 2009; Ozturk et al., 2008).

These people when decide to travel face many cultural obstacles (e.g., the discrimination related to their disability by non-disabled people (Bizjak et al., 2011; Gillovic & McIntosh, 2015; Small & Harris, 2011), environmental (e.g., the presence of architectural structures

not equipped with the necessary support services for the different types of disability) and economic<sup>1</sup> (see Eichhorn et al., 2008). Furthermore, as noted by Smith (1987) they also meet barrier exclusively related to the type of disability defined as intrinsic barriers (Hunter-Jones, 2004; Smith, 1987).

The various barriers faced were extensively discussed in the literature with the clear purpose of avoiding the creation of “accessibility islands” (World Health Organization, 2016) that compromise the security and integrity of the tourism experience.

In the case of cultural and environmental barriers, several sensitization campaigns promoted by governments of the various countries, and legal parameters established in accessibility policies that provide information of how to apply the requirements in different environments, products and services have achieved some positive results (Shaw & Coles, 2004). Economic barriers, as main sources of social exclusion among these people, have been extensively studied in terms of social tourism as key factors in the process of achieving social and economic equality (McCabe, 2009; McCabe et al., 2010; Michopoulou, Darcy, Ambrose, & Buhalis, 2015; Minnaert, Maitland, & Miller, 2007; Minnaert et al., 2009).

In fact, despite numerous initiatives, both public and private, empirical studies show that the group still has low probability to take part in tourism activities. Moreover, this probability decreases with each increased level of disability and the different functional limitations (see Pagán, 2012). Serious allegations have been made directly to the public operator that with an inefficient manner and a lack of public awareness has effectively addressed problems related to the different life spheres of a person with disabilities (health, education, employment, leisure). More generally, looking at the revision of the existing regulatory framework in the major EU countries (Italy, Spain, France, Germany and the UK), the feeling is that in Italy disability is detecting also social barriers, both at media and political level failing as a matter of welfare, inclusion, integration and promotion of civil rights (Fondazione Censis, 2012). Naniopoulos, Tsalis, and Nalmantis (2016) highlight the need to have political representatives with disabilities among policy makers to legislate on disabilities programs. According to these scholars, the issues that concern them often ignored and with limited power to influence change and decision-making, as experienced first-hand, would ensure a more effective action of the public machine with an important part of the empowerment process and the realization of services actually needed by this group.

In the case of tourism, the major obstacle that these people face is the lack of information defined in the literature as information barrier (see Eichhorn et al., 2008) or interactive barrier (Smith, 1987). It is essential to provide reliable and timely data on the accessibility conditions at the destination (Darcy, 1998; Shi, Cole, & Chancellor, 2012).

They not only need basic information (number of stars of the hotel, type of service, breakfast and dinner included in the price) but also additional information reassuring him get all the services he needs. The information should reach all users through accessible formats. The lack of this information combined with the lack of competence by the majority of travel agencies (the main stakeholders that generates the match between demand and supply of tourism) brings accessibility problems to the detriment of the tourists with disabilities. Bizjak et al. (2011) in a pilot study conducted on a sample of students show that a short period of training has the effect of changing the attitude towards this group. The lack of knowledge generates hostility and false stereotypes towards people with disabilities. This result is confirmed by a study on the capacity of the travel agencies of the city of Hong Kong to meet the demands of this branch of tourists. The results show that disabled face harsh travelling reality. Travel agencies do not have the right skills and the approach to disability issues is characterized by a closed mind (see

<sup>1</sup> The empirical literature on disability shows that households with one or more people with disabilities face a higher risk of poverty (Davila Quintana & Malo, 2012; Parodi, 2004, 2006, 2007; Parodi & Sculli, 2008).

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