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## OUTBOUND TOURISM BY THE PHYSICALLY DISABLED INHABITANTS OF KRAKÓW: CURRENT SITUATION AND FUTURE NEEDS

**Abstract:** The article is an analysis of outbound tourism by those with locomotor disabilities living in Kraków. Two aspects were compared: their tourism activity before and after the occurrence of the disability. The article describes seasonality, length of stay and destinations, limitations encountered, preferred forms of tourism, organisation of travel, preferred accommodation, means of transport and expenditure. It also presents motivations, expectations and the impact of their experience on future travel behaviour.

**Key words:** Kraków, locomotor disability, tourism for the disabled, outbound tourism.

### 1. INTRODUCTION

People with disabilities represent a significant proportion of each nation's population. Despite the development of medical care systems, the number of people with special needs is constantly growing and will continue to increase in the future. One of the largest groups of the disabled, and certainly the most visible, are those with locomotor disabilities. The many ways of rehabilitation include recreation and tourism, and they play an important role. Physical activity, which is an element of active tourism, is an attractive form of physical rehabilitation. For disabled people, a tourism trip is often the only chance to leave their home, to establish and maintain social contacts and to fulfil a passion to explore. These elements increase self-esteem and ultimately contribute to their social rehabilitation.

This article presents the results of research on outbound tourism by people with disabilities living in Kraków and an analysis of the tourism-related expectations of those with locomotor disabilities. The research was conducted for a doctoral thesis entitled "Tourism by the physically disabled inhabitants of Kraków: situation and needs".<sup>1</sup>

Outbound tourism is understood as a trip outside the home country. But for the purposes of this study, this term was extended and also includes trips outside Kraków but within Poland. Trips outside Poland by those with disabilities are relatively rare, so limiting the study to only foreign trips would not sufficiently reflect tourism by the disabled. A physically disabled person is one with impaired locomotor function causing mobility problems, regardless of the cause of the damage. A physically disabled person is also a one with a complex disability including a further type in addition to the locomotor system. It is not important whether their locomotor disability is the main or secondary cause.

### 2. THE MAIN ITEMS OF LITERATURE ON TOURISM BY THE DISABLED

Issues related to tourism by people with disabilities began to appear in the Polish literature as early as the 1960s, and pointed out opportunities for recreational

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activity (KABSCH 1958, 1960, LIBEROWICZ 1958, OGIELSKI & WĘGRZYN 1967). In subsequent years, research perceived tourism as a form of physical, psychological and social rehabilitation (DEGA 1972, DZIEDZIC 1981, HULEK 1973, WEISS 1976, 1979, 1980). The first comprehensive approach to tourism and recreation can be found in publications by ŁOBOŻEWICZ (1991, 2000), and since the beginning of the 21<sup>st</sup> century, there has been an increasing interest (MIDURA & ŻBIKOWSKI 2005, KULECZKA 2008). However, few publications present results on the scale and determinants of such tourism activity (SKALSKA 2004, GRABOWSKI & MILEWSKA 2008, KAGANEK 2009).

Both in the national and international literature, most authors do not treat this kind of tourism in a comprehensive manner. Work by BUHALIS (2006) and BUHALIS & DARCY (2010) deserves particular attention, presenting accessible tourism research from various disciplines such as geography, disability studies, social policy, psychology, economics and marketing.

Up to now, there has been nothing on tourism by the disabled inhabitants of Kraków. The author's research fills this gap, with an emphasis on understanding tourism activity by those with mobility problems.

### 3. DEFINITION OF DISABILITY

Disability, despite its prevalence, has not yet been uniformly defined and classified. Generally we can assume that disability is a condition resulting from a lack of health, i.e. a condition in which the functioning of the body is inconsistent with the norm.

The *Convention on the Rights of Persons with Disabilities* adopted by the UN (2006) states that "...a disability is (...) the result of interaction between persons with impairments and attitudinal and environmental barriers. Such a situation hinders their full and effective participation in society on an equal basis with others". The *Convention* defines the disabled as "people who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

### 4. POPULATION OF THE DISABLED

According to the World Health Organization estimates, 10% of the global population experience various forms of disability (*World report...* 2010). In European Union countries, there are about 81 million with disabilities

(16.2%), and the percentage of the disabled ranges from 3.3% in Bulgaria to 32.2% in Finland.<sup>2</sup> The number of disabled in Poland was 5.47 million in 2002 according to the National Census of that year, which accounted for 14.3% of the population (*Osoby niepełnosprawne...* 2004). When compared to the national average, the province of Małopolska has one of the highest rates – 18.2%, while in Kraków there were 144.900 with disabilities in 2002, or 19.1% of the city's population (*Osoby niepełnosprawne...* 2004). The most common cause is musculoskeletal disorder. In 2010, those with this type of dysfunction accounted for over 36% of the disabled, and 38% among the over 16s. Disorders of the musculoskeletal system are twice as often the basis for obtaining a certificate of disability than respiratory diseases and disorders of the cardiovascular system, which together are the next most frequent.<sup>3</sup>

## 5. INSTITUTIONS AND ORGANIZATIONS FOR THE DISABLED

The disabled are a social group requiring special support. In order for them to function on a par with the non-disabled, both national and local government and NGOs have to work for their benefit. Activities of national and local government institutions are carried out based on the regulations contained in the act on social and vocational rehabilitation of persons with disability of 1997 (*Act...* 1997). A 'Plenipotentiary for Persons with Disabilities' has been appointed to supervise the implementation of the act, and it requires regional governments to formulate and implement provincial programmes for equal opportunities, to prevent social exclusion and to assist in employment. In order to support activities in provinces, 'Provincial Councils for Persons with Disabilities' were appointed which serve as consultative and advisory bodies for provincial governors. At the *powiat* level, services are performed by 'Powiat Councils for Persons with Disabilities', 'Powiat Family Assistance Centres' (for social rehabilitation) and 'Powiat Labour Offices' (for vocational rehabilitation). Tasks performed by provincial and *powiat*-level governments can be financed by the 'State Fund for Rehabilitation of Persons with Disabilities'. Institutions acting on behalf of people with disabilities include supported employment enterprises, occupational therapy workshops, professional activity facilities and community centres for people with special needs. NGOs play an important role too in the form of associations, organisations and foundations and more than 10%, i.e. about 7400, carry out activities for people with disabilities.

## 6. TOURISM ACTIVITY OF THE RESEARCH GROUP: INHABITANTS OF KRAKÓW

In order to learn about the tourism activity of physically disabled inhabitants of Kraków it was necessary to conduct a survey, based on the information collected in 396 questionnaires. Every questionnaire consisted of two parts: the first concerned the tourism activity of respondents in 2010, the second – their tourism activity prior to their disability. Respondents chosen to complete the survey were members of institutions and organizations for people with disabilities, such as therapy workshops, community centres for people with special needs, associations, foundations, associations of pensioners and invalids, patients of rehabilitation and therapeutic centres, and students in the records of higher education institutions in Kraków. Questionnaires were distributed in printed form (370) and via e-mail among students. Of the 416 collected during the period from 1 February to 31 September 2011, 396 were correctly completed. The respondents were 16 or above; the age group most represented was 26-30 year-olds; the least represented were those above 70 or below 20 years of age.

The aim of the study was to collect information on:

- activity level,
- destinations,
- forms of tourism,
- seasonality and duration of tourism trips,
- ways of organizing trips,
- preferences for modes of transport and accommodation,
- financing of trips and expenditure on tourism,
- factors influencing the decision to go and the choice of destination, as well as the manner of organization.

The survey also allowed the exploration of the significance of barriers hindering tourism and to obtain information on the limitations encountered during travel.

In addition to determining the conditions surrounding tourism in the study group, the purpose of the research was also to answer questions about future travel behaviour, i.e. intended destinations, forms of tourism, means of transport and accommodation facilities. The last group of questions concerned factors determining travel plans and expectations regarding future tourism trips.

### 6.1. TOURISM ACTIVITY WHILE DISABLED

Previous studies show a growing, though still lower than the average, level of tourism activity for the disabled. According to research carried out in 2007 in

Lodz, a city with a population comparable to Kraków, 30% of the disabled population were involved in tourism (GRABOWSKI & MILEWSKA 2008). This article does not indicate the percentage involved in tourism in Kraków because the survey covered only those who were involved at least once in tourism this year, thus being active tourists. On the other hand, the article answers the question about the level of their tourism activity: 37.1% travelled more than once a year, 27.3% only once, and 35.6% only occasionally, once every few years.

The seasonality of tourism is shown by the dominance of summer. A tendency in the trips of the disabled is the high number in the months immediately preceding the summer holiday months, and in those following. In those months, attractive tourism destinations are not yet crowded providing convenience and sightseeing. The lower cost of trips during this period is also important (Fig. 1).

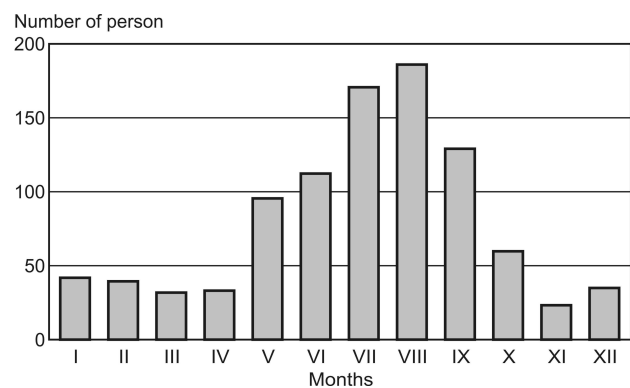


Fig. 1. Seasonality of respondents' tourism  
Source: author based on survey

Almost 95% of respondents took a trip in Poland, while more than 30% went abroad. Both domestic and foreign travel was the experience of more than 28%.

Trips to the mountains and trips to the countryside were the most popular. The least popular destination were lake districts.

The surveyed took trips mainly in the province of Małopolska, which is particularly evident in the case of short-term visits (Fig. 2). Trips outside the province were usually short-term trips to the neighbouring Podkarpackie and Silesian provinces, and slightly less frequently to Kujawsko-Pomorskie. When it comes to long-term travel, that is lasting over four days, the most popular provinces, excepting Małopolska, were West Pomeranian, Świętokrzyskie, Warmia-Mazury and Silesia (Fig. 3).

Within Małopolska province, respondents travelled primarily to the Kraków and Tatra *powiats* during both short- and long-term trips. Other short-term destinations were mostly the mountainous *powiats* of

Myślenice and Nowy Sącz, and for long-term, also Limanowa, Sucha Beskidzka and Nowy Targ.

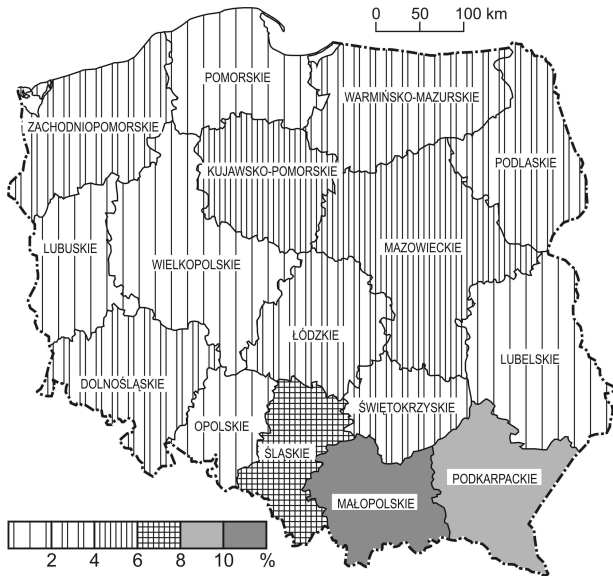


Fig. 2. Domestic short-term trips from Kraków by destination province  
Source: author based on survey



Fig. 3. Domestic long-term trips from Kraków by destination province  
Source: author based on survey

Disabled inhabitants of Kraków travelled mainly within Poland, however, their involvement on foreign trips is not without significance. In 2010, 31.3% of respondents declared having taken a trip abroad visiting Slovakia, Hungary, France, Belgium, Italy, Lithuania, Croatia, Greece, Great Britain, Austria, Ukraine, Sweden, Switzerland, Germany, Spain,

Malta, Northern Ireland, and the non-European countries of Georgia, Turkey, Israel, Egypt, Tunisia, the Asian part of Russia, Canada and the United States. The decisive factors in the choice of destination were cost, the method and the time of travel.

Domestic trips were usually short-term, up to four days, however most trips abroad were for a period of 8 to 14 days.

Forms of tourism are related to preferred destinations, and the length of stay. Trips to the mountains, to the sea and to rural areas are good for relaxation, which was the most common form of tourism. Slightly less popular were sightseeing and adventure tourism. A large proportion of domestic trips were for visiting relatives and friends. The low popularity of agritourism might seem surprising, as it would seem to be an attractive due to its friendly atmosphere and low cost. However, only a few farm households are adapted to accommodate disabled guests. Although health issues are one of the most important barriers to tourism, spas and health resorts were chosen as destinations by only every fourth respondent, (and only one in five for a domestic trip), and only every tenth respondent travelling abroad (Fig. 4).

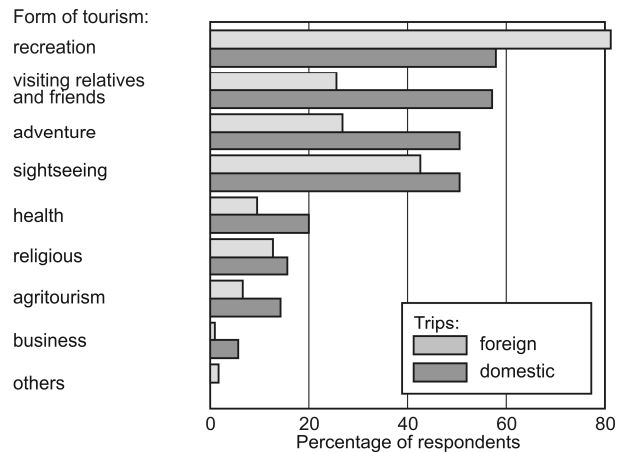


Fig. 4. Preferred forms of domestic and foreign tourism  
Source: author based on survey

More than 50% of respondents organized their own tourism trips (Fig. 5). Help by family members or friends were of great importance, and it was particularly evident in the case of domestic trips. Every fourth respondent participated in trips organized by associations, foundations, occupational therapy workshops and other organizations for the disabled. There is a noticeable lack of trips prepared for people with disabilities in travel agents' offers (FURMANEK 2010). The services of travel agents were used by 24% of respondents going abroad, and only by 3% travelling within Poland.

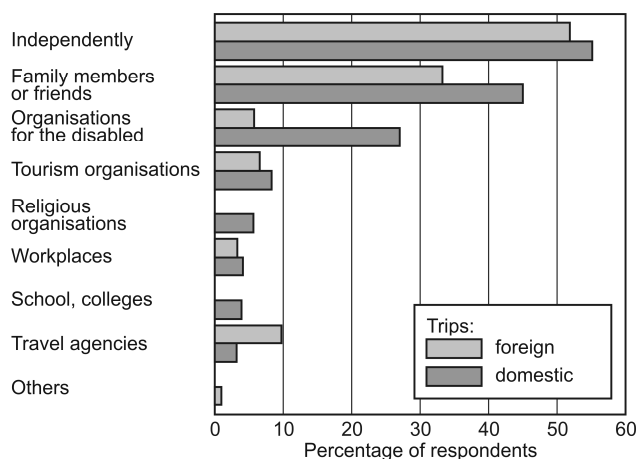


Fig. 5. The organization of tourism trips of people with disabilities

Source: author based on survey

The disabled inhabitants of Kraków spent a large part of their leisure time in an active way. About 50% reported sightseeing, running, swimming, gymnastics, walking and other forms of physical activity. Fewer indulged in passive relaxation. About one fifth participated in cultural events. The least popular ways to spend time were forms of entertainment, shopping, mushroom picking, and family meetings.

Involvement of the disabled is largely dependent on ease of access to their destination and the availability of tourism facilities, including accommodation. Public transport is mostly not appropriately designed, hence the transport of choice was the car. Trains, coaches and buses were often chosen for domestic trips, while air transport and tour coaches were used for trips abroad.

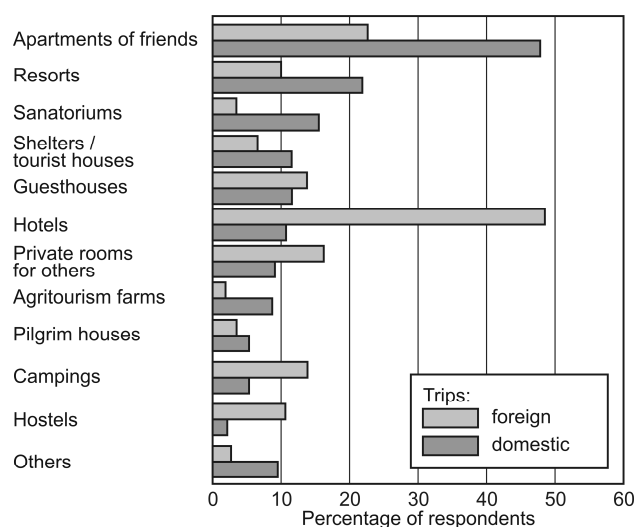


Fig. 6. Accommodation used by people with disabilities when travelling

Source: author based on survey

On domestic trips, the most frequently used accommodation was in homes or apartments of friends or relatives, a less common type of accommodation were resorts and sanatoriums used, inter alia, for rehabilitation camps. On foreign trips, the most popular types of accommodation were hotels and apartments or the houses of relatives and friends (Fig. 6).

The vast majority of respondents financed their trips, both for preparation and the trip itself, from their own savings. Other sources of funding included subsidies for participation in rehabilitation camps provided by institutions for the disabled some with funding from the 'State Fund for Rehabilitation of Persons with Disabilities'. The most important item in the budget in domestic and foreign trips was expenditure on travel, accommodation and meals; the lowest on entertainment, the purchase of tourism equipment and the purchase of orthopaedic equipment and its adaptation to the requirements of the trip.

## 6.2. TOURISM ACTIVITY PRIOR TO DISABILITY

One of the objectives of this study was to compare the tourism activity of Kraków inhabitants with locomotor disabilities during their disability with that in the time before. Most respondents were disabled from birth or their disability had already appeared in their childhood. Comparing tourism activity between adults and children is inappropriate, therefore a comparative analysis was applied only to those whose disability occurred after the age of 16.

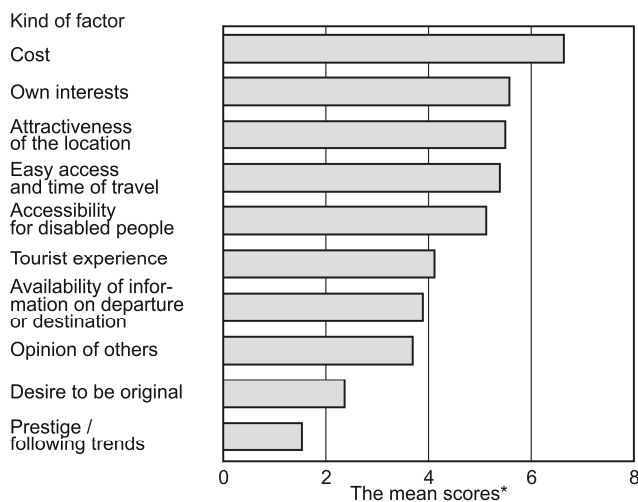
The survey shows that before the beginning of locomotor disability, the frequency of tourism trips was significantly higher than during the disability. This period is characterized by a concentration of trips during the summer and a relatively high intensity in the winter months. Compared to tourism activity during disability, trips to the sea and to lake districts were more frequent. Most trips to domestic destinations lasted 8 to 14 days, while trips abroad – from 5 to 7 days. Recreational tourism was the most popular objective while the percentage of visits to relatives or friends and trips for sightseeing did not change much. A much higher proportion of respondents took part in various forms of adventure tourism.

Trips were often organised by workplaces, schools and universities, and travel agencies; and foreign trips by tourism and religious organizations as well. The use of regular buses and trains, and when travelling abroad, the use of coaches, was more common. The use of such modes of transport as bicycle or motorcycle, water transport and hitch-hiking, which require relatively good physical fitness, was several times higher. Prior to disability, as well as later, the most

popular accommodation facilities were homes of family and friends. It should be emphasized that the changes in the organization of the trip, in the choice of means of transport and accommodation facilities are not merely the consequence of the emergence of disability, but also stem from changes in the structure of accommodation, transport infrastructure, ways of travelling and the wealth of the tourists. Prior to disability, trips were mainly financed from the respondents' own savings while they benefited more often from subsidies provided by workplaces or schools, which was characteristic of the model of tourism at that time. The percentage of loans was also higher.

### 7. NEEDS AND EXPECTATIONS RELATED TO TOURISM

The survey allowed the author to identify the factors motivating Kraków's inhabitants with locomotor disabilities to travel and the crucial factors. For respondents, the highest motivation to make a decision about a trip was the need for relaxation and cognitive needs. The need to improve their health was significantly less important, and the least important factor proved to be following trends. The choice of destination and mode of transport was however influenced most by the economic factor, expressed as the cost of the trip. Other important factors were interests, attractiveness of location, easy access and time of travel as well as accessibility for people with disabilities (Fig. 7).

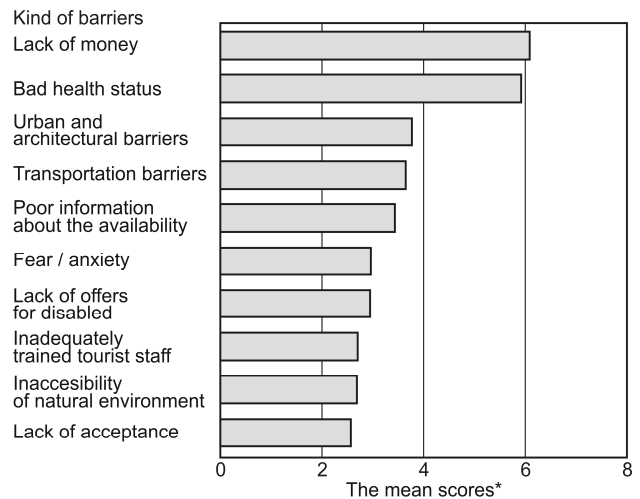


\* Method of ranking: importance was evaluated on a scale of 1 to 10, with a score of 1 indicating no importance and 10 indicating the greatest

Fig. 7. Factors influencing the decision to travel with a disability  
Source: author based on survey

Out of all barriers hindering tourism, the most noticeable were financial constraints and limitations

imposed by health (Fig. 8). Subsequently, there were architectural and urban barriers and transportation barriers too. The least important, on average, were social barriers expressed by fear of lack of acceptance by people without disabilities.



\* Method of ranking: importance was evaluated on a scale of 1 to 10, with a score of 1 indicating no importance and 10 indicating

Fig. 8. The relevance of barriers when making the decision to travel  
Source: author based on survey

During trips in 2010, respondents were often forced to cope with such barriers. In Poland, the most common problem was the accessibility of public space with nearly 50 % noting urban barriers. Accessibility to transport was also unsatisfactory while a common problem was poor information about the availability of tourism facilities for people with disabilities or a lack of such information. The specific needs such people are rarely taken into account by tour operators. Barriers impeding travelling were remarked on several times during trips abroad. The most common difficulties were the consequence of an inadequate adaptation of public space to the needs of the disabled (Fig. 9).

In the light of previous tourism experience, both being disabled as well as prior to it, more than 50% of respondents were determined to take a domestic trip next year, and a further 25% did not rule it out. An intention to travel outside of Poland was declared by five times as many as those who had ruled it out (Fig. 10). The vast majority of respondents could not decide whether they would decide to travel abroad, with their decision dependent on their financial situation and, to a lesser extent, on their health. Factors determining future tourism trips are most frequently health and financial situations. This confirms earlier observations on the importance of individual factors in taking a decision to travel.

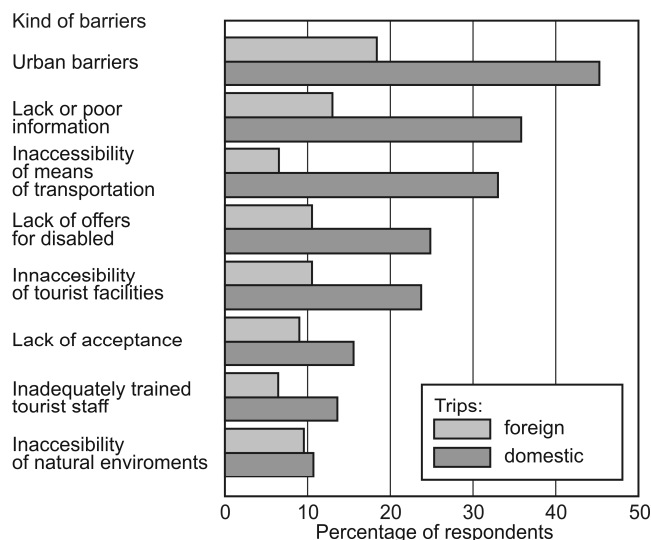


Fig. 9. Barriers encountered on domestic and foreign trips  
Source: author based on survey

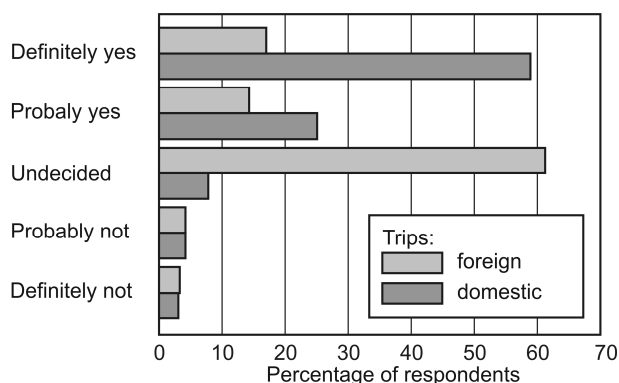


Fig. 10. Plans for tourism trips in the year following the survey  
Source: author based on survey

Respondents expressed their expectations related to tourism trips and most frequently pointed to the need to eliminate, or at least mitigate barriers surrounding them. Their expectations also included improved information about tourism attractions, reliable information about the accessibility of tourism facilities for wheelchairs, adequate preparation of staff, support for people with disabilities by other trip participants and reduction of the cost of travel.

## 8. SUMMARY

Tourism is of great importance for all the disabled, albeit its role slightly varies for different types of disability. However, many factors continue to hamper their tourism activity. Health limitations affect physical fitness, but a surprising conclusion of the survey is that health is not the most important determinant. For

the study group, economic factors are of much greater importance. People with disabilities are usually not wealthy, often the only sources of their livelihood are pensions or social security benefits. In the case of those with locomotor disabilities, a tourism trip may require them to purchase or adapt equipment and measures to facilitate movement. Many physically disabled people need the help of others, which further increases the cost of the trip.

In Kraków, there are many institutions and organizations for people with disabilities, therefore the disabled inhabitants of the city have easier access to organised trips than those living in small towns. On the other hand, despite the large number of travel agencies operating in Kraków, their openness to customers with disabilities is minimal.

For tourists with locomotor disabilities, it is important to eliminate the physical barriers present at every stage of the journey. Not all barriers can be removed and the elimination of some requires a large expenditure. However, most of the barriers can be eliminated with a modest financial outlay.

The importance of the opportunity to participate in tourism for people with disabilities is reflected in their desire to travel in the future, a desire expressed by the great majority. It is interesting that when planning future trips, they pay little attention to the comfort of tourism facilities. More important are timing, good company and the attractiveness of the destination. At the same time, the expectations of tourists with physical disabilities are dominated by expectations that are associated with the elimination of barriers to mobility. They also expect solutions that reduce the cost of travel. The weak point is the lack or unreliability of information on the accessibility of facilities and attractions as well as adequate signage. To encourage tourism, it would be also helpful to increase awareness of the needs of people with disabilities among employees in the tourism sector and an appropriate education in servicing this group of tourists.

## FOOTNOTES

<sup>1</sup> This doctoral thesis written under the supervision of Prof. Danuta Ptaszycka-Jackowska, PhD, and it was defended in July 2013 at the Institute of Geography and Spatial Management of the Jagiellonian University. In 2014, the thesis was awarded the Prize of the City of Krakow and a distinction in the national competition "Open Door" run by PFRON for the best dissertations regarding disability.

<sup>2</sup> Data of the European Statistical Office: [www.epp.eurostat.ce.europa.edu](http://www.epp.eurostat.ce.europa.edu), accessed on 20.05.2011.

<sup>3</sup> Data obtained from the District Disability Determination Office in Krakow.

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