

YEAR 2016-2017
BACHELOR IN TOURISM AND HOSPITALITY
MANAGEMENT

SUBJECT: Undergraduate Dissertation

SEMESTER: 8

TITLE OF ASSIGNMENT: Written report

**"Exploring the barriers and constraints of families
travelling with children on the ASD: "Proyecto Alas
para el Autismo y Alojamiento"**

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Acknowledgments

First of all, I would like to thank my supervisor Daniela Freund given that without her this project would not have been a reality to me. The opportunity to take part in the amazing university project "Alas para el autismo" came thanks to the combination of my interest in accessible tourism and her trust in me.

Daniela has been by my side all times, sharing her knowledge as well as supporting me. For this reason, I find myself extremely thankful to her for relying on me, for her dedication and for giving me the opportunity to be part of a great team and being involved in this magnificent project.

Monica Cerdán as she helped us contacting the participants and testing every instrument we intended to use during the process. Additionally, she was always supporting and encouraging along the entire process.

To all the participant families for letting us be part of your experiences in the hospitality process and for the time devoted to sharing them with us. Thank you very much for your kindness and effort in improving experiences for those who are not as lucky as you are of having the opportunity to travel.

Nevertheless, the most important acknowledgment goes to my family, the ones who supported me during these 8 months of long working hours and study. Thank you for being by my side during the entire process sharing good and bad moments with me.

Abstract

The past year 2016, the World Tourism Organization dedicated the year to work for a more accessible tourism for all. Consequently, we found important to understand the barriers and constraints that families with children on the ASD have when staying in hotels.

As a spectrum, the needs of this market segments are non-homogeneous, but nevertheless, they present some common problems during their stays.

This paper completes the literature on accessible tourism with a focus on how to make hotel stays more accessible to individuals who present a disorder within the Autist Spectrum and to their families. To this aim, mobile ethnography tools and in-depth interviews were used to better understand the experiences they had during stays in hospitality properties, as well as recommendations on which strategies to follow to make travelling with children on the ASD easier and more enjoyable for both parties.

Finally, a series of recommendations where given to academic institutions, hospitality industry and families.

Keywords: accessibility, accessible tourism, autism, ASD, hospitality, experience, barriers.

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CHAPTER 1: INTRODUCTION

Context of the research

The United Nations World Tourism Organization (UNWTO) establishes a certain topic each year in which the tourism sector has to focus and that is object of roundtables, research and papers during the given year. Additionally, this topic is always aligned with the philosophy of the institution of fostering a type of tourism more sustainable and equal for everyone.

During the past year 2016, the topic that UNWTO has chosen to focus at was the accessibility in tourism. This represents one of the pending subjects for the hospitality industry that little by little is improving and is giving more importance not only at the building phase of the properties, but also at the phase of the service performance.

This topic was quite difficult to tackle as there are several barriers to overcome. In the case of this research, we were going to focus our efforts on which are those obstacles in the case of families with children on the autism spectrum disorder (ASD). During this past year, I had the opportunity to participate in different conferences and actions focused on leisure time activities addressed at this collective, especially at holiday time, as part of a project called “Alas para el autismo”.

“Alas para el autismo” is a project which aim is reducing barriers related to tourism and leisure for families with children with ASD through experiencing each and every step of the process. By accessing tourism and leisure using a mock trip approach, it helps them manage the travel experience and building awareness becoming a key element to ensure their self-development. This is the first project of its kind conducted in Spain, and the second one in Europe (**School of Tourism and Hospitality Management Sant Ignasi, 2016**).

Identification of the research problem

Extensive literature and research has focused on studying which needs clients with disabilities have when they stay in hotels, the best practices implemented and how to adapt services to them. These researches previously mentioned explore the topic in general terms, which makes it difficult to achieve a real improvement in the tourism sector regarding the needs and obstacles this specific collective (ASD) encounters when staying in hotels.

In the case of autism, few authors have researched this topic, so the existing literature is limited. This is the reason why this research is relevant, because it contributes to the literature on this topic and the research of it, as well as to know which are the experiences and barriers that this collective has when they stay in hotels. This research focus exclusively at the stay itself.

Originality and contribution to knowledge

This research paper is part of a broader research that Mrs. Daniela Freund is currently undertaking as a PhD student at Blanquerna University (URL) and is part of previous and current research undertaken by the Chair of Responsible Tourism and Hospitality of the School of Tourism and Hospitality Management Sant Ignasi..

The research contribution of this study is twofold. On one hand, it will contribute to give an easier access to tourism for all, by improving the accessible experiences in hospitality of families with children on the ASD. On the other hand, it will analyze the strategies that this families use in order to make the travel and the experiences easier when travelling in a real-life context.

In terms of the originality of this topic, this research is going to be one of the few studies focused specifically on autism and hospitality, which is going to be a great contribution to the objective established by the UNWTO during the past year 2016 of achieving a tourism with a higher grade of accessibility.

Aim and objectives

The research developed by this study has various aims. The first and main objective is to contribute to the research that the chair of Responsible Tourism and Hospitality of the School of Tourism and Hospitality Management Sant Ignasi has undertaken about the topic of autism and hospitality, being also part of a much broader study that is currently being conducted.

Based on the findings of the first study, the first aim of the research is giving recommendations for families and businesses on how to make the stay in a hotel easier for this collective. One of the findings of the previous study was that most of the families staying in hotels had satisfactory experiences thus at this stage, by means of in depth interviews with satisfied families, common strategies will be outlined.

The second aim of this research is conducting an analysis of the experiences this collective highlights when they stay at hotels. The experiences analysed are related to trips that took place in the past, through in-depth interviews, and by means of mobile ethnography the monitoring of a current experience.

The previously mentioned is of key importance at our research, as it will give us a broader vision and valuable information about both the barriers that this collective encounters, the problems and solutions they had to face and the strategies they put in practice to make this activity easier and more enjoyable for their children affected of ADS and the whole family.

In terms of the objectives of this study, we have established that our research will be targeted

to cover the following areas.

Firstly, our intention is to contribute to the research and literature about travelling with autism and the experience they have when staying at hotels, a topic that very few researchers and academics have covered.

Additionally, we are committed to achieve the goal of having a tourism that is more accessible for this collective, also by analyzing the barriers, experiences and problems they had lived during their stays in hotels on leisure purposes.

Finally, and taking into consideration the results of the data collection of a previous study conducted by the chair of Responsible Tourism and Hospitality of the School of Tourism and Hospitality Management Sant Ignasi, gain insight on why they shared such a high level of satisfactory experiences in hospitality businesses, as well as defining best practices to make this activity easier and more enjoyable for the families and children on the ADS.

Structure of the study

Hereafter, I will outline the structure and the different contents of this undergraduate dissertation.

Chapter 2: On this chapter, I will be focusing on reviewing the existing literature, developed in three parts aligned to the three objectives outlined in the objectives section. The first part, will be focusing on establishing the bases of the autism spectrum as a disability and all the variety of symptoms and different challenges this collective has to face, in order to better understand the barriers and constraints. A second part will be entirely focused on analyzing the literature related with travelling with disabilities, as well as those few references that are specifically focusing on autism, to obtain a clear idea of which are the needs and barriers that researches have already identified. This will enable us to establish the starting point of our analysis. The third part will be about setting up the bases of what a good guest experience is, reviewing both general articles and specific literature related to disabilities or autism. Mainly, focusing at the concept of the customer journey map, in order to establish a definition of what a good customer experience is for this specific collective and those touchpoints they consider relevant during their hotel stays.

Chapter 3: In this chapter, we will be presenting which is the methodology of research chosen for this study, the different techniques we will be applying in order to obtain data, as well as the different steps of this data collection and the managing and analysis of it. Having collected the

data through the different techniques stated on the previous chapter, we will be analyzing the data collected also elaborating the findings that will be helping us to evaluate and pinpoint the different items that our research is covering, to better understand the reality of this collective when staying in hospitality businesses.

Chapter 4: Having completed the whole study and with the data analyzed, in this chapter we will be focusing on providing conclusions to the study, based on the previous chapters, in the following order.

First, we will be outlining conclusions related to the relationship between hospitality and autism travelers based on the literature review and the findings of our study, so as to have a complete picture of the situation. This part will be of key importance, because it will contribute to achieve a better accessibility to tourism in regards of this collective.

Second, we will be developing a set of recommendations of strategies that families can apply in order to make the experience of staying in a hotel easier for them and the child affected of ADS.

CHAPTER 2: LITERATURE REVIEW

In this section, an introduction to the ASD and its characteristics will be given. Then, we will be giving an overview of travelling with disabilities and the barriers they encounter. Finally, we will be discussing about the guest experience and how to adapt them to travellers on the ASD.

Introduction to the autism disorder

The autism spectrum disorder (ASD) is a complex, multifunctional and pervasive disorder which affects mainly the neuronal development of the individual. In order to obtain a diagnosis, it will be based on the observation of certain behaviours that tend to be aberrant, focusing on deterioration or difficulty in social communication, interaction with the environment and its peers, as well as restricted and repetitive patterns of behaviour, interests or activities.

In order to easily spot traces of this disabilities, some signs can be spotted as listed by **Centers for Disease Control and Prevention (2016)**:

- Have trouble relating to others or not have an interest in other people at all
- Avoid eye contact and want to be alone
- Have trouble understanding other people's feelings or talking about their own feelings
- Prefer not to be held or cuddled, or might cuddle only when they want to
- Appear to be unaware when people talk to them, but respond to other sounds

- Repeat or echo words or phrases said to them, or repeat words or phrases in place of normal language
- Have trouble expressing their needs using typical words or motions
- Repeat actions over and over again
- Have trouble adapting when a routine changes
- Have unusual reactions to the way things smell, taste, look, feel, or sound

The complexity of identification of this disorder resides on the heterogeneity of presentations with psychiatric and medical morbidities frequently reported. These are disorders such as social anxiety, oppositional defiant, attention-deficit/hyperactivity, and intellectual disabilities, immune system abnormalities, gastrointestinal disorder, mitochondrial dysfunction, sleep disorders, and epilepsy (**Masi et al., 2017**).

The effects of this disability on those affected are both direct and indirect extending across many different areas which include health, nutrition, education, social care, housing, employment, welfare benefits, and labor markets, being also incidental to families, that have to develop a series of strategies, protocols and routines in order to ensure that the individual affected by this disorder has a high quality of life.

Elsabbagh et al. (2012) understands that with this disability being considered as a spectrum , we understand that ADS has several and diverse symptoms manifested also in different levels.

Nevertheless, we recognize the two following profiles based on the functional level of the individual:

- Individuals which have conditions that enable to lead independent and fulfilling lives - high functioning individuals;
- Individuals with severe conditions, interfering significantly with quality of life - low functioning individuals.

Being on one profile or the other may result on a different set and quantity of needs, wants or barriers to face by the families and the individuals affected by the ADS, that we will see in the

following section.

Travelling with disabilities

According to the World Report on Disabilities and Rehabilitation of the **World Health Organization (2011)**, approximately 15% of the world population lives with some form of physical or psychological disability. This concept correlates with the fact of being in disadvantage in certain aspects of life such as their possibilities to access to a more accessible tourism. **Darcy and Dickson (2009)** stated that an estimated 30% of the population will encounter access requirement sometime in their lives, which makes this problem a challenge to be solved as early as possible.

When referring to the concept of accessible tourism, some authors highlight some major problems of interpretation. It is the case of **Buhalis and Michopoulos (2011)**, who suggested that the cited market is non homogeneous, but made of different sub-segments that has a distinctive set of needs, requirements and abilities that needs to be covered and looked after. In addition, **Zajadacz (2015)** suggested that the only path to achieve the accessibility in the tourism and hospitality sector is to use a combination of various models, targeted to find an optimal solution..

To accommodate the needs of disabled people, we need to take into identifying, as suggested by **Kim and Stonesifer III (2011)**, three levels: the perception of the guests about the experience, the perception of that the management positions have regarding the feasibility of adapting their services and installations to this collective, and the general framework of the industry.

Businesses are trying to develop their products and services in order to meet the general requirements of accessible tourism. But to do so is far more complicated than the just development of new standards of operation or procedures by companies. Accessible tourism is far more complicated as suggested by **Darcy, Cameron and Pegg (2010)**. In their view, using the triple bottom line (TBL) approach relate with the sustainability of a destination in the social, economical and environmental dimension. Their study revealed that when analysing accessibility, we are not referring to a single construct rather than to a more complex structure.

This is made of a series of dimensions and arrangements that are not only related to each other. So regarding accessibility are not of a sole business but extends through a series of social networks within the destination.

An example of development in destinations, focused on increasing the accessibility levels with the creation of a tourism product suitable for them is given by **Dávid and Kiss (2011)** with the Development park project conducted in Hungary (no longer existing).

Moreover, travelling for those collectives is more than an accessibility issue, also because they have to take into consideration that they will encounter a series of obstacles that they will difficult their experience as suggested by **Yau, McKercher and Packer (2004)**. In their view, in order to become travel active, they have to experience a five stage process. This process has been labelled as:

- Personal - a phase in which the individual must accept its disability, as well as “coming to terms with the disability”, a stage necessary in order to phase the travel experience;
- Reconnection - a phase in which the individual explore for future travelling options;
- Tourism analysis - a phase in which an extensive study of the options is conducted;
- Physical journey - a stage in which the individual may adopt certain number of strategies and compromises in order to compensate the experience and the barriers they will encounter during it;
- Experimentation and reflection - the final stage of the process, in which the individuals travel and have different but unique experiences and challenges that if positive, will be motivating them to travel again in the future.

These motivations are various, but **Kim and Letho (2013)** suggested that the main reason is what they called “physical competence (mastery) of disabled children”.

Allan (2015) identifies some of the motivations, from which he highlights that these were principally intrinsic, regarding escaping, relaxing and enjoying the destination and the time available.

One of the main issues when people with disabilities travel, are the barriers they may encounter once they arrive at the destination. Literature suggests that these barriers can be divided into

three groups: On one hand, we have those constraints that are inherent to the person and are due to certain problematics that enable the individuals to perform certain actions (intrinsic). Then, we have those constraints that are related with the relationship that the individuals have with the surrounding atmosphere and the people around them (environmental), as well as the behaviour that the collective will have when meeting during the experience (interactive), which are closely related to social anxiety symptoms when in relationship with others (**Kuusikko et al., 2008**). Finally, we have those constraints related with the interactions that the individual have with the environment and the physical barriers they encounter during the completion of the stay (**Lee, Agarwal and Kim, 2012**).

Another interpretation has been given by **Emira and Thompson (2011)** who divided the constraints into three categories:

- Intrapersonal and interpersonal - such as age, gender, income, place of living or level of education.
- Infrastructure - such as the lack of regard for their needs or quality of providing of the service.

As mentioned beforehand, social anxiety in the case of people affected by the ASD is a major constraint for the interaction with the atmosphere and its peers that can lead into isolation and other related problems. Studies suggested that through the usage of therapeutical experiences such as the case of surf, with initiatives like the Wave Project that utilizes one-on-one surfing training to increase confidence, self-reliance, self-management, and social skills in children with ASD (**Porter and Stuhl, 2015**).

Although travellers with disabilities tend to be a market with far less share than the one of those fully functional, some studies, as the case of the one conducted by **Bi, Card and Cole (2007)**, suggest that they are most likely to be active travellers when having experiences with a low number of barriers, resulting in a market with a strong potential of growing. Nevertheless, the quality of those experiences previously mentioned are strongly influenced by several factors, from which **Amet (2013)** indicates 5 that are key to the satisfaction:

- The disability - not just regarding the level of disability, rather the behaviour it will have too;
- The lack of suitable structures - the impossibility to find a hospitality property that has the appropriate services and spaces according to the barriers and needs of the affected;
- Financial limitations - covering the needs of the person affected is not only difficult to

be done, but sometimes the price to pay is not possibly affordable by the families;

- The lack of empathy - having a child which behaviour is subject to changes due to environmental stimulus might be not easy to deal with;
- The general state of exhaustion of the family - when having to face a situation that is aggravated because of the affected person not being on the usual environment as well as the existing exhaustion level of the family, may generate that they do not travel.

Beforehand, we mentioned that the lack of empathy towards the families and the individuals affected with a disability, especially when referring about a psychic disorder, is a major factor that influence families on assessing the quality of an experience. Although being true the fact that giving distinctive excellent service levels to distinctive market groups is having a growing commercial recognition, there are still several gaps or failings in those experiences. Having services that are correctly advertised with the offering of compelling information about all the relevant items that make part of the decision process is key to appeal to those market segments interested. In addition, and being one of the most important elements, the staff has to be properly trained in order to be aware of the needs, requirements and barriers this collective may have, but also how to perform services and they proper way to communicate with them in order to create an experience with a high level of quality and satisfaction for those collectives **(Darcy,2011; Poria, Reichel and Brandt, 2011)** .

Additionally, some studies as the one conducted by **Hamed (2013)** suggest that to give better tourism experiences to people on the ADS and their families, these would have to be planned by professional travel companies, assuring that they receive all support and assistance during the trip. It also highlights how important is to provide to the travel companies with the information available about the customer, that will be helpful in order to plan and implement the trip.

In order to analyze the demand that accessible tourism has and their needs, in order to create policies in this field, the **European Commission (2013)** conducted a research to evaluate the current and future situation in regards of Accessible Tourism. Additionally, some patterns of behaviour have been identified to better understand the needs, wants and desires of this collective.

In addition, when creating accessible experiences, the only existing focus are the needs, wants and necessities that the person who is affected of a disability needs, not taking into

consideration the ones of those who accompany the affected subject. In this case, families have also needs that, even though secondary when travelling, are also needs to be covered, not only because it will balance the situation, but also because covering the needs of these families will result in a better quality of life for the subject with disability (**Rodriguez, 2005**).

Guest experience and customer journey map

To properly understand what the guest experience is, we have to understand first the economy in which these activities are included. In 1998, **Pine and Gilmore** developed the concept of “Experience economy” as an evolution of the purchasing process that ends up with a service that evokes some emotional responses rather than a simple and plain good or service. One of the industries they used as an example was the hospitality industry as what you are giving to the customer is something that goes over the simple service proposition of the hospitality industry.

This is what **Hemmington (2007)** suggested, the evolution of the hospitality industry from a service provider to an experience creator, an industry that is focused on providing the guest with “lots of little surprises” that are going to be extended and last over the stay of the guest to ensure a consistent emotional response during and after their stay.

The design of these kind of experiences are nothing else than a new way in which the hospitality industry ensures that not only the current customers are going to come back, but they are going to recommend others to live this experience by themselves. Therefore, the investment by hotel chains in creating consistent experiences for their guests to achieve the loyalty and satisfaction needed to make sure they repeat and recommend their products.

Dimensions of the guest experience

The experience that a guest has on a hotel is not only how the service is performed, but external factors that combined between themselves, ensure that the guest experience is consistent. To measure it, **Knutson (2011)** suggested that the experience takes into account four factors:

1. Environment (location and ambient)
2. Accessibility (communication and sales)
3. Benefits (safety and consistency)
4. Incentives (rewards, free amenities).

It is important to consider also the 3-S model of Pine and Gilmore, made by satisfaction, sacrifice and surprise, important when creating experiences. For that reason, the only way possible to

ensure that customers will be highly surprised is to drive down the sacrifice of the guest's wants and drive up the satisfaction to make them also want to come back to us.

As outlined how customers experience the service provided to them, is crucial to their perception on the product's value. It is also true as suggested by **Sandström (2008)**, that the service experience is the sum total of the functional (what) and emotional (how) dimensions that create a mix between internal and external factors. We have to consider that those services related with an experiential economy are liable to an active co-creation process between employee and customer as well as being unique every time it is performed, even when hotels struggle to ensure the experience's consistency.

This is why researchers like **Martin-Ruiz (2011)** suggested that the evaluation of the value in service experiences is not only made by the attributes of services, but we have also to consider the response and outcome the customers have towards the service you have provide them.

When customers know what a certain brand or property is going to offer them in terms of experience and service, this knowledge is used by them as a primary contributor to choose a hotel where to stay rather than another one that is unknown. These spaces, as claimed by **Lugosi et al. (2016)**, are venues which "provide contexts for care provision, acting as spaces of sociality, informing children's socialization and offering temporary relief from the work of parenting."

Additionally, the first touchpoint is not always as sure as the following ones because the vast majority of the attributes related to service do not appear until the service is provided or beforehand, as mentioned by **Krishnan (2001)** as well as making impossible to create expectations without a proper knowledge of the service or product such claimed by **O'Neill (2003)**.

In order to establish and analyse all the touchpoints that a person will have during the complete hospitality experience, some authors suggest that businesses should use the customer journey mapping as a way to conduct an in depth research. This tools is nothing else than a diagram illustrating the steps that a customer go through engaging with a company. The more touchpoints the diagram has, the more complex and necessary will become, as defined by **Richardson (2010)**.

Crosier and Handford (2012) suggested that this tool will be useful to understand consumer motivation and behaviour, having the aim of improving the quality of services, as well as enabling ordinary people to engage in the service design process.

Conceptual Map

The conceptual framework of this research is a combination of two topics that will help us understand the research that has been conducted. On one hand, we analyze the hotel experiences and the customer journey map literature. On the other hand, we analyze those authors dedicated to the topic of travelling with disabilities. In this way, we will be understanding the bases of the guest experience and the needs of the travelers with disabilities.

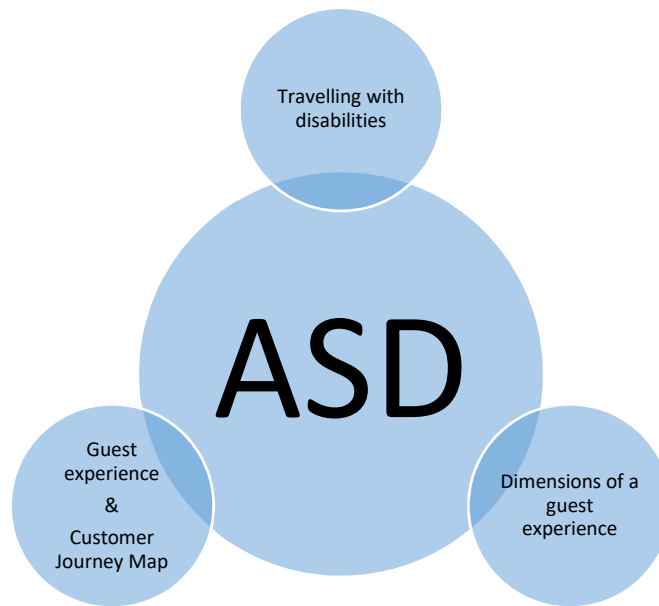


Figure 1: Conceptual framework

ASD	Travelling with disabilities	Guest experience and customer journey map	Dimensions of the guest experience
<ul style="list-style-type: none"> Centers for Disease Control and Prevention (2016) Masi et al. (2017) Elsabbagh et al. (2012) 	<ul style="list-style-type: none"> World Health Organization (2011) Darcy and Dickso (2009) Buhalis and Michopoulos (2011) Zajadacz (2015) Kim and Stonesifer III (2011) Darcy, Cameron and Pegg (2010) Dávid and Kiss (2011) Yau, McKercher and Packer (2004) Kim and Letho (2013) Allan (2015) Kuusikko et al. (2008) Lee, Agarwal and Kim (2012) Emira and Thompson (2011) Porter and Stuhl (2015) Bi, Card and Cole (2007) Amet (2013) Darcy (2011) Portia, Reichel and Brandt (2011) Hamed (2013) European Comission (2013) Rodriguez (2005) 	<ul style="list-style-type: none"> Pine and Gilmore (1998) Hemmington (2007) 	<ul style="list-style-type: none"> Knutson (2011) Sanström (2008) Martín-Ruíz (2011) Lugosi et al. (2016) Krishnan (2001) O'Neill (2003) Richardson (2010) Crosier and Handford (2012)

Figure 2: Literature framework (Own Source)

CHAPTER 3: METHODS

This chapter is intended to create a deep understanding of the methods this research will be using in terms of data collection and analysis.

Overall research design

Altinay, Paraskevas and Shawn (2016) suggested that we can identify a research with qualitative-inductive approach, as “a process whereby from sensible singulars, perceived by the senses, one arrives at universal concepts and principles held by the intellect”. Some characteristics of this method, as suggested by **Leinonen (2012)** are:

- More empirical than numerical data collection.
- Use of interviews, diaries and other personal matters to compose an overall picture on the subject.

- A relatively small sample.
- The aim of the analysis is to develop a hypothesis, not to prove one that is already existing.

In this case, the observant is the one drawing the conclusions from the particular piece of evidence, not the other way round.

Additionally, these conclusions are non-generalizable, but transferrable to other families, due to the fact that we will be providing a series of recommendations to the families in order to make staying in a hotel an easier experience for both the child and the accompanying party.

Data collection techniques and research instruments

HTSI conducted last year a research (labeled Instrument 1 in Figure 2) in which information about the motivation of travelling was collected from 120 families with children on the ASD, by means of a survey. The survey established dimensions, as proposed by the literature, of barriers and constraints faced by the families when travelling. Basically three dimensions were analyzed: Intrinsic, Interactive and Environmental (for details check Annex 4).

The results revealed two aspects: first of all, the establishment of a direct correlation between the degree of ASD and the number of trips per year, and second of all that a great percentage of families were heavy users (travelling) and had a high level of satisfaction of their hotel stays. Very useful for our study were these families, as we based our sample on their profile and responses as the starting point of our analysis.

In this research, we decided to complete the data collection using two further instruments, specifically Instruments 2 and 3, as shown in the following table:

Objectives of the research	Dimensions	Instruments for data collection			Type of data collected	Type of analysis
		Instrument 1	Instrument 2	Instrument 3		
Objective 1. Understand the barriers encounter by those travelling with children on the ASD and the experience they have when staying at hotels	Dimension 1.a. Intrinsic	Survey "Alas para el Autismo I"	App "Experiencefellow"	In-depth open interviews	Perceptions Actions	Qualitative / Quantitative analysis
	Dimension 1.b. Interactive					
	Dimension 1.c. Environmental					
Objective 2. Defining which can be good strategies to make this activity easier and more enjoyable for the families and children on the ADS.	Dimension 2.a. Strategies					

Table 1: Objectives and data collection and analysis

Once the participating families were contacted and agreed to participate at the phase of Instruments 2 and Instruments 3 (tracking via app and in-depth interviews) , we offered an introductory session at which the project and the tasks required in the following weeks were explained for them to fully understand their implication in the project. The participation of the

families in the session was optional, but recommendable. In any case, families had access to a supporting website, used as a resource center, where they could find information about the “Alas para el autismo” project, the research conducted in this paper, the steps participants needed to follow during the following weeks, assistance with the app installation and content creation and the documentation needed as agreement of participation (see Annex 2 for details).

Instrument 2: Mobile ethnography

Mobile ethnography, is a way to setting aside the view the researcher has of the world, collecting the perception others have of an element of the world, as **Bartlett (2012)** mentioned. This methodology, using the app ExperienceFellow, will allow us to monitor and follow in real time, what these families encounter when staying in hospitality businesses and the experiences they have. We have chosen the previously mentioned app, due to its price, personalization options, and most important of all, the easiness of use of both versions after exploring several alternatives (see Annex 1). The chosen app allows users to enrich the opinions and anecdotes uploaded using visual material such as pictures or videos, which is of added value. This tool will also help us create a customer journey map, specifically focused on the moment of the stay, as a way to improve the experience of disabled people in service businesses (**Crosier and Handford, 2012**).

Instrument 3: Interviews

In the third phase, we conducted open in-depth interviews with the families, in order to understand the topic from the interviewee’s point of view. This is intended to discover not only experiences they had, but also to gather strategies used with their children too. In order to achieve this objective, the interviewer will not use ready-made questions but will be opened to discuss about “new and unexpected phenomena” (**Kvale, 1996**).

Additionally, they were intended to analyze the experiences of these families using three variables: Intrinsic (the relationship with himself), interactive (the relationship with the others) and environmental (the relationship with the atmosphere).

Nevertheless, the entire interview process will be objective and free of bias, as the investigated object will be let free to discuss about those topics they consider personally relevant, using the travel diary and past and present experiences as support.

Research context and participants

To define the sampling we will be using for our study, we followed the guidelines of **Altinay, Paraskevas and Shawn (2016)**. This manual suggested that in the case of a qualitative research

there are some options that are ideal in terms of strategies for sampling. From the list mentioned, we decided to use “extreme case sampling”. This is due to the fact that the justification of conducting this study are the results of a previous study where a big number of families claimed of doing several trips with a high level of satisfaction, being an extreme case.

In order to define our sample, we will be following the guidelines presented in the previously mentioned manual. The target population are Catalan families with a member affected by the ASD that have participated at the survey (Instrument 1) and were identified as heavy travelers and had reported positive experiences in the past. From that sample, the accessible population are those families who are accessible for the researcher, keen to participate in the study and reflect the desired characteristics for the study. As the study was intended to understand the relationship between autism and travelling, the fact of travelling during the second trimester of 2017, as well as having access to an Android or iOS device, were defined as study inclusion criteria. Consequently, 7 families accomplish this specific criterion were included in the research.

The election of this size for the sample is due to the fact that you can gain different views and easily contrast them, having insights by analyzing the data in depth. Additionally, following them up with other methods (in this case, interviews), is much easier with a small sample.

Data analysis

Once the data has been collected using the methods stated in “Data collection techniques and research instruments” (see p. 14), we will proceed to the analysis of the data collected.

The data collected using the app was labeled by the touchpoint as shown in Figure 3.:

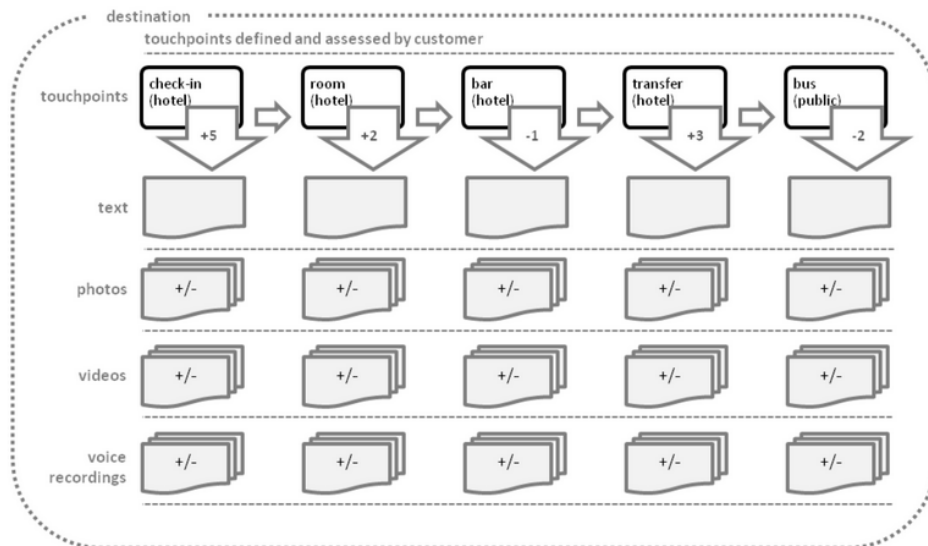


Figure 3: Procedure of assessment of touchpoints (Source: Stickdorn and Zehrer, 2009)

The touch points mentioned in the previous figure are characterized by being:

- Meaningful: For the user and/or the accompanies. Both positive and negative.
- Present: Both available/happening or missing/not happening
- Tangible or intangible

The previously mentioned data, analyzed using a transversal customer journey map, will offer a general picture of those areas considered critical by the families during their monitored hospitality experience. Additionally, we will follow a series of teleological actions as stated by **Padin et al. (2015)**, focusing on the transformative – *ad hoc* and present-based actions happening during the stay.

To gain a more in depth insight into the experiences of these families during their last trip and other past experiences, a series of interviews were conducted. These were designed in order to create a script that helped us guiding the interview in order to cover some topics of key importance in our research. On the other hand, they were open interviews, because as mentioned previously, our main objective is that the interviewee talks about those aspects that found relevant, as well as their past experiences when travelling. The data collected was analyzed individually, and then in a transversal way, in order to understand individual points of view and which parts are common to more than one participant family.

Ethical considerations

Regarding the ethics of this research, we thoroughly informed those individuals belonging to our sample with the “Hoja informativa y consentimiento informado” (see Annex 3).

The first part of the document (Hoja informativa) covers subjects such as what the “Alas para el autismo” project is about, the purpose of the study we are currently conducting, the reason why they have been invited to participate and what implies agreeing with it. The most important part of the document is the one concerning the treatment of the data that the participant shares, stating that these will be managed anonymously and securing confidentiality during all the stages of the collection, as well as in the moment of publication. The participants can find more information about their rights through the Ley 15/1999 de Protección de Datos Personales.

The second part of the document (Consentimiento informado) presents a consent page that has to be filled up by the participant, where they agree to participate in the study under the stated conditions.

CHAPTER 4: FINDINGS AND DISCUSSION

The results presented in this section are obtained and analysed using the previously explained methods.

Instrument 2. Mobile ethnography

The participants introduced data related to the touchpoint using the default rating scheme developed by Experiencefellow, ranging from +2 (very positive) to -2 (very negative). The researcher for simplification matters, created two dimensions of analysis: positive (+1 or +2) or negative (-1 or -2).

Table 2 shows the touch points identified by the families through the app -customer journey maps- the variable they are related to and the respective dimensions (variables and dimensions from the literature introduced at a previous study as shown in Annex 4). The results of the transversal analysis showed the following:

Moment of stay	Touchpoint	Variable	Dimensión	Level
Reception	Check-in	Environmental	RapidezCICO	Positive (P)
	Check-in	Environmental	RapidezCICO	Negative (N)
	Staff attention	Environmental	Atpersonalizada	Positive (P)
Stay	Room	Environmental	Habsilenciosas	Positive (P)
Complementary services	Restaurant/Buffer	Environmental	Rapidezrestauracion	Positive (P)
	Restaurant/Buffer	Environmental	Rapidezrestauracion	Negative (N)
	Menus	Environmental	Menusespec	Positive (P)
	Pool	Environmental	Actocio	Positive (P)
	Common areas	Environmental	Actocio	Negative (N)
	Leisure staff	Environmental	Persformado	Negative (N)
	Leisure activities	Environmental	Actocio	Positive (P)
Relationship with environment	Social relationships	Interactive	Exclusionmenor	Positive (P)
	Social relationships	Interactive	Exclusionmenor	Negative (N)
	Annoyed looks	Interactive	Miradasmolestas	Negative (N)

Table 2: Transversal Customer Journey Map (Own Source)

Starting from the first interactions with the hospitality property, families presented polarized opinions and experiences about the reception and check-in process. In some cases, families were assisted and checked-in within minutes, while others had to wait for a few minutes in order to get the same procedure done.

When it comes to facilities of the hotel and the room itself, families perceive them as positive, except for the restaurant, which tends to be a hotspot for negative comments. They suggest the facilities (common areas such as TV room, the bar or the gym) are not really used by them, but when they use them, are enjoyed by all members of the family.

In terms of the restaurant, as an overall opinion of the families, we encounter that the fact of being flexible on presenting options to those dishes or foods available in the menu or buffet is perceived very positively. By contrast, they claimed that the access to the restaurant or to have the possibility of booking a specific table is sometimes difficult, and that they perceive as a good idea having at their disposal a schedule with an indicator of the occupancy level presented with the colors of a traffic light.

During their stays, an extreme consensus is shown among the families when comes to the staff, having a positive feedback. These families, having a special set of needs, is happy to encounter staff that is flexible and helpful on meeting them. Nevertheless, staff working in leisure are not receiving positive feedback. This is due to the fact that the leisure activities organized by the hotel and supervised by leisure staff are perceived as negative, because of the lack of training of

the responsible person. Some families suggested that the staff told them that they were unable to be in charge of their child with ASD.

Finally, when analyzing the relationship these families have with the environment, practically all the families had a negative experience with other clients. Children on the ASD tend to have different and sometimes more disruptive behaviours, which sometimes can be annoying and can be perceived as misbehaviour when it is a part of their condition. Consensus was found by the majority of the families in that they received annoyed looks or comments from other clients and/or employees about this behaviours.

Instrument 3. In-depth interviews

The interviews with families suggested topics that influence their experiences. The basis where the variables outlined in the Annex 4. However, it was an open interview that aimed at gaining insights of further dimensions.

To analyze the responses to the questions of the interview (see Annex 5), we decided to first analyze and codify the responses individually and, in a second phase, to transversally analyze them in order to find the points of consensus or different views of the topic. Finally, we will be presenting the results following the order presented in Annex 4, to introduce the new variables later.

Intrinsic dimension

As far as intrinsic elements of the experience, the only element that all of the participants suggested to have an impact on their trips was that, in case of a crisis or certain behaviours, to suffer a response from the others such as the one explained by Participant 1: “He was going up and down the restaurant and wanted to pour coffees to everyone. Certainly, he moved a lot. And when the guests saw that I had put away the third coffee, you could see that they were commenting among themselves”. For example, the majority agreed that they have received annoyed or “funny” looks from other guests or staff, judging their children, something that “do not think it will be solved, as I think that has to do with inflexibility and intolerance of the society in general”, as suggested by Participant 2.

Environmental dimension

When this specific segment of people look for a room at a hotel, they seek for a level of comfort and amenities that, when at the hotel, are easy to find. Their main concerns about rooms is that “the room to be...that has a certain comfort, a certain dimension. I understand that, if there are little children, a certain space of movement, that is not excessively small”, as pointed out by

Participant 2. Additionally, Participant 3 suggested that the fact of having 2 separate night spaces (one for the parents and one for the children) is beneficial. Important to note that what was mentioned by the majority of them is that a balcony is necessary, because it creates a controlled outdoor area, to be used both by children on a moment of crisis and the parents as a social space in the night while children are sleeping. As the room is perceived as a place where children can unplug from the stress and high number of stimuli received during the day, the mandatory condition of it is to be as quiet and silent as possible, a feature they use to ask specially when booking a room.

In terms of waiting times for check-in and check-out, some of the participants suggested that it will be helpful to have “a priority or fast line” or “that you could tell someone “look, tomorrow I am going to check out- I am going to take long, please, when I come down, have the check-out ready so I have to wait as little as possible”.

Participant 2 shared the experience of being excluded from an activity because of their condition: being a child on the ASD. Finally, and after signing a consent form relieving the company from any responsibility, they allowed the child to do the activity, which is a comparative grievance towards those children not affected of this disease.

Some of the hotels in which they have stayed, organize leisure activities for children, a service they cannot use, as some of the staff in charge of this activities are not trained to meet the need of children with special needs. This is the case of Participant 2, who suggested that “I never had the opportunity to bring my son to the “mini club”, and I understand that no parent with an autism child can bring their child at the “mini club””.

However, Participant 1 suggested that in one of the hotels where she has stayed in Madrid there was such an offer “[Meliá] have leisure staff in their family hotels in Madrid, for example, when we went, they had staff specialized in disabilities, it was amazing.

Food is another of the main concern for our participants. As the vast majority of the children on the ASD present dietary restrictions or have special preferences related to tastes or textures, that restaurants can be flexible at offering them options their children can eat, is something of high value. A hotel that do not provide this flexibility, can create a situation similar to the one mentioned by Participant 1: “(...) the hotel did not provide us bread with foods we had bought at the supermarket. It was a disaster at food & beverage level”. Even though that the most common scenario in this case is that “if I asked for an extra food item because I saw nothing appropriate at the buffet, they would cook it for me”, as suggested by Participant 3.

Once the trip is organized, an important part of the process is to prepare the child for a situation totally new (at least, in the majority of the times) than the usual routine. This is done by preparing a document in the form of a tale or a calendar/planning showing all the steps and events that will be happening during a certain number of days. This has to be respected and followed in each and every moment.

One of the major problems that this families encounter when travelling, is that the staff has not enough information and training both about accessible tourism and ADS. Participant 1 even suggested that they do not ask for information about activities, because they already know they would not understand her or have the answers to their questions. On the other hand, staff trained to serve people with disabilities is needed, as agreed by all the participants. They treat you as good as they can because “they like to deal with customers and because they want to do it well”, not because they know how to treat them. Additionally, hotels need to have complete information about the services and amenities they offer clients, and add it this information and services to their websites.

In terms of service level, all the participants have found good levels of service and attentiveness by the staff. An example could be the statement mentioned by Participant 2: “They are flexible, we saw that whenever there was a problem, they attend you very well, and we know that is a hotel that attends well disabilities”.

CHAPTER 5: CONCLUSIONS

The present paper has attempted to identify the specific needs and constraints families traveling with children with ASD face when staying in a hotel. Given the above discussion some conclusions can be drawn in this direction.

Firstly, we understood better the motivations, as stated by Allan (2015), that this collective has to travel. They perceive this activity as a way for them to disconnect from the routine, as well as because the families think that are not going to be able to keep travelling whenever they are adults, due to the high number of difficulties and factors to take into account.

When it comes to the strategies undertaken by families with children on the ASD, adapting to routine changes is one of the most important. For this collective, a slight change on their daily schedule is difficult to bear. For this reason, we discovered during the in-depth interview phase

that an extended strategy between the families is to prepare a tale or a document in which the child can see the different activities in chronological order.

On one hand, we can confirm, as claimed by Zajadacz (2015), that the disabilities travel market can be considered as a non-homogeneous market. This is due to the fact that the needs expressed by the participant families of our study were different not only between each other, but also compared with any other disability. This fact is key in the way of adapting services to different disability collectives (Buhalis and Michopoulos, 2011), as without we understand the needs of a specific collective, we will not be able to act consequently. Nevertheless, to adapt the industry to this collective, we have to bear in mind that the only way to achieve it is by the combination (and subsequent adaptation) of different models already existing.

An important element, present at the base of this research is the experience this collective has when going to hotels. The experience families with children on the ASD has when going to hotel, especially when it comes to our sample, is overall positive. There are points of extreme satisfaction, as the fact of having a place to disconnect from the stimuli of the trip, where they found a series of professionals which are highly committed to offer an excellent service level to all the guests, independently of their condition. The attention and flexibility of the staff are two qualities that have been remarked various times during the interviews by all the participants.

Finally, a topic that came up repeatedly during the last data collection phase was the lack of training in disabilities that the staff of hospitality companies have. Families claimed that the service was attentive and flexible, but some of them suggested that on past experiences, when having to face a situation regarding the child, they find themselves in difficulties to come up with a solution.

In conclusion, families are aware of the strategies that work better to have better experiences when travelling, but the training on disabilities of the hospitality professionals is not appropriate, and needs to be improved through a synergy between families, hospitality

industry and educational institutions to create professionals more aware and prepare to serve disabilities.

Recommendations for hospitality industry companies

In terms of the hospitality industry, understanding the needs of the families, as well as meeting them as soon as possible, will be beneficial to attract not only families with children on the ASD, but other collectives with disabilities too. Once the hospitality managers are ready to meet the needs of this collective and professionals are well trained, families with children on the ASD, which are loyal to those companies where they find those services and comfort level they need, will be more likely to come (and eventually, repeat) at your property.

Recommendations for families

Families need to understand that the most important task they need to do is know their children's limits and based on them, build their trips. Sometimes they will feel that is impossible for them to travel, but some of the participant families claimed that this is a temporary situation that one day or another will change. Bearing in mind to start anticipating the trip to the children little by little using support material, they will enjoy a fantastic experience.

Recommendations for educational institutions

Educational institutions have the responsibility to prepare the future leaders of the hospitality industry to be more conscious about disabilities and how to adapt services, but this has to be done together with the industry and the participants. Only by understanding the needs, we will be able to eliminate barriers and constraints of this collective.

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ANNEXES

Annex 1: Evaluation report of different mobile ethnography apps

The following report exposes the conclusions of the analysis derived from the options proposed by the article "Tools and Methods" of Christiane Rau and Anna Zbiek with regard to Mobile Ethnography Tools (Touchpoint Vol. 7 n.3, 2016).

Although the three tools proposed have very similar characteristics with respect to each other, the application ExperienceFellow is, in our opinion, the most suitable for the purpose of our research.

The reasons that lead us to opt for this option are the following:

1. The price, although not decisive, is important when deciding on this application, since this is lower than in the case of the other options, assuming an affordable expenditure for research.
2. The customization options presented are very complete, as they allow us to establish the scoring ranges as well as different methods for different types of questions and topics.
3. The front end and the back end of the application present ease of use, which I consider an important factor to take into account to facilitate the use of the tool to the sample.
4. The access mode of the sample is simple, since it provides a QR code that redirects the application to the study that we have previously introduced. This will help us get the survey easier.
5. The tool can be used by the user in offline mode. This allows us to eliminate the barrier of a possible lack of a mobile or wifi signal for the user to fill in the surveys during his travel experience.

For all the reasons mentioned above, I consider that it is the ideal application, and that we should consider its use as a tool for the mobile ethnography tasks of our research project.

Annex 2: Screenshots from Resource Center

PROYECTO ALAS

¡Bienvenido al Centro de Recursos de Alas para el Autismo! Aquí encontrarás toda la información y documentos necesarios para tu participación en el estudio de Autismo y Alojamiento.



En la **Facultad de Turismo y Dirección Hotelera Sant Ignasi- HTSI** contribuimos, en el marco del proyecto Alas para el autismo, a que el viajar sea más fácil para las familias que viajan con menores con TEA.

La **Cátedra de Turismo Responsable y Hospitalidad** de la Facultad, cuyo objetivo es la investigación y la transferencia de conocimiento en materia de turismo responsable y hospitalidad, trabaja en diversas áreas, tales como:

- Investigación
- Consultoría

ALAS PARA EL AUTISMO

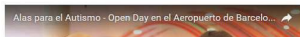
SOBRE NOSOTROS

En la **Facultad de Turismo y Dirección Hotelera Sant Ignasi- HTSI** contribuimos, en el marco del proyecto Alas para el autismo, a que el viajar sea más fácil para las familias que viajan con menores con TEA.

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- Investigación
- Consultoría
- Jornadas
- Publicaciones

Además, trabajamos para la sensibilización del sector y la sociedad en general a través Open Days con el objetivo de conseguir un turismo para todos.



PASOS A SEGUIR

Para participar en el estudio de abril-mayo 2017:

1. Lee y completa la hoja informativa y consentimiento informado ([ver aquí](#)).
2. Descarga la *app Experiencefellow* en tu móvil ([ver aquí](#)).
3. Indica experiencias significativas en la *app*, durante la estancia en el alojamiento, empleando textos, fotos y vídeos ([ver aquí](#)).
4. Recoge tus impresiones en un cuaderno de viaje. Será muy útil para la entrevista.
5. Participa en una entrevista de 1 hora posterior al viaje (fecha a concretar).

Te ayudaremos durante todo el proceso, y podrás contactar con nosotros siempre que lo necesites.

DOCUMENTACIÓN

En esta sección encontrarás documentos relacionados con la investigación:

Invitación al Proyecto de Investigación Alas y Alojamiento ([ver aquí](#))

Hoja informativa y consentimiento informado, a enviar firmado antes de la fecha de inicio del viaje ([ver aquí](#))

Annex 3: Hoja Informativa y Consentimiento Informado

1) HOJA INFORMATIVA SEGUIMIENTO APP Y ENTREVISTA

PROYECTO DE INVESTIGACIÓN “ALAS PARA EL AUTISMO”

La Facultad de Turismo y Dirección Hotelera Sant Ignasi (Universitat Ramon Llull), lidera el proyecto de investigación “Alas para el autismo” de accesibilidad universal en turismo para las personas con autismo y sus familias. El objetivo es crear y adaptar servicios para familias con menores con autismo en el sector hotelero.

Es importante entiendas los objetivos de la investigación y las implicaciones que conlleva la participación en el mismo. Por favor lee detenidamente esta hoja informativa y consúltanos para cualquier duda o aclaración.

INVITACIÓN

La Facultad de Turismo y Dirección Hotelera Sant Ignasi (Universitat Ramon Llull), te invita a participar en el proyecto de investigación que consiste en asistir a una reunión informativa el 17 de marzo de 2017 en nuestra Facultad dónde te daremos formación sobre la App que es muy sencilla de utilizar (reunión opcional). Todos los participantes contarán con un centro de recursos accesible por Internet con material de apoyo. Durante el viaje de Semana Santa te solicitaremos utilices una sencilla App, que se descarga en el teléfono móvil, con la que te pediremos indiques experiencias que consideres significativas. Al regresar del viaje, te solicitaremos una entrevista en profundidad para valorar con mayor detalle la estancia hotelera y tus experiencias anteriores de viaje. Para aquellos que no la hayan completado les pediremos rellenen un sencillo cuestionario sobre las experiencias al viajar. Esta entrevista y seguimiento con la App son actividades enmarcadas en un proyecto de investigación y educativo, para crear y adaptar servicios para personas con autismo en el turismo. Sabemos que para algunas familias con un hijo/a con TEA, la experiencia de alojarse en un hotel puede llegar a ser estresante hasta el punto de evitarla debido a la condición de nuestros pequeños. La participación será clave para mejorar la experiencia de las familias.

¿POR QUÉ HE SIDO INVITADO A PARTICIPAR?

Has sido invitado a participar porque eres de una unidad familiar con un menor con TEA, y tienes intención de viajar en Semana Santa y quieres contribuir a un turismo para todos.

¿QUÉ IMPLICA PARTICIPAR?

Participar implica comprometerse a descargar y utilizar el aplicativo (APP Experiencefellow) durante la estancia hotelera en Semana Santa, a una entrevista en profundidad posterior al viaje de 1 hora aproximadamente y a una reunión informativa opcional previa al viaje. Asimismo, se solicita leer detenidamente esta hoja de información y firmar un consentimiento informado. En caso de acceder a formar parte de la investigación, tendrás derecho a presentar tu renuncia a participar, a solicitar que no se utilicen los datos obtenidos o a retirarte del proyecto de investigación, en todo momento, sin alegar razones.

¿LOS DATOS SERÁN TRATADOS EN FORMA CONFIDENCIAL?

La participación es voluntaria y los datos serán tratados en forma anónima y confidencial tanto en el proceso de recogida, en el tratamiento de los datos y en las publicaciones posteriores. El fichero de datos del estudio estará bajo la responsabilidad de la Fundació Xavier (entidad jurídica titular de la Facultat) ante la cual podrás ejercer en todo momento los derechos que establece la Ley 15/1999 de Protección de Datos Personales.

¿SI TENGO DUDAS?

Para resolver cualquier duda respecto proyecto de investigación Alas para el Autismo, podéis contactar con la Sra. Daniela Freund (Facultad de Turismo y Dirección Hotelera Sant Ignasi): teléfono 93. 252.28.90 / email: daniela.freund@htsi.url.edu

Muchas gracias por leer esta hoja informativa y por considerar participar en el proyecto de investigación.

Barcelona, Marzo 2017

2) CONSENTIMIENTO INFORMADO SEGUIMIENTO APP y ENTREVISTA

- Confirmando que he leído, he entendido la información de la hoja informativa del proyecto de investigación "Alas para el autismo" y se me ha brindado la oportunidad de clarificar dudas sobre el seguimiento con la herramienta app y la entrevista.
- Entiendo que mi participación es voluntaria y que podemos retirarnos de la investigación en cualquier momento, sin alegar razones.
- Acepto descargar y utilizar la app durante el viaje familiar.
- Acepto participar en la entrevista.
- Acepto el uso de declaraciones o comentarios que realice yo o que realice mi hijo/a en el marco de la investigación, de forma anonimizada.
- Acepto que la Fundació Xavier gestione mis datos personales y difunda la información que el proyecto genere. Se garantiza que se preservará en todo momento mi identidad e intimidad, con las garantías establecidas en la ley 15/1999 de protección de datos y normativa complementaria.
- Acepto que la Fundació Xavier conserve todos los registros efectuados sobre mi persona en soporte electrónico, con las garantías y los plazos legalmente previstos, si estuviesen establecidos, y a falta de previsión legal, por el tiempo que fuese necesario para cumplir las funciones del proyecto para las que los datos fueron recabados.

Nombre del participante:.....

Fecha:.....

Firma:.....

Annex 4: Variables used in Study 1

Variable 1	
Intrinsic	
Fear of not interacting with others	Norelacion
Fear of the requirements of the trip to be superior to our capacities	Requerimientos
Fear of causing annoyance	Causarmolestias
Fear of finding ourselves in a situation that we need to ask for help	Pedirayuda
Fear of having medical problems	Incidenciasmedicas

Variable 2	
Interactive	
Fear of receiving annoying looks from others	Miradasmolestas
Fear of being ignored	Serignorados
Fear of being the center of attention	Centroatencion
Overprotection by staff	Sobrepoteccion
Excessive amiability of other clients because of the minor's condition	Excesoamabilidad
Prejudices	Prejuicios
Fear of social exclusion of the minor	Exclusionmenor

Variable 3	
Environmental	
Speed of check-in and check-out	RapidezCICO
Rooms accessible to people with ASD	Habacc

Quiet rooms	Habilenciosas
Fast access to restaurants and service during meals	Rapidezrestauracion
Arrangement of special menus in case of allergies or intolerances	Menusespec
ASD trained staff	Persformado
Customized attention by tourism personnel based on our specific needs	Atpersonalizada
Presence of leisure activities adapted to children with ASD	Actocio

Annex 5: Interview script

Ficha

Nombre entrevistado:

Filiación:

Edad y grado discapacidad del menor:

Fecha y hora:

Nombre/s entrevistador/es:

Apertura (5 minutos)

Buenas tardes, muchas gracias por participar en la investigación Alas para el autismo. Mi nombre es Daniela Freund, investigadora de la Facultad de Turismo y Dirección hotelera Sant Ignasi y Juan Manuel Pastor, investigador de la misma Facultad.

Los objetivos del estudio son profundizar en las experiencias de estancias en hoteles de familias que viajan con menores con autismo. Para ello, en una primera fase han completado un cuestionario online. En una segunda fase, han registrado en una app sus experiencias en el hotel durante el viaje familiar en Semana Santa / Puente de Mayo. Esta tercera fase, la entrevista en profundidad de aproximadamente 1 hora de duración, nos ayudará a profundizar en las barreras al viajar. Esperamos la investigación permita aumentar la intención de viaje y mejorar la experiencia en hoteles de familias que viajan con menores con autismo.

Te agradecemos ratifiques que nos das consentimiento para la entrevista. Transcribiremos la misma y trataremos los datos en forma anónima. Recordarte que podrás acceder a los datos en todo momento y te enviaremos copia del estudio. ¿Nos permites grabar la entrevista? ¿Hay alguna pregunta que quieras realizar antes de comenzar?

Bloque 1. Anticipación (5 min)

1.1 Has viajado hace poco en familia. Aproximadamente, ¿cuántos viajes familiares, que incluyan estancias hoteleras, realizas al año?

1.2. Al decidirte a viajar, ¿qué aspectos te preocupaban relacionados con tu estancia en el hotel?

Bloque 2. Experiencia Semana Santa / Puente de Mayo (15min)

2.1 Explícanos tu experiencia en el hotel/casa rural

2.2 Explícanos tu evolución del viaje, desde el momento que decidiste viajar hasta la finalización de la estancia en el alojamiento.

2.3 ¿Cuál/es ha/n sido los mejores momentos del viaje?

2.4 ¿Cuál/es ha/n sido los peores momentos del viaje?

2.5 ¿Cómo has gestionado/superado los malos momentos?

2.6 ¿Qué hubieras necesitado en el alojamiento que no has encontrado?

2.7 ¿Qué hubiera podido hacer el alojamiento de forma diferente para mejorar tu estancia?

2.8 ¿Qué hubieras podido hacer tú/la familia de forma diferente para mejorar la estancia?

Bloque 3. Post-viaje (10 min)

3.1 Ahora que has finalizado el viaje, nos gustaría conversar sobre tu anticipación y lo que te has encontrado. ¿Qué relación hay entre lo que esperabas y lo que ha sido?

3.2 De cara al futuro, ¿qué aprendizajes has hecho en este viaje?

3.3 Para un futuro viaje, ¿qué aspectos te preocupan? ¿Hay algo que te ha dejado de preocupar? ¿Qué sugerencias tendrías?

Bloque 4. Grado de discapacidad (5 min)

4. ¿Crees que los hoteles deberían ofrecer servicios diferenciados según el grado de discapacidad del menor? Si responde afirmativamente, ¿Qué diferencias mencionarías? Si responde en forma negativa, ¿Por qué?

Bloque 5. Otras experiencias de viajes (en función del tiempo)

5.1 Esta experiencia, ¿se ha parecido a otras que has tenido anteriormente? ¿En qué ha sido similar? ¿en qué ha sido diferente?

5.2 De todas tus experiencias en hoteles, la mejor ¿cómo fue? ¿En qué se distingue? Puntuar de 0-10 las buenas prácticas

5.3 De todas tus experiencias en hoteles, la peor ¿cómo fue? ¿En qué se distingue?

Cierre (10 min. antes de acabar)

Antes de acabar: ¿Hay algún punto que no hemos contemplado que consideras importante comentar? Muchas gracias por tu atención. Ha sido un placer poder contar contigo.