

ACCOMMODATION MANAGERS' PERCEPTIONS TOWARDS DISABILITY SERVICE PROVISION

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In accordance with Rule G4.6.3 I hereby declare that the above-mentioned thesis is my own work and that it has not been submitted for assessment to another university or another qualification.

A handwritten signature in black ink, appearing to be 'E. Ferreira', with a horizontal line extending to the right and a small dot at the end.

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DATE: January 2016

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ABSTRACT

It is increasingly recognized that travellers with disabilities are becoming an important emerging market segment in the tourism industry worldwide. As the demand for accessible tourism increases, the need for accessible accommodation and disability service provision grows. A search of the international and South African tourism literature revealed few studies with a focus on the supply side of accessible accommodation for persons with disabilities, in particular from the perspective of accommodation managers towards disability service provision. To obtain a broad understanding of the perceptions of accommodation managers towards disability service provision in the Nelson Mandela Bay Metropolitan Municipal area is a challenge which needs to be investigated.

From the literature overview it was possible to conceptualize disability; provide a background on existing international and national policies as well as legislative frameworks required in creating an accessible environment that is conducive for persons with disabilities; identify commonalities that exist in supply side literature findings of accessible tourism and to ascertain South African initiatives introduced to create accessible tourist accommodation. This enabled the researcher to develop a research instrument to explore the perceptions of accommodation managers towards servicing the needs of persons with disabilities and the perceptions of accommodation managers towards the importance of disability provision.

The primary objective of this exploratory study is to investigate the perceptions of accommodation managers towards disability service provision. A framework to investigate this was developed and three hypotheses formulated and empirically tested. The results of the descriptive statistics showed that, overall, the different aspects of disability service provision were perceived positively and as important. Further data analysis revealed a statistical significant relationship between the respondents' employment position or function within the accommodation establishment, and the perceptions of accommodation managers towards disability service provision. A statistical significant relationship between the age of respondents, and the perceived importance of disability service provision was shown. Two of the three hypotheses were accepted.

The data gathered in this study is important as it indicated that accommodation managers are aware that people with disabilities require certain levels of accessibility when planning trips. As all exploratory research, this study proposes further research to discover the constraints faced by accommodation managers to service the needs of persons with disabilities.

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CHAPTER ONE

1.1 INTRODUCTION

Tourism accommodation forms an integral part of the total tourism product (Goodall, 1989) and persons with or without a disability share the same desire to travel (Yau, McKercher & Packer, 2004). The travel experience, however, of people with disabilities is characterised by inaccessible accommodation, lack of reliable information and inadequate service provision. (ESCAP, 2001; Darcy & Pegg, 2011).

Tourism industry managers still do not recognise the disabled market segment and overlook the potential revenue they represent (Darcy, 2010). According to Breedt (2007) the South African tourism industry's disregard of the economic contribution of the disabled market arises from unawareness, apathy and ignorance. A stronger view on the perceptions of Australian accommodation managers towards travellers with disabilities is expressed by Rice (2006:66) stating that "*few managers would see the issue as one of importance beyond the need to comply with building codes*".

This situation is compounded by the lack of academic research from the tourism industry perspective on the supply of services (Darcy, 2006), awareness and facility provision (O'Neill & Knight 2000). The gap in research can be bridged by clarifying the perspective of managers, how they conceptualise people with disabilities, their needs and preferences as well as their estimation of the service they offer (Poria & Reichel, 2011).

This study will focus on accommodation managers' perceptions towards disability service provision. This requires, amongst others, a critical analysis of existing international literature on the supply side of accessible tourism accommodation.

In the paragraphs that follow, the following will be presented: a background to the study by overviewing literature on the supply side of accessible tourism accommodation. Thereafter, the research problem is defined, research objectives formulated, research design and methodology described as well as scope of the study addressed. To conclude, the chapters of the study are outlined.

1.2 BACKGROUND TO THE STUDY

Tourism is becoming one of the largest and fastest growing economic sectors in the world. World-wide, international tourist arrivals exceeded the 1 billion mark in 2012, an increase of 4% compared to 2011 (UNTWO, 2013). Asia and the Pacific recorded the strongest growth with a 7% increase in arrivals, followed by Africa (+6%) and the Americas (+5%). With 3 million more tourists, Africa exceeded the 50 million mark for the first time ever, reaching a total of 52 million as international tourism receipts increased by 6% to US\$ 34 billion. The African region maintained a 5% share in the world's total arrivals count and 3% in receipts. South Africa, the largest destination in the Sub-Saharan Africa, grew by 10,2% in 2012 to over 9 million arrivals compared to 2011 (UNTWO, 2013). This is more than double the rate of average global tourist growth of about 4%. A breakdown of the more than 9 million tourists arrivals show that residents from overseas countries represent 27,3% of arrivals, residents from SADC countries 70,2%, other African countries 2,3% and the rest is not specified. South Africa's leading source countries for overseas tourists were the United Kingdom (17,5%), United State of America (13,0%), Germany (10,6%), China (5,3%) and France (4,9%). The main purpose of visit for foreign arrivals was holiday (88,2%) (StatsSA, 2012).

It can thus be suggested that in order for South Africa, as a long-haul destination, to compete with established and emerging tourism destinations and grow market share, the tourism industry needs to tap into new niche markets, in particular travellers with disabilities. It is increasingly recognized that travellers with disabilities are becoming an important emerging niche market in the tourism industry worldwide (Ozturk, 2008).

Globally the number of people with disabilities is growing, with estimates of 1 billion or 15% having a disability (WHO, 2011). In Western developed countries it is suggested that the average rate of disability varies from 10 to 20 percent of the population (Wan, 2012). Patterson, Darcy and Mönninghoff (2012) noted the major tourism-generating regions of the world all have large populations of persons with disabilities. As very little valid and reliable research is available to estimate the international expenditure contribution of persons with disabilities (Darcy & Dickson, 2009) nationally collected data, surveys and market studies have provided insight into this growing market. A nationwide study to determine the size and spending trends of the adult disabled

market conducted by US Open Doors Organisation found that 71% of adults with disabilities, equating to 21 million people, spent \$13.6 billion on travel each year (Van Horn, 2007). Bizjak, Knežević and Cvetrežnik (2011) showed that the European accessible travel market is estimated at 127 million people with a \$117 billion market share.

Documenting this information for South Africa is problematic as there is a serious lack of reliable information on the nature and prevalence of disability in South Africa. The census data (StatsSA Census 2001, 2011) cannot be used as different definitions of disability were applied and there was a huge shift in approach to asking disability-related questions. The General Household Survey (2013) classified 5,4% of South Africans aged 5 years and older as disabled out of a population of over 51 million people (StatsSA, 2013). As far as it could be established no official data is collected on travellers with disabilities in South Africa.

Prior studies have noted a link between disability and ageing (Darcy, 2006; Yau *et al.*, 2004). It is widely accepted that the disabled market segment is expanding as populations in the traditional tourism generating developed countries of North America, Europe as well as Japan, Australia and New Zealand are rapidly ageing (Wei, Ruys and Muller, 1999), (Darcy & Dickson, 2009) and increasingly affected by age-related disabilities. (Darcy, 2006) This view is endorsed by United Nations, Department of Economic and Social Affairs, Population Division projections on global trends in population ageing stating that 21.1 %, or more than 2 billion, of the world population will be over the age of 60 by 2050 (DESA, 2013). Decreasing mortality, declining fertility and an increased prevalence of non-communicable diseases contributes to ageing taking place in nearly all the countries of the world. The less developed regions of Africa, Asia, Latin America, the Caribbean and Oceania presently account for two thirds of the world's older persons due to faster growth rates than in the developed regions (DESA, 2013).

These estimates, projections and the relationship between disability and ageing have implications for the global tourism industry. The development of accessible services, improvements in facility provision and, attitudinal changes are important factors to be considered by the tourism industry to take advantage of this growing and profitable market segment.

1.3 LITERATURE OVERVIEW

1.3.1 Definitions

For the purpose of this study the World Tourism Organisation (UNTWO, 2013) recommendations will be used to define the following terms: ‘disabled person’; persons with disabilities; reasonable accommodation and universal design in describing and generating discussions for this study:

Disabled person:

“...any person whose full and effective participation in society on an equal basis with others in travel, accommodation and other tourism services is hindered by the barriers in the environment they are in and by attitudinal barriers.”

Persons with disabilities:

“...include those who have long-term physical, mental, intellectual or sensory impairments. Others who may be included in this group due to problems in accessing tourism products and services are people with temporary disabilities, people with crutches during a temporary period, the elderly, people carrying luggage, small children or people who are big or small in size or stature.”

Reasonable accommodation:

“...necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.”

Universal design:

“... the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.”

Rains (2008) holds the view that *“When people hear the word “accessible” attached to tourism they think they have a pretty good idea what that means. And there is the problem. Almost everybody thinks they know what it means but, since it has never been fully defined, almost everybody has invented their own personal definition. That is a recipe for disaster. If travellers and the industry have no common language, then imagine how frequent disappointment and disputes will become? If hotel owners and construction teams have no way to describe the solutions they want designed and built, then how likely is either side to be satisfied with the result?”*.

Numerous definitions of what accessible tourism entails exist (see Darcy, 2006; Darcy, 2009; UNWTO, 2013) and as there is no single, universally accepted definition the concept evolves over time. This situation is compounded by the use of various terms in different countries to refer to accessible tourism, for example “Access Tourism”, “Universal Tourism”, “Universal Accessible Tourism”, “Inclusive Tourism” and “Barrier-free Tourism”. As pointed out by Domínguez, Fraiz and Alén (2013) *‘an ideal outcome would feature a stage at which terms such as ‘accessible’, ‘barrier-free’ or ‘universal’ cease being used to describe quality tourism, because quality tourism would come to mean comprehensive service tailored to each type of client, regardless of their particular conditions’*.

Darcy (2006) defines accessible tourism as:

“...a process of enabling people with disabilities and seniors to function independently and with equity and dignity through the delivery of universal tourism products, services and environments. The definition is inclusive of the mobility, vision, hearing and cognitive dimensions of access.”

This accessible tourism definition (Darcy, 2006) evolved as Darcy and Dickson (2009:34) developed it further to define accessible tourism as:

“Accessible tourism enables people with access requirements, including mobility, vision, hearing and cognitive dimensions of access, to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments. This definition is

inclusive of all people including those travelling with children in prams, people with disabilities and seniors.”

The UN Asia-Pacific Regional Forum (ESCAP, 2009), defines accessible tourism as:

“... tourism that caters to the needs of a full range of consumers including persons with disabilities, older persons and cross-generational families. It entails removal of attitudinal and institutional barriers in society, and encompasses accessibility in the physical environment, in transportation, information and communications and other facilities and services. It encompasses publicly and privately owned tourist locations.”

In the World Tourism Organisation (UNWTO, 2013) recommendations, accessible tourism, as defined by Darcy and Dickson (2009:34), is adapted and further developed within the framework of the UN Convention on the Rights of Persons. In this regard persons with disabilities definitions include involvement and participation of stakeholders as an enabling factor: *“This is a form of tourism that involves a collaborative process among stakeholders that enables people with access requirements, including mobility, vision, hearing and cognitive dimensions of access, to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments.”*

A South African Universal Accessible Tourism Market Study (UAT, 2011), conducted by the National Department of Tourism, defines accessible tourism as:

“Accessible tourism refers to tourism that enables everyone, regardless of their functional limitation, to participate in the tourism experience confidently, independently and with dignity, through the creation of universally accessible tourism products, services and environments, and to ensure that Universal Design is systemic throughout the tourism value chain.”

For the purpose of this study, accessible tourism as defined by the World Travel Organisation (UNWTO, 2013), *“This is a form of tourism that involves a collaborative process among stakeholders that enables people with access requirements, including mobility, vision, hearing and cognitive dimensions of access, to function independently and with equity and dignity through the delivery of universally designed tourism*

products, services and environments.” will be used as South Africa is a signatory to United Nations Convention on the Rights of Persons with Disabilities of 2007.

1.3.2 Previous research on the supply side of accessible tourism accommodation

Existing tourism literature has focused on the demand side of accessible accommodation for person with disabilities, in particular the barriers experienced by person with disabilities (Bi, Card & Cole, 2007; Hoi-Kai Chan, 2010; Murungi, 2013), however, the supply side has been neglected by researchers. Darcy (2003) noted that in the tourism system the demand side is the analysis of the experience of the tourist, while the supply side conceptualises tourism as a market and industry.

The Western Australian accommodation sector’s sensitivity towards persons with disabilities, as well as the accessibility levels they provided, was investigated by O’Neill and Knight (2000). The following problem areas were identified in their findings:

- Lack of legislative awareness and ignorance of obligations
- Underestimation of the size and potential value of the disability market
- Inadequate access and the unavailable scale of facility provision
- Lack of staff awareness training focusing specifically on the needs of people with disabilities
- Lack of specific product marketing and pursuing specialized marketing advice

A recent exploratory study by Kim, Stonesiferb and Hanc (2012) in the United States provided insight into the perceptions of disabled guests towards service provision and the practicability of effecting changes from the accommodation managers’ perspective. The study found that the two greatest barriers experienced by guests with disabilities were communication with accommodation staff and maneuverability in rooms and public spaces. Accommodation managers were receptive to suggestions made by disabled guests and displayed a compromising attitude. Corporate policy or financial constraints were an inhibiting reason to service improvement.

Ozturk, Yayli and Yesiltas (2008) e-surveyed Turkish accommodation managers on their readiness to meet the needs of persons with disabilities. The study found that accommodation managers are aware of the potential of the emerging disabled market.

The managers' views on the appropriateness of facilities to accommodate people with disabilities revealed that entrances, parking areas, reception areas and restaurants were suitably designed and equipped. Strategic changes to stairs, bathrooms and lifts lacking suitability was a workable option, displaying a positive approach by managers. The study concluded with a set of recommendations to improve conditions for persons with disabilities in the Turkish tourism industry.

In a Taiwanese study using a web-based survey, Chan, Lauderdale, Goh and Goh (2007) investigated the perceptions of 58 accommodation industry staff towards the impact of accessible tourism and their estimation of persons with disabilities as value-generating customers. The study found that the accommodation staff gave recognition to an expanding accessible tourism market; an accessible environment could strengthen the financial gains and image of the lodging industry, but they expressed doubt if their accommodation could directly profit from disabled customers.

An Australian study by Darcy and Pegg (2011) applied a qualitative approach to determine the perceptions of 22 accommodation managers towards disability service provision and the identification of service gaps or failings. The sample represented three to five star accommodations with accessible accommodation, applicable building codes and standards compliance. The most interesting finding was the managers' identification of five new issues not before established in literature: (1) inclusive attitudinal approach (2) safety (3) need for persons with disabilities to communicate their needs to the accommodation establishment staff (4) perceptions of accessible rooms (5) operational issues with assistive equipment. In addition, existing issues arising from past academic literature (O'Neill & Knight, 2000) were identified as: legislation, policy and building codes; persons with disabilities as a market segment; staff awareness and training; language, marketing and promotional information. The study concluded that the identification of these issues pointed to a more enlightened understanding of persons with disabilities and the essential features required to physically accommodating the disabled market segment. In contrast, however, as pointed out in the study, many gaps still exist that perpetuate a disabling accommodation environment.

South African academic writing on persons with disabilities and accessible accommodation has been scant and has ignored the perceptions of accommodation

managers towards disability service provision. According to Breedts (2007), there is a clear misunderstanding about the needs of travellers with disabilities and he identified the lack of enforcement of the disability guidelines used in the tourism industry. Snyman (2002) commented on the impact of accessible accommodation on the travel patterns of the disabled market segment; the need of universal design in current and future tourism product development; rating of existing facilities; the role of government and local authorities in ensuring implementation of universal design.

An exploratory study (UAT, 2011) conducted by the National Department of Tourism used a quantitative survey method to assess the status of accessible tourism in South Africa from a demand and supply perspective. Findings indicated that accommodation service providers are more sensitized to the access requirements of travellers with accessibility requirements and show a willingness to address barriers. The following problem areas were identified in their findings on accommodation service providers:

- Poor conceptualization of accessibility
- Incorrect and misunderstood perceptions of the cost of conversion of facilities
- The provision of products and services that lean towards mobility disabilities
- The limited supply of medium to low cost accessible accommodation
- The lack of available training courses to prepare staff to the needs of persons with disabilities

The survey (UAT, 2011) also identified challenges by tourism value chain (including accommodation service providers) regarding accessible tourism as:

- Lack of information on the travel behaviour and market potential
- Lack of marketing links in the tourism supply chain
- High cost of converting existing facilities
- Perceptions of accessible tourism being a non-lucrative market
- The stereotypical attitude or behaviour of non-disabled guests

1.3.3 Guidelines for disability service provision in accommodation

Article 2 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2007) requiring the promotion of the principle of reasonable

accommodation of persons with disabilities has placed the focus on accommodation managers to change their policies, infrastructure and service provision so as not to discriminate and prevent persons with disabilities from enjoying and exercising their rights. As the demand for accessible tourism increases, the need for accessible accommodation and disability service provision grows.

The World Tourism Organisation (UNTWO, 2013) recommendations on accessible tourism identify guidelines for the accommodation industry in order to make sure that persons with disabilities have access, on an equal basis with others, to services and facilities. These guidelines *inter alia* should:

- Ensure that promotional material includes clear indications of accessible services and facilities.
- Ensure that reservation systems have clear information on the level of accessibility of facilities and services advertised for tourists with disabilities.
- Provide special parking spaces with proper identification for vehicles of persons with reduced mobility, as near as possible to the entry and exit points of buildings or tourist attractions.
- Provide individual parking spaces that are wide enough for passengers with disabilities to manoeuvre comfortably between cars and wheelchairs.
- Ensure that all means and formats of communication chosen by persons with disabilities are accepted and facilitated.
- Ensure that accessible services and facilities are clearly marked with easily understandable symbols of an appropriate size and colour which contrasts with the background.
- Ensure that fire alarms emit both visual and acoustic signals.
- Introduce effective measures to ensure that persons with disabilities are able to move around the venue with the greatest possible independence.
- Ensure that multi-storey structures have an adequate number of elevators wide enough for a person using a wheelchair to enter and move easily.
- Aim to ensure that elevators are specially designed, and equipped with emergency systems, for the use of mobility, visually and hearing impaired people.

- Provide at the same place where public hygiene facilities are located, accessible toilet stalls and washbasins.
- Aim to provide appropriate infrastructure and services for visitors with disabilities.
- Provide a reasonable number of rooms that are fully accessible without the need for assistance.
- Ensure, where possible, that adapted rooms are located so as to facilitate evacuation measures and routes to emergency exits.
- Ensure that adapted rooms are designed so that users can move around, locate facilities and services and communicate in a comfortable and independent manner.
- Ensure that the staff of accommodation establishments should be prepared to know, understand and address the needs of customers with disabilities.
- Provide appropriate staff training regarding disabled persons' rights, so as to provide better assistance and services guaranteed by those rights.

Darcy and Pegg (2011) provided new insight into accommodation managers' perceptions towards disability service provision and the identification of service gaps or failings. The study's findings identified the following five new issues not before established in literature, as well as arising issues from past academic literature:

- **Inclusive attitudinal approach:**

Managers expressed a desire to provide a high quality experience for persons with disabilities; recognised that providing high quality customer service for persons with disabilities required an understanding of their individual needs; recognised that there should be no differentiation in servicing persons with disabilities and the non-disabled.

- **Safety:**

Managers expressed great concern about the safety of persons with disabilities; managers recognised the importance of being aware of persons with disabilities (particularly mobility, hearing and vision) and communicating evacuation procedures from their rooms in cases of emergency.

- **Persons with disabilities identifying their needs to the accommodation:**

Managers viewed it as problematic that persons with invisible disabilities neglect to self-identify themselves to staff or that those travelling with partners or attendants, and who therefore, do not have direct contact with staff, impact the provision of assistance during safety procedures and disaster evacuation.

- **Perceptions of accessible rooms by the non-disabled:**

Managers indicated that allocating accessible rooms to non-disabled guests is problematic, resulting in negative comments and complaints; managers also indicated that accessible rooms are viewed by non-disabled guests as being of inferior standard and having an aesthetically unpleasant look, creating the perception of being disadvantaged.

- **Operational issues with assistive equipment:**

Managers indicated use of assistive equipment (ramps, stair climbers, inclinators and porch lifts) in areas not compliant with building codes; staff trained in the use of assistive equipment provide persons with disabilities with a comparable level of access and service compared to other guests; managers had not considered that assistive equipment (ramps, stair climbers, inclinators and porch lifts) be placed on a permanent basis to create an enabling environment instead of deployed when requested to do so by persons with disabilities.

- **Legislation, policy and building codes:**

Most managers recognised that disability legislation and building regulations dictated accessible rooms availability in modern accommodations; various perceptions of what constituted accessible rooms was identified; managers gave no recognition that access extended beyond the rooms to all areas of the accommodation; managers gave recognition to problems with accessibility of general facilities but few of them had strategized to address these issues; managers indicated a lesser awareness of how legislation and policy affected all areas of service provision as to ensure an equal experience for persons with disabilities to that of the non-disabled.

- **Persons with disabilities as a market segment:**

Managers showed minimal intention of accommodating persons with disabilities even if there was an expressed demand; managers had not actively pursue persons with disabilities as a market segment; managers unequally recognised the different dimensions of disability (mobility, hearing, vision, cognitive); some managers recognised the link between ageing and disability, and the potential market seniors offer.

- **Staff awareness and training:**

Some managers indicated the value of disability awareness staff training, the inclusion of disability awareness in formal orientation programs for new staff members and undertaking training at all levels to ensure a quality management approach; most managers acknowledged the non-existence of planning disability awareness training.

- **Language, marketing and promotion information:**

Language used by managers to refer to people with disabilities (*the disabled, the handicapped*) and accessible rooms (*disabled room and disabled facilities*) or avoidance of direct reference to persons with disabilities signified their conceptual approach to disability and this has an impact on positive marketing and staff training; the lack of additional information available to describe accessible rooms in detail resulted in ignorance in undertaking marketing, promotion or distribution of information about accessible accommodation; most managers were ignorant of commercially available access guides to market accessible rooms; managers did not provide retail intermediaries with any information as to the accessibility of their premises.

These findings can be formulated into guidelines for disability service provision in accommodation and managers should:

- Ensure that there is no difference in servicing persons with disabilities and the non-disabled.

- Promote awareness of persons with disabilities (particularly mobility, hearing and vision) and communicating evacuation procedures from their rooms in cases of emergency.
- Promote the importance of staff training in understanding the safety and evacuation procedures for persons with practicability disabilities.
- Encourage staff vigilance in identifying persons with visible disabilities.
- Encourage the self-identification of people with invisible disabilities to ensure staff awareness to provide assistance with safety procedures and disaster evacuation.
- Ensure that assistive equipment (ramps, stair climbers, inclinators and porch lifts) is available on a permanent basis to create an enabling environment.
- Promote awareness of disability legislation and building regulations dictating the availability of accessible rooms.
- Ensure a clear understanding of what is an accessible room.
- Ensure that access is extended beyond the accessible rooms to all areas of the accommodation.
- Introduce strategies to address access problems of general facilities.
- Aim to pursue persons with disability as a market segment.
- Ensure that different dimensions of disability (mobility, hearing, vision, cognitive) are equally recognised.
- Recognise the link between ageing and disability as a potential market.
- Introduce disability awareness training to adequately prepare staff to provide proper customer service for persons with access needs.
- Introduce inclusion of disability awareness in formal orientation programs of new staff members.
- Ensure proper planning of disability awareness training.
- Ensure a quality management approach by undertaking training at all levels.
- Encourage the proper use of language used to refer to people with disabilities and accessible facilities.
- Ensure that promotional information describe accessible rooms in detail.
- Make use of commercially available access guides to market accessible rooms.

Although guidelines for the accommodation industry are available (UNTWO, 2013) and that guidelines can be created from existing academic literature, it needs to be ascertained if it will have any influence on South Africa accommodation managers to change their policies, infrastructure and service provision so as not to discriminate and prevent persons with disabilities from enjoying and exercising their rights.

1.4 PROBLEM DEFINITION / STATEMENT

Existing literature has shown that previous research on the supply side of accessible accommodation for persons with disabilities has focused on sensitivity towards persons with disabilities as well as the accessibility levels they provided (O'Neill & Knight, (2000); the practicability of effecting changes from the accommodation managers perspective (Kim *et al.*, 2012); accommodation managers' readiness to meet the needs of persons with disabilities (Ozturk *et al.*, 2008); the estimation of persons with disabilities as value-generating customers (Chan *et al.*, 2007) and perceptions of hotel accommodation managers towards disability service provision and the identification of service gaps or failings (Darcy & Pegg, 2011). The supply side literature has shown that commonalities exist, for example, a greater willingness among accommodation managers to recognise the emergence of a disabled market but that many gaps still exist that perpetuate a disabling accommodation environment. The question can be posed as to what the views are of accommodation managers on the provision of disability services in South Africa?

1.5 RESEARCH OBJECTIVES / OBJECTIVES OF THE STUDY

1.5.1 Primary objective

The primary objective of this study is to investigate the perceptions of accommodation managers towards disability service provision.

1.5.2 Secondary objectives

To give effect to the primary objective of this study, the following secondary research objectives have been formulated:

- To review international and South African legislative frameworks regarding disability service provision.
- To conduct a literature review on the supply side of accessible tourism.
- To investigate South African initiatives introduced to create accessible tourist accommodation.
- To investigate the perceptions of accommodation managers towards servicing the needs of persons with disabilities.
- To investigate the perceptions of accommodation managers towards the importance of disability provision.

1.5.3 Research questions

The following research questions can be formulated for this research:

- What international and South African legislative frameworks exist regarding disability service provision?
- Do commonalities exist in supply side literature findings of accessible tourism?
- What South African initiatives have been introduced to create accessible tourist accommodation?
- What are the perceptions of accommodation managers towards servicing the needs of people with disabilities?
- What are the perceptions of accommodation managers' towards the importance of disability service provision?

To ensure that there is consistency among the research objectives and research questions, the researcher has compiled a consistency matrix as depicted in Table 1.2.

Table 1.1: Consistency matrix of objectives and research questions of the study

Secondary objectives	Research questions
To review international and South African legislative frameworks regarding disability service provision	What international and South African legislative frameworks exist regarding disability service provision?
To conduct a literature review on the supply side of accessible tourism	Do commonalities exist in supply side literature findings of accessible tourism?
To review South African initiatives introduced to create accessible tourist accommodation	What South African initiatives have been introduced to create accessible tourist accommodation?
To investigate the perceptions of accommodation managers towards servicing the needs of persons with disabilities	What are the perceptions of accommodation managers towards servicing the needs of people with disabilities?
To investigate the perceptions of accommodation managers towards the importance of disability provision	What are the perceptions of accommodation managers' towards the importance of disability service provision?

Source: Researcher's own compilation

1.6 RESEARCH DESIGN AND METHODOLOGY

In this section the research design and methodology is outlined by discussing the following topics to address the central problem in 1.4 and research questions in 1.5: secondary research and primary research (research design; research methodology; research methods; data collection and data analysis).

A quantitative research design method will be followed to gather and analyse the data necessary for this research. Information will be gathered from both literature and from accommodation managers in the city of Port Elizabeth as part of the Nelson Mandela Bay Metropole. Literature will provide data to develop a framework that will be empirically investigated by means of a quantitative study using a structured questionnaire to be self-completed by accommodation managers. Once the data is collected it will be analysed using descriptive and more advanced statistics. More details on the research design and methodology will be provided in Chapter Three.

1.6.1 Secondary research

A comprehensive literature search will be conducted in order to identify previous research on the provision of disability service in the accommodation sector. International and national data searches were conducted by the Nelson Mandela Metropolitan University library and to date include, Sabinet databases, EBSCO, Emerald, JSTOR, SAGE, ScienceDirect, SpringerLink, Taylor & Francis online, SA Cat, WorldCat, Open Access Journals, SAe Publications, Google Scholar searches and Google searches.

Data will also be accessed from other national libraries by means of the inter-library loan facilities at Nelson Mandela Metropolitan University, if it is not available via the Internet. As far as could be ascertained, no similar research study has been previously undertaken in South Africa.

The first step in this research process will be to conduct a literature study that will be presented in Chapter 2 of the study. This literature study will provide a theoretical overview of the provision of disability service in the accommodation sector. The theoretical background will provide a framework to investigate accommodation managers' perceptions towards disability service provision.

1.6.2 Primary research

A positivistic research paradigm will be adopted in this study and the theoretical model will then be tested by means of an empirical study.

A quantitative research design method will be followed to gather and analyse the data necessary for this research. Information from both literature review studies and from accommodation managers in the city of Port Elizabeth as part of the Nelson Mandela Bay Metropole will be gathered. The framework will be empirically investigated by means of a quantitative study using a structured questionnaire to be self-completed by accommodation managers.

1.6.2.1 Research methodology

Gray (2014) noted that a definite interrelationship exists between a researcher's research methodology and research method(s) as the research methodology

influences the choice of research method(s) employed in a study. There are two main research methodologies (also called paradigms or approaches) namely a positivistic methodology and a phenomenological methodology.

Grey (2014) defines positivism and phenomenology as:

“Positivism argues that reality exists external to the researcher and must be investigated through the rigorous process of scientific inquiry and therefore, on empirical inquiry, dealing with facts and not with values” while “phenomenology holds that any attempt to understand social reality has to be grounded in people’s experiences of that social reality. Hence, phenomenology becomes an exploration, via personal experience, of prevailing cultural understandings. Value is ascribed not only to the interpretations of researchers, but also to the subjects of the research themselves.”

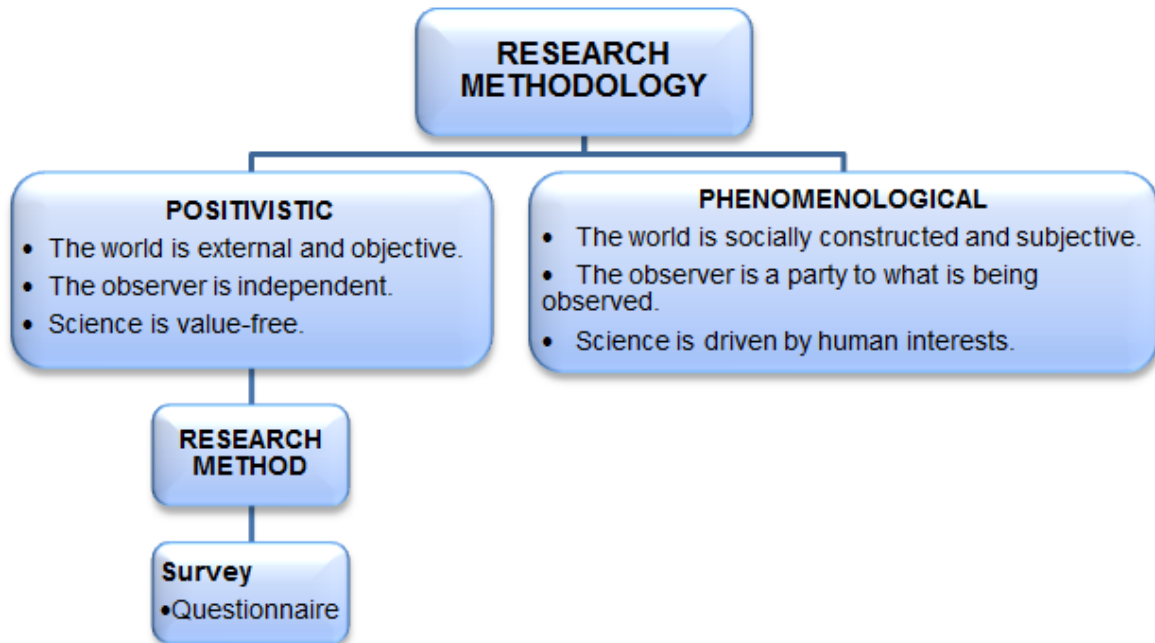
This study will be done by adopting a positivistic research approach. Given the nature of the problem statement and the research objectives in question, the positivistic approach seems most appropriate to gauge the perceptions of respondents of the factors influencing their disability service provision.

1.6.2.2 Research method

Various methods can be used when adopting a positivistic research methodology. The positivistic research method selected for this study will be a survey using a self-completion questionnaire as the measuring instrument. Rowley (2014) and Phellas, Bloch and Seale (2012), pointed out that an advantage of using a questionnaire is the ease with which responses can be gathered from a sizeable number of people, thus minimising cost whilst maximising generalisability. Low response rates and the inability of the researcher to clarify respondent misunderstandings are inhibiting factors.

Figure 1.1 presents the main differences in research methodologies and the chosen research method for this study.

Figure 1.1: Different research methodologies



Source: adapted from Gray (2013)

Figure 1.1 shows the differences between the positivistic and phenomenological approaches to research.

1.6.2.3 Research design

Yilmaz (2013) identified quantitative research as: *“research that explains phenomena according to numerical data which are analysed by means of mathematically based methods, especially statistics. From a broader perspective, it can be defined as a type of empirical research into a social phenomenon or human problem, testing a theory consisting of variables which are measured with numbers and analysed with statistics in order to determine if the theory explains or predicts phenomena of interest”* and this viewpoint will thus dictate the research methodology to be adopted in this study.

(a) Questionnaire design

Secondary data is *“data that was collected by someone else for another primary purpose”* (Smith, Ayanian, Covinsky, Landon, McCarthy, Wee and Steinman, 2011, p. 920). This study made use of secondary data that were collected by conducting a literature study that is presented in Chapter 2 of the study. This literature study provides a theoretical overview of the provision of disability service in the

accommodation sector. The theoretical background provides a framework to investigate accommodation managers' perceptions towards disability service provision. This framework can then also be used to develop a questionnaire to be used in this study. The research instrument will be designed and developed by means of structured questions in a questionnaire. A pilot survey will be done to ensure that the questionnaire can be administered to the sample of respondents.

(b) Data collection

As primary data refers to original source material (Thies, 2002), the collection of primary data calls for decisions to be made on the population, sample frame and sample.

The population in this study will be accommodation managers in the Nelson Mandela Bay Metropole. A list of accommodation providers will be obtained from Nelson Mandela Bay Tourism and used as the sample frame.

Factors influencing the selection of the final sample include aspects such as high, medium and low cost tourism accommodation establishments, resulting in minimising costs whilst maximising generalisability. A nonprobability sampling technique which facilitates common sense or ease of choosing the sample will be used based on the avoidance of bias, providing a representative sample. Selected respondents from the sample will be personally approached by the researcher and requested to complete the questionnaire. A pilot study will first be conducted.

(c) Data analysis

Once the data is collected, it will be analysed using descriptive statistics. One-way ANOVA, Pearson Correlation Coefficient and T-Tests will be used to investigate relationships between the variables.

1.7 SCOPE OF THE STUDY

This research will be limited to the Nelson Mandela Bay Metropole.

1.8 STRUCTURE OF THE RESEARCH

The structure of the dissertation is as follows:

Chapter 1: Introduction to the study

Chapter 2: Literature review of disability service provision

Chapter 3: Research methodology

Chapter 4: Research results

Chapter 5: Summary, conclusions and recommendations

CHAPTER TWO

LITERATURE REVIEW OF DISABILITY SERVICE PROVISION

2.1 INTRODUCTION

The primary objective of this study is to investigate the perceptions of accommodation managers towards disability service provision. To ensure accomplishment of the primary objective, it is important to conceptualize disability and to review international and national policies, as well as legislative frameworks required in creating an accessible environment that is conducive for persons with disabilities.

This chapter presents a literature overview that begins by defining the concept disability. It further highlights current international disability policies. This is followed by an outline of international and South African legislative frameworks regarding constitutional guarantees for persons with disabilities, disability specific legislation and anti-discrimination disability policies, and as identified in literature. Thereafter, a summary of previous research conducted on the supply side of accessible tourism is presented. In the penultimate section, South African initiatives introduced to create accessible public accommodation are summarised. The chapter concludes with a framework for the study.

2.2 DEFINITION OF DISABILITY

As the term 'disability' is viewed from different perspectives it evokes a continuous academic discourse (Albert, 2004, Nicolaisen, Blichfeldt and Sonnenschein, 2012). The medical and social model of disability has dominated this debate over the past two decades (Domínguez *et al.*, 2013; Darcy & Buhalis, 2011).

The medical (individual) model, also called the personal tragedy theory, historically views disability from the perspective of an acquired impairment or problem located within an individual and assumed to be brought on by a functional limitation or psychological loss (Oliver, 1996; Hiranandani, 2007). This abnormal manifestation places the individual at a disadvantage, resulting in exclusion from or unequal participation in a 'normal' society, and the only remedy is to seek rehabilitation or a medical cure (Crow, 2007; Darcy, 2003). In equating disability with impairment, the

medical model has been heavily criticised as it fails to recognise the role of society in imposing disability when a person with impairment is denied access to full economic and social participation (Nicolaisen *et al.* 2012, Darcy, 2002; UPIAS, 1975; SAHRC, 2002).

In contrast, the social (collective) model of disability, while recognising an individual's impairment, suggests that society inflicts disability. The social model developed by the British academic, Oliver (1996) argues: *"It is not individual limitations, of whatever kind, which are the cause of the problem but society's failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organisation."* The individual's impairment is thus aggravated or oppressed by environmental, social and attitudinal barriers (Hiranandani, 2007; Darcy & Pegg, 2011). This disadvantage can only be remedied if society takes responsibility and dismantles these barriers. (Buj, 2010; Crow, 2007). The strength of the social model lies in that it provides a framework for both government and international agencies to develop legislation, policies and practices based on human and civil rights to address disability concerns. It also unites disabled people in a common struggle for equality and rights.

In Figure 2.1 Darcy and Pegg (2011) provides a way of conceptualising the difference between medical and social approaches to disability.

Figure 2.1: Conceptualising the difference between medical and social approaches to disability

Conceptualising the difference between the Medical Model vs Social Model of Disability

Why can't I access all areas of the hotel?

- Answer: Medical Model
 1. Because of my disability
"I can't walk down stairs"
- Answer: Social Model
 2. Because of the stairs
"Why was the hotel constructed only with stair access?"

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Source: Darcy and Pegg (2011)

Through the years various attempts from different perspectives have been made to provide a common language and framework to understand disability. The Union of the Physically Impaired Against Segregation and the Disability Alliance, both disability rights movements in the United Kingdom, argued the social model of disability in the document *Fundamental Principles of Disability* (UPIAS, 1975). Disability was defined as: *"the disadvantage or restriction of activity caused by contemporary organisation which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities"*. In 1981, the Disabled People's International (DPI), a Canadian based cross-disability organisation, defined disability as: *"the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers"* (DPI, 1982).

In 1980 the World Health Organisation adopted the International Classification of Impairments, Disabilities and Handicaps (ICIDH), defining disability from the medical model approach as: *"In the context of health a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being."* (WHO, 1980).

During 2001 the World Health Organisation made a paradigm shift in its approach to disability by integrating the medical and social model into a multi-dimensional model, or a biopsychosocial synthesis. By adopting the International Classification of Functioning, Disability and Health in 2001, the World Health Organisation recognises the role of environmental factors and health conditions in creating disability. Disability is defined as “...an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)” (WHO, 2013). This comprehensive definition created by the World Health Organisation makes it clear that the term disability goes beyond a medical diagnosis, and is a step in the right direction to recognise and address the rights of people with disabilities.

From a tourism perspective, the World Tourism Organisation in its updated recommendations on accessible tourism (UNWTO, 2013) applies the definition of disability formulated by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2007), and states that: “Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.” In the context of the above definition, the World Tourism Organisation defines a disabled person as “any person whose full and effective participation in society on an equal basis with others in travel, accommodation and other tourism services is hindered by the barriers in the environment they are in and by attitudinal barriers”. (UNWTO, 2013)

As suggested by Nicolaisen *et al.* (2012) and Darcy and Pegg (2011), the world’s perspective of the medical and social models influence attitudes and disability service provision in the tourism industry. Darcy and Pegg (2011) argue that the social model equates very strongly with the identification and removal of travel barriers for persons with disabilities.

For the purpose of this study, the definition formulated by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2007) will be used as South Africa is a state signatory to the convention. The UNCRPD definition specifies that: “Disability results from the interaction between persons with

impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others". In addition, from a tourism perspective, the World Tourism Organisation in its updated recommendations on accessible tourism also applies the definition of disability formulated by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2007).

2.3 INTERNATIONAL DISABILITY POLICIES AND LEGISLATIVE FRAMEWORKS

The Convention on the Rights of Persons with Disabilities is the pinnacle of the United Nations' shift in perspective from the medical model of disability to an integration of the medical and social model. The Convention is the first human rights treaty of the twenty-first century, and not only affirms the human rights of people with disabilities, but places an obligation on state signatories and society to address disabling barriers.

Prior to the adoption of the Convention on the Rights of Persons with Disabilities various initiatives by the United Nations (Universal Declaration of Human Rights, 1948; Declaration on the Rights of Disabled Persons, 1975; The International Year of Disabled Persons, 1981; Decade of Disabled Persons, 1983 – 1992 and The Standard Rules on the Equalisation of Opportunities for Persons with Disabilities, 1993) motivated member states to individually address national disability issues (Darcy, 2003). It can be suggested that the aforementioned United Nations initiatives impacted on the constitutional jurisprudence of member states.

2.3.1 The United Nations Convention on the Rights of Persons with Disabilities

The preamble of the United Nations Convention on the Rights of Persons with Disabilities firmly placed the global spotlight on the human rights issues of persons with disabilities as State Parties expressed a concern that "*...persons with disabilities continue to face barriers in their participation as equal members of society ...*" (UNCRPD, 2007). The adoption by the UN of the Convention on the Rights of Persons with Disabilities and the Optional Protocol in 2007 provides state signatories that have ratified the Convention with a structure and an obligation to implement and apply appropriate legislation and related measures to address the human rights of people with disabilities, as stipulated in Article 4. Equal access to tourism services for people

with disabilities, as specified in Article 30, is underpinned by Article 9, requiring state signatories to identify and eliminate access barriers and set minimum standards and guidelines to provide accessible facilities and services.

The Convention and its specific articles are based on eight general principles:

- *Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;*
- *Non-discrimination;*
- *Full and effective participation and inclusion in society;*
- *Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;*
- *Equality of opportunity;*
- *Accessibility;*
- *Equality between men and women;*
- *Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.*

These principles are fundamental “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” (UNCRPD, 2007). A recent study by Rioux (2011) highlights the need for governments, the private sector and non-governmental organisations to heed the call to remove disabling barriers and introduce legislation, policies, programmes as well as services carefully measured against these principles. Ambrose (2012) points out that the principles of non-discrimination and equal participation will place the tourism sector under an obligation to provide persons with disabilities with equal access to goods and services in order to meet legal requirements.

2.3.2 Constitutional guarantees for persons with disabilities

A constitution, as the supreme law of a country, sets out the structure of government and defines the use and sharing of power. Contractually, being subjected to this power, the constitution guarantees and defines the rights and duties of citizens and outlines devices that keep those in power in check. (ZACC, 2014)

Internationally, constitutional guarantees for citizens' focus on equality, human rights, freedoms, human dignity and non-discrimination, however a serious weakness in certain constitutions is that people with disabilities are not always given recognition as the term "disability" is not specifically mentioned or, as in the case of South Africa, the term "disability" is not specifically defined.

Table 2.1 outlines a sample of some of the existing national constitutional guarantees for persons with disabilities.

Table 2.1: Constitutional guarantees for persons with disabilities

Country and year	Constitution enacted	Constitutional guarantee
Canada 1982	Canadian Charter of Rights and Freedoms (CCRF, 1982)	<p>Section 15:</p> <ul style="list-style-type: none"> • Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.
China 1982 (amended 2004)	Constitution of the People's Republic of China (CPRC, 2004)	<p>Chapter II The Fundamental Rights and Duties of Citizens:</p> <p>Article 33:</p> <ul style="list-style-type: none"> • All citizens are equal before the law. • The State respects and preserves human rights.
Germany	Basic Law of the Federal Republic of Germany (BLFRG, 2012)	<p>Article 1:</p> <ul style="list-style-type: none"> • Human dignity shall be inviolable. <p>Article 3:</p> <ul style="list-style-type: none"> • All persons shall be equal before the law. • No person shall be disfavoured because of disability.
South Africa 1996	Constitution of the Republic of South Africa No. 108 of 1996 (CRSA, 1996)	<p>Chapter 1: Founding Provisions</p> <p>1. Republic of South Africa.-The Republic of South Africa is one, sovereign, democratic state founded on the following values:</p> <ul style="list-style-type: none"> • Human dignity, the achievement of equality and the advancement of human rights and freedoms. <p>Chapter 2: Bill Of Rights</p> <p>Article 7: Rights -</p>

Country and year	Constitution enacted	Constitutional guarantee
		<ul style="list-style-type: none"> • This Bill of Rights is a cornerstone of democracy in South Africa. It enshrines the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom. <p>Article 9: Equality -</p> <p>(1) Everyone is equal before the law and has the right to equal protection and benefit of the law.</p> <p>(2) Equality includes the full and equal enjoyment of all rights and freedoms to promote the achievement of equality, legislative and other measures designed to protect or advance persons, or categories of persons, disadvantaged by unfair discrimination may be taken.</p> <p>(3) The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.</p> <p>(4) No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination.</p> <p>(5) Discrimination on one or more of the grounds listed in subsection (3) is unfair unless it is established that the discrimination is fair.</p> <p>Article 10: Human dignity -</p> <p>Everyone has inherent dignity and the right to have their dignity respected and protected.</p>

Table 2.1 shows that although equality, human rights, freedoms, human dignity and non-discrimination is a core component of constitutional jurisprudence in nations around the world, not all constitutions specifically make mention of the term “disability”.

2.3.3 Disability specific legislation and anti-discrimination legislation

The United Nations has pointed out that “...one should not disregard the importance of national legislation, a fundamental link in the fulfilment of the international law making.” (UN Enable, 2014). It has been shown that state signatories to the UN Convention on the Rights of Persons with Disabilities, from both the developed and developing world, have shown their intent and ethical values by promulgating and enacting laws to protect disability rights (Kadir, Jamaludinb and Rahimc, 2012).

Poria, Reichel and Brandt (2010) draws our attention to The Americans with Disabilities Act (1990) and the UK Disability Discrimination Act (1995) as not only symbolic of a new stage with regard to the civil rights of people with disabilities, but also serving as models to other countries in protecting the civil rights of people with disabilities.

Table 2.2 outlines a sample of disability specific legislation and anti-discrimination legislation enacted in the world with reference to general requirements, goods, facilities and services.

Table 2.2: Disability specific legislation and anti-discrimination legislation

Country	Legislation	Sections and Articles
United States of America	The Americans with Disabilities Act, 1990 (ADA, 1990)	<p>Title III - Public Accommodations (and Commercial Facilities)</p> <p>Subpart B – General Requirements</p> <p>General:</p> <p>Prohibition of discrimination:</p> <ul style="list-style-type: none"> • No individual may be discriminated against on the basis of disability with regards to the full and equal enjoyment of the goods, services, facilities, or accommodations of any place of public accommodation by any person who owns, leases (or leases to), or operates a place of public accommodation.” <p>Activities:</p> <p>Denial of participation:</p> <ul style="list-style-type: none"> • A public accommodation shall not subject an individual or class of individuals on the basis of a disability or disabilities of such individual or class, directly, or through contractual, licensing, or other arrangements, to a denial of the opportunity of the individual or class to participate in or benefit from the goods, services, facilities, privileges, advantages, or accommodations of a place of public accommodation.

Country	Legislation	Sections and Articles
United Kingdom	Disability Discrimination Act, 1995 (DDA, 1995)	<p>PART III Discrimination in Other Areas</p> <p>Section 19</p> <p>Discrimination in relation to goods, facilities and services.</p> <p>It is unlawful for a provider of services to discriminate against a disabled person -</p> <ul style="list-style-type: none"> • in refusing to provide, or deliberately not providing, to the disabled person any service which he provides, or is prepared to provide, to members of the public; • in failing to comply with any duty imposed on him by section 21 in circumstances in which the effect of that failure is to make it impossible or unreasonably difficult for the disabled person to make use of any such service; • in the standard of service which he provides to the disabled person or the manner in which he provides it to him; or • in the terms on which he provides a service to the disabled person.
United Kingdom	The Equality Act, 2010 (EA, 2010)	<p>Chapter 15</p> <p>Part 3 Services and Public Functions</p> <p>Article 29 Provision of services.</p> <ul style="list-style-type: none"> • A person (a “service-provider”) concerned with the provision of a service to the public or a section of the public (for payment or not) must not discriminate against a person requiring the service by not providing the person with the service.

Country	Legislation	Sections and Articles
Australia	Disability Discrimination Act, 1992 (DDA, 1992)	<p>Part 2—Prohibition of disability discrimination</p> <p>Division 2—Discrimination in other areas</p> <p>Section 24 Goods, services and facilities</p> <p>It is unlawful for a person who, whether for payment or not, provides goods or services, or makes facilities available, to discriminate against another person on the ground of the other person's disability:</p> <ul style="list-style-type: none"> • by refusing to provide the other person with those goods or services or to make those facilities available to the other person; or • in the terms or conditions on which the first-mentioned person provides the other person with those goods or services or makes those facilities available to the other person; or • in the manner in which the first-mentioned person provides the other person with those goods or services or makes those facilities available to the other person.
India	The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act of 1995 (PDA, 1995)	<p>Chapter VIII: Non-Discrimination</p> <p>Article 46</p> <p>The appropriate Governments and the local authorities shall, within the limits of their economic capacity and development, provide for:</p> <ul style="list-style-type: none"> • ramps in public buildings • adaptation of toilets for wheel chair users • braille symbols and auditory signals in elevators or lifts

Country	Legislation	Sections and Articles
China	Law of the People's Republic of China on the Protection of Persons with Disabilities, 1991 (amended 2008) (PRCPD, 2008)	<p>Chapter I General Provisions</p> <p>Article 3</p> <ul style="list-style-type: none"> • Disabled persons shall enjoy equal rights with other citizens in political, economic, cultural and social fields, in family life and other aspects. • The citizen's rights and personal dignity of disabled persons shall be protected by law. • Discrimination against, insult of and infringement upon disabled persons shall be prohibited. <p>Chapter VII Environment</p> <p>Article 45</p> <ul style="list-style-type: none"> • The State and society shall step by step create a sound environment to improve the conditions for disabled persons to participate in social life. <p>Article 46</p> <ul style="list-style-type: none"> • The State and society shall gradually regularize the design of urban roads and buildings to the convenience of disabled persons and adopt barrier-free measures.
Germany	General Act on Equal Treatment of 2006 (amended 2009) (GAET, 2009)	<p>Part 1: General Provisions</p> <p>Section 1</p> <ul style="list-style-type: none"> • The purpose of this Act is to prevent or to stop discrimination on the grounds of race or ethnic origin, gender, religion or belief, disability, age or sexual orientation. <p>Section 2</p> <ul style="list-style-type: none"> • For the purposes of this Act, any discrimination within the meaning of Section 1 shall be inadmissible in relation to: <ul style="list-style-type: none"> ▪ access to and supply of goods and services which are available to the public, including housing.

Country	Legislation	Sections and Articles
South Africa	Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000 (PEPUDA, 2000)	<p>Chapter 2 – Prevention, Prohibition and Elimination of Unfair Discrimination, Hate Speech and Harassment</p> <p>Section 6 – Prevention and general prohibition of unfair discrimination</p> <ul style="list-style-type: none"> • Neither the State nor any person may unfairly discriminate against any person. <p>Section 9 – Prohibition of unfair discrimination on ground of disability</p> <p>Subject to section 6, no person may unfairly discriminate against any person on the ground of disability, including</p> <ul style="list-style-type: none"> • denying or removing from any person who has a disability, any supporting or enabling facility necessary for their functioning in society; • contravening the code of practice or regulations of the South African Bureau of Standards that govern environmental accessibility; • failing to eliminate obstacles that unfairly limit or restrict persons with disabilities from enjoying equal opportunities or failing to take steps to reasonably accommodate the needs of such persons.

Table 2.2 shows that certain nations have enacted disability specific legislation and others have passed anti-discrimination laws in protecting the civil rights of people with disabilities with reference to goods, facilities and services. The intent and ethical values of state signatories, from both the developed and developing world, to the UN Convention on the Rights of Persons with Disabilities to protect the civil rights of people with disabilities is evident in the promulgation and enactment of disability specific legislation and anti-discrimination laws.

The South African Human Rights Commission (SAHRC, 2002) provides an important insight into the value of legislation in stating that: “*Legislation alone cannot improve our society or guarantee human rights in practice, but it does provide a vital framework and structure to set us in the right direction*”. However, in certain countries, a lack of commitment to enforce the intended legislation exists, or as stated by Grady and Ohlin (2009) in an American study, the judicial interpretation of disability legislation can lead to confusion in the services sector with regard to fulfilment of obligations. In recent years, there has been an increasing amount of literature on the impact of disability and

anti-discrimination legislation on service provision in the tourism industry (e.g. Patterson *et al.*, 2012; Ozturk *et al.*, 2007).

2.3.4 Previous research on the supply side of accessible tourism

Table 2.3 provides a summary of the previous research conducted on the supply side of accessible tourism (conceptualization of tourism as a market and industry).

Table 2.3: Previous research on the supply side of accessible tourism

Author and country	Research investigation	Main findings
O'Neill and Knight (2000) Western Australia	Accommodation sector's sensitivity towards persons with disabilities and accessibility levels provided.	Problem areas identified as: <ul style="list-style-type: none"> • lack of legislative awareness and ignorance of obligations; • underestimation of the size and potential value of the disability market; • inadequate access and the unavailable scale of facility provision; • lack of staff awareness training focusing specifically on the needs of people with disabilities; • lack of specific product marketing and pursuing specialized marketing advice.
Kim <i>et al.</i> (2012) United States	Perceptions of disabled guests' towards service provision and the practicability of effecting changes from the accommodation managers perspective.	Supply side positive attitudes identified as: <ul style="list-style-type: none"> • receptive; • compromising. Supply side inhibiting factors identified as: <ul style="list-style-type: none"> • corporate policy; • financial constraints.
Ozturk <i>et al.</i> (2008) Turkey	Accommodation managers' readiness to meet the needs of persons with disabilities.	Positive attitudes identified as: <ul style="list-style-type: none"> • awareness of emerging disabled market; • appropriateness of facilities; • the approach to strategic structural changes.
Chan <i>et al.</i> (2007) Taiwan	Perceptions of accommodation industry staff towards the impact of	Positive attitudes identified as: <ul style="list-style-type: none"> • recognition of an expanding accessible tourism market;

Author and country	Research investigation	Main findings
	accessible tourism and their estimation of persons with disabilities as value-generating customers.	<ul style="list-style-type: none"> • strengthening of financial gains and improved image with an accessible environment. <p>Negative attitudes identified as:</p> <ul style="list-style-type: none"> • doubting direct profits from disabled customers.
Darcy and Pegg (2011) Australia	Perceptions accommodation managers towards disability service provision and the identification of service gaps or failings.	<p>Five new supply side issues identified as:</p> <ul style="list-style-type: none"> • inclusive attitudinal approach; • safety; • need for persons with disabilities to communicate their needs to the accommodation; • perceptions of accessible rooms by the non-disabled; • operational issues with assistive equipment. <p>Existing supply issues identified as:</p> <ul style="list-style-type: none"> • legislation, policy and building codes; • persons with disabilities as a market segment; • staff awareness and training; • language, marketing and promotional information.
Breedt (2007) South Africa	The need for disabled friendly accommodation in South Africa.	<p>Problem areas identified:</p> <ul style="list-style-type: none"> • awareness of the needs of disabled travellers; • enforcement of disabled guidelines used in the tourism industry.
Snyman (2002) South Africa	The needs of tourists with disabilities.	<p>Problem areas identified:</p> <ul style="list-style-type: none"> • impact of accessible accommodation on travel patterns; • universal design in tourism product development; • rating of facilities; • public sector role in ensuring implementation of universal design.

Author and country	Research investigation	Main findings
UAT, (2011) South Africa	Assess the status of accessible tourism in South Africa.	Positive attitudes identified as: <ul style="list-style-type: none"> • sensitivity to access requirements; • willingness to address barriers. Problem areas identified as: <ul style="list-style-type: none"> • poor conceptualization of accessibility; • incorrect and misunderstood perceptions of the cost of conversion of facilities; • products and services lean towards mobility disabilities; • limited supply of medium to low cost accessible accommodation; • lack of available training courses to prepare staff to the needs of persons with disabilities.

From Table 2.3 it is evident that commonalities exist in supply side literature findings of accessible tourism regarding the following aspects: disability market (O'Neill & Knight, 2000; Darcy & Pegg, 2011), staff (O'Neill & Knight, 2000; Darcy & Pegg, 2011; UAT Market Study, 2011) as well as legislative/regulatory framework (O'Neill & Knight, 2000; Darcy & Pegg, 2011; Breedt, 2007). Table 2.3 also shows that disparities exist in supply side literature findings of accessible tourism regarding the aspect disability market (Ozturk *et al.*, 2008; Chan *et al.*, 2007). It is also evident that emergent issues are identified in supply side literature findings of accessible tourism.

2.4 SOUTH AFRICAN INITIATIVES INTRODUCED TO CREATE ACCESSIBLE PUBLIC ACCOMMODATION

Availability of suitable accommodation with the required levels of accessibility is a prerequisite for people with disabilities when planning to travel and selecting a destination (Darcy, 2010). Therefore, the existence of a legislative framework and related accessibility standards and codes governing the built environment in a country as well as quality assurance by accommodation establishments are of fundamental importance in the afore-mentioned decision-making process (UAT, 2011). The American with Disabilities Act and Accessibility Guidelines (ADAAG), the British Building Regulations Act and British Building Regulations as well as the Australian

Building Code and Australian Standard 1428 (AS1428) are examples existing progressive regulatory systems governing accessibility and the built environment.

In the South African context, Section 24 of the Bill of Rights in the South African Constitution stipulates that: *“Everyone has the right to an environment that is not harmful to their health or well-being”*. The regulatory framework governing the built environment in South Africa consists of the National Building Regulations and Building Standards Act No. 103 of 1977 (amended in 1989, 1995). The South African Bureau of Standards (SABS) minimum code of design practice SANS 10400 Part S, published in 2011, directly addresses issues of accessibility in the physical environment for people with disabilities. It should be noted that South Africa’s Baseline Country Report to the United Nations on the implementation of the Convention on the Rights of Persons with Disabilities, states: *“Historically there has been inadequate compliance with the current regulatory framework, flawed as it is, due to, among other things, the lack of technical expertise, the lack of a regulatory framework which accredits accessibility advisors and auditors, and deficient monitoring and enforcement capacity”* (SABCR, 2013:14). This lack of compliance with the regulatory framework and lack of an enforcement capacity implies that people with disabilities have no guarantees that accommodation establishments contravening the regulatory framework are held accountable for non-compliance. People with disabilities are left to their own devices to prosecute accommodation establishments in the Equality Courts to enforce compliance in terms of the National Building Regulations and code of design practise SANS 10400 Part S.

Quality assurance is an accreditation that accommodation establishments can secure to inform prospective customers, including persons with disabilities that they are of a nationally recognised standard. The Tourism Grading Council of South Africa (TGCSA), established in September 2000 in terms of the Tourism Act 72 of 1993 (Tourism Act, 1993) (repealed by Tourism Act 3 of 2014), is the official quality assurance body for the star grading and classification of accommodation establishments in South Africa. In terms of the Tourism Act the TGCSA is mandated to *“promote excellence in the provision of tourism services, facilities and products”* (Tourism Act, 2014). Accommodation establishments voluntarily apply for a three-year membership of the TGCSA. After being graded according to strict grading criteria

framework, an establishment is awarded one to five stars depending on the quality of services and facilities offered. A one star indicates acceptable quality while five stars denote outstanding quality. The division of accommodation categories for star graded establishments include: Formal Accommodation (Hotels, Lodges and Game/Nature Lodges); Guest Accommodation (Country Houses, Guest Houses and Bed and Breakfast establishments); Self-catering (Apartments, Holiday Units / Homes, Cottages, Chalets / Cabins, Villas); Backpackers and hostelling; Caravan and camping (TGCSA, 2014). For the purposes of this study the focus will be on Hotels (Formal Accommodation), Guest Houses and Bed & Breakfast establishments (Guest Accommodation) in the Nelson Mandela Bay Metropolitan Municipality. This will enable the researcher to gather extensive information from a small sample and develop a broad understanding of the perceptions of South African accommodation managers towards disability service provision.

Table 2.4 provides a summary of the Tourism Grading Council of South Africa's category definitions for a hotel, guest house and bed & breakfast establishments.

Table 2.4: Tourism Grading Council of South Africa category definitions for a hotel, guest house and bed & breakfast establishment.

TGCSA Category Definitions		
Hotel	Guest House	Bed & Breakfast
A hotel provides formal accommodation with full or limited service to the traveling public. A hotel has a reception area and offers a dining facility. A hotel must have a minimum of 4 rooms but more likely exceeds 20 rooms.	Can be an existing home, a renovated home or a building that has been specifically designed as a residential dwelling to provide overnight accommodation, must have more than three rooms and public areas for the exclusive use of its guests. Bathroom facilities must be en-suite. If not, exclusive use of bathroom facilities per room is ensured. In general the guest shares the public areas with the host family.	More informal accommodation with limited service that is provided in a family (private) home with the owner/manager living in the house or on the property. Bathroom facilities must be en-suite. If not, exclusive use of bathroom facilities per room is ensured. In general the guest shares the public areas with the host family.

Table 2.4 shows that a hotel is regarded as a traditional type of formal service accommodation whilst a guest house and bed & breakfast establishment is regarded as guest accommodation that provides specialist service accommodation.

More recently the Tourism Grading Council of South Africa has made significant progress to create awareness of and encourage the accommodation sector to include the needs and expectations of people with disabilities in their service provision. In 2010, the Tourism Grading Council of South Africa initiated a Universal Accessibility Grading Scheme that has been integrated with the grading criteria framework for all Star graded categories of accommodation (TGCSA, 2014). This initiative shows the intent of the Tourism Grading Council of South Africa to uphold and support the principles of human dignity and equality contained in South Africa's Constitution, the Bill of Rights and The Promotion of Equality and Prevention of Unfair Discrimination Act, Act 4 of 2000.

The Universal Accessibility Grading Scheme sets out universal accessibility minimum standards and standard grading criteria for accommodation establishments in considering people with mobility (physical limitations), visual (sight limitations) and communication (audio and cognitive limitations) disabilities. At present accommodation establishments are not penalised for not meeting the Universal Accessible grading criteria, but the grading score attained is rather intended to provide a basis for benchmarking and improvement (PMG, 2012).

Annexure D shows the Tourism Grading Council of South Africa's Universal Accessibility minimum requirements and standard grading criteria for formal hotel accommodation.

Annexure D shows that the Tourism Grading Council of South Africa's Universal Accessibility minimum requirements and standard grading criteria for formal hotel accommodation is directed on communication, visual and mobility accessibility with specific reference to the building exterior, bedrooms, bathrooms, public areas, dining areas, general services and housekeeping services.

Annexure E shows the Tourism Grading Council of South Africa's Universal Accessibility minimum requirements and standard grading criteria for guest accommodation and in particular guest houses and bed & breakfast establishments.

Annexure E shows that the Tourism Grading Council of South Africa's Universal Accessibility minimum requirements and standard grading criteria for guest house and bed & breakfast establishment guest accommodation is directed on communication, visual and mobility accessibility with specific reference to the building exterior, bedrooms, bathrooms, public areas, dining areas, general services and housekeeping services.

2.5 FRAMEWORK FOR THE STUDY

Based on the literature, Table 2.3 outlines the main findings on previous research on the supply side of accessible tourism while Annexure D and Annexure E outline the various aspects to be included in disability service provision. Figure 2.2 shows the possible relationship between perceptions of accommodation managers towards disability service provision and the importance thereof. It also shows the possible relationships between the demographics of accommodation managers and the perceptions of accommodation managers towards disability service provision and the importance thereof. This will form the framework for the study.

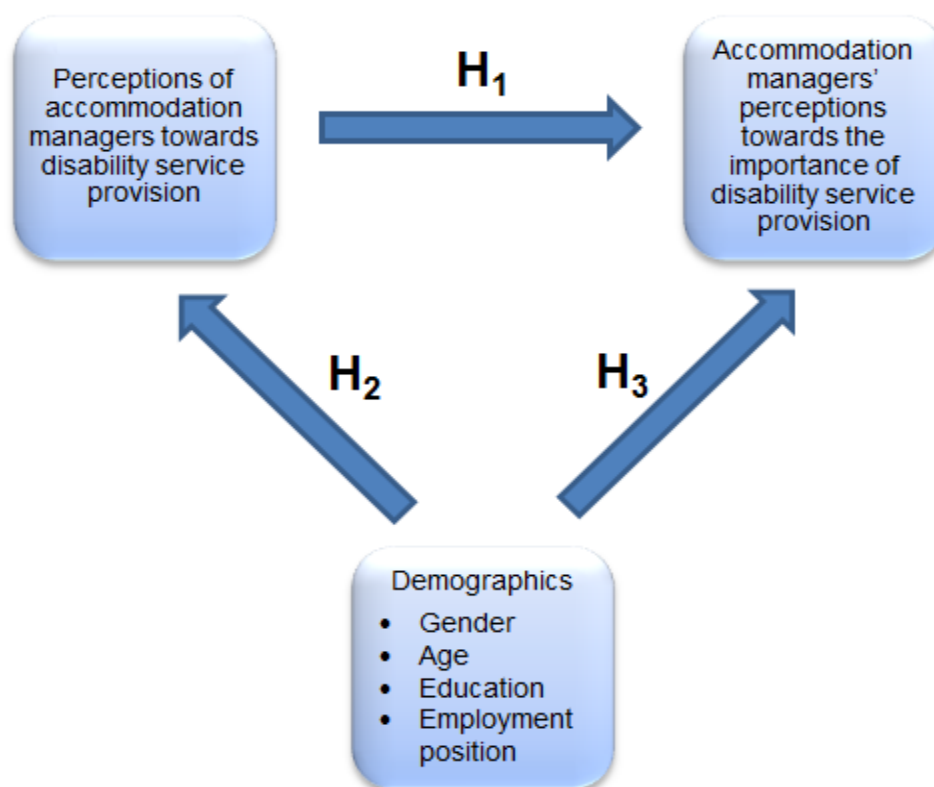
Figure 2.2: Framework of the study

Figure 2.2 shows that there are possible relationships between perceptions of accommodation managers towards disability service provision and the importance thereof. It also shows the possible relationships between the demographics of accommodation managers and the perceptions of accommodation managers towards disability service provision and the importance thereof. These relationships are shown in hypotheses 1 to 3.

H₁: There is a relationship between the perceptions of accommodation managers towards disability service provision and their perceptions towards the importance of disability service provision.

H₂: There is no relationship between the demographics of accommodation managers and their perceptions towards disability service provision.

H₃: There is no relationship between the demographics of accommodation managers and their perceptions towards the importance of disability service provision.

These hypotheses will be empirically tested in this study.

2.6 SUMMARY

In this chapter insight was provided into the continuous academic discourse on disability viewed from the medical and social model of disability. Through the years various attempts from different perspectives have been made to provide a common language and framework to understand disability. It was decided that, for the purpose of this study, the definition formulated by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2007) will be used as South Africa is a state signatory to the convention. The UNCRPD definition specifies that: *“Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”*. In addition, from a tourism perspective, the World Tourism Organisation in its updated recommendations on accessible tourism also applies the definition of disability formulated by the United Nations Convention on the Rights of Persons with Disabilities (UNWTO, 2013).

An overview of the United Nations Convention on the Rights of Persons with Disabilities and the Optional Protocol was presented. It was shown that state signatories who ratified the Convention are provided with a structure and an obligation to implement and apply appropriate legislation and related measures to address the human rights of people with disabilities. It was also pointed out that state signatories who ratified the Convention are required to identify and eliminate access barriers and set minimum standards and guidelines to provide accessible facilities and services. Furthermore, state signatories that ratified the Convention are required to provide equal access to tourism services for people with disabilities.

An outline was presented on existing national guarantees for persons with disabilities in Canada, Germany and South Africa. The constitutional guarantees for persons with disabilities revealed that although equality, human rights, freedoms, human dignity and non-discrimination is a core component of constitutional jurisprudence in nations around the world, not all constitutions specifically make mention of the term “disability”.

The promulgation and enactment of disability specific legislation and anti-discrimination laws in United States of America, United Kingdom, Australia, India,

China, Germany and South Africa with reference to general requirements, goods, facilities and services was presented.

Further, South African initiatives introduced to create accessible public accommodation by implementing accessibility standards and codes governing the built environment, as well as quality assurance through universal minimum standards and standard grading criteria for accommodation establishments in considering people with mobility (physical limitations), visual (sight limitations) and communication (audio and cognitive limitations) disabilities were presented. The chapter concluded with a hypothetical framework for the study.

In Chapter 3, the research methodology and design to critically evaluate the perceptions of accommodation managers towards disability service provision are outlined.

CHAPTER THREE

RESEARCH METHODOLOGY AND DESIGN

3.1 INTRODUCTION

In chapter 2 a theoretical outline was given on the definition of disability. This was followed by an overview of current international and South African anti-discrimination legislation, disability policies and legislative frameworks as identified in literature. The remainder of the chapter outlined previous research on the supply side of accessible tourism followed by South African initiatives introduced to create accessible public accommodation. In conclusion, a framework for the study was presented.

This chapter outlines the research methodology, research design and data analysis used in this study. The first section of this chapter gives the motivation of the research methodology adopted in this study. This is followed by an overview of the research design that describes the sample and sample frame, the data collection method applied in the study, the measuring instrument development process and the pilot study. The final section is concerned with the analysis and interpretation of data, validity, reliability and ethical considerations.

3.2 RESEARCH METHODOLOGY

A positivistic research paradigm was adopted in this study and the theoretical model was tested by means of an empirical study. Grey (2014) defines positivism as:

“Positivism argues that reality exists external to the researcher and must be investigated through the rigorous process of scientific inquiry and therefore, on empirical inquiry, dealing with facts and not with values”. Given the nature of the problem statement and the research objectives in question, the positivistic approach seemed to be the most appropriate to gauge the perceptions of respondents of the factors influencing their disability service provision.

Yilmaz (2013) identified quantitative research as: *“research that explains phenomena according to numerical data which are analysed by means of mathematically based methods, especially statistics. From a broader perspective, it can be defined as a type of empirical research into a social phenomenon or human problem, testing a theory*

consisting of variables which are measured with numbers and analysed with statistics in order to determine if the theory explains or predicts phenomena of interest", and this viewpoint dictated the research methodology adopted in this study. It also provides valuable guidelines for future research.

3.3 RESEARCH DESIGN OF THE RESEARCH PROCESS

The study employed an exploratory research design method to gather and analyse the data necessary for this research as it offered an effective way of researching a problem about which little is known, gain clarity, and could possibly lead to further investigation (Struwig & Stead, 2013). The research design method enabled the researcher to gather extensive information from a small sample and develop a broad understanding of the perceptions of South African accommodation managers towards disability service provision. An advantage of using the exploratory research approach was the saving of time and costs to complete the study. It also provides valuable guidelines for future research.

3.3.1 The sample

The population used for this study was accommodation establishments in the Nelson Mandela Bay Metropolitan Municipal area. As there was no existing consolidated or reliable information available on accessible accommodation in the Nelson Mandela Bay Metropolitan Municipal area, to obtain a sampling frame, an accommodation establishment contact list was sourced from Nelson Mandela Bay Tourism (NMBT). NMBT is the destination and tourism marketing entity of the Nelson Mandela Bay Municipality. The NMBT accommodation establishment contact list contained the following information on each accommodation establishment: name, main listing, suburb, contact person, telephone number, cellphone number, facsimile number and e-mail address. Table 3.1 presents a summary of the inventoried accommodation establishments on the Nelson Mandela Bay Tourism contact list.

Table 3.1: Summary of Nelson Mandela Bay Tourism inventoried accommodation establishment contact list

Nelson Mandela Bay Tourism contact list	
Main listing	(n)
Hotel	38
Guest House	133
Bed & Breakfast	96

(n=267)

Table 3.1 shows that the Nelson Mandela Bay Tourism contact list is categorised amongst others into Hotels (n=38), Guest Houses (n=133) and Bed & Breakfast establishments (n=96).

To investigate the perceptions of accommodation managers towards disability service provision the above sampling frame was used to collect data from accommodation owners / managers representing Hotels (Formal Accommodation), Guest Houses and Bed & Breakfasts (Guest Accommodation).

Table 3.2 presents a summary of the population, sample frame, sample and sample size for this study.

Table 3.2: Population, sample frame, sample and sample size

Population	Sample Frame	Sample	Sample size
Nelson Mandela Bay Metropolitan Municipal area accommodation establishments	Nelson Mandela Bay Tourism contact list of accommodation establishments	Owners and managers of Guest Houses, Bed & Breakfasts and Hotels	267

Table 3.2 shows a summary of the population, sample frame, same and sample size (n=267) to be used in this exploratory study.

3.3.2 Data collection

For the sourcing of data, a distinction was made between primary and secondary data.

Secondary data is “*data that was collected by someone else for another primary purpose*” (Smith *et al.*, 2011: 920). The researcher obtained useful information for this study from databases searches, both internationally (EBSCO Host, Emerald, JSTOR, SAGE, ScienceDirect, SpringerLink and Taylor & Francis online) and nationally (Sabinet online and South African Bureau of Standards). Other sources included books, journals, newspapers, magazines and the Internet. Article references were searched further for additional relevant publications.

Persaud (2010) defines a primary data source as “*an original data source, that is, one in which the data are collected first hand by the researcher for a specific research purpose or project*”. The primary data for this study was gathered by means of an empirical survey where respondents were asked to complete an online questionnaire (see Annexure B). This data were collected by sending an email to respondents containing a survey link.

To enhance the online study, the researcher and a fieldworker personally visited respondents. In March 2015, the researcher was granted permission to attend a monthly meeting of members of the Port Elizabeth Metro Bed and Breakfast Association in order to explain the objective of the study. The researcher personally approached prospective respondents to complete the questionnaire online. Each participant was sent a survey link via email to complete the online questionnaire. During April to June 2015, a trained fieldworker telephonically contacted prospective respondents representing hotels, guest houses and B&B's on the contact list sourced from Nelson Mandela Bay Tourism to explain the objectives of the study and invite them to participate in the survey. Each participant was sent a survey link via email to complete the online questionnaire. A week after telephonic contact was made and the email survey link was sent, follow-up calls were made and reminder e-mails were sent out. Although numerous attempts were made to increase the sample size, only 45 participants completed the online survey. This is a small sample, but the researcher argued that it was a response rate of 17% and could be regarded as acceptable for an online survey. The researcher considered the fact that respondents were reluctant to participate as disability is a sensitive issue that constitutes additional costs to any business. Online surveys also have their limitations.

3.3.3 The structured questionnaire

The study applied a structured questionnaire as a data collection instrument. Rowley (2014) and Phellas *et al.*, (2012) pointed out that, an advantage of using a questionnaire is the ease with which responses can be gathered from a sizeable number of people, thus minimising cost whilst maximising generalisability. Low response rates and the inability of the researcher to clarify respondent misunderstandings are inhibiting factors. The questionnaire was developed based on the review of literature. The questionnaire was structured as follows:

Section A: Biographical details

This section used closed-ended questions to gather demographic information from the participants, including gender, age, education and employment position or function in the business. The closed-ended questions required participants to select a specific response from the listed response categories within each question (Traugott, 2004). To rule out the possibility that no two answers could overlap in conceptual meaning and that all logically possible answers for each response category were covered, the researcher ensured that in designing the closed-ended questions answer choices were mutually exclusive and exhaustive (Lavrakas, 2008). The rationale for selecting the question format was that it placed the results in a frame of reference which might provide insights into the differences between demographic groups or correlation with regard to the responses.

Section B: Characteristics of the business

The second part of the questionnaire used closed-ended questions to gather information from the participants on the characteristics of the business and provision of products and services for people with access dimensions. In addition to the closed-ended questions, a select number of dichotomous questions and open-ended questions were used. The closed-ended questions required participants to select a specific response from the listed response categories of each question (Traugott, 2004) with the exception that, in some questions, participants could select multiple options or were given the option of adding their own alternative responsive. The rationale for selecting the question formats was that it placed the results in a frame of

reference which might provide insights into the differences between demographic groups or correlation with regard to the responses.

Section C: Perceptions of disability service provision

This section of the questionnaire used five point Likert-type scaled questions. It dealt with the perceptions of participants towards disability service provision. The scaled-response questions were based on current international and South African anti-discrimination legislation, disability policies and legislative frameworks as identified in literature, as well as previous research on the supply side of accessible tourism. The scaled-response questions showed the extent to which participants agreed with aspects of disability service provision. The researcher provided participants with clear instructions on how to complete this section of the questionnaire (Struwig & Stead, 2013:99).

Section D: Perceptions of the importance of disability service provision

The concluding section of the questionnaire used five point Likert-type scaled questions. It dealt with the perceptions of the respondents of the importance of disability service provision. The scaled-response questions were based on the Tourism Grading Council of South Africa's Universal Accessibility minimum requirements and standard grading criteria: formal hotel accommodation (Annexure D) and guest accommodation (Annexure E), as well as previous research on the supply side of accessible tourism. The scaled-response questions showed the extent to which participants perceived aspects of disability service provision to be important. The researcher provided participants with clear instructions on how to complete this section of the questionnaire (Struwig & Stead, 2013:99).

3.3.4 The pilot study

Persaud (2010) refers to a research pilot study as "*either a trial run of the major research study or a pretest of a particular research instrument or procedure*". Further reading of Van Teijlingen and Hundley (2001) led the researcher to the conclusion of conducting an empirical pilot survey of the measuring instrument. Van Teijlingen and Hundley, (2001) go on to provide considerations for conducting pilot studies:

- *Developing and testing adequacy of research instruments*
 - *Assessing the feasibility of a (full-scale) study/survey*
 - *Designing a research protocol*
 - *Assessing whether the research protocol is realistic and workable*
 - *Establishing whether the sampling frame and technique are effective*
 - *Assessing the likely success of proposed recruitment approaches*
 - *Identifying logistical problems which might occur using proposed methods*
 - *Estimating variability in outcomes to help determining sample size*
 - *Collecting preliminary data*
 - *Determining what resources (finance, staff) are needed for a planned study*
 - *Assessing the proposed data analysis techniques to uncover potential problems*
 - *Developing a research question and research plan*
 - *Training a researcher in as many elements of the research process as possible*
 - *Convincing funding bodies that the research team is competent and knowledgeable*
 - *Convincing funding bodies that the main study is feasible and worth funding*
 - *Convincing other stakeholders that the main study is worth supporting*
- (Source: Van Teijlingen and Hundley, 2001)

In the pilot survey, the questionnaire statements were tested using a convenience sample of 10 accommodation establishment managers representing hotels, guest houses and B&B's in Port Elizabeth. Data collection for the pilot survey was conducted by the researcher after telephonically inviting respondents to participate. A total of 10 questionnaires were personally delivered to the participants and individual collection dates were arranged. The results were captured in Microsoft Excel. Descriptive statistics were generated for all variables to investigate if there were problematic variables. The participants were asked to evaluate to the measuring instrument to enhance clarity. As a result, only minor modifications were necessary before the final questionnaire was deployed. The researcher learnt from the process that logistical problems might occur when collecting questionnaires as participants were not always readily available on agreed collection dates. As a result, the technique of administering the measuring instrument was adjusted to an online questionnaire available via a link

to the Nelson Mandela Metropolitan web response survey system. The link was also sent to five participants to see whether they will be able to answer the questions online. No problems were experienced and the questionnaire was ready to be used in the main survey.

The questionnaires for the pilot study and the online questionnaires were distributed with a covering letter (see Annexure A) including the following:

- An explanation of the relevance of the study
- A brief description of the objectives of the study
- Assurance and confidentiality
- Contact details for any additional questions with regards to the study

3.4 DATA ANALYSIS

Cooper and Schindler, (2008: 708) defines data analysis as the “*process of editing and reducing accumulated data to a manageable size, developing summaries, looking for patterns and applying statistical techniques*”. As recommended by Struwig and Stead (2013: 156 - 159), the data preparation followed the process of editing, encoding and data entry to convert raw data into multivariate tabulation to support the study’s objectives.

An Excel spreadsheet was selected as data entry format since it was compatible with the statistical programme (Statistica) used for the preliminary data analysis. Suitable codes were allocated for missing data. The procedures used during the data analysis process included frequencies and descriptive statistics. Further statistical analysis were undertaken using the one-way analysis of variance (ANOVA). To further analyse the statistical significant relationships, the mean values generated during the ANOVA analysis were used and interpreted.

A framework was developed and empirically tested using Pearson Correlation Coefficient and T-Tests. According to DeCoster (2004), correlation analysis measures the relationship between continuous variables. The further away the value of the correlation is from the centralised ‘0’, the more it shows increased strength of the relationship, ranging to both -1.0 and 1.0. The direction of the relationship is identified by a negative or a positive sign. The closer the correlation coefficient is to 1.0, the

stronger the relationships between variables. Positive correlation coefficients indicate that higher variable 1 values tend to correspond with higher variable 2 values, whilst a negative correlation indicates a relationship in the opposite direction. Therefore, higher variable 1 values tend to correspond with lower variable 2 values.

Table 3.3 shows the various components to be included on the perceptions of disability service provision (Section C of the questionnaire) and perceptions of the importance of disability provision (Section D of the questionnaire). These components will be used to test the hypotheses. To ensure that these components were reliable, Cronbach alphas will be determined for each component.

Table 3.3: Components on the perceptions of disability service provision (Section C of the questionnaire) and perceptions of the importance of disability provision (Section D of the questionnaire)

Section C: Perceptions of disability service provision	
Component	Variables
People with disabilities as a market segment	C1; C2; C3; C8; C9; C15; C16; C22
Compliance	C4; C5; C6; C7
Restrictions	C10; C11; C12; C13; C14; C21
Accessibility requirements	C17; C18; C19; C20

Section D: Perceptions of the importance of disability provision	
Component	Variables
Building exterior	D1; D2; D3; D4
General services	D5; D22; D23; D24; D25; D26; D27; D28
Bedrooms	D6; D7; D8; D9; D10; D11; D12
Bathrooms	D13; D14; D15
Public and dining areas	D16; D17; D18; D19; D20; D21

3.4.1 Ensuring validity and reliability in the research

According to a definition provided by Struwig and Stead (2013:138), reliability is “*the extent to which test scores are accurate, consistent or stable*”. In this study,

Cronbach's Alpha was used to check the internal consistency of the test items, recommended by Struwig and Stead (2013:141).

The validity of a measuring instrument's scores is '*the extent to which the measuring instrument measures what it is intended to measure*' (Struwig & Stead, 2013:145). Validity is assessed in five ways: face, content, criterion-related, construct, and lastly convergent and discriminant (Struwig & Stead, 2013).

The researcher verified that items in the measuring instrument related to the purpose of investigating the perceptions of accommodation managers towards disability service provision to establish face validity. Content validity was ensured by circulating the questionnaire for review to experts and incorporating comments into the final research design. A pilot survey was also conducted.

3.4.2 Ethical concerns in the study

Picardi and Masick (2013) advise that "*As researchers, we are held accountable for ensuring research studies are designed and conducted safely and ethically for our participants, and we are also obligated to follow ethical guidelines for the analysis and reporting of study findings*". With regard to ensuring the anonymity of respondents, the online questionnaire, distributed via email link through the Nelson Mandela Metropolitan University web response system, did not require the identification of participants. The accompanying cover letter, printed on the Unit of Applied Management Sciences letterhead informed participants of the purpose of the study and the length of time necessary to complete the questionnaire. Research participants gave their informed consent voluntarily.

Certification that the researcher gave ethical consideration to the research study was acquired from Nelson Mandela Metropolitan University. The research study complied with the ethics criteria of Nelson Mandel Metropolitan University.

Table 3.4: Summary of the research design of this study

Component	Details
Sample of the study	Owners and managers of Guest Houses, Bed & Breakfasts and Hotels
Questionnaire design	Section A: Biographical details Section B: Characteristics of the business Section C: Perceptions of disability service provision Section D: Perceptions of the importance of disability service provision
Data collection	<p>Secondary data: International databases (EBSCO Host, Emerald, JSTOR, SAGE, ScienceDirect, SpringerLink and Taylor & Francis online). National databases (Sabinet online and South African Bureau of Standards). Other sources: books, journals, newspapers, magazines and the Internet.</p> <p>Primary data: Empirical survey where respondents were asked to complete an online questionnaire. Data was collected by sending an email to respondents containing a survey link.</p>

3.5 SUMMARY

This chapter outlined the research approach, research design and data analysis presented in this study. It started by providing a motivation for the methodology adopted in the research study. This was followed by an overview of the sample, the method of collecting data, the questionnaire construction and the pilot study. The chapter was ended by addressing the analysis and interpretation of data, validity, reliability and ethical considerations. Chapter Four presents the findings of the empirical survey and the results are discussed.

CHAPTER FOUR

RESEARCH RESULTS

4.1 INTRODUCTION

In Chapter 3, the research design and methodology to obtain the information on the theoretical framework of this study, as well as the empirical investigation were discussed. This chapter outlines the results that were obtained from the empirical survey to investigate the perceptions of accommodation managers towards disability service provision. In the first section of the chapter the demographic and sample description is outlined. Section B of the questionnaire, namely the characteristic of the business and sample description, is discussed in the second section of the chapter. Thereafter, the descriptive statistics of the questionnaire, namely Section C (the perceptions of disability service provision) and Section D (the importance of disability service provision) are provided. The reliability and validity of the measuring instrument as well as the correlation analysis are discussed. This is followed by the relationships of the independent variables on the perceptions of accommodation managers towards disability service provision and the relationships of the independent variables on the importance of disability service provision. The chapter concludes with the empirical testing of the hypothetical model.

4.2 DEMOGRAPHIC AND SAMPLE DESCRIPTION

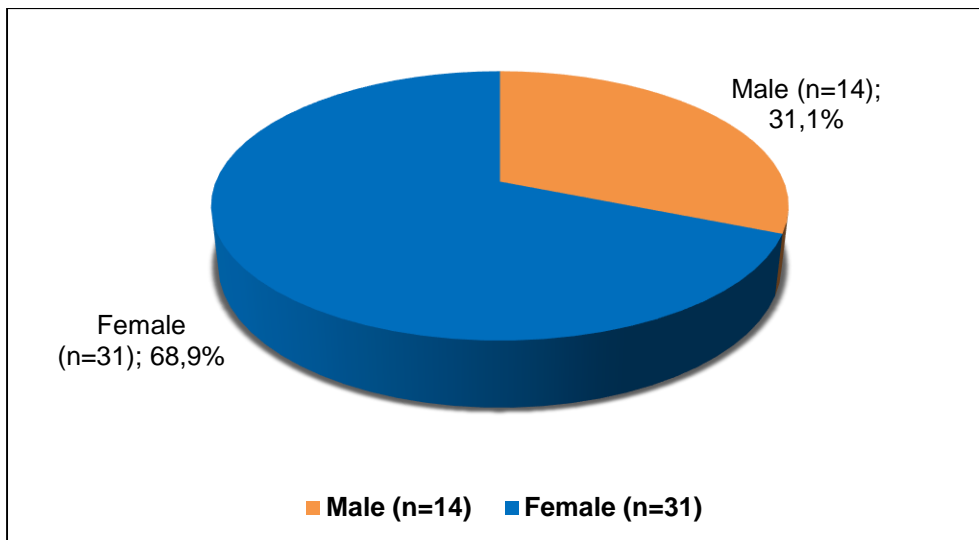
Despite continual follow-up telephone calls and e-mail reminders, only 45 of the 276 accommodation owners / managers of Hotels, Guest Houses and Bed & Breakfasts on the NMBT contact list completed the online survey.

The demographic and sample description of Section A of the questionnaire is described in terms of:

- gender
- age
- education
- respondents' position or function in the business

Figure 4.1 illustrates the gender composition of the sample used in the survey.

Figure 4.1: Gender composition of the respondents

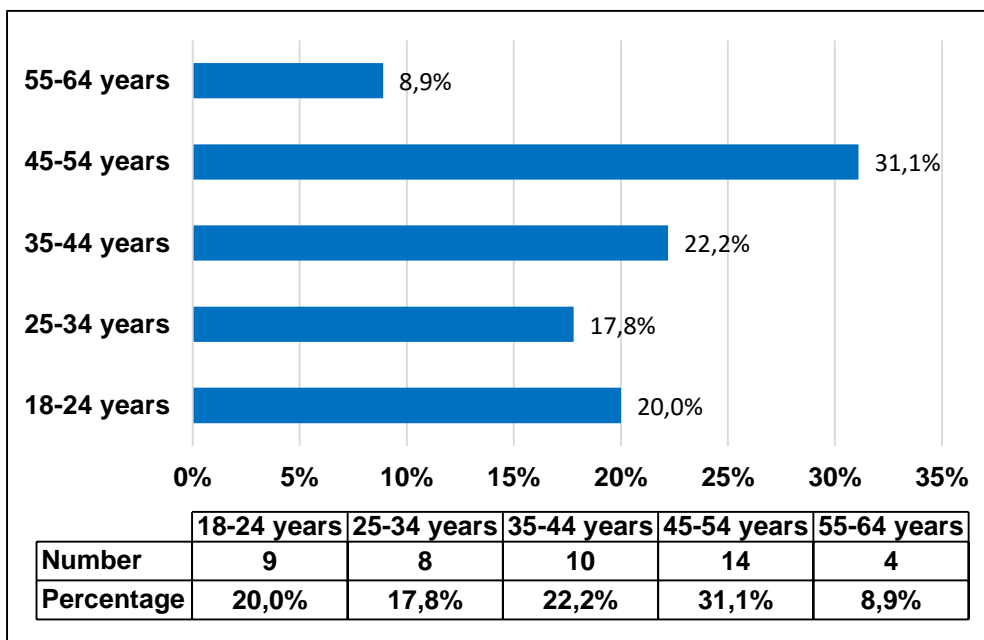


(n=45)

As indicated in Figure 4.1, 68.9% of the respondents were female, whereas 31.1% were male. The reason for this skewed sample may be the female-dominated orientation of accommodation business owners and managers.

Figure 4.2 illustrates the age distribution of the sample used in this survey.

Figure 4.2: Age distribution of respondents

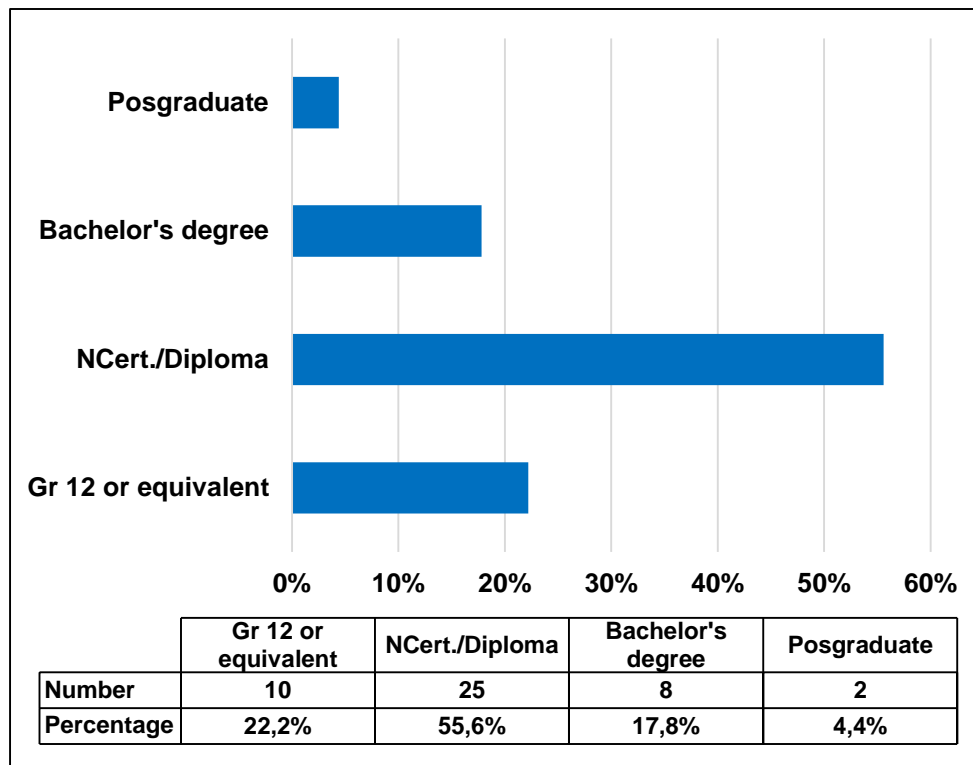


(n=45)

Figure 4.2 illustrates that the majority of the respondents or 31.1% were between the ages of 45 and 54. The rest of the spectrum was close to equally presented, apart from the ages of between 55 and 64 years (8.9%).

Figure 4.3 illustrates the education level of the sample respondents included in this survey.

Figure 4.3: Education of sample included in the survey



(n=45)

Figure 4.3 illustrates that the majority of the respondents had a National Certificate or a diploma (55.6%). The rest of the spectrum was close to equally presented, apart from respondents that held a postgraduate degree (4.4%).

Figure 4.4 illustrates the position or function the respondents held in their business.

Figure 4.4: Respondents' position or function.

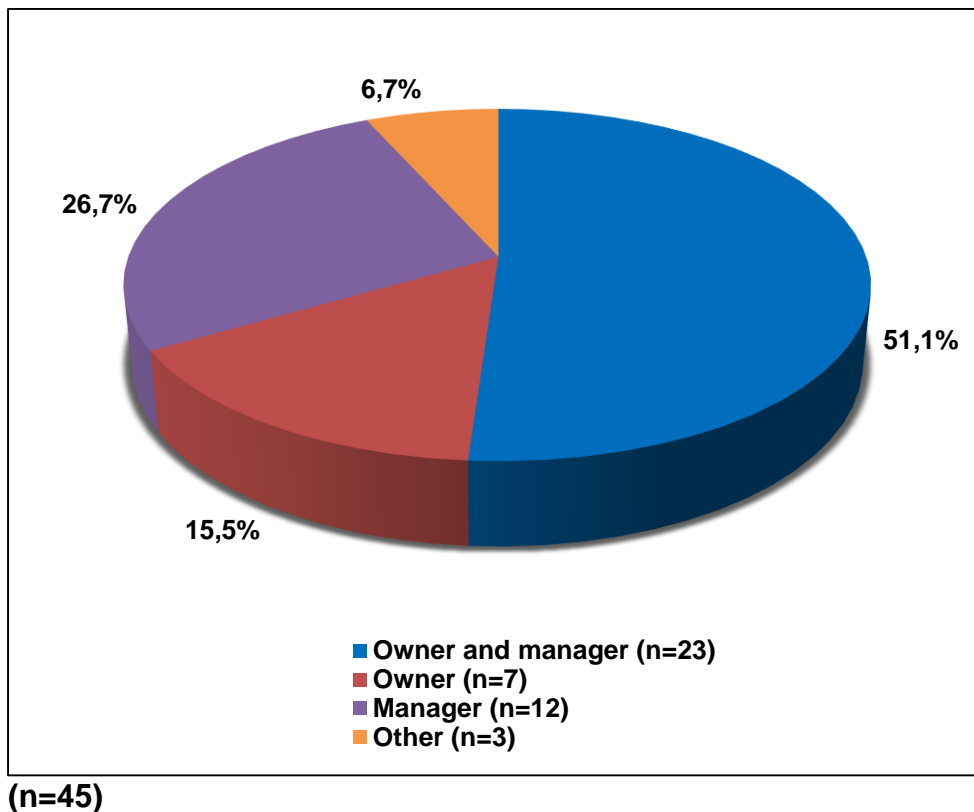


Figure 4.4 illustrates that the greater part of the respondents were both owners and managers of their respective accommodation establishments (51.1%) while 6.7% of respondents held a position or function other than an owner (15.5%) or a manager (26.7%).

The demographics of the sample in this study will have an influence on the survey results and can lead to skewed results.

4.3 CHARACTERISTIC OF THE BUSINESS AND SAMPLE DESCRIPTION

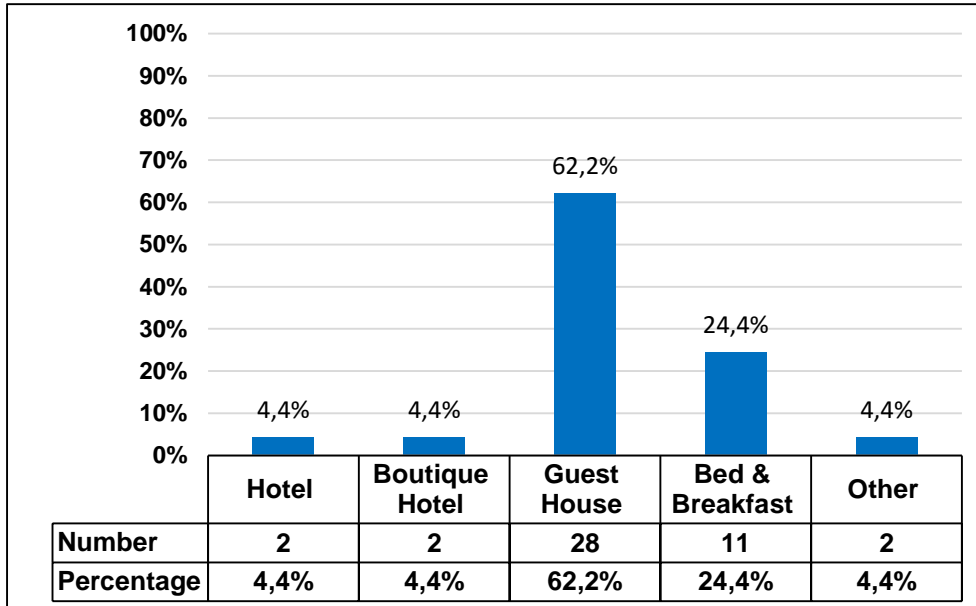
The characteristics of the business and sample structure of Section B of the questionnaire is described in terms of:

- accommodation category
- ownership
- Tourism Grading Council of South Africa (TGCSA) affiliation

- Tourism Grading Council of South Africa (TGCSA) star grading status
- the most common access dimensions confronted by the business
- the length of operation of the business
- the largest market serviced by the business
- the importance of the accessible tourist market to the business
- the size of the business in terms of bed spaces
- the size of the business in terms of full time / permanent employees
- the size of the business in terms of the number of additional part time / seasonal employees during high season
- whether the business provided services for people with access dimensions
- the people with access dimensions that the business provides products and services

Figure 4.5 illustrates the accommodation category of the business, represented by the respondents.

Figure 4.5: Accommodation category of business included in the survey

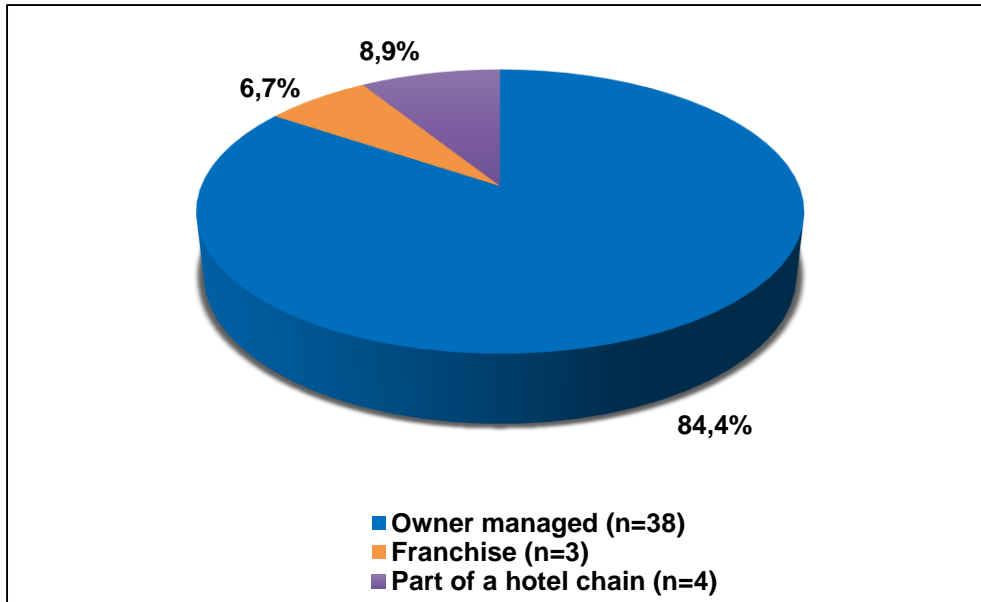


(n=45)

Figure 4.5 illustrates that the majority of accommodation businesses, represented by the respondents used in this survey, were Guest Houses (62.2%) and Bed & Breakfast's (24.4%). The rest of the spectrum was equally presented.

Figure 4.6 illustrates the ownership of the business, represented by the respondents used in this survey.

Figure 4.6: Ownership of business included in the survey



(n=45)

As indicated in Figure 4.6, 84.4% of the businesses represented by the respondents were owner managed. The rest of the spectrum was close to equally presented. The results from this figure can be compared with Figure 4.5 which showed that the majority of accommodation businesses, represented by the respondents used in this survey, were Guest Houses (62.2%) and Bed & Breakfast's (24.4%). The finding in Figure 4.6 implies that Guest Houses and Bed & Breakfasts are owner managed.

Figure 4.7 illustrates the Tourism Grading Council of South Africa (TGCSA) affiliation of the business represented by the respondents used in this survey.

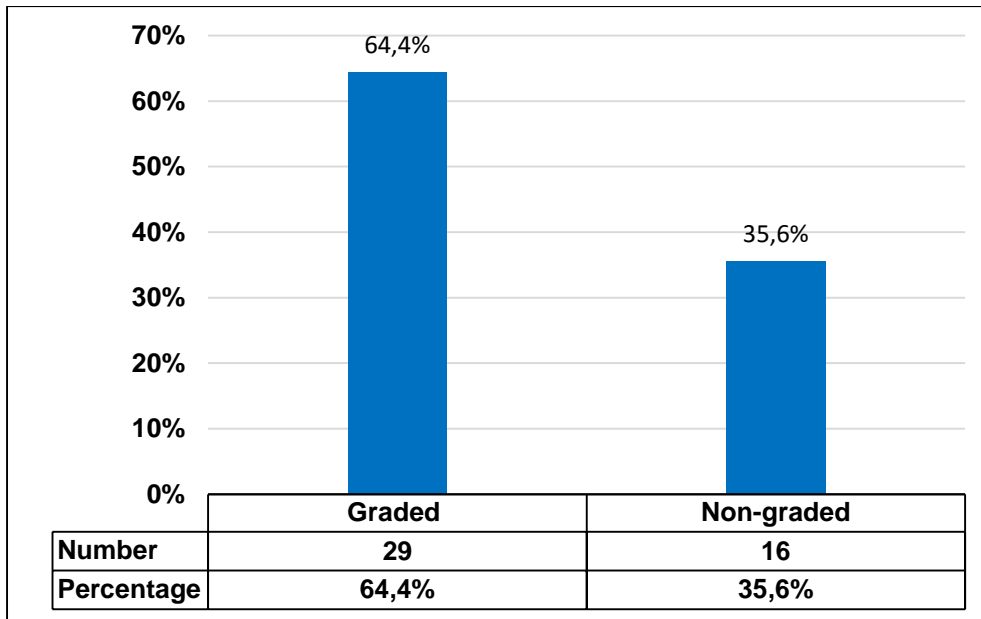
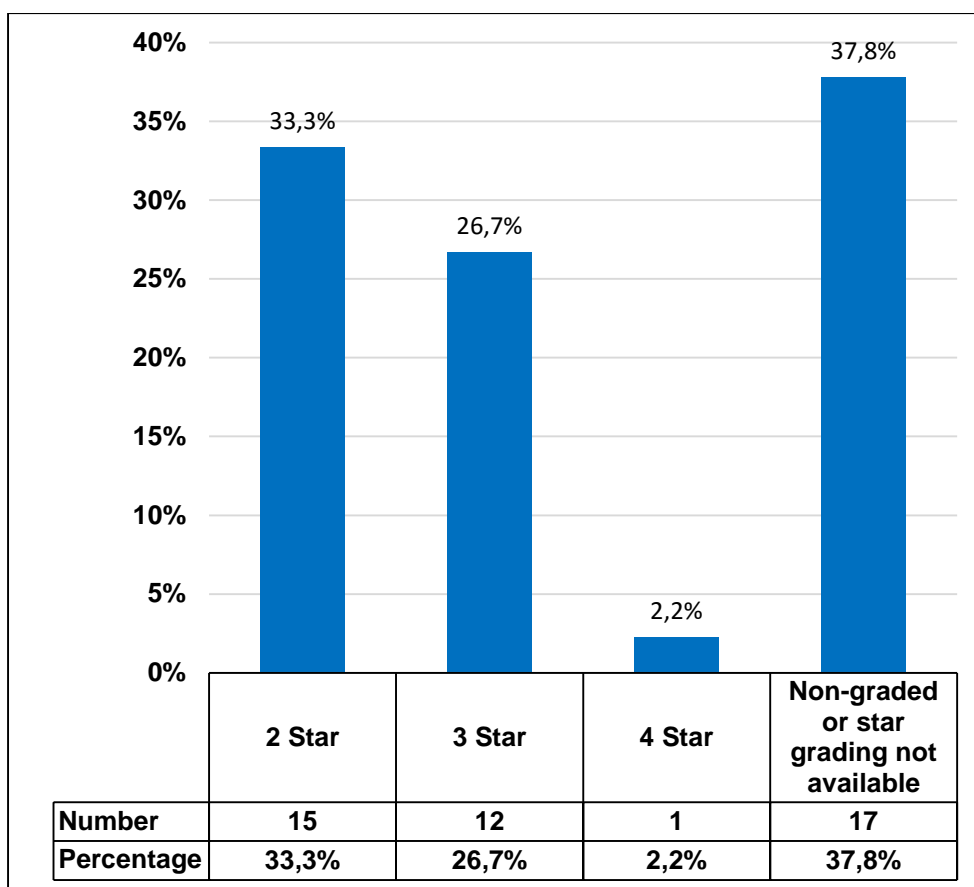
Figure 4.7: TGCSA affiliation of sample included in the survey**(n=45)**

Figure 4.7 illustrates that the majority of accommodation businesses, represented by the respondents used in this survey, were TGCSA graded establishments (64.4%).

Figure 4.8 illustrates the Tourism Grading Council of South Africa (TGCSA) star grading awarded to the business represented by the respondents used in this survey.

Figure 4.8: TGCSA star grading status

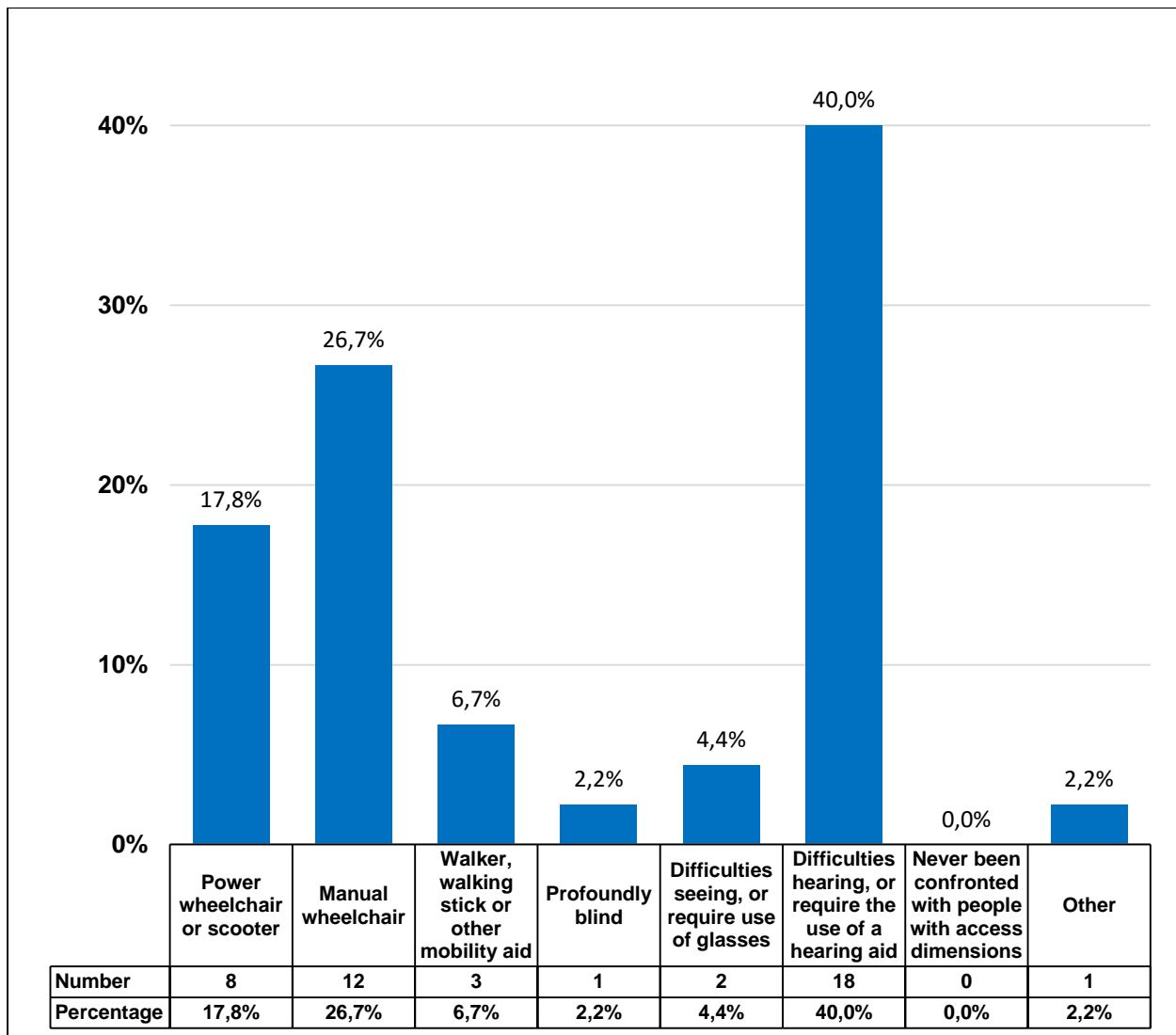


(n=45)

Figure 4.8 illustrates that 33.3% of accommodation businesses, represented by the respondents used in this survey, were 2 star graded establishments while 26.7% were 3 stars graded establishments.

Figure 4.9 illustrates the most common access dimensions that the businesses, represented by the respondents used in this survey, were confronted with in dealing with people with disabilities.

Figure 4.9: Most common access dimensions confronted by business

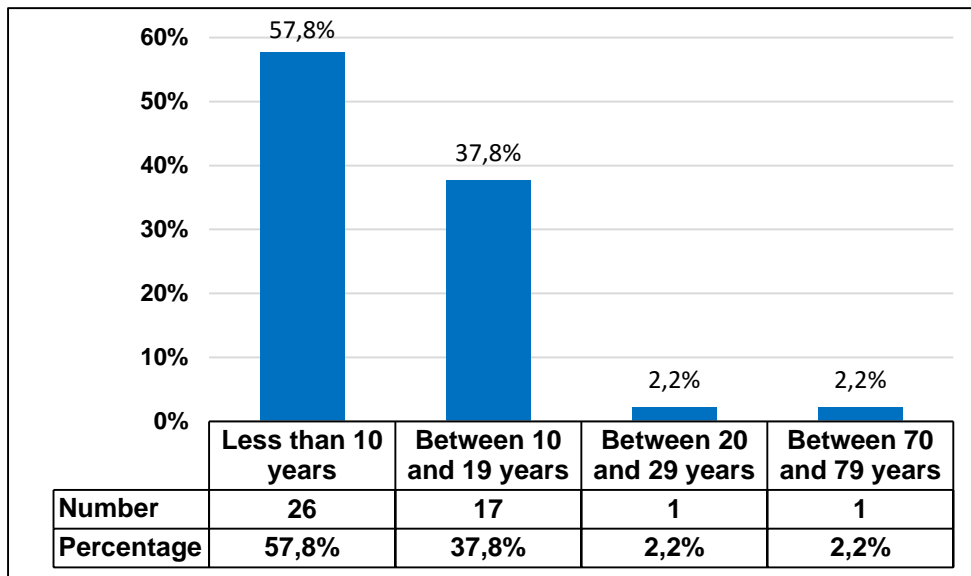


(n=45)

Figure 4.9 illustrates that the majority of businesses (40%), represented by the respondents used in this survey, reported that they had been confronted with people that had difficulties hearing or that required the use of a hearing aid. 26.7% of respondents reported being confronted with people using a manual wheelchair while 17.8% of respondents had been confronted with people using a power wheelchair or scooter. The rest of the spectrum was close to equally presented.

Figure 4.10 illustrates how long the business, represented by the respondents used in this survey, had been in operation.

Figure 4.10: Years of operation of sample included in survey

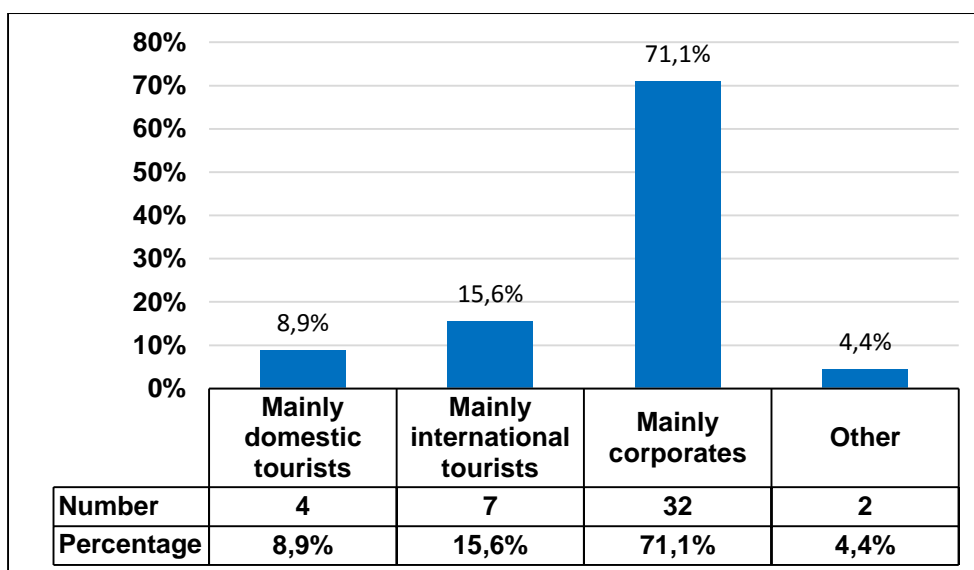


(n=45)

Figure 4.10 illustrates that 57.8% of businesses, represented by the respondents used in this survey, had been in operation for less than 10 years while 37.8% had been in operation for between 10 and 19 years. The rest of the spectrum was equally presented.

Figure 4.11 illustrates the largest market serviced by the business, represented by the respondents used in this survey.

Figure 4.11: Largest market serviced by business

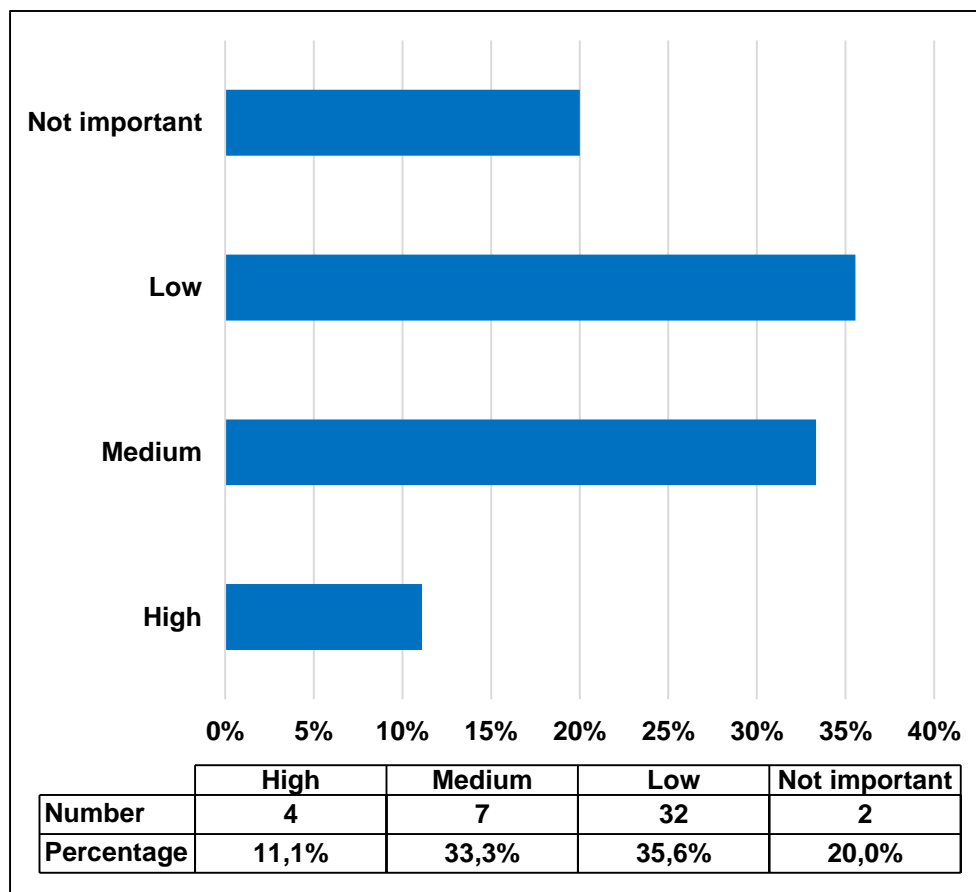


(n=45)

Figure 4.11 illustrates that 71.1% of the accommodation businesses, represented by the respondents used in this survey, mainly supplied services to the corporate market. The rest of the spectrum was closely presented.

Figure 4.12 illustrates the importance of the accessible tourist market to the business represented by the respondents used in this survey.

Figure 4.12: Importance of the accessible tourist market

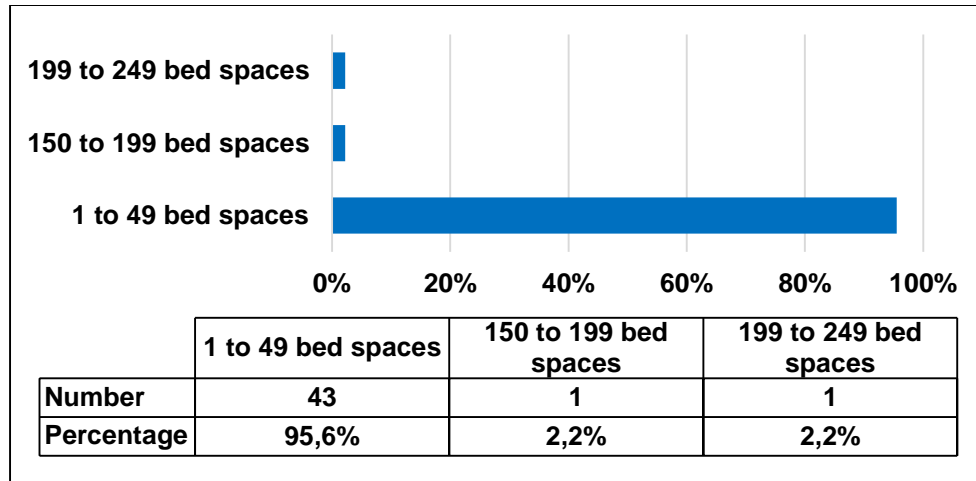


(n=45)

Figure 4.12 illustrates that a minority of respondents (11.1%) regarded the accessible tourist market as being of high importance to the business they represented. The rest of the spectrum was close to equally presented. This finding implies that accommodation establishments are not actually making an attempt to increase their disability market share. This finding could also imply that there is a lack of customer demand which restricts disability provision.

Figure 4.13 illustrates the size in terms of bed spaces of the business represented by the respondents used in this survey.

Figure 4.13: Available bed spaces

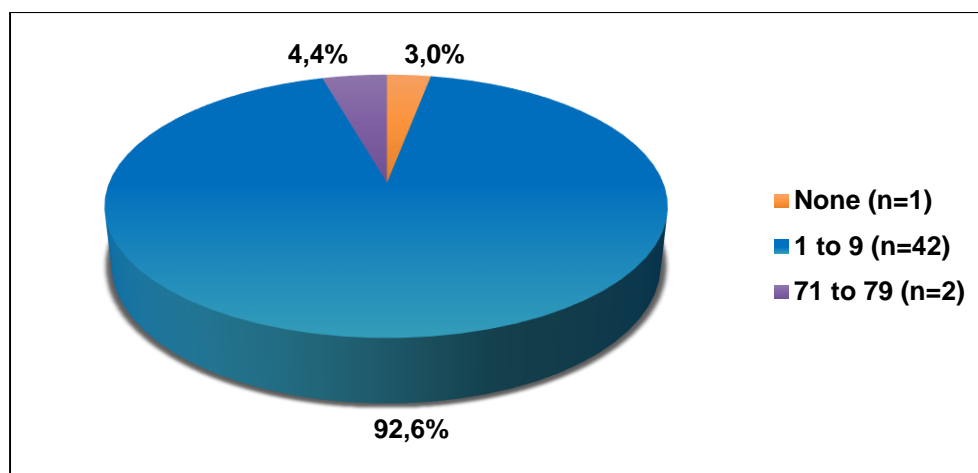


(n=45)

Figure 4.13 illustrates that 95.6% of the accommodation businesses, represented by the respondents used in this survey, had 1 to 49 bed spaces. The rest of the spectrum was equally presented. The reason for this skewed sample is that the majority of respondents used in this survey represented Guest Houses and Bed & Breakfast establishments, as presented in Figure 4.5.

Figure 4.14 illustrates the size of the businesses, represented by the respondents used in this survey, in terms of full time or permanent employees.

Figure 4.14: Number of full time or permanent employees



(n=45)

Figure 4.14 illustrates that the greater majority of businesses (93.3%), represented by the respondents used in this survey, employed between one to nine full time or permanent employees. 2.2% of the businesses had no employees. The reason for this skewed sample is that the majority of respondents used in this survey represented Guest Houses and Bed & Breakfast establishments as presented in Figure 4.5.

Figure 4.15 illustrates the size of the businesses, represented by the respondents used in this survey, in terms of the number of additional part time or seasonal employees during high season.

Figure 4.15: Number of additional part time or seasonal employees during high season

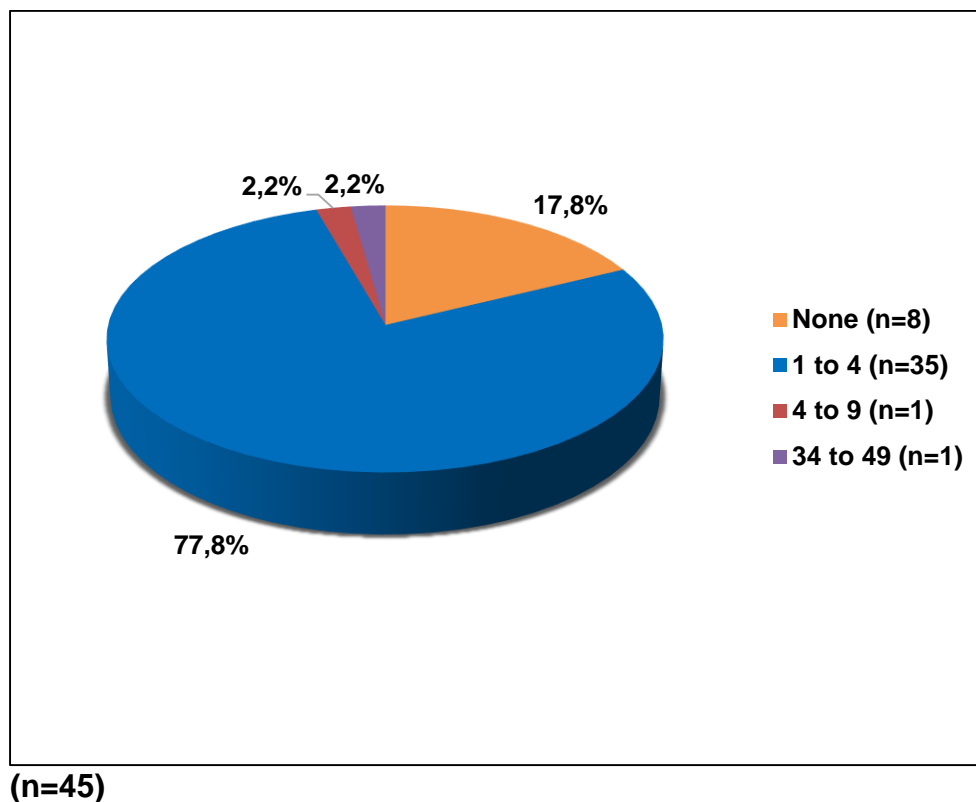
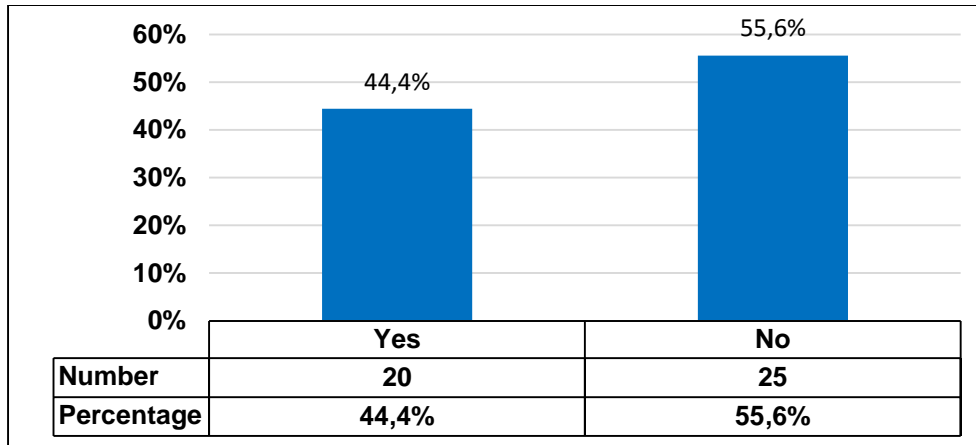


Figure 4.15 illustrates that 77.8% of businesses, represented by the respondents used in this survey, employed between one to four additional part time or seasonal employees during the high season. 17.8% the businesses employed no additional employees during the high season. The rest of the spectrum was equally presented. The reason for this skewed sample is that the majority of respondents used in this survey represented Guest Houses and Bed & Breakfast establishments as presented in Figure 4.5.

Figure 4.16 illustrates whether the businesses, represented by the respondents used in this survey, provided services for people with access dimensions.

Figure 4.16: Provision of services for people with access dimensions

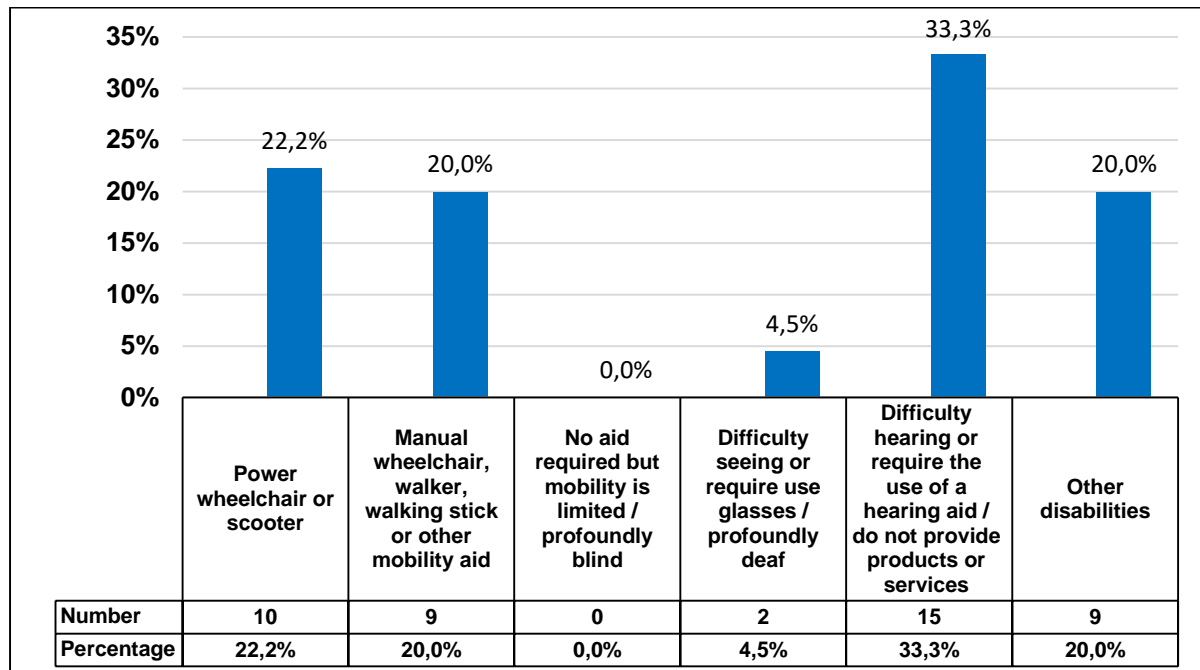


(n=45)

Figure 4.16 illustrates that 55.6% of the businesses, represented by the respondents, did not provide services for people with access dimensions.

Figure 4.17 illustrates the provision of products and services by the business who indicated that they provide services to people with access dimensions (the 44,4% of people that indicated yes in Figure 4.16).

Figure 4.17: Provision of products and services to people with access dimensions



(n=45)

Figure 4.17 shows that most of the respondents who provide products and service to people with access dimensions do so for people with hearing difficulties, yet interestingly, in the same grouping respondents indicated that they did not provide products and services for people with access dimensions (33,3%). 22.2% reported providing products and services to people requiring the use of a power wheelchair or scooter while 20% of respondents provided products and service for people requiring manual wheelchairs, walkers or other types of mobility aids. None of the respondents provided services to people with limited mobility who do not require aid, as well as profoundly blind people.

4.4 DESCRIPTIVE STATISTICS OF SECTION C AND D OF THE QUESTIONNAIRE

Descriptive statistics provide summaries of the measures in the questionnaire. In section 4.2 of the chapter, the summary describing the demographics of the sample was provided while in section 4.3 the summary describing the characteristics of the businesses represented by the respondents was provided. Sections 4.4.1 and 4.4.2

outlines the descriptive results of the main variables of Section C and Section D of the questionnaire.

4.4.1 Descriptive statistics of Section C of the questionnaire

This section outlines the descriptive results of the main variables of Section C measuring the respondents' perceptions towards disability service provision.

Table 4.1 provides the mean scores of the variables of Section C of the questionnaire.

Table 4.1: Mean of variables measuring the perceptions of disability service provision

Variable	Mean Section C Perceptions	Minimum	Maximum
A perceived negative reaction by non-disabled guests to be accommodated in a designated accessible room hampers disability provision	2.88	1.00	5.00
Additional time required to address access to services restricts disability provision	3.42	1.00	5.00
Accessibility requirements are too difficult to be practically implemented restricting disability provision	3.42	1.00	5.00
Accommodation providers should continuously increase their disability provision market share	3.53	2.00	5.00
Accommodation providers should meet disabled consumer demand	3.62	1.00	5.00
Availability of an accessibility certification scheme will facilitate disability service provision	3.68	1.00	5.00
Lack of knowledge or understanding of what accessibility is about restricts disability provision	3.75	1.00	5.00
Lack of customer demand restricts disability provision	3.82	1.00	5.00
Availability of published minimum accessibility requirements will facilitate disability service provision	3.82	1.00	5.00

Variable	Mean Section C Perceptions	Minimum	Maximum
A system of national accessibility standards will facilitate disability service provision	3.82	1.00	5.00
Availability of planning/management tools addressing accessibility will encourage disability service provision	3.93	1.00	5.00
People with mobility disabilities are not able to access all sections of accommodation facilities because of their disability	3.95	1.00	5.00
A growing awareness of the importance of the accessibility market will encourage disability service provision	4.06	2.00	5.00
Financial incentives will encourage disability service provision (e.g. tax breaks)	4.20	2.00	5.00
An enlarged market share will encourage disability service provision	4.22	3.00	5.00
Compliance with national non-discrimination laws is important to accommodation providers	4.26	2.00	5.00
Compliance with international human rights laws is important to accommodation providers	4.26	2.00	5.00
Compliance with the South African constitution and Bill of Rights is important to accommodation providers	4.31	2.00	5.00
People with mobility disabilities are not able to access all sections of accommodation facilities because of the non-provision of disability access (e.g. ramps)	4.33	1.00	5.00
Compliance with national building codes is important to accommodation providers	4.33	2.00	5.00
Additional costs involved to upgrade facilities restrict disability provision	4.33	1.00	5.00
When planning trips people with disabilities require certain levels of accessibility	4.64	1.00	5.00

The variables in Table 4.1 were measured with five-point Likert-type scales. For Section C of the questionnaire, 1 and 2 represented the degree to which respondents strongly disagreed or disagreed with the statement, 3 for neutral and 4 and 5 meant that the respondents agreed or strongly agreed with the statement.

The mean scores of the variables of Section C of Table 4.1, therefore, indicated that overall, the different aspects of disability service provision were perceived positively by the respondents (mean values >3.8). The one aspect which respondents disagreed with most was that a perceived negative reaction by non-disabled guests to be accommodated in a designated accessible room hampers disability provision (M=2.88). Six other items also scored mean values lower than 3.8. These included: *“Additional time required to address access to services restricts disability provision”*; *“Accessibility requirements are too difficult to be practically implemented restricting disability provision”*; *“Accommodation providers should continuously increase their disability provision market share”*; *“Accommodation providers should meet disabled consumer demand”*; *“Availability of an accessibility certification scheme will facilitate disability service provision”* and *“Lack of knowledge or understanding of what accessibility is about restricts disability provision”*. The one aspect which respondents agreed with most was, *“When planning trips people with disabilities require certain levels of accessibility”*.

The mean scores recorded for the items, *“People with mobility disabilities are not able to access all sections of accommodation facilities because of their disability”* (M=3.95), representing the medical model approach to disability, and *“People with mobility disabilities are not able to access all sections of accommodation facilities because of the non-provision of disability access (e.g. ramps)”* (M=4.33), representing the social model approach to disability showed that the average rating for these two items were perceived to be very similar, with the social approach scoring relative higher.

4.4.2 Descriptive statistics of Section D of the questionnaire

This section outlines the descriptive results of the main variables of Section D measuring the degree to which respondents regarded disability service provision as important.

Table 4.2 provides the mean scores of the variables of Section D of the questionnaire.

Table 4.2: Mean of variables measuring the importance of disability service provision.

Variable	Mean Section D Importance	Minimum	Maximum
Special equipment for disabled guests (e.g. wheelchairs, walking aids) should be available	3.31	1.00	5.00
Braille / large print / audio format instructions for use of electronic equipment in bedrooms should be available	3.40	1.00	5.00
Bedroom curtains should be fitted with pull-rods / closing cords	3.55	1.00	5.00
Menus should be available in large print and Braille	3.55	1.00	5.00
Labels on buffet stations should be clear and in large print	3.57	1.00	5.00
Staff assistance should be provided at buffet stations	3.82	1.00	5.00
At least one designated accessible bedroom should be available	3.86	1.00	5.00
Public areas should have handrails on both sides of ramps	3.86	1.00	5.00
Orientation tours of facilities should be available on arrival	3.86	1.00	5.00
Wash-hand basins should have lever action taps	3.91	1.00	5.00
Bedroom furniture should have rounded edges / corners	3.95	1.00	5.00
The height of toilet seats should be between 48cm and 50cm	4.04	1.00	5.00
Public areas should have fixed level slip-resistant floor surfaces	4.06	1.00	5.00
The establishment's website should be made accessible for people with disabilities	4.06	1.00	5.00
A functional record-keeping system of current guests with disabilities should be made available to key employees	4.15	1.00	5.00

Variable	Mean Section D Importance	Minimum	Maximum
Switches / controls / door handles in bedrooms should be no higher than 120cm from the floor	4.15	1.00	5.00
Pathways between dining tables and chairs should be un-obstructed	4.15	1.00	5.00
There should be collaboration with organisations / people with disabilities in order to improve facilities or services	4.17	1.00	5.00
The distance between furniture and fittings in bedrooms should be unobstructed and at least 90cm wide	4.20	1.00	5.00
Signage should incorporate symbols / pictograms	4.22	1.00	5.00
There should be 1 designated parking bay for every 25 standard parking bays	4.26	1.00	5.00
There should be an unobstructed space to turn next to the bed. (At least 120cm width on one side of the bed)	4.26	1.00	5.00
Accessibility requirements of disabled guests should be included in management training	4.26	1.00	5.00
Accessibility requirements of disabled guests should be included in front-line staff training	4.26	1.00	5.00
There should be a roll-in shower	4.28	1.00	5.00
Specialised emergency evacuation procedures should be in place	4.35	1.00	5.00
A ramp should be provided en-route to facilities where steps are present	4.71	3.00	5.00
Exterior pathways should be kept clear of obstructions	4.80	3.00	5.00

The variables in Table 4.2 were measured with five-point Likert-type scales. For Section D of the questionnaire, 1 and 2 represented the degree to which respondents regarded the statements to be highly unimportant and unimportant, 3 for neutral and 4 and 5 meant that the respondents regarded the statement as important and very important. The mean scores of the variables of Section D of Table 4.2, therefore,

indicated that overall, the respondents regarded the most of the aspects of disability service provision as important (mean values >3.8). The two test items that respondents regarded as most important (mean values >4.7) were the provision of ramps en-route to facilities where steps are present and the necessity of keeping exterior pathways clear of obstructions. There were five test items of disability service provision which the respondents perceived to be of lesser importance (mean values <3.8): the availability of special equipment for disabled guests; the availability of Braille / large print / audio format instructions for use of electronic equipment in bedrooms; the provision of bedroom curtains fitted with pull-rods or closing cords; the availability of menus in large print and Braille; the provision of clear and large print labels on buffet stations. A possible reason for these test items being perceived as of lesser importance could be that the respondents are not often confronted by people with visual disabilities and communication disabilities, and that people with mobility disabilities arrive at accommodation establishments with personal special equipment. Another possible explanation for this is that it is likely to have additional expense implications for the accommodation establishment.

4.5 THE RELIABILITY OF THE QUESTIONNAIRE

Struwig and Stead (2013:138) defines reliability of a measuring instrument as '*the extent to which test scores are accurate, consistent or stable*'. In this study, Cronbach's Alpha was used to check the internal consistency of the test items, recommended by Struwig and Stead (2013:141).

Table 4.3 shows the Cronbach alphas for Section C of the questionnaire.

Table 4.3: Cronbach Alpha for Section C of the questionnaire

Variable	Item-Total Correlation	Alpha if deleted
C1	0.21	0.82
C2	0.17	0.83
C3	0.19	0.83
C4	0.33	0.82
C5	0.43	0.82
C6	0.43	0.82
C7	0.38	0.82
C8	0.41	0.82
C9	0.27	0.82

Variable	Item-Total Correlation	Alpha if deleted
C10	0.38	0.82
C11	0.49	0.81
C12	0.37	0.82
C13	0.29	0.82
C14	0.16	0.83
C15	-0.02	0.84
C16	0.59	0.81
C17	0.74	0.80
C18	0.76	0.80
C19	0.64	0.81
C20	0.71	0.80
C21	0.37	0.82
C22	0.48	0.81
Cronbach Alpha: 0.84		

Table 4.3 shows that the perceptions / variables possessed adequate and above threshold (>0.70) reliability.

Table 4.4 shows the Cronbach alphas for Section D of the questionnaire.

Table 4.4: Cronbach Alpha for Section D of questionnaire

Variable	Item-Total Correlation	Alpha if deleted
D1	0.44	0.95
D2	0.64	0.95
D3	0.37	0.95
D4	0.58	0.95
D5	0.51	0.95
D6	0.48	0.95
D7	0.69	0.95
D8	0.72	0.95
D9	0.67	0.95
D10	0.78	0.95
D11	0.67	0.95
D12	0.57	0.95
D13	0.66	0.95
D14	0.69	0.95
D15	0.72	0.95
D16	0.76	0.95
D17	0.78	0.95
D18	0.74	0.95
D19	0.84	0.95
D20	0.75	0.95
D21	0.77	0.95

Variable	Item-Total Correlation	Alpha if deleted
D22	0.54	0.95
D23	0.76	0.95
D24	0.71	0.95
D25	0.62	0.95
D26	0.65	0.95
D27	0.62	0.95
D28	0.71	0.95
Cronbach Alpha: 0.95		

From Table 4.4, the Cronbach alpha was 0.95, which showed that the importance / variables were highly reliable (Cronbach alpha >0.7).

4.6 VALIDITY OF THE QUESTIONNAIRE

Struwig and Stead (2013:145) defines the validity of a measuring instrument's scores as '*the extent to which the measuring instrument measures what it is intended to measure*'. Validity is assessed in five ways: face, content, criterion-related, construct, and lastly, convergent and discriminant (Struwig & Stead, 2013). To ensure the validity of the study's measuring instrument, face and content validity were used.

The researcher checked that items in the measuring instrument related to the purpose of investigating the perceptions of accommodation managers towards disability service provision to establish face validity. Content validity was ensured by circulating the measuring instrument for review to experts and incorporating comments into the final research design.

4.7 RELATIONSHIPS OF THE INDEPENDENT VARIABLES ON THE PERCEPTIONS AND IMPORTANCE OF DISABILITY SERVICE PROVISION

In the following paragraphs the relationship of the independent variables (gender, age, education and employment) with the perceptions and importance of disability service provision will be discussed.

4.7.1 Relationships of the independent variables on the perceptions accommodation managers towards disability service provision

Table 4.5 shows the results obtained from the one-way analysis of variance (ANOVA) of the relationship that gender had on the perceptions of accommodation managers towards disability service provision.

Table 4.5: Results of the ANOVA to show relationship between gender and disability service provision perceptions

Multivariate Tests of Significance						
	Test	Value	F	Effect	Effect	p
				df	df	
A1	Wilks	0.501	0.99	22	22	0.5042

Table 4.5 shows that there is no statistical significant relationship between gender and disability service provision perceptions.

Table 4.6 shows the results obtained from the ANOVA of the relationship between respondents' age and the perceptions towards disability service provision.

Table 4.6: Results of the ANOVA to show relationship between age and perceptions towards disability service provision

Multivariate Tests of Significance						
	Test	Value	F	Effect	Effect	p
				df	df	
A2	Wilks	0.169	1.23	52	110.55	0.1754

Table 4.6 shows that there is no statistical significant relationship between age and disability service provision perceptions.

Table 4.7 shows the results obtained from the ANOVA of the relationship that education has on the perceptions of accommodation managers towards disability service provision.

Table 4.7: Results of the ANOVA to show relationship between education and perceptions towards disability service provision

Multivariate Tests of Significance						
	Test	Value	F	Effect	Effect	p
				df	df	
A3	Wilks	0.316	1.05	39	86.62	0.4110

Table 4.7 shows that there is no statistical significant relationship between education and disability service provision perceptions.

Table 4.8 shows the results obtained from the ANOVA of the relationship that the employment position or function within the accommodation establishment had on the perceptions of accommodation managers towards disability service provision.

Table 4.8: Results of the ANOVA to show relationship between employment position or function within the business and perceptions towards disability service provision

Multivariate Tests of Significance						
	Test	Value	F	Effect	Effect	P
				df	df	
A4	Wilks	0.107	2.50	39	86.62	0.0002

Table 4.8 shows that there is a statistical significant relationship between the employment position of the respondent and their perceptions of disability service provision.

4.7.2 Relationships of the independent variables on the importance of disability service provision

Table 4.9 shows the results obtained from the ANOVA of the relationship that the gender of accommodation managers had on the importance of disability service provision.

Table 4.9: Results of the ANOVA to show relationship between gender and disability service provision importance

Multivariate Tests of Significance						
	Test	Value	F	Effect	Effect	P
				df	df	
A1	Wilks	0.363	1.00	28	16	0.5160

Table 4.9 shows that there is no statistical significant relationship between gender and disability service provision importance.

Table 4.10 shows the results obtained from the ANOVA of the relationship that the age of respondents had on the importance of disability service provision.

Table 4.10: Results of the ANOVA to show relationship between age and disability service provision importance

Multivariate Tests of Significance						
	Test	Value	F	Effect	Effect	P
				df	df	
A2	Wilks	0.0005	2.66	112	54.21	0.000056

Table 4.10 shows that there is a statistical significant relationship between the age of respondents and how they perceived the importance of disability service provision.

Table 4.11 shows the results obtained from the ANOVA testing the relationship of education and the importance of disability service provision.

Table 4.11: Results of the ANOVA to show relationship between education and disability service provision importance

Multivariate Tests of Significance						
	Test	Value	F	Effect	Effect	P
				df	df	
A3	Wilks	0.02	1.26	84	42.76	0.2022

Table 4.11 shows that there is no statistical significant relationship between education of the respondents and disability service provision importance.

Table 4.12 shows the results obtained from the ANOVA testing the relationship of the respondents' employment position or function within the business and the importance of disability service provision.

Table 4.12: Results of the ANOVA to show relationship between employment position or function within the business and disability service provision importance

Multivariate Tests of Significance						
	Test	Value	F	Effect	Effect	p
				df	df	
A4	Wilks	0.017	1.47	84	42.76	0.0813

Table 4.12 shows that there is no statistical significant relationship between employment position or function within the accommodation establishment and disability service provision importance.

Table 4.13 shows a summary of the analysis results obtained from the ANOVA of the construct relationship between the independent variables (gender, age, education and employment) and the perceptions of accommodation managers towards disability service provision (Section C of the questionnaire), as well as construct relationship between the independent variables and the perceptions of accommodation managers towards the importance of disability service provision (Section D of the questionnaire).

Table 4.13: Summary of the ANOVA analysis results

Construct relationship: Perceptions of accommodation managers towards disability service provision	Result
Gender	No statistical significant relationship
Age	No statistical significant relationship
Education	No statistical significant relationship
Employment	Statistical significant relationship

Construct relationship: Perceptions of accommodation managers towards the importance of disability service provision	Result
Gender	No statistical significant relationship
Age	Statistical significant relationship
Education	No statistical significant relationship
Employment	No statistical significant relationship

From Table 4.13 it is evident that the ANOVA statistics shows that there are only statistical significant relationships in the following:

- There is a statistical significant relationship between employment position or function within the accommodation establishment and the perceptions of accommodation managers towards disability service provision (see Table 4.8)
- There is a statistical significant relationship between the age of respondents and the perceived importance of disability service provision (see Table 4.10)

To further analyse the statistical significant relationships, the mean values generated during the ANOVA analysis were used and further investigated.

Table 4.14 provides the mean values generated during the ANOVA analysis for analysing the relationships between employment position or function within the accommodation establishment and the perceptions of accommodation managers towards disability service provision.

Table 4.14: Results of the mean values generated during the ANOVA analysis

	Owner and manager	Owner	Manager	Other	All Groups
	(N=23)	(N=7)	(N=12)	(N=3)	(N=45)
	Means				
C1	4.52	4.71	4.75	5.00	4.64
C2	4.26	4.00	3.33	4.00	3.95
C3	4.52	4.00	4.41	3.33	4.33
C4	4.30	4.71	4.25	3.66	4.31

	Owner and manager	Owner	Manager	Other	All Groups
	(N=23)	(N=7)	(N=12)	(N=3)	(N=45)
	Means				
C5	4.39	4.14	4.25	3.66	4.26
C6	4.39	4.00	4.25	4.00	4.26
C7	4.47	4.14	4.41	3.33	4.33
C8	3.60	3.28	3.83	3.66	3.62
C9	3.65	3.28	3.50	3.33	3.53
C10	3.69	3.14	4.08	4.33	3.75
C11	4.60	3.71	4.08	4.66	4.33
C12	3.52	3.14	3.33	3.66	3.42
C13	3.56	3.28	3.33	3.00	3.42
C14	3.13	2.85	2.41	3.00	2.88
C15	3.86	3.71	3.66	4.33	3.82
C16	4.13	3.71	4.16	4.00	4.06
C17	3.91	3.57	3.83	3.66	3.82
C18	3.91	3.57	3.75	4.00	3.82
C19	3.91	3.28	3.50	3.66	3.68
C20	4.17	3.14	4.00	3.66	3.93
C21	4.60	3.28	4.16	3.33	4.20
C22	4.60	3.42	4.08	3.66	4.22

Table 4.14 indicates that there is a statistical significant relationship between employment position or function within the accommodation establishment and the perceptions of accommodation managers towards disability service provision. For example, owners presented a lower mean value (<3.8) on 15 of the 22 items. A possible explanation for this might be that owners of accommodations establishments likely underestimate the potential of value of the disability market as reported by O'Neill and Knight (2000). Respondents who were managers recorded a mean value (<3.8) on eight of the 22 items while respondents who were both owners and managers presented a lower mean value (<3.8) on six of the 22 items. Interestingly, a similarity could be identified across all employment positions or functions within accommodation

establishments and statement C14, “A perceived negative reaction by non-disabled guests to be accommodated in a designated accessible room hampers disability provision”. The mean values on statement C14 varied between 2.41 and 3.13, indicating a neutral stance by respondents. This result would seem to suggest an inconsistency with the findings of Darcy and Pegg (2011), using a qualitative research method with a sample of 22 accommodation managers representing three to five star accommodations with accessible accommodation, applicable building codes and standards compliance. Darcy and Pegg (2011) reported that all managers were in agreement that “the nondisabled had made negative comments or complained about having to use a ‘disabled room’”.

Table 4.15 provides the mean values generated during the ANOVA analysis for analysing the relationship that respondents’ age had on the importance of disability service provision.

Table 4.15: Results of the mean values generated during the ANOVA analysis

	25 - 34 years	35 - 44 years	45 – 54 years	55 – 64 years	Over 64 years	All Groups
	(N=9)	(N=8)	(N=10)	(N=14)	(N=4)	(N=45)
	Means					
D1	4.11	4.25	4.70	4.42	2.50	4.22
D2	4.77	4.75	4.90	4.71	5.00	4.80
D3	4.33	4.25	4.70	3.85	4.50	4.26
D4	4.44	4.75	4.90	4.64	5.00	4.71
D5	4.22	4.00	4.70	3.78	4.25	4.15
D6	4.11	3.75	3.90	3.57	4.50	3.86
D7	4.11	3.75	4.40	4.14	5.00	4.20
D8	3.66	3.75	4.20	4.14	3.75	3.95
D9	4.44	4.12	4.50	3.92	4.75	4.26
D10	4.22	3.87	4.40	3.92	4.75	4.15
D11	3.44	3.37	3.60	3.42	2.75	3.40
D12	3.66	3.50	4.10	3.50	2.25	3.55
D13	4.00	4.12	4.20	4.00	3.75	4.04
D14	3.88	4.00	4.20	3.92	3.00	3.91

	25 - 34 years	35 - 44 years	45 – 54 years	55 – 64 years	Over 64 years	All Groups
	(N=9)	(N=8)	(N=10)	(N=14)	(N=4)	(N=45)
	Means					
D15	4.33	3.75	4.50	4.42	4.25	4.28
D16	4.44	4.00	4.50	3.78	3.25	4.06
D17	3.88	3.50	4.30	3.92	3.25	3.86
D18	3.44	3.00	4.00	3.35	2.25	3.35
D19	4.22	3.62	4.40	4.35	3.75	4.15
D20	3.66	3.25	4.20	3.64	2.25	3.57
D21	4.22	3.50	4.20	3.42	4.00	3.82
D22	3.22	3.37	3.50	3.35	2.75	3.31
D23	4.11	3.75	4.10	3.71	3.50	3.86
D24	4.55	4.37	4.10	4.21	5.00	4.35
D25	4.22	4.00	4.40	4.14	5.00	4.26
D26	4.22	4.12	4.40	4.07	5.00	4.26
D27	4.11	4.00	4.10	3.92	4.50	4.06
D28	4.11	3.87	4.50	4.07	4.50	4.17

Table 4.15 shows that there is a statistical significant relationship between the age of respondents and the importance of disability service provision. For example, the age group between 45 – 54 years presented a higher mean value (>3.8) on 26 of the 28 items, while the age groups 35 – 44 years and those over 64 years respectively presented a higher mean value (>3.8) on 15 of the 28 items. A possible explanation for this might be that the age group between 45 – 54 years are more likely to be concerned about the importance of disability service provision as an alternative approach to grow their accommodation establishment's market share compared to the age groups 35 – 44 years and those over 64 years. Respondents in the age group 25 – 34 years recorded a higher mean value (>3.8) on 22 of the 28 items. A similarity could be identified on statements D11, "*Braille/large print/audio format instructions for use of electronic equipment in bedrooms should be available*", and D22, "*Special equipment for disabled guests (e.g. wheelchairs, walking aids) should be available*". A possible reason for these statements being perceived as of lesser importance by all age groups could be that the respondents are not often confronted by people with

visual disabilities and communication disabilities as shown in Figure 4.9, and that people with mobility disabilities arrive at accommodation establishments with personal special equipment. Another possible explanation for this is that it is likely to have additional expense implications for the accommodation establishment.

4.8 EMPIRICALLY TESTING THE HYPOTHESES

Figure 2.2 showed the framework for this study and included 3 hypotheses. To confirm these hypotheses various tests were employed.

4.8.1 Testing Hypothesis 1

H₁: There is a relationship between the perceptions of accommodation managers towards disability service provision and their perceptions towards the importance of disability service provision.

The Pearson Correlation Coefficient was calculated to investigate the relationship between the components (see Table 3.3) on the perceptions of accommodation managers towards disability service provision (Section C of the questionnaire) and accommodation managers' perceptions towards the importance of disability service provision (Section D of the questionnaire).

Table 4.16 shows the Pearson Correlation Coefficient between the variables of component "*people with disabilities as a market segment*" and the perceptions of the importance of disability provision.

Table 4.16: Results of the Pearson Correlation Coefficient between the component people with disabilities as a market segment and the perceptions of the importance of disability provision

Variables Section D	Components Section D	Variables Section C Component " <i>people with disabilities as a market segment</i> "							
		C1	C2	C3	C8	C9	C15	C16	C22
D1	Building exterior	-	-	-	-	0.22	0.17	0.24	0.02
D2	Building exterior	-	-	-	-	0.39	0.19	0.18	0.32
D3	Building exterior	-	-	0.05	0.01	0.23	-	-	0.10
D4	Building exterior	-	-	0.01	-	0.20	0.06	0.12	0.31

Variables Section D	Components Section D	Variables Section C Component "people with disabilities as a market segment"							
		C1	C2	C3	C8	C9	C15	C16	C22
D6	Bedrooms	0.03	0.02	-	0.53	0.49	-	-	0.26
D7	Bedrooms	0.25	-	0.12	0.28	0.29	-	0.03	0.17
D8	Bedrooms	-	-	0.03	0.00	0.32	-	0.04	0.15
D9	Bedrooms	0.22	-	0.31	0.13	0.38	-	-	0.04
D10	Bedrooms	0.14	0.00	0.14	0.27	0.57	-	-	0.27
D11	Bedrooms	0.02	-	0.06	0.04	0.32	-	-	0.07
D12	Bedrooms	-	-	0.07	0.02	0.21	-	-	0.14
D13	Bathrooms	0.01	0.00	0.17	0.45	0.45	-	-	0.28
D14	Bathrooms	-	-	0.09	0.14	0.35	-	-	0.09
D15	Bathrooms	0.19	0.04	-	0.28	0.45	-	-	0.18
D16	Public / dining	0.06	-	-	0.16	0.39	-	0.00	-
D17	Public / dining	-	-	0.01	0.01	0.41	-	0.07	0.05
D18	Public / dining	0.01	-	0.19	-	0.27	0.03	0.03	0.21
D19	Public / dining	0.05	-	-	0.27	0.55	0.15	0.20	0.20
D20	Public / dining	0.00	0.01	0.11	-	0.18	0.08	0.16	0.10
D21	Public / dining	0.00	-	-	0.17	0.37	0.04	0.01	0.23
D5	General services	0.06	-	0.03	-	0.23	-	-	-
D22	General services	0.02	-	-	0.18	0.14	0.22	0.32	0.26
D23	General services	-	-	0.06	0.21	0.53	0.05	-	0.28
D24	General services	0.01	-	-	0.26	0.46	0.07	0.06	0.24
D25	General services	-	-	0.20	0.05	0.35	0.02	-	0.38
D26	General services	-	-	0.19	0.07	0.38	0.04	-	0.34
D27	General services	-	-	0.02	0.30	0.29	0.11	0.19	0.47
D28	General services	0.14	-	0.36	0.00	0.41	0.04	0.05	0.32

Red indicates statistically significant correlations $p < 0.05$

Table 4.16 shows that 30 variables (indicated in red) of the component, "people with disabilities as a market segment", have significant relationships with the perceptions of the importance of disability provision.

Table 4.17 shows the Pearson Correlation Coefficient between the variables of component "compliance" and perceptions of the importance of disability provision.

Table 4.17: Results of the Pearson Correlation Coefficient between the variables of component compliance and perceptions of the importance of disability provision

Variables Section D	Components Section D	Variables Section C Component "compliance"			
		C4	C5	C6	C7
D1	Building exterior	-0.00	0.09	-0.07	-0.04
D2	Building exterior	0.04	0.02	0.02	0.00
D3	Building exterior	-0.20	-0.11	-0.17	-0.02
D4	Building exterior	0.13	0.06	0.02	0.11
D6	Bedrooms	0.24	0.25	0.28	0.23
D7	Bedrooms	0.39	0.21	0.22	0.32
D8	Bedrooms	0.24	0.15	0.03	0.12
D9	Bedrooms	0.24	0.15	0.10	0.20
D10	Bedrooms	0.23	0.25	0.23	0.22
D11	Bedrooms	0.23	0.26	0.16	0.28
D12	Bedrooms	0.02	0.07	-0.06	0.04
D13	Bathrooms	0.23	0.29	0.19	0.25
D14	Bathrooms	0.08	0.08	-0.02	0.10
D15	Bathrooms	0.22	0.06	0.09	0.07
D16	Public /dining areas	0.06	0.02	-0.06	0.00
D17	Public / dining areas	0.05	-0.07	-0.15	0.02
D18	Public / dining areas	0.04	0.05	-0.05	0.13
D19	Public / dining areas	0.19	0.07	0.05	0.09
D20	Public / dining areas	0.04	-0.02	-0.13	-0.03
D21	Public / dining areas	0.05	-0.04	-0.02	0.06
D5	General services	-0.05	-0.07	-0.22	-0.17
D22	General services	0.27	0.27	0.26	0.25
D23	General services	0.04	0.18	0.16	0.17
D24	General services	0.26	0.22	0.28	0.21
D25	General services	0.16	0.15	0.19	0.20
D26	General services	0.18	0.20	0.23	0.25
D27	General services	0.15	0.18	0.23	0.31
D28	General services	0.13	0.09	0.07	0.14

Red indicates statistically significant correlations $p < 0.05$

Table 4.17 shows that three variables (indicated in red) of the component "compliance" have significant relationships with the perceptions of the importance of disability provision.

Table 4.18 shows the Pearson Correlation Coefficient between the variables of component “*restrictions*” and perceptions of the importance of disability provision.

Table 4.18: Results of the Pearson Correlation Coefficient between the variables of component restrictions and perceptions of the importance of disability provision

Variables Section D	Components Section D	Variables Section C Component “ <i>restrictions</i> ”					
		C10	C11	C12	C13	C14	C21
D1	Building exterior	0.01	0.13	0.28	0.18	0.30	0.14
D2	Building exterior	-0.10	0.00	-0.13	-0.19	0.11	0.15
D3	Building exterior	-0.21	-0.04	-0.19	-0.18	-0.14	0.01
D4	Building exterior	-0.17	-0.02	-0.05	-0.13	0.17	0.21
D6	Bedrooms	0.41	0.23	-0.02	-0.21	0.16	0.24
D7	Bedrooms	0.00	-0.21	-0.23	-0.20	0.10	0.10
D8	Bedrooms	-0.09	-0.08	-0.05	-0.00	0.23	0.20
D9	Bedrooms	-0.00	-0.23	-0.32	-0.23	-0.04	-0.06
D10	Bedrooms	-0.00	0.08	-0.10	-0.18	0.05	0.26
D11	Bedrooms	-0.16	0.01	-0.01	-0.02	0.01	0.13
D12	Bedrooms	0.00	0.16	0.11	0.12	0.10	0.17
D13	Bathrooms	0.21	0.24	0.04	0.06	0.09	0.14
D14	Bathrooms	0.03	0.02	-0.05	-0.07	0.06	0.03
D15	Bathrooms	-0.01	0.17	-0.01	-0.03	0.20	0.32
D16	Public / dining areas	-0.04	-0.03	-0.13	-0.19	0.08	0.00
D17	Public / dining areas	-0.21	-0.01	-0.15	-0.07	0.17	0.08
D18	Public / dining areas	-0.03	0.06	0.00	0.02	0.06	0.20
D19	Public / dining areas	-0.00	0.05	-0.10	-0.11	0.23	0.13
D20	Public / dining areas	0.00	-0.03	0.01	-0.05	0.20	0.10
D21	Public / dining areas	-0.10	0.03	-0.24	-0.20	0.01	0.10
D5	General services	-0.02	0.01	-0.17	-0.27	0.09	-0.03
D22	General services	0.23	0.04	0.23	0.03	0.34	0.21
D23	General services	0.13	0.16	0.02	-0.10	0.06	0.21
D24	General services	-0.11	-0.11	-0.25	-0.29	-0.02	0.07
D25	General services	-0.09	-0.02	-0.27	-0.16	-0.04	0.07
D26	General services	-0.07	-0.02	-0.30	-0.28	-0.11	0.04
D27	General services	-0.04	-0.13	-0.03	-0.02	0.09	0.27
D28	General services	-0.04	-0.09	-0.31	-0.28	-0.00	0.05

Red indicates statistically significant correlations $p < 0.05$

Table 4.18 shows that eight variables (indicated in red) of the component “restrictions” have significant relationships with the perceptions of the importance of disability provision. Four of the eight significant relationships have a negative correlation.

Table 4.19 shows the Pearson Correlation Coefficient between the variables of component “accessibility requirements” and perceptions of the importance of disability provision.

Table 4.19: Results of the Pearson Correlation Coefficient between the variables of component accessibility requirements and perceptions of the importance of disability provision

Variables Section D	Components Section D	Variables Section C Component “accessibility requirements”			
		C17	C18	C19	C20
D1	Building exterior	0.25	0.20	0.12	0.15
D2	Building exterior	0.07	0.07	0.15	0.13
D3	Building exterior	-0.04	-0.04	-0.02	-0.03
D4	Building exterior	0.07	0.03	0.23	0.23
D6	Bedrooms	0.25	0.30	0.22	0.38
D7	Bedrooms	0.17	0.18	0.27	0.23
D8	Bedrooms	0.21	0.15	0.13	0.06
D9	Bedrooms	0.10	0.08	0.08	0.15
D10	Bedrooms	0.28	0.29	0.23	0.25
D11	Bedrooms	0.22	0.16	0.06	-0.03
D12	Bedrooms	0.36	0.35	0.18	0.16
D13	Bathrooms	0.48	0.44	0.34	0.45
D14	Bathrooms	0.27	0.27	0.18	0.27
D15	Bathrooms	0.39	0.40	0.40	0.30
D16	Public / dining areas	0.20	0.20	0.07	0.13
D17	Public / dining areas	0.15	0.11	0.09	0.09
D18	Public / dining areas	0.27	0.24	0.18	0.08
D19	Public / dining areas	0.31	0.31	0.24	0.23
D20	Public / dining areas	0.23	0.18	0.13	0.10
D21	Public / dining areas	0.22	0.23	0.18	0.21
D5	General services	0.05	0.02	0.06	0.03
D22	General services	0.26	0.20	0.27	0.30
D23	General services	0.17	0.20	0.22	0.35
D24	General services	0.06	0.04	0.04	0.15

Variables Section D	Components Section D	Variables Section C Component "accessibility requirements"			
		C17	C18	C19	C20
D25	General services	0.15	0.13	0.15	0.23
D26	General services	0.09	0.07	0.12	0.22
D27	General services	0.03	0.07	0.24	0.26
D28	General services	0.21	0.19	0.22	0.23

Red indicates statistically significant correlations $p < 0.05$

Table 4.19 shows that 17 variables (indicated in red) of the component "accessibility requirements" have significant relationships with the perceptions of the importance of disability provision.

This hypothesis is rejected. There is no relationship between the perceptions of accommodation managers towards disability service provision and their perceptions towards the importance of disability service provision.

Table 20 shows a summary of the significant statistical correlation between the components on the perceptions of accommodation managers towards disability service provision (Section C of the questionnaire) and accommodation managers' perceptions towards the importance of disability service provision (Section D of the questionnaire).

Table 4.20: Significant statistical correlation

Variables Section C	Components: Section C	Significant relationships with Section D
C3	People with disabilities as a market segment	2
C8	People with disabilities as a market segment	3
C9	People with disabilities as a market segment	19
C22	People with disabilities as a market segment	6
C4	Compliance	1
C7	Compliance	2
C10	Restrictions	1
C12	Restrictions	3
C13	Restrictions	1

C14	Restrictions	2
C21	Restrictions	1
C17	Accessibility requirements	4
C18	Accessibility requirements	6
C19	Accessibility requirements	2
C20	Accessibility requirements	5

Table 4.20 shows that for variable C9, 19 statistical correlations were found. Variable C9 proposes that “*accommodation managers should continuously increase their disability provision market share*”. For all the other variables only a few statistical correlations were found. In totality there were only very few components (C) that had statistical relationship with the importance of disability provision (D). Hypothesis 1 is thus rejected as there is no statistical relationship overall.

4.8.2 Testing Hypothesis 2

H₂: There is no relationship between the demographics of accommodation managers and their perceptions towards disability service provision.

T-tests were performed to consider whether the independent variables, for example gender, age, education and employment position in Section A of the questionnaire had a significant relationship with the way the respondents perceived disability service provision (Section C of the questionnaire). The independent variables were compared with the entire Section C (as the dependent variable).

Table 4.21 shows the results of the T-Test of the mean differences between the respondents' gender and the perceptions of accommodation managers towards disability service provision.

Table 4.21: Results of the T-Test of the mean difference between the respondents' gender and the perceptions of accommodation managers towards disability service provision

Marked differences are significant at $p < .050000$					
Variable	Mean 2	Mean 1	t-value	df	p
C1	4.64	4.64	0.00	43	0.993823
C2	4.03	3.78	0.60	43	0.549672
C3	4.29	4.42	-0.45	43	0.649384
C4	4.12	4.71	-2.03	43	0.048170
C5	4.16	4.50	-1.18	43	0.241236
C6	4.19	4.42	-0.84	43	0.404135
C7	4.25	4.50	-0.90	43	0.368883
C8	3.54	3.78	-0.64	43	0.521941
C9	3.51	3.57	-0.17	43	0.864716
C10	3.74	3.78	-0.13	43	0.894060
C11	4.29	4.42	-0.40	43	0.685921
C12	3.51	3.21	0.82	43	0.416352
C13	3.58	3.07	1.52	43	0.135556
C14	2.87	2.92	0.13	43	0.893873
C15	3.87	3.71	0.43	43	0.667294
C16	4.09	4.00	0.35	43	0.723859
C17	3.77	3.92	-0.49	43	0.623166
C18	3.83	3.78	0.17	43	0.862824
C19	3.70	3.64	0.19	43	0.844577
C20	3.83	4.14	-1.03	43	0.307091
C21	4.32	3.92	1.38	43	0.174072
C22	4.22	4.21	0.04	43	0.963356

Table 4.21 shows that one of the 22 variables (indicated in red), namely statement C4, “Compliance with the South African constitution and Bill of Rights is important to accommodation providers”, revealed a statistical difference between gender and how respondents perceived disability service provision. It is thus evident that there is no relationship between gender and the perceptions of accommodation managers towards disability service provision.

Table 4.22 shows the results of the T-Test of the mean difference between the respondents' age and the perceptions of accommodation managers towards disability service provision.

Table 4.22: Results of the T-Test of the mean difference between the respondents' age and the perceptions of accommodation managers towards disability service provision

Marked differences are significant at $p < .050000$					
Variable	Mean 4	Mean 6	t-value	df	p
C1	4.90	5.00	-0.61	12	0.548627
C2	4.50	3.75	1.20	12	0.250890
C3	4.50	4.75	-0.54	12	0.596631
C4	3.90	5.00	-1.66	12	0.121054
C5	3.80	4.75	01.46	12	0.167706
C6	3.70	5.00	-2.18	12	0.049157
C7	4.00	4.75	-1.33	12	0.205254
C8	2.70	3.75	-1.49	12	0.160028
C9	3.20	3.50	-0.49	12	0.629627
C10	4.10	3.25	1.34	12	0.202827
C11	4.50	3.75	1.05	12	0.311169
C12	3.60	1.75	2.98	12	0.011333
C13	3.80	2.50	2.33	12	0.037521
C14	3.70	1.75	3.18	12	0.007845
C15	4.40	2.25	3.03	12	0.010275
C16	4.10	3.75	0.55	12	0.589289
C17	4.00	3.00	1.85	12	0.088830
C18	4.10	3.00	2.15	12	0.051803
C19	4.20	4.00	0.31	12	0.756281
C20	4.10	3.75	0.48	12	0.634474
C21	4.50	4.25	0.43	12	0.670270
C22	4.40	4.50	-0.21	12	0.833188

Table 4.22 shows that five of the 22 variables (indicated in red) revealed a statistical difference between various age groups and how respondents perceived disability

service provision. The statistical difference ($p < 0.05$) is revealed in statements C6, “Compliance with national non-discrimination laws is important to accommodation providers”; C12, “Additional time required to address access to services restricts disability provision”; C13, “Accessibility requirements are too difficult to be practically implemented restricting disability provision” and; C14, “A perceived negative reaction by non-disabled guest to be accommodated in a designated accessible room hampers disability provision”. There is thus no relationship between age and the perceptions of accommodation managers towards disability service provision.

Table 4.23 shows the results of the T-Test of the mean difference between the respondents’ level of education and the perceptions of accommodation managers towards disability service provision.

Table 4.23: Results of the T-Test of the mean difference between the respondents’ education level and the perceptions of accommodation managers towards disability service provision

Marked differences are significant at $p < .050000$					
Variable	Mean 2	Mean 3	t-value	df	p
C1	4.60	5.00	-1.22	31	0.229438
C2	3.84	4.50	-1.28	31	0.207401
C3	4.32	4.75	-1.13	31	0.264846
C4	4.28	4.62	-0.91	31	0.369061
C5	4.16	4.75	-1.69	31	0.100787
C6	4.20	4.75	-1.62	31	0.114105
C7	4.36	4.50	-0.41	31	0.683628
C8	3.68	4.00	-0.69	31	0.490117
C9	3.48	3.87	-0.97	31	0.339248
C10	3.64	4.00	-0.80	31	0.428078
C11	4.12	4.87	-1.97	31	0.057483
C12	3.12	4.25	-2.82	31	0.008272
C13	3.20	4.00	-2.00	31	0.054098
C14	2.56	3.37	-1.54	31	0.131620
C15	3.84	3.87	-0.07	31	0.936990
C16	3.88	4.50	-1.87	31	0.070871

Marked differences are significant at $p < .050000$					
Variable	Mean 2	Mean 3	t-value	df	p
C17	3.76	4.25	-1.36	31	0.180756
C18	3.84	4.12	-0.82	31	0.413750
C19	3.52	4.12	-1.53	31	0.134471
C20	3.76	4.37	-1.63	31	0.111209
C21	4.00	4.75	-2.12	31	0.042056
C22	4.20	4.50	-0.91	31	0.364941

Table 4.23 shows that two of the 22 variables (indicated in red) revealed a statistical difference between various education levels and how respondents perceived disability service provision. Marked statistical differences were shown in statement C12, *“Additional time required to address access to services restricts disability provision”*, and statement C21, *“Financial incentives will encourage disability service provision (e.g. tax breaks)”*. It is thus evident that there is no relationship between level of education and the perceptions of accommodation managers towards disability service provision.

Table 4.24 shows the results of the T-Test of the mean difference between the respondents' employment position and the perceptions of accommodation managers towards disability service provision.

Table 4.24: Results of the T-Test of the mean difference between the respondents' employment position and the perceptions of accommodation managers towards disability service provision

Marked differences are significant at $p < .050000$					
Variable	Mean 1	Mean 2	t-value	df	p
C1	4.52	4.71	-0.40	28	0.685045
C2	4.26	4.00	0.51	28	0.610034
C3	4.52	4.00	1.61	28	0.118155
C4	4.30	4.71	-1.06	28	0.296339
C5	4.39	4.14	0.64	28	0.524548
C6	4.39	4.00	1.08	28	0.286370
C7	4.47	4.14	1.07	28	0.291040

Marked differences are significant at $p < .050000$					
Variable	Mean 1	Mean 2	t-value	df	p
C8	3.60	3.28	0.69	28	0.495759
C9	3.65	3.28	0.83	28	0.408401
C10	3.69	3.14	1.28	28	0.208665
C11	4.60	3.71	1.91	28	0.066254
C12	3.52	3.14	0.72	28	0.472092
C13	3.56	3.28	0.61	28	0.543800
C14	3.13	2.85	0.46	28	0.644127
C15	3.86	3.71	0.29	28	0.771243
C16	4.13	3.71	1.13	28	0.264099
C17	3.91	3.57	0.77	28	0.447469
C18	3.91	3.57	0.82	28	0.414328
C19	3.91	3.28	1.29	28	0.205848
C20	4.17	3.14	2.81	28	0.008833
C21	4.60	3.28	4.51	28	0.000105
C22	4.60	3.42	4.77	28	0.000052

Table 4.24 shows that three of the 22 variables (indicated in red) revealed a statistical difference between employment positions and how respondents perceived disability service provision. The statistical difference ($p < 0.05$) is revealed in statements C20, “Availability of planning/management tools addressing accessibility will encourage disability service provision”; C21, “Financial incentives will encourage disability service provision (e.g. tax breaks)”, and C22, “An enlarged market share will encourage disability service provision”. It is thus clear that there is no relationship between employment position of respondents and perceptions towards disability service provision.

As the majority of the demographic variables did not show any relationship to accommodation managers and their perceptions towards disability service provision, this hypothesis is accepted. There is no relationship between the demographics of accommodation managers and their perceptions towards disability service provision.

4.8.3 Testing Hypothesis 3

H₃: There is no relationship between the demographics of accommodation managers and their perceptions towards the importance of disability service provision.

T-tests were performed to investigate if there was a significant relationship between the demographics (gender, age, education and employment position) of respondents and accommodation managers' perceptions towards the importance of disability service provision (Section D of the questionnaire).

Table 4.25 shows the results of the T-Test of the mean difference between the respondents' gender and accommodation managers' perceptions towards the importance of disability service provision (Section D of the questionnaire).

Table 4.25: Results of the T-Test of the mean difference between the respondents' gender and the perceptions of accommodation managers towards the importance of disability service provision

Marked differences are significant at $p < .050000$					
Variable	Mean 4	Mean 6	t-value	df	p
D1	4.70	2.50	4.83	12	0.000409
D2	4.90	5.00	-0.61	12	0.548627
D3	4.70	4.50	0.43	12	0.668111
D4	4.90	5.00	-0.61	12	0.548627
D5	4.70	4.25	0.79	12	0.439298
D6	3.90	4.50	-0.71	12	0.486123
D7	4.40	5.00	-1.08	12	0.297367
D8	4.20	3.75	0.55	12	0.587532
D9	4.50	4.75	-0.54	12	0.596631
D10	4.40	4.75	-0.61	12	0.550842
D11	3.60	2.75	0.99	12	0.340571
D12	4.10	2.25	2.93	12	0.012558
D13	4.20	3.75	0.69	12	0.499945
D14	4.20	3.00	1.58	12	0.138471
D15	4.50	4.25	0.43	12	0.670270
D16	4.50	3.25	2.01	12	0.067371

Marked differences are significant at $p < .050000$					
Variable	Mean 4	Mean 6	t-value	df	p
D17	4.30	3.25	1.59	12	0.136596
D18	4.00	2.25	2.86	12	0.014097
D19	4.40	3.75	1.04	12	0.314599
D20	4.20	2.25	3.54	12	0.004003
D21	4.20	4.00	0.34	12	0.736916
D22	3.50	2.75	0.95	12	0.359558
D23	4.10	3.50	0.94	12	0.364611
D24	4.10	5.00	-2.00	12	0.067912
D25	4.40	5.00	-1.38	12	0.190151
D26	4.40	5.00	-1.38	12	0.190151
D27	4.10	4.50	-0.62	12	0.541634
D28	4.50	4.50	0.00	12	1.000000

Table 4.25 shows that four of the 28 variables (indicated in red) revealed a statistical difference between gender and accommodation managers' perceptions towards the importance of disability service provision. The statistical difference ($p < 0.05$) is revealed in statements D1, "*Signage should incorporate symbols/pictograms*"; D12, "*Bedroom curtains should be fitted with pull-rods/closing cords*"; D18, "*Menus should be available in large print and Braille*", and D20, "*Labels on buffet stations should be clear and in large print*". It is thus evident that there is no relationship between gender and accommodation managers' perceptions towards the importance of disability service provision.

Table 4.26 shows the results of the T-Test of the mean difference between the respondents' age and accommodation managers' perceptions towards the importance of disability service provision (Section D of the questionnaire).

Table 4.26: Results of the T-Test of the mean difference between the respondents' age and the perceptions of accommodation managers towards the importance of disability service provision

Marked differences are significant at $p < .050000$					
Variable	Mean 2	Mean 1	t-value	df	p
D1	4.29	4.07	0.75	43	0.457275
D2	4.80	4.78	0.13	43	0.889894
D3	4.32	4.14	0.58	43	0.558314
D4	4.67	4.78	-0.60	43	0.545996
D5	4.19	4.07	0.36	43	0.714971
D6	3.58	4.50	-2.35	43	0.022999
D7	4.06	4.50	-1.34	43	0.185158
D8	3.96	3.92	0.11	43	0.910614
D9	4.16	4.50	-1.12	43	0.267465
D10	4.06	4.35	-0.97	43	0.333272
D11	3.38	3.42	-0.10	43	0.914235
D12	3.54	3.57	-0.06	43	0.950777
D13	3.90	4.35	-1.42	43	0.160619
D14	3.93	3.85	0.20	43	0.837238
D15	4.19	4.50	-0.98	43	0.331304
D16	4.06	4.07	-0.01	43	0.984916
D17	3.83	3.92	-0.22	43	0.824309
D18	3.41	3.21	2.53	43	0.598307
D19	4.06	4.35	-0.83	43	0.409026
D20	3.64	3.42	0.57	43	0.567248
D21	3.74	4.00	-0.71	43	0.478113
D22	3.25	3.42	-0.42	43	0.669717
D23	3.90	3.78	0.33	43	0.739347
D24	4.22	4.64	-1.30	43	0.200280
D25	4.22	4.35	-0.43	43	0.669124
D26	4.22	4.35	-0.40	43	0.684118
D27	4.00	4.21	-0.58	43	0.564081
D28	4.16	4.21	-0.15	43	0.875057

Table 4.26 shows that one of the 28 variables (indicated in red), namely statement D6, “*At least one designated accessible bedroom should be available*”, revealed a statistical difference between age and how accommodation managers perceived the importance of disability service provision. It is thus clear that there is no relationship between age and accommodation managers’ perceptions towards the importance of disability service provision.

Table 4.27 shows the results of the T-Test of the mean difference between the respondents’ level of education and accommodation managers’ perceptions towards the importance of disability service provision (Section D of the questionnaire).

Table 4.27: Results of the T-Test of the mean difference between the respondents’ education level and the perceptions of accommodation managers towards the importance of disability service provision

Marked differences are significant at $p < .050000$					
Variable	Mean 2	Mean 3	t-value	df	p
D1	4.04	4.37	-0.85	31	0.399049
D2	4.80	4.87	-0.39	31	0.697689
D3	4.32	3.62	1.75	31	0.088367
D4	4.68	4.75	-0.29	31	0.773681
D5	4.24	3.62	1.43	31	0.160868
D6	3.96	4.00	-0.07	31	0.939273
D7	4.28	4.12	0.41	31	0.679303
D8	4.08	3.87	0.49	31	0.626697
D9	4.28	4.50	-0.69	31	0.494658
D10	4.20	4.50	-0.96	31	0.339935
D11	3.60	3.12	1.01	31	0.316387
D12	3.72	3.25	1.03	31	0.307427
D13	4.20	4.12	0.20	31	0.838045
D14	4.08	3.37	1.57	31	0.125752
D15	4.24	4.50	-0.75	31	0.458723
D16	4.12	3.62	1.15	31	0.256961
D17	3.96	3.37	1.17	31	0.250252

Marked differences are significant at $p < .050000$					
Variable	Mean 2	Mean 3	t-value	df	p
D18	3.48	3.25	0.48	31	0.629007
D19	4.20	4.12	0.17	31	0.858873
D20	3.64	3.62	0.03	31	0.973479
D21	3.96	3.62	0.73	31	0.466761
D22	3.24	4.00	-1.52	31	0.136982
D23	3.84	4.37	-1.31	31	0.199115
D24	4.36	4.75	-1.10	31	0.276212
D25	4.28	4.50	-0.65	31	0.515767
D26	4.32	4.50	-0.48	31	0.628170
D27	4.16	4.12	0.07	31	0.938657
D28	4.28	4.50	-0.55	31	0.579786

Table 4.27 shows that none of the 28 variables revealed a statistical difference between the respondents' level of education and accommodation managers' perceptions towards the importance of disability service provision. It is thus evident that there is no relationship between education and accommodation managers' perceptions towards the importance of disability service provision.

Table 4.28 shows the results of the T-Test of the mean difference between the respondents' position of employment and accommodation managers' perceptions towards the importance of disability service provision (Section D of the questionnaire).

Table 4.28: Results of the T-Test of the mean difference between the respondents' employment position and the perceptions of accommodation managers towards the importance of disability service provision

Marked differences are significant at $p < .050000$					
Variable	Mean 1	Mean 2	t-value	df	p
D1	4.21	4.42	-0.49	28	0.626199
D2	4.91	4.71	1.35	28	0.187663
D3	4.30	4.14	0.37	28	0.709788
D4	4.91	4.57	2.22	28	0.034270

Marked differences are significant at $p < .050000$					
Variable	Mean 1	Mean 2	t-value	df	p
D5	4.13	4.14	-0.02	28	0.979186
D6	4.26	3.14	2.30	28	0.028667
D7	4.52	4.14	1.14	28	0.263918
D8	4.17	4.42	-0.65	28	0.520574
D9	4.39	4.42	-0.11	28	0.913056
D10	4.47	4.14	1.15	28	0.256465
D11	3.39	4.00	-1.18	28	0.244987
D12	3.52	4.00	-1.04	28	0.306948
D13	4.21	4.00	0.59	28	0.555187
D14	4.00	4.28	-0.55	28	0.581432
D15	4.56	4.42	0.45	28	0.650371
D16	4.04	4.57	-1.16	28	0.252423
D17	4.08	4.42	-0.74	28	0.462093
D18	3.43	3.71	-0.57	28	0.567569
D19	4.43	4.42	0.01	28	0.985553
D20	3.60	4.00	-0.82	28	0.414105
D21	4.00	3.71	0.66	28	0.509133
D22	3.60	3.00	1.21	28	0.233080
D23	4.17	3.57	1.53	28	0.134945
D24	4.56	4.42	0.49	28	0.623181
D25	4.60	4.14	1.62	28	0.115178
D26	4.60	4.00	2.20	28	0.036039
D27	4.56	3.42	2.88	28	0.007497
D28	4.43	4.00	1.34	28	0.188734

Table 4.28 shows that four of the 28 variables (indicated in red) revealed a statistical difference between the employment position and accommodation managers' perceptions towards the importance of disability service provision. The statistical difference ($p < 0.05$) is shown in statements D4, "A ramp should be provided en-route to facilities where steps are present"; D6, "At least one designated accessible bedroom should be available"; D26, "Accessibility requirements of disabled guests should be included in front-line staff training", and D27, "The establishment's website should be

made accessible for people with disabilities". It is thus clear that there is no relationship between employment and accommodation managers' perceptions towards the importance of disability service provision.

This hypothesis is accepted. There is no relationship between the demographics of accommodation managers and their perceptions towards the importance of disability service provision.

4.8.4 Reliability of the components

In chapter 3, Table 3.3 shows the various components to be included on the perceptions of disability service provision (Section C of the questionnaire) and perceptions of the importance of disability provision (Section D of the questionnaire). These components will be used to test the hypothesis. To ensure that these components are reliable, Cronbach alphas were determined for each component.

Table 4.29 shows the Cronbach alphas for the perceptions of disability service provision (Section C of the questionnaire), indicating the reliability of the components.

Table 4.29: Cronbach alphas for the components of Section C of questionnaire

Component	Standardized alpha
People with disabilities as a market segment	0.460342
Compliance	0.935629
Restrictions	0.688468
Accessibility requirements	0.899576

Table 4.29 shows that the components on the perceptions of disability service provision possessed adequate and above threshold (>0.70) reliability. Only one component, "*People with disabilities as a market segment*", presented a reliability threshold of >0.4, and as this is an exploratory study it can be accepted.

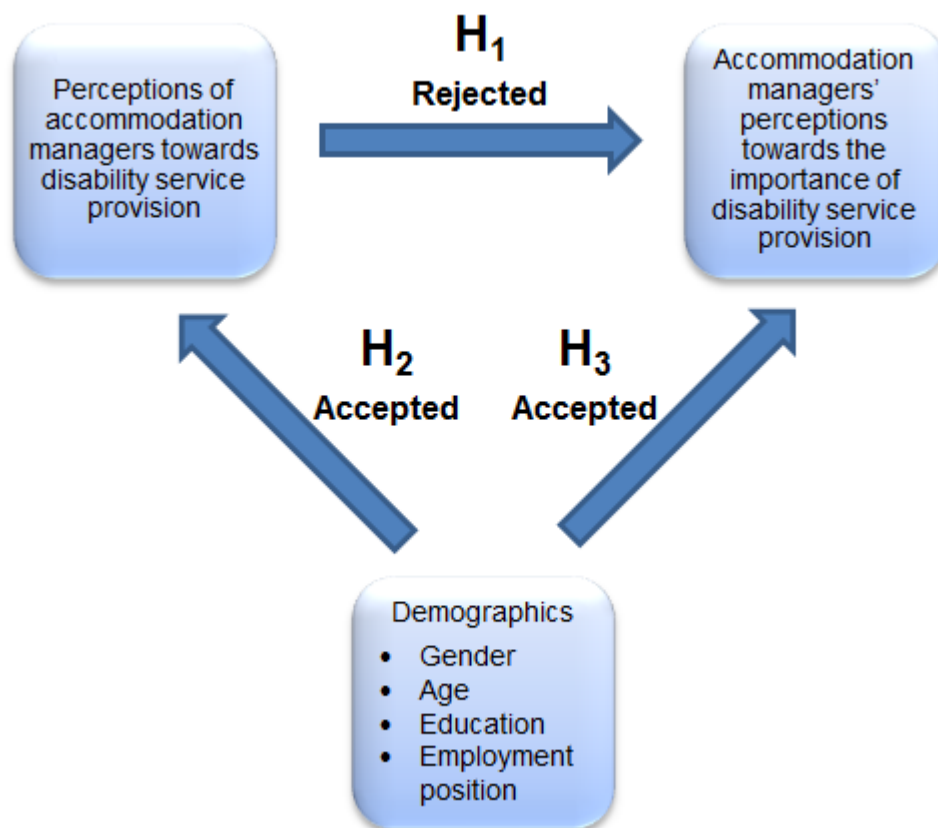
Table 4.30 shows the Cronbach alphas for the perceptions of the importance of disability service provision (Section D of the questionnaire), indicating the reliability of the components.

Table 4.30: Cronbach Alpha for the components of Section D of questionnaire

Component	Standardized alpha
Building exterior	0.695418
General services	0.905930
Bedrooms	0.879373
Bathrooms	0.811859
Public and dining areas	0.928098

Table 4.30 shows that the components on the perceptions of the importance of disability service provision possessed adequate and above threshold (>0.7) reliability.

Figure 4.18 shows the results of the empirical testing of the proposed framework and hypotheses.

Figure 4.18: Results of the empirical testing of the framework and hypotheses

As can be seen from Figure 4.18:

- H₁ is rejected. There is no relationship between the perceptions of accommodation managers towards disability service provision and their perceptions towards the importance of disability service provision.
- H₂ is accepted. There is no relationship between the demographics of accommodation managers and their perceptions towards disability service provision.
- H₃ is accepted. There is no relationship between the demographics of accommodation managers and their perceptions towards the importance of disability service provision.

4.9 SUMMARY

In this chapter, an overview of the demographic profile of the study's respondents was presented in terms of gender, age, education and employment. Among the survey respondents, the majority were female. The age group with the highest number of respondents was that of the 45 – 54 year category, while the category with the lowest number of respondents was those aged between 55 – 64 years. Most of the respondents obtained at least a National Certificate or a diploma. The greater part of the respondents was both owners and managers of their respective accommodation establishments.

Section B presented an overview of the characteristics of the business represented by the respondents used in the survey. The majority of the businesses represented by the respondents in the survey were Guest Houses, owner managed, TGCSA affiliated and either awaiting TGCSA star grading status, or non-graded accommodation establishments. The most common access dimensions that respondents had been confronted with in the respective accommodation establishments included people that had difficulties hearing or people that required the use of a hearing aid, as well as people that used wheelchairs, power wheelchairs or scooters. The majority of the businesses represented by the respondents in the survey had been operational for less than 10 years, mainly supplying services to the corporate market and regarded the accessible tourist market of low to medium importance. In terms of the size of the business, the majority of respondents reported an availability of 1 to 49 bed spaces, employing between one to nine full time or permanent employees and between one to four additional part time or seasonal employees during the high season. The majority

of businesses (55.6%), represented by the respondents, did not provide services for people with access dimensions. The remaining 44.4% of respondents that indicated that they provided services to people with access dimensions did so for people with hearing difficulties, yet interestingly, in the same grouping respondents indicated that they did not provide products and services for people with access dimensions (33,3%). 22.2% reported providing products and services to people requiring the use of a power wheelchair or scooter, while 20% of respondents provided products and service for people requiring manual wheelchairs, walkers or other types of mobility aids. None of the respondents provided services to people with limited mobility who do not require aid, as well as profoundly blind people.

The descriptive statistics of Section C of the questionnaire indicated that overall, the different aspects of disability service provision were perceived positively by the respondents. The one aspect which respondents mostly disagreed with was “*A perceived negative reaction by non-disabled guests to be accommodated in a designated accessible room hampers disability provision*”.

The descriptive statistics of Section D showed that overall, the respondents regarded most of the aspects of disability service provision as important. The two aspects that respondents regarded as most important were the provision of ramps en-route to facilities where steps are present and the necessity of keeping exterior pathways clear of obstructions. There were five aspects of disability service provision which the respondents perceived to be of lesser importance: the availability of special equipment for disabled guests; the availability of Braille / large print / audio format instructions for use of electronic equipment in bedrooms; the provision of bedroom curtains fitted with fitted with pull-rods or closing cords; the availability of menus in large print and Braille; the provision of clear and large print labels on buffet stations. A possible reason for these aspects being perceived as of lesser importance could be that the respondents are not often confronted by people with visual disabilities and communication disabilities, and that people with mobility disabilities arrive at accommodation establishments with personal special equipment. Another possible explanation for this is that it is likely to have additional expense implications for the accommodation establishment.

The Cronbach alphas indicated that the questionnaire has internal reliability. The one-way ANOVA analysis showed that there was a statistical significant relationship between employment position or function within the accommodation establishment and the perceptions of accommodation managers towards disability service provision. No statistical significant differences could be found between gender, age and education levels of respondents and perceptions towards disability service provision. The ANOVA analysis presented a statistical significant relationship between the age of respondents and the importance of disability service provision. No statistical significant differences could be found between gender, education levels and employment position or function within the accommodation establishment and the importance of disability service provision.

To further analyse the statistical significant relationships, the mean values generated during the ANOVA analysis were used and further investigated. The results on relationship between employment position or function within the accommodation establishment and the perceptions of accommodation managers towards disability service provision revealed that respondents who were owners presented a lower mean value (<3.8) on 15 of the 22 items, managers recorded a mean value (<3.8) on eight of the 22 items, while respondents who were both owners and managers presented a lower mean value (<3.8) on six of the 22 items. It was thus evident that the results obtained from the mean values generated during the ANOVA analysis shows that there is a statistical significant relationship between employment position or function within the accommodation establishment and the perceptions of accommodation managers towards disability service provision. The results on relationship between the age of respondents and the importance of disability service provision revealed that the age group between 45 – 54 years presented a higher mean value (>3.8) on 26 of the 28 items, while the age groups 35 – 44 years and those over 64 years respectively presented a higher mean value (>3.8) on 15 of the 28 items. Respondents in the age group 25 – 34 years recorded a higher mean value (>3.8) on 22 of the 28 items. It was thus evident that the results obtained from the mean values generated during the ANOVA analysis shows that there is a statistical significant relationship between the age of respondents and the perceived importance of disability service provision.

The results of the empirical testing of the first hypothesis using the Pearson Correlation Coefficient showed that there is no relationship between the perceptions of accommodation managers towards disability service provision and their perceptions towards the importance of disability service provision. The hypothesis was thus rejected.

The results of the empirical testing of the second hypothesis using T-Tests showed that there was no significant relationship between the demographics of accommodation managers and the way they perceived disability service provision. The hypothesis was thus accepted.

The results of the empirical testing of the third hypothesis using T-Tests showed that there was no significant relationship between the demographics of respondents and accommodation managers' perceptions towards the importance of disability service provision. The hypothesis was thus accepted.

In the concluding chapter, Chapter 5, the study is summarised and concluding arguments are highlighted in answering research questions. Further research opportunities that focus on disability service provision are proposed.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The final chapter of this dissertation is divided into five parts. The first part presents a brief overview of the preceding chapters. This is followed by appropriate conclusions and recommendations. The third part outlines how the research objectives in this study were met and how the research questions were answered. Thereafter, part four discusses the limitations of the study and presents suggestions for further research. Part five concludes the chapter by providing the researcher's reflections on the study.

5.2 SUMMARY OF CHAPTERS

Section 5.2 presents a summary overview of chapters one to four in the study.

5.2.1 Summary of Chapter 1

Chapter 1 discussed the background to the study and provided an overview from literature on the supply side of accessible tourism accommodation. Thereafter, the research problem was defined, primary and secondary research objectives formulated, research design and methodology described as well as the scope of the study addressed. To conclude, the chapters of the study were outlined.

The primary objective of this study was to investigate the perceptions of accommodation managers towards disability service provision. To achieve the primary objective of this study, the following secondary objectives were formulated:

- To review international and South African legislative frameworks regarding disability service provision.
- To conduct a literature review on the supply side of accessible tourism.
- To investigate South African initiatives introduced to create accessible tourist accommodation.
- To investigate the perceptions of accommodation managers towards servicing the needs of persons with disabilities.

- To investigate the perceptions of accommodation managers towards the importance of disability provision.

Given the stated secondary objectives of the research, a number of research questions needed to be addressed. These included:

- What international and South African legislative frameworks exist regarding disability service provision?
- Do commonalities exist in supply side literature findings of accessible tourism?
- What South African initiatives have been introduced to create accessible tourist accommodation?
- What are the perceptions of accommodation managers towards servicing the needs of people with disabilities?
- What are the perceptions of accommodation managers towards the importance of disability service provision?

The first step in this research process is thus to conduct a literature study that was presented in Chapter 2 of the study. This literature study provided a theoretical overview of the provision of disability service in the accommodation sector. This theoretical background provided a basis to investigate accommodation managers' perceptions towards disability service provision. A quantitative research design method was followed to gather and analyse the data necessary for this research. Information from both literature review studies and from accommodation managers in the city of Port Elizabeth as part of the Nelson Mandela Bay Metropole was gathered. The framework was empirically investigated by means of a quantitative study using a structured questionnaire to be self-completed by accommodation managers. Chapter 3 outlined the research methodology applied in the study in more detail.

5.2.2 Summary of Chapter 2

Chapter 2 provided a literature overview by firstly defining the term disability. It then broadly highlights current international disability policies. This was followed by an outline of international and South African legislative frameworks regarding constitutional guarantees for persons with disabilities, disability specific legislation and anti-discrimination legislation as identified in literature. Thereafter, a summary of

previous research conducted on the supply side of accessible tourism was provided. In the penultimate section, South African initiatives introduced to create accessible public accommodation were discussed and presented. The chapter concluded with a framework for the study.

In this chapter insight was provided into the continuous academic discourse on disability viewed from the medical and social model of disability perspective. An overview of the literature revealed that through the years various attempts from different perspectives, including from a tourism perspective, have been made to provide a common language and framework to understand disability. It was decided that, for the purpose of this study, the definition formulated by the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD, 2007) will be used as South Africa is a state signatory to the convention. The UNCPRD definition specifies that: *“Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”*. In addition, from a tourism perspective, the World Tourism Organisation in its updated recommendations on accessible tourism applies the definition of disability formulated by the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD, 2007).

An overview of the United Nations Convention on the Rights of Persons with Disabilities and the Optional Protocol was presented. It was shown that state signatories that ratified the convention are provided with a structure and an obligation to implement and apply appropriate legislation and related measures to address the human rights of people with disabilities. It was pointed out that state signatories who ratified the convention are required to identify and eliminate access barriers and set minimum standards and guidelines to provide accessible facilities and services. Furthermore, state signatories that ratified the convention are required to provide equal access to tourism services for people with disabilities.

The existing national constitutional guarantees for persons with disabilities in Canada, China, Germany and South Africa were outlined. The constitutional guarantees for persons with disabilities revealed that although equality, human rights, freedoms, human dignity and non-discrimination is a core component of constitutional

jurisprudence in nations around the world, not all constitutions specifically make mention of the term “disability”.

The promulgation and enactment of disability specific legislation and/or anti-discrimination laws in the United States of America, United Kingdom, Australia, India, China, Germany and South Africa with reference to general requirements, goods, facilities and services was presented.

A critical analysis of existing literature on the supply side of accessible tourism was presented. It was shown that in finding commonalities, disparities and emergent issues exist.

Further, South African initiatives introduced to create accessible public accommodation by implementing accessibility standards and codes governing the built environment, as well as quality assurance through universal minimum standards and standard grading criteria for accommodation establishments in considering people with mobility (physical limitations), visual (sight limitations) and communication (audio and cognitive limitations) disabilities were presented. The chapter concluded with a framework for the study which include 3 hypotheses.

5.2.3 Summary of Chapter 3

This chapter outlined the research approach, research design of the research process and data analysis presented in this study. It first provided a motivation for the methodology adopted in the research study. The remaining part of the chapter proceeded as follows: an overview of the sample, the method of collecting data, the questionnaire construction and the pilot study. The chapter was ended by addressing the analysis and interpretation of data, validity, reliability and ethical considerations.

The study adopted a positivistic research paradigm and the theoretical model was tested by means of an empirical study. Given the nature of the problem statement and the research objectives in question, the positivistic approach seemed to be the most appropriate to gauge the perceptions of respondents of the factors influencing their disability service provision. A quantitative research methodology was adopted in this study as it also provides valuable guidelines for future research.

The study employed an exploratory research design method to gather and analyse the data necessary for this research. The research design method enabled the researcher to gather extensive information from a small sample and develop a broad understanding of the perceptions of South African accommodation managers towards disability service provision. It was pointed out that an advantage of using the exploratory research approach was the saving of time and costs to complete the study. It also provides valuable guidelines for future research.

The empirical research process involved the collection of empirical data to investigate the perceptions of accommodation managers towards disability service provision. The population used for this study was accommodation establishments in the Nelson Mandela Bay Metropolitan Municipal area. As there was no existing consolidated or reliable information available on accessible accommodation in the Nelson Mandela Bay Metropolitan Municipal area, to obtain a sampling frame, an accommodation establishment contact list was sourced from Nelson Mandela Bay Tourism (NMBT). NMBT is the destination and tourism marketing entity of the Nelson Mandela Bay Municipality. The NMBT accommodation establishment contact list contained the following information on each accommodation establishment: name, main listing, suburb, contact person, telephone number, cellphone number, facsimile number and e-mail address. A summary of the Nelson Mandela Bay Tourism inventoried accommodation establishment contact list was presented. The sampling frame was used to collect data from accommodation owners / managers representing Hotels (Formal Accommodation), Guest Houses and Bed & Breakfasts (Guest Accommodation). A summary of the population, sample frame, sample and sample size for this study was presented.

The primary data for this study was gathered by means of an empirical survey where respondents were asked to complete an online questionnaire (see Annexure B). This data was collected by sending an email to respondents containing a survey link. To enhance the online study, the researcher and a fieldworker personally visited respondents. In March 2015, the researcher was granted permission to attend a monthly meeting of members of the Port Elizabeth Metro Bed and Breakfast Association in order to explain the objective of the study. The researcher personally approached prospective respondents to complete the questionnaire online. Each

participant was sent a survey link via email to complete the online questionnaire. During April to June 2015, a trained fieldworker telephonically contacted prospective respondents representing hotels, guest houses and B&B's on the contact list sourced from Nelson Mandela Bay Tourism, to explain the objectives of the study and invite them to participate in the survey. Each participant was sent a survey link via email to complete the online questionnaire. A week after telephonic contact was made and the email survey link was sent, follow-up calls were made and reminder e-mails were sent out. Numerous attempts were made to increase the sample size, but only 45 participants completed the online survey. The researcher considered the fact that respondents were reluctant to participate as disability is a sensitive issue that constitutes additional costs to any business. Online surveys also have their limitations.

The study applied a structured questionnaire as a data collection instrument. The questionnaire was developed based on the review of literature. The questionnaire consisted of four sections. Section A consisted of closed-ended questions to gather demographic details from the participants. The rationale for selecting the question format was that it placed the results in a frame of reference which might provide insights into the differences between demographic groups or correlation with regard to the responses.

Section B of the questionnaire used closed-ended questions to gather information from the participants on the characteristics of the business and provision of products and services for people with access dimensions. In addition to the closed-ended questions, a select number of dichotomous questions and open-ended questions were used. The closed-ended questions required participants to select a specific response from the listed response categories of each question with the exception that, in some questions, participants could select multiple options or were given the option of adding their own alternative responsive. The rationale for selecting the question formats was that it placed the results in a frame of reference which might provide insights into the differences between demographic groups or correlation with regard to the responses.

Section C of the questionnaire used five point Likert-type scaled questions. It dealt with the perceptions of participants towards disability service provision. The scaled-response questions were based on current international and South African anti-discrimination legislation, disability policies and legislative frameworks as identified in

literature, as well as previous research on the supply side of accessible tourism. The scaled-response questions showed the extent to which participants agreed with aspects of disability service provision.

The concluding section of the questionnaire, Section D, used five point Likert-type scaled questions. It dealt with the perceptions of the respondents of the importance of disability service provision. The scaled-response questions were based on the Tourism Grading Council of South Africa's Universal Accessibility minimum requirements and standard grading criteria for formal hotel accommodation (Annexure D) and guest accommodation (Annexure E), as well as previous research on the supply side of accessible tourism. The scaled-response questions showed the extent to which participants perceived aspects of disability service provision to be important.

Certification that the researcher gave ethical consideration to the research study was acquired from Nelson Mandela Metropolitan University. The research study complied with the ethics criteria of Nelson Mandel Metropolitan University.

To ensure the proper construction and execution of the measuring instrument, a pilot survey was conducted. The questionnaire statements were tested using a convenience sample of 10 participants. The results were captured in Microsoft Excel. Descriptive statistics were generated for all variables to investigate if there were problematic variables. The participants were asked to evaluate to the measuring instrument to enhance clarity. As a result, only minor modifications were necessary before the final questionnaire was deployed. The researcher learnt from the process that logistical problems might occur when collecting questionnaires as participants were not always readily available on agreed collection dates. As a result, the technique of administering the measuring instrument was adjusted to an online questionnaire available via a link to the Nelson Mandela Metropolitan web response survey system. The link was also sent to five participants to see whether they will be able to answer the questions online. No problems were experienced and the questionnaire was ready to be used in the main survey.

To establish the face validity of the measuring instrument, the researcher verified that items in the measuring instrument related to the purpose of investigating the perceptions of accommodation managers towards disability service provision. Content

validity was ensured by circulating the questionnaire for review to experts and incorporating comments into the final research design. For the purposes of this study, Cronbach's coefficient alpha was used to determine the internal consistency reliability of test scores, which were obtained in a Likert-type format.

An Excel spreadsheet was selected as data entry format since it was compatible with the statistical programme (Statistica) used for the preliminary data analysis. Suitable codes were allocated for missing data. The procedures used during the data analysis process included frequencies and descriptive statistics. Further statistical analysis was undertaken using the one-way analysis of variance (ANOVA). To further analyse the statistical significant relationships, the mean values generated during the ANOVA analysis were used and interpreted. A hypothetical framework was developed and empirically tested using Pearson Correlation Coefficient and T-Tests. The results of the data analysis were discussed in Chapter 4.

5.2.4 Summary of Chapter 4

This chapter presented the results that were obtained from the empirical survey in order to investigate the perceptions of accommodation managers towards disability service provision. In the first section of the chapter the demographic and sample description was outlined. Section B of the questionnaire, namely the characteristic of the business and sample description, was discussed in the second section of the chapter. Thereafter, the descriptive statistics of the questionnaire, namely Section C (the perceptions of disability service provision) and Section D (the importance of disability service provision) were provided. The reliability and validity of the measuring instrument as well as the correlation analysis were discussed. This was followed by the relationships of the independent variables on the perceptions of accommodation managers towards disability service provision and the relationships of the independent variables on the importance of disability service provision. The chapter concluded with the empirical testing of the hypotheses.

The results of the demographics of the sample respondents were presented in terms of gender, age, education and employment (see Annexure C). Among the survey respondents, the majority of the respondents were female. The age group with the highest number of respondents was that of the 45 – 54 year category, while the

category with the lowest number of respondents was those aged between 55 – 64 years. Most of the respondents obtained at least a National Certificate or a diploma. The greater part of the respondents was both owners and managers of their respective accommodation establishments.

Section B presented an overview of the characteristics of the business represented by the respondents used in the survey (see Annexure C). The majority of the businesses represented by the respondents in the survey were Guest Houses, owner managed, TGCSA affiliated and, either awaiting TGCSA star grading status, or non-graded accommodation establishments. The most common access dimensions that respondents had been confronted with in the respective accommodation establishments included people that had difficulties hearing or required the use of a hearing aid, as well as people that used wheelchairs, power wheelchairs or scooters. The majority of the businesses represented by the respondents in the survey had been operational for less than 10 years, mainly supplied services to the corporate market and regarded the accessible tourist market of low to medium importance. In terms of the size of the business, the majority of respondents reported an availability of 1 to 49 bed spaces, employing between one to nine full time or permanent employees and between one to four additional part time or seasonal employees during the high season. The majority of businesses (55.6%), represented by the respondents, did not provide services for people with access dimensions. The remaining 44.4% of respondents who indicated that they provided services to people with access dimensions did so for people with hearing difficulties, yet interestingly, in the same grouping respondents indicated that they did not provide products and services for people with access dimensions (33,3%). Only 22.2% reported providing products and services to people requiring the use of a power wheelchair or scooter, while 20% of respondents provided products and service for people requiring manual wheelchairs, walkers or other types of mobility aids. None of the respondents provided services to people who had limited mobility, people with limited mobility but who do not require aid, as well as profoundly blind people.

The descriptive statistics of Section C of the questionnaire (see Annexure C) indicated that, overall, the different aspects of disability service provision were perceived positively by the respondents. The one aspect which respondents mostly disagreed

with was, “*A perceived negative reaction by non-disabled guests to be accommodated in a designated accessible room hampers disability provision*”. Interestingly, the mean scores recorded for the items, “*People with mobility disabilities are not able to access all sections of accommodation facilities because of their disability*” (M=3.95), representing the medical model approach to disability, and “*People with mobility disabilities are not able to access all sections of accommodation facilities because of the non-provision of disability access (e.g. ramps)*” (M=4.33), representing the social model approach, showed that both results were close together. The respondents’ level of agreement leaned more towards the social model (higher mean value).

The descriptive statistics of Section D of the questionnaire (see Annexure C) showed that overall, the respondents regarded most of the aspects of disability service provision as important. The two aspects that respondents regarded as most important were the provision of ramps en-route to facilities where steps are present and the necessity of keeping exterior pathways clear of obstructions. There were five aspects of disability service provision which the respondents perceived to be of lesser importance: the availability of special equipment for disabled guests; the availability of Braille / large print / audio format instructions for use of electronic equipment in bedrooms; the provision of bedroom curtains fitted with pull-rods or closing cords; the availability of menus in large print and Braille; the provision of clear and large print labels on buffet stations. A possible reason for these aspects being perceived as of lesser importance could be that the respondents are not often confronted by people with visual and communication disabilities, and that guests with mobility requirements arrive at accommodation establishments with their own personal equipment. Another possible explanation for this is that it is likely to have additional expense implications for the accommodation establishment.

These results suggested that the provision of products and services for people with visual disabilities and communication disabilities are neglected by accommodation establishments.

The Cronbach alphas indicated that the questionnaire had internal reliability. The one-way ANOVA analysis showed that there was a statistical significant relationship between employment position or function within the accommodation establishment and the perceptions of accommodation managers towards disability service provision.

No statistical significant differences could be found between gender, age and education levels of respondents and perceptions towards disability service provision. The ANOVA analysis presented a statistical significant relationship between the age of respondents and the importance of disability service provision. No statistical significant differences could be found between gender, education levels and employment position or function within the accommodation establishment and the importance of disability service provision.

To further analyse the statistical significant relationships, the mean values generated during the ANOVA analysis were used and further investigated. The results on relationship between employment position or function within the accommodation establishment and the perceptions of accommodation managers towards disability service provision revealed that respondents who were owners presented a lower mean value (<3.8) on 15 of the 22 items, managers recorded a mean value (<3.8) on eight of the 22 items while respondents who were both owners and managers presented a lower mean value (<3.8) on six of the 22 items. It was thus evident that the results obtained from the mean values generated during the ANOVA analysis showed that there is a statistical significant relationship between employment position or function within the accommodation establishment and the perceptions of accommodation managers towards disability service provision. Owners have a more positive perception than others (managers and owner-managers) towards disability provision. This is expected as owners may not be confronted with the same issues as managers.

The results on relationship between the age of respondents and the importance of disability service provision revealed that the age group between 45 – 54 years presented a higher mean value (>3.8) on 26 of the 28 items while the age groups 35 – 44 years and those over 64 years respectively presented a higher mean value (>3.8) on 15 of the 28 items. Respondents in the age group 25 – 34 years recorded a higher mean value (>3.8) on 22 of the 28 items. It was thus evident that the results obtained from the mean values generated during the ANOVA analysis showed a statistical significant relationship between the age of respondents and the perceived importance of disability service provision. The age group 45-45 perceived the importance of disability service provision more positively than others.

The results of the empirical testing of the first hypothesis using the Pearson Correlation Coefficient showed no relationship between the perceptions of accommodation managers towards disability service provision and their perceptions towards the importance of disability service provision. The hypothesis was thus rejected.

The results of the empirical testing of the second hypothesis using T-Tests showed no significant relationship between the demographics of accommodation managers and the way they perceived disability service provision. The hypothesis was thus accepted.

The results of the empirical testing of the third hypothesis using T-Tests showed no significant relationship between the demographics of respondents and accommodation managers' perceptions towards the importance of disability service provision. The hypothesis was thus accepted.

5.3 CONCLUSIONS AND RECOMMENDATIONS

The results of the empirical testing of the framework developed for this study are discussed below.

H₁: There is a relationship between the perceptions of accommodation managers towards disability service provision and their perceptions towards the importance of disability service provision.

The results of Pearson Correlation Coefficient calculated to investigate the relationship between the components (People with disabilities as a market segment; Compliance; Restrictions; Accessibility requirements) on the perceptions of accommodation managers towards disability service provision (Section C of the questionnaire) and accommodation managers' perceptions towards the importance of disability service provision (Section D of the questionnaire) showed that there is no relationship between the perceptions of accommodation managers towards disability service provision and their perceptions towards the importance of disability service provision. The hypothesis was thus rejected.

H₂: There is no relationship between the demographics of accommodation managers and their perceptions towards disability service provision.

The results of T-tests performed to consider whether the independent variables, for example gender, age, education and employment position (Section A of the questionnaire) had a significant relationship with the way the respondents perceived disability service provision (Section C of the questionnaire), showed that there was no significant relationship between the demographics of accommodation managers and the way they perceived disability service provision. The hypothesis was thus accepted.

H₃: There is no relationship between the demographics of accommodation managers and their perceptions towards the importance of disability service provision.

The results of T-tests performed to consider whether the independent variables, for example gender, age, education and employment position (Section A of the questionnaire) had a significant relationship with the way the respondents perceived the importance of disability service provision (Section D of the questionnaire), showed that there was no significant relationship between the demographics of respondents and accommodation managers' perceptions towards the importance of disability service provision. The hypothesis was thus accepted.

5.4 RESEARCH OBJECTIVES AND QUESTIONS

This section outlines how the research objectives were met in this study and how the research questions were answered.

5.4.1 Meeting the primary objectives of the study

The primary objective of this research was to investigate the perceptions of accommodation managers towards disability service provision. This research showed these perceptions and the results thereof.

5.4.2 Meeting the secondary objectives of the study

The following secondary objectives were addressed in the study:

To review international and South African legislative frameworks regarding disability service provision

Chapter 2 of this study presented a literature overview on the conceptualization of disability as viewed from different academic perspectives. The chapter further broadly highlighted current international disability policies. This was followed by an outline of international and South African legislative frameworks regarding constitutional guarantees for persons with disabilities, disability specific legislation, anti-discrimination legislation and disability policies as identified in literature.

To conduct a literature review on the supply side of accessible tourism

Chapter 2 provided a summary of the previous research conducted on the supply side of accessible tourism and it was established that commonalities and disparities exist in supply side literature findings and emergent issues were also identified.

To review South African initiatives introduced to create accessible tourist accommodation

In Chapter 2 an outline of South African initiatives introduced to create accessible public accommodation by implementing accessibility standards and codes governing the built environment, as well as quality assurance through universal minimum standards and standard grading criteria for accommodation establishments in considering people with mobility (physical limitations), visual (sight limitations) and communication (audio and cognitive limitations) disabilities were introduced.

To investigate the perceptions of accommodation managers towards servicing the needs of persons with disabilities

Using the current international and South African anti-discrimination legislation, disability policies and legislative frameworks as identified in literature, as well as previous research on the supply side of accessible tourism, a measuring instrument (Section C) was developed that would investigate the perceptions of accommodation managers towards servicing the needs of persons with disabilities. In total, 22 variables were included in Section C of the measuring instrument (questionnaire).

To investigate the perceptions of accommodation managers towards the importance of disability provision

Using the Tourism Grading Council of South Africa's Universal Accessibility minimum requirements and standard grading criteria for formal hotel accommodation (Annexure D) and guest accommodation (Annexure E), as well as previous research on the supply side of accessible tourism, a measuring instrument (Section D) was developed that would investigate the perceptions of accommodation managers towards the importance of disability provision. In total, 28 variables were included in Section D of the measuring instrument (questionnaire).

5.4.3 Answering the research questions in the study

The answers to the research questions in this study are:

What international and South African legislative frameworks exist regarding disability service provision?

An overview of the United Nations Convention on the Rights of Persons with Disabilities and the Optional Protocol showed that state signatories who ratified the convention are provided with a structure and an obligation to implement and apply appropriate legislation and related measures to address the human rights of people with disabilities. It was also pointed out that state signatories who ratified the convention are required to identify and eliminate access barriers and set minimum standards and guidelines to provide accessible facilities and services. Furthermore, state signatories who ratified the convention are required to provide equal access to tourism services for people with disabilities.

The existing national constitutional guarantees for persons with disabilities in Canada, China, Germany and South Africa revealed that although equality, human rights, freedoms, human dignity and non-discrimination are all core components of constitutional jurisprudence in nations around the world, not all constitutions specifically make mention of the term "disability".

An analysis of the promulgation and enactment of disability specific legislation and anti-discrimination laws in United States of America, United Kingdom, Australia, India, China, Germany and South Africa with reference to general requirements, goods, facilities and services indicated that certain nations have enacted disability specific legislation while others have passed anti-discrimination laws in protecting the civil

rights of people with disabilities. In addition, the intent and ethical values of state signatories, from both the developed and developing world, to the UN Convention on the Rights of Persons with Disabilities, to protect the civil rights of people with disabilities is evident in the promulgation and enactment of disability specific legislation and anti-discrimination laws. As pointed out in existing literature (Ambrose, 2012), the principles of non-discrimination and equal participation will place the tourism sector under an obligation to provide persons with disabilities with equal access to goods and services in order to meet legal requirements.

Do commonalities exist in supply side literature findings of accessible tourism?

A critical analysis of existing literature on the supply side of accessible tourism in Western Australia by O'Neill and Knight (2000); the United States of America by Kim *et al.* (2012); Turkey by Ozturk *et al.* (2008); Taiwan by Chan *et al.* (2007); Australia by Darcy and Pegg (2011) and South Africa by Breedt (2007), Snyman (2002) and the UAT (2011) showed that commonalities exist in findings. Table 5.1 provides a summary of problem area aspects and commonalities existing in supply side literature findings of accessible tourism.

Table 5.1: Summary of problem area aspects and commonalities existing in supply side literature findings of accessible tourism

Problem area aspect	Commonalities in literature finding
Disability market	<ul style="list-style-type: none"> • underestimation of the size and potential value of the disability market (O'Neill & Knight, 2000) • persons with disabilities as a market segment is an existing supply side issue (Darcy & Pegg, 2011)
Staff	<ul style="list-style-type: none"> • lack of staff awareness training focusing specifically on the needs of people with disabilities (O'Neill & Knight, 2000) • staff awareness and training is an existing supply side issue (Darcy & Pegg, 2011) • lack of available training courses to prepare staff to the needs of persons with disabilities (UAT, 2011)
Legislative/regulatory framework	<ul style="list-style-type: none"> • lack of legislative awareness and ignorance of obligations (O'Neill & Knight, 2000) • legislation, policy and building codes is an existing supply side issue (Darcy & Pegg, 2011)

Problem area aspect	Commonalities in literature finding
	<ul style="list-style-type: none"> enforcement of disabled guidelines used in the tourism industry (Breedt, 2007)

From Table 5.1 it is evident that commonalities exist in supply side literature findings of accessible tourism regarding the following aspects: disability market (O'Neill & Knight, 2000; Darcy & Pegg, 2011), staff (O'Neill & Knight, 2000; Darcy & Pegg, 2011; UAT, 2011) as well as legislative/regulatory framework (O'Neill & Knight, 2000; Darcy & Pegg, 2011; Breedt, 2007).

What South African initiatives have been introduced to create accessible tourist accommodation?

From literature it was established that the regulatory framework governing the built environment in South Africa consists of the National Building Regulations and Building Standards Act No. 103 of 1977 (amended in 1989, 1995) and that the South African Bureau of Standards (SABS) minimum code of design practice SANS 10400 Part S, published in 2011, directly addresses issues of accessibility in the physical environment for people with disabilities. In reviewing the literature, it was found that a lack of compliance with the regulatory framework and lack of an enforcement capacity implied that people with disabilities have no guarantees that accommodation establishments contravening the regulatory framework are held accountable for non-compliance.

A further review of the literature revealed that the Tourism Grading Council of South Africa, the official quality assurance body for the star grading and classification of accommodation establishments in South Africa, initiated a Universal Accessibility Grading Scheme that has been integrated with the grading criteria framework for all star graded categories of accommodation. The Universal Accessibility Grading Scheme sets out universal accessibility minimum standards and standard grading criteria for accommodation establishments in considering people with mobility (physical limitations), visual (sight limitations) and communication (audio and cognitive limitations) disabilities. However, literature pointed out that, at present, accommodation establishments are not penalised for not meeting the Universal

Accessible grading criteria, but the grading score attained is rather intended to provide a basis for benchmarking and improvement.

What are the perceptions of accommodation managers towards servicing the needs of people with disabilities?

The descriptive statistics showed that, overall, the different aspects of disability service provision were perceived positively by the respondents. The one aspect which respondents mostly disagreed with was, "*A perceived negative reaction by non-disabled guests to be accommodated in a designated accessible room hampers disability provision*". There were six additional items that respondents disagreed with. These included: "*Additional time required to address access to services restricts disability provision*"; "*Accessibility requirements are too difficult to be practically implemented restricting disability provision*"; "*Accommodation providers should continuously increase their disability provision market share*"; "*Accommodation providers should meet disabled consumer demand*"; "*Availability of an accessibility certification scheme will facilitate disability service provision*" and "*Lack of knowledge or understanding of what accessibility is about restricts disability provision*". The one aspect which respondents agreed with most was, "*When planning trips people with disabilities require certain levels of accessibility*".

The one-way ANOVA analysis showed that only one independent variable revealed a statistical significant relationship to the perceptions of accommodation managers towards disability service provision. The only statistical significant relationship could be found between employment position or function within the accommodation establishment and the perceptions of accommodation managers towards disability service provision. No statistical significant relationships could be found between gender, age and education and the perceptions of accommodation managers towards disability service provision.

Further analysis of the statistical significant relationships of the mean values generated during the ANOVA analysis revealed that:

- owners presented a lower mean value (<3.8) on 15 of the 22 items. A possible explanation for this might be that owners of accommodations establishments

likely underestimate the potential of value of the disability market as reported by O'Neill and Knight (2000).

- managers recorded a mean value (<3.8) on eight of the 22 items
- respondents who were both owners and managers presented a lower mean value (<3.8) on six of the 22 items.

Interestingly, a similarity could be identified across all employment positions or functions within accommodation establishments on statement C14, "*A perceived negative reaction by non-disabled guests to be accommodated in a designated accessible room hampers disability provision*". The mean values on statement C14 varied between 2.41 and 3.13, indicating a neutral stance by respondents. This result would seem to suggest an inconsistency with the findings of Darcy and Pegg (2011), using a qualitative research method with a sample of 22 accommodation managers representing three to five star accommodations with accessible accommodation, applicable building codes and standards compliance. Darcy and Pegg (2011) reported that all managers were in agreement that "*the nondisabled had made negative comments or complained about having to use a 'disabled room'*".

What are the perceptions of accommodation managers towards the importance of disability service provision?

The descriptive statistics showed that overall, the respondents' regarded most of the aspects of disability service provision as important. The two aspects that respondents ranked as most important were the provision of ramps en-route to facilities where steps are present and the necessity of keeping exterior pathways clear of obstructions. There were five aspects of disability service provision which the respondents perceived to be of lesser importance: the availability of special equipment for disabled guests; the availability of Braille / large print / audio format instructions for use of electronic equipment in bedrooms; the provision of bedroom curtains fitted with fitted with pull-rods or closing cords; the availability of menus in large print and Braille; the provision of clear and large print labels on buffet stations. A possible reason for these aspects being perceived as of lesser importance could be that the respondents are not often confronted by people with visual and communication disabilities, and that guests with mobility requirements arrive at accommodation establishments with their

own personal equipment. Another possible explanation for this is that it is likely to have additional expense implications for the accommodation establishment.

The one-way ANOVA analysis showed that only one independent variable revealed a statistical significant relationship to the perceptions of accommodation managers towards the importance of disability service provision. The only statistical significant relationship could be found between the age of respondents and the perceived importance of disability service provision. No statistical significant relationship could be found between gender, education and employment and the perceptions of accommodation managers towards the importance of disability service provision.

Further analysis of the statistical significant relationships of the mean values generated during the ANOVA analysis revealed that:

- the age group between 45 – 54 years presented a higher mean value (>3.8) on 26 of the 28 items
- the age groups 35 – 44 years and those over 64 years respectively presented a higher mean value (>3.8) on 15 of the 28 items. A possible explanation for this might be that the age group between 45 – 54 years are more likely to be concerned about the importance of disability service provision as an alternative approach to grow their accommodation establishment's market share compared to the age groups 35 – 44 years and those over 64 years.
- the age group 25 – 34 years recorded a higher mean value (>3.8) on 22 of the 28 items.

A similarity in the mean values could be identified on statements D11, "*Braille/large print/audio format instructions for use of electronic equipment in bedrooms should be available*", and D22, "*Special equipment for disabled guests (e.g. wheelchairs, walking aids) should be available*". A possible reason for these statements being perceived as of lesser importance by all age groups could be that the respondents are not often confronted by people with visual disabilities and communication disabilities were shown in Figure 4.9. On the other hand, people with mobility disabilities are likely to arrive at accommodation establishments with personal special equipment. Another possible explanation for this is that both issues could have additional expense implications for the accommodation establishment.

5.5 LIMITATIONS OF THE STUDY AND SUGGESTIONS FOR FUTURE RESEARCH

Firstly, this study was limited to accommodation establishments in the Nelson Mandela Bay Metropolitan Municipal area. A second limitation of this study was the absence of existing consolidated or reliable information available on accessible accommodation in the Nelson Mandela Bay Metropolitan Municipal area. Therefore, to obtain a sampling frame, an accommodation establishment contact list was sourced from Nelson Mandela Bay Tourism (NMBT), however, the contact list did not provide information on accommodation establishments that provided service and facilities for people with disabilities. An additional limitation was the convenience sample that consisted of owners and managers of Guest Houses, Bed & Breakfasts and Hotels in order to save cost and time to complete the study. These limitations restricted the making of generalisations to the whole population, but it does, however, explore the disability service provision field and provides some understanding of the aspects researched.

Further statistical analysis would be worthwhile to identify the nature of the differences of disability service provision in accommodation establishments in a follow-up study.

An item identified in this study, namely, *“When planning trips people with disabilities require certain levels of accessibility”*, was reflected as most positively perceived. This may warrant further research. In terms of directions for future studies, these could include:

- To establish a greater understanding of the implementation constraints of the disability accessibility requirements faced by tourism accommodation establishments
- To investigate the exterior building facility accessibility requirements regarding disability service provision experienced by tourism accommodation establishments
- To investigate the interior building facility accessibility requirements regarding disability service provision experience by tourism accommodation establishments

- To investigate the development of staff skills training regarding disability service provision in tourism accommodation establishments
- To establish the extent of compliance with the South African legislative regulatory framework by tourism accommodation establishment to address issues of disability accessibility requirements

5.6 REFLECTIONS OF LEARNING

This study has resulted in the researcher becoming more knowledgeable about the perceptions of accommodation managers towards servicing the needs of people with disabilities. Furthermore, the continuous academic discourse on the term “disability” viewed from different perspectives, the attempts to provide a common language and framework to understand disability and the international and national shifts in approach towards disability has enlightened the researcher on the complexity of this study field and its possible related impact on the perceptions of accommodation establishments’ disability service provision and tourism in general. Not only has this research equipped the researcher with additional knowledge about disability service provision in accommodation establishments, but it has also informed the researcher with regard to positivistic research methods, research and questionnaire design, reporting, analysis and interpretation of data. It was a journey of great challenge to enter the world of academia, resulting in personal development and enrichment.

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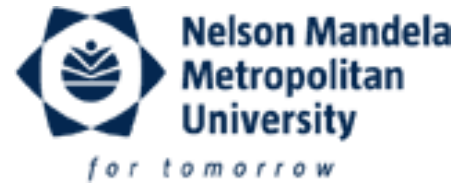
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ANNEXURE A: THE COVERING LETTER

· PO Box 77000 · Nelson Mandela Metropolitan University
· Port Elizabeth · 6031 · South Africa
· <http://www.nmmu.ac.za/>



2 February 2015

Dear Participant

PERCEPTIONS OF ACCOMMODATION MANAGERS TOWARDS DISABILITY SERVICE PROVISION.

It is important to understand the perception of accommodation managers towards disability service provision as it can indicate the areas in which a new understanding of the real demands on disability service provision may lead to a win-win situation for both the tourist with a disability and the provider.

You are invited, as an accommodation manager in the Eastern Cape, to take part in the above study by completing a questionnaire. This study will form part of my MPhil in Tourism Management.

By completing this questionnaire and taking part in this survey, you will play a valuable role in the understanding of South African accommodation managers' perceptions towards disability service provision.

The survey will only take a few minutes to complete. **This study's findings will be available in the form of a research report, upon request.**

Due date: 10 February 2015

Thank you for your time and valuable feedback.

Erika Ferreira

For any enquiries or additional information relevant to the study, please contact me via e-mail:

ferreira.erika19@gmail.com

You can also contact my supervisor

Prof Miemie Struwig

miemie.struwig@nmmu.ac.za

ANNEXURE B: THE WEB SURVEY QUESTIONNAIRE

Our Web Survey - PERCEPTIONS OF ACCOMMODATION MANAGERS TOWA.



PERCEPTIONS OF ACCOMMODATION MANAGERS TOWARDS DISABILITY SERVICE PROVISION

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Instructions: Please read each question carefully. Please complete the whole questionnaire.
PLEASE NOTE: This questionnaire will not be analysed on an individual basis - it is therefore important that you provide honest answers.

1. SECTION A

BIOGRAPHICAL DETAILS

- 1.1 Gender * Male Female
- 1.2 Age *
- 1.3 Education *
- 1.4 If other (Please specify in the space provided)
- 1.5 Employment *
- 1.6 If other (Please specify in the space provided)

2. SECTION B

CHARACTERISTICS OF THE BUSINESS

- 2.1 My accommodation business is a: *
- 2.2 If other (Please specify in the space provided)
- 2.3 My business is: *
- 2.4 If other (Please specify in the space provided)

- provided)
- 2.5 Is your business
* Tourism Grading Council South Africa (TGCSA) graded?
 Yes No Don't know
- 2.6 If yes, please indicate
* the star grading (please select) ▾
- 2.7 Of the following list of
* access dimensions, indicate which one(s) is/are the most common that your establishment business is confronted with. (Select as many responses as are appropriate).
- MOBILITY DISABILITIES: Guests requiring the use of a power wheelchair or scooter
- MOBILITY DISABILITIES: Guests requiring the use of a manual wheelchair
- MOBILITY DISABILITIES: Guests requiring the use of a walker, walking stick or other mobility aid
- MOBILITY DISABILITIES: No aid required by guests but mobility is limited, i.e. ability to cover a distance is limited
- VISUAL DISABILITIES: Guests that are profoundly blind
- VISUAL DISABILITIES: Guests that have difficulties seeing, or require the use of glasses
- COMMUNICATION DISABILITIES: Guests that are profoundly deaf
- COMMUNICATION DISABILITIES: Guests that have difficulties hearing, or require the use of a hearing aid
- OTHER DISABILITIES: Never been confronted with people with access dimensions
- OTHER DISABILITIES: Please specify in the space provided
- 2.8 If other (Please
specify in the space provided)
- 2.9 Indicate how long your
* business has been operating
- 2.10 Please indicate the
* largest market serviced by your business (please select) ▾
- 2.11 How important is the
* accessible tourist market (people with disabilities) to your business? (please select) ▾
- 2.12 Indicate the size of
* your business in terms of the number of bed spaces
- 2.13 Indicate the size of
* your business in terms of the total number of full time/permanent employees
- 2.14 Indicate the size of
your business in terms

- * of the total number of addition part time/seasonal employees that the establishment employs during the high season
- 2.15 Does your business provide services for people with access dimensions? If your response is `no` for question 15, proceed to Section C. If your response is `yes` for question 15 proceed to question 16. Yes No
- 2.16 Of the following list of access dimensions, indicate for which one (s) your business provides products or services. (Select as many responses as are appropriate)
- MOBILITY DISABILITIES: Guests requiring the use of a power wheelchair or scooter.
- MOBILITY DISABILITIES: Guests requiring the use of a manual wheelchair.
- MOBILITY DISABILITIES: Guests requiring the use of a walker, walking stick or other mobility aid.
- MOBILITY DISABILITIES: No aid required by guests but mobility is limited, i.e. ability to cover a distance is limited
- VISUAL DISABILITIES: Guests that are profoundly blind
- VISUAL DISABILITIES: Guests that have difficulties seeing, or require the use of glasses
- COMMUNICATION DISABILITIES: Guests that are profoundly deaf
- COMMUNICATION DISABILITIES: Guests with difficulty hearing, or make use of a hearing aid
- OTHER DISABILITIES: Do not provide products or services for people with access dimensions
- OTHER DISABILITIES: Please specify in the space provided
- 2.17 If other (Please specify in the space provided)

3. SECTION C

PERCEPTIONS OF DISABILITY SERVICE PROVISION.

On a scale of 1 (Strongly disagree) to 5 (Strongly agree), to what extent do you agree with the following aspects of disability service provision.

- 3.1 When planning trips people with disabilities require certain levels of accessibility 1 2 3 4 5 strongly agree
- 3.2 People with mobility disabilities are not able to access all sections of accommodation facilities because of their disability 1 2 3 4 5 strongly agree
- 3.3 People with mobility

- * disabilities are not able to access all sections of accommodation facilities because of the non-provision of disability access (e.g. ramps) strongly disagree 1 2 3 4 5 strongly agree
- 3.4 * Compliance with the South African constitution and Bill of Rights is important to accommodation providers strongly disagree 1 2 3 4 5 strongly agree
- 3.5 * Compliance with national non-discrimination laws is important to accommodation providers strongly disagree 1 2 3 4 5 strongly agree
- 3.6 * Compliance with international human rights laws is important to accommodation providers strongly disagree 1 2 3 4 5 strongly agree
- 3.7 * Compliance with national building codes is important to accommodation providers strongly disagree 1 2 3 4 5 strongly agree
- 3.8 * Accommodation providers should meet disabled consumer demand strongly disagree 1 2 3 4 5 strongly agree
- 3.9 * Accommodation providers should continuously increase their disability provision market share strongly disagree 1 2 3 4 5 strongly agree
- 3.10 * Lack of knowledge or understanding of what accessibility is about restricts disability provision strongly disagree 1 2 3 4 5 strongly agree
- 3.11 * Additional costs involved to upgrade facilities restrict disability provision strongly disagree 1 2 3 4 5 strongly agree
- 3.12 * Additional time required to address access to services restricts disability provision strongly disagree 1 2 3 4 5 strongly agree

- 3.13 Accessibility requirement are too difficult to be practically implemented restricting disability provision
strongly disagree 1 2 3 4 5 strongly agree
- 3.14 A perceived negative reaction by non-disabled guests to be accommodated in a designated accessible room hampers disability provision
*
strongly disagree 1 2 3 4 5 strongly agree
- 3.15 Lack of customer demand restricts disability provision
*
strongly disagree 1 2 3 4 5 strongly agree
- 3.16 A growing awareness of the importance of the accessibility market will encourage disability service provision
*
strongly disagree 1 2 3 4 5 strongly agree
- 3.17 Availability of published minimum accessibility requirements will facilitate disability service provision
*
strongly disagree 1 2 3 4 5 strongly agree
- 3.18 A system of national accessibility standards will facilitate disability service provision
*
strongly disagree 1 2 3 4 5 strongly agree
- 3.19 Availability of an accessibility certification scheme will facilitate disability service provision
*
strongly disagree 1 2 3 4 5 strongly agree
- 3.20 Availability of planning/management tools addressing accessibility will encourage disability service provision
*
strongly disagree 1 2 3 4 5 strongly agree
- 3.21 Financial incentives will encourage disability service provision (e.g. tax breaks)
*
strongly disagree 1 2 3 4 5 strongly agree
- 3.22 An enlarged market share will encourage disability service provision
*
strongly disagree 1 2 3 4 5 strongly agree

4. SECTION D

PERCEPTIONS OF THE IMPORTANCE OF DISABILITY SERVICE PROVISION

On a scale of 1 (Highly unimportant) to 5 (Very important), rate the importance of the following aspects of disability service provision.

- 4.1 Signage should
* incorporate symbols/pictograms Not important 1 2 3 4 5 Very important
- 4.2 Exterior pathways
should be kept clear of
obstructions Not important 1 2 3 4 5 Very important
- 4.3 There should be 1
* designated parking
bay for every 25
standard parking bays Not important 1 2 3 4 5 Very important
- 4.4 A ramp should be
* provided en-route to
facilities where steps
are present Not important 1 2 3 4 5 Very important
- 4.5 A functional record-
* keeping system of
current guests with
disabilities should be
made available to key
employees Not important 1 2 3 4 5 Very important
- 4.6 At least one
* designated accessible
bedroom should be
available Not important 1 2 3 4 5 Very important
- 4.7 The distance between
* furniture and fittings
in bedrooms should be
unobstructed and at
least 90cm wide Not important 1 2 3 4 5 Very important
- 4.8 Bedroom furniture
* should have rounded
edges / corners Not important 1 2 3 4 5 Very important
- 4.9 There should be an
* unobstructed space to
turn next to the bed.
(At least 120cm width
on one side of the
bed) Not important 1 2 3 4 5 Very important
- 4.10 Switches/controls/door
* handles in bedrooms
should be no higher
than 120cm from the
floor Not important 1 2 3 4 5 Very important
- 4.11 Braille / large print /
* audio format
instructions for use of
electronic equipment
in bedrooms should be
available Not important 1 2 3 4 5 Very important
- 4.12 Bedroom curtains

- * should be fitted with pull-rods / closing cords Not important 1 2 3 4 5 Very important
- 4.13 * The height of toilet seats should be between 48cm and 50 cm Not important 1 2 3 4 5 Very important
- 4.14 * Wash-hand basins should have lever action taps Not important 1 2 3 4 5 Very important
- 4.15 * There should be a roll-in shower Not important 1 2 3 4 5 Very important
- 4.16 * Public areas should have fixed level slip-resistant floor surfaces Not important 1 2 3 4 5 Very important
- 4.17 * Public areas should have handrails on both sides of ramps Not important 1 2 3 4 5 Very important
- 4.18 * Menus should be available in large print and Braille Not important 1 2 3 4 5 Very important
- 4.19 * Pathways between dining tables and chairs should be unobstructed Not important 1 2 3 4 5 Very important
- 4.20 * Labels on buffet stations should be clear and in large print Not important 1 2 3 4 5 Very important
- 4.21 * Staff assistance should be provided at buffet stations Not important 1 2 3 4 5 Very important
- 4.22 * Special equipment for disabled guests (e.g. wheelchairs, walking aids) should be available Not important 1 2 3 4 5 Very important
- 4.23 * Orientation tours of facilities should be available on arrival Not important 1 2 3 4 5 Very important
- 4.24 * Specialised emergency evacuation procedures should be in place Not important 1 2 3 4 5 Very important
- 4.25 * Accessibility requirements of disabled guests should be included in management training Not important 1 2 3 4 5 Very important
- 4.26 * Accessibility requirements of disabled guests should be included in front-line staff training Not important 1 2 3 4 5 Very important

- 4.27 The establishment's
* website should be made accessible for people with disabilities Not important 1 2 3 4 5 Very important
- 4.28 There should be
* collaboration with organisations/people with disabilities in order to improve facilities or services Not important 1 2 3 4 5 Very important

Thank you for your time and effort!

Submit Questionnaire

<http://forms.nmmu.ac.za/websurvey/q.asp?sid=1407&tk=bsmydghdqi>

ANNEXURE C: RESULTS OF THE FREQUENCIES

1. SECTION A: BIOGRAPHICAL DETAILS

1.1 Gender

Male	31.1%
Female	68.9%

1.2 Age

18 - 24 years	20.0%	35 - 44 years	22.2%	55 - 64 years	8.9%
25 - 34 years	17.8%	45 - 54 years	31.1%	Over 64 years	0%

1.3 Education

Grade 12 or equivalent	22.2%
National certificate or Diploma	55.6%
Bachelor's degree	17.8%
Postgraduate degree (e.g. Honours/Masters).	4.4%

1.4 If other (Please specify in the space provided)

Other please specify	0%
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1.5 Employment

Owner and manager	51.1%
Owner	15.5%
Manager	26.7%

1.6 If other (Please specify in the space provided)

Other please specify	6.7%
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2. SECTION B: CHARACTERISTICS OF THE BUSINESS

2.1 My accommodation business is a ...

Hotel	4.4%	Boutique Hotel	4.4%	Guest House	62.2%
Bed & Breakfast	24.4%				

2.2 If other (Please specify in the space provided)

Other please specify	4.44%
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2.3 My business is ...

owner managed	84.4%	a franchise	6.7%	part of a hotel chain	8.9%
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2.4 If other (Please specify in the space provided)

Other please specify	0%
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2.5 Is your business Tourism Grading Council South Africa (TGCSA) graded?

Yes	64.4%	No	35.6%	Don't know	0%
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2.6 If yes, please indicate the star grading.

1 star	0%	2 star	33.3%	3 star	26.7%
4 star	2.2%	5 star	0%	n/a	37.8%

2.7 Of the following list of access dimensions, indicate which one(s) is/are the most common that your establishment business is confronted with.

(Select as many responses as are appropriate).

Mobility disabilities	
Guests requiring the use of a power wheelchair or scooter	17.8%
Guests requiring the use of a manual wheelchair	26.7%
Guests requiring the use of a walker, walking stick or other mobility aid	6.7%
No aid required by guests but mobility is limited, i.e. ability to cover a distance is limited	0%
Visual disabilities	
Guests that are profoundly blind	2.2%
Guests that have difficulties seeing, or require the use of glasses	4.4%
Communication disabilities	
Guests that are profoundly deaf	0%
Guests with difficulty hearing, or make use of a hearing aid	40.0%
Other disabilities	
Please specify in the space provided:	
Never been confronted with people with access dimensions	0%

2.8 If other (Please specify in the space provided)

Other	2.2%
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2.9 Indicate how long your business has been operating.

Less than 10 years	57.8%	Between 10 and 19 years	37.8%
Between 20 and 29 years	2.2%	Between 70 and 79 years	2.2%

2.10 Please indicate the largest market serviced by your business.

Mainly domestic tourists	8.9%	Mainly corporates	71.1%
Mainly international	15.6%	Other	4.4%

2.11 How important is the accessible tourist market (people with disabilities) to your business?

High	11.1%	Medium	33.3%	Low	35.6%	Not Important	20.0%
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2.12 Indicate the size of your business in terms of the number of bed spaces

1 to 49 bed spaces	95.6%	150 to 199 bed spaces	2.2%
199 to 249 bed spaces	2.2%		

2.13 Indicate the size of your business in terms of the total number of full time / permanent employees

None	3.0%	1 to 9	93.3%	71 to 79	4.4%
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2.14 Indicate the size of your business in terms of the total number of additional part time / seasonal employees that the establishment employs during the high season

None	17.8%	1 to 4	77.8%	4 to 9	2.2%	34 to 49	2.2%
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2.15 Does your business provide services for people with access dimensions?

Yes	44.4%	No	55.6%
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If your response is "no" for question 15, proceed to Section C.

If your response is "yes" for question 15 proceed to question 16.

2.16 Of the following list of access dimensions, indicate for which one(s) your business provides products or services.

(Select as many responses as are appropriate).

Mobility disabilities	
Guests requiring the use of a power wheelchair or scooter	22.2%
Guests requiring the use of a manual wheelchair	20.0%
Guests requiring the use of a walker, walking stick or other mobility aid	
No aid required by guests but mobility is limited, i.e. ability to cover a distance is limited	0.0%
Visual disabilities	

Guests that are profoundly blind	
Guests that have difficulties seeing, or require the use of glasses	
Communication disabilities	4.5%
Guests that are profoundly deaf	
Guests with difficulty hearing, or make use of a hearing aid	
Other disabilities	33.3%
Do not provide products or services for people with access dimensions	
Please specify in the space provided:	

2.17 If other (Please specify in the space provided)

Other please specify	20.0%
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3. SECTION C: PERCEPTIONS OF DISABILITY SERVICE PROVISION

	Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3.1	When planning trips people with disabilities require certain levels of accessibility	4.5%	0%	2.2%	13.3%	80.0%
3.2	People with mobility disabilities are not able to access all sections of accommodation facilities because of their disability.	16.7%	6.7%	20.0%	17.7%	48.9%
3.3	People with mobility disabilities are not able to access all sections of accommodation facilities because of the non-provision of disability access (e.g. ramps).	2.2%	2.2%	11.1%	28.9%	55.6%
3.4	Compliance with the South African constitution and Bill of Rights is important to accommodation providers.	0%	4.4%	17.8%	20.0%	57.8%
3.5	Compliance with national non-discrimination laws is important to accommodation providers.	0%	4.5%	15.6%	28.9%	53.3%
3.6	Compliance with international human rights laws is important to accommodation providers.	0%	2.2%	13.3%	33.3%	48.9%
3.7	Compliance with national building codes is important to accommodation providers.	0%	2.2%	15.6%	28.9%	53.3%

	Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3.8	Accommodation providers should meet disabled consumer demand.	2.2%	15.6%	28.9%	24.4%	28.9%
3.9	Accommodation providers should continuously increase their disability provision market share.	0%	15.6%	35.6%	28.8%	20.0%
3.10	Lack of knowledge or understanding of what accessibility is about restricts disability provision.	4.4%	2.2%	31.1%	37.8%	24.5%
3.11	Additional costs involved to upgrade facilities restrict disability provision.	4.4%	0%	15.6%	17.8%	62.2%
3.12	Additional time required to address access to services restricts disability provision.	4.4%	15.6%	35.6%	22.2%	22.2%
3.13	Accessibility requirements are too difficult to be practically implemented restricting disability provision.	4.5%	13.3%	33.3%	33.3%	15.6%
3.14	A perceived negative reaction by non-disabled guests to be accommodated in a designated accessible room hampers disability provision.	24.4%	6.7%	35.6%	22.2%	11.1%
3.15	Lack of customer demand restricts disability provision.	4.4%	8.9%	17.8%	37.8%	31.1%
3.16	A growing awareness of the importance of the accessibility market will encourage disability service provision.	0%	2.2%	24.4%	37.8%	35.6%
3.17	Availability of published minimum accessibility requirements will facilitate disability service provision.	2.2%	4.4%	28.9%	37.8%	26.7%

Statements		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3.18	A system of national accessibility standards will facilitate disability service provision.	2.2%	4.4%	26.7%	42.2%	24.5%
3.19	Availability of an accessibility certification scheme will facilitate disability service provision.	4.5%	4.5%	33.3%	33.3%	24.4%
3.20	Availability of planning/management tools addressing accessibility will encourage disability service provision.	2.2%	2.2%	24.5%	42.2%	28.9%
3.21	Financial incentives will encourage disability service provision (e.g. tax breaks).	0%	2.2%	24.4%	24.5%	48.9%
3.22	An enlarged market share will encourage disability service provision.	0%	0%	20%	37.8%	42.2%

4. SECTION D: PERCEPTIONS OF THE IMPORTANCE OF DISABILITY SERVICE PROVISION

TO PROVIDE FOR GUESTS WITH DISABILITIES:

Statements		Highly unimportant	Unimportant	Neutral	Important	Very important
4.1	Signage should incorporate symbols / pictograms.	2.2%	0%	17.8%	33.3%	46.7%
4.2	Exterior pathways should be kept clear of obstructions.	0%	0%	2.2%	15.6%	82.2%
4.3	There should be 1 designated parking bay for every 25 standard parking bays.	2.2%	0%	20.0%	24.5%	53.3%
4.4	A ramp should be provided en-route to facilities where steps are present.	0%	0%	4.4%	20.0%	75.6%
4.5	A functional record-keeping system of current guests with disabilities should be made available to key employees.	2.2%	4.4%	17.8%	26.7%	48.9%
4.6	At least one designated accessible bedroom should be available.	6.6%	6.7%	26.7%	13.3%	46.7%
4.7	The distance between furniture and fittings in bedrooms should be unobstructed. and at least 90cm wide.	2.2%	4.4%	15.6%	26.7%	51.1%
4.8	Bedroom furniture should have rounded edges / corners.	4.4%	2.2%	24.5%	31.1%	37.8%
4.9	There should be an unobstructed space to turn next to the bed. (At least 120cm width on one side of the bed)	2.2%	0%	20.0%	24.5%	53.3%

Statements		Highly unimportant	Unimportant	Neutral	Important	Very important
4.10	Switches / controls / door handles in bedrooms should be no higher than 120cm from the floor.	2.2%	2.2%	15.6%	37.8%	42.2%
4.11	Braille / large print / audio format instructions for use of electronic equipment in bedrooms should be available.	8.9%	11.1%	28.9%	33.3%	17.8%
4.12	Bedroom curtains should be fitted with pull-rods / closing cords.	8.9%	4.4%	28.9%	37.8%	20.0%
4.13	The height of toilet seats should be between 48cm and 50cm.	2.2%	2.2%	26.7%	26.7%	42.2%
4.14	Wash-hand basins should have lever action taps.	6.7%	2.2%	24.4%	26.7%	40.0%
4.15	There should be a roll-in shower.	2.2%	2.2%	15.6%	24.4%	55.6%
4.16	Public areas should have fixed level slip-resistant floor surfaces.	4.4%	4.4%	17.8%	26.7%	46.7%
4.17	Public areas should have handrails on both sides of ramps.	6.7%	6.7%	22.2%	22.2%	42.2%
4.18	Menus should be available in large print and Braille.	11.1%	6.6%	35.6%	28.9%	17.8%
4.19	Pathways between dining tables and chairs should be unobstructed.	4.5%	2.2%	17.8%	24.4%	51.1%
4.20	Labels on buffet stations should be clear and in large print.	8.9%	4.4%	28.9%	35.6%	22.2%
4.21	Staff assistance should be provided at buffet stations.	6.7%	0%	31.1%	28.9%	33.3%

Statements		Highly unimportant	Unimportant	Neutral	Important	Very important
4.22	Special equipment for disabled guests (e.g. wheelchairs, walking aids) should be available.	8.9%	13.3%	37.8%	17.8%	22.2%
4.23	Orientation tours of facilities should be available on arrival.	4.4%	2.2%	31.1%	26.7%	35.6%
4.24	Specialised emergency evacuation procedures should be in place.	4.4%	0%	11.1%	24.5%	60.0%
4.25	Accessibility requirements of disabled guests should be included in management training.	2.2%	2.2%	13.4%	31.1%	51.1%
4.26	Accessibility requirements of disabled guests should be included in front-line staff training.	4.5%	0%	11.1%	33.3%	51.1%
4.27	The establishment's website should be made accessible for people with disabilities.	4.4%	4.5%	20.0%	22.2%	48.9%
4.28	There should be collaboration with organisations / people with disabilities in order to improve facilities or services.	4.4%	0%	17.8%	28.9%	48.9%

**ANNEXURE D: UNIVERSAL ACCESSIBILITY MINIMUM REQUIREMENTS
AND STANDARD GRADING CRITERIA FOR FORMAL
HOTEL ACCOMMODATION**

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
1. BUILDING EXTERIOR	
1.1 GROUNDS AND GARDENS	
<ul style="list-style-type: none"> • Clear signage. Signage should incorporate symbols and pictograms. Signage is an essential for way for guests to find their way. • Grounds and garden pathways kept clear of obstacles / obstructions. • Fixed, level, matt and slip resistant ground and floor surfaces. • Canopy structures should not protrude into any pedestrian walkways, and should not be lower than 2.1m. • Where steps en-route to facilities, a no-step route to be provided. • Textured surfaces, such as roughened finishes, on all ramps, stairways and main circulation paths. • Route surface firm and even - the surface should be hard with no gravel or cobble type finishes. 	<p>Communication Accessibility:</p> <ul style="list-style-type: none"> • Where applicable, signage should incorporate symbols and pictograms. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Familiarisation tour of the grounds and garden to be provided by a staff member on arrival. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Gradient en-route to facilities: Ramps en-route should have a gradient no steeper than 1:12. (Optimum gradient is 1:15) • There should be a landing at the top of ramps if there is a door to the entrance: 90cm x 120cm landing clear of the door swing.
1.2 PARKING, DRIVEWAYS AND SIGNAGE	
<ul style="list-style-type: none"> • Clear signage. Signage should incorporate symbols and pictograms. Signage is an essential for way for guests to find their way. • Where steps en-route to facilities, a no-step route to be provided, giving guests the same experience. • Number of designated 3500mm wide parking bays. For every 25 bays at least 1 should be 3500mm in width. • Gradient en-route to entrance from street or designated parking bay, to 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Any entry phone should have amplification of sound produced through the relay system. • Entry phones or intercoms should have a relay and inductive loop to allow communication with all guests. • There should be clear instructions for entry for people who cannot communicate by voice. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Immediately inside the entrance door there should be a lighting transition

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
<p>be no steeper than 1:12 gradient. (Optimum gradient is 1:15)</p> <ul style="list-style-type: none"> Entrance route surface should be firm and even and slip-resistant, no gravel or cobble type finishes. Incorporate textured surfaces providing a demarcated route from entrances and parking areas to all facilities. 	<p>zone within the lobby area where people with functional visual limitations are able to adjust from a bright outdoors to a more dimly lit interior.</p> <p>Mobility Accessibility</p> <ul style="list-style-type: none"> Setting down point at the entrance with a maximum of 1:50 gradient. If setting down point is a maximum of 1:50 and under cover should be clearly indicated. (The surface of the footway, alongside a setting down point, should be level with the carriageway at that point, to allow convenient transfer onto and from a wheelchair.) Number of designated 3500mm wide parking bays. For every 25 bays at least 1 should be 3500mm in width. Distance from designated parking bays to entrance: 30m. Gradient en-route to entrance from street or designated parking bay: No steeper than 1:12. (Optimum gradient is 1:15)
1.3 SAFETY AND SECURITY	
<ul style="list-style-type: none"> Appropriate, fit for purpose safety and security measures throughout the establishment at all times. Management Representative / the most senior representative on-site responsible for safety and security on call 24 hours a day, 7 days a week. Emergency information & procedures clearly displayed in English and in pictograms where possible. (Minimum: Emergency Exits, Evacuation floor plan, Emergency contact numbers) Guests to have secure access into facility / establishment. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> An area of refuge or holding area has been provided for use by guests in case of emergency evacuation and egress. Such an area of refuge must conform to local by-laws where applicable. <p>Visual Accessibility</p> <ul style="list-style-type: none"> Upon arrival provide familiarisation tours on all emergency exits and provide key emergency information to guests - Orally, Braille and Large Print.

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
<ul style="list-style-type: none"> • Emergency evacuation procedures provided. (Written and/or Orally and/or Audio) • An area of refuge or holding area has been provided for use by guests in case of emergency evacuation and egress. Such an area of refuge must conform to local by-laws where applicable. • Upon arrival provide appropriate, fit for purpose familiarisation, on all emergency exits and provide key emergency information to guests. • At check-in any guest with a functional limitation (or any guest requesting such facility) is highlighted in the system, so that in the event of an emergency, special procedures can be taken to locate and evacuate these guests. • On request, places of accommodation should be able to provide a system for logging cell phone numbers of guests and be able to respond to SMS communication sent from guests whilst accommodated. • Where two way-communication systems are employed for security and safety purposes, there should be a manned cell phone number provided 24/7. Where such systems make provision for communication devices, these devices should be equipped, where possible, with keypads and visual displays to allow transfer of information and communication. • There must be a record of guests with a functional physical or mobility limitation, or visual limitation or auditory limitation kept at a secure place, away from the public, but accessible to all employees. 	

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
<ul style="list-style-type: none"> Emergency evacuation procedures taking into account the needs of guests with functional auditory, visual and mobility limitations. It is essential that emergency evacuation procedures are developed and provided in written format. 	
2. BEDROOMS	
2.1 PROVISION: UNIVERSAL ACCESSIBILITY	
<ul style="list-style-type: none"> A minimum of 1 designated mobility accessible bedroom shall be required in all establishments. If properties do not comply with UA, all advertising to stipulate as such. Over and above the minimum room designation, 1 designated universal accessible bedroom shall be required for every 25 rooms. The following shall apply: For every 25 rooms: one Universal accessible room required in accordance with the building regulations of 2011. 	
2.2 BEDROOM ENTRANCE, SAFETY AND SECURITY AND FURNITURE	
<p>Designated Mobility Accessible Bedrooms:</p> <ul style="list-style-type: none"> Size of unobstructed space in-front of doors - Minimum space 90cm x 120cm, lack of clear unobstructed space can result in a guest not being able to enter the room. Door-handles should be located at a height below 120cm. Emergency evacuation notice and additional door peep-hole is to be 110 cm. Minimum size of access space to all furniture and fittings is 80cm x 90cm - access space provides easy reach. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> Flashing light doorbell, to facilitate all services delivered at the room. Flashing light linked to the room telephone. <p>Visual Accessibility</p> <ul style="list-style-type: none"> Access width between furniture and fittings to be un-obstructed for at least 90cm wide. All furniture with rounded edges and corners. Where applicable, mats and rugs need to be firmly fixed to avoid slipping. Door, cupboard and draw handles must be easy to see and grab hold of, and in clearly contrasting colours to doors.

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
	<ul style="list-style-type: none"> • Bright flashing light linked to room doorbell. • Telephones to be fitted with a bright flashing light. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • At least one chair with rigid arms on both sides, with seat between 45 - 50cm. • Clear opening width of doors. The doors must be 76cm wide. • Easy grip door handles and ease of operation of locking mechanism. • Size of unobstructed space in-front of doors 90cm x 150cm. • Unobstructed access widths of minimum of between 90cm to 120cm (for widths only) between walls, features, furniture and fittings. (It is essential that the room be free of any obstructions which might result in the guest being unable to access certain provisions within the room e.g. switches.) • Size of access space of 80cm x 120cm to all furniture and fittings. (Access space provides easy reach.) • All light controls accessible from bed. • Only main light controls accessible from bedside. If there are no easily accessible controls, a person with a functional mobility or physical limitation consumes enormous energy switching lights on and off. • Bedside light controls within easy access of the bed. If there are no easily accessible controls, a person with a functional mobility or physical limitation consumes enormous energy switching lights on and off. • Desk and tables to have a clear space of 76cm below the work surface.

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
	<ul style="list-style-type: none"> • Curtains fitted with pull rods or closing rods. (This is for easy reach and conservation of energy.)
2.3 ELECTRONIC APPLIANCES	
<p>Designated Mobility Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Remote controls for air-conditioning system. • Bedside radio/ clock alarm within easy reach from the bed. <p>Designated Communication Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Induction loop extensions or ear-phones linked to the television. • Remote controls for air-conditioning system. • Bedside radio / clock alarm within easy reach from the bed. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • The provision of teletext. • Alarm clocks should be fitted with a bright flashing light. • Alarm clocks are fitted with a vibration pad in addition to the flashing light. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Braille, large print and audio format instructions for use of electronic equipment i.e. setting the alarm clock.
2.4 WARDROBES, SHELVES AND LUGGAGE STORAGE	
<p>Designated Mobility Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Cupboard hanging rail height located at 140cm height above the floor level. • Wardrobe / draw handles to be easy to grip with limited twisting required. 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • Brightly coloured door / draw handles in contrast with the door/draw in order to be easily identified and grabbed.
2.5 CURTAINS AND WINDOW COVERINGS	
<p>Designated Mobility Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Curtains fitted with pull-rods / closing cords. 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • No complicated patterned materials for curtains. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Curtains fitted with pull-rods / closing cords.
2.6 FLOORING, CEILING, SKIRTING AND CORNICES	
<p>All Bedrooms:</p> <ul style="list-style-type: none"> • Fixed, level slip-resistant floor surfaces used. 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • 90cm wide unimpeded circulation space around and between beds and furniture. • No complicated patterned materials for carpets, curtains, wallpaper.

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
2.7 BEDDING AND LINEN	
	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • No complicated patterned materials for bedspreads.
2.8 FORM OF BEDDING (BEDS, BASES AND MATTRESSES)	
<p>Designated Mobility Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Size of firm bed 45cm to 50cm in height and minimum 92cm in width. • Unobstructed space to turn adjacent to bed. (At least 120cm width on one side of the bed.) • Emergency pull cord next to bed linked to monitoring alarm / system (cord must reach floor level). An alternative system may be employed e.g. vibrating wrist-bands, issued beepers, cell phone technology. • Unobstructed space to turn adjacent to bed.(At least 120cm width on one side of the bed) 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • 90cm wide unimpeded circulation space around and between beds and furniture. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Unobstructed space of 120cm x 150cm to turn adjacent to bed, at least 120cm width on one side of the bed to allow for the different ways that people with functional mobility and physical limitations transfer. • Bed with firm mattress at 45 - 50cm in height. • At least one room available with an electronic bed that can be control-adjusted.
2.9 TEMPERATURE CONTROL AND VENTILATION	
<p>Designated Mobility Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Remote controls for heating and cooling system in designated • Height of environmental controls to enable users to comfortably reach them at 110cm - 120cm in height. 	<p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Conveniently positioned or remote controlled heating / cooling system in room.
2.10 LIGHTING, POWER AND SWITCHES	
<p>All Bedrooms:</p> <ul style="list-style-type: none"> • Bedroom lighting must be even and well lit. • Height of light switches and controls should be 80cm – 120cm. 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • Power sockets located between 80cm - 100cm above floor surface. • Close to headboard. • Uniform and even lighting with minimum lighting levels of 200 lux. (If there is a strong differentiation between the light sources it makes it difficult for a guest with a functional

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
	<p>visual limitation to perceive items of furniture, doorways).</p> <ul style="list-style-type: none"> • Power switches and light switches with rocker switches that are on/ off detectable. • Power-switches to have a light located next to them for easier location. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • All main light controls accessible from the bed if there are no easily accessible controls, a person with functional mobility limitations consumes enormous energy switching lights on and off. • Power sockets located between 80cm - 100cm above floor surface. • Close to headboard. • Bedside lamps to have easily accessible switches i.e. 20cm away maximum.
2.11 MIRROR AND MIRROR LIGHTING	
<p>All Bedrooms:</p> <ul style="list-style-type: none"> • Mirror area well lit to assist guests with minimum lighting level of 200 lux. • Lights positioned so as not to create glare on surfaces. 	<p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Full length mirror suitable for both sitting and standing guests. • Bottom of the mirror not more than 40cm from the floor.
2.12 ACCESSORIES	
<p>Designated Mobility Accessible Bedrooms and Designated Communication Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Fire extinguisher or fire blanket located between 80cm and 120cm above floor level. • Bedroom accessories need to have bold labels for easy identification, with labels in large print. • Staff assistance available on request for orientation in room. 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • All bedroom accessories to be identified by Braille labelling. • Accessory labels / instructions in large print Braille and audio format where appropriate. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Switches, controls and door handles located between 80cm and 120cm from the floor surface.

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<ul style="list-style-type: none"> • Flashing lights and vibrating pads linked to alarm. All emergency evacuation systems are linked to flashing emergency lights in the bedroom and vibrating alarm pads placed under pillows. • Emergency ID door hangers provided for identification of guests with functional communication/hearing/visual/mobility and physical limitations, which can facilitate services that require access to the room. • The use of door hangers is up to preference of the guest. Ideally this type of service should be offered to all guests. 	<ul style="list-style-type: none"> • As a general rule switches, controls should be aligned with the door handle for easy access and reach.
2.13 SPACIOUSNESS AND OVERALL IMPRESSION	
<p>All Bedrooms:</p> <ul style="list-style-type: none"> • Floor space clear of any obstacles which may cause injury to guests with functional visual limitations. <p>Designated Mobility Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Unobstructed access widths between walls, features, furniture and fittings should be a minimum of 90cm. (It is essential that the room be free of any obstructions which may deny a guest access certain provisions within the room e.g. switches.) 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • 90cm wide unimpeded circulation space around and between beds and furniture. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Windows to be 80cm from floor level (For safety purposes). • Unobstructed access widths of 90cm between walls, features, furniture and fittings - It is essential that the room be free of any obstructions which might cause a guest to be unable to access certain provisions within the room e.g. switches. • Size of access space of 90cm x 110cm to all furniture and fittings - this will provide access space for easy reach.
3. BATHROOMS	
3.1 FLOORING AND CEILING	
<ul style="list-style-type: none"> • No coat hooks or other projections that extend more than 3cm from the wall or doors. (It is important to ensure that no 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • Colour contrast between fittings, fixtures, wall and floor finishes assisting in their location.

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<p>harmful obstructions project from the walls.)</p> <ul style="list-style-type: none"> • Fixed slip-resistant floor surface. Wooden floors, tiles or close pile carpet no higher than 13mm. • Flooring to have no design obstructions. 	
3.2 FIXTURES AND FITTINGS	
<ul style="list-style-type: none"> • Flashing light linked to alarm. (All emergency evacuation systems should be linked to a flashing emergency light in the bedroom and bathroom.) • Bathroom instructions must be provided in large print. • Emergency pull cord linked to monitoring alarm / system (Cord must reach floor level). An alternative system may be provided e.g. vibrating wrist-bands, beepers, cell phone communication. • Use of colour contrasting surfaces. • Hot pipes must be well insulated. • The access door should be fitted with an emergency release lock. • No coat hooks or other projections that extend more than 3cm from the wall or doors. (It is important to ensure that no harmful obstructions project from the walls.) • Audio and visual emergency warning and evacuation systems. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Cell phone SMS messages used to provide alerts to guests the possibility of an incoming call or someone at the door, as well as emergency and evacuation warnings. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Signs and other printed instructions provided in large print and Braille. • Bath and shower lever action mixers with balanced water supply. (Reliable temperature control over the water supply.) • Bath and shower controls with visual and embossed indicators to indicate hot and cold taps or directions on mixers. • Where provided the shower spray head should be located 210cm above the floor surface. • Size of unobstructed floor space of 120cm x 150cm. • Colour contrast between fittings, fixtures, wall and floor finishes to assist in their location. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Clear opening width of doors - there must be 76cm measured with the door in the 90 degree position. • Size of unobstructed space of 90cm x 150cm in front of doors. • Provision for a pull-handle on the inside of the door, 30cm away from the hinged side and vertically

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	<p>mounted. Where a sliding door has been used, it should be open-able with fingertip pressure.</p> <ul style="list-style-type: none"> • Handles should project clear of the surface of the sliding door and provide at least 6cm clear finger space. • Clear floor space of 180cm x 180cm provided within the bathroom or toilet, clear of other items to be positioned in the bathroom e.g. stools, sanitary disposal bins. • Remote emergency alarm call system in room. • Access space of 80cm at the side of the bath. (The space requirement is essential for a guest making use of a mobility aid to transfer comfortably from the device to the bath without any obstacles at the side of the bath). • 30cm broad seat at the end of the bath, this is to enable the guest to have support of a suitable width to take a seated position at the height of the bath when transferring from the wheelchair or mobility aid onto the bath, before getting into the bath. "T"-shaped grab-bar opposite transfer space. • Removable bath seat. • Roll-in Shower 40cm x 40cm fold-down shower seat provided at a height between 45cm and 50cm. • The centreline of the shower seat must be set at 48cm from the adjacent wall opposite the transfer space. • Vertical and cranked grab-bars on either side of the shower seat. (60cm long vertical grab-bar and cranked grab-bar set at 80cm to lowest distance from the floor.)

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	<ul style="list-style-type: none"> • Lever action shower mixer and hand shower on adjustable rail. • A 15cm maximum step with run-off which negates threshold.
3.3 HAND BASIN AND TOILET AREAS	
	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • Basin controls with visual and embossed indicators to indicate hot and cold taps or direction on mixers. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Basin and shower lever action mixers with balanced water supply. This allows reliable temperature control over the water supply. • Hot pipes must be well insulated. • Toilet paper holder within 26cm of the seat. • Trap covered with heat resistant lagging if composition is heat conducting. • Wash-hand basin with a mixer is easier for persons with functional mobility and physical limitations to use taps if they are lever action rather than knobs which have to be gripped and turned. • Or wash-hand basin with lever action taps is easier for persons with functional mobility and physical limitations to use taps if they are lever action rather than knobs which have to be gripped and turned. • Wash-hand basin mirror provided and located between 7.5cm and 15cm above the basin. • Towel rail set adjacent to wash-hand basin at a height of between 90cm and 100cm.

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3.4 TOWELLING	
	Mobility Accessibility <ul style="list-style-type: none"> • Towel rails to be a height between 90 and 100cm from the ground.
3.5 LIGHTING AND VENTILATION	
<ul style="list-style-type: none"> • All areas in bathroom must be well and evenly lit. 	Visual Accessibility <ul style="list-style-type: none"> • All areas in bathroom must be well and evenly lit. Mobility Accessibility <ul style="list-style-type: none"> • All areas in bathroom must be well and evenly lit.
3.6 ACCESSORIES	
<ul style="list-style-type: none"> • Bathroom toiletries / accessories need to have bold labels for easy identification. 	Visual Accessibility <ul style="list-style-type: none"> • Accessory / toiletry labels in Braille and audio format, and colour coded. Communication Accessibility <ul style="list-style-type: none"> • Signs and other printed instructions provided in large print.
4. PUBLIC AREAS	
4.1 DECORATION	
<ul style="list-style-type: none"> • End of corridor highlighted by colour, tone or light contrast between walls and floor coverings. • Public areas should have clearly demarcated areas providing information for guests to navigate. This should consist of textured and demarcated areas that should be incorporated into the interior décor of public areas. 	Visual Accessibility <ul style="list-style-type: none"> • Interior décor with tonal contrast between the critical surfaces. (All critical surfaces need to be demarcated with contrasting colours so that guests with functional visual limitations may clearly identify the direction in which they need to move.)
4.2 FURNISHINGS AND FIXTURES	
<ul style="list-style-type: none"> • Background music should be appropriate or kept at a low level. • Voice amplification option linked to public telephone in the lobby. • Where DVD players are provided, the subtitle feature must be available. 	Communication Accessibility <ul style="list-style-type: none"> • Where televisions are provided, induction loops and / or TV listening devices should be made available. Visual Accessibility

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<ul style="list-style-type: none"> • A selection of chairs to be with and without arm-rests. • At least 10% of chairs should have a seat height of 50cm. (No lower than 48cm and no higher than 52cm.) • All relevant emergency information and escape route maps available in large print and provision should be made for Braille mapping. • Emergency evacuation signage to incorporate symbols and pictograms. • Public telephones to be fitted with a raised pip on button number 5. • The size of opening leaf on all doors en-route should be at least 76cm measured when the door is open at 90-degrees. • Where revolving doors, turnstiles or other barriers have been installed in the establishment, an alternative means of access should be installed. • Height of emergency equipment, switches and controls located between 80cm and 120cm. 	<ul style="list-style-type: none"> • Pathways between furniture and fittings to be un-obstructed and at least 90cm wide. • Furniture should have rounded edges to prevent injury to guests. • Fixed, level matt and slip-resistant surfaced floor finishes. • Doors must be able to open fully against adjacent wall. • The wider leaf of double doors must all be located on the same side throughout the length of corridor. (There should be a clear understanding of which is the opening section of the double doors and all doors should be orientated in one direction to avoid confusion.) <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • The size of opening leaf on all doors en-route should be at least 76cm measured when the door is open at 90-degrees. • Pull handles on all doors located on access ways and passageways located at a height between 80cm and 120cm. Handles must measure at least 12cm in length and be easy to grasp, "D"-shape type handle must be used. • A selection of chairs to be with and without arm-rests, with seats at 45cm to 50cm.
4.3 BAR, LOUNGE AND SITTING AREAS	
<ul style="list-style-type: none"> • Bars should have a lowered counter at 80cm above floor level. • There should be provision for table-orientated assistance. 	
4.4 PUBLIC AREA TOILETS	
<ul style="list-style-type: none"> • No coat hooks or other projections that extend more than 3cm from the wall or doors. 	

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<ul style="list-style-type: none"> • Fixed slip-resistant floor surface. Wooden floors, tiles or close pile carpet no higher than 13mm. • Flooring to have no design obstructions. • Flashing light linked to alarm. (All emergency evacuation systems should be linked to a flashing emergency light in the bedroom and bathroom.) • Bathroom instructions must be provided in large print. • Emergency pull cord linked to monitoring alarm / system. (Cord must reach floor level). An alternative system may be provided e.g. vibrating wrist-bands, beepers, cell phone communication. • Use of colour contrasting surfaces. • Hot pipes must be well insulated. • The access door should be fitted with an emergency release lock. • Audio and visual emergency warning and evacuation systems. • All areas in bathroom must be well and evenly lit. • Bathroom toiletries/accessories need to have bold labels for easy identification. 	
4.5 FLOORING AND CEILING, SKIRTING AND CORNICES	
<ul style="list-style-type: none"> • End of corridors highlighted by colour, tone or light contrast. • Fixed, slip-resistant floor surface. 	
4.6 LIGHTING, HEATING / COOLING AND VENTILATION	
<ul style="list-style-type: none"> • Directional and informational signage related to physical and environmental access must be well lit. • Lighting must be even and effective, with minimum lighting levels of 200 lux. 	

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4.7 RAMPS	
<ul style="list-style-type: none"> • Gradient en-route to facilities (internal and external). Gradients en-route to facilities must not steeper than 1:12. (Optimum gradient is 1:15) • There should be a landing at the top of ramps with minimum dimensions: 90cm x 90cm. • Unobstructed width of not less than 90cm (To allow for easy access for mobility aids). • Ramps should have a strong textured surface that is easily differentiable from surrounding surfaces. • Ramps should have handrails on both sides at a height of between 85cm - 95cm. • Fixed, slip-resistant floor surface. 	<p>Ramps</p> <p>If there are a number of ramps which have been built at different times, or designed differently, then they may each be assessed at a different level of quality and condition. In this case the lowest mark is applied.</p> <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Gradient not steeper than 1:12. (Optimum gradient is 1:15) • Continuous handrail of a contrasting colour, on both sides, with 30cm extensions before and beyond the end of the ramp. • 10cm high curb or tapping rail on the open side of the ramp. • Contrasting colour and texture at transitions of ramp. (It is important to identify the beginning and the end of the ramp to assist guests with functional visual limitations with safe transition off and on the ramp.) <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Gradient en-route to facilities (internal and external). Gradients en-route to facilities must be no steeper than 1:12 (Optimum gradient is 1:15) • There should be a landing at the top of ramps with minimum dimensions: 90cm x 120cm • Unobstructed width of not less than 90cm (To allow for easy access for mobility aids.)
4.8 OTHER PUBLIC AREAS INCLUDING CORRIDORS AND STAIRCASES	
<ul style="list-style-type: none"> • Protected soffits to underside of the stairs below the height of 210cm. • Fixed slip-resistant floor surface. • Design lines and main circulation path should have strongly textured surfaces. Routes leading to different 	<p>Steps / Stairways Systems</p> <p>If there are a number of steps or stairway systems which have been built at different times, or designed differently, then they may each be assessed at a different level of quality</p>

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<p>elements or facilities should, ideally, have differently textured floor surfaces.</p> <ul style="list-style-type: none"> • Unobstructed width of not less than 90cm. • Stairs fitted handrails at a height of 85-95cm. • Stairs fitted non-slip treads. • Provision for unobstructed landing of 90cm x 90cm. (Clear of door swings). 	<p>and condition. In this case the lowest mark is applied.</p> <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Contrasting colour at top, bottom and landings of steps. • Guests with functional visual limitations need to have the start of the step identified. • Tonal contrast on all nosing. • Each step in the flight of steps needs to be identified. • Square closed risers to all stairs. • Each step needs to have a solid edge. Uniform height levels between landings on staircases. • There should be an equal number of steps on each flight of stairs. Continuous handrail on both sides of the staircase with 30cm extensions before and beyond the end of the stair. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Unobstructed width of not less than 90cm. (To facilitate access for guests using mobility aids.) • Provision for unobstructed landing of 90cm x 120cm. (Clear of door swings).
4.9 ELEVATORS / LIFTS	
<ul style="list-style-type: none"> • Lifts should be located in the following locations: <ol style="list-style-type: none"> 1. En-route to accessible bedrooms or other facilities. 2. Any area where accessible bedrooms and facilities are not located on the ground floor. • Braille or raised text on external and internal controls including emergency equipment. • Fixed slip-resistant floor surface. 	<p>Elevators / Lifts</p> <p>If there are a number of elevators or lift systems which have been built at different times, or designed differently, then they may each be assessed at a different level of quality and condition.</p> <p>Communication Accessibility</p> <ul style="list-style-type: none"> • Emergency telephones should have amplified volumes and ringers, to facilitate communication with guests who have functional communication limitations.

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
<ul style="list-style-type: none"> • Size of unobstructed approach space not less than 120cm x 150cm. • Clear opening width of the door should not be less than 80cm. • Emergency assistance equipment must be available and in working order. Such equipment must have both audible and visual means of summoning assistance, i.e. a telephonic device, and some form of text-interface communication system. • Minimum requirement for internal size of lift car is 120cm x 140cm. • Height of internal and external controls including emergency controls should be 90cm - 120cm. 	<ul style="list-style-type: none"> • Flashing lights should be linked to alarms and emergency buttons. • A visual display to show that help is coming should be available within the elevator. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Clearly demarcated tactile and colour contrasted waiting area at lift. • Colour contrasting door clear opening width not less than 76cm. (Doors need to be easily identified by guests with functional visual limitations.) • Lifts with automatic door enunciator. • The voice provides information to the guest as to when the lift arrives at the floor when alighting. • 150 lux minimum internal lighting level. • Minimum lighting level, which allows a clear indication to guests with functional visual limitations, of controls and assistive devices. • Handrail provided on all sides of the lift car. • Handrails provide the guest with a functional visual limitation with stabilization to hold on to whilst the lift is in motion. • Emergency phone or intercom colour contrasted with Braille and tactile buttons and text. • All emergency controls should strongly contrast with the background. • Emergency buttons needs to have rough surfaces in order for guests to distinguish them from the other controls. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Size of unobstructed approach space not less than 110cm x 150cm. (Persons making use of mobility aids should have clear, unobstructed

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
	<p>space in order to negotiate entrance and exit from the elevator.)</p> <ul style="list-style-type: none"> • Clear opening width of the door should not be less than 76cm. • Lift with automatic doors which measure not less than 90cm when doors are in open position. • Internal size of lift car of 120cm x 160cm. • Handrail provided on all sides of the lift car located between 90cm and 100cm.
5. DINING AREAS	
5.1 FURNISHINGS	
<ul style="list-style-type: none"> • Provision of handles on doors which should be located between 80cm and 120cm, this handle must be at least 12cm in length and be easy to grasp so that a seated user can easily open and close doors. • All relevant emergency information and escape route maps available in large print and provision for Braille mapping. Emergency evacuation procedures need to take into account the needs of guests with functional visual limitations. • Size of opening leaf of all doors the clear opening must be measured with door in 90-degree open position and must measure at least 76cm to enable a mobility aid user to gain access. • Adjacent alternative route to revolving doors, gates or turnstiles which these form part of the entry into the facility. • Clear unobstructed access between furniture and fittings no less than 90cm in width. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Offer choice of seating away from the noise to provide suitable environment. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Pathways between restaurant tables and chairs to be un-obstructed and at least 90cm wide. • Furniture should have rounded edges for guests with functional visual limitations. • Fixed, level, matt and slip-resistant surfaced floor finishes. • Doors must be able to open fully against adjacent wall. • The wider leaf of double doors of unequal widths must all be located on the same side throughout the length of any passageway. • A selection of chairs to be with and without arm-rests. • Tableware to contrast with the table surface or tablecloth. • Interior décor with tonal contrast between the critical surfaces. • Labels available in Braille. <p>Mobility Accessibility</p>

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
	<ul style="list-style-type: none"> • Size of opening leaf of all doors. The clear opening must be measured with door in 90-degree open position and must measure at least 76cm to enable a mobility aid user to gain access. • Provision of handles on doors which should be located between 80cm and 120cm. This handle must be at least 12cm in length. Handle must be "D"-shaped type. • Clear un-obstructed access between furniture and fittings no less than 90cm in width. • Tables to be 80cm high with at least 76cm clear space below. • A selection of chairs to be with and without arm-rests. • Where provided, bars, buffets and server areas must have a permanent lowered section at a height of 80cm from the floor to enable shorter and seated guests to comfortably reach whatever is being served without any obstruction. • Table service must be provided, in addition, to a lowered section. • Where provided, bars, buffets and server areas must have a permanent lowered section at a height of 80cm from the floor to enable shorter and seated guests to comfortably reach whatever is being served without any obstruction. • Staff assistance available at buffet / serveries and bars.
5.2 FLOORING AND CEILING	
<ul style="list-style-type: none"> • Fixed, slip-resistant floor surface with no changes in level or thresholds greater than 1.3cm. • Critical areas such as reception counters, buffet tables, exits and entrances should have strongly 	Visual Accessibility <ul style="list-style-type: none"> • Fixed, level, matt and slip-resistant surfaced floor finishes.

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
textured surfaces to provide information to guests.	
5.3 LIGHTING	
<ul style="list-style-type: none"> • Lighting must be even and well lit, with minimum lighting levels of 200 lux. • Supplementary lighting must be available on request. 	Visual Accessibility <ul style="list-style-type: none"> • Lighting must be even and well lit with minimum lighting levels of 200 lux.
5.4 MENU PRESENTATION	
<ul style="list-style-type: none"> • Clear and plain language should be employed on menus. (It is essential to provide clear and articulate information that will not need to be explained orally. Icons and symbols should be used wherever possible.) • On request, audio description(s) of all menus should be made available. This service should be offered at reception, and the guest should be able to have access to this information without resorting to requesting it from dining facility staff (E.g. through the use of a dedicated audio description service available to guests that provides information on differing facilities on request.) • Information and menus to be printed in large print and Braille. (All information needs to be in Braille and large print for guests with functional visual limitations. Staff must offer to read the menu if necessary.) 	
5.5 TABLE APPOINTMENTS	
<ul style="list-style-type: none"> • A staff member provides orientation for table setting and the food position on plate. • Staff must provide the guest with functional visual limitations with an orientation of exactly where everything is on the table in order for that guest to create a mind map. 	Visual Accessibility <ul style="list-style-type: none"> • Tableware to contrast with the table surface or tablecloth.

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
5.6 ATMOSPHERE AND AMBIENCE	
<ul style="list-style-type: none"> • Background music should be appropriate or kept at a low level. 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • Low ambient noise levels. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Clear un-obstructed access between furniture and fittings no less than 90cm in width.
5.7 DINNER QUALITY AND PRESENTATION	
<ul style="list-style-type: none"> • Labels on buffet stations and on containers must be clear and in large print. • Staff assistance must be provided at buffets. (E.g. to read out labels). • Provide a warning sign for hot elements at buffet tables and similar services to provide a basic level of warning to all guests. 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • Labels available in Braille. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • A permanently lowered section for buffet must be provided, at a height of 80cm. • In addition, table service must be offered on request. • Staff assistance provided at buffet and server area.
6. GENERAL SERVICES	
6.1 WELCOME, FRIENDLINESS AND ATTITUDE	
<ul style="list-style-type: none"> • Disability sensitisation training for managers and staff who interface with customers. • Guests should be offered a way to summon assistance when required. The use of vibrating arm-bands, beepers and cell phone communication technology is acceptable. • On arrival, blind and sight impaired guests are offered an audio-description package, providing information on facilities, services and other courtesy information typically found by guests in the room manual. It must also serve as a guide for movement through and around the hotel. 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • Large text copies of all check in information and information provided in the bedroom.

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
6.2 RECEPTION / LOBBY	
<ul style="list-style-type: none"> • Usage of non-reflective glass partitions. • Reception, and other public areas, must be provided with appropriate signage. • Entrance should be adequately illuminated with a minimum lighting level of 200 lux. • Clear glass panels and doors should be clearly marked. • Level threshold across the main entrance door. • Door mats should be firmly fixed or located. • Any canopy structure should not protrude into a pedestrian route. • Reception areas should not have high glass surfaces and backgrounds should be simple in design. • Fixed, slip-resistant floor surface. • Threshold at the main entrance not to exceed 1.3cm difference in level. • Size of opening leaf of entrance door at least 76cm with the door in a 90 degree open position. • Unobstructed level entry space on either side of main entrance door 90cm x 120cm distance measured clear of the door swing. • Size of unobstructed clear space in-front of check-in counter or reception desk at least 90cm x 140cm. 	
6.3 RESERVATION, CHECK IN AND GENERAL EFFICIENCY	
<ul style="list-style-type: none"> • All relevant emergency information and escape route maps available in large print and Braille mapping should be available in rooms. • Reception to have a pen and pad available for easier communication with guests. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Reception counter fitted with inductive loops. • Pre-populated Registration Form / Check-In Indemnity Form with a guests' personal information.

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
<ul style="list-style-type: none"> • Audio-Description packages, as described above, should be offered to all guests. • SMS facilitated communication through cellular technology employed at switchboard / reception/ reservations. • At check-in, guests are given the option of being received at a dropped check-in counter that is conducive to maintain privacy. • Awareness training on the range of human limitation(s) should be provided. This may include issues such as understanding way-finding and orientation mechanisms employed by persons with functional visual limitations, transcription techniques, disability etiquette. • Website provides sufficient pre-booking information on all services and facilities, to minimise the need to explain information by telephone. Minimum information includes room, toilet and bathroom configurations and layout. • During reservation and check-in, staff should ask the guest whether additional services are required. Where appropriate orientation of property / facilities offered. 	<ul style="list-style-type: none"> • A staff member that has basic knowledge of sign language and lip reading should be available at reception. • There should be access to sign language interpreter / lip-speaker practitioner and Deaf / Blind interpreter, to facilitate communication at different levels. • A written information and emergency pack is provided to the guest upon check-in. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Approach to the entrance free of projecting obstructions or features. • Entrance route surface firm, even and slip resistant. • Doors should always be fully closed or held open. • Contrasting colour and texture floor surface space on the inside and outside of entrance door. • Door closers should incorporate a delay mechanism. • Door furniture should incorporate a horizontal pull / lever action handle. • Directional and information signage in large format. • There should be clear, unimpeded routes provided throughout the reception area identified by contrasting colours and textures and free from all obstacles. • All furniture to be 80cm high with solid sides up to 20cm above floor surface. • Adequate lighting positioned to illuminate the faces of the reception staff and desktop without creating glare. • Low ambient noise levels.

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
	<ul style="list-style-type: none"> • Braille, large print and audio information on establishment and surroundings. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Provision for pull handles on main entrance door. This should measure at least 12cm in length and be easy to grasp at a height of 80cm to 120cm from the floor. Handle must be of a "D"-shaped type. • Hours of attendance should be a minimum of 12 hour attendance at the door to provide assistance for those who need it. • Length of 80cm high and 120cm wide check-in counter or reception desk. • Seating has been provided with a seat height between 45cm and 50cm from the floor. • Website provides sufficient pre-booking information on all services and facilities catering towards guests with functional mobility / physical limitations.
6.4 PORTERAGE, CONCIERGE AND LUGGAGE HANDLING	
<ul style="list-style-type: none"> • Porterage to be provided, by staff or owner, to guests with functional visual and mobility / physical limitations. 	
6.5 ROOM SERVICE	
<ul style="list-style-type: none"> • Room service aware of any guest-specific requirements and respond appropriately. 	
6.6 MEAL AND BEVERAGE SERVICE	
<ul style="list-style-type: none"> • Awareness training for managers and staff who interface with customers at meal times, understanding the options that exist to communicate with hearing impaired guests. • Awareness training for managers and staff who interface with customers at meal times, understanding the options 	

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
that exist to communicate menus and table setting with sight impaired guests.	
6.7 CHECK-OUT EFFICIENCY	
<ul style="list-style-type: none"> • Communication assistance provided with check-out procedure. • Check-out staff trained to request satisfaction feedback from guests with functional limitations on existing facilities and services. • Assistance provided with reading of bills and other check-out procedure, with signature template. • Portage assistance and check-out procedure conducted at dropped counter or separate station. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Written information and emergency pack is provided to the guest upon check in. <p>Mobility and Visual Accessibility</p> <ul style="list-style-type: none"> • Website provides sufficient pre-booking information on all services and facilities catering towards guests with functional mobility / physical limitations.
6.8 COMMUNICATIONS AND BUSINESS FACILITIES	
<ul style="list-style-type: none"> • Voice amplifier options on public telephones. • Telephones to be fitted with a raised pip on button number 5. (This allows the guest with a functional visual limitation to orientate themselves on the keypad.) • At least one workstation with counter-height at least 80cm from floor. • At least one public telephone in the facility, at a level accessible for wheelchair users or a seated guest. • Induction loop fitted for persons using hearing aids. • A quality sound system that provides a clear undistorted sound will facilitate communication for guests. • Clear unobstructed routes provided throughout facility. • Use of colour contrasting of décor / stationary. • There should be good even lighting and/ or spotlights with dimmers that 	

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
<p>allow lighting to focus on speakers and lip-readers.</p> <ul style="list-style-type: none"> • All information in large print and Braille. • Size of opening leaf of all doors should be, when measured in the 90-degree open position, at least 76cm wide. • Fixed, slip-resistant floor surface. • Provision for well-spaced electrical outlets at a height of 20cm from the floor in all conference venues for use by conference facility users to operate and charge assistive devices, e.g. power-chairs, Brailing-Machines. • Unobstructed width of not less than 90cm between fittings and furniture to ensure that guests making use of mobility aids are able to pass through without obstruction. 	
7. HOUSEKEEPING SERVICE	
7.1 PROVISION	
<ul style="list-style-type: none"> • Housekeeping staff to be aware of possible requirements of a guest with a functional visual limitation. • Housekeeping staff to ensure all room accessories and equipment are within easy reach for guests with functional visual limitations. Care to be taken to ensure everything remains in the same place. • Housekeeping staff to ensure all room accessories and equipment are within easy reach for guests with functional mobility limitations. 	
7.2 PUBLIC AREAS	
<ul style="list-style-type: none"> • House-keeping staff to ensure that public areas are cleared of any obstacles that may cause possible injury to a guest. 	

MINIMUM REQUIREMENTS: FORMAL ACCOMMODATION Hotels	STANDARD GRADING CRITERIA: FORMAL ACCOMMODATION Hotels
7.3 TOURIST INFORMATION	
	<ul style="list-style-type: none"> • Communication Accessibility Assistance with information about accessible tourism products and bookings provided by hotel / lodge staff. • Clear and plain format and presentation of brochures and websites, to provide clear and articulate information that will minimise the need to be explained by telephone or other media. <p>Visual and Mobility Accessibility</p> <ul style="list-style-type: none"> • Assistance with information about accessible tourism products and bookings provided by hotel / lodge staff.

* The information in this annexure is based on the Tourism Grading Council of South Africa's criteria.

**ANNEXURE E: UNIVERSAL ACCESSIBILITY MINIMUM REQUIREMENTS
AND STANDARD GRADING CRITERIA FOR GUEST
ACCOMMODATION**

MINIMUM REQUIREMENTS: GUEST ACCOMMODATION Guest Houses and Bed & Breakfast establishments	STANDARD GRADING CRITERIA: GUEST ACCOMMODATION Guest Houses and Bed & Breakfast establishments
1. BUILDING EXTERIOR	
1.1 GROUNDS AND GARDENS	
<ul style="list-style-type: none"> • Clear signage and pictograms. • Grounds and garden pathways kept clear of obstacles / obstructions. • Fixed, level, matt and slip resistant ground and floor surfaces. • Canopy structures should not protrude into any pedestrian walkways, and should not be lower than 2.1m. • Where steps are present en-route to facilities, a route with no steps to be provided. • Textured surfaces, such as roughened finishes, on all ramps, stairways and main circulation paths. • Route surface firm and even - the surface should be hard with no gravel or cobble type finishes. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Where applicable, signage should incorporate symbols and pictograms. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Familiarisation tour of the grounds and garden to be provided on arrival by a staff member. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Gradient en-route to facilities: The gradient should be no steeper than 1:12. (Optimum gradient is 1:15). There should be a landing at the top of ramps if there is a door to the entrance: 90cm x 120cm landing.
1.2 PARKING, DRIVEWAYS AND SIGNAGE	
<ul style="list-style-type: none"> • Clear signage and pictograms. • Where steps are present en-route to facilities, a route with no steps to be provided. • Number of designated 3500mm wide parking bays. For every 25 bays at least 1 should be 3500mm in width. • Gradient en-route to entrance from street or designated parking bay should not be steeper than 1:12. (Optimum gradient is 1:15) • Entrance Route surface firm and even and slip-resistant no gravel or 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Any entry phone should have amplification of sound produced through the relay system. Entry phones or intercoms should have a relay and inductive loop to allow communication with all guests. • There should be clear instructions for entry for people who cannot communicate by voice. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Setting down point at the entrance with a maximum of 1:50 gradient.

MINIMUM REQUIREMENTS: GUEST ACCOMMODATION Guest Houses and Bed & Breakfast establishments	STANDARD GRADING CRITERIA: GUEST ACCOMMODATION Guest Houses and Bed & Breakfast establishments
<p>cobble type finishes. Incorporate texturized surfaces providing a demarcated route from entrances and parking areas to all facilities.</p>	<ul style="list-style-type: none"> • Number of designated 3500mm wide parking bays. For every 25 bays at least 1 should be 3500mm in width. • Distance from designated parking bays to entrance: 30m. • Gradient en-route to entrance from street or designated parking bay: No steeper than 1:12. (Optimum gradient is 1:15)
1.3 SAFETY AND SECURITY	
<ul style="list-style-type: none"> • At check-in any guest with a functional limitation (or any guest requesting such facility) is highlighted in the system, so that in the event of an emergency, special procedures can be taken to locate and evacuate these guests. • On request, places of accommodation should be able to provide a system for logging cell phone numbers of guests and be able to respond to SMS communication sent from guests whilst accommodated. • Where two way-communication systems are employed for security and safety purposes, there should be an additional manned cell phone number provided 24/7. Where such systems make provision for communication devices, these devices should be equipped, where possible, with keypads and visual displays to allow transfer of information and communication. • There must be a record of guests with a functional physical or mobility limitation, or visual limitation or auditory limitation kept at a secure place, away from the public, but accessible to all employees. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • An area of refuge or holding area has been provided for use by guests in case of emergency evacuation and egress. Such an area of refuge must conform to local by-laws where applicable. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Upon guest arrival, information on all emergency exits and other important emergency information must be given to guests.

MINIMUM REQUIREMENTS: GUEST ACCOMMODATION Guest Houses and Bed & Breakfast establishments	STANDARD GRADING CRITERIA: GUEST ACCOMMODATION Guest Houses and Bed & Breakfast establishments
2. BEDROOMS	
2.1 BEDROOM ENTRANCE, SAFETY AND SECURITY	
<ul style="list-style-type: none"> • A minimum of one designated universal accessible bedroom shall be required in all establishments. If properties do not comply with UA, all advertising to stipulate as such. • Over and above the minimum room designation, one designated universal accessible bedroom shall be required for every 25 rooms. The following shall apply: For every 25 rooms: one universal accessible room required in accordance with the building regulations of 2011. 	
2.2 FURNITURE	
<p>Designated Mobility Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Minimum size of access space to all furniture and fittings is 80cm x 90cm. (Access space provides easy reach.) • Provision should be made for the height of at least 10% of all seating to be 50cm high. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Flashing light doorbell, to facilitate all services delivered at the room. • Flashing light linked to the room telephone. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Access width between furniture and fittings to be unobstructed and at least 90cm wide. All furniture with rounded edges and corners. • Where applicable, mats and rugs need to be firmly fixed to avoid slipping. • Door, cupboard and draw handles must be easy to see and grab hold of, and in clearly contrasting colours. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • At least one chair with rigid arms on both sides, with seat between 45 - 50cm. • Clear opening width of doors. The doors must be 90cm wide to allow for a variety of different sizes and types of mobility aid. Easy grip door handles and ease of operation of locking

MINIMUM REQUIREMENTS: GUEST ACCOMMODATION Guest Houses and Bed & Breakfast establishments	STANDARD GRADING CRITERIA: GUEST ACCOMMODATION Guest Houses and Bed & Breakfast establishments
	<p>mechanism. Size of unobstructed space in-front of doors: 90cm x 120cm. Lack of clear unobstructed space can result in a guest not being able to enter the room. Unobstructed access widths of 90cm between walls, features, furniture and fittings.</p> <ul style="list-style-type: none"> • Size of access space of 90cm x 110cm to all furniture and fittings. (Access space provides easy reach.) • All light controls accessible from bed. (If there are no easily accessible controls, a person with a functional mobility or physical limitation consumes enormous energy switching lights on and off.) • Desk and tables to have a clear space of 76cm below the work surface. • Curtains fitted with pull rods or closing rods.
2.3 ELECTRONIC APPLIANCES	
<p>All Bedrooms:</p> <ul style="list-style-type: none"> • Sub-titles available on television on services where available. <p>Designated Mobility Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Remote control for heating and cooling system in designated Mobility Accessible Rooms. <p>Designated Communication Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Induction loop extensions or ear-phones linked to the television. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • The provision of teletext. • Alarm clocks should be fitted with a bright flashing light. • Alarm clocks are fitted with a vibration pad in addition to the flashing light. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Braille, large print and audio format instructions for use of electronic equipment i.e. setting the alarm clock.
2.4 WARDROBES, SHELVES AND LUGGAGE STORAGE	
<p>All Bedrooms:</p> <ul style="list-style-type: none"> • Wardrobe door handles at a height of between 80cm- 120cm from the floor with handles that are easy to grasp. <p>Designated Mobility Accessible Bedrooms:</p>	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • Brightly coloured door / draw handles in contrast with the door / draw in order to be easily identified and grabbed.

MINIMUM REQUIREMENTS: GUEST ACCOMMODATION Guest Houses and Bed & Breakfast establishments	STANDARD GRADING CRITERIA: GUEST ACCOMMODATION Guest Houses and Bed & Breakfast establishments
<ul style="list-style-type: none"> • Cupboard hanging rail is located at a height of 140cm from the floor. • Wardrobe / drawer handles to be easy to grasp with limited twisting required. 	
2.5 CURTAINS AND WINDOW COVERINGS	
Designated Mobility Accessible Bedrooms: <ul style="list-style-type: none"> • Curtains fitted with pull-rods / closing cords. 	Visual Accessibility <ul style="list-style-type: none"> • No complicated patterned materials for curtains. (Complicated materials on bedspreads make it difficult for guests with functional visual limitations to determine where elements of furniture are located.) Mobility Accessibility <ul style="list-style-type: none"> • Curtains fitted with pull-rods / closing cords.
2.6 FLOORING, CEILING, SKIRTING AND CORNICES	
All Bedrooms: <ul style="list-style-type: none"> • Fixed, level slip-resistant floor surfaces used. 	Visual Accessibility <ul style="list-style-type: none"> • 90cm wide unimpeded circulation space around and between beds and furniture. • No complicated patterned materials for carpets, curtains, wallpaper.
2.7 BEDDING AND LINEN	
	Visual Accessibility <ul style="list-style-type: none"> • No complicated patterned materials for bedspreads.
2.8 FORM OF BEDDING (BEDS, BASES AND MATTRESSES)	
Designated Mobility Accessible Bedrooms: <ul style="list-style-type: none"> • Size of firm bed 45cm to 50cm in height and minimum 92cm in width. • Unobstructed space to turn adjacent to bed. (At least 120cm width on one side of the bed.) 	Visual Accessibility <ul style="list-style-type: none"> • 90cm wide unimpeded circulation space around and between beds and furniture. Mobility Accessibility <ul style="list-style-type: none"> • Unobstructed space of 120cm x 150cm to turn adjacent to bed. • Bed with firm mattress at 45 - 50cm in height.

MINIMUM REQUIREMENTS: GUEST ACCOMMODATION Guest Houses and Bed & Breakfast establishments	STANDARD GRADING CRITERIA: GUEST ACCOMMODATION Guest Houses and Bed & Breakfast establishments
	<ul style="list-style-type: none"> • At least one room available with an electronic bed that can be control-adjusted.
2.9 TEMPERATURE CONTROL AND VENTILATION	
<p>All Bedrooms:</p> <ul style="list-style-type: none"> • Height of environmental controls to enable users to comfortably reach them at a 110cm - 120cm in height. <p>Designated Mobility Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Remote controls. 	<p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Environmental to be no higher than 120cm from the floor. • Remote control for air-conditioning or equivalent cooling system in designated Mobility Accessible Rooms.
2.10 LIGHTING, POWER AND SWITCHES	
<p>All Bedrooms:</p> <ul style="list-style-type: none"> • Bedrooms must be well lit and lighting must be even. • Height of light switches and controls should be between 80cm – 120cm from the floor. 	<ul style="list-style-type: none"> • Visual Accessibility • Power sockets located between 80cm - 100cm above floor surface. Close to headboard. • Uniform and even lighting with minimum lighting levels to 200 lux. • Power switches and light switches with rocker switches that are on/ off detectable. • Power-switches to have a light located next to them for easier location. • Mobility Accessibility • All light controls accessible from the bed. (If there are no easily accessible controls, a person with functional mobility limitations consumes enormous energy switching lights on and off. To conserve energy and avoiding injury, light controls should be reachable from the bed.) • Power sockets located 80cm - 100cm above floor surface. Close to headboard. • Bedside lamps to have easily accessible switches i.e. 20cm away maximum.

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2.11 MIRROR AND MIRROR LIGHTING	
<p>All Bedrooms:</p> <ul style="list-style-type: none"> • Mirror area to have a minimum lighting level of 200 lux. Lights positioned so as not to create glare on surfaces. • Must have full length mirror suitable for both sitting and standing guests • Must have portable vanity mirror on request. • Bottom of the mirror not more than 40cm from the floor. 	<p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Full length mirror suitable for both sitting and standing guests. • Bottom of the mirror not more than 40cm from the floor. • Mirror area to have a minimum lighting level of 200 lux. Lights positioned so as not to create glare on surfaces.
2.12 ACCESSORIES	
<p>All Bedrooms:</p> <ul style="list-style-type: none"> • Bedroom accessories have bold labels for easy identification, with labels in large print. • Staff assistance available to guests in locating and using bedroom accessories. <p>Designated Mobility Accessible Bedrooms and Designated Communication Accessible Bedrooms:</p> <ul style="list-style-type: none"> • Emergency ID door hangers provided for identification of guests with functional communication/ hearing / visual / mobility and physical limitations, which can facilitate services that require access to the room. The use of door hangers is up to discretion of the guest. Ideally this type of service should be offered to all guests. 	<ul style="list-style-type: none"> • Visual Accessibility • All bedroom accessories to be identified by Braille labelling. • Accessory labels / instructions in large print, Braille and audio format where appropriate. • Mobility Accessibility • Switches, controls and door handles located between 90cm and 120cm from the floor surface. (As a general rule switches, controls should be aligned with the door handle for easy access and reach.)
2.13 SPACIOUSNESS AND OVERALL IMPRESSION	
<p>All Bedrooms:</p> <ul style="list-style-type: none"> • Floor space is clear of any obstacles which may cause injury to guests with functional visual limitations. 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • 90cm wide unimpeded circulation space around and between beds and furniture.

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Designated Mobility Accessible Bedrooms: <ul style="list-style-type: none"> • Unobstructed access widths between walls, features, furniture and fittings should be a minimum of 90cm. It is essential that the room be free of any obstructions which might cause a guest to be unable to access certain provisions within the room e.g. switches. 	Mobility Accessibility <ul style="list-style-type: none"> • Windows to be 80cm from floor level. (For safety purposes.) • Unobstructed access widths of 90cm between walls, features, furniture and fittings. It is essential that the room be free of any obstructions which might cause a guest to be unable to access certain provisions within the room e.g. switches. • Size of access space of 90cm x 110cm to all furniture and fittings. (This will provide access space for easy reach.)
3. BATHROOMS	
3.1 FLOORING AND CEILING	
<ul style="list-style-type: none"> • Fixed slip-resistant floor surface. Wooden floors, tiles or close pile carpet no higher than 13mm. • Flooring to have no design obstructions. 	Visual Accessibility <ul style="list-style-type: none"> • Colour contrast between fittings, fixtures, wall and floor finishes assisting in their location. • Fixed slip-resistant floor surface such as wooden floors, non-slip tiles or close pile carpet no higher than 13mm. • Flooring to have no design obstructions.
3.2 FIXTURES AND FITTINGS	
<ul style="list-style-type: none"> • Use of colour contrasting surfaces. • Bathroom instructions must be provided in large print. • Hot pipes must be well insulated. • The access door should be fitted with an emergency release lock. • No coat hooks or other obstructions to extend more than 3cm from the wall or doors. It is important to ensure that no harmful obstructions project from the walls. • WC (toilet) seat height between 48cm and 50cm. 	Communication Accessibility <ul style="list-style-type: none"> • Cell phone SMS messages used to provide alerts to guests the possibility of an incoming call or someone at the door, as well as emergency and evacuation warnings. Visual Accessibility <ul style="list-style-type: none"> • Signs and other printed instructions provided in large print and Braille. • Bath and shower lever action mixers with balanced water supply. (This allows reliable temperature control over the water supply.) • Bath and shower controls with visual and embossed indicators to indicate

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<ul style="list-style-type: none"> • Basin adjacent to WC (toilet) set at 80cm height with 72cm clear space under basin. • Basin located no more than 30cm from the toilet seat. • 80cm wide transfer space to side of pan. • Front edge of pan to project at least 69cm from the rear wall. • Centreline of toilet not more than 48cm from wall opposite transfer space. • Extended flush handle located on side of transfer space of cistern. • Cranked grab-bar should be located 80cm above floor finish. • Horizontal grab bar located at 80cm above the floor finish. • The back rest of the toilet, when raised to an upright position, shall remain in such position. 	<ul style="list-style-type: none"> hot and cold taps or directions on mixers. • Where provided the shower spray head should be located 210cm above the floor surface. • Size of unobstructed floor space of 120cm x 150cm. (This is to allow movement in the bathroom using a long cane without the guest injuring themselves by bumping into the toilet, bath/ shower). • Colour contrast between fittings, fixtures, wall and floor finishes to assist in their location. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Clear opening width of doors - there must be 76cm measured with the door in the 90 degree position. • Size of unobstructed space of 90cm x 150cm in-front of doors. • Provision for a pull-handle on the inside of the door, 30cm away from the hinged side and vertically mounted. • Where a sliding door has been used, it should be open-able with fingertip pressure. • Handles should project clear of the surface of the sliding door and provide at least 6cm clear finger space. • Clear floor space of 180cm x 180cm provided within the bathroom or toilet, clear of other items to be positioned in the bathroom e.g. stools, sanitary disposal bins. • Remote emergency alarm call system in room. • Access space of 90cm at the side of the bath. • 30cm broad seat at the end of the bath. (This is to enable the guest to have support of a suitable width to take a seated position at the height of the bath

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	<p>when transferring from the wheelchair or mobility aid onto the bath, before getting into the bath.)</p> <ul style="list-style-type: none"> • "T"-shaped grab-bar opposite transfer space. • Removable bath seat. • Roll-in Shower. • 40cm x 40cm fold-down shower seat provided at a height between 45cm and 50cm. The centreline of the shower seat must be set at 48cm from the adjacent wall opposite the transfer space. • Vertical and cranked grab-bars on either side of the shower seat. 60cm long vertical grab-bar and cranked grab-bar set at 80cm to lowest distance from the floor. • Lever action shower mixer and hand shower on adjustable rail. (This enables guests to transfer to the shower seat with ease and must therefore be set at the appropriate height and not obstruct the ability of the mobility aid to maneuver into the shower.) • A 15cm maximum step with run-off which negates threshold.
3.3 MIRROR	
	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Mirror lighting shall conform to a minimum lighting level. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Mirror lighting shall conform to a minimum lighting level. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Mirror provided at wash-hand basin and located between 7.5cm and 15cm above the basin. • Mirror lighting shall conform to a minimum lighting level.

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3.4 HAND BASIN AND TOILET AREAS	
	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • Basin controls with visual and embossed indicators to indicate hot and cold taps or direction on mixers. • Basin and shower lever action mixers with balanced water supply. • Hot pipes must be well insulated. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Toilet paper holder within 26cm of the seat. • Trap covered with heat resistant lagging if composition is heat conducting. • Wash-hand basin with mixer or lever action taps. • Wash-hand basin mirror provided and located between 7.5cm and 15cm above the basin. • Towel rail set adjacent to wash-hand basin at a height of 90cm and 100cm.
3.5 TOWELLING	
	<p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Towel rails to be a height between 90 and 100cm from the ground.
3.6 LIGHTING AND VENTILATION AND TEMPERATURE CONTROL	
<ul style="list-style-type: none"> • All areas in bathroom must be well and evenly lit. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • All areas in bathroom must be well and evenly lit. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • All areas in bathroom must be well and evenly lit. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • All areas in bathroom must be well and evenly lit.

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3.7 ACCESSORIES	
<ul style="list-style-type: none"> • Bathroom toiletries / accessories need to have bold labels for easy identification. 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • Accessory / toiletry labels in Braille and audio format, and colour coded. <p>Communication Accessibility</p> <ul style="list-style-type: none"> • Signs and other printed instructions provided in large print.
4. PUBLIC OR SHARED AREAS	
4.1 DECORATION	
<ul style="list-style-type: none"> • End of corridor highlighted by colour, tone or light contrast between walls and floor coverings. To avoid glare, used tinted glass or blinds. • Public areas should have clearly demarcated areas providing information for guests to navigate. This should consist of textured and demarcated areas that should be incorporated into the interior décor of public areas. 	<ul style="list-style-type: none"> • Visual Accessibility • Interior décor with tonal contrast between the critical surfaces. • End of corridor highlighted by colour, tone or light contrast between walls and floor coverings. • Public areas should have clearly demarcated areas providing information for guests to navigate. This should consist of textured and demarcated areas that should be incorporated into the interior décor of public areas.
4.2 FURNISHINGS AND FIXTURES	
<ul style="list-style-type: none"> • Background music should be appropriate or kept at a low level. • Voice amplification option linked to public telephone in the lobby / reception. • Where DVD players are provided, the subtitle feature must be available. • A selection of chairs to be with and without arm-rests. • At least 10% of chairs should have a seat height of 48cm - 52cm. • All relevant emergency information and escape route maps available in large print and provision should be made for Braille mapping. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Where televisions are provided, induction loops and / or TV listening devices should be made available. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Pathways between furniture and fittings to be un-obstructed and at least 90cm wide. • Furniture should have rounded edges to prevent injury to guests. • Fixed, level matt and slip-resistant surfaced floor finishes. • Doors must be able to open fully against adjacent wall.

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<ul style="list-style-type: none"> • Emergency evacuation signage to include pictograms. • Public telephones to be fitted with a raised pip on button number 5. • Doors should have a clear opening width of 90cm to allow a variety of different sizes and types of mobility aids. • Where revolving doors, turnstiles or other barriers have been installed in the establishment, an alternative means of access should be installed. • Height of emergency equipment, switches and controls located between 80cm and 120cm from the floor. 	<ul style="list-style-type: none"> • The wider leaf of double doors must all be located on the same side throughout the length of corridor. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • The size of opening leaf on all doors en-route should be at least 76cm measured when the door is open at 90-degrees. • Pull handles on all doors located on access ways and passageways located at a height between 80cm and 120cm. Handles must measure at least 12cm in length and be easy to grasp, "D"-shaped type handle must be used. • A selection of chairs to be with and without arm-rests, with seats at 45cm to 50cm.
4.3 BAR, LOUNGE AND SITTING AREAS	
<ul style="list-style-type: none"> • Bar counters should include a section of the counter, lowered to 80cm above floor level. • There should be provision for table-orientated assistance. 	
4.4 FLOORING AND CEILING, SKIRTING AND CORNICES	
<ul style="list-style-type: none"> • End of corridors highlighted by colour, tone or light contrast. • Fixed, slip-resistant floor surface. This is a precautionary measure and applies to almost all people with functional physical and mobility limitations. 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • Fixed, level, matt and slip resistant surfaced floor finishes. • Differentiation by colour, tone or light contrast between walls and floor finishes.
4.5 LIGHTING, HEATING / COOLING AND VENTILATION	
<ul style="list-style-type: none"> • Directional and informational signage related to physical and environmental access must be well lit. • Lighting must be even and effective, with minimum lighting levels of 200 lux. 	<p>Visual Accessibility</p> <ul style="list-style-type: none"> • Lighting should be positioned to minimize flare and with a minimum lighting level of 200 lux.

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4.6 RAMPS	
<ul style="list-style-type: none"> • Gradients en-route to facilities should not be steeper than 1:12 gradient. (Optimum gradient is 1:15) • There should be a landing at the top of ramps with minimum dimensions: 90cm x 90cm. • Unobstructed width of not less than 90cm. (To allow for easy access for mobility aids.) • Ramps should have a well-defined textured surface that is easily differentiable from surrounding surfaces. • Ramps should have handrails on both sides at a height of between 85cm - 95cm. • Fixed, slip-resistant floor surface. 	<p>If there are a number of ramps which have been built at different times, or designed differently, then they may each be assessed at a different level of quality and condition. In this case the lowest mark is applied.</p> <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Gradient not steeper than 1:12. • Continuous handrail of a contrasting colour, on both sides, with 30cm extensions before and beyond the end of the ramp. • 10cm high curb or tapping rail on the open side of the ramp. • Contrasting colour and texture at transitions of ramp. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Gradient en-route to facilities should be no steeper than 1:12. • There should be a landing at the top of ramps with minimum dimensions: 90cm x 120cm. • Unobstructed width of not less than 90cm. (To allow for easy access for mobility aids.)
4.7 OTHER PUBLIC AREAS INCLUDING CORRIDORS AND STAIRCASES	
<ul style="list-style-type: none"> • Protective soffits to be fitted to the underside of staircases below the height of 210cm. • Fixed slip-resistant floor surface. • Design lines and main circulation path should have strongly textured surfaces. Routes leading to different elements or facilities should, ideally, have differently textured floor surfaces. • Passages and staircases to be of an unobstructed width of not less than 	<p>Steps / Stairways Systems</p> <p>If there are a number of steps or stairway systems which have been built at different times, or designed differently, then they may each be assessed at a different level of quality and condition. In this case the lowest mark is applied.</p> <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Contrasting colour at top, bottom and landings of steps. • Tonal contrast on all nosing. (Each step in the flight of steps needs to be identified.)

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<p>90cm to facilitate access for guests using mobility aids.</p> <ul style="list-style-type: none"> • Stairs fitted handrails at a height of between 85cm - 95cm from the floor. • Stairs fitted with non-slip treads. • Provision for an unobstructed landing of 90cm x 90cm. (Clear of door swings). 	<ul style="list-style-type: none"> • Square closed risers to all stairs. (Each step needs to have a solid edge as it provides the guest with a functional visual limitation with an indicator for the next step. Steps need to have closed risers to prevent injury.) • Uniform height levels between landings on staircases. (There should be an equal number of steps on each flight of stairs.) • Continuous handrail on both sides of the staircase with 30cm extensions before and beyond the end of the stair. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Unobstructed width of not less than 90cm. (To facilitate access for guests using mobility aids.) • Provision for unobstructed landing of 90cm x 120cm. (Clear of door swings).
4.8 FLOORING AND CEILING	
<ul style="list-style-type: none"> • Fixed slip-resistant floor surface such as wooden floors, tiles or close pile carpet no higher than 13mm. 	
4.9 FIXTURES AND FITTINGS	
<ul style="list-style-type: none"> • Doors should have a clear opening width of 90cm to allow a variety of different sizes and types of mobility aids to access the toilet / bathroom. • Size of unobstructed space in front of doors needs to be a 120cm diameter circle clear of all fittings, fixtures and the line of the door swing. 	
4.10 MIRROR AND MIRROR LIGHTING	
<ul style="list-style-type: none"> • Full length mirrors must be a minimum height of 40cm above the ground and have a minimum top height of a 180cm. 	

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4.11 HAND BASIN AND TOILET AREAS	
<ul style="list-style-type: none"> • WC (toilet) seat height between 48cm and 50cm. • Basin adjacent to WC (toilet) set at 80cm height with 72cm clear space under basin. • Basin located no more than 30cm from the toilet seat. • Minimum of 80cm wide transfer space to side of toilet pan. • Front edge of pan to project at least 69cm from the rear wall. • Centreline of toilet not more than 48cm from wall opposite transfer space. • Extended flush handle located on side of transfer space of cistern. • Cranked grab-bar should be located 80cm above floor finish. • Horizontal grab bar located at 80cm above the floor finish. • The back rest of the toilet, when raised to an upright position, shall remain in such position. 	
4.12 LIGHTING AND VENTILATION	
<ul style="list-style-type: none"> • All areas in bathroom must be well and evenly lit. 	
4.13 ACCESSORIES	
<ul style="list-style-type: none"> • Accessories / toiletries need to be within easy reach from a sitting position. 	
5. DINING AREAS	
5.1 FURNISHINGS	
<ul style="list-style-type: none"> • Provision of handles on doors which should be located between 80cm and 120cm, this handle must be at least 12cm in length. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Offer choice of seating away from the noise to provide suitable environment. <p>Visual Accessibility</p>

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<ul style="list-style-type: none"> • Doors should have a clear opening width of 90cm to allow a variety of different sizes and types of mobility aids to access the toilet / bathroom. • Alternative route to revolving doors, gates or turnstiles if these form part of the entry into the facility. • Clear un-obstructed access between furniture and fittings no less than 90cm in width. 	<ul style="list-style-type: none"> • Pathways between restaurant tables and chairs to be un-obstructed and at least 90cm wide. • Furniture should have rounded edges for guests with functional visual limitations. • Fixed, level, matt and slip-resistant surfaced floor finishes. • Doors must be able to open fully against adjacent wall. • The wider leaf of double doors of unequal widths must all be located on the same side throughout the length of any passageway. • A selection of chairs to be with and without arm-rests. • Tableware to contrast with the table surface or tablecloth. (Tableware should contrast with the table surface in order for guests with varying degrees of functional visual limitation to be able to clearly differentiate between elements.) • Interior décor with tonal contrast between the critical surfaces. • Labels available in Braille. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Clear opening width of doors. There must be a clear opening width of at least 76cm measured with the door in the 90-degree open position. • Provision of handles on doors which should be located between 80cm and 120cm. This handle must be at least 12cm in length. Handle must be "D"-shaped type. • Clear un-obstructed access between furniture and fittings no less than 90cm in width. • Tables to be 80cm high with at least 76cm clear space below.

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	<ul style="list-style-type: none"> • A selection of chairs to be with and without arm-rests • Where provided, bars, buffets and server areas must have a permanent lowered section at a height of 80cm from the floor to enable shorter and seated guests to comfortably reach whatever is being served without any obstruction. • Table service must be provided. • Staff assistance available at buffet / serveries and bars.
5.2 FLOORING, CEILING, SKIRTING AND CORNICES	
<ul style="list-style-type: none"> • Fixed, slip-resistant floor surface with no changes in level or thresholds greater than 1.3cm. • Critical areas such as reception counters, buffet tables, exits and entrances should have differently textured surfaces to provide information to guests. 	Visual Accessibility <ul style="list-style-type: none"> • Fixed, level, matt and slip-resistant surfaced floor finishes. • Critical areas such as reception counters, buffet tables, exits and entrances should have differently textured surfaces to provide information to guests.
5.3 LIGHTING	
<ul style="list-style-type: none"> • Lighting must be even and well lit with minimum lighting levels of 200 lux. 	Communication Accessibility Visual Accessibility Mobility Accessibility <ul style="list-style-type: none"> • Lighting must be even and well lit with minimum lighting levels of 200 lux.
5.4 MENU PRESENTATION	
<ul style="list-style-type: none"> • Clear and plain language should be employed on menus. Icons and symbols should be used wherever possible. • On request, audio description(s) of all menus should be made available. (E.g. through the use of a dedicated audio description service available to guests that provides information on differing facilities on request.) 	

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<ul style="list-style-type: none"> Information and menus to be printed in large print and Braille. Staff must offer to read the menu if necessary. 	
5.5 TABLE APPOINTMENTS	
<ul style="list-style-type: none"> Staff to provide orientation for table setting and the food position on the guest's plate. 	Visual Accessibility <ul style="list-style-type: none"> Tableware to contrast with the table surface or tablecloth.
5.6 ATMOSPHERE AND AMBIENCE	
<ul style="list-style-type: none"> Background music should be appropriate or kept at a low level. 	Visual Accessibility <ul style="list-style-type: none"> Low ambient noise levels. Mobility Accessibility <ul style="list-style-type: none"> Clear un-obstructed access between furniture and fittings no less than 90cm in width.
5.7 DINNER QUALITY AND PRESENTATION (COUNTRY HOUSES AND GUEST HOUSES ONLY OR WHERE PROVIDED IN A B&B)	
<ul style="list-style-type: none"> Labels on buffet stations and on containers must be clear and in large print. Staff assistance must be provided at buffets. (E.g. to read out labels). Provide a warning sign for hot elements at buffet tables and similar services to provide a basic level of warning to all guests. 	Visual Accessibility <ul style="list-style-type: none"> Labels available in Braille. Mobility Accessibility <ul style="list-style-type: none"> A permanently lowered section for buffet must be provided, at a height of 80cm. In addition, table service must be offered on request. Staff assistance provided at buffet and server area.
5.8 BREAKFAST QUALITY AND PRESENTATION	
<ul style="list-style-type: none"> Labels on buffet stations and on containers must be clear and in large print. Staff assistance must be provided at buffets, e.g. to read out labels.. Provide a warning sign for hot elements at buffet tables and similar services to provide a basic level of warning to all guests. 	Visual Accessibility <ul style="list-style-type: none"> Labels available in Braille. Mobility Accessibility <ul style="list-style-type: none"> A lowered section for buffet must be provided. A minimum of 80cm from the floor level. Table Service must also be provided on request.

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6. GENERAL SERVICES	
6.1 WELCOME, FRIENDLINESS AND ATTITUDE	
<ul style="list-style-type: none"> • Mobility, communication, blind and sight impaired awareness training for managers and staff who interface with customers. • On arrival, the guest is offered an orientation tour. • On arrival, guests are offered an audio-description package, providing information on facilities, movement through the hotel and the like. It must also provide detailed information on services, e.g. a guest should be able to access menu information, services and other courtesy information typically found by guests in the room manual. • Re-positioning of furniture, and other obstructions in the room to meet guest requirements. 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • On arrival the guest is offered a full orientation tour. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Large text copies of all check in information and information provided in the bedroom. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • On arrival the guest is offered a full orientation tour.
6.2 RECEPTION / LOBBY / MEET AND GREET	
<ul style="list-style-type: none"> • Usage of reflective glass partitions (reflective panel or mirrors) should be avoided. (A reflective panel or mirror behind reception staff can make communication difficult.) • Reception, and other public areas, must be provided with appropriate signage. • Entrance should be adequately illuminated with a minimum lighting level of 200 lux. • Clear glass panels and doors should be clearly marked. • Level threshold across the main entrance door. • Door mats should be firmly fixed or located. 	

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<ul style="list-style-type: none"> • Any canopy structure should not protrude in a pedestrian route. • No high gloss and simple backgrounds. • Fixed, slip-resistant floor surface. • Threshold at the main entrance not to exceed 1.3cm difference in level. • Doors should have a clear opening width of 90cm to allow a variety of different sizes and types of mobility aids to access the toilet / bathroom. • Unobstructed level entry space on either side of main entrance door 90cm x 120cm distance measured clear of the door swing. • Size of unobstructed clear space in-front of check-in counter or reception desk at least 90cm x 140cm. • Size of unobstructed clear space in-front of check-in counter or reception desk at least 90cm x 130cm. 	
6.3 RESERVATION, CHECK IN AND GENERAL EFFICIENCY	
<ul style="list-style-type: none"> • Orientation to be available on request. (Guests with functional visual limitations need to be provided with an orientation of exactly where everything is in their bedroom in order for them to create a mental map.) • Reception to have a pen and pad available for easier communication with guests. • Audio-description packages, as described above, should be offered to all guests. • SMS facilitated communication through cellular technology employed at switchboard / reception / reservations. • At check-in, guests are given the option of being received at a dropped 	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Reception counter fitted with inductive loops. • A chart with basic sign-language signs to be kept at reception. • A staff member that has basic knowledge of sign language and lip reading should be available at reception. • There should be access to sign language interpreter / lip-speaker practitioner and deaf / blind interpreter, to facilitate communication at different levels. <p>Visual Accessibility</p> <ul style="list-style-type: none"> • Approach to the entrance free of projecting obstructions or features.

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<p>check-in counter that is conducive to maintain privacy.</p> <ul style="list-style-type: none"> • Rooms allocated to guests with functional hearing / communication limitations, visual / sight limitations and physical / mobility limitations are logged through the rooming system so that in the event of an emergency special procedures are employed to locate and evacuate these guests. • Website provides sufficient pre-booking information on all services and facilities, to minimise the need to explain information by telephone. Minimum information includes room, toilet and bathroom configurations and layout. • During reservation and check-in, staff should ask the guest whether additional services are required. Where appropriate orientation of property / facilities offered. 	<ul style="list-style-type: none"> • Entrance route surface firm, even and slip resistant. • Doors should always be fully closed or held open. • Contrasting colour and texture floor surface space on the inside and outside of entrance door. • Door closers should incorporate a delay mechanism. • Door furniture should incorporate a horizontal pull / lever action handle. • Directional and information signage in large format. • There should be clear, unimpeded routes provided throughout the reception area identified by contrasting colours and textures and free from all obstacles. • All furniture to be 80cm high with solid sides up to 20cm above floor surface. • Adequate lighting positioned to illuminate the faces of the reception staff and desktop without creating glare. • Low ambient noise levels. • Braille, large print and audio information on establishment and surroundings. • A written information and emergency pack is provided to the guest upon check-in. <p>Mobility Accessibility</p> <ul style="list-style-type: none"> • Provision for pull handles on main entrance door. This should measure at least 12cm in length and be easy to grasp at a height of 80cm to 120cm from the floor. Handle must be of a "D"-shaped type. • Hours of attendance should be a minimum of 12 hour attendance at the

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	<p>door to provide assistance for those who need it.</p> <ul style="list-style-type: none"> • Length of 80cm high and 120cm wide check-in counter or reception desk. • Seating has been provided with a seat height between 45cm and 50cm from the floor. • Website provides sufficient pre-booking information on all services and facilities catering towards guests with functional mobility / physical limitations.
6.4 CHECK-OUT EFFICIENCY	
<ul style="list-style-type: none"> • Communication assistance provided with check-out procedure. • Check-out staff trained to request satisfaction feedback from guests with functional limitations on existing facilities and services. • Assistance provided with reading of bills and other check-out procedure, with signature template. • Portage assistance and check-out procedure conducted at dropped counter or separate station. 	
6.5 INFORMATION PACKS	
	<p>Communication Accessibility Visual Accessibility</p> <ul style="list-style-type: none"> • Assistance with information about accessible tourism products and bookings provided by staff. • Clear and plain format and presentation of brochures and websites, to provide clear and articulate information that will minimize the need to be explained by telephone or other media.
6.6 COMMUNICATIONS	
	<p>Communication Accessibility</p> <ul style="list-style-type: none"> • Flashing light indicating incoming calls.

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	Visual Accessibility <ul style="list-style-type: none"> • All general information available in large print, Braille and audio format
7. HOUSEKEEPING SERVICE	
7.1 BEDROOMS	
	Visual Accessibility <ul style="list-style-type: none"> • House-keeping staff to be aware of possible requirements of a guest with a functional visual limitation. • House-keeping staff to ensure all room accessories and equipment is within easy reach for guests with functional visual limitations. • Care to ensure everything remains in the same place. Mobility Accessibility <ul style="list-style-type: none"> • House-keeping staff to ensure all room accessories and equipment is within easy reach for guests with functional mobility limitations. • House-keeping staff to ensure all that space between furniture meets UA requirements.
7.2 GUEST AND ESTABLISHMENT SHARED AREAS	
	Visual Accessibility / Mobility Accessibility <ul style="list-style-type: none"> • House-keeping staff to ensure that public areas are cleared of any obstacles that may cause possible injury to a guest.

* The information in this annexure is based on the Tourism Grading Council of South Africa's criteria.