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Published online: 19 Jun 2018.

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Towards inclusive tourism? Stakeholder collaboration in the development of accessible tourism

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ABSTRACT

Stakeholder collaboration is increasingly being lauded as important in the development of accessible tourism. The purpose of this study is to explore how stakeholders collaborate in the development of accessible tourism. Drawing on research conducted in Western Australia, the study utilises qualitative approaches in its exploration. The evidence from the study strongly indicates that there is minimal collaboration between stakeholders in the development of accessible tourism. The findings suggest that when there are multiple and diverse stakeholders at play, an organic, circulatory and developmental approach to stakeholder collaboration should be adopted to innovatively move towards inclusive tourism – an ideal that aspires to equal access and inclusion for all. To this end, four emergent interrelated themes are considered: control and coordination, communication, clarity of roles and responsibilities and collaboration and integration. From these themes, a framework that can be applied to encourage collaboration is proposed.

摘要：
利益相关者的合作因其在发展无障碍旅游中的重要意义愈加受到
人们的称赞。本研究的目的是探讨利益相关者如何在无障碍旅游
发展中进行合作。该研究借鉴了西澳地区的研究成果，运用质性
研究方法对利益相关者合作在无障碍旅游发展的中的应用进行了
探讨。这项研究的证据有力地表明，在发展无障碍旅游方面，利益
相关者之间的合作微乎其微。研究结果表明，当有多种多样的利
益相关者参与的时候，应该采取一种有机的、循环的和发展的方
式，以促进利益相关者的合作，以创新的方式朝着包容性旅游的方
向发展—这是一种渴望众生平等参加旅游和包容于旅游的理想。
为此，我们考虑了四个紧急的、相互关联的主题:控制和协调、沟
通、明晰角色和职责、协作和整合。从这些主题出发，我们提出
了一种可用于鼓励协作的框架。

Introduction

The purpose of this study is to explore how stakeholders collaborate in the development of accessible tourism. Accessible tourism strives for the inclusion of all people in tourism

activities and is intricately linked to a legal framework authorised by disability legislation. Several researchers have called for stakeholder collaboration in the development of accessible tourism (e.g. Darcy, 2011; Gillovic & McIntosh, 2015; Michopoulou, Darcy, Ambrose, & Buhalis, 2015; O'Neill & Knight, 2000). Yet, there is scarce empirical research on stakeholder involvement in accessible tourism practice. Although consensus is held amongst researchers that stakeholder collaboration is critical for tourism development (Byrd, 2007; Jamal & Getz, 1995), it is also acknowledged that a collaborative approach to tourism development is highly complex (Jamal & Getz, 1995; O'Neill & Knight, 2000; Waligo, Clarke, & Hawkins, 2013). Fundamental to the process is the deep understanding of diverse perspectives from multiple and heterogeneous stakeholders.

Tourism, in general and accessible tourism in particular, is a highly fragmented industry dependent on numerous components. Sustaining the success of accessible tourism requires the participation of a wide range of critical stakeholders (see Michopoulou and Buhalis, 2011, for a comprehensive stakeholder analysis). Whilst recognising the critical role of other principal stakeholders in the development of accessible tourism, this paper brings to focus the fundamental role of people with disabilities in the process. We argue that the development of accessible tourism would be challenging to achieve without the holistic and essential involvement of people with disabilities. This group, although most impacted by access and inclusion issues, is marginalised in society (National People with Disabilities and Carer Council, 2009; Shaw & Coles, 2004) and generally ignored by the Hospitality and Tourism (H&T) industry as a viable market segment (Darcy & Pegg, 2011; Gillovic & McIntosh, 2015; Shaw & Coles, 2004). For economic as well as socially moral reasons, people with disabilities should be the main stakeholders at the collaborative table. Disability is a dynamic and evolving construct that requires continual discussions about emergent perspectives (Shelton & Tucker, 2005; Stumbo & Pegg, 2005; Yau, McKercher, & Packer, 2004). The voices of people with disabilities are therefore critical to the process. Given their historical exclusion however, collaborative efforts that include people with disabilities need to be approached with empathy, caution and humility (Oliver & Barnes, 2012). Careful thought needs to be given to an evaluative approach that acknowledges the inherent complexities and multilayered interactions that are required with people with disabilities as substantive stakeholders in the development of accessible tourism.

In our exploration, we propose a framework that can be applied in the complex process of stakeholder involvement. Derived from the findings of our study, our framework is presented as an approach that takes into consideration the historical and social perspectives of people with disabilities, whilst at the same time being driven by an organic, circulatory and developmental approach that considers the dynamics inherent to the process of stakeholder collaboration. This framework is proposed as a step towards explaining how collaborative efforts can be enhanced in the development of accessible tourism to innovatively move the agenda towards inclusive tourism. We argue that inclusive tourism goes beyond access issues and define the term as an ideal that includes the participation of all stakeholder groups, including people with disabilities, in policy, planning and governance of the development of accessible tourism (see Scheyvens and Biddulph, 2017, for an in-depth conceptualisation of the term 'Inclusive Tourism'). Our framework is also offered to initiate further discussion and debate on a topic that has to date received a dearth of empirical research.

Accessible tourism

The fundamental goal of accessible tourism is 'tourism for all'. Buhalis and Darcy (2011) define accessible tourism, and within the definition, clearly emphasise interaction between stakeholders as critical to improving access and inclusion. The definition states:

> Accessible tourism is a form of tourism that involves collaborative processes between stake-holders that enables people with access requirements, including mobility, vision, hearing and cognitive dimensions of access, to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments… . (Buhalis & Darcy, 2011, p. 10)

The optimism implied by the above definition has yet to be achieved. People with disabilities continue to face many barriers whilst attempting to enjoy H&T services. Accessible tourism literature confirms that despite people with disabilities' growing financial affluence (Stumbo & Pegg, 2005) and their desire to utilise H&T services domestically and/or internationally (Darcy & Dickson, 2009), people with disabilities as potential guests continue to be ignored by the H&T industry (Gillovic & McIntosh, 2015; Shaw & Coles, 2004). Efforts to ensure equity and dignity have so far failed to recognise the complexities in the social situation of people with disabilities, which influence their ability to make use of H&T services. For example, discrimination towards people with disabilities continues to be systematic, systemic and entrenched in communities' ways of life (National People with Disabilities and Carer Council, 2009). Due to this exclusion, too few people with disabilities have meaningful opportunities to contribute to the process of political and policy change; yet, these changes have significant impact on their quality of life. This means that the perspectives of the fundamental group of people for whom accessible tourism exists have little input in its policy development.

The dynamics between key accessible tourism stakeholders have also posed challenges to accessible tourism development. Government agencies control access legislation, leaving reasonable adjustments to service providers and addressing discriminatory practices only after they have occurred (Gillovic & McIntosh, 2015); service providers do not view the emerging market of people with disabilities as significant (Darcy & Pegg, 2011), do not understand the needs of people with disabilities (O'Neill & Knight, 2000; Patterson, Darcy, & Mönninghoff, 2012; Poria, Reichel, & Brandt, 2011) and do not go beyond the minimum legislative requirements to ensure that people with disabilities experience quality customer service (Grady & Ohlin, 2009; Shelton & Tucker, 2005; Stumbo & Pegg, 2005; Yau et al., 2004).

Due to the fragmented nature of the H&T industry, delivering a quality experience at destination level for people with disabilities has proved complex and challenging (Michopoulou & Buhalis, 2011). A single visit to a destination includes an orchestrated chain of activities that involve many entities, including short or long distance travel, local transportation, accommodation, retail, dining and tour excursions. For a person with disabilities to achieve a quality holiday experience, all components of the journey need to be accessible. Yet, this is often not the case. The provision of accessible communication channels, especially in terms of relevance and reliability of information, poses critical challenges (Darcy, 2010; Eichhorn, Miller, Michopoulou, & Buhalis, 2008). In addition, people with disabilities' inability to fully negotiate the built environment continues to be a barrier to full participation. This is despite the focus on the built environment, which has seen progress being

made environmentally, specifically in Australia, the United States and the United Kingdom, through disability legislation, with government providing an essential framework for the development process through regulation and control (Grady & Ohlin, 2009; Patterson et al., 2012; Shaw, Veitch, & Coles, 2005).

It is clear that much more needs to be done to propel accessible tourism forward. Research indicates that the development of accessible tourism will require approaches that take the industry beyond physical access issues (Shelton & Tucker, 2005; Stumbo & Pegg, 2005; Yau et al., 2004) to confront the social, political and economic perspectives of sustainable development (Darcy, Cameron, & Pegg, 2010). Further development will need a change of perspectives, to view accessible tourism as a 'social force' rather than an industry (Higgins-Desbiolles, 2006), in order to facilitate a whole-of-life approach that prioritises the quality of life of tourists with disabilities (Darcy & Dickson, 2009). Imperative to this change will be improved engagement of people with disabilities as incumbent stakeholders. Benefits can accrue if the recognition, understanding and knowledge about the long history of marginalisation and exclusion of this group are taken into account in deliberations that influence policy and decision-making. Accessible tourism is fundamentally a social construct, and the values, beliefs and ways of knowing of all stakeholders are vital to its development.

Consequently, fundamental to developing the symbiotic relationship between accessibility and tourism is the need to involve all key stakeholders in the development process with a focus on the inclusion of people with disabilities. Collaborative efforts can increase the quality of the planning process, increase engagement and ownership through education and training and enhance stakeholder trust in the management of disability legislation (Michopoulou et al., 2015; Patterson et al., 2012). Stakeholder preconceptions about disability also have considerable influence on collaborative dynamics. Exploring how stakeholders can collaborate in the development of accessible tourism must, therefore, include understandings of disability (Shaw & Coles, 2004; Shelton & Tucker, 2005).

Understanding disability

Historically, disability has been understood as an individual deficit that is bio-medical in origin and viewed as a personal tragedy for the individual concerned (Oliver & Barnes, 2012). Although the ways in which we understand disability have changed over recent years, medicalised understandings continue to dominate in some contexts today (Beresford, 2016). Such understandings are of course relevant when people with disabilities undergo medical treatment; but in the world of H&T, they are both incongruous and problematic. It may be helpful here to consider the origin of such understandings and why it is that they have prevailed. Oliver and Barnes (2012) argue that deficit-based understandings of disability can be traced to the industrial revolution in the United Kingdom, when 'able-bodied' and 'able-minded' individuals were required to work in the rapidly developing mills and factories. People with disabilities who were unable to keep pace with the new working practices were excluded from the factories and placed in institutions.

Early practices of institutionalisation did not differentiate between different types of impairment. People with intellectual disabilities, mental illness and physical or sensory impairments were often placed together in the same institutions – in Australia, for

example, people with disabilities were incarcerated with convicts in the early penal colonies (Rosen, 2006). As medical and scientific knowledge developed, different arrangements were made for people with different impairment types, with state governments providing asylums for people with intellectual disabilities and mental illness and charitable organisations developing institutions for people with physical impairments (Chenoweth, 2000). However, as the numbers of people being institutionalised continued to escalate and the costs of providing institutional care spiralled, policies of deinstitutionalisation were introduced from the 1960s, with some countries (for example, the United States of America) beginning the processes of deinstitutionalisation earlier than others. In Western Australia, deinstitutionalisation took place from the 1970s, and policies of mass institutionalisation are no longer in favour in the western world. However, because deinstitutionalisation was implemented so recently, the policies and practices of institutionalisation are still part of living memory and in some contexts, the medicalised deficit-based understandings of disability, which supported those policies and practices, continue to prevail (Beresford, 2016).

It is important to note, however, that understandings of disability have changed and developed over the years. In the U.K, for example, organisations of (rather than for) people with disabilities developed their own understandings of disability, the most influential of which is that published by the Union of the Physically Impaired Against Segregation (Union of the Physically Impaired Against Segregation [UPIAS], 1976). The UPIAS definition differentiated between impairment (functional limitation) and disability (socially imposed restriction) and was used to develop the social model of disability, which firmly locates the causes of disability in the social environment rather than in the individual (Oliver & Barnes, 2012). Social model understandings of disability are perhaps most easily understood in relation to wheelchair users. A wheelchair user may have an impairment (functional limitation that limits their physical mobility) but if ramps, lifts and accessible toilets are in place, they will be less disabled than if steps block their entry to buildings, or the lack of lifts and accessible toilets further impedes their access within those buildings. Using this example, it is not difficult to see that increasing physical access to buildings and to the facilities therein directly reduces the disability (socially imposed restriction) people with impairments experience. By making hotel entrances and other facilities accessible, the H&T industry can therefore play its own role in preventing or reducing disability. Conversely, by failing to take account of the access needs of disabled guests, the industry may play a part in *exacerbating* disability (socially imposed restriction) (Boxall, Nyanjom, & Slaven, 2018). As legislation regarding accessible buildings has been implemented, service providers have been required to build or retrofit accessible spaces and rooms; yet, research evidence continues to highlight people with disabilities' dissatisfaction with the accessible facilities provided (Poria et al., 2011; Shaw & Coles, 2004).

For the H&T industry, it is therefore important to understand ways in which service providers may contribute to the socially imposed restriction experienced by people with disabilities with a range of different impairments, including sensory and intellectual impairments. We do not have the space to go into this in detail here, other than to point out that the people with the greatest knowledge of disability (socially imposed restriction) caused by H&T service providers are people with disabilities who have used these services.

Stakeholder theory

Stakeholder theory can be applied to gain an understanding of the dynamics inherent in social interactions. Numerous studies have applied the stakeholder theory in the tourism field to explore stakeholder collaboration (e.g. Byrd, 2007; Cárdenas, Byrd, & Duffy, 2015; Waligo et al., 2013). The stakeholder theory was advanced by Freeman (1984), who defined a stakeholder as 'any group or individual who can affect or is affected by the achievement of the organization's objectives' (p. 46). Freeman (1984) outlined three procedures for effective stakeholder management as: identification and legitimisation of stakeholders, relationship building processes and transaction management.

The identification and legitimisation of stakeholders necessitate involvement of all those with vested interests in tourism development, including marginalised stakeholders considered to be at the fringe, in the decision-making processes (Hart & Sharma, 2004; Shaw & Coles, 2004). Stakeholders often coexist but do not interact with each other, and this lack of involvement can be detrimental to tourism development efforts. Initiating relationship-building processes that encourage participation can invigorate development and result in positive outcomes (Freeman, 1984). Relationship management involves the clarification of roles and responsibilities (Gray, 1989), because stakeholders have varied capabilities to perform different tasks. Stakeholders do not have to be involved equally in decision-making (Byrd, 2007). It is important, however, that all interests from key stakeholders are identified and understood (Byrd, 2007; Michopoulou & Buhalis, 2011).

The stakeholder theory provides a perspective on government regulation and control and suggests that stakeholder management depends on resources, time and leadership (Byrd, 2007). The availability of these elements facilitates effective stakeholder collaboration that allows for deeper empowerment, engagement and ownership of the decision-making process, whilst limited availability of these elements tends to discourage involvement. In policy and legislation, governments often involve stakeholders by using methods such as public hearings, advisory committees and surveys. This is often at the initial stage of the project, after which involvement tends to taper-off as the project progresses to its conclusion (Vernon, Essex, Pinder, & Curry, 2005). Effective stakeholder collaboration, however, requires a holistic approach to involvement throughout the implementation process.

Stakeholder collaboration in accessible tourism

Collaboration is defined as 'a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible' (Gray, 1989, p. 5). Although many theories have been advanced on finding effective ways to engage stakeholders in tourism activities (Nunkoo, Smith, & Ramkissoon, 2013), there is little clarity on how best to achieve effective collaboration. The presence of multiple stakeholders with diverse perspectives makes the achievement of effective collaboration a challenge. It is, however, acknowledged that the unique contribution of each stakeholder can impact positively on accessible tourism development (Michopoulou & Buhalis, 2011).

Stakeholder collaboration is often a complex initiative (Jamal & Getz, 1995; O'Neill & Knight, 2000). In accessible tourism development, this complexity is magnified by the contentious and contextual nature of issues that must be addressed. The process can,

therefore, be assisted by the careful identification and acknowledgement of key stakeholder groups (Clarkson, 1995). Studies have identified, analysed and evaluated stakeholder groups and their participation in tourism development (e.g. Butler, 1999; Byrd, 2007) and concluded that community residents, business owners and government officials form the key stakeholder groups involved in tourism development. Similarly, Michopoulou and Buhalis (2011) carried out an analysis of principal stakeholder groups in accessible tourism, and identified eight categories, highlighting the most prominent to be people with disabilities, disability organisations, H&T service providers and government agencies, a view similarly adopted by this study.

Bringing diverse stakeholders with disparate perspectives, interests and capabilities requires strong and reflective leadership (Waligo et al., 2013). Without leadership to drive collaboration, initiatives fall short of implementation due to a lack of concerted efforts from stakeholders (Michopoulou & Buhalis, 2011). Access and inclusion go beyond a single stakeholder group and become a community issue (Michopoulou et al., 2015; O'Neill & Knight, 2000; Shaw et al., 2005). Consequently, collaborative approaches to the sustainable development of accessible tourism would require a labyrinth of coordinated networks of stakeholder groups that have a holistic approach to participation. By becoming involved in the decision-making process, stakeholders become more aware of pertinent issues and gain a sense of responsibility, which enable them to build a greater degree of shared ownership (Cárdenas et al., 2015). It is essential, therefore, to identify a facilitator with clear roles and responsibilities who can direct the collaboration process and manage raised expectations beyond what can be realistically delivered (Bryd, 2007; Gray, 1989). In relation to disability and accessibility issues, this leadership role has predominantly been assumed by government agencies. Given the significant regulatory powers a government holds, the leadership role adopted by local government groups is critical to the collaborative process.

Effective collaboration requires insight into the perspectives and experiences that have shaped stakeholders' views regarding involvement in tourism-related activities. Collaboration can access localised knowledge and help ensure that decisions made are well informed and appropriate (Michopoulou & Buhalis, 2011), which has the advantage of building on the store of knowledge, insights and capabilities of stakeholders. Since people with disabilities are the stakeholder groups that have the greatest knowledge of disability and are most impacted by accessible tourism, it is imperative that their voices are heard. They need to be provided with a convivial platform to share their lived experiences and invited to discuss the issues that impact their quality of life as it pertains to utilising H&T services. In general, people with disabilities are underrepresented in community involvement (National People with Disabilities and Carer Council, 2009). This lack of participation as stakeholders may be attributed to the multiple barriers to meaningful participation they face in the community previously discussed. Hart and Sharma (2004) argue that the stakeholder groups considered powerless and isolated can provide valuable knowhow that can lead to innovative ways of solving problems. To enhance collaboration, other stakeholder groups within the network have to therefore find strategic and practical ways to work with people with disabilities to achieve common goals. This implies that the stakeholders considered powerful must be willing to share decision-making responsibilities with the 'silent voices' within their communities (Ryan, 2002, p. 23). Such a shift in behaviour would not only require a clear understanding of disability as socially imposed (Oliver

& Barnes, 2012; Shelton & Tucker, 2005), but also a shared understanding from all stakeholders as to how collaboration can work when dealing with marginalised groups that are perceived as 'invisible' (National People with Disabilities and Carer Council, 2009) or 'unimportant' (Hart & Sharma, 2004). Such pertinent social issues can be highly emotive, which may negatively impact on effective communication between stakeholders, and creative strategies for clearer communication may therefore be required.

Effective collaborative efforts require clarity about activities that should be undertaken and the depth of involvement considered appropriate (Cohen & Uphoff, 1980). Given that stakeholders possess diverse capabilities, assessing their level of involvement can be challenging. Arnstein's (1969) 'ladder of citizen participation' offers a three-category typology, which can be applied when articulating present and potential levels of stakeholder collaboration. The three groups depicting the levels of participation are: *Non-participation* – where the focus is on educating the citizen, with little attempt at engaging them in decision-making; *Degree of tokenism* – where the focus is on provision of information and soliciting for opinions and feedback, indicating the first step towards participation; and *Degree of citizen power* – where stakeholders can voice their ideas and thoughts, engage with and influence the decision-making process, indicating the highest level of participation. In tourism studies, Butler (1999) advanced five levels of participation, namely, imposition, petition, advice, representation and equality. These perspectives imply that the extent of participation falls on a continuum and is dynamically influenced by the environment in which individual stakeholders situate. To achieve a level of collaboration that engenders ownership, stakeholders should not be passive recipients of initial project information, but active participants in the decision-making process to a genuine level that elicits authentic feelings of involvement.

To summarise, literature concurs that a wide range of stakeholders need to be included in the development of accessible tourism, despite the complexities inherent in the process. In particular, the inclusion of people with disabilities is critical. To be effective, such an approach requires strategically coordinated planning and implementation (Buhalis & Darcy, 2011; Gillovic & McIntosh, 2015). If people with disabilities are centrally involved, stakeholder collaboration by those with vested interests may offer a way of overcoming previous challenges and achieving the desired objectives in access and inclusion.

Methods

The data we refer to in this paper is from an exploratory study on accessible tourism conducted in Margaret River, a town situated in the south-west of Western Australia. Margaret River is a tourist town three-hours' drive south of Perth and is home to, amongst other attractions, world-renowned vineyards, surfing locations, world's tallest trees and limestone caves. The diversity of tourist attractions in Margaret River, and its popularity as a tourist destination made it an ideal choice as a study site.

This study employed inductive qualitative approaches to investigate stakeholder collaboration, utilising in-depth interviews as a means of data collection. The inductive approach is appropriate for investigating phenomenon in naturally occurring situations (Miles, Huberman, & Saldana, 2014), provides opportunity to identify conceptual themes within participants' narratives and allows participants to share their experiences, thereby providing potential for new lines of inquiry to emerge (Denzin, 1973).

Participants

To recruit participants, a three-stage sampling technique was employed.

First, four key stakeholder groups were identified, namely, people with disabilities, organisations of people with disabilities, H&T service providers and government agencies. These groups have been highlighted in literature as key stakeholders in the development of accessible tourism (Michopoulou & Buhalis, 2011; O'Neill & Knight, 2000). Key stakeholders have the highest potential to provide deep and rich data (Miles et al., 2014), as they are most impacted by the implementation of the tourism initiatives. The researchers' justification for stakeholder identification is outlined in the following:

People with disabilities: These are people with visible or non-visible impairments (Thomas, 2007), who regularly, or occasionally, use H&T services. We also include in this category those who have never used such services – but would do so, if the H&T industry is able to better accommodate their particular access needs. Because of their lived experience of using H&T services (or being unable to do so because of access problems), people with disabilities have experiential knowledge that is invaluable to the H&T industry. This knowledge of where they have experienced difficulties in accessing H&T services or have been unable to do so for disability access reasons will be of particular value. In these situations, people with disabilities often have a strength of feeling or passion about disability access, which is not shared by the H&T industry – it is this passion that the industry needs to harness if access issues are to gain greater importance in the industry.

Organisations of people with disabilities: Organisations of people with disabilities represent the perspectives of people with disabilities and challenge negative, deficit-based knowledge about disability (Beresford, 2016). The primary allegiance of these organisations is to people with disabilities. This stakeholder group would bring advocacy to the collaborative table. By ensuring that they are as independent as possible and avoiding ties to government and businesses, these organisations are able to maintain their advocacy role.

H&T service providers: The H&T service providers, comprising of multiple interdependent operators (e.g. hotels, tourism attraction sites, restaurants, transport agencies, tourist bureaus and destination management organisations), are responsible for service and, therefore, contribute significantly to people with disabilities' H&T experience. H&T service providers bring this service expertise to stakeholder collaboration.

Government agencies: The government, through regulation and legislation, is typically responsible for managing the built environment – physical and adapted infrastructure – that is crucial to sustainable accessible tourism; and for keeping the public informed. Governments have the power, and the legislative knowledge to share with stakeholders, and can use their powerbase to be an effective bridge connecting stakeholders and in facilitating the collaborative effort.

Second, purposive sampling was applied to recruit participants who could provide insight into the study. Interviewees needed to be assessed by the researchers as belonging to one of the four stakeholder groups identified. Emphasis was placed on the heterogeneity of the sample, rather than equal representation of each stakeholder group. It was

Table 1. Participants' profile.

Code	Gender	Age	Stakeholder group
P#1GA	Female	30–40	Government agency
P#2PwD/DPO	Male	40–50	Person with disability
			Organisations of people with disabilities
P#3GA	Male	35–45	Government agency
P#4PwD/DPO	Female	50–60	Person with disability
			Organisations of people with disabilities
P#5DPO/H&T	Female	40–50	Organisations of people with disabilities
			H&T service provider
P#6PwD/GA	Female	40–50	Person with disability
			Government agency
P#7H&T/GA	Female	30–40	H&T service provider
			Government agency
P#8H&T/GA	Male	30–40	H&T service provider
			Government agency
P#9H&T/GA	Female	20–30	H&T service provider
			Government agency
P#10H&T/GA	Male	40–50	H&T service provider
			Government agency
P#11H&T/GA	Male	45–55	H&T service provider
			Government agency
P#12H&T/GA	Male	40–50	H&T service provider
			Government agency
P#13H&T	Male	30–40	H&T service provider
P#14DPO	Male	55–65	Organisations of people with disabilities
P#16PwD	Female	60–70	Person with disability
P#17DPO	Female	40–50	Organisations of people with disabilities
P#18H&T/GA	Female	30–40	H&T service provider
			Government agency
P#19H&T	Male	45–55	H&T service provider

important for the study to uncover not only the perceptions of people with disabilities about the subject under study, but explore the world views of other stakeholders about the issue. Some interviewees were identified as belonging to more than one stakeholder group. This diversity and overlap in stakeholder groups were appreciated as contributing enriched perspectives to the study.

Third, snowballing was used to recruit more interviewees based on recommendation from the initially recruited interviewees. This recruitment approach was suitable because it made it easier to access specifically people with disabilities and their advocates who were willing and able to participate in such demanding in-depth interviews. Following this sampling technique, a total of 19 participants, 10 females and 9 males, with ages ranging from 20 to 70 years, were recruited. One candidate later withdrew from the study leaving 18 participants. Table 1 outlines the demographics of the 18 interviewees.

Data collection

The interviews, which were audio-recorded, involved open-ended and non-leading questions that allowed participants to raise issues they felt were relevant to the discussion. The interviewer began by asking what the respondent felt were the important issues for disability and tourism in the region, directing conversation towards stakeholder involvement later in the interview. Key themes of interest were awareness about disability issues in H&T, community engagement and stakeholder involvement. Interviews, which lasted 1–1.5 hours, were conducted in locations convenient to the participants (i.e. at the

participant's office, a public cafe or at the participant's home). Participants were encouraged to talk freely and deeply about their perceptions, feelings and attitudes towards accessible tourism based on their own experiences and acquired knowledge. The interviewer made supplementary notes during and after the interviews, which contributed to the triangulation of the data (Denzin, 1973). All interviews were digitally recorded and transcribed by a third party. The systematic sorting and analysis of data were carried out simultaneously with data collection (Miles et al., 2014).

Data analysis

A thematic approach to data analysis was applied (Corbin & Strauss, 2008; Saldaña, 2015).

In accordance with investigator triangulation process (Denzin, 1973), each co-researcher performed a separate analysis on the data and then systematically compared and contrasted their evaluation in team meetings. This was done over several intervals as the study progressed. Data analysis comprised of three phases. Phase 1 involved initial coding, which was carried out after the researchers were fully familiarised with the content through repeated review of the transcribed interview data. During this phase, sets of codes assessed as associated were assigned subcategory labels. Phase 2 involved focused coding and advanced the theoretical direction of the analysis. This involved a search for patterns within the data and allocation of categories to sets of subcategories.

Table 2 provides an example of how themes were developed during the two phases. In this example, during phase 1, a quote or sentence was coded *Barrier to inclusion* to indicate the obstacles faced by people with disabilities in participation when an interviewee highlighted a reason for non-participation in community affairs. Another piece of data was coded *People with disability as problem* in the same context. These two codes (including others deemed similar) resulted in a subcategory named *Challenges to participation*. In phase 2, several subcategories were grouped to create a yet more focused category. For example, a shared theme that included 'Challenges to participation' and other connected subcategories (e.g. *Building trust* and *Challenges to integration*) was identified and labelled as '*Promote integration and reciprocity*' because this set of subcategories depicted that there was a need for stakeholders to improve integration. A total of 12 *categories* of shared themes linked to different aspects deemed as describing shared experiences from the data-set were created.

Phase 3 involved theoretical coding, a process that comprised the analysis of shared themes and the consequent development of theory. Holding the core theme of stakeholder collaboration for the development of accessible tourism in mind, the researchers revisited the data (including reading notes made during the interviews and consulting post-interview reflective summaries) and searched for relationships between these shared themes so as to illuminate the shared aspects of the participants' lived experiences. Related categories were grouped together and given conceptual labels depicting tactical phases that denoted shared experiences across participant accounts (e.g. *Collaboration and Integration*). Consequently, four such phases were assigned (see Table 3).

Coding was continued until it was assessed that, for the purposes of the study, the appropriate degree of saturation had been attained (Corbin & Strauss, 2008). Saturation was gauged in three ways. First, at data collection, when the interviewer assessed that they had a full understanding of each participant's perspective (Legard, Keegan, & Ward, 2003); second, at data analysis, when coding was exhausted by each of the researchers,

Table 2. Example of coding.

Sample comments	Phase 1 initial coding		Phase 2 focused coding	Phase 3
	Code 1	Subcategories	Categories	Main themes/ phases
'The untapped area is those disabilities that aren't as visible as physical and how you get communities to be welcoming of those sorts of people where it's not as overt'	Barriers to inclusion	Challenges to participation	Promote integration and reciprocity	Collaboration and integration
'I mean there are so many things that can be done, and really at not that much more of a cost, and that's something that really bugs me is, as soon as you put disability on anything, people put dollar signs on it, and that's really frustrating'	People with disability as problem			
'Some providers, businesses just see it as another hurdle that they have to jump through or another hoop they have to jump through – another cost – they don't see the benefit'	Trust issues	Building trust		
'I try to take a positive approach with them – an education type awareness type approach'	Sharing knowledge			
'Some [H&T providers] are more receptive than others and others just aren't interested'	No involvement	Challenges to integration		
'So I don't know if the industry has a platform or if they're doing a good enough job to communicate that'	Lack of communication			
			Build relationships Foster ownership	

Table 3. Theoretical coding.

Twelve categories	Four main themes forming the phases of the framework
Leadership	Control and coordination
Contributing to resources	
Creating a conducive environment	
Building awareness	Communication
Ensuring quality of information sources	
Eliminating misunderstandings	
Reducing complexity of information	Clarity of roles
Assisting in delivering common interpretation	
Encouraging action towards common goals	
Building relationships	Collaboration and integration
Promoting integration and reciprocity	
Fostering ownership and level of involvement	

and collectively as a group of researchers, and no new codes were emerging (Urquhart, 2012); and third, when it was assessed that no new themes were emerging from the data (Birks & Mills, 2015).

Limitations of the study

Although the findings have been developed from real-life accounts of lived experiences, our sample may be considered conservative in size, and findings cannot therefore be

generalised. In addition, the participants were limited to four primary stakeholder groups. Notwithstanding the justification presented for our choices, the inclusion of secondary stakeholder groups may have presented perspectives that could have added further insight to our findings. It is also recognised that the study is exploratory, based in a country-specific location. Benchmarking across other locations may not be feasible and may require additional research in this area. Despite these limitations, our findings offer a sound contribution towards better understanding stakeholder collaboration at both practical and theoretical levels.

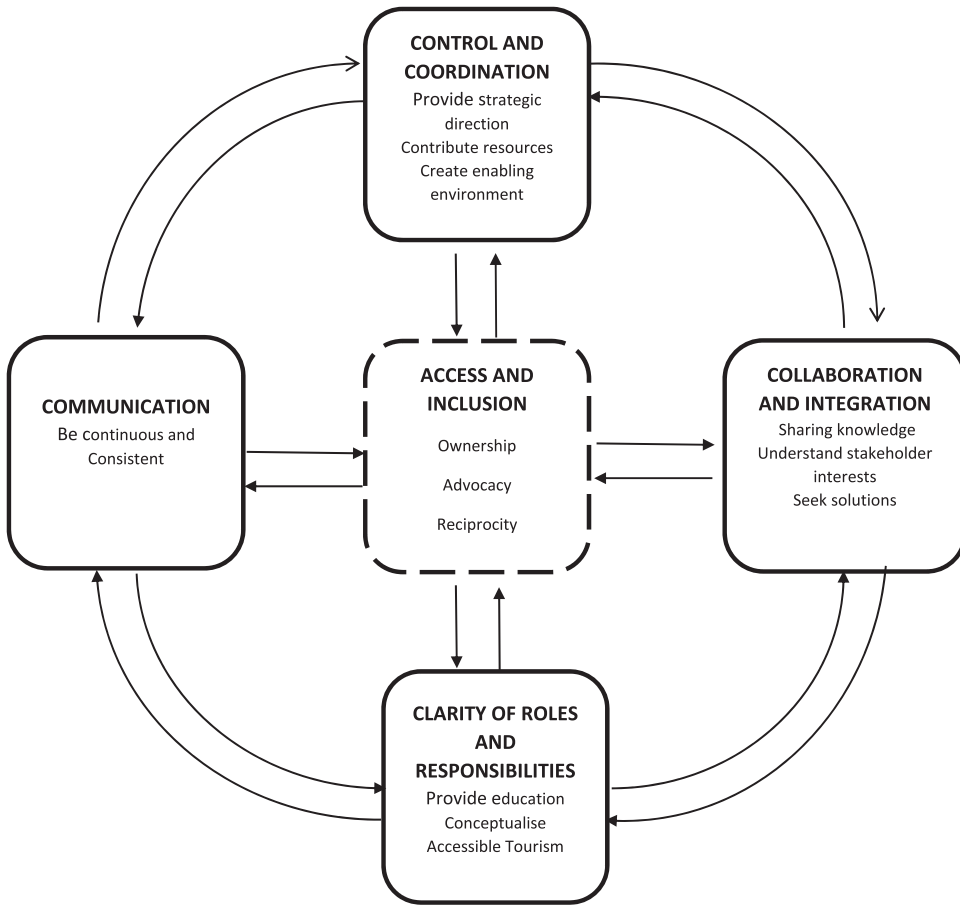## The inclusive tourism stakeholder collaboration framework

Based on findings from our exploratory empirical study and related literature, the inclusive tourism stakeholder collaboration framework is presented as an innovative strategy to increase stakeholder participation in accessible tourism development and to stimulate system changes that encourage the central involvement of people with disabilities. The framework comprises four interrelated and overlapping phases, and operationalises theory by building tactical strategic intent that encourages stakeholder interactions and recognises the specific objectives of each main theme. These phases are: *coordination and control*; *communication*; *clarity of roles and responsibilities*; and *collaboration and integration* (Figure 1).

Theoretically, the framework is designed to transform the stakeholder concept into practice by formulating the main emergent themes to achieve effective stakeholder collaboration. The stakeholder concept advocates legitimising primary stakeholders, working to build relationships and efficiently managing the transactions between stakeholders in order to operationalise effective stakeholder management (Freeman, 1984). Using the findings from the study, therefore, our framework applies these overarching concepts and translates them into tactical approaches that can be applied in practice.

In practice, the framework is an organic, circulatory and developmental mechanism that generates the pertinent issues impeding stakeholder collaboration and recognises that collaboration is a dynamic and emergent process (Gray, 1989) and is continuous and ongoing (Simmons, 1994). The inclusive tourism stakeholder collaboration framework becomes a live emergent process, providing a means to inform concrete ideas from stakeholder deliberations and translate them into actionable plans informed by practice in tandem with stakeholder collaborative processes. As depicted in Figure 1, the feedforward and feedback processes are assisted by the back and forth double arrows connecting the phases, whilst the dotted rectangle around the access and inclusion label, which illustrates amorphous passage of knowledge, allows for open access to ownership, advocacy and reciprocity. The framework works to systematically guide stakeholder deliberation processes that impact on the conceptualisation, implementation and operationalisation of the pertinent issues that drive accessible tourism development.

Findings and discussions

Findings of the present study demonstrate minimal collaboration between stakeholders, as there is little evidence of joint decision-making. These findings align with reports indicating that people with disabilities wish to be involved, but are often excluded from

Figure 1. The inclusive tourism stakeholder framework.

participating in policy development (National People with Disabilities and Carer Council, 2009). The following section presents the practical and theoretical aspects of the framework. Each phase is highlighted and draws together the findings that have emerged from this study, supported by substantive literature as appropriate.

Coordination and control

The coordination and control phase is the first component we discuss within this circulatory framework and concerns the management and leadership of the collaborative initiative. Our research revealed a void in the area of leadership and coordination, and there appeared to be a lack of confidence about whether effective stakeholder collaboration could be achieved. One participant from a government agency remarked:

> I think probably the government probably has a role to play [in leadership], but in talking to other stakeholders, especially in my local communities, it's been whether or not we have the capacity to … talk to people within the community. (P#3GA)

Evidence suggested that other stakeholders held parallel views about whether collaborative initiatives would be successful, from recognising that 'in terms of a coordinated approach I don't think there is one' (P#4PwD/DPO) to admitting that collaboration is 'not working the way that it should… So if that's the case then something is not right there' (P#7H&T/GA). These sentiments were surprising, given the hype surrounding government efforts to promote accessible tourism through legislation. It was apparent that much more needs to be done in terms of leadership to ensure effective collaboration. An effective stakeholder collaboration approach requires a facilitator as well as access to adequate resources (Byrd, 2007; Gray, 1989). Government, through its agencies, and given its role of managing the enactment of disability legislation, has a critical role to play here and is the most logical choice for a leadership role (Darcy, 2011; Gillovic & McIntosh, 2015; Shaw et al., 2005). The assumption, however, should not be that the government will necessarily fulfil this leadership role. Governments often view collaboration as risky and worry about the loss of control on decision-making (Jamal & Getz, 1995). Governments have also been found to harbour misconceptions and stereotypes that influence their attitudes and behaviours (National People with Disabilities and Carer Council, 2009), leaving participants wondering about people with 'those disabilities that aren't as visible as physical and how you get communities to be welcoming of those sorts of people' (P#2PwD). Holding such negative perspectives has consequences in policy creation and dissemination and can result in the ratification of policies and initiatives that act as barriers rather than offering solutions. Our research suggests that the responsibility of leadership or power should not lie solely with the government, but should be shared by members from other stakeholder groups, such as people with disabilities, or advocacy group members. This aligns with Gillovic and McIntosh's (2015) finding that a 'meeting-in-the-middle' approach to stakeholder participation would work best for accessible tourism development. Facilitation of such efforts could be made by placing members of stakeholder groups, other than the government, in leadership roles and ensuring that opportunities for leadership training are provided. Such endeavours would contribute to the creation of an enabling environment, which in turn could encourage collaboration and maintain momentum. Genuine involvement of stakeholders in collaborative efforts can help alleviate perceived power imbalances and move stakeholder networks towards more trusting relationships. The coordination and control phase is therefore critical to effective collaboration. It provides leadership, contributes to resources necessary for projects and creates an enabling environment for involvement. Its focus is to provide direction, seek buy-in and engender ownership. In practice, this phase is instrumental for getting people together, monitoring involvement, motivating stakeholders and addressing any issues that arise.

Communication

Communication is the second phase of the framework. This is an essential phase because access to information is vital for effective operationalisation of stakeholder collaboration. Given that accessible tourism continues to experience slow progress, it was not surprising to uncover from the study that communication was problematic. Across the board, concerns were raised about the lack of access to relevant information:

> People haven't realised the value of that information… finding the information is difficult. (P#5DPO/H&T)

> We aren't getting the information …We don't know who else to call other than Access WA if we have a question. (P#8H&T/GA)
>
> I think we would be more inclined to get involved …if we were clear on things. (P#2PwD/DPO)

Literature confirms that the lack of accessing relevant information is a major barrier to participation and social inclusion. Eichhorn et al. (2008) established that high fragmentation and lack of geographical reach of information were critical barriers that required deeper understanding of people with disabilities' differential needs. Similarly, Darcy (2010) found that information formats often did not consider the dimensions of disability and the level of support needs required to access information. This situation is disturbing, since the ability to access quality information facilitates more accurate decision-making about participation. It is important that information is consistent, continuous and in preferred formats that address the heterogeneous nature of disabilities, with clear intent to communicate a useful message articulately, and with best intentions. Participants reported that if accessed at all, information was often contradictory, irregular and complex. One local government participant stated:

> I just think that legislations have changed so much and so quickly and the communication back to the service providers hasn't happened or isn't continuous; it's a little bit hit and miss. … (P#1GA)

As this is a long-standing and challenging issue, creative strategies must be initiated to resolve the quality of and access to information. One suggestion presented by several stakeholders to reduce misinterpretation and to improve accessibility was a central repository. Participants had visions of 'a database with current and up to date information' (P#7H&T/GA), emphasising the benefits of having 'one central resource that we can direct everyone to …' (P #3GA) and 'one output source [that] everyone can link into' (P #14DPO). Whilst a central repository could improve information accessibility and help reduce misunderstandings, there are inherent financial and technological challenges. For example, all stakeholders, and in particular people with disabilities, would need accessible information technologies, such as computers or smartphones, which may need to be adapted to their particular needs. This could be challenging specifically for people with disabilities, given that they tend to have lower socio-economic status within communities (Schur, Kruse, & Blanck, 2013). This finding, however, underscored the lack of access to information as an impediment to effective stakeholder collaboration. Strategies that move information accessibility towards full inclusion need multifaceted and sophisticated approaches (Darcy, 2011; Eichhorn et al., 2008). In particular, the ability of people with disabilities to access relevant information about events, initiatives and deliberations is fundamental to their involvement. Therefore, a major purpose of the communication phase is to enhance the quality of information sources, eliminate misunderstandings and build awareness of relevant issues. In practice, this phase is tasked with ensuring that communication to all stakeholders is continuous and consistent and that the strategies employed undertake differential needs assessments and consider preferred formats, as appropriate.

Clarity of roles and responsibilities

Clarity of roles and responsibilities is the third phase of the framework. This phase offers support to the coordination and control phase by ensuring that the contribution of each

stakeholder group to the collaboration process is transparently and collaboratively clarified and understood. Establishing the value of a stakeholder's contribution is a significant part of legitimising stakeholders within the collaborative process. Given the critical leadership role that the government can play in facilitating effective collaboration (Darcy, 2011; Gillovic & McIntosh, 2015), it was encouraging to reveal that the government, at least in theory if not in practice, appeared in general to be aware of their leadership role. One participant stated:

> Well I think local government certainly have a role to play, because most local government authorities would prescribe to that community…wanting to have all members of the community involved, because it creates a diverse and richer environment for everybody. (P#3GA)

However, a relational issue emerged between other stakeholder groups, indicating a need for role clarity and relationship building. People with disabilities and their advocates held the opinion that government and H&T providers were 'probably not aware of their obligations in some cases' (P#2PwD/DPO) and 'just aren't interested' (P#17DPO) in collaboration. On the other hand, H&T providers felt that 'Disability agencies need to be more involved' (P#10H&T/GA). This underscored the challenges that often face collaboration activities in practice. It was also apparent that a lack of comprehension about accessibility issues in H&T was contributing to misinterpretations of roles and responsibilities. For example, a person with disabilities from a government agency remarked:

> … the new standards… they're really hard to navigate and to go through … unless you actually know how to link them all up and do it – and it's very easy to miss things, and it's very easy not to get it right. (P#6DP/GA)

An H&T service provider commented:

> I'm sure there's a knowledge gap you know even for us in terms of understanding disabled tourists and the industry as well. (P#12H&T/GA)

It was clear that education and training would be critical. Although underrated in tourism development, education is a fundamental element to effective participation (Cárdenas et al., 2015). This is because active collaboration can only be achieved if stakeholders have the requisite knowledge (Simmons, 1994). It follows that awareness and understanding of critical issues that impact the implementation and operationalisation of accessible tourism must be encouraged. Consequently, in order to promote a common understanding of the term 'accessible tourism', a common conceptualisation of the concept is important (Darcy et al., 2010; Gillovic & McIntosh, 2015). Such an understanding allows multiple stakeholders to collectively address concerns and determine mutually agreed upon objectives that can benefit all stakeholders. Thus, this phase of the framework works to reduce the complexity of information, assist in achieving common interpretation and encourage action towards mutual objectives. In practice, the capacity of stakeholders to participate can be reviewed at this point, and education and training strategies utilised as appropriate. The framework can, therefore, be useful in facilitating role clarity between stakeholders so that each stakeholder can contribute strategically towards a common goal.

Collaboration and integration

This is the fourth phase presented in the framework. Collaborative efforts must begin to build a knowledge base that gels key stakeholders' divergent views and informs policy

formulation. Stakeholders are, therefore, provided opportunities to exchange lived experiences on issues pertaining to accessible tourism. Opportunities to share knowledge become the platform from which the capacity for knowledge is created and strengthened. Yet, it was apparent that there was little cooperation happening between stakeholders to make knowledge-sharing better. A government employee remarked:

> ... It's a grim answer I guess but more engagement is definitely something that we could do more of, do differently. And I think that goes for all parties in government and in industry you know more and more engagement, more talking about the issue. (P#12H&T/GA)

This finding emphasised the current deficiencies in integration strategies. There are definite advantages however, when localised knowledge permeates decision-making processes and informs policy formulation. The decisions made about the development of accessible tourism should, therefore, include shared knowledge and experiences of all stakeholders (Cárdenas et al., 2015; Simmons, 1994). Moreover, and as advanced by Daruwalla and Darcy's (2005) study, understanding critical stakeholder issues can only be effectively done through the process of engagement and knowledge-sharing. To demonstrate the impact of non-collaboration, people with disabilities shared stories that confirmed the misconceptions surrounding accessibility. Their accounts demonstrated vast discrepancies between what they and the service providers considered to be an accessible environment. One respondent with disabilities explained:

> And they don't know ...and it's not until you know the right questions to ask and you start digging deeper that you actually realise, well no it's not [accessible]. And I've actually had people argue with me and say, well it is. And I'm like, well no it's not. So, you know, just because something has a bar in it, or there's no step into it doesn't mean that it's accessible. (P#6DP/GA)

The stories shared demonstrated the apparent gaps in policy formulation that inform the implementation of accessible tourism, suggesting a focus on explicit rather than tacit knowledge evaluation as a means to building knowledge capacities. Accessible tourism knowledge that is transferred into policy could benefit from more infusion of tacit knowledge from stakeholders. Further, harnessing tacit knowledge about the development of accessible tourism from people with the lived experience of disability and access issues would be a positive move towards inclusive tourism. The study revealed a sense of urgency from people with disabilities about acting to expedite the process to inclusion. They voiced considerable frustration and disappointment about the slow pace of change. One participant declared:

> People living with disabilities in Margaret River they need to sort of get together and gradually go and visit every hotel – [to confirm] yes they've got disabled access... no yes no yes. So that they meet some guidelines. (P#16PwD)

Despite this call to activism, there was an awareness that collaborative efforts and interaction would not be easy and would present challenges that would need to be overcome.

Participants seemed to recognise that the road to building relationships and creating an environment of trust through collaborative exchanges would be challenging and emotive. One participant remarked:

> ... people are going to get really pissed because they're being held, you know, or told they're not accessible, but then you know what, that's your choice, isn' it, then you can actually then do something, at least then you know you're not accessible... (P #6PwD/GA)

In recognition of these challenges, the collaboration and integration phase could help promote integration and reciprocity, build relationships and foster ownership of the collaboration process. To progress accessible tourism, ownership and accountability during stakeholder deliberations are imperative (Gillovic & McIntosh, 2015). Appropriate engagement strategies that suit stakeholder needs and capabilities, and encourage open communication in an empathetic and respectful way, with the objective of building mutuality between stakeholders, need to be employed. In practice, this is the opportunity for knowledge-sharing, a time to identify and understand stakeholder interests and seek practical solutions. Practical initiatives could be using advocates or champions to hold workshops and events to facilitate collaboration, where stories can be shared, objectives set and achievements celebrated.

Conclusions

Stakeholder collaboration has the potential to improve the implementation and operationalisation of accessible tourism. However, the ways in which stakeholders collaborate (or not) in accessible tourism development have thus far remained underexamined. This study has started to address this gap in knowledge, by exploring how accessible tourism stakeholders collaborate in an area of Western Australia and opening up discussion of this important issue. The paper makes two key contributions. The paper contributes to the sparsely researched area of stakeholder collaboration in the development of accessible tourism. A framework that can be strategically applied in the implementation of collaborative approaches to the development of accessible tourism is also proposed. The findings suggest that when there are multiple and diverse stakeholders at play, an organic, circulatory and developmental approach to stakeholder collaboration should be adopted to innovatively move towards inclusive tourism. The development of accessible tourism requires more than passive participation. It requires strategic direction that will encourage active collaboration between stakeholder networks with an agenda to extend the accessible tourism concept to a more inclusive approach.

The framework offered in this paper has the potential to guide and direct stakeholders, with clear directions provided on how to approach the process and begin to work together. It also begins to clarify the lens through which the experiences of people with disabilities should be viewed – a lens focused clearly on the barriers to inclusion in mainstream tourism, rather than on perceived individual deficits. The framework advances practical strategies and recommendations, first and foremost being the central involvement of people with disabilities in the development of accessible tourism. The full involvement of people with disabilities in stakeholder deliberations will need resources in the form of time, effort and investment and involves a whole-of-life approach that includes social, political and economic initiatives. People with disabilities are less likely to engage in stakeholder collaboration efforts to solve community issues (Schur et al., 2013). This is also a group that will most likely have lower level resources to participate (such as income levels or education), greater isolation and lower likelihood of perceiving their contribution to such initiatives as valuable. Second, initiatives to encourage ownership and advocacy will be critical to the successful implementation of the framework. For example, champions from different stakeholder groups taking responsibility for different assignments,

such as running workshops and delivering talks, could encourage integration. Third, stakeholders would need to make efforts to collaborate across stakeholder groups – for example, people with disabilities being invited as guest speakers during H&T operations training sessions to share their experiences.

The applicability of the framework is far-reaching. Social model understandings of disability and the central involvement of people with disabilities in stakeholder collaboration have universal application when we consider disability and accessible tourism as social constructs. Concerns for access and inclusion are significant globally. As many communities worldwide continue to contemplate access and inclusion, the role and voice of people with disabilities can offer valuable insights that could usefully be taken into account in policy formulation and development of accessible tourism. The proposed framework does not rely on country-specific legislation or characteristics. Thus, it can be applied for stakeholder collaboration at any destination worldwide, albeit with context-specific adjustments. Therefore, future research can test the relevant application of this framework in other regional or urban environments in other continents of the world. Gathering insights from stakeholders of other communities would also allow for international comparisons concerning stakeholder collaboration. Additional research that illustrates understandings of stakeholder collaborations where people with disabilities are holistically included would be particularly valuable, and applying the stakeholder theory to such research could contribute to further development of the theory by highlighting its applicability in accessible tourism development. Finally, the outcomes of this study contribute to the important agenda of advancing accessible tourism beyond access issues and towards inclusive tourism – an ideal that promotes full inclusion and participation in stakeholder collaborations, as well as equal access for all.

Disclosure statement

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