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Tourism and neurodiversity: a problematisation and research agenda

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ABSTRACT

This paper focuses on the concept of neurodiversity and how it applies to tourism. Through a critical analysis based on the social model of disability, the paper begins by highlighting that neurodiversity has been poorly problematized in tourism research. Using the challenges involved in holidaymaking for families with autistic children as an example, the paper demonstrates how tourism providers and governments have failed to identify what changes are required to meet the needs of neurodivergent people and who should be responsible for implementing them. From this discussion, a framework for action with three tiers of responsibility (governments, the tourism system, neurodiverse families) is developed. The paper then concludes with a research agenda for the future study of tourism and neurodiversity with particular reference to the social model of neurodiversity and the responsibilities of the tourism industry, tourists and governments (including charitable organizations). From this, a call to arms for all tourism researchers to embrace research into neurodiversity through the framework and research agenda is developed.

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agenda

Introduction

Neurodiversity has tended to be overlooked as an issue in tourism. Tourism research, industry practice and government policy have tended implicitly to assume that tourists are 'neurotypical' rather than 'neurodivergent'. The term 'neurodivergent' is a neologism that refers to people who have neurological development conditions. Every population group is neurodiverse, meaning that it contains people who are neurodivergent and people who are neurotypical.

Neurodiversity is an important concept in tourism because neurodivergent people experience the world in different ways to 'neurotypical' people. This includes their motivations, needs and experiences related to tourism. Despite its growing size and market value, however, this customer group remains largely unrecognized both by academia and tourism industry professionals.

This paper considers the implications of neurodiversity for tourism, focusing particularly on holidaymaking by 'neurodiverse' families, defined here as including one or more neurodivergent child. For most families, taking a holiday provides an opportunity to spend quality time together, bond as a family group and make happy memories (Backer & Schänzel, 2012; Gram, 2005). For neurodiverse

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families, holidays often assume an even greater importance given that they have the potential to provide them with respite from their home lives, which are typically complex and stressful for all family members. Family holidays can, however, also be stressful times that need to be negotiated especially carefully by the neurodiverse family (Amet, 2013; Jepson et al., 2022; Sedgley et al., 2017). This paper therefore maintains that new policies and practices are required to help neurodivergent families exercise their human rights and benefit from family holidays in the same ways as neurotypical families (Hamed, 2013). There remains, however, an important gap with regard to recognizing and acting upon the needs of neurodiverse families.

The aims of this paper are, therefore, first to review the concept of neurodiversity through the lens of the social model of disability. The paper highlights that while the social model is not universally accepted as an alternative to the traditional 'medical' model, its increasing acceptance has stimulated a growth in academic literature, largely outside of the tourism field. It is argued, however, that the social model of disability lacks potency as a means of addressing the challenges neurodiverse families typically face in taking holidays together. This is because applying the model may provide a better understanding of the challenges, but it does not provide a well-developed agenda for addressing them.

Second, the current lack of support within the tourism industry with respect to recognizing and meeting the needs and wants of neurodivergent people can also be seen to be in conflict with the UN Sustainable Development Goals (SDGs) by not offering inclusive products and services to reduce inequality (SDG 10), and thus denying people opportunities to ensure their lives are healthy through opportunities (such as holidays) to enhance their well-being (SDG 3). With the aim of remedying this situation, the paper proceeds to identify a range of challenges associated with tourism by neurodiverse families. Focusing on families with autistic children, the paper applies the social model of disability to identify potential means of addressing such challenges and, in particular, to consider who can and should take responsibility for enabling and enacting them. The third objective of the paper therefore is to develop a framework of responsibilities and to draw up a research agenda for neurodiversity in tourism. It can be argued that pursuing such an agenda makes good business sense for tourism industry organizations which are potentially losing market share by not offering inclusive and equitable products and services, for example 1 in 100 children worldwide are autistic (WHO, 2022), (e.g. USA = 1 in 44 children, Maenner et al. (2021)). The agenda is also vital in terms of society's aspirations to achieve greater social inclusion within local communities.

Before proceeding it is important to identify the positionality of the authors. All three are neurotypical but two are parents of autistic children, and all have worked closely with autistic charities in order to gain deeper perspectives on the complexities associated with autism and to ensure that research with autistic communities is at all times both ethical and compassionate.

Literature review methods

The authors concluded at an early stage in the research process that a Cochrane-style, systematic literature review would not be useful, due to the very small number of papers found in the intersection between neurodiversity and tourism.

All authors carried out literature searches independently using the platforms 'EBSCOhost' and 'Google Scholar' and then shared the results with each other to ensure the relevancy and uniqueness of our scholarship. Literature searches (December 2022, March, 2023) across all 'EBSCOhost' databases using the keywords of 'tourism' and 'neurodiversity' and vice versa using a standard 'Boolean/ Phrase' search mode revealed only 1 result. Further searches were carried out across specific neurodivergent conditions, and 'tourism' and 'autism' received the highest return of papers (38), but from these results very few had tourism as the major field of inquiry or were published within the social sciences/ tourism specific journals.

The literature search using 'Google Scholar' (December 2022, March 2023), using the search terms 'neurodiversity' and 'tourism', returned 1, 700 results. Of these studies, none had 'tourism' or cognate

terms in their title. Using cognate terms instead of 'neurodiversity' returned 100 results and from these only 1 publication contained specific discussion of neurodiversity and tourism (Jepson et al., 2022). A search was also carried out to identify specific neurodivergent conditions and this returned 6 results under the search terms 'autism' and 'tourism' and these combined with papers from non-specific tourism journals such as the *International Journal of Travel Medicine and Global Health* (see Neo & Flaherty, 2019) are discussed within the overview of tourism and neurodiversity research later in the paper.

As a result of the paucity of specific 'tourism and neurodiversity' and 'tourism and autism' grounded studies it was concluded that a narrative literature review would be the best way forward. Narrative reviews do not usually adopt a specific search strategy. Instead, they rely upon the expertise of the researchers to identify and evaluate literature on a particular theme (Wilczynski, 2017). The aim is then for the researchers to develop a consensus on a narrative framework that best describes and delineates the main feature of the literature base, drawing out findings as the review progresses.

Hence, while the following literature review cannot claim to be entirely comprehensive, systematic or unbiased, it has the benefit of effectively drawing together what is undeniably a very sparse and diverse literature base. Indeed, it is important to bear in mind that the fundamental distinction between the two forms of literature review is not whether they meet these conditions but what their purpose is deemed to be (Ferrari, 2015). Systematic reviews aim to gather and compare evidence on specific questions that have already been addressed in the literature. Narrative reviews, in contrast, aim to summarize what is already known in order to identify important questions that have yet to be addressed, have only partially been addressed, or have been addressed unsatisfactorily. This then permits the identification, justification and prioritization of a future research agenda for the specific subject area.

Returning to conclude upon our methods all papers featuring specific context and discourse on 'Tourism', 'Neurodiversity' and/ or 'autism' were read in its entirety by at least two of the authors. Each reader noted the main themes and conclusions of each paper and then followed the same methods to undertake literature searches into understanding neurodiversity, from medical, social, and family sociological perspectives. Finally, the team then conferred with a view to agreeing a suitable narrative framework for the literature review. On achieving consensus, the framework was used to develop the narrative literature review that now follows.

Neurodiversity: medical and social models

A central argument of this paper is that tourism theory and practice tend to favour the neurotypical holidaymaker. Accordingly, a brief review of the notion of neurodiversity is warranted. The present section therefore presents an overview of the notion of neurodiversity and its theorization. This paves the way for the remainder of this paper to present a problematization of neurodiversity in the specific context of family tourism.

The use of the term 'neurodiversity' is relatively new among scholars. Harmon (2004) traces its origins to autistic interest groups in the US in the 1990s, who demanded that autistic people not be stereotyped as disabled or 'abnormal', but be considered diverse and different, and treated with the same respect as everyone else. In the UK, the study of neurodiversity began predominantly with Mary Colley (to whom this paper is dedicated): an educator, humanitarian, and visionary. Colley founded the Developmental Adult Neuro-Diversity Association (DANDA) in 2003 and was the first researcher to recognize the behavioural overlaps between conditions like autism (including Asperger's syndrome), developmental coordination disorder (DCD, also known as dyspraxia), Tourette's syndrome, dyslexia, dyscalculia, and attention deficit (hyperactivity) disorder (AD(H)D). There is a dearth with respect to statistical data and understanding of the prevalence of neurodiversity worldwide, as most countries report on neurodivergent conditions separately. ADHD for example is thought to have a 5% prevalence worldwide (Catalá-López et al., 2017), with the exception of the US (8.4% of children 2–17 years of age) (Danielson et al., 2018). DCD is thought to have up to 6%

prevalence worldwide (Quinn, 2005), and dyslexia up to 10% prevalence worldwide (Blank et al., 2019). Some countries have begun to collate statistics: in the UK for example, it is estimated that around one in 10 people is neurodivergent (Autistica, 2019).

Figure 1 provides an overview of the concept of neurodiversity, the neurodivergent conditions it embraces, and the traits associated with those conditions that are generally considered to be negative by society without considering the positive attributes of neurodivergent people which can also be seen in Figure 1.

It is important to recognize that many neurodivergent people have more than one neurodivergent condition. A recent study of 407 children with neurological conditions by Hansen et al. (2018), for example, found that 21.7% had more than one neurodivergent condition. This tendency for conditions to cross over, often sharing similar behavioural traits, can confound the specific diagnosis of particular neurological conditions, making it more difficult to meet the neurodivergent person's needs and wants. Co-morbidities are also common amongst neurodivergent populations. These co-occurring conditions are not necessarily related to the neurodivergent condition itself but may be more manifest when the individual concerned is neurodivergent. For example, while anxiety is not a condition necessarily associated with autism, a person with autism may have elevated levels of anxiety when they are persistently exposed to sensory overload. Indeed, Hansen et al.'s (2018) study found that 58% of participants had psychiatric conditions, anxiety being the most frequent. These traits and comorbidities manifest as everyday complexities and challenges to children and their families, which are often magnified while on holiday when neurodivergent children are placed in contexts that disadvantage them.

It is argued here that research into neurodiversity and the implications for future research are still within their infancy. More advanced and complex research discourse exists within wider accessibility/ disability literature, yet studies are often situated within physical disability/ accessibility needs and not with respect to the hidden developmental needs of neurodivergent populations. The World Health Organisation (WHO) International Classification of Functioning, Disability and Health (ICF) based on the 'integrative biopsychosocial model of functioning, disability, and health' (Callenmark et al., 2014: 2) is widely accepted yet testing of the model across neurodivergent conditions such as autism is limited in comparison to that of physical disabilities. The ICF is useful and has

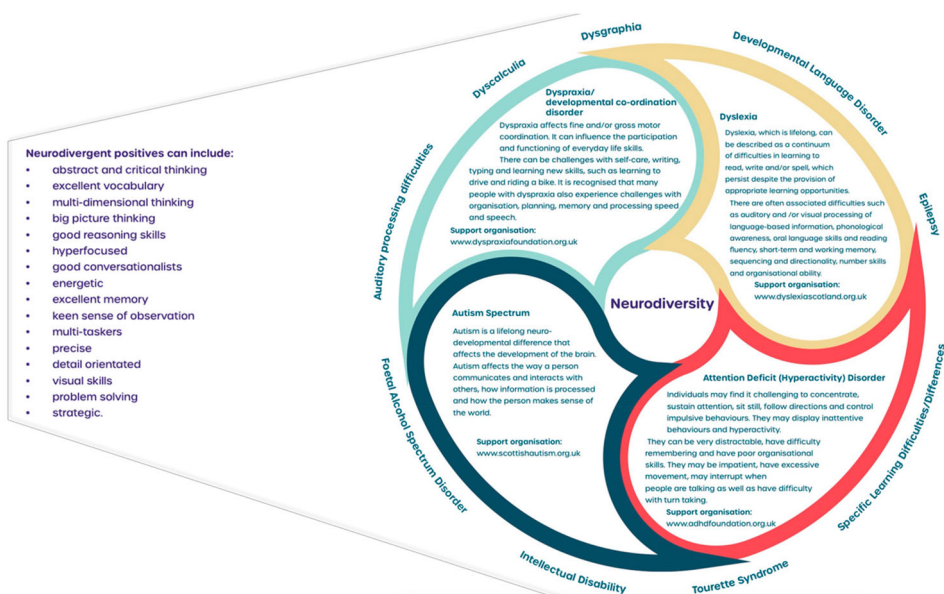


Figure 1. Neurodiversity and neurodivergent conditions. Source: Dyslexia Scotland (2022).

the potential to develop a common language for the functioning and impairments that autistic people deal with across different areas of their life and across the life span. There is critique of the ICF model and its application to neurodivergent populations particularly with respect to the heterogeneity of autism and the nonconformity to the model. De Schipper et al.'s (2016) work with autistic children for example documents 611 codes after analysis that were non-definable within the ICF model. Further criticism of the ICF model is structured around its highly medicalized nature and thus it may fail to inform upon the subjective nature of wellbeing and relationships in the environment which may influence the quality of life (QoL) of neurodivergent populations. It is therefore deemed prudent to begin research into neurodivergent population needs in the tourism industry through the lens of the medical/ social models of neurodiversity.

This paper concentrates on furthering our understanding of neurodivergent populations through two ways of thinking about neurological differences: the medical model and the social model. A better understanding of the differences between the two models will allow tourism researchers to position themselves in relation to the context of their study. The following discussion illustrates the main points of opposition in the two models, as summarized in Table 1.

From the medical model perspective, the term neurodivergent is seen as a collection of neurological impairments or disorders. The ontological foundations of the medical model are derived from medical science and assume that there is a 'normal' state of human neurological functioning, or 'neurotypical' and that any divergence can only be recognized by means of individual diagnosis (Loo et al., 2021). The medical model treats people who have neurodivergent conditions as patients or 'sufferers' of an impairment that can only be overcome through individual medical intervention. Such intervention could be in the form of medication to attempt to cure the condition or relieve some or all of its symptoms. Alternatively, it could involve the provision of medical technology to assist the individual in overcoming their impairments.

The medical model of disability is increasingly becoming viewed as inferior to the social model, not only in its application to disability in general but also with regard to neurological difference specifically. There are a number of reasons for this. First, the framing of neurodivergent conditions as disorders under the medical model identifies only the impairments associated with neurodivergent people and largely ignores their positive attributes. Nelson (2021) suggests, that this provides an incomplete perspective by focusing on what neurodivergent people cannot do in comparison to neurotypical people which we argue is the foundation for marginalization.

The social model, by contrast, maintains that being neurodivergent is just a different expression of human existence (Jaarsma & Welin, 2012), involving different ways of sensing, communicating, and socializing. It is increasingly being recognized, moreover, that these differences are not necessarily a disadvantage to the individual (Ortega, 2009) but are alternate and acceptable forms of

Table 1. Points of oppositionality in the medical and social models of neurodiversity.

Medical Model of Neurodiversity	Social Model of Neurodiversity
A collection of neurological disorders/divergences from what is considered normal	A collection of conditions that imply a different way of existing from what is typical
Views people as patients: Individual diagnosis and/or treatment to remove or remediate the associated problems	Views neurodiversity as socially constructed: Changes are needed in societal attitude, acceptance and support, removal of barriers, provision of inclusive environments
Views disorders as individual impairments that present challenges to the individual	Recognizes that differences are not necessarily disadvantages
Disorders are detached from a patient's identity and need to be treated within medical practice	Neurodiversity is part of a person's individual personality and should be celebrated and not hidden
Disorders are quantified/assessed in terms of severity (e.g. the 'autism spectrum')	Severity is seen as an unrealistic and unhelpful way of classifying differences
Ethics of care: Viewed as entitlement to individual medical treatment and to be treated with dignity and respect by medical professionals	Human rights: The right to be treated in every way as equal to neurotypicals and to not suffer from discrimination/marginalization

Source: Adapted from Oliver (2013); Ripamonti (2016); Chapman (2019); Loo et al. (2021); Nelson (2021).

human neurology (Wolbring, 2007). The differences may even be seen as an advantage to the individual expressing them. The social model problematizes neurodiversity not as an individual medical condition but as a phenomenon that is socially constructed. A distinction is thus drawn between individual impairment and social disablement (Chapman, 2019). This means the lack of equality for neurodivergent people can only be addressed through the exercise of a combination of both individual and collective responsibility, social action and integration, and environmental manipulation (such as accessible building design). It also requires action with regard to the broader political and human rights agenda, the aim being to change people's attitudes and understanding of neurodiversity, which currently serves as a constraint to the development of equality. The role of governments, the third sector, NGOs and charities is paramount in this, as they can inform and advise on the issue and help develop appropriate legislation, policy and guidance. In the UK, the Department of Health and Social Care and Department for Education's (2021) *National strategy for autistic children, young people and adults: 2021 to 2026* is an important first step in this, but future research into relevant policy for specific sectors, including for the tourism industry, is needed in order to develop appropriate guidance that is fit for purpose and ensures that neurodivergent travellers have an equitable holiday experience in comparison to neurotypical travellers.

A second problematic feature of the medical model of disability is that it views neurodivergent conditions as detached from a patient's identity and not a contributing factor to their personality or strengths. It therefore suppresses neurodivergent people's authentic personalities and development of self: aspects of neurodivergent conditions should be treated, masked or suppressed (Ripamonti, 2016). The medical model supports the understanding that there is a range of medical conditions that may overlap or co-occur with neurodivergence, such as anxiety or other developmental needs, but it tends to treat these aspects as separate conditions rather than view them as connected (Doyle, 2020). The social model, in contrast, views any neurological differences and groups of secondary conditions as connected and as these together forming a key part of a neurodivergent person's identity (Chapman, 2019).

Thirdly, there is also oppositionality to how neurodiversity is diagnosed. The medical model seeks to quantify or assess neurodivergent conditions in respect of the severity or intensity of the condition(s), as evidenced by the notion of the 'autism spectrum'. The social model, however, views neurodiversity as a cluster of conditions and argues that the severity of conditions is an unrealistic way to classify neurological differences. The medical model views neurodiversity from an individual rights perspective: e.g. how patients are best treated with dignity and respect within the ethics of care or duty of care provided by medical professionals. From a social model perspective, however, the focus is upon collective human rights, which are defined by the UN Office of the High Commissioner for Human Rights (OHCHR) (2017, n.p.) as 'inherent to all human beings, regardless of class, nationality, sex, ethnicity, religion, or any other status'. By virtue of being a member of the human race alone, all human beings should be equally entitled to certain rights and protections without discrimination. Fundamentally, human rights are intended to encourage the core principles of equality, non-discrimination, participation and inclusion, which could act as a bridge to societal change and thus to achieving the UN SDGs. This, of course, raises the issue of who takes responsibility to ensure this happens. Under the medical model, responsibility is vested in the healthcare professionals to care for and treat neurodivergent patients; under the social model, responsibilities are shared among all members of society.

The social model has, meanwhile, attracted the criticism that it fails to account for differences in race, gender, sexuality and age, and presents neurodivergent people as one homogenous group (Oliver, 2013). It also strongly implies that personal impairments are not the problem, but society is (Barnes, 2019; Shakespeare, 2006). By extending the root of the problem to society as a whole, however, there is danger that its efficacy may be diluted. As the saying goes, when something is everybody's job, it becomes nobody's job.

Therefore this paper adopts the social model as this then impacts upon our understanding of personal challenges and not physical impairments with an underlying belief that challenges to

neurodivergent populations arise due to the context and not the individual. In short it is the context or environment which creates the barriers and not the individual.

The following sections of this paper give an overview into the limited research into neurodiversity and tourism. Stadler et al. (2021) identify a multitude of issues faced by autistic children and their parents which then become barriers to planning and taking holidays. The barriers identified in their report exist across three key levels of responsibility with respect to governments, the tourism system, and families with neurodivergent children. There is currently very limited research at government level with respect to policy or guidance for neurodivergent travellers. There are a few studies and anecdotal evidence of good practice at the tourism system level of responsibility although none of the studies discussed in this paper offer in-depth discussion from a social model perspective and therefore limited development of best practice for supporting neurodivergent travellers. It is argued here that there is a major imbalance of responsibilities. Neurodivergent travellers and their families currently take the majority of the responsibility for the equity of their holiday experiences which goes against the social model of neurodiversity with respect to the removal of barriers, the provision of inclusive environments, and the right to be treated as equals and not to suffer from discrimination/ marginalization. To bring about a research agenda for change and move towards equity of experience for neurodivergent travellers research into the practical responsibilities of governments, the tourism system, and families is in urgent need of operationalization and this paper represents the first step towards this. Following on from the next section 'Overview of research on tourism and neurodiversity: using autism as a specific case', these levels of responsibility are returned to and analysed using the social model of neurodiversity resulting in a future research agenda for all levels of responsibility (summarized in Table 2).

Overview of research on neurodiversity and tourism: using autism as a specific case

The tourism literature has by no means ignored disability issues. A considerable literature already exists that attempts to link the issues of accessibility, disability and inclusivity in the tourism context. The tourism literature has, however, tended to focus on physical disabilities (e.g. Darcy et al., 2020; Eichhorn et al., 2013; Poria et al., 2010; Small et al., 2012; Tutuncu & Lieberman, 2016). There have also been calls for tourism to be designed to be inclusive of the needs and wants of both disabled and non-disabled people (Gillovic & McIntosh, 2020), although such discussion often implicitly assumes that the disabled people are neurotypical. Very few researchers have engaged specifically with tourism and neurodiversity (see Jepson et al., 2022).

The preferences and behaviours of neurodivergent tourists are still, therefore, poorly understood. A recent report on family holidays with autistic children, for example, suggested that many families with autistic children prefer more frequent, shorter, domestic holidays over one main, longer, international holiday. This was found mainly to be a result of the complexities and challenges such families face when going on a holiday, including changes in an autistic child's routine, social interaction challenges, and a lack of awareness, empathy, understanding or support for children with autism from other holidaymakers (Stadler et al., 2021). Freund et al.'s (2019) study, on the other hand, identified the wide heterogeneity of autistic travellers when booking accessible accommodation. They found a relationship between the intrinsic constraints experienced by the family (such as lack of money or lack of time) and the intention to take a family holiday. Applying a social model of neurodiversity lens to these issues, it becomes clear that removing barriers and providing more inclusive environments is important for autistic children, alongside changes in societal attitude, better awareness and acceptance. Freund et al.'s (2019) findings also suggested that those families whose children had 'more severe' autism were less likely to travel. This is a controversial finding insofar as there are presently no formal means or 'tools' for measuring the 'severity' of autism, and from a social model perspective, many individuals and organizations prefer not to adopt such terminology (McConachie et al., 2015).

Table 2. Questions for future research at and across different levels of responsibility and opportunities to contribute to tourism knowledge.

Level of responsibility	Research questions	Informed by
Government	<ul style="list-style-type: none"> – How do different governance structures enhance / inhibit the development of tourism policies that ensure equal opportunities for neurodiverse families to exercise their human rights and benefit from family holidays in the same ways as neurotypical families do? – What is the role of NGOs and third sector organizations in developing inclusive products and services for the tourism industry to reduce inequality? – How do governments embrace the goals of the social model of neurodiversity when developing tourism policy, legislation and guidance? 	Hall (2011); Department of Health and Social Care (2021); Department for Education (2021); Casey (2004); UNWTO & UNDP (2017)
Tourism system	<ul style="list-style-type: none"> – How are neurodiverse families treated by tourism industry organizations on their holidays in comparison to neurotypical families, and how does this affect them socially, physiologically and psychologically? – How fit-for-purpose are sectors of the tourism industry in respect to responding to the challenges and complexities of supporting neurodiverse families to have positive experiences and happy holidays? – What best practice/ support is currently available within the tourism system to widen accessibility for neurodivergent people and make holidays more inclusive? – How can existing positive practices be adapted, enhanced and/or shared across the tourism system so that they better contribute towards meeting the needs of neurodiverse families on holiday? – How can employees be trained/ educated differently to ensure they understand the needs of neurodivergent people and are flexible to problem solving? – How do tourism providers embrace the goals of the social model of neurodiversity when developing training programmes for their staff? 	UNWTO & UNDP (2017); Garrod (2021); Dempsey et al. (2021); Robertson (2010); Sullivan (2017)
Neurodiverse families	<ul style="list-style-type: none"> – How do neurodiverse families benefit from holiday experiences and memories, such as family functioning, bonding, identity, personal/family growth in the short, medium, and longer term? – What practices do neurodiverse families engage in while on holiday and how are they different to their day-to-day family practices? – What family management strategies / styles do neurodiverse families use to deal with the complexities and challenges encountered on holiday? – How do families embrace and celebrate their differences due to being neurodiverse when engaging in family holiday activities? 	Jepson et al. (2022); Kendall and Shelton (2003)
Across all 3 levels		– Opportunities to contribute to tourism knowledge

(Continued)

Table 2. Continued.

Level of responsibility	Research questions	Informed by
	<ul style="list-style-type: none"> – How do decisions at different levels of responsibility impact upon neurodivergent children’s holiday experiences? – What level of understanding and awareness is required from governments, tourism stakeholders and other holidaymakers to enhance a neurodiverse family’s holiday experience? – How do family holidays benefit neurodivergent, and neurotypical family members in the short/ medium and longer term contributing to members’ independence, yet also family bonding and cohesiveness and positive functioning? 	
	TOP-DOWN:	
	<ul style="list-style-type: none"> – How can a better understanding and awareness of neurodiversity in society help develop best practices across the tourism system? – What type of support and adjustments across the tourism system are most beneficial for neurodiverse families to effectively manage their holiday experiences? 	
	BOTTOM-UP:	
	<ul style="list-style-type: none"> – How can effective family management strategies used by neurodiverse families on holiday help create new knowledge for the tourism system? – How can neurodiverse families inform and advise sectors within the tourism system to improve their staff training and the level of support for neurodivergent holidaymakers? – How can neurodiverse families and charities co-create holiday experiences to inform and advise local, regional and national governments? – What is the role of inclusive tourism best practices in the policy-making process at the local and national government level? 	

Sedgley et al.’s (2017) more comprehensive analysis into the experiences of mothers taking holidays with their autistic sons is also important within the field of tourism, as it begins to critique the idealistic and homogenous nature of holiday products aimed at neurotypical families, while unpacking the complexities experienced and associated with autistic children and their families on holiday. However, the support and provision for neurodiverse families remains fragmented, infrequent, and biased towards neurotypical products and services.

Further research on neurodiversity in the specific context of tourism is extremely limited. Dattolo et al. (2016), for example, developed and tested a set of guidelines to help tourism websites become more friendly to autistic users, while Cena et al. (2020) developed an autism-friendly tour guidebook for heritage attractions. Both are valuable examples and tools for support, but discussion of how they help overcome discrimination and marginalization and thus contribute to the social model and wider human rights agenda are missing.

It must be recognized that each neurodivergent child, each family and each family holiday is a unique case, and that the challenges faced by neurodiverse families in taking holidays and the means by which they might best be addressed are therefore multiple and highly complex. It is not possible to consider them all within the confines of a single research paper such as this. To

reduce the scope of the research to a workable level, this section of the paper will explore autism as an instructive example of neurodiversity. Even then, it is important to be aware that there is substantial heterogeneity in the experiences of those with this condition, which is further complicated by the wide range of additional medical conditions that tend to accompany autism (see [Figure 2](#)).

Autism was first recorded by physicians in the eighteenth century as a specific difference related to eye contact and social communication, as well as a general learning disability characterized by limited 'normal' social functions (Wolff, 2004). In the absence of a biomedical explanation, the 'refrigerator mother' hypothesis was proposed by Bruno Bettelheim in the 1940s (Kanner, 1968). This hypothesis argued that autism in children was effectively the result of bad parenting in the form of mothers who were unable to have warm and supportive emotional relationships with their children. Later, autism was considered to be a 'schizophrenia of childhood', characterized by extreme detachment from reality (Evans, 2013). Wolff (2004) goes on to explain that Asperger's syndrome was originally used to differentiate between high- and low-functioning individuals, with individuals who have Asperger's syndrome being considered on the high end. This understanding was replaced by the establishment of an 'autistic spectrum', of which Asperger's syndrome is simply one variant (Wing & Gould, 1979). The 'spectrum' has many critics especially in the autistic community as it 'labels/ categorises' and therefore attaches and reinforces stigma through a continued medicalization of the condition. Autism is idiopathic, meaning that no known cause or trigger can be identified or linked to its diagnosis (Autism Speaks, 2010; cited in Hamed, 2013). Autism occurs in all societies, irrespective of gender, ethnicity or socio-economic status. It has been known for some time, however, that autism prevalence is much higher among boys than girls (Autism Speaks, 2010; National Autistic Society, 2022a). There is however much debate as to the accuracy of statistics on prevalence. This is due to recent research findings suggesting that girls are much better at hiding, camouflaging or 'masking' their autism than boys (Wood-Downie et al., 2021).

Further evidence also suggests that late diagnosis has been associated with increased mental health difficulties (Hull et al., 2019; Lai & Baron-Cohen, 2015) and as a risk marker for suicidality (Cassidy et al., 2018). Population-based estimates of autism prevalence vary greatly, from 5.1 to

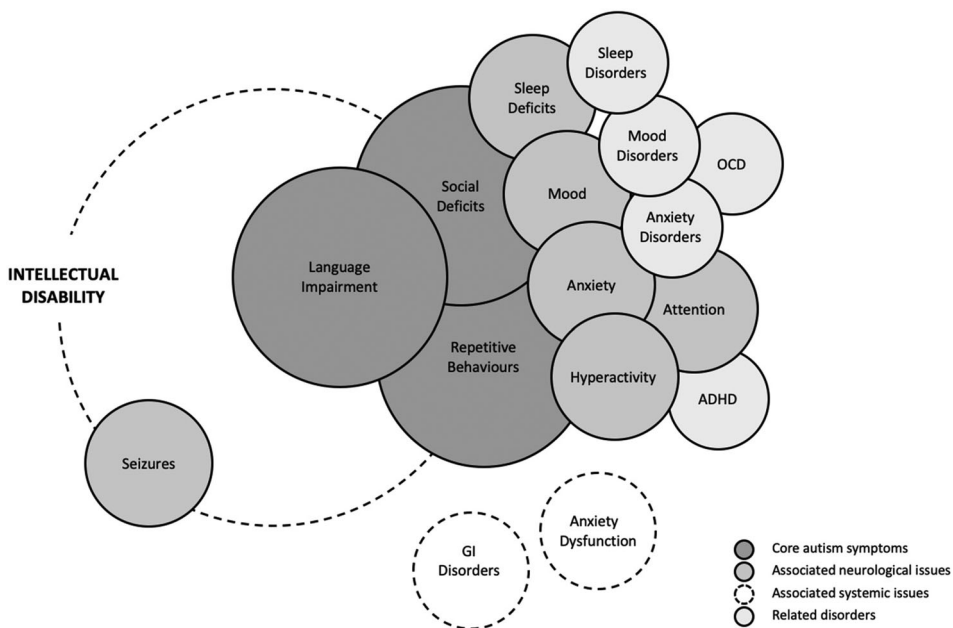


Figure 2. Autism core symptoms, neurological, systemic issues and related disorders. Source: Adapted by the authors from Rodriguez and Escalona (2018).

15.5 per thousand births (Bourke et al., 2016). The World Health Organization (WHO) indicates that one in 160 children worldwide are autistic (between 1% and 1.6% of the world's population), (WHO, 2021). Many observers do, however, question the reliability of these and other figures on the prevalence of autism, as it is not known how many children are living without a diagnosis and are, as Wharmby (2018, n.p.) indicates, 'desperately trying to live their life in a world not designed for them' but for neurotypicals.

Neurodiversity, autism and tourism research has not yet been conducted under the lens of/ analysed using the social model to make contributions to knowledge. It is argued here that research using the social model of neurodiversity would bring about much needed change and flexibility for the benefit of neurodivergent travellers, the tourism industry, governments, and families. Urry (1996) suggests that holidays are consumed as a form of escapism because they 'generate pleasurable experiences which are different from those typically encountered in everyday life' (p. 1). More recent research highlights that holidays can be an important time for the personal development of autistic children, as well as other family members and, indeed, for the family entity (Sedgley et al., 2017). Holidays can also provide important new learning opportunities for autistic children (García-Villamizar & Dattilo, 2010; Walton, 2019). However these benefits are often not realized as the tourism industry tends to homogenize neurodivergent travellers and apply a 'one rule for all' approach to support which fails to understand the collection or relationship of neurodivergent conditions and associated conditions (Figure 2) or differentiate between individual needs.

Neurodiverse families arguably have complicated, challenging and difficult home lives, so they have much to escape from (Amet, 2013). Holiday experiences tend, however, to come with a range of complexities and challenges for families with autistic children. For example, hypersensitivity and sensory demands, repetitive and/or stereotyped behavioural patterns, sleeping, rest patterns and other medical problems, are all additional challenges a neurodiverse family may face with little to no support available when on holiday (Stadler et al., 2021). An autistic child may also struggle to understand social cues, gestures, facial expressions, or the concept of personal space (Gessaroli et al., 2013). The complexity of social interaction will likely be greater during the holiday, as holidays inevitably involve more-frequent interaction with strangers, who will naturally be expecting neurotypical social interactions. Perhaps unsurprisingly, the most important consideration for families with an autistic child when planning a holiday is finding a peaceful, quiet, and uncrowded location (Burrow, 2022). Many activities advertised as part of a holiday will however be designed for neurotypicals, including children's clubs and leisure facilities such as swimming pools, and autistic children may not take well to these. Stadler et al. (2021) note that the onus is typically on the parents to address these challenges, for example by accompanying a child who is pacing around a property because they feel unsettled and cannot sleep, or finding alternative activities in a quieter environment.

Hamed (2013) concluded that 'tourism is one of [the] services that need to be restructured or reorganised with all its components, transportation, accommodation, sightseeing, recreation and other tourist activities, to suit and meet the autistic tourist's needs and desires' (p. 4). Although this study opened up the discourse into tourism and neurodiversity, very few papers provide specific recommendations for the tourism industry. The above analysis and synthesis of literature highlights that tourism providers currently do not make enough adjustments; nor do they provide adequate support for neurodiverse families.

Indeed, it is the fact that families are left to manage the complexities themselves and the lack of understanding from other holidaymakers, accommodation providers, staff and others, that many report to be the biggest challenge of all (Stadler et al., 2021). This is arguably a social and human rights issue, yet research thus far has not applied the social model of neurodiversity to these challenges. It is therefore suggested that as a way forward, neurodiversity needs to be viewed as socially constructed, both in terms of future research and tourism management responses to the issue. By recognizing that differences are not necessarily disadvantages and that neurodiversity is part of a person's individual personality, which should be celebrated and not hidden, the above-mentioned

challenges can be better understood and addressed. This requires changes in societal attitude, acceptance and support, removal of barriers and the provision of inclusive environments, which can only be achieved if each actor (governments, the tourism system and families) takes responsibility within their realm. Potential tourism management responses and avenues for future research based on the social model of neurodiversity, will now be outlined.

Tourism management responses

Neurodiverse families are currently expected to manage the many challenges of holidaymaking themselves. Drawing upon the social model of neurodiversity and the UN SDGs, a core argument of this paper is that this cannot be the sole responsibility of families, but rather that all actors need to take responsibility for the changes they can most effectively make. While it is agreed by most tourism researchers that the adoption of the social model is a huge step forward, it often lacks the means through which to be implemented, and responsibilities are not always clear. The problems identified in this paper also show that there is currently a lack of understanding of what these responsibilities might include and how they can contribute to positive holiday experiences for neurodiverse families.

Figure 3 therefore highlights the current gaps in knowledge across three main levels of responsibility – governments, the tourism system, and families – and outlines their different roles in providing positive holiday experiences for families with neurodivergent children. The three levels are inter-related, and it is therefore argued that change can only be achieved if stakeholders at each level recognize and take responsibility for neurodiversity in their different roles: (1) at the government level, developing a better understanding and awareness of neurodiversity is required, for example through appropriate legislation, policy and guidance. This includes working with the third sector, NGOs and charities, whose role it is to inform and advise on the subject; (2) the tourism system's level of responsibility is centred around managing change, through for example creating new knowledge, making adjustments, providing support and developing best practice for transportation and accommodation providers, tour operators, DMOs, visitor attractions, local communities, and other holiday makers; and (3) families (including parents/guardians, neurodivergent children and siblings)

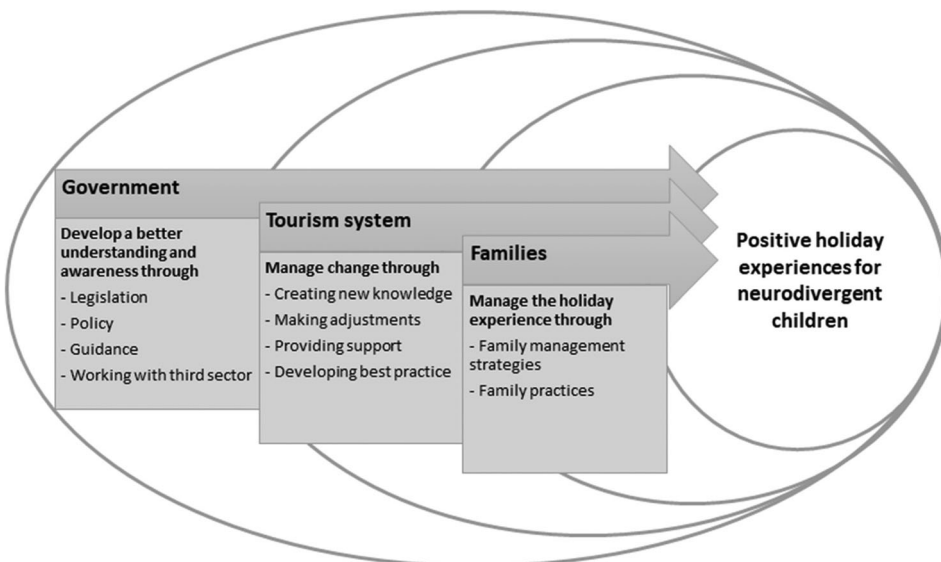


Figure 3. Framework for future research into the responsibility for developing positive holiday experiences for neurodiverse families. Source: Authors.

themselves are responsible for managing the holiday experience, as well as the challenges and complexities that come with it, through engaging in appropriate family practices and family management strategies. This is not to imply that disabled people should in any way be blamed for the conditions they have. The reality of taking family holidays with neurodivergent members, however, often requires families to compromise and take responsibility for ensuring that the needs and wants of their neurodiverse family are met.

One distinct advantage of this framework is that it includes example management strategies at each level of responsibility that will help develop a more holistic understanding of each stakeholder's role in improving family holidays for neurodivergent children. The framework also allows both a top-down-and-bottom-up approach in order to explore the inter-relatedness of the three levels. For example, neurodiverse families engage in different family practices to cope with the additional challenges while on holiday. A better understanding of family management strategies that work or do not work could help inform the development of best practices across the tourism-system level of responsibility. This can, in turn, serve to promote change in legislation and policy at the government level of responsibility. This is an example of the bottom-up development of practice.

Practice can also be developed in a top-down manner, for example by governments spreading public awareness of autism and the difficulties of holidaymaking for a neurodiverse family. This will help establish a more positive attitude on the part of other holidaymakers towards neurodiversity and can, in turn, be operationalized by developing awareness programmes at the tourism-system level that are implemented by individual tourism organizations. Neurodiverse families can then adapt their family management strategies accordingly. It is envisaged, then, that the three levels of responsibility mutually reinforce each other. Actors at different levels of the framework can thereby work together to achieve desirable changes in the tourism industry and society as a whole.

Government level of responsibility

Governments, policymakers and third-sector organizations are responsible for making tourism governance 'fit for purpose', and it is the tourism policymakers' responsibility 'to take informed decisions and actively engage in the formulation of national strategies in order to strengthen the role of tourism in achieving the SDGs' (UNWTO & UNDP, 2017, p. 29). A first consideration regarding the government level of responsibility therefore relates to the role of governance. This is important as it will ultimately frame and shape the specific tools used by the government, at various levels, to pursue the policy goals they adopt. Governance denotes 'a conceptual and theoretical representation of the role of the state in the coordination of socio-economic systems' (Hall, 2011, p. 440). This includes relationships between the state and other policy actors, as well as the wider network of public-private partnerships. Hall's (2011) framework of governance, for example, distinguishes different governance structures and how they are related to tourism policy instruments. The key elements of the framework are structured around hierarchies (nation, state and supranational institutions), markets (marketization and privatization of state instruments), networks (public-private partnerships), and communities (private-private partnerships and communities).

Secondly, at the government level of responsibility, it is important to recognize that working with charities, NGOs and other third-sector organizations is a crucial part of the policymaking process. The recently published 'National Strategy for Autistic Children, Young People and Adults: 2021 to 2026' recognizes the importance of collaboration between national and local government, as well as across different government departments in England and with other local partners to take forward the priorities set out in the strategy (Department of Health and Social Care & Department for Education, 2021). Organizations such as the National Autistic Society, to take but one example, also have a key role to play in the process, as they are well placed to understand the needs of autistic people through their important, ongoing work specifically *with* (rather than simply *for*) autistic people. From the social model perspective, the organization's aims are to recognize neurodiversity

as part of a person's personality, celebrate the differences, and to derive necessary changes in terms of acceptance, support and provision of inclusive environments from that.

Tourism system level of responsibility

While many actors within the tourism system have started to take on the responsibility to achieve the Sustainable Development Goals (UNWTO & UNDP, 2017), the tourism industry is currently not offering inclusive products and services to reduce inequality (Goal 10) for neurodivergent consumers. By not doing this, it is denying them opportunities to enhance their well-being (Goal 3) through family holidays and activities. Greater flexibility is required within the tourism system to accommodate neurodivergent holidaymakers and their families at all levels, including website design, transportation, accommodation, and the many other products, services and facilities that are involved in delivering travel and holiday experiences. Current constraints, pressures and willingness – or unwillingness – of actors to make genuine changes thereby need to be taken into account, including economic, social and ethical considerations. A study by Garrod (2021) reported that even in a tourism sector where ethical issues are prominent – ecotourism – disabled tourists are often frustrated by a lack of information on tourism company websites. Removing such barriers and providing more inclusive environments are key practices within the social model of neurodiversity advocated in this paper.

Other best practice examples of support already exist: Dempsey et al. (2021), for example, identified a range of key enablers for air travel with autistic children/young adults, such as fast-track systems, priority boarding, pre-selection of seats, and access to a customer service representative prior to the flight. Sensory packs including noise-cancelling headphones to block out unfamiliar noise, could also be used by airlines and accommodation providers to help autistic children adjust to the change in their environment. Such items can help forestall an autistic child having a meltdown, which in turn may prevent disruption for travellers or hotel guests and the negative social interactions this may lead to. Similarly, virtual reality could be used to create online resources for neurodivergent travellers to be able to 'look around' the vehicle they are to be travelling in or the hotel room in which they are to be staying (Hamed, 2013). Making such resources available for neurodivergent customers is best considered the main responsibility of the service providers. While governments can raise awareness, and families can purchase and bring the resources, it is often only in the transit region or the destination that the need for them becomes apparent. Travellers often also have tight luggage limits, making it impossible for them to bring a range of bulky and easily damaged equipment. They suffer from discrimination and marginalization due to this lack of support, an issue that should be addressed by tourism providers who are aiming to offer inclusive and accessible services.

A further key challenge for neurodiverse families discussed in this paper is the lack of support available during holidays, and staff who can demonstrate empathy, understanding and sufficient flexibility to provide solutions to the challenges and complexities experienced by neurodivergent holidaymakers, can arguably make a difference here. Staff who recognize that neurodivergent children's differences are not necessarily disadvantages and that they should be celebrated not hidden, are acting with the necessary attitude of acceptance and support promoted in the social model of neurodiversity. While governments might be able to encourage adequate training, and even support organizations to train their employees by providing programmes, short courses, learning resources or grants to help individuals access such training, the responsibility is ultimately that of the tourism provider organizations to train their staff, the majority of which is based in the private and third sectors of the economy. There are, however, two particular challenges in the tourism and hospitality context. The first is staff turnover, which tends to be relatively high, and often makes employers reluctant to provide 'too much' training to their recruits. The second is the frequent lack of clear career-development paths, which makes it less likely that staff will wish to undergo additional training once they have been trained in the basics. A similar problem exists with regard to the

development of green or sustainable-development training in the tourism and hospitality industry, and some organizations have responded by appointing 'champions' within their workforce to promote such issues at the 'grassroots' level (Sullivan, 2017). This may be an approach that can be easily transferred to accessibility for disabled people in general, and neurodivergent customers in particular.

Neurodiverse family level of responsibility

Undeniably, parents and guardians of neurodivergent children also have a responsibility when it comes to planning a family holiday, as well as during the holiday itself and when returning from the holiday (Jepson et al., 2022). At the family level, family management strategies (FMS) have previously been used to identify patterns and typologies of a family's response to specific healthcare challenges. In their study of families with children with ADHD, Kendall and Shelton (2003) identified four specific FMS and developed recommendations for each: the chaotic family is defined as an extremely stressed family with limited support internally or externally for children and parents, and the parents are not responding to the emotional needs of their children. The ADHD-controlled family is characterized by a negative view of the future (nothing will change), reinforced by child hegemony over parents' (through the child's care needs); in this type of family, the family life revolves around the child's condition and family functioning is defined by moments of havoc, crises, and exhaustion. It could be argued that many families get stuck in a pattern whereby their child's condition controls decisions in the family and the belief that nothing will change then dictates the types of holiday experiences that are experienced as a family. It could be suggested that this may lead to lower family efficacy if a holiday experience was negative, and with no pressure for change the tourism industry continues to be inflexible to neurodivergent needs. Families in the first two FMS categories are likely to be coming to terms with their child's differences but view them negatively potentially as a result of influence from diagnosis/ the medical model.

The third type of FMS category is the 'surviving family', this type of family actively seeks ways of living successfully with their child's condition, where ADHD is a key part of family life, but this type of family recognizes the importance of dealing with individual family member needs and the other emotional aspects of family life. There is an increased emotional involvement between family members who work together and learn how to create a family centred home rather than one which is dominated by ADHD (Kendall & Shelton, 2003). Lastly, the reinvested family is a family that has undergone a process of family functioning development from survival to 'reinvesting' their energy into themselves (and taken back control of their lives), into one another, and into family life while the condition of ADHD functions in the background. Here, family members accept that ADHD is a lifelong condition, and there is therefore greater emphasis on the child with ADHD to face their problems and find ways to move forward, rather than parents or family members seeking solutions for them (Kendall & Shelton, 2003). In both of these FMS categories, there is a move away from the medical model towards the social model as neurodivergent differences are accepted and celebrated as part of the individual and not seen as a disadvantage. Families that are 'surviving' or 'reinvested' are more likely to view neurodiversity as socially constructed and so challenge discriminatory attitudes of people or organizations towards neurodivergent people in society, to ensure inclusive environments and equal treatment.

For each type of family, a holiday may be experienced in different ways and either further contribute to their current family management strategy, or take them to the next level. Being away from home can be a complex challenge for the family as a whole but can also be an opportunity to celebrate who they are as a family, what is important to them, and how they can move forward together. Removing barriers to travel and bringing about positive changes in the tourism industry to support neurodivergent children and their families to have an equitable holiday experience will take time and as it is seen here it is inextricably linked to family management strategies.

Future research

It is time for researchers to be mindful of neurodiversity when they research and to apply a more critical lens to neurodiversity in tourism. This paper therefore concludes with a call to action for researchers to apply the above framework to explore the different holiday experiences of neurodiverse families through multi- and interdisciplinary approaches and to develop a more holistic perspective. In adopting the framework, the authors encourage researchers to be mindful of their contributions and to avoid the desire to create generalized findings as these may prove to be inappropriate to neurodivergent populations as a result of the heterogeneous nature of neurodiversity and neurodivergent conditions. As outlined at the beginning of the paper, different models and thought paradigms of neurodiversity exist. Researchers undertaking studies into neurodiversity should therefore seek to identify their positionality with respect to how this informs and influences their research with neurodivergent populations. Longitudinal studies, and those that are conducted *with* rather than *on* neurodiverse families, are recommended. Such research practices will allow parents', guardians' as well as neurodivergent children's voices to be better heard, so that researchers can understand their needs and wants for different holiday experiences, as well as to explore challenges and changes over time.

Furthermore, tourism researchers should focus on a deeper and more meaningful debate into the complexities and challenges of neurodiversity and the moral responsibilities of the tourism industry and governments to specifically address these. It is important to understand how and why neurodivergent people come to be marginalized when taking a holiday, and to clarify where the responsibilities of a family with neurodivergent children end, and those of the tourism industry begin (Jepson et al., 2022). For example, if an autistic child has associated sleep complications while on holiday, it might be unreasonable to expect parents to pack blackout curtains in their already full suitcases. Despite recent trends in the tourism industry and governments to take on opportunities and responsibilities to achieve the SDGs, the tourism industry still too often uses purely economic arguments (such as the loss of revenue from accessible hotel rooms, as neurotypicals often refuse to use them), and from a standpoint of not being able to assist all disabilities/non-neurotypical conditions.

Table 2 illustrates a number of potential questions emanating from this paper that could be taken forward by tourism researchers to make contributions to knowledge within the field of tourism and neurodiversity, with a particular emphasis on the three levels of responsibility discussed in this section and with the social model of neurodiversity in mind. The proposed questions focus on neurodiverse families in general but can easily be adapted to investigate any of the neurodivergent conditions (see Figure 1), as well as the differences between them.

At the government level of responsibility, specific research questions to investigate different government structures and the roles they play in the policy process are proposed. They can be related to the UN Sustainable Development Goals and can be focused on the key proposition that offering universally accessible products and services to reduce inequality (SDG 10) and providing opportunities to help everyone live healthy lives (SD3), are crucial in enhancing their sustainable well-being. The role and responsibility of tourism policymakers in this should be further explored as they can influence institutional mechanisms and take a proactive role when designing and developing action plans for implementing the SDGs.

With regards the role of NGO and third sector organizations, Casey's (2004) multi-disciplinary framework for analysing third-sector participation in the policy process provides a useful tool to investigate the role of this and similar organizations in developing a better awareness and understanding of neurodivergent conditions in general. It is also particularly important in informing decisions about when and how best to provide support for neurodiverse tourism through policies and legislation. The framework is based on four factors: the political and socioeconomic environment (including dominant political discourses and policy structures); the policy in question (including the nature of the policy conflict and the phase of the policy cycle); the characteristics of the third sector organization involved (its ideology and culture, membership, status and organizational capacity); and the

network of actors. The third-sector organizations' technical and political legitimacy both need to be critically investigated.

At the tourism system level of responsibility, further research should focus on co-creating new knowledge between all actors within the tourism network, making necessary adjustments and providing support to neurodiverse families, and developing best practices across the industry. Research into removing barriers and creating more accessible environments is also consistent with the social model of neurodiversity and can be useful in developing specific tools, technologies and practices that can help neurodiverse families enjoy their holiday experience more fully. A key task of further research into neurodiversity at the tourism system level should also be to identify the content and delivery methods needed to provide appropriate training for.

'frontline' staff across all sectors with regard to neurodivergent conditions.

Lastly, at the family level of responsibility, rather than merely investigating the many challenges neurodiverse families face when going on holiday, future research should explore the practices neurodiverse families engage in while on holiday and how they are different to their day-to-day family practices. This will allow a better understanding of how neurodiverse families can benefit from holiday experiences and memories, including family functioning and bonding, personal as well as family growth in the short, medium and longer term. One potential concept to apply when exploring these practices is that of family management strategies or styles (FMS). Arguably, different families will use different family practices and FMSs at different times in their daily lives. Research into FMS is, however, currently limited in respect of holidays and changing environments, and should be an area of future research into tourism and neurodiversity. For example, drawing on the wider family sociology literature may help address the question of whether a positive holiday memory shared by all members of the family could potentially help a 'surviving' family transition to become a 'reinvested' one.

Conclusions and limitations

It has been documented here that the tourism industry has mainly been focused upon neurotypical populations and traditional family composition. It is ultimately the case that research outcomes are partly a product of the researchers themselves and if they are neurotypical then the knock-on effect of this might be research outcomes and contributions to knowledge that are only beneficial to neurotypical populations. Before embarking on research into tourism and neurodiversity, researchers should therefore examine the wider neurodiversity discourse in order to position themselves and their study along the medical – social model continuum, acknowledge their potential biases, and critically reflect on their methods and research approaches. This should include questions around the language they use, their ethics of care, as well as inclusion and equity of participation.

This paper has contributed to tourism knowledge by presenting a critical analysis of the oppositionality associated with the medical and social models of disabilities when applied to neurodiversity and concludes that neurodiversity is poorly problematized within the tourism literature. The paper has applied the social model using the example of neurodiversity and in particular to expose the complexities and the challenges involved in holidaymaking faced by families with children who are autistic. As such, it demonstrated that our current understanding of neurodiversity and tourism fails to identify what changes are required and who should have responsibility for effecting them. A framework for action was thus developed through this paper that identifies three tiers of responsibility (governments, the tourism system, neurodiverse families), based on which a proposed research agenda for the future study of tourism and neurodiversity with particular reference to these levels of responsibility was critically identified. A major advantage of this framework is the inter-relatedness of the three levels of responsibility and the top-down-and-bottom-up approach recommended in the paper which can be used to gain a more holistic understanding of each stakeholder's role in improving family holidays for neurodivergent children.

The paper thus concludes firstly by reiterating that in order to achieve tourism-related SDGs through offering inclusive products and services, reducing inequality and providing neurodivergent consumers opportunities to enhance their well-being through family holidays, the responsibility for supporting neurodiverse families on holiday must be shared equitably by governments, the tourism system, and the families themselves. Deep social and ethical concerns have been raised throughout this paper in relation to neurodivergent consumers and their rights to fair and equitable treatment while on holiday. This means they currently do not have the same opportunities as neurotypical consumers to have positive holiday experiences, memories and the chance to bond with their families. Attention has also been drawn to the conflict that exists between these rights and those parts of the tourism industry that are currently not offering accessible products and services to reduce inequality and by doing this are denying neurodivergent consumers opportunities to benefit from their family holidays and activities in the same way as neurotypical families. The paper therefore further extends the body of knowledge and growing academic literature around issues of accessibility, disability and inclusivity in the tourism context. The social model of neurodiversity thereby provides the lens through which a better understanding of necessary changes in societal attitude, acceptance and support, as well as removal of barriers can be achieved.

Secondly, the magnitude of the complexities and challenges associated with neurodiversity in family holidaymaking has been revealed, and these have been presented using autism as a specific case to demonstrate the support needed from governments, the tourism system and neurodiverse families. In understanding the complexity of neurodiversity from a social model perspective as a field of study in the context of tourism, it can be concluded that while each child and family is different, and each holiday is unique, there is sufficient homogeneity to allow for best practices to be developed. It is important for tourism researchers to break away from the monopoly of neurotypical research, be more critical in their research approaches and be mindful of neurodivergent holidaymakers when putting forward recommendations.

Limitations to the approach taken in this paper are acknowledged. None of the specific management strategies suggested in the framework have yet been tested. Hence there is currently a limited foundation for future research into neurodiversity in tourism. Table 2 therefore proposes some theoretical and practical questions researchers will need to integrate into their studies in order to make contributions to knowledge that can benefit neurodivergent people and the tourism industry more broadly. The question of responsibility and flexibility is incontrovertibly a tourism management issue, and there is a clear and urgent need for the tourism industry to become more flexible and address the levels of responsibility for neurodivergent people. There is also a clear and important need for researchers to be more reflexive in their approach to understanding neurodivergent populations and contributing to knowledge in order that an equity of holiday experience becomes a reality. Only then can more positive holiday experiences for neurodivergent children and their families become a reality.

Disclosure statement

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