

## Summary of the questionnaire survey

An important mission of the Peer Act project is to build project findings on real demands, having learnt the opinions of those concerned. Accordingly, an important part of the project is the questionnaire survey addressed to people living with disabilities, which was used to collect information suitable for the drawing of conclusions in three main areas:

- Travel habits of people with disabilities and their consumption habits during their travels;
- The opinion of people with disabilities about the situation of accessible tourism; and
- The impact of touristic activity on the life quality of the members of the target group, and on their subjective feeling of happiness.

The research questionnaire was finalised with the collaboration of all partners involved, and the exact research schedule was determined at the project meeting held in Spain in December 2018. The actual research was started in the spring of 2019 by the partners, and it was finished by September. The research project was the responsibility of the Hungarian partner who implemented this task with the inclusion of professional partners from a university (University of Pécs). Accordingly, the concept was to conduct a questionnaire survey with a relatively large sample from Hungary (200 respondents) and the inclusion of samples of 30 respondents from each participating country. The Hungarian sample making the basis of the research has a total of 262 respondents, and the findings of this research are the findings to which results from the surveys with smaller samples from the participating countries are compared. It was an important aspect to include persons living with several kinds of disabilities in the survey. This was successfully implemented by the partners. Details can be seen in Figures 1a and 1b.

Figure 1a: Breakdown of Hungarian respondents by type of disability

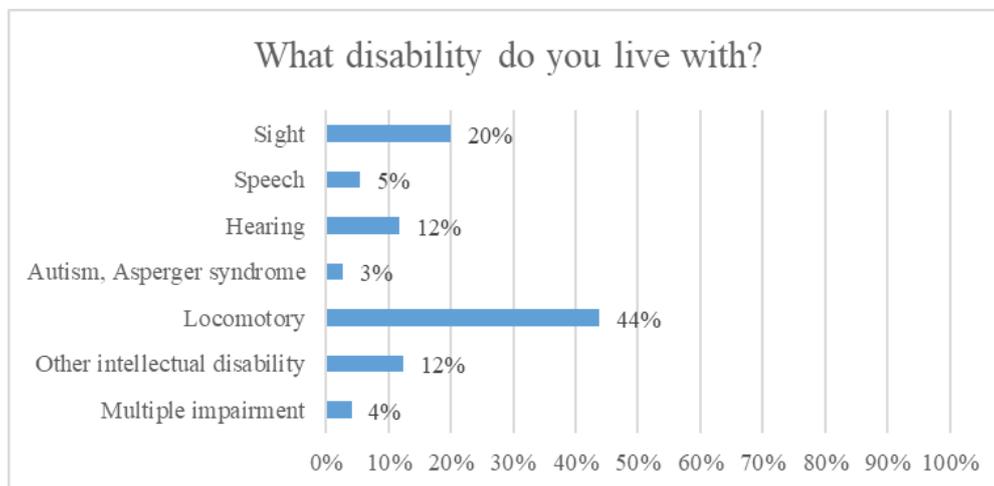
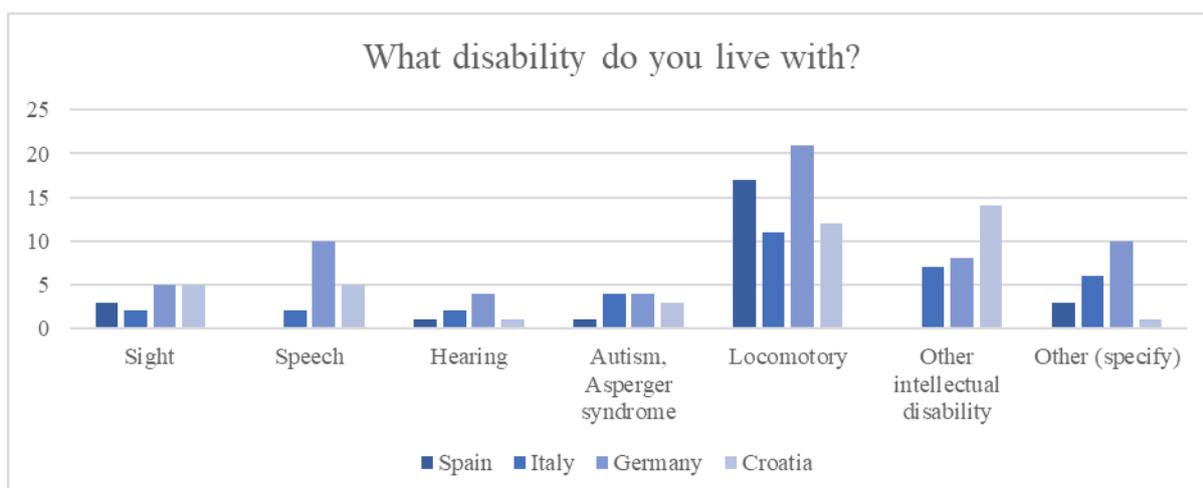


Figure 1b: Breakdown of respondents by type of disability, other project partners



At the composition of the respondents by age groups, attention was also paid to the inclusion of respondents from each generation (Figure 2). The detailed research materials also demonstrate that each demography index underlines the diverse composition of the sample included in the survey. These are: marital status; educational attainment level; living arrangements; economic activity. The survey of these supported the assumption that the range of respondents adequately reflects the composition of the target group as a whole.

Figure 2: Breakdown of persons included in the survey by age

Breakdowns by age					
Country	Spain	Italy	Germany	Croatia	Hungary
Age					
18-25 years	1	9	8	0	20%
26-35 years	0	10	8	12	13%
36-50 years	13	11	6	12	48%
50-65 years	8	3	8	7	14%
above 66 years	0	1	2	2	5%
total	22	34	32	33	262

Juts over two-thirds of Hungarian respondents (68.7%) were born with their disabilities, a little less than one-third of them (31.3%) have not lived with their disabilities since they were born. A significant deviation from this can only be seen in Spain where those respondents were the great majority who were not born with disabilities but were injured in their lives.

### 1. Travel habits of people with disabilities

The difficulties that people with disabilities face most often are as follows: difficulties during travel, problems of using catering facilities, problems of using accommodations, difficulties when sporting, difficulties in visiting attractions, and communication difficulties. It was only 4% of respondents who said they had never experience any difficulties in their lives. The international comparison reveals that it is the German guests who reported the largest number of difficulties. As it is evidently not Germany where the issue of accessibility is the least

solved, the larger number of complaints can be explained by the fact that they are more aware of their rights and have higher expectations.

More than two-thirds of respondents use some kind of aid during their travels with tourism purposes. The ones who said yes to this question listed the following aids that they used: the majority indicated an assisting person, many of the Hungarian respondents must use a wheelchair, they are followed by those who travel with a stick of some sort, then the ones using hearing aid or mobile phone (applications that assist orientation and communication), and some sporadic answers also mentioned guide dog, artificial limb and spectacles. It is an interesting difference among the nations that the Croatian and Hungarian respondents did not mention assistants, while it was the most frequently mentioned category in the other three countries.

The next question was about whether people with disabilities had travelled abroad in 2018 and if so, how many times. To the question whether they had travelled abroad in 2018, yes and no questions had by and large the same proportions. The only exception from this was the group of Spanish respondents who had dominantly participated in domestic holidays, only. Those who said yes to the first question (had travelled to another country in 2018) also had to specify how many times they had been abroad. The results are as follows: the overwhelming majority of those who had been abroad in 2018 reported one trip, only, maybe two trips, and only a negligible proportion of respondents had travelled three or more times. We have to state that this does not differ from the travel intentions of people without disabilities.

In the next question respondents had to answer whether in the previous five years they had travelled abroad and if so, how many times. Two-thirds of Spanish respondents and half of the Croatian respondents had not travelled abroad in the period in question. In the other countries the proportion of non-travellers was approximately one-third, only, while the majority had participated in trips abroad once, two or even more times.

The next question was asked to detect if respondent had travelled in their own countries in 2018 with tourism intentions. The proportions of respondents who had been on domestic tours were between 70% and 90%. The only exception was Spain where just over half of the respondents had participated in touristic travels in their country in the previous year.

It can be said as a summary that people with disabilities join in domestic and international tourism in the same proportions as their fellow citizens without disabilities do. There is no significant difference in the frequency of their travels.

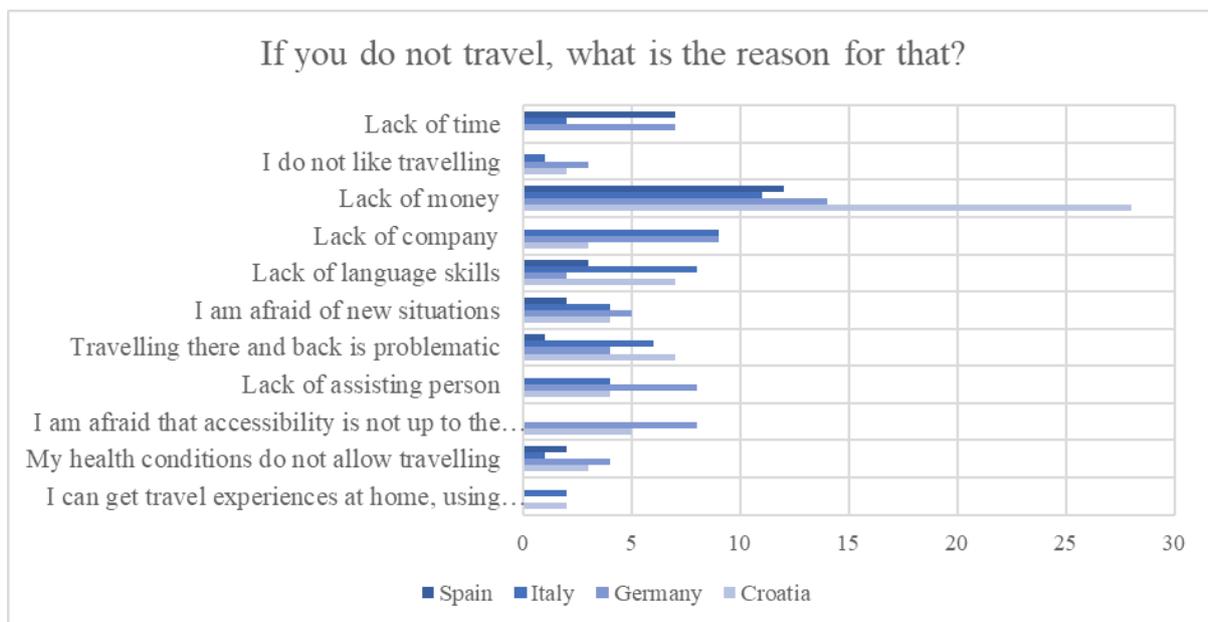
If we want to strengthen accessible tourism, we must know what holds back those who do not dare to travel, and so the next question was about the reason for not travelling. As regards the Hungarian respondents, the main reason was evidently the lack of money (25%). This was followed by the lack of assisting persons (15.7%) and the lack of company (10.2%). Respondents are also afraid, in addition to these, of not getting during their travels the level of accessibility in line with the promises and/or their needs (9.7%), and two other dominant elements were the lack of language skills and the fact that the journey there and back was considered as problematic (9.3% in both cases). Some of the respondents are afraid of new situations (7.4%) and some decide on staying home due to the lack of time (6%). Also, there

are respondents whose health conditions simply do not allow travelling (4.2%). Some justified their reluctance to travel by the fact that now it is possible to get travel experiences in their homes, using the internet and technology (2.3 %), or mentioned travel difficulties (0.9 %). The lack of money was an even stronger reason for the Croatian respondents (over 80%), but this was the number one reason each country, anyway (Figure 3).

The next question that people with disabilities was asked is who they travelled with. In most of the cases it was the family, the next most popular category, with significantly lower number of mentions, was spouse, followed by friends and relatives. This latter category preceded in the case of the Italian respondents the reply “I travel with the family”.

The next question was to find out what resources tourists financed the costs of their travels from. It is an important finding that half of the respondents are able to cover the expenses from their own incomes, while 20-40% of them use the support of their family or some other assistance (e.g. non-governmental organisation). (The latter was especially typical for the Croatian respondents, but the reasons for this had not been explored by the survey.)

Figure 3: Breakdown of reasons for not travelling

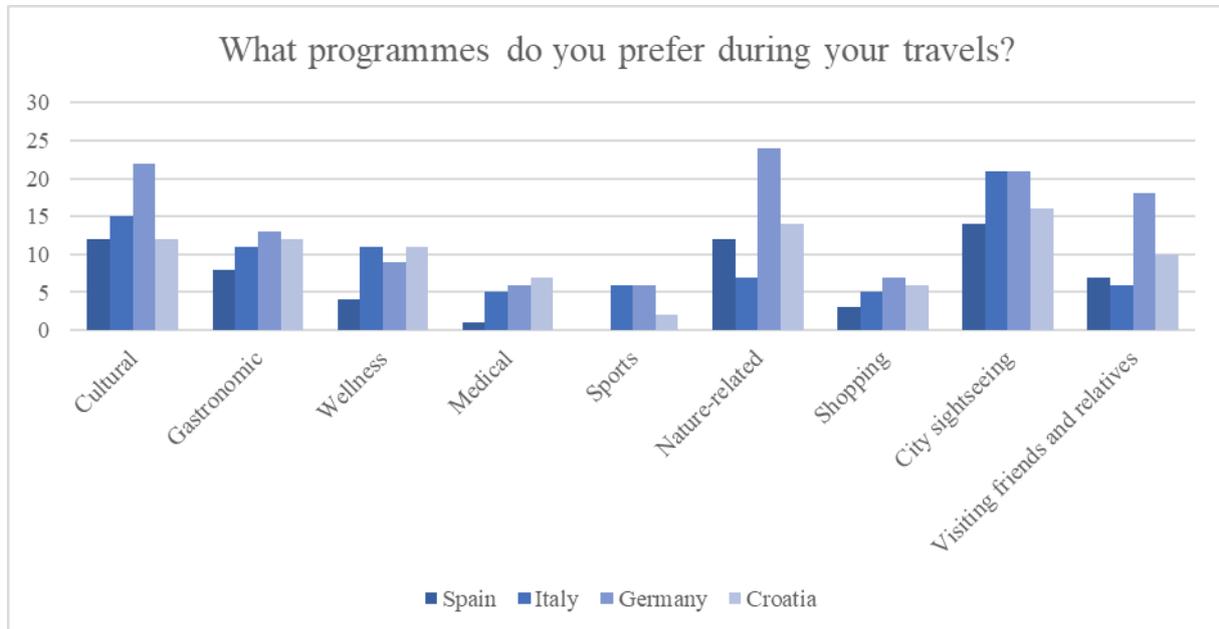


It is an old issue in the tourism industry what programmes tourists with disabilities like to take part in. According to our survey, less than 20% of them require programmes especially designed for people with disabilities. A larger proportion of them like integration programmes, the largest number of respondents, however, said that they would like to participate in programmes not designed for people with disabilities, specifically. Both Hungarian and Italian respondents favoured this option in over two-third proportions.

Approaching from the aspect of popular tourism products, it was also examined what programmes tourists with disabilities prefer during their travels. Multiple choices were also possible when answering this question. For Hungarian respondents, the most popular programmes were cultural programmes (60.2%), nature-based activities (55.6%) and city sightseeing (50.4%). Several replies indicated wellness (43.6%), gastronomy (40.6%) and

visiting friends and relatives (23.3%). Further replies included shopping and programmes requiring physical activity (13.5% in both cases). The responses from the other participating countries were quite similar to these (Figure 4).

Figure 4: What programmes do you prefer during your travels?



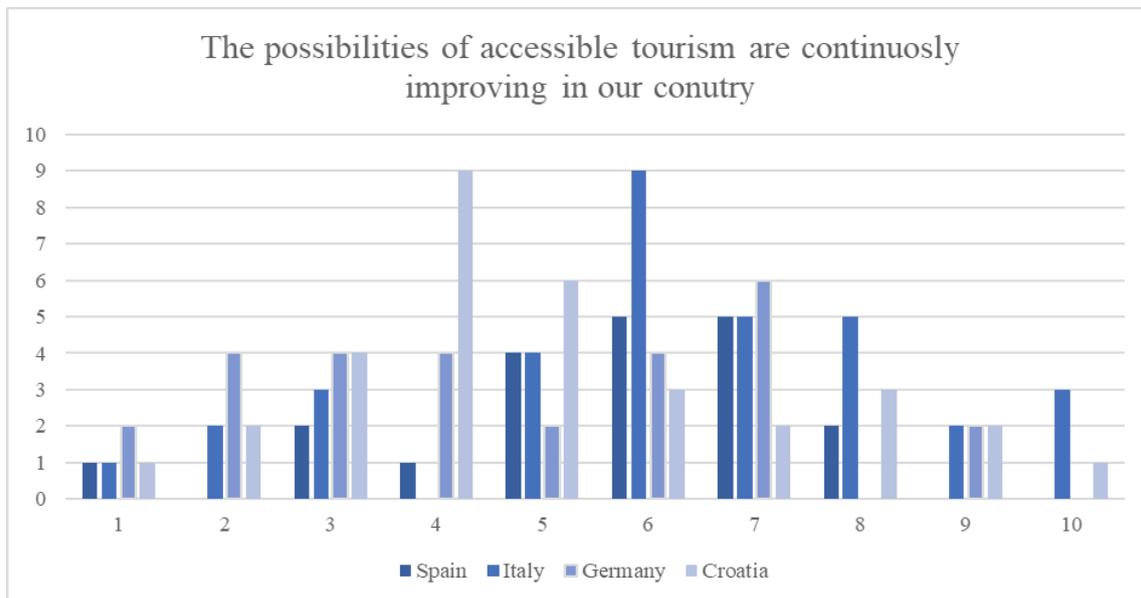
As a summary of the questionnaire survey so far, no significant difference can be seen between the travel habits of healthy people and people with disabilities. They participate in tourism motivated by the same interests and with the same frequency, they do not demand individual “disabled” programmes and facilities, but they would like the existing attractions and services to be accessible for them just as much as for their non-disabled fellows.

### 3. The situation of accessible tourism, as seen by those concerned

An attitude survey was also made to find out how the members of the target group assess the situation of accessible tourism. In the survey, they were asked to express on a Likert scale from 1 to 10 the extent of their agreement concerning a total of 11 statements (1: they totally disagree with the statement; 10: they fully agree with that).

The first statement was about how respondents see the improvement of the possibilities of accessible tourism in their countries. The replies were rather diverse; there is no consensus in this issue. The most frequent numbers indicated by the Hungarian respondent were 5 and 6, so approximately one third of them did not wish to express their opinions about the given situation. The breakdown of other replies was quite similar to the findings from the other countries in the project. On the basis of the replies it cannot either be said that stakeholders see an improvement in the conditions of accessible tourism or tourism service providers are becoming more prepared and more open to the reception of guest with disabilities (Figure 5).

Figure 5: Breakdown of opinions to the statement “The possibilities of accessible tourism re continuously improving in our country”



It is also an important issue how much the social environment is tolerant towards people with disabilities involved in accessible tourism. In order to explore this, the following statement was included: “The society in my country is more and more tolerant and open to the problems of people with disabilities”. A positive attitude was expected, after the policy decisions of the past decades and their practical impacts. The results, unfortunately, do not support this. Of all replies, 70-80% was in the range from 4 to 7 (slight rejection or slight agreement). The proportion of those who definitely agreed with this statement (giving values 8, 9 or 10) was small, on the one hand, and the number of those who rejected this statement was just as much, on the other hand (values 1, 2 and 3).

With regard to the fact that in each country people with locomotory disabilities are the largest group of stakeholders, their special problems were investigated with two statements. The first one was that if trains and coaches were accessible by wheelchairs in the respective countries, more people with disabilities would travel. Most respondents agreed with this statement, as replies in excess of 50% were given to the three highest values of the scale (8-10). The distribution of those who disagreed and gave lower scale values was small. This also shows their empathy of people living with other than locomotory disabilities towards their peers.

The next statement was as follows: if there were tourism paths in park forests, at least in the vicinity of cities, more people with disabilities would make excursions. Similarly to the previous statement, the level of agreement with this statement was significant, with more than 50% of respondents giving high (8-10). Responses with lower values were sporadic and none of them was considerable.

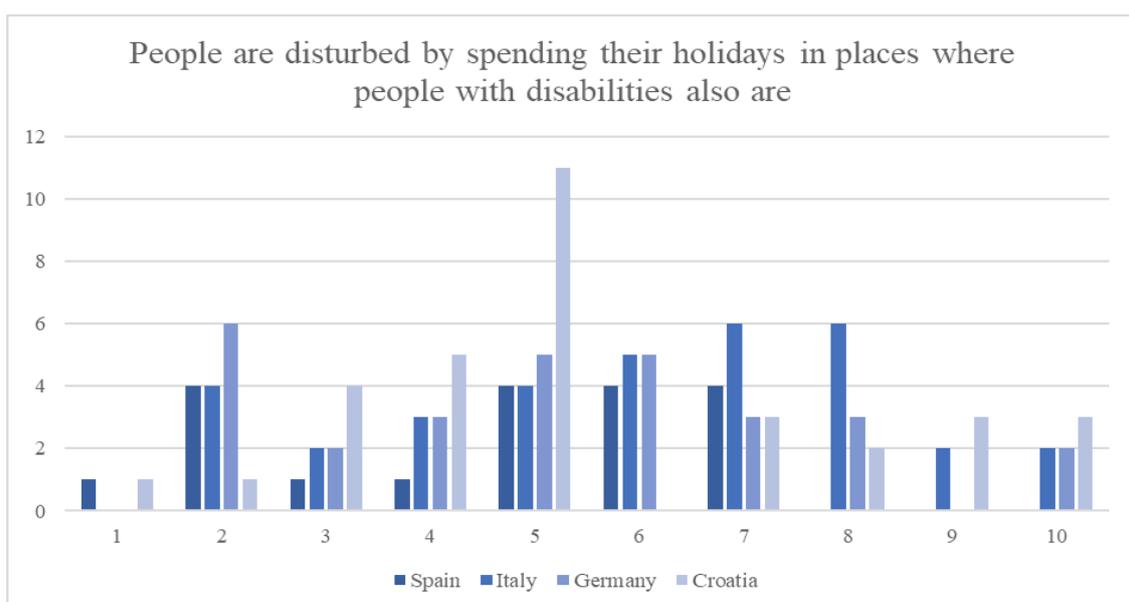
For those in need of accessibility, access to adequate information concerning this is also important, as this alleviates to a large extent the preliminary planning of the travel programme, so another statement was examined, saying if there were a reliable internet

collection of tourism paths accessible by wheelchair, more people would choose hiking in nature. The answers are clear-cut, more than half of the respondents opted for the upper three values. Four-fifths of respondents think that more people would choose travels like these if more information on this were available.

As responses to the previous questions of the questionnaire revealed already, travel habits and the related motivations of people with disabilities do not differ much from those of the healthy people. Deviation comes not from intentions but from the possibility of access. The research team wanted to justify this by asking about activities that were thought to be quite far from the stereotypes born about the activities of people with disabilities. The statement saying that extreme sports and activities would attract people with disabilities if they were given adequate security and assistance, was evaluated by respondents as follows: one-fifth of the Hungarian respondents fully agreed with this statement, and more than two-thirds of those filling out the questionnaires agreed to some extent. The share of those who disagreed was approximately 20%, whereas the convenient neutral values were opted by 8.8%. A similarly large proportion of respondents agreed in the other countries too, which justifies that there would be a demand for all tourism services by people with disabilities, if adequate accessibility was provided.

The next statement, as opposed to the previous ones, was not accepted with full consent, the breakdown of responses was rather uneven. The statement was as follows: people are disturbed by spending their holidays in places where people with disabilities are also present. As regards Hungarian respondents, the most typical answer was the convenient mean value, with 16.5%, most respondents gave values around the average. Of all respondents, 36.3% rather disagreed with this statement than agreed, whereas 47.2% of them rather agreed. It can be said then that people with disabilities are more likely to think that they disturb people. The situation is somewhat better in the other four countries, as shown by the replies (Figure 6).

Figure 6: Breakdown of responses to the statement “People are disturbed by spending their holidays in places where people with disabilities also are”



#### 4. The impact of tourism on the life quality and subjective sensation of happiness of the target group members

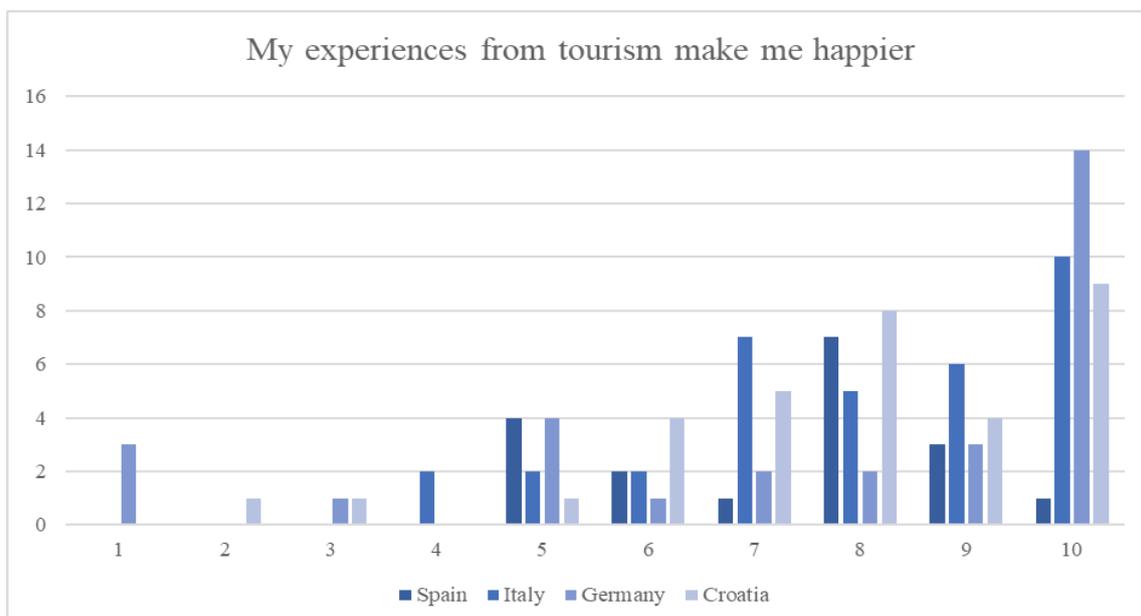
The examination of the relationship of tourism and quality of life is an important issue of tourism researches in several countries. As regards disabled people, however, insufficient attention has been paid to this issue so far, despite the fact that in their case it is especially important that tourism, compensating other disadvantages, should actively contribute to their experiences, the improvement of the quality of life and the creation of the subjective sensation of happiness. This is how the majority of respondents feel, too: the proportion of agreements concerning the statements about this issue was extremely high. The first statement said that “Tourism is an important part of my life “. With the exception of the Spanish respondents, in each country the share of those expressing their definite agreements by indicating values from 8 to 10 was almost 50%. The number of values 10 indicated by the German respondents was outstandingly high (12).

Similarly highly accepted was the statement saying “Tourism significantly impacts the feeling of wellbeing”. At this statement the approval of the Hungarian respondent was outstandingly high, with a 66% rate of acceptance.

The strongest agreement was expressed about the statement saying that “My experiences from tourism make me happier”. With the exception of Spanish respondents (who joined in the touristic activity to a lesser degree than the respondents of other countries, anyway), half of all respondents agreed very strongly (values 9 and 10) (Figure 7). The acceptance of this statement was the highest by the Hungarian respondents: no less than three-quarters of them definitely agreed with this statement (value 10: 40.5%, 9: 15.1% and value 8: 19%).

The statement saying that tourism improves their relationships to other people was accepted by respondents as follows: almost a third of all respondents filling out the questionnaire fully agreed with this statement. The proportion of those who agreed (i.e. indicated values 6 or higher) exceeded 80%.

Figure 7: Breakdown of responses to the statement “My experiences from tourism make me happier”

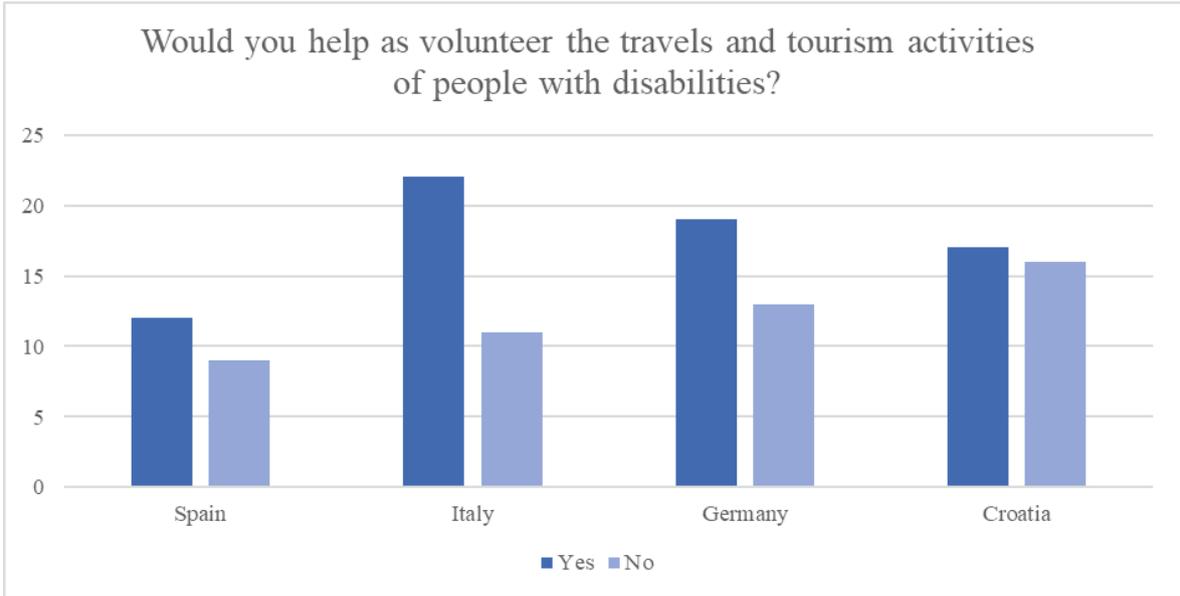


Another important issue concerning this topic is whether people with disabilities who filled out the questionnaire had ever experienced during their travels any discrimination because of their disabilities. Unfortunately, the number of those who reported bad experiences when returning from their travels is still large: in the group of Hungarian and German respondents their share exceeded 40%, in the other countries it was around 30%. The Germans were especially unsatisfied with the accessibility of travel devices, and many Hungarian respondents mentioned the lack of accessible toilets. (This problem was not raised in any other country.)

In the next question respondents were asked to answer, on the basis of their own experiences, which country could serve as an example to be followed in the field of tourism of people with disabilities. Multiple choices were also possible at this question. A significant part of the respondents were not able or willing to answer this question. Replies were rather diverse; the research could not identify any country that could definitely serve as good example. The most typical answers included Germany, Austria, Scandinavia, Spain and England. Examples frequently mentioned in Spain were rounded pavement edges, ramps, and the good accessibility of touristic attractions, whereas in Germany it was the accessibility of public transportation that was highly esteemed. (Interestingly, this was what the German respondents were quite unsatisfied with.)

The last tourism-related question was whether respondents were willing as volunteers to assist the travels and touristic activities of people with disabilities. The question is also important for the implementation of the objectives of the Peer Act project, as one goal of the project is to work out methodology and educational material for peer to peer assistance (Figure 8).

Figure 8: Breakdown of responses to the question “Would you help as volunteer the travels and tourism activities of people with disabilities?”



It is gratifying that the results were even more positive than expected: in each country, more than 50% of respondents said yes. In Hungary and Italy the proportion of those wanting to

help reached two-thirds, so it is evident that also in the case of accessible tourism there is a great deal of openness among people with disabilities towards peer to peer assistance.

Details of the research are available at the website of the project: [www.....](http://www.....)