Breaking Barriers: Preferences and Challenges of Tourists with Disabilities – A International Perspective

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Abstract

The fragmentation of national approaches underscores the need for international research to better understand the preferences and limitations of tourist travel for PwD. This study, conducted between 2023 and 2024 on 1,175 PwD across eight European countries, follows a standardized methodology under the Erasmus+ program. It examines participation, preferences, and barriers in tourism based on disability type, providing a broader, cross-national perspective. Presenting findings in multiple national languages ensures the inclusion of diverse PwD voices in the global discussion. The results highlight differences in endogenic and exogenic factors influencing travel decisions and experiences, as well as varying needs for support and accessibility solutions. Key conclusions emphasize the need for further research and action in three areas: barriers to travel differ by disability type; need for pre-travel support systems; and customized assistance and accessibility solutions. Beyond their academic value, these findings have significant practical implications for the tourism industry, supporting the development of more inclusive services, improving service quality, and enhancing market competitiveness.
Keywords: people with disabilities, disability, accessible tourism, tourism preferences, limitations in tourism

1. Introduction

Despite the fact that people with disabilities (PwD) make up a significant percentage of the world's population—and thus a considerable group of potential tourists—research on the frequency and structure of their travel is not conducted systematically in many countries. There is no methodologically consistent research on PwD tourism, for example, within the European Union and other regions, making cross-country comparisons difficult (Office of the Government Plenipotentiary for Persons with Disabilities, 2025). Various reports provide data on tourism among people with disabilities in different countries. For instance, in the United States, research on the opinions and travel patterns of people with disabilities, as well as their caregivers and companions, was conducted by MMGY Global. Based on a survey of 2,789 respondents, the study found that people with disabilities take leisure trips at nearly the same frequency as those without mobility issues, averaging 3.4 trips in the past 12 months. Moreover, almost all respondents (96%) reported experiencing accommodation problems during their travels, while 86% faced flight-related difficulties, and 79% encountered challenges with local transportation (*Portrait of Travelers with Disabilities: Mobility & Accessibility*, 2022). Meanwhile, in Australia, the report *Travellers with Accessibility Needs in Australia* (2024) primarily provides percentage data on tourism for people with disabilities in relation to the travel patterns of non-disabled tourists. In this report was shown that…tourists

with accessibility needs took a total of 18.5 million trips, including 12.6 million domestic day trips and 5.9 million domestic overnight trips. Travelers with accessibility needs accounted for 23% of all domestic trips, while other travelers made up the remaining 77%. The average length of overnight stays for this group was 3.6 nights.

European reports also rely on different methodological assumptions, analytical approaches, and data presentation methods. For example, in Poland, the report *Tourist Activity of Persons with Disabilities* (2018) was based on a study conducted among a sample of 1,721 PwD aged 15 and over. The findings indicated that 84% of all trips taken by respondents in the past 12 months were domestic. More than half (56%) of these trips lasted between two and four days, while longer trips of at least five days accounted for 44% of all responses (Ministry of Sport and Tourism, 2025). Meanwhile, a study on the travel habits of people with disabilities in Hungary, conducted by T. Gonda (2021) in 2019, found that 36% of respondents had not traveled in the past five years, 13% had traveled once, 21% twice, 6% three times, and 24% more than three times. In contrast, in Italy, the accessibility services portal *Cityfriend* reports that PwD are increasingly taking more than one trip per year, with an average stay of 10 days (Cityfriend, 2025).

The fragmentation of national approaches creates the need for studies with a broader, international perspective, allowing for a deeper analysis and understanding of both contemporary preferences and the limitations of tourist travel for PwD. The presented research results cover the PwD community primarily in four European countries: Croatia, Hungary, Poland, and Romania, as well as Germany, the Netherlands, Austria, and Slovakia. The study was conducted on a sample of 1,175 PwD between 2023 and 2024, based on a standardized research methodology within a project funded by the Erasmus+ program. The analyses focused on several issues related to the participation, preferences, and limitations of PwD in tourist travel, taking into account different types of disabilities. The aim of this approach is to explain the specific characteristics of tourist travel among people with various types of disabilities from a broader, international perspective. Furthermore, presenting the research results in national languages from several non-English-speaking European countries allows for the inclusion of the opinions of PwD communities from these regions in a wider international discussion.

2. Background literature

People with disabilities and the elderly constitute 15% of the global population (World Bank Group, 2025). While they share similar travel needs and desires with non-disabled individuals, they often face additional challenges (Yau, McKercher, & Packer, 2004). There is an increasing

emphasis on making daily activities, recreation, and tourism more accessible and inclusive for all, including not only those with visible disabilities but also those facing temporary difficulties or age-related challenges (Dattilo, 2017; Daniels, 2005). As a result, tourism is becoming more accessible to groups previously excluded from these opportunities (Darcy, McKercher & Schweinsberg, 2020).

Many factors, both **endogenus and exogenous**, influence consumer decisions, including travel choices. For people with disabilities, these factors may differ, but the core stages of the travel process remain the same. Yau, McKercher, and Packer (2004) identified five stages in this process: personal, re-connection, tourism analysis, physical journey, and experimentation and reflection. Unlike non-disabled tourists, individuals with disabilities cannot always compensate for deficiencies in tourist offerings (Israeli, 2002). Therefore, accessibility is crucial, as is the location of accommodations (Darcy, 2002).

Research on accessible tourism primarily examines **exogenous (external) factors** influencing travel decisions, particularly **accommodation, transportation, and information** (Liu et al., 2003). Accommodation availability is a key determinant (Lyu, 2017), with Darcy (2010) identifying 55 criteria that people with disabilities consider when selecting lodging and how hotel systems communicate them. Understanding their accommodation experiences is essential for developing appropriate offers (Chen, 2004; Poria, 2011; Tantawy et al., 2005; Gröschl, 2007; Ozturk et al., 2008), while ensuring the availability of properly equipped, accessible rooms remains a major challenge (Darcy, 2004). Transportation is another critical factor, as it is fundamental to tourism but often poses significant barriers for people with disabilities (Malagas et al., 2023; Poria et al., 2010). Financial constraints further complicate travel accessibility, with Shaw & Coles (2004) highlighting their complexity and impact.

Beyond physical accessibility, the availability of clear and inclusive information is crucial throughout the travel process (Cavinato & Cuckovich, 1992). Ray and Ryder (2003) found that people with mobility impairments rely primarily on word-of-mouth, the Internet, and travel guides for information. Similarly, Buhalis & Michopoulou (2011) identified three key requirements for accessible tourism: an inclusive built environment, comprehensive accessibility information, and accessible online content. As technology evolves, web accessibility has become increasingly important (Domínguez Vila et al., 2020). Researchers emphasize the need for tailored communication strategies to accommodate different disabilities, such as visual (Mils et al., 2008) and hearing impairments (Zajadacz, 2014), as a format suitable for one group may not be effective for another (Darcy, 2010; Valverde et al., 2024).

Endogenous factors, particularly **psychological dimensions** of the tourism experience, have been less extensively explored in the literature. Zhang et al. (2019) examined the motivations of people with disabilities, viewing travel as a personal challenge. They argued that the tourism industry should focus on intrinsic motivations and satisfaction from perceived travel competence, rather than on less-autonomous needs (Zhang et al., 2019). Coel et al. (2019) also discussed the importance of motivation in travel decisions. Zhang et al. (2019) identified self-determined motivations as key factors that enable people with disabilities to travel. Travel allows them to escape being "objects of care," redefine themselves, and build self-confidence (Blichfeldt & Nicolaisen, 2011). The degree of disability and independence influence how a trip is planned and undertaken (Burnett & Bender-Baker, 2001; Darcy, 2002). Additionally, social engagement, self-development, and life enjoyment are crucial motivations (Kastenholz et al., 2015), with tourism providing opportunities for personal growth (Eichorn et al., 2013).

2.1. Exploring Travel Motivations and Preferences of People with Disabilities

Travel motivations for people with disabilities (PwD) are influenced by individual needs, preferences, abilities, and external accessibility. Moura et al. (2023) identified key travel motivations for PwD, such as pleasure, knowledge acquisition, well-being, and personal development. Allan (2015) further categorized these into intrinsic factors, including escape, relaxation, pleasure, and learning, as well as extrinsic factors like social, cultural, and recreational benefits. Leisure and recreation often serve as primary travel goals for PwD (Shaw et al., 2004; Özcan et al., 2021). Many PwD also prefer to travel with a companion (Özcan et al., 2021), and various associations and institutions are vital in planning and decision-making (Blichfeldt & Nicolaisen, 2011).

PwD also travel for health or medical purposes (Bauer, 2018) or for rehabilitation holidays to enhance their well-being (Al-Rashaida et al., 2018). Travel provides an opportunity to manage stress (Moura et al., 2018) and connect with nature (Bergier, 2010; Wal-Reinius et al., 2023; Chikuta et al., 2017; Bianchi et al., 2020). Quintana & Ortuzar (2018) emphasized the importance of leisure and active recreation for both PwD and non-disabled youth. For families with children with disabilities, improving physical health is the primary travel motivation, with outdoor activities being the most valued (Kim & Letho, 2013).

Various organizations, such as PwD associations, are often key in guiding individuals through the travel planning process (Blichfeldt & Nicolaisen, 2011; Eusébio et al., 2023). In many cases, a caregiver or friend is essential to support travel planning and provide assistance

during the trip (Gillovic & McIntosh, 2020; Teixeira et al., 2021). Obtaining reliable information about the destination's accessibility is critical, particularly regarding accommodation and transport, both of which must be adapted to the person's disability (Eusébio et al., 2023). Regarding tourist offers, research by Gonda (2021) shows that PwD prefer to participate in programs available to all (61.1%) rather than those exclusively designed for them (19.1%) or integrative programs (19.8%). Their primary interests include cultural (60.2%), nature-friendly (55.6%), and sightseeing (50.4%) activities.

2.2. Factors Limiting Travel for PwD: Challenges During Tourist Trips

Travel decisions made by people with disabilities (PwD) are heavily influenced by the accessibility of tourist facilities, transportation, and information. The main barriers that PwD encounter include insufficient or unreliable information, poor communication, inaccessible infrastructure (such as buildings and attractions), limited transport options, and inaccessible sightseeing activities. These obstacles disrupt the overall travel experience and prevent the accessibility chain from functioning properly (Domínguez Vila, T., Alén González, E. & Darcy, S., 2020). In addition to physical accessibility challenges, there are several individual factors that also play a significant role in limiting travel opportunities.

Age is one of the factors that significantly impacts travel, especially for those traveling alone. As people age, their ability to engage in outdoor activities tends to decrease. S. Brumbaugh (2018) reports that fewer than 10% of individuals under the age of 50 experience travel-limiting disabilities, but this number rises to 18.4% by age 70 and over 31.9% by age 80. This observation is supported by data from P. Corran, R. Steinbach, L. Saunders, and J. Green (2018), which shows that only 15% of people aged 50-59 did not travel, compared to 44% of those aged 80 and over. M. Sweeney (2004) also found that older adults (65+) with disabilities leave home less frequently, averaging 4 days per week, while younger disabled individuals (aged 25-64) leave home an average of 5.1 days per week, and those under 25 leave home an average of 5.6 days per week.

Gender is another factor that influences travel habits. Research by Shen et al. (2023) indicates that women with disabilities are generally less likely to travel than men. Additionally, Iudici, Bertoli, and Faccio (2017) emphasize that women with disabilities are at greater risk of facing sexual assault in transit environments, which can further deter them from traveling.

Social status also plays a crucial role in travel opportunities. According to I. Casas (2007), younger individuals, those living in smaller households, and those with a driver's license, stable employment, and urban living arrangements are more likely to have access to

travel opportunities. Furthermore, being willing to travel longer distances increases travel possibilities. Higher social status, often linked to higher income levels, is also associated with more frequent travel. N.A. McGuckin and A. Fucci (2017) found that households in the highest income group make 80% more trips annually compared to those in the lowest income group.

Family size also impacts the likelihood of travel. A. Páez and S. Farber (2012) observed that single parents are more likely to engage in activities like visiting friends, while married individuals with children tend to participate less in events such as museum visits or park trips. This may be due to the social interactions already present within the household. However, A. Ermagun, S. Hajivosough, A. Samimi, and T.H. Rashidi (2016) found that PwD from larger or extended families tend to make more leisure, shopping, or entertainment trips.

The severity of a disability is another important factor affecting travel. A. Páez and S. Farber (2012) suggest that while more severe disabilities decrease the likelihood of visiting friends, they are associated with a 17.4% increase in the desire for leisure activities. Therefore, the degree of disability not only impacts the frequency of travel but also affects the types of activities that are sought after by PwD.

Traveling in a context primarily designed for non-disabled individuals presents unique challenges for PwD. According to M.K. Yau, B. McKercher, and T.L. Packer (2004), the difficulties faced by PwD are not solely related to the lack of user-friendly infrastructure. The nature of these difficulties is much more complex. The severity of a disability itself can create challenges. For example, R.W. Smith (1987) highlights how the type of disability directly impacts barriers such as health-related issues, physical and psychiatric dependency, which complicate travel. These challenges often require additional assistance (J.-D. Schmöcker et al., 2008), which can lead to extra costs. A. Luther (2013) notes that holidays can be financially prohibitive for people with disabilities, with additional costs ranging from 30% to 200%, and even higher for individuals with more severe disabilities (Burnett and Bender, 2001; Darcy, 2002).

People with disabilities often encounter unpleasant treatment from other travelers and service providers, such as train, bus, or airline employees. Poria et al. (2010) revealed that blind travelers and those using wheelchairs face physical and social challenges during flights. For wheelchair users, these difficulties can result in humiliation and physical suffering. PwD also experience challenges related to finding accessible tourism accommodations. According to Daniels, M.J., Drogin Rodgers, E.B., and Wiggins, B.P. (2005), PwD struggle with both locating suitable accommodations and facing unprepared hotel staff who are not equipped to

meet their needs. Travel personnel and tourism site managers who lack comprehensive training and information are often ill-prepared to assist individuals with disabilities.

3. Conceptual Framework and Research Issues

The research was conducted as part of the international project entitled "The Development of the Innovative Educational Method of ACCESSIBLE Tourism in Central Europe," carried out within the Erasmus+ program from 2023 to 2025 in Poland, Hungary, Croatia, and Romania. The first stage of the project involved identifying the needs and limitations regarding tourism trips for PwD from a broad international perspective. This article presents the results of selected issues from these studies, such as:

1. Traveling for recreational and tourist purposes (considering the need to travel with an assistant)
2. Frequency of tourist trips (domestic and foreign) in 2022
3. Factors that prevent the respondents from traveling as tourists
4. Difficulties encountered during tourist trips.

The primary aim of this research was to address the knowledge gap regarding the preferences and limitations of PwD in tourism through standardized international findings. Beyond its cognitive value, this knowledge can inspire the development of research methodology and its international application, as well as inform practical solutions in accessible tourism.

3.1. Methodology

The research methodology was based on the principles of induction, which allows for the aggregation and synthesis of data. The research process involved several key stages (Fig. 1.), which included multiple translations of content from national languages into English and from English into national languages Polish (PL), Croatian (CR), Hungarian (HU), and Romanian (RO).

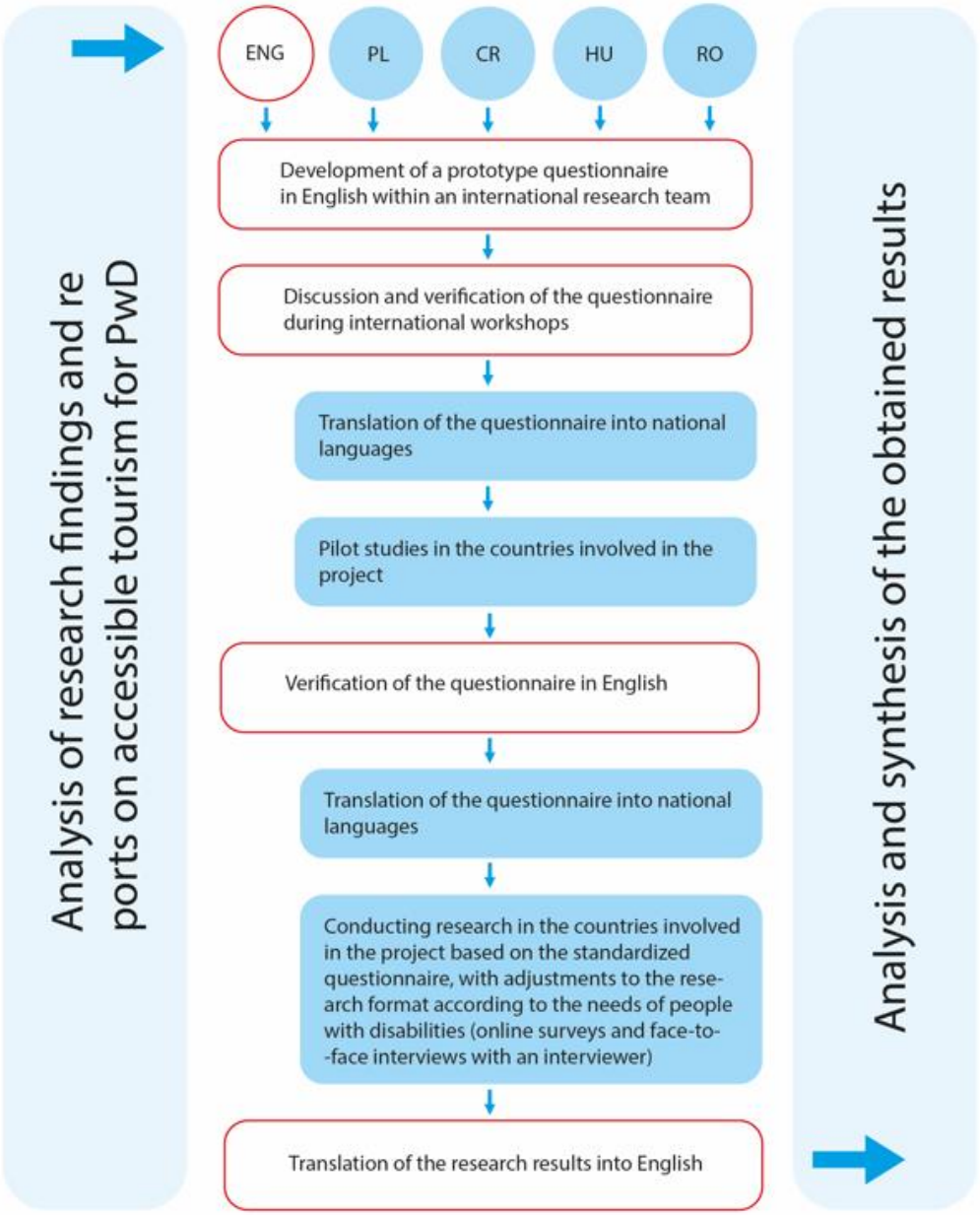

Fig. 1. Stages of research
Source: own elaboration

3.2. Data Collection and Analysis

The research was conducted simultaneously in Poland, Hungary, Croatia, and Romania using a standardized questionnaire translated into national languages. Data was collected through

both direct and online interviews between October 2023 and January 2024, resulting in 1,175 correctly completed forms. The research results were translated into English for synthesis. To facilitate further international comparisons of research results presented in reports and statistical summaries, the obtained results were expressed as a percentage unit of measurement, with the sample size of 1,175 individuals as the basis for calculations. For the questions regarding:

1. The factors that prevent respondents from traveling as tourists
2. Difficulties encountered during tourist trips

A 7-point Likert scale was used, where 1 means: "I am never faced with this problem," and 7 means: "I am faced with it very often."

The percentage distribution of responses was categorized as follows:

A/ 1-3 points – positive value (+)

B/ 4 points – neutral value (0)

C/ 5-7 points – negative value (-)

Indicator: $\Sigma = A + C$

The obtained results, presented in Tables 4-6, are on a scale a scale from -100 to 100 points. Interpretation of the indicator: The lower the value, the greater the problem. Negative values indicate the extent to which respondents perceived a given issue as a challenge.

The analysis was conducted based on the complete database from four countries, focusing on categories related to different types of disabilities.

3.3. Characteristics of the respondents

Respondents were from Europe (Poland, Germany, the Netherlands, Croatia, Hungary, Austria, Slovakia, Romania) and represented various types of disabilities and degrees of independence in tourist travel (Table 1). The most frequently represented groups were individuals with locomotor disabilities (31%) and multiple disabilities (27%). These individuals also most often indicated the need for assistance when undertaking travel (the percentage of respondents analyzed separately in each group with a specific type of disability: locomotory 78%; multiple disability 56%). Relatively often, the need for support was also reported by individuals with visual impairments (sight 75%).

Tab. 1. Types of disabilities represented in the study sample and the need for assistance during a tourist trip

Types of disabilities	% in the tested sample n=1175	Use of aid during travels (%)
Temporary disability	5	34
Obstacle related to my age	5	24
Sight	10	75
Hearing	5	51
Locomotory	31	78
Multiple disability	27	56
Intellectual disability	6	15
Speech	2	11
ASD	5	25
Psychosocial disability	1	17
Other	3	23

ASD- Autism Spectrum Disorder; Source: own elaboration

4. Research results

4.1. *Traveling for recreational and tourist purposes*

Declarations of participation in tourist and recreational trips among people with different types of disabilities vary (Table 2). Nearly one-fourth (22%) of individuals with multiple disabilities do not undertake such trips, and they are also frequently abandoned by older individuals (18%) and those experiencing psychosocial disabilities.

Among those who confirmed taking such trips, the need for assistant support is highest for individuals with intellectual disabilities (73%), visual impairments (59%), locomotor disabilities, and ASD (both 58%). On the other hand, the greatest independence in undertaking tourist and recreational travel was demonstrated by individuals with speech disabilities (76%), hearing impairments (70%), temporary disabilities (52%), or other types of disabilities (64%).

Tab. 2. Travelling for recreational and tourist purposes (data in %)

Type of disability	No	Yes, with assistance	Yes, on my own
Temporary disability	15	33	52
Obstacle related to my age	18	12	70
Sight	8	59	32
Hearing	6	24	70
Locomotory	14	58	28
Multiple disability	22	51	28
Intellectual disability	10	73	18
Speech	3	21	76
ASD	12	58	30
Psychosocial disability	17	50	33
Other	9	27	64

% of respondents analyzed separately in each group with a specific type of disability
Source: own elaboration

4.2. Frequency of tourist trips

Data from the year preceding the study (2022) indicate that a significant group of people with disabilities did not take a tourist trip even once throughout the year, especially regarding international travel (Table 3). Individuals who did **not travel abroad** most often represented psychosocial disabilities (83%), intellectual disabilities (77%), multiple disabilities (63%), ASD (59%), locomotor disabilities (57%), visual impairments, and older age (both 56%). In the case of older individuals, a considerable proportion also did not take tourist trips within their own country (21%). Participation in **domestic trips** was significantly higher. More than three such trips within the country were declared by 71% in the "other" category, 68% of individuals with visual impairments, 64% with temporary disabilities, and 61% with hearing impairments.

Tab. 3. Frequency of tourist trips (data in %)
Trips in 2022: A - Abroad, D – Domestic

Type of disability	Not once	Once	Twice	Three times	More than three times	A/D
Temporary disability	38	8	23	2	30	A
	6	9	9	11	64	D
Obstacle related to my age	56	16	20	8	9	A
	21	12	15	7	45	D
Sight	56	15	9	10	9	A
	7	7	12	6	68	D
Hearing	51	20	14	4	12	A
	2	10	16	12	61	D
Locomotory	57	16	13	5	8	A
	9	10	13	12	56	D
Multiple disability	63	10	12	9	6	A
	10	10	10	19	60	D
Intellectual disability	77	12	2	3	7	A
	7	19	15	8	51	D
Speech	34	14	24	7	21	A
	3	7	10	24	55	D
ASD	59	24	10	5	2	A
	14	19	8	14	46	D
Psychosocial disability	83	8	8	0	0	A
	0	17	8	17	58	D
Other	48	29	13	6	3	A
	3	6	10	10	71	D

% of respondents analyzed separately in each group with a specific type of disability
Source: own elaboration

4.3. The factors, which keep the respondents from travelling as a tourist

The factors, which keep the respondents from undertaking tourist trips were analyzed separately for each group based on the type of disability, using a 7-point Likert scale. The data presented in Table 4 with positive values (blue color) indicate the absence of such difficulties, while negative values (red color) show their presence. The numerical index values range from -100 to 100 points. In all the studied groups, the majority of responses confirmed that they enjoy traveling for tourism purposes. The least confirmation came from individuals with psychosocial disabilities (18 points on the -100 to 100 scale) and ASD (39 points on the -100 to 100 scale).

The research results showed that the most common factors preventing respondents from undertaking tourist trips relate to issues such as **lack of: company, money, language skills, fear of new situations, and lack of time.** Regarding types of disabilities, it can be stated that the most difficulties were experienced by individuals with **psychosocial disabilities** (especially in the areas of lack of money, lack of company, and language skills), **ASD** (especially in terms of fear of new situations, lack of money, and company), **speech disabilities** (lack of company, time), and **intellectual disabilities** (lack of language skills and money). Lack of language skills is also evident among **older** individuals.

Tab. 4. The factors, which keep the respondents from travelling as a tourist (data in sale from -100 to100 pt.)

Type of disability	I do not like travelling	Lack of time	Lack of money	Lack of company	Lack of language skills	Lack of assisting person	I am afraid of new situations	Travelling there and back is problematic	I am afraid that accessibility is not up to the promises and/or my needs	My health conditions do not allow travelling	Previous bad experiences	I can get travel experiences at home, using internet and technology
Temporary	53	35	38	33	49	33	51	34	34	32	68	56
Obstacle/age	53	73	27	28	-6	35	25	33	52	37	61	47
Sight	52	36	8	5	30	26	26	33	32	49	49	47
Hearing	75	11	22	35	2	51	33	53	49	75	53	42
Locomotory	71	41	2	34	45	26	51	16	0	48	47	55
Multiple	64	52	2	11	9	33	26	16	7	36	42	56
Intellectual	78	58	-15	23	-3	21	13	32	57	55	72	50
Speech	52	-17	17	-42	0	62	29	45	27	31	17	48
ASD	39	45	-15	-7	15	5	-35	-4	30	59	35	61
Psychosocial	18	10	-37	-18	-18	37	37	19	9	8	0	28
Other	62	50	9	30	33	68	45	60	57	63	73	49

Analyses conducted in separate databases concerning types of disabilities; Source: own elaboration

4.4. Difficulties encountered during tourist trips

The difficulties experienced by respondents in tourist trips mainly concern transportation, the possibility of engaging in sports activities, lack of appropriate tourist information, sightseeing, and accommodation (Table 5). In the case of individuals with visual impairments and psychosocial disabilities, the statements regarding the occurrence of difficulties or the absence of them in catering services were balanced (0 points on the -100 to 100 scale).

Taking into account the types of disabilities, the most difficulties, in all categories studied except catering, were reported by individuals with locomotor disabilities, followed by those with multiple and psychosocial disabilities.

Tab. 5. Difficulties encountered during tourist trips (data in sale from -100 to100 pt.)

Type of disability	Use of transportation	Use of accommodation	Use of catering facility	Sport activities	Visiting attractions	Lack of reliable information on real accessibility
Temporary disability	51	58	58	46	59	43
Obstacle related to my age	38	66	61	37	53	43
Sight	4	15	0	20	15	10
Hearing	63	53	53	62	40	25
Locomotory	-23	-12	26	-12	-10	-19
Multiple disability	-9	13	19	2	-1	-5
Intellectual disability	24	19	25	9	19	14
Speech	17	21	38	45	38	39
ASD	25	24	27	39	36	7
Psychosocial disability	37	0	0	-10	-10	55
Other	47	62	60	63	59	27

Analyses conducted in separate databases concerning types of disabilities; Source: own elaboration

5. Conclusions

The research, conducted using a unified methodology across several European countries, focused on the specific limitations and preferences in tourist travel among individuals with different types of disabilities (1,175 participants), while minimizing the impact of socio-economic conditions or social policies in each country. This approach enabled the identification of both exogenic and endogenic factors affecting the travel behavior of PwD.

The study revealed differences in the significance of endogenic and exogenic factors in tourist travel. **Endogenic factors** that most strongly hinder the decision to travel include lack of company, money, language skills, fear of new situations, and lack of time. These factors had a greater impact on individuals with psychosocial disabilities, ASD, speech disabilities, intellectual disabilities, and older individuals compared to those with other disabilities. **Exogenic factors**, such as issues with transportation, access to sports activities, availability of tourist information, sightseeing, and accommodation, were reported as significant obstacles primarily by individuals with locomotor disabilities, followed by those with multiple and psychosocial disabilities. The specificity of endogenic limitations is that they typically occur before the trip, often preventing the decision to travel. In contrast, exogenic factors are more likely to create difficulties experienced during the trip itself.

These findings highlight the need to establish a **support system in the place of residence** for individuals with disabilities to assist in preparing for travel, making travel

decisions, and carrying out trips. This is especially crucial for individuals with psychosocial, intellectual, multiple, speech disabilities; ASD and older people. Equally important is the need to eliminate infrastructural and informational barriers, as well as service-related difficulties in **tourist destinations**, particularly for individuals with locomotor disabilities, followed by those with multiple and psychosocial disabilities.

Travel preferences are often linked to the expectation of **assistance** from a **support** person. Individuals with intellectual disabilities, visual impairments, locomotor disabilities, and ASD showed the highest need for support. In contrast, those with speech disabilities, hearing impairments, temporary disabilities, and other types of disabilities demonstrated the greatest **independence** in undertaking tourist trips.

The presented research findings highlight the need for further exploration of accessible tourism for individuals with disabilities in several key areas. First, barriers to travel vary by disability type, with endogenic factors (such as financial constraints, language barriers, and fear of new situations) preventing travel decisions, while exogenic factors (such as transportation issues, accessibility challenges, and accommodation limitations) create obstacles during the trip itself. Future research should focus on developing tailored interventions to mitigate these barriers effectively.

Secondly, there is a strong need for pre-travel support systems to assist individuals, particularly those with psychosocial, intellectual, speech, and multiple disabilities, as well as ASD and older individuals, in preparing for and undertaking trips. Establishing community-based support systems, including travel training programs and decision-making assistance, is essential. Future studies should evaluate the effectiveness of such initiatives in improving travel participation among people with disabilities.

Finally, customized assistance and accessibility solutions must be further explored to enhance travel experiences for PwD. While some groups require dedicated travel assistance, others demonstrate greater independence. Tourism providers should implement flexible, needs-based support services, and future research should investigate personalized accessibility solutions to ensure an inclusive and seamless travel experience.

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Declaration of competing interest

None.

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Appendix A. Supplementary data

Supplementary data to this article can be found in the book: The theory and practice of accessible tourism in Central Europe –implications from an international project co-operation,
https://researchportal.amu.edu.pl/info.seam?id=UAMfa4878ad0ab94c16863673790b048a70

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