The Accessibility of the Jamaican and Aruban All-Inclusive Resorts

for Physically Impaired Individuals

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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Abstract

An impairment is an attribute of an individual whereas the extent to which it is a disability is influenced strongly by the environment in which they operate which is a product of society. This research focuses on people with physical impairments in the belief that improvements in accessibility for them will decrease the disabling effects of their impairments and improve accessibility for all. A social rather than a medical approach to impairments is adopted. This approach focuses on the abilities of people with impairments and stresses that limitations are placed upon them as a result of the attitudes and actions of the broader society, of which they are a part, the majority of which is comprised of able-bodied people. Thus, this thesis examines the physical barriers experienced by physically impaired individuals and the attitudes held towards them by service providers.

The concepts of universal design and barrier-free design are reviewed and used to formulate a comprehensive checklist which is used to measure and compare the state of accessibility of selected resorts in the Caribbean. This checklist is simple to administer and can be used by non-experts. It can also be used to inventory other structures in addition to resorts. The availability of such a tool will enable researchers and facility managers to record information systematically on touristic and other sites.

Jamaican and Aruban all-inclusive resorts are examined to obtain a better understanding of the accessibility provisions at all-inclusive resorts for physically disabled individuals. This study is the first to examine all-inclusive resorts for their accessibility. The researcher conducted facility inventories and interviews with staff and guests at three facilities in the Caribbean in order to obtain an understanding of the physical accessibility of the resorts, the staff's attitudes towards physically impaired guests, as well as guests' reflections on the treatment of physically impaired individuals by staff. The results show that physical accessibility in the resorts was mixed but that staff attitudes are generally positive.

The Accessibility and Attitudinal Barriers Model (AABM) is used to examine the four main areas which need to be improved in order to make traveling for physically disabled persons a pleasure and not a problem. These are accommodation, transportation, recreation activities and staff attitudes. The current research has extended the application of the model both by applying it to all-inclusive resorts and also by incorporating different kinds of information, including that collected by the check list discussed above. This has extended the application of the model and has provided greater understanding of the role of the different sectors of the model in contributing to accessible tourism.

Through defining the group under discussion and explaining their difficulties, and examining the barriers that they experience and related policies, the thesis outlines the steps that already have been taken and that need to be taken to make traveling for pleasure available to all individuals. The creation of more accessible tourism establishments could help to remove doubts concerning whether or not impaired tourists travel and whether or not the number of such travelers is increasing. Often, there is a belief that few impaired individuals travel due to financial constraints and this is one of the main reasons why accessibility has not been a priority. It can be argued that, since there are few accessibility provisions for the impaired in tourism establishments, few impaired people travel. Once this barrier is eliminated, it would be more clear whether it is finances that restrict impaired tourists from traveling or whether it is the inaccessible nature of the physical space which leads them to stay home.

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CHAPTER 1

INTRODUCTION

1.1 Definitions

Much has been written about physically impaired individuals over the last decade. Some of the research literature has focused on the problems and issues that physically impaired individuals face. Others have examined the political and legislative issues, or the social attitudes and constraints that people with physical impairments may experience. Political, social and accessibility issues are all very important when discussing physically impaired individuals, especially when focusing on tourism. Physically impaired people are members of society and, thus, have needs similar to, as well as different to those of the able-bodied population. For this reason, this thesis will start with a discussion of definitional, methodological and political issues regarding people with physical impairments, and it will provide a discussion of the advantages and disadvantages of disability as a concept which is socially constructed and, thus, whose meaning may also change as society itself changes. Constraints on recreational and tourism participation will also be discussed. The thesis will also address the direction of current research and its methodologies, along with the practical and political implications of this work for the physically impaired population and society at large.

Before the discussion of people with physical impairments is undertaken, it is important to have a clear understanding of the terminology. For this reason, the following definitions of impairment and disability are provided: Impairments are defined as "any loss or abnormality of psychological, physiological or anatomical structure or function" (Edwards, 2005, p.11). The definition indicates that impairments occur in the body of an individual. Thus, someone who has a damaged optic nerve would have an impairment. Similarly, someone who has a genetic defect, such as Down's syndrome, may also be viewed as being impaired (Edwards, 2005). In this thesis, emphasis is placed on the consideration of physical impairments and mental impairments are largely ignored.

Disability may be a consequence of impairment but impairment need not lead automatically to disability for other factors, including social attitudes and environmental designs, influence their

relationship. Edwards (2005 p.11) defined disability as "any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being". However, the existence and nature of disability arises not only from the presence of an impairment but also from the context in which the individual with an impairment is operating. That context is commonly the outcome of decisions made by others. Impairments arise at the physiological level of the body involving an organ, while disabilities arise at the functional level of a person. Therefore, an optic nerve that is not functioning causes a visual impairment but, because it can take away the ability to see from the person, it may also be viewed as a disability. In other words, a person who has a physiological dysfunction, which may prohibit that particular individual from seeing, causes such an individual to also have a disability, since they are unable to participate in some of the activities, or in the same way, as would others in society who do not have a dysfunction of that organ. Some individuals may have impairments, however, those impairments may not restrict their activities and, thus, they are not viewed as being disabled (Edward, 2005, p.11; Buhalis & Darcy, 2011). The extent to which an impairment is a disability depends in large part upon the environment created by society which influences the ease or difficulty with which individuals in that society can function successfully.

Impairments and disabilities can be long-term, permanent or temporary. For example, an individual who breaks a leg or an arm may have a temporary impairment but, since that broken limb constrains their activities, the amount depending upon the environment in which they are operating, it also may be viewed as a temporary disability. The person's activities, such as walking, writing and others may be restricted for a period of time. Once the bones have healed and the person is able to return to their activities as before being injured, they are no longer viewed as being impaired or disabled. However, if a person still has physical constraints and is, for instance, unable to use their limb fully, the impairment remains.

Whether or not a person's impairment is permanent or temporary and has arisen at birth or later in life, people with impairments may encounter barriers in undertaking their desired activities (Shakespeare, 2006). These barriers may be expanded or reduced by the actions of society. Thus, it is argued that

disability is not simply an attribute of an individual; rather it is a circumstance that is also constructed and imposed upon them by society (Buhalis & Darcy, 2011). Thus, for the purposes of this research, the group under discussion will be referred to as the physically impaired. The impairment may lead to limitations that prevent them from fully functioning in society although the extent of disability will also be influenced by the context in which they are operating, that context commonly being created by the society of which they are a part. Two people with the same impairment may experience different limitations and functional constraints depending upon the societal context in which they are operating.

The World Tourism Organization (UNWTO) provides a comprehensive definition of disabled people as follows: "All persons who, owing to the environment being encountered, suffer a limitation in their relational ability and have special needs during travel, in accommodations, and other tourism services; particular individuals with physical, sensory and intellectual disabilities, or other medical conditions requiring special care, such as elderly persons and others in need of temporary assistance" (World Tourism Organization, 2006, para.1).

The WTO definition is much more inclusive that that of Edwards and discusses the problems individuals with impairments could face during travel. The definition from the disability literature addresses the differences between people who live with impairments or disabilities and those who do not. The elderly who may have impairments, or simply have problems with mobility due to their age, are also included in UNWTO definition. As indicated above, this research will focus upon people with physical impairments. The main reason for focusing on this specific group of impaired individuals is that they commonly experience more accessibility difficulties than other impaired groups. This is not to say that the needs of other impaired groups are not important, or are less important. However, by making spaces accessible for the physically impaired, access for other groups will also be improved. Additional research that builds upon the current work and the changes that result from it would make the world more accessible for all.

In summary, in this research, an impairment is an attribute of an individual whereas the extent to which it is a disability is influenced strongly by the environment in which they operate which is a product

of society. However, some authors use the words 'disabled' and 'disability' where the terms 'impaired' and 'impairment' are preferable. The terms used in the original sources are usually retained when information is reported from elsewhere. This research focuses on people with physical impairments in the belief that improvements in accessibility for them will decrease the disabling effects of their impairments and improve accessibility for all.

1.2 Barriers

As the above definitions indicate, persons with impairments comprise a large group in the population, and their needs and abilities are very diverse. Impaired individuals face many more barriers to participation in a wide variety of activities than their able-bodied counterparts. Despite the fact that impaired individuals comprise a highly diverse group, when society makes changes for the physically impaired, society as a whole will usually benefit. Many people who are viewed by society as "able" would also benefit from having ramps rather than stairs, or automatic door openers and wider paths, especially when they need to carry heavy objects. It is necessary to have an understanding of the nature of barriers and what types of barriers may prevent individuals with impairments from enjoying their lives to the fullest (Buhalis & Darcy, 2011). The Ontario Ministry of Community and Social Services (2007) defines a barrier as "anything that prevents a person with a disability (or impairment as defined above) from fully participating in all aspects of society because of his/her disability (impairment)."

Barriers can be further divided into subsets, such as architectural, physical and attitudinal barriers. It is important to understand that all of the barriers which will be discussed are interconnected and are also linked strongly to societal attitudes. Thus, for example, architects who design spaces are influenced by and contribute to the formation of prevalent societal attitudes. If members of society had more positive attitudes toward people with impairments and took their needs into consideration more often, then it is possible that many architectural barriers could be reduced or eliminated as a result of greater promotion of more inclusive designs. This would make the physical space more accessible. It would also reflect changes in societal evaluations of the needs of people with impairments. Thus, each of

the barriers that is discussed in this paper does not stand alone, but is connected with the others (Buhalis & Darcy, 2011).

Architectural barriers, which may be embedded in the designs of buildings, have a considerable effect on accessibility for people with impairments. For example, the size and shape of the entrance to a room or hallway can facilitate or limit the ease with which people with physical impairments can navigate in that environment (Buhalis & Darcy, 2011). In navigating through hotels or resorts, architectural barriers may be one of the key barriers that people with physical impairments face. For example, stairs which are not be straight or marked clearly within a building may be examples of architectural design barriers. Windows, doors or bathroom facilities, if not designed appropriately, may also be architectural barriers.

The second type of barrier that is crucial to accessibility is physical barriers. This type of barrier refers to objects in the environment. Objects that are placed on a path, such as a garbage can, are an example of a physical barrier for some people with impairments may stumble against them without warning or may be unable to circumnavigate them.

The third type of barrier, which is also very important, is attitudinal barriers. Attitudes are enduring dispositions towards a phenomenon and they may be more difficult and take more time to change, than making modifications to designs of the physical environment. Indeed, the latter may depend substantially on the former. This type of barrier is rooted in the frequent inability of able-bodied people to communicate effectively with individuals with impairments. Such barriers may lead to discriminatory behaviours towards the impaired group. The negative attitudes of people, which may vary in different societies, may decrease the desire of people with physical impairments to leave their familiar environment and travel. Impaired people may experience staring from others, unhelpfulness, impatience, or other forms of discrimination. As a result, impaired people may be segregated or excluded from everyday activities (Card, Cole, & Humphrey, 2006). Attitudinal barriers could be eliminated, or at least reduced, through public education and appropriate training (Buhalis & Darcy, 2011).

As was discussed above, such behaviours may be reflective of discriminatory attitudes which may, in turn, be linked to the construction of both physical and architectural barriers (Reliable, n.d.; Buhalis & Darcy, 2011). Thus, the reduction of barriers and the enhancement of accessibility for people with impairments will involve the simultaneous amelioration of all three types of barriers.

In 1975, when the National Building Code of Canada included accessibility provisions for physically impaired individuals, it addressed the necessity of having accessible washrooms and doors, along with the use of international disability signage. However, no public establishment was required to post signs addressing the inaccessible nature of their establishment (Titchkosky, 2003). Despite the fact that, for the last 36 years, Canadians have had a legal obligation to address accessibility, it is still an unresolved issue today: barriers still exist for those who have physical impairments.

During the last three decades, the number of impaired individuals has grown, and continues to do so, making the need for accessibility facilitation even more important today. It is reported that 1.5 million people in Ontario alone live with a disability: they constitute 13.6 % of the population. Despite having a disability, 75% of the disabled population living in Europe, Canada and North America are able to travel. Nationally, in Canada there are 3.6 million people living with disabilities and these constitute 12.4% of the total Canadian population (Ministry of Community and Social Services, 2001). Furthermore, close to 40% of people with disabilities are 65 years of age or older. A senior is any individual who is 65 years or older (Ministry of Community and Social Services, 2006). People with disabilities and seniors currently represent 20-25% of the Canadian recreational market. It has also been estimated that in 2021, seniors living with disabilities will outnumber the 25-65 age group living with disabilities and, by 2026, some 3.05 million people will be not only over the age of 65, but have a disability (Ministry of Community and Social Services, 2001). Accessibility is becoming highly important due to the steady increase in the number and proportion of the population that is aging in Canada and world-wide. Moreover, the above statistics clearly show that investing in accessibility could be a sound business decision.

Investing in accessibility today would help not only those living with disabilities, but also seniors living with or without disability, and families with children (Ontario Human Rights Commission, 2007;

Ray & Ryder, 2002; Shaw & Coles, 2004). The elderly today are healthier than in the past and a larger proportion of them have the financial means to travel; however, they may require greater recognition of their needs from those who design society's physical spaces if their full potential is to be realized. Although commonly healthier than seniors in the past, even though an elderly person may be very healthy, their age may be associated with a slower rate of walking and a reduction in the distance they are able to walk, and how readily they are able to climb stairs.

Despite the work of the Ontario Human Rights Commission (OHRC) in the last few years to increase accessibility, many public establishments are still not accessible today. In 1999, the OHRC released guidelines on disability and the duties of businesses in regards to the accommodation of people with impairments (OHRC, 2006). The OHRC guidelines addressed not only the needs of people living with impairments, but also the needs of older Canadians and families with small children, who could benefit directly from accessibility provisions. In addition, the World Tourism Organization (WTO) and the American for Disabilities Act (ADA) have established clear guidelines on how to accommodate and assist those with impairments. The ADA and WTO guidelines are available to all individuals and business establishments throughout the world. Despite the wide availability of regulations and guidelines that require establishments to accommodate persons with impairments, these individuals still face many problems.

The extensive criteria used by the ADA and WTO to establish guidelines encompass every aspect of public life. The guidelines provide specific measurements to be included in architectural designs. These guidelines are very complex and may be difficult to understand and, as a result, only minimal provisions are being taken to implement them. Moreover, no knowledgeable inspection committee reliably checks out all new facilities; therefore, many discrepancies occur in building design. The committees are composed of different individuals, who put emphasis on different aspects of the design. Thus, buildings are often not designed and inspected as well as they might be (ADA, 2002).

1.3 Social Construction of Disabilities: Advantages and Disadvantages of Investing in Accessibility

The able-bodied may have a socially-constructed view of impairments/disabilities whereby impaired and disabled individuals are viewed as having only a limited set of capabilities such that they cannot perform many tasks or activities. Society constructs an image against which all impaired individuals are measured: for example, an able-bodied person may speak very loudly to an individual who is visually impaired, but the latter has no problems with hearing. Similarly, a person who is in a wheelchair may be spoken to very slowly as if addressing a very young child (Shaw & Coles, 2004; Shakespeare, 2006; Edwards, 2005; Buhalis & Darcy, 2011). As a result, many individuals who are impaired, but very capable of performing many tasks and activities, are advised against or not permitted to participate in them, as a result of being viewed by able-bodied individuals in society as disabled. A discriminatory social perception may cause impaired people to experience limitations posed by the distorted interpretation of their impairments in social interactions (Edwards, 2005; Buhalis & Darcy, 2011).

Through education, a positive image of impaired people may be created that will allow the public to focus on their abilities rather than on their disabilities and, instead of viewing impaired persons as weak, helpless and requiring assistance, people in our society will then be more likely to adapt to meet their needs (Ray & Ryder, 2002; Buhalis & Darcy, 2011). Once the marginalized group of impaired individuals obtains further recognition from national governments, as well as the international community, accessibility standards may improve and proper inspections of facilities may take place. More funds need to be allocated to the education of public workers serving persons with impairments and money needs to be made available to institutions that aspire to becoming accessible. Currently, many establishments in the USA are not accessible, despite the fact that the ADA guidelines have been in place since 1991. Travel establishments remain inaccessible due to the lack of necessary funds and the lack of adequate acknowledgement of the recreational needs of the impaired. Even today, many of those responsible for public establishments believe that impaired individuals do not "travel" (Camera, Darcy, & Foggin, 2003).

If strict guidelines and legislations were enforced, impaired individuals would be able to access a lot more establishments. However, for this to occur, this marginalized group of people needs to be

recognized more appropriately and negative social attitudes towards them should be eliminated. The current negative attitudes toward people with impairments that often prevails may stem from a lack of knowledge, a lack of exposure, and from fear. Similarly, by increasing international legislation along with increased public awareness and education, social attitudes towards the impaired can be changed (Swain, French, Barnes, & Thomas, 2004; Edwards, 2005; Titchkosky, 2003). Impaired individuals who have been socially segregated would then have a greater opportunity to partake in social interactions and, thus, become more fully integrated into society.

Greater recognition of the growing market of impaired tourists and the elimination of barriers may greatly benefit the impaired community as well as society as a whole (Card et al., 2006; Camera et al., 2003; Burnet & Bender Baker, 2001; Huh & Singh, 2007). Investing in accessibility is often a sound business investment, since it opens doors to the neglected market of impaired people. It is important to remember that impaired tourists have families, friends and relatives who travel, and may choose a facility that puts much emphasis on accessibility. Thus, by becoming accessible, a facility and a location can gain access to a much larger pool of tourists.

It is not hard to think of motives that lead people to travel. The general public may want to travel to relax, get away from a busy job and lifestyle, learn new things, socialize with others, and gain new experiences. The same travel motivations guide travelers with impairments (Ray & Ryder, 2002; Shaw & Coles, 2004). The impaired tourist market includes many people who are not only motivated to travel, but are also not afraid to take risks and be challenged (Ray & Ryder, 2002; Shaw & Coles, 2004). While traveling, many impaired individuals like to pursue nature tourism and/or sports and adventure travel. Many physically impaired individuals have become so due to an accident related to extreme sports and they may continue to enjoy and participate in thrill-seeking adventures (Ray & Ryder, 2002). Good physical health is required to be able to participate fully but such activities attract not only young people, but also families with small children. The ecotourism market, for example, used to be composed of mostly young travelers in good physical condition who were attracted to wilderness adventures but, today, families with small children are a growing proportion of those taking such trips. Older adults, who may

have similar needs as the impaired, may be involved in jungle and other physically demanding trips more often today than in the past. They are healthier and have a much greater desire to travel; however, they also may experience some accessibility limitations (Millington, 2006; Buhalis & Darcy, 2011) resulting in a need for greater consideration of the attributes and capabilities of participants.

Amongst the different niche markets, there is also the one which is comprised of families who travel with an impaired person. This is a market which is not only growing, but has increasing financial means and, thus, is able to travel extensively (Huh et al., 2007; Gladwell & Bedini, 2004). Caregivers of people with physical impairments would very much like to travel with the impaired person, but obstacles such as negative attitudes and physical barriers, may stop them from doing so. It has been reported frequently that, in many cases, even when a facility is advertised as being accessible, there may be problems resulting from a gap between what is advertised and what is present on the ground. These problems may include the location of accessible parking in front of the facility, while accessible entrances may be at the back or the side of the building; thus, it may be difficult for the caregiver to maneuver the person to the other side of the building in order to enter the facility. In many cases, the caregivers are not young and are unable to lift, carry or provide similar assistance to the impaired person. The inability of the able-bodied caregiver to assist the impaired individual successfully may put a strain on the enjoyment of the vacation by both parties, as well as limit the independence of the physically impaired individual (Gladwell & Bedini, 2004; Buhalis & Darcy, 2011).

Huh et al. conducted a study which examined if families traveling with people with impairments are a viable niche market for the hospitality/tourism industry. Their findings not only suggest that this is a viable tourism market, but this group can be reached through special deals, auto-clubs' publications, as well as various internet sources (Huh et al., 2007). Catering to this market could not only be profitable to the tourism/hospitality industry, but also create a means to travel and visit other parts of the world for families who have a member who has an impairment and who wishes to see interesting places. In order for this to occur, however, the hospitality industry needs to become accessible in order to welcome this growing market of tourists (Huh et al., 2007; Gladwell & Bedini, 2004).

There are many other examples of forms of tourism or niche markets that attract a clientele with diverse abilities; however, it is important to acknowledge those who take part in such niche tourism forms travel more often, spend more at a destination, and also take part in many more activities than other types of tourists (McKercher & Chan, 2005; Huh et al, 2007). Niche tourism markets are opening doors to new groups, such as families with small children and older adults, and are no longer catering primarily to younger, middle class tourists. As this market is clearly growing, it would be beneficial for the facilitators of these activities to make their facilities and services accessible to tourists with physical impairments (McKercher & Chan, 2005). An accessible tourism market would also benefit the older group of active travelers, as well as travelers with small children (Buhalis & Darcy, 2011).

In order to make the tourism market accessible to impaired individuals, families with small children and the elderly, much more planning, more careful design and greater investment are required. The largest disadvantage of recognizing the impaired groups politically, socially and as a market, is cost. Making the physical space in society accessible to impaired individuals may require much expenditure, education and research. Despite the benefits that this kind of work will bring, many proprietors of establishments may become discouraged and resentful toward the impaired groups for making accessibility a requirement. Similarly, much time and effort are required to give greater public recognition to the impaired, to acknowledge their needs and to create changes that would benefit this group (Camera et al., 2003; Ray & Ryder, 2002). Despite the disadvantages, efforts should be made to increase the recognition of the needs of impaired people and to promote accessibility in the leisure and tourism industry, since there are still many constraints which people with impairments face while taking part in travel and leisure activities.

Thus, in the context of the needs of a growing group of impaired individuals whose needs, as well as the needs of their families, are not currently being met adequately, this research will examine the barriers to accessibility faced by impaired tourists. It is understood that such people constitute a substantial and growing market for tourism. Also, making travel easier for such people will also enhance the travel experiences of a broader segment of society. This research will address the architectural,

physical and attitudinal barriers that physically impaired people encounter in participating in tourism. The objectives of the current research include the following:

- To assess 4- and 5-star facilities in the Caribbean on their level of physical accessibility

- To assess staff attitudes toward impaired individuals at those facilities

- To compare accessibility and staff attitudes toward impaired individuals between Caribbean countries as well as within the same country

- To obtain a better understanding of the accessibility standards in the Caribbean for the physically impaired, as well as the impact of cultural differences on staff attitudes towards physically impaired guests (Card et al.,2006)

- To assess the utility of the Accessibility and Attitudinal Barriers Model (AABM) (which is discussed below) in guiding such research.

These objectives will be discussed in more detail later in this paper.

CHAPTER 2

CONSTRAINTS TO TRAVEL

2.1 Context

This chapter is essentially a literature review. It provides the context in which the empirical research is placed. Initially, constraints to participation in leisure activities, recreation and travel are examined. Then, the Accessibility and Attitudinal Barriers Model is discussed. Following this, the all-inclusive concept of vacationing is introduced and universal design is considered as an approach to the construction of accessible facilities. The social model of disability and feminist theory are then presented. Finally, the above ideas are drawn upon and integrated to justify the research direction that will be taken.

2.2 Constraints to Leisure, Recreation and Travel

People in many societies, as well as individuals with impairments, become involved in leisure activities for many reasons, such as to reduce stress in their lives, to get away from everyday activities and to socialize with others. Leisure activities may lead to human growth and enrich human existence since, by engaging in the activities, the individuals can become masters at an activity and gain intrinsic rewards (Jackson & Burton, 1999). Leisure activities are known to increase an individual's quality of life and life satisfaction. Understanding the mechanisms that drive individuals to partake in leisure activities may be easier if one understands the constraints and inhibitors to leisure participation. Not everyone who wants to take part in leisure activities is able to do so and, many times, it is not due to their lack of motivation or desire to do so. Examination of constraints to leisure can shed light on some of the problems that individuals in our society experience in becoming actively involved in leisure activities.

Constraints can be very simply defined as barriers to participation or involvement (Daniels, Drogin, Rodgers & Wiggins, 2005). Researchers have identified three types of constraints to leisure participation: intrapersonal, interpersonal, and structural (Jackson, 2000; Nyaupane, & Anderick, 2008). Intrapersonal constraints refer to a "person's psychological state, physical functioning or cognitive

abilities" (Daniels et al., 2005, p. 920). In short, it is the individual's inner thoughts, ideas, or internal constraints, which may stop them from taking part in leisure activities. Interpersonal constraints "arise out of social interactions or relationships among people within social contexts" (Daniels et al., 2005, p. 920, Nyaupane & Andereck, 2008). Thus, interpersonal constraints occur between people who might participate in leisure activities together. The last set of constraints refers to structural constraints that prevent people from participating or pose problems for their participation. Structural constraints include but are not restricted to physical structures in the environment. They include the way that society is organized and the operation of institutions that set priorities and allocate resources. The influence of structural constraints takes many forms, including influencing preferences for engagement in a specific leisure activity to the ability to actually participate. Lack of accessible leisure facilities is also a structural constraint on leisure participation.

Leisure constraints can be further divided into three different sub-categories (Daniels et al., 2005). These include constraints related to costs associated with participation, time commitments, as well as the availability and quality of facilities meant for leisure activities. Individuals may be isolated in their communities socially, which may prevent them from participating in leisure activities, or they may be isolated geographically. Living in remote locations may prevent certain individuals or groups from engaging in desired leisure activities. In addition, lack of personal skills and abilities may also be a constraint for many individuals and become a hindrance to their leisure participation (Jackson, 2000).

Different age groups experience different combinations of constraints. People who are middle-aged may have the resources to engage in leisure activities but time and family commitments may prevent them from participating. Thus, at different stages of a person's life, different combinations of constraints may be experienced. Interpersonal and structural constraints may dampen a person's desire and intrinsic motivation to take part in leisure activities.

Those with impairments may wish to take part in leisure activities; however, a variety of obstacles may arise that can stop them from becoming active participants in such activities. For people with impairments, transportation may be an issue, accessibility and cost may be barriers, and social

rejection may become a hindrance that can negatively affect their participation in leisure activities (Jackson, 1997). The constraints to participation in leisure activities that people with special needs face in society today could be reduced by providing accessible facilities and by training leisure facilitators how to interact with people with impairments.

In their study of constraints to leisure, Nadirova and Jackson (2000) found that once people take part in leisure activities and gain some skills and knowledge, the most common constraint that they report is the lack of time to pursue the activity further. If individuals with impairments were given the chance to participate in leisure activities and provided with access to facilities and greater inclusion in leisure activities, their skill level would rise and, as a result, people with impairments would not only participate more, but their quality of life would increase as well. Once individuals start a leisure activity and gain a set of skills required to perform the activity well, the reason that that they cease the activity is often cost. If individuals engage in an activity that is both difficult and costly, they often drop out of that leisure activity (Nadirova & Jackson, 2000). Helping an individual to find an activity that they enjoy and can afford will allow them to acquire the necessary skills and increases their chance of continuing to participate in that leisure activity in the future.

The themes related to costs, transportation problems, as well as lack of time, reoccur in the literature on constraints on participation in leisure activities. Several studies that examined outdoor recreation in Canada and the USA have shown clearly that the costs of the activity, time commitment, as well as lack of partners, are the main reasons why people cease participating in outdoor activities (Jackson, 1994). If the outdoor recreational activity is far from the place of residence and there is significant cost associated with transportation to the recreational site, as well as with obtaining the necessary equipment, participation in the activity may cease. Once the barriers associated with money are overcome, it is time, lack of partners and, at times, health, that play a role in preventing an individual from participating in outdoor recreational activities (Jackson, 1994).

People experience more constraints to participation in outdoor recreational activities than they do in other types of leisure activities. Although Jackson (1994) did not focus on people with impairments,

the constraints that apply to able-bodied persons also apply to impaired individuals, perhaps in a more pronounced way. When impaired participants engage in sports such as golf, skiing, skating and cycling, the already considerable equipment costs increase further. Most individuals take part in activities in which they are able to participate, rather than in activities in which they would prefer to participate. Individuals might like to participate in skiing; however, if the cost is high, if the location of the ski resort is far away, and if the costs of equipment and the time spent traveling to the resort are high, they may take up skating instead. People with impairments may choose an activity based on convenience, or due to constraints associated with the activity, rather than based on preference (Jackson, 1994).

Tourism and leisure activities are very closely linked. Many people in society engage in leisure activities not only during their free time throughout the year, but also while they travel, or are on holiday. People may take a vacation specifically in order to partake in a leisure activity, yet the seasonality of many such activities may constrain individuals from being involved in the activity. Most tourism and vacation travel in Canada occurs during the summer months of July and August, with a secondary peak in December. Travel in Canada increases in spring and peaks during the summer months. The weather, as well as school, religious and government holidays influence tourism participation: school and work commitments are the two biggest constraints to travel for pleasure (Hinch & Jackson, 2000).

Similar constraints apply to tourism as to leisure activities. Individuals may be highly motivated to travel and take part in a large range of activities, but the costs associated with traveling, lack of companions, and other reasons may prevent them from engaging in those activities. Thus, leisure is not only closely linked with travel, but they share similar constraints (Hinch & Jackson, 2000). Many individuals who wish to travel fear the expenses related to traveling, or fear for their safety when taking part in a new activity (Hinch & Jackson, 2000).

When Hinch and Jackson (2000) examined the travel patterns of seniors, they found that even though seasonality did not pose a major barrier, money, disability and lack of partners were major constraints for seniors that prevented them from traveling. Even when seniors had the necessary funds to travel, they experienced other constraints that stopped them from taking part in a desired activity.

Impairments and/or disability are one of the constraints preventing seniors from traveling and it is the major constraint for the impaired population in society. People with impairments may have the desire to travel and may be motivated to do so; however, their impairment or lack of money may stop them from taking part in leisure activities and traveling (Hinch & Jackson, 2000; Buhalis & Darcy, 2011).

The benefits that traveling provides are very similar to what the leisure literature has discovered about leisure activities: traveling increases an individual's quality of life. By identifying problems and constraints to travel, the tourism industry can take steps to alleviate problems and create more opportunities for individuals to travel. Thus, by creating accessible accommodations, transportation, and eating and drinking establishments, and by training staff in how to help individuals with impairments, the tourism industry can eliminate many interpersonal and structural (as defined above) constraints to travel. Individuals willing to participate in leisure would then have more opportunities to travel to desired destinations and to take part in activities that they are highly motivated to pursue (Hinch & Jackson, 2000).

When looking at constraints to participation in leisure or travel, it is important to keep in mind that different constraints need to be negotiated at different stages of decision making. For example, if it is personal fears that stop an individual from traveling or taking part in a leisure activity, then money or transportation are not important factors to consider at that particular time. Only after overcoming the fear of travel can the person resolve the issue of travel companions or cost. As the individual negotiates one constraint, others will appear and require the traveler to conquer every one of them in turn (Hinch & Jackson, 2000).

Negotiation of the constraints may stop some potential travelers from traveling completely, or reduce the number of trips the individual takes in a given year. During this negotiation process, the individual may become overwhelmed and give up trying to overcome newly-emerging constraints. Thus, removing one constraint, such as the lack of accessibility, would allow the impaired individual to have one negotiation less to worry about and they would be much closer to engaging in an activity that increases their quality of life.

When people with impairments speak about their travel experiences, most begin their story by mentioning intrapersonal constraints: they talk about how their impairments/disability hinder them from engaging in travel activities (Daniels et al., 2005). For example, they may say, "I am unable to walk much, and need much help from others" (Daniels et al., 2005, p. 924). People with impairments/disability continue the story of their travel experiences by mentioning interpersonal constraints: they explain how able-bodied individuals cause them emotional distress because they do not know how to help people with impairments, or do not understand their needs (Daniels et al., 2005). Most impaired travelers speak about the inaccessible nature of transportations, as well as other problematic aspects of their vacations. Many impaired travelers do not have many positive experiences to share and the stress of traveling may stop them from embarking on another trip in the future. Those who do decide to travel more, speak about the planning stage of traveling and the difficulties they encounter. The single most repeated theme, which people with impairments mention, is the message that confronts them during their travel: "Sorry we are not accessible" (Daniels et al., 2005, p. 924; Buhalis & Darcy, 2011). Many of the facilities that offer accessibility are, in fact, not accessible. Physically impaired individuals in a wheelchair have reported arriving at hotels only to discover that the elevator was too small for them to enter or that there were stairs leading to dining room areas (Daniels et al., 2005; Buhalis & Darcy 2011). Travelers with impairments feel very vulnerable at times, especially in foreign countries where they cannot be sure who to trust (Daniels et al., 2005).

Not all travel experiences for people with impairments are negative. Many have spoken of meeting wonderful people who have helped them and who have contributed to creating unforgettable memories of their trips (Daniels et al., 2005; Buhalis & Darcy, 2011). One common aspect for individuals with impairments, who have had positive or negative travel experiences, is that they need to negotiate through all three categories of constraints constantly. At every stage of their trip, impaired travelers have to negotiate intrapersonal, interpersonal, and structural constraints repeatedly (Daniels et al., 2005).

2.3 The Accessibility and Attitudinal Barriers Model (AABM)

The constraint literature clearly shows that there are many restrictions and barriers for the physically impaired individuals in our society. Before presenting a model that may help to address, and thereby solve, many of the problems (Hinch & Jackson, 2000; Jackson, 1994; Jackson, 1997), this section will examine four areas that are essential to tourism: accommodation, transportation, recreation activities and staff attitudes. However, they are not the only areas that influence the quality of a travel experience. Some, such as food and beverage, may be subsumed under the other headings. Nevertheless, future research should investigate these four aspects of travel in order to build upon the research that has gone before and to provide information that can be used to improve accessibility for all people in society.

The first sub-sector that requires further research is visitor accommodation. In order for individuals with physical impairments to travel, they need to be able to stay in lodgings that can accommodate their needs. One of the key reasons why lodging owners have not complied with accessibility standards is the financial burden associated with becoming accessible. Upchurch and Seo (1996) examined lodging barriers and reasons for not complying with the ADA legislations in the USA. Their main findings were that increasing accessibility was hampered by two main things: the financial burdens that owners of lodging establishments are required to bear in order to make their facilities accessible and the lack of an existing physically impaired tourism market. However, in the absence of accessibility provisions, the latter is, of necessity, small. The use of different types of advertising is an important aspect of business for a lodging owner. Advertising to the consumers the changes that have been made in their lodging establishments could help to ensure that physically impaired guests come and use the facilities. The fact that physically impaired guests may not visit some tourist establishments is commonly grounded in the inaccessible nature of the establishments (Upchurch & Seo, 1996).

For many managers/lodging owners, the physically impaired market is a new one and both travel agents and lodging managers need to create changes in order to accommodate this new tourist market (Ozturk, Yayli, & Yesiltas, 2008). Ozturk et al. (2008) conducted a study in which they surveyed the views of hotel managers as well as travel agents towards the impaired tourism market. The findings of

their study clearly show that the Turkish tourism market is happy to welcome impaired tourists. However, many improvements have to be made to the hotel sector first in order for this market to be incorporated into the larger tourism industry in Turkey. Thus, the attitudes of managers/travel agents are often positive and, with some changes, this new market of tourists will be welcomed. At present, structural problems currently prevent physically impaired tourists from being fully accommodated in Turkey (Ozturk et al., 2008).

The staff/managers at a vacation site are not the only groups that lack proper training in how to assist individuals with impairments; many travel agents are also poorly trained and not informed about how to help individuals with physical impairments to plan vacations. Many travel agents may never have dealt with impaired individuals and do not know how to approach this group of potential clients. Moreover, travel agents often sell vacation packages but are not aware of the accessibility of the facilities, because they may not have been to the location and rely on information from a portfolio. Most portfolios do not include information about the accessibility of facilities at a resort (McKercher, Packer, Yau, & Lam, 2003; Buhalis & Darcy, 2011).

Uninformed travel agents may sell to physically impaired individuals vacation packages which seemingly fulfill their vacation desires but, instead, may lead to a lot of stress as, upon arrival, impaired tourists meet a variety of problems. Some agents have negative attitudes towards physically impaired travelers and not only reject their business, but also discourage them from traveling at all. Often travel agents focus on the person's impairment and not their abilities, which may lead to very frustrating experiences for the physically impaired individual, who may require only minor accommodations for their needs to be met; for example, assistance at night while on a tour (McKercher et al., 2003; Buhalis & Darcy, 2011). The travel sector, similar to the broader tourism industry, may be losing a large income opportunity if they do not accommodate physically impaired travellers. These tourists, upon obtaining good service and a pleasant experience, not only commonly return to the same location time and again, but may also use the same travel agents to book their vacations in the future. This group would also spread the word to other impaired and able-bodied tourists about a travel agent, thus creating a loyal

group of customers that come to the agency in order to fulfill their travel needs (McKercher et al., 2003; Buhalis & Darcy, 2011). Even when the agent sells a physically impaired person a packaged vacation that is designed for an average tourist, if the facilities are accessible at the resort, the impaired individual will be able to enjoy the holiday, relax, and may choose to travel there again in the future (Buhalis & Darcy, 2011). Furthermore, physically impaired people now have better jobs, more money and a stronger desire to travel. Also, they are able to access not only travel agencies but also tourism websites and online agencies (Darcy, Cameron, Dwyer, Taylor, Wong, & Thompson, 2008; Mills, Han, & Clay, 2008).

Darcy et al. (2008) conducted a study in Sydney, Australia, in which one of their main objectives was to provide a framework for assessing access to all urban centres for all visitors. The currently-used accessibility measures were evaluated in order to assess if they were helpful in removing barriers. Furthermore, the size of the accessible tourism market was also estimated. Their findings show that in Australia in 2003/2004, tourists with impairments spent between $803,468,000 and $11,980,272, and contributed between $3,755,243 and $4,580,219 to Tourism Gross Value Added (GVA) which made up 12.27%−15.60 % of the total tourism GVA. Furthermore, people with impairments held between 11.6% and 17.3% of all tourism jobs (Darcy et al., 2008). These are very significant numbers and they clearly demonstrate that impaired individuals not only travel and visit key attractions in major international destinations, but also hold employment in tourism, which creates the necessity for accessibility. Furthermore, the authors identified that the internet was a major source of information about accessible attractions for tourists with impairments (Darcy et al., 2008).

It was discovered that accuracy, access and availability were major constraints to obtaining valuable information. Almost everywhere, tourists rely on the internet to obtain crucial travel information and impaired tourists are no different in this sense. Barriers such as font size, background or the inaccessible nature of websites are only a few examples of website inaccessibility which impaired tourists come across. The designing of accessible tourism websites would benefit all tourists who wish to visit major attractions (Darcy et al., 2008; Mills et al., 2008; Buhalis & Darcy, 2011). One outcome of this research was a test website entitled "Sydney For All" which was prepared to meet accessibility guidelines

and also contains crucial travel information for impaired travelers (Darcy et al., 2008). The website is not only accessible, but fully operational. Other tourism businesses, establishments, destinations and cities should follow Sydney's example and turn their websites into accessible sources of information, which would not only provide valuable information for impaired tourists, but also their families.

The second largest problem in the accessible tourism market that requires further examination and research is the lack of accessible transportation, without which traveling for a physically impaired individual is impossible (Card et al., 2006; Camera et al., 2003). Physically impaired travelers need to spend longer times getting from one destination to another, as well as use a spectrum of transport options in an unfamiliar environment, such as buses, airplanes, taxis or cars. In addition, issues such as accessible washrooms also need to be taken into consideration, while using different transport modes. An able-bodied person may not think of the possibility of not being able to use washroom facilities while travelling for very long stretches of time, yet this is a major concern for physically impaired travelers. Even if an individual can access washrooms at an airport, that person may not find access to washrooms in other modes of transportation, such as trains, buses, or planes before arriving at a destination. Furthermore, able-bodied persons often do not think about the time it takes to board/disembark from a plane or other modes of transportation; however, impaired persons not only may take longer, but always are conscious about the time it takes them to get on and off of a public mode of transportation, and how that affects others (Camera et al., 2003 Reichhart & Téoros, 2009; Yates, 2007). When an able-bodied person loses their luggage it can be problematic, but when a physically impaired person loses their wheelchair, it is catastrophic (Camera et al., 2003). Thus, many physically impaired individuals are reluctant to be separated from devices that make them mobile. Cars and vans are the most preferred modes of transportations for the physically impaired and some individuals even have specially outfitted travel vans in order to travel more comfortably and retain control over their equipment: they do not use any other mode of transportation unless they absolutely have to (Burnett & Bender Baker, 2001; Buhalis & Darcy, 2011).

The third and fourth main barriers that require more investigation are eating establishments and staff attitudes towards physically impaired clients (Card et al., 2006). Card and his colleagues based their study on the 2002 Takeda Accessibility and Attitudinal Barriers Model (AABM), which looked at four areas of travel: accommodation, transportation, eating and drinking establishments and attractions. Impaired tourists reported less attitudinal problems from hospitality staff but more physical barriers to accessibility (Card et al., 2006). More attitudinal barriers occurred in eating and drinking establishments, while the most accessibility barriers occurred in the accommodation sector, followed by the eating and drinking establishments (Card et al., 2006).

2.4 The AABM Model
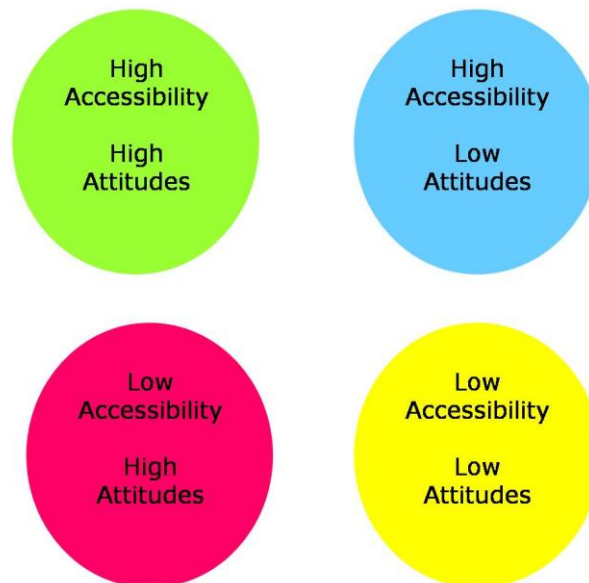
Figure 1 The Accessibility and Attitudinal Barriers Model

The AABM model is used to represent as well as assess accessibility and staff attitudes. This research uses the AABM model as a standard (high accessibility and high attitudes) which every tourist facility should strive to achieve. The AABM model is comprised of four quadrants: the first one represents high accessibility and high staff attitudes, the second one represents high accessibility and low staff attitudes, the third one represents low accessibility and high staff attitudes, and the fourth one represents low accessibility and low staff attitudes (Figure 1.) All tourism establishments ideally should

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fall into quadrant one, since it is the most desirable one and provides the most inclusion for the impaired (Card et al., 2006). The Card study, which was based on interviews, indicated low accessibility in all four tourism sub-sectors to which the AABM model was applied, identifying the lowest accessibility in the eating and drinking establishments. Half of the participants in the Card study encountered accessibility barriers in various attraction sites, while more than half encountered attitudinal barriers in eating and drinking establishments. Card found that the least restrictive recreational sector was attractions, while all four sub-sectors in the study showed low accessibility (Card et al., 2006, p. 167).

In order to attract the impaired/disabled population, services in the accommodation, recreation, and transportation sectors, as well as staff attitudes need to improve in order to make traveling a pleasure, and not a source of constant struggle and frustration for the physically impaired. All the four areas are vital to tourism, because an individual is unable to go on vacation without using transportation, accommodations, restaurants and bars, or without visiting attraction sites.

The AABM model will be used to guide the research that will be conducted on accessibility to all-inclusive resorts. This model has been used by Card et al. (2006) to assess and rank the different touristic sectors in terms of accessibility, as well as to assess staff attitudes; however, it was applied by having impaired individuals complete surveys that asked them questions regarding accessibility/staff attitudes in the sub-subsectors. The research resulted in a model which shows quadrants in which touristic industries can be placed and to which they should aspire. Thus, the current study takes this model, and adapts it by conducting a systematic assessment of physical spaces at all-inclusive resorts, as well as transportation to the facilities, as well as assessing staff attitudes by conducting interviews with staff at the resorts. It is already known what the impaired group has said regarding tourism in general. Now it is time to verify which areas require more work in order to make them more accessible for the physically impaired, as well as which staff in which sub-sectors possess the most problematic attitudes. This model has not previously been applied in the contest of all-inclusive resorts, nor have other touristic facilities been previously tested using this model. Furthermore, the model was previously applied using information from questionnaires whereas this research will incorporate direct measurements of

accessibility. Thus, this is a novel initiative. The nature of and rationale for examining all-inclusive resorts will be described in the next section.

2.5 The All-Inclusive Concept of Vacationing

All-inclusive resorts are resorts in which the needs of the traveler, including accommodation, food and entertainment, are all provided by one establishment for a set fee. When coupled with transportation, all the services that a client is likely to require are provided in one package and paid for in advance so that there should be no surprises concerning the cost of the vacation. For Canadians, there are many travel opportunities to all-inclusive locations, especially in the Caribbean. Many of the all-inclusive travel packages are inexpensive and may provide a very enjoyable experience for impaired tourists, for whom costs play an important role in traveling. In order to make the all-inclusive vacation packages attractive and widely available to physically impaired individuals, the facilities that provide these types of vacations need to be accessible. No research studies have been found concerning accessibility in all-inclusive resorts. Thus, the current research focuses on how to make the Caribbean all-inclusive vacation packages available to the physically impaired population. It is expected that additional steps will need to be taken to make facilities and staff in the Caribbean ready for the growing physically impaired tourist market.

The all-inclusive concept may be very appealing to physically impaired individuals, since they do not need to create a budget and are aware of the cost of their trip up front: before leaving their home, travellers can be sure that their food, drinks, accommodations and transportation have been paid for in advance, and they only need to budget for excursions and souvenirs. Thus, all-inclusive vacations should be worry-free (Issa & Jaywardena, 2003). For those who are not comfortable leaving their familiar environment, or are leaving their home country for the first time, an all-inclusive vacation may be appealing since, according to Issa and Jayawardena (2003), the travellers can be assured of high standards, safety, and staff at the vacation site that speak one or more foreign languages.

All-inclusive resorts originated in Britain in the 1930s. Tourists came to holiday camps, where accommodation and food were paid for in advance; however, they needed to pay for drinks or tips and needed to carry currency with them to purchase items outside of the meal plan (Issa & Jayawardena,

2003). The popular resort chain "Club Mediterranean" ("Club Med") utilized the British holiday camp concept and opened up a different group of hotels that provided a different option for vacations. The idea behind opening "Club Med" was to eliminate extra charges, which could create headaches for the tourists. In the 1950s, even though this vacation concept was introduced in many parts of the world, the resorts were not as all-inclusive as they are today. Guests staying at all-inclusive hotels and resorts then used an artificial currency called "beads" to purchase drinks and other services in the resort; yet for the post-war generations, this was a new and innovative style of vacationing (Issa & Jayawardena, 2003).

At first, "Club Med" appealed to young and single tourists, and provided them with fun, adventure-filled vacations. Over the years, this type of resort grew in popularity: all-inclusive hotels and resorts opened in Europe, Asia, Africa and the Caribbean, catering to tourists who were looking for inexpensive, yet enjoyable vacations. Today, the all-inclusive resorts provide tourists with quality food, drinks, activities, and sport opportunities, as well as other services for which the tourists do not need to pay extra money. The all-inclusive packages allow tourist to enjoy their stay without utilizing any currency, credit cards or other identification. This new type of vacation revolutionized tourism in terms of convenience in the Caribbean (Issa & Jayawardena, 2003).

Issa and Jayawardena's (2003) prediction for the future is that the all-inclusive concept of tourism is here to stay, and will continue to provide tourists with romantic, problem-free vacations, as well as a variety of additional services, such as fine dining and sports, to draw more visitors. Through the development of services, such as free day care, all-inclusive resorts hope to attract more families with small children, and by providing activities such as golf, they also cater to an older population (Issa & Jayawardena, 2003).

In a study of 16 mobility-impaired tourists, it was reported that the Caribbean/Sun destinations were the most popular due to their affordability. The Caribbean is able to provide tourists with a wide range of very exclusive luxury vacations at very affordable prices (Buhalis & Darcy, 2011). Thus, the convenience of service provision at one site and ease of cost control, which attract many visitors and are in line with current vacation trends, are likely to be particularly attractive to people with physical

impairments and provide the rationale for focusing on all-inclusive resorts in this thesis. However, for the needs of people with physical impairments to be met, the resorts must be accessible. Hence, the research now turns to a consideration of the principles of universal design.

2.6 Universal Design

For people with impairments to make use of all-inclusive resorts and for such resorts to benefit from this market segment, they need to be made accessible. Universal Design could be an effective tool to prepare the Caribbean for impaired tourists. Many people in the world do not fit the category of the average person, yet many architects often design facilities with a "mythical" average person in mind. Instead of designing spaces and facilities for an average user, universal designers create buildings and facilities with a broad group of people in mind: groups such as children, the elderly and the physically impaired are thought of when designing facilities. Universal Design means that products are designed for all people to the greatest extent possible. Universal designers create spaces that will be used by large and diverse groups of people, and that will not need to be changed in the future, since they take the needs of all people into consideration. This makes Universal Design very economical, as well as very practical (Mace, Hardie, & Place, 1996; Centre for Universal Design, 2006; Trachtman, Mace, Young, and Pace 2000).

Both buildings and some outdoor environments can be designed in such a way that people of all ages and abilities are able to participate in all activities and access all commodities. Since no design can take everyone's needs fully into consideration, universal designers will do their best to meet the needs of most people. Each project needs to be viewed individually within Universal Design, because each has different challenges and, for this reason, has to be approached individually (Mace et al., 2006; Centre for Universal Design, 2006). For instance, universal designers create many adaptable and flexible fixtures, which can easily be changed or removed. All elements are designed to fit the decor and, if such principles were employed, would allow tourists of all abilities to be a part of a wide variety of activities. By creating such interior spaces, the tourism facility would become more marketable, without the investment of more capital than is necessary. This is especially true today when people who are aging and may be losing

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some of their physical abilities still have the desire to travel, and require spaces that may accommodate their needs (Trachtman et al: 2000).

The origins of Universal Design reflect changes in society. Initially, Universal Design was developed to accommodate war veterans and, later, impaired people (Centre for Universal Design, 2006; Trachtman et al: 2000). Therefore, Universal Design originally reflected the current social attitudes towards these groups. Due to new medical innovations, victims of war, who used to become impaired, can now live fuller lives. Social attitudes towards impaired individuals are changing, and some may even be able to make changes to their homes in order to make them universally accessible. This not only assists impaired individuals, but also people with small children and the elderly (Trachtman et al, 2000). The stigma associated with impairments / disability has been lifting gradually and people of various ability levels now take part in many aspects of social and public life. With this trend, new legislations have been established in many parts of the world to create more opportunities for the growing group of people with impairments. Furthermore, with legislation came the need to create designs that are barrier-free and, using the assistance of new technology, Universal Design was born (Centre for Universal Design, 2006).

After the first examples of Universal Designs came into existence, it became apparent that it not only benefitted the impaired population, but other groups as well. With globalization, individuals have greater access to travel, and people with a variety of language barriers visit and stay in many locations. Able-bodied travelers may become handicapped when visiting a different culture, or country, and see signs they cannot understand; thus, Universal Design can serve this seemingly able-bodied group of people in addition to those with a physical impairment. Moreover, universal design may be perceived by some as less stigmatizing since it focuses on the space being used by all, as well as presenting information in many formats, which makes it much easier for all members of society to understand and access the desired space (Iwarsson, & Stahl 2003). Accessibility to and within our built environment is very complex however, and universal design is only one approach to creating physical space which is more usable by all people in society.

In order to make such design more tangible, there are seven principles of Universal Design that can be used by architects to create plans for new facilities. The seven principles of Universal Design also make it easier to assess a facility for its level of accessibility (Centre for Universal Design, 2006). The first principle of Universal Design deals with equitable use. It urges planners to create spaces that are usable by a diverse group of people. Doors that open automatically allow those with an impairment to enter and exit a facility with ease and efficiency. At the same time, non-disabled individuals can use the same door with ease: people who carry many bags or have little children would be assisted, not only individuals with impairments (Centre for Universal Design, 2006).

The second principle addresses the need for flexibility of use. It refers to designing objects in a way that would give the user choice in the method of use. A bank machine with visual, tactile and auditory feedback located in a place to allow access for people in a wheelchair, or for people with small stature, would enable the impaired to access their money independently. Moreover, in bad lighting conditions, or under disabling circumstances, all individuals would be able to access money from the bank machines with ease (Centre for Universal Design, 2006).

The third principle refers to simplicity in use. It refers to people being able to understand and experience an activity regardless of their knowledge, ability to concentrate or language skills. For example, creating moving sidewalks in places, such as airports, which require individuals to do a lot of walking, would benefit all people. Similarly, it would be beneficial to adopt an international signage system that can help to direct people to different places quickly and efficiently, including signs that are both verbal and visual (Centre for Universal Design, 2006).

The fourth principle addresses multiple ways of repeating the same information for the public. Using multiple ways to convey information, such as print, pictorial images and auditory channels, would benefit everybody. In a resort or hotel setting, displaying daily activities visually, through printed word, in a pictorial format, as well as through voice announcements would ensure that all individuals are able to access the information and can respond to it.

The fifth principle encourages tolerance for error. Individuals are prone to making mistakes and, at times, it may not be possible for them to re-do the same action. For example, a key card could be developed for use in hotels that can open doors regardless of the way it is inserted, which would allow individuals to access their rooms easily and quickly, regardless of the dexterity of their hands (Centre for Universal Design, 2006).

The sixth principle encourages designers to create objects or items that a person can access without much physical effort, such as automatic and touch sensitive water faucets and lamps. When no physical effort is required to use water faucets, washrooms and other appliances, buildings become more accessible to all individuals (Centre for Universal Design, 2006).

The last principle deals with creating a large physical space that allows easy approach, manipulation and reach for the user. Wider gates in subway stations would allow not only a physically impaired person to pass through easily, but also a large person, or an individual with luggage (Centre for Universal Design, 2006).

The seven principles of Universal Design could be incorporated into the design of all tourism facilities to allow physically impaired individuals to access all aspects of the facilities with ease and independence. No research, however, has yet applied Universal Design to examine current, all-inclusive resorts in the Caribbean in terms of their universal accessibility; therefore, future research needs to be conducted in this area in order to determine which tourism facilities are compliant with the Universal Design model and to what extent. Many facilities in hotels would probably need only minor changes to make them universally accessible to all tourists. By examining all aspects of travel, through the lens of Universal Design, hotel and resort providers could ensure that their accommodation, transportation, eating and drinking establishments, and recreational sites are easily accessible to travelers regardless of the level of their physical ability.

Despite the ever-growing market of physically impaired travelers, and the provisions taken by the WTO and the ADA, many, perhaps most, tourism facilities are still not currently accessible to the physically impaired. Moreover, the social and staff attitudes towards these tourists are often not only

unfavorable, but also discriminatory, and may create segregation rather than inclusion. Education, empathy training, as well as greater acknowledgement of the new and ever-growing market of physically impaired tourists would ensure an increase in tourism, economic benefits and provide a much higher quality of life for the physically impaired population.

The principles of Universal Design have been introduced because they provide an inclusive way of designing facilities.

Universal designs are very important in this field. Such designs could be used by touristic stakeholders to make their facilities accessible not only for those with physical impairments, but for people with other challenges. By creating facilities which follow the principles that have been outlined, a facility would be able to accommodate the majority of individuals, regardless of their level of ability. The value of universal design is acknowledged and the principles will be incorporated into the procedures that will be used to evaluate the accessibility of all-inclusive hotels. Not all 7 principles of universal design were drawn upon directly in the current research but they were considered and some were incorporated into the checklist that was designed to assess the accessibility of all-inclusive hotels. More specifically, items one, three, five and six were drawn upon. Conversely, items two, four and seven were considered to be less useful for the task to be undertaken. Since the existing situations in resorts were being evaluated, flexibility of use, multiple ways of communication and the creation of a new large physical spaces were not emphasized in the checklist which should be able to show clearly, at a glance, which areas are and are not accessible, and why. However, as the inventory was being applied, some observations were made concerning signage and the ease with which furniture and obstacles could be moved. Questions in the checklist regarding the ease of opening doors, the ability to move within the room easily and independently, as well the ease with which items in the room could be accessed, such as lamps, were drawn from the universal design principles. Furthermore, questions regarding signs within the resort and the ease of movement through doors were also significantly influenced by the principles of universal design.

CHAPTER THREE

THE SOCIAL PERSPECTIVE OF DISABILITY

3.1 Introduction

People who have impairments live in a world of able-bodied individuals. The social and geographical environment is commonly designed for able-bodied persons, to which the impaired group needs to adapt. This chapter will explore the concepts of abilities verses impairments by drawing on the social perspective of disability.

3.2 Definitions

Many different definitions of impairments and disabilities have been used by researchers who study and theorize about disability. Those who study disability from the social perspective differentiate between disability and impairment and the resulting definitions are often used while discussing disability from social and attitudinal points of view. From this perspective, impairment is a physical limitation whereas disability is a social construct, and this is the perspective that is adopted in this thesis. The definitions of impairment and disability offered in the introduction are consistent with a social perspective on disability because emphasis is placed on the ability of an individual with an impairment to function in society, rather than on the impairment itself. Issues can be studied from a variety of perspectives: thus, for example, impairment and disability could be studied from legal, economic, medical or other angles. Therefore, in this thesis, the word social theory is not used for, although some authors use this term in the impairment and disability literature, it is recognized that a social approach is only one among a number that might be taken. It has been chosen because it is considered to be an approach that can lead potentially to the greater empowerment of those with impairments.

For the purpose of this chapter, the definition presented in 1976 by the Union of the Physically Impaired Against Segregation (UPIAS) will be used. UPIAS defines impairment as the "lacking all or part of a limb, or having a defective limb, organism or mechanism of the body" (Butler & Bowlby, 1997,

p.411). Disability is "the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activity" (Butler & Bowlby, 1997, p.411). Since the social environment is designed mainly by those who are able-bodied and they do not have impairments as stated above, the social space that they design may be difficult for those with an impairment to use. It is argued that those who have mental/physical impairments are rendered disadvantaged by the economic, political and other systems, including social groups that fail to take this group's interests into account in the creation of the built environment. Some may view the impaired body of a person being a problem, but it is actually the society in which the person lives that is the problem that results in disability. People who have an impairment are often viewed by society as being ill; however, often these individuals are very healthy and their only medical restriction is their impairment, which may cause them difficulties in the built environment because of the way that it is constructed. For example, a person who is in a wheelchair due to an accident may be very healthy; however, it is the paralysis which is causing them to be in a wheelchair. This person, however, is able to enjoy daily activities similar to the non-impaired group and often only sees a doctor or members of the medical profession when they feel unwell (French, 1994).

3.3 The Social Perspective on Disability

The medical model of disability, according to Butler & Bowlby (1997), is based on the idea that biological differences are the basis for explaining the inequalities between the able-bodied and the impaired. More specifically, Chouinard (personal communication, 2012) suggests that the medical model equates impairment and disability and regards the person with an impairment as 'defective' and, insofar as is possible, needing to have the defect 'fixed' through medical intervention.

The social perspective of disability can be seen as a reaction to the medical model and can be traced to British disability theorists in 1976. Until that time, according to Butler and Bowlby (1997), the medical model dominated the writing and views of disability theorists The disability movement at that time

recognized the importance of society in an impaired person's life. Thus, the social perspective on disability, which has been described above, rejects the medical model and focuses on the interaction that people with impairments have with others in society, and the attitudes which able-bodied people hold toward the impaired. Furthermore, the social environment/context plays a very significant role in how impaired people are viewed in society and the impact that has on handicapping them verses integrating them into the mainstream society (Shakespeare, 2006; Barnes & Mercer, 2005). This, in turn, has implications for the design and construction of the built environment.

Under the medical model, it was the able-bodied group who isolated the impaired into separate schools, housing and day care, which segregated them from mainstream social life. They were segregated both socially and physically by the dominant and more powerful members of society (Omansky, Gordon & Rosenblum, 2001; French, 1994). By becoming segregated spatially as well as socially, the impaired groups were unable to become integrated into society, for several reasons. First, the built environment outside of their segregated one was unprepared to welcome this group of people whose needs were not addressed adequately for them to enter the built space. For example, ramps were needed in order for people in wheelchairs to enter a building, or cut curbs were necessary in order for people in wheelchairs to cross streets, and maneuver in the physical space. Thus, upon leaving the segregated environment, it was very difficult to become integrated into the mainstream of social life and, as well, to become contributing members of society (French, 1994).

The dominant group, i.e. the able-bodied, has a vested interest in maintaining the status quo. It holds society together by imposing its norms on society. Certainly, there would be short-term costs, both financial and otherwise, in giving greater recognition to the needs of those with impairments and attempting to accommodate them. Moreover, keeping a hold on the current system is central not only to policies, but also to practices, ideologies and livelihoods. The dominant group is currently not only in charge of all aspects of social life, but it includes many individuals who greatly fear impairment for it is a state which cannot be predicted for or by an individual, and which could embrace them at any time. As

such, fear and uncertainty encourage them to turn away from the issue, resulting in a lack of understanding and discrimination against those who are impaired. This differs from relationships with some other disadvantaged groups, where some activists will never become members of that disadvantaged group, such as a male activist fighting for women's rights. This, however, is not the case with impairment. At any moment, an able-bodied person can become impaired. For this reason, disability is resisted and these groups are marginalized. It is the able-bodied persons in society who have the status, can establish memberships in the in-group and thus deny others, potentially those with impairments, entrance into that group. This can be accomplished through having an inaccessible society, negative attitudes and exclusionary practices (Omansky et al., 2001; French, 1994).

Many current disability theorists believe that it is not the impairments which are placed upon the body which play the largest role in contributing to the problems which impaired people face; rather, it is the society and the able-bodied people who create the majority of the obstacles. There is a complex interaction at play between society's able-bodied persons and their attitudes, and the experiences of impaired individuals. The negative attitudes of many able-bodied persons instigate the creation of inaccessible space for the disabled groups which, in turn, results in impaired individuals having a hard time living their lives and having negative experiences in the different facets of public life (Butler & Bowlby, 1997).

Furthermore, many in the able-bodied community do not understand impairment/disability. If they are asked to simulate being impaired, it is very difficult for them to live their normal lives. Thus, by not understanding the diverse methods which impaired people adopt in order to make their lives easier, or by failing to appreciate the different tricks used by impaired people to live normal daily lives, the able-bodied community makes the impaired dependent on society for their daily needs (French, 1994).

Many in the able-bodied society strongly believe that a person is either able or disabled (Omansky et al., 2001; Barnes & Mercer, 2005; French, 1994; Imrie & Hall, 2001): there are only two

large categories and all members of society fall into one or the other. In fact, there is a large gray area in between these categories. People do not fall neatly into one category or another, many fall in between, i.e., people have varying degrees of impairment. For example, someone who does not have any night vision may be categorized as blind, even though during the day they are sighted. Furthermore, conditions such as obesity, pregnancy or a broken leg may render the able impaired/disabled; however, those individuals would not see themselves or speak of themselves as having impairments or being disabled. Furthermore, all impaired people in society are often grouped into one category, even though there are many different types of impairments and, therefore, many different levels of impairment. Thus, the built environment may not be made ready for this diverse group of people because those who design the built environment may not take into consideration adequately the needs of those people who may be temporarily impaired (Omansky et al., 2001; Barnes & Mercer, 2005; French, 1994; Imrie & Hall, 2001).

Although it is also made up of people with extremely varied attributes, the able-bodied group is the powerful and dominant group in society that controls the design of physical space. Theories of design clearly illustrate this point. Buildings are designed not only for their use by the public, but also based on their ornamental appeal to the human eye (Imrie & Hall, 2001). Building designers, who are mostly able-bodied people, may view the impaired group as not living normal lives. For example, they may be thought not to shop or spend money in the same way as able-bodied persons do, living in a different way to able-bodied people. Instead, they may be seen as living in specialized homes which are designed in ways to directly cater to their needs, where support staff helps them with daily chores and activities. Thus, it may be thought that creating accessible environments is not economically feasible since few will use such places. It is commonly viewed that the only people who will benefit from the provision of accessible space are the disabled groups, who may not have the immediate need to use the facilities. The elderly and families with small children are seldom seen as being groups who would also benefit from such provision. Such a view is demeaning and the outcome is that it makes it more difficult for impaired people to live independent lives. Furthermore, it may be invalid to claim that accessible design is more expensive,

especially when incorporated from the beginning. It is much more expensive to add accessibility after the fact (Imrie & Hall, 2001). Thus, for impaired people to gain greater access to public facilities and more social acceptance, the able-bodied community, along with the developers and designers, need to accept and welcome this group of people, known as the impaired, into mainstream society.

Furthermore, as was previously stated, impairment is not static and, at any moment, an able-bodied person can become impaired, yet those who design physical spaces commonly do not take this into consideration. Therefore, not only are public buildings often not accessible, but private homes are not designed to be accessible and few options are created for people to choose an accessible design if they want one. Often, families with an impaired person, or who live with elderly parents, must spend much money on their private home to make it accessible. If architects created an accessible design at the outset, it would make this process much easier. Moreover, then more impaired people might have the option of living independently since their homes would be designed to meet their needs (Imrie & Hall, 2001; French, 1994).

The social perspective on disability suggests that it is the able-bodied persons in society who not only have the power to rule and establish norms, but also have the resources to create change. Disabled persons have not been passive victims of the able-bodied and they have also worked to promote change. Nevertheless, given prevailing attitudes, such as fear, and lack of understanding of the role of society in making the impaired disabled, this perspective helps to explain why the change to an accessible society is occurring so slowly. This perspective is very important for the current work, since it explains why impaired individuals may still have a difficult time in gaining full entrance to all aspects of social life (Omansky et al., 2001). Since able-bodied people have created this problem, it is possible that they can eliminate it by establishing a more inclusive society. For example, building codes have not always included minimum accessibility standards. In the last thirty years, the Canadian Building Code has included accessibility standards in recognition of the growing impaired population and their desire to live independent lives. The social perspective on disability gives the impaired group a sense of self-worth, as

well as a collective identity. It does this by placing the blame for disability on society, rather than on themselves, and, in doing so, unites them in a common cause to improve their opportunities and lifestyles. The social perspective refutes the claims of the medical model, which viewed the problems experienced by impaired persons as being caused by their own bodies and not by the actions of the society of which they are a part (Butler & Bowlby, 1997). It did this by changing the perspective on impairment, potentially allowing those who were impaired to be integrated into society, as well as providing the means of acquiring greater independence for the impaired. The social perspective, by reinterpreting the causes of disability, can give greater confidence to those with impairments and potentially empower them to advocate for changes that will enable them to live independent lives. However, many in society have yet to embrace this perspective and, thus, changes in the situation of those with impairments are occurring only slowly.

Making changes to the physical environment, such as ensuring that buildings are accessible, is only one aspect of social life. The reluctance of able-bodied people to accept impaired individuals fully into social life/activities is another important aspect of this perspective. Excluding a group from taking full part in social activities may be compared to the past practice of denying entrance to someone of colour. Posting signs which are written in small print or located in very high places has the effect of exclusion and segregation. The elderly, as well as those who may be visually impaired, are unable to read signs which would inform them of important facts, such as the types of stores in a given building or the change of a bus route (Shakespeare, 2006; Omansky et al., 2001; Barnes & Mercer, 2005). Thus, the social perspective of disability puts emphasis not only on adjusting physical spaces, but also on the roles that individuals play in society. By empowering the impaired, such individuals will have the confidence and ability to take on roles that able-bodied people hold in society, such as parenting, and being employers and employees. Once impaired people are able to control their lives, have jobs in society and to guide the disability movement, changes in communities may happen very quickly. For example, as more impaired people gain entrance to higher education, and become architects, engineers or health

professionals, they will be able to assist the able-bodied professionals in making changes that will benefit all, not only those with impairments. Education of impaired people and education of the public by the impaired group are important in creating an inclusive society, as well as accessible spaces (French, 1994; Imrie & Hall, 2001).

The relationships which are built by people living in social spaces are also very important. People do not live in isolation, but together, and need to build relationships with each other. If the attitudes and social environment which is built by able-bodied people do not change, impaired individuals will not be able to become full participants in society. It is also important to allow the impaired groups to speak of their needs and requirements, since able-bodied people may not have the full knowledge or understanding to create accessible space, meaning a space that all people may use regardless of their abilities. In the past, the medical model did not encourage dialogue between the able-bodied and the impaired, which led to segregation rather than integration. Although people with impairments can take action individually in their own lives and collectively to increase awareness and understanding of their circumstances, disability, which is imposed on the impaired population, is ultimately socially constructed and designated. Since this is the case, it is the responsibility of the able-bodied to eliminate the social and physical barriers experienced by the impaired groups in order to integrate them into mainstream society (Shakespeare, 2006; Oldman, 2002).

Society itself is complex and social change will need to involve many of its representatives, including educators, designers and politicians, for movement is required on many fronts if greater inclusion of the impaired population is to be realized. The social perspective of disability espouses a perspective that can help to integrate the impaired and give them the power to think of themselves in very different terms than they commonly have in the past. No longer would they need to rely on the charity of able-bodied persons, but they could take control of their lives and move forward. They can mobilize themselves to act together to create social change rather than wait for able-bodied people to change social attitudes for them. For example, the Americans with Disability Act (ADA) came into effect in 1991 in the

United States and has had important implications and positive effects on stimulating accessibility changes in countries around the world. The World Tourism Organization based their integration of disabled persons into mainstream tourism on ADA and created recommendations which would protect impaired travelers from discrimination (Shakespeare, 2006; Oldman, 2002). Indeed, by empowering the impaired and instilling the belief that they are not the problem but that society is, such individuals would be able to engage different social groups in positive attitude change. This would occur by impaired people wanting to gain access into different social groups, including the government, and thereby changing the system. Many impaired people have already taken charge of their lives and are very involved in creating positive attitudinal changes in society (Imrie & Hall, 2001; French, 1994). Thus, the social perspective of disability is very important for the current work, since it explains why the medical model has not enabled impaired individuals to become involved in the disabled movement. Under this model, individuals are reluctant to appear to others in society as if they are impaired. The social perspective, by placing disability outside of individual responsibility, can potentially empower them to take collective action to make their needs more widely appreciated. Furthermore, light has been shed on the reasons for creating accessible space and fully integrating impaired persons into all aspects of social life. This is important for this research since, while examining the accessibility of physical space in all-inclusive resorts, it helps to explain why, after so many previsions have been created by the ADA, UNWTO, and building codes around the world, accessibility problems still exist. It also helps to explain why society is changing so slowly and reluctantly in addressing the needs of impaired persons.

3.4 Feminist Perspective

Many claims made by proponents of the social perspective of disability parallel those of advocates of feminist perspectives. Arguing by analogy, the ideas are very similar to those of some feminist researchers who worked to identify, document, make society aware of, and change the status of women. Women's ability to bear children, for example, often renders them 'impaired' for a short period of time because pregnancy may cause physical and social limitations. In order to counter such ideas, feminist

researchers needed to redefine women's experiences, make a clear distinction between biology, sex and gender, and address the distinction between the feminine and masculine in more nuanced ways. Somewhat similarly, the impaired need to make clear the distinction between impairment and disability, and show that there are two distinctive factors at play: impairment and society's responses to it (Shakespeare, 2006). Feminists challenged the notion of the female being weak and physically incompetent, by asserting the beauty and strength of the female body. However, society is now fixated on the perfect body and, thus, many women have worked, and still are working to achieve that 'perfect' body.

Both impaired individuals and feminists have struggled to redefine how the human body is perceived and evaluated. Many feminists have complained about the objectification of female bodies and the pressure to conform to norms of beauty. In much the same way, since many impairments are visible and render the body 'imperfect', people with such 'imperfections' are deemed to be less desirable than those without such imperfections, with resulting implications for access to opportunities. As a result, many impaired individuals try to hide their impairments by trying to appear normal and non-impaired. This is often done at great personal risk and pain. For example, someone who is diagnosed with chronic pain may have pain and difficulty walking upstairs; however, after coming back from a break with co-workers, this person, instead of taking the elevator and avoiding discomfort, may take the stairs in order to appear normal to co-workers. This person may experience pain, but they will not say so, since the act of doing so may result in them being categorized by others as impaired/disabled (French, 1994).

Females in our society have struggled with such issues and, very similar to some impaired individuals, have tried to change their body to fit the social image of perfection. Young girls and women have dieted and, in some cases, used extreme measures to become thin and socially desirable. Furthermore, the media portrayal of women in society as thin and beautiful, as seen on many TV shows and constant advertisements for female beauty products, lead many women to feel inadequate and undesirable (Butler & Bowlby, 1997; Moss & Dyck, 1996; Dyck, 2003). The impaired are often portrayed

in the media as helpless and dependent, and rarely as strong independent role models. Thus, the message which may be sent by the media to society is that women and impaired people require help if they are to lead independent and happy lives (French, 1994).

The concept of objectifying the body is well established in the feminist literature. Some women will gaze in the mirror and worry about looking good. They take into serious consideration what others think of how they look. Impaired persons experience the able-bodied population looking at them as objects of sympathy or as a social or medical curiosity. This may impact the social experience which impaired people have and how they view their own body. The impaired person may look in the mirror and see a body that is broken or disfigured which, in turn, may lead them to feel inadequate and undesirable. They are often unable to change their appearance and, thus, are unable to meet the socially desirable look of beauty and success. The body which is disfigured or different may be seen by some able-bodied people as undesirable and will be stared at and scrutinized. The body of an able-bodied person, which is not disfigured or different in any way, may be used as a measurement by the main group in society to judge who has the normal and desired body and who does not (Butler & Bowlby, 1997; Shakespeare, 1994; Omansky et al., 2001; French, 1994).

The impaired person's self-concept is formed through social interaction with others and, mostly, the others are members of the able-bodied group. Impaired people can accept or reject the concept but they cannot escape its implications. However, they can have a significant impact on how the able-bodied group views them, based on their own self-concept. Thus, not only does the able-bodied group help the impaired person to form their self-concept, the able-bodied, in turn, will be affected by the view which the impaired person presents. For this reason, eliminating negative socially constructed views of impairment and disability will help the able-bodied group to create a more positive image/concept of impaired individuals. One way in which this can be accomplished is by creating public spaces which are accessible. The impaired, then, would have a greater opportunity to interact with the able-bodied persons in society, thereby demonstrating their abilities rather than their impairments. This perspective provides further

understanding of why it is very important to have accessible space available, especially when traveling and visiting/exploring new environments (Barnes, 1991; Butler & Bowlby, 1997).

Through looking at environment, body and identity formation through the lens of feminist perspective, it is very clear that location, environment and people play a role in developing an individual's identity. People's lives in society are woven together through the place in which they live, experiences they have and the type of body which they possess. The relationships which are created do not exist separately, but form an interconnected whole. The experiences a person has related to the type of body they have are crucial in creating identities within relationships which are grounded in oppression of gender, sex or disability. Both able and impaired individuals live together in society and their lives are interconnected; however, it is those in the position of power who will dictate the general image and identity for both the able-bodied and impaired groups (Moss & Dyck, 1996).

Impaired people will often deny their identity as an impaired person in order to fit in better in the able-bodied world. This may cause them much stress, pain and difficulty; however, they will see it as being worthwhile if society views them as being able-bodied. Otherwise, they may be viewed as being inactive, unadventurous, non-competitive and very much dependent on others for support. The truth is much different, since often the impaired are very courageous, adventurous and active; however, lack of accessible space may make them appear to be inactive and dependent on others. This is especially true in unfamiliar environments, such as in tourism establishments. By adopting the social perspective of disability, impaired individuals may be able to shake off their perceptions of a negative disability identity and adopt a more optimistic and healthier one (Moss & Dyck, 1996; French, 1994). This may be possible since it is society that constructs the deviant identity that marks disability as a social problem and overlooks individual/personal abilities.

The language which the able- bodied society uses while addressing impaired persons reflects the social attitudes towards them. For example, ordinary events may be viewed as extraordinary when an

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impaired person engages in them (Chouinard, 2001, p.188). The able-bodied perception of impaired individuals who try to blend into society and strive to fulfill their professional and life goals may be expressed in awe and wonder. It is especially interesting that able-bodied women, who have struggled against many similar issues and still do, may turn around and view the impaired group in a similar way as they were viewed in the past. Women experienced the dominant group in society looking at them with awe and wonder when they broke social norms and were combining professional work with motherhood. Furthermore, women experienced difficulties with gaining entrance into various communities based on their social status as women. Some professions were closed to them, not because of their inability to perform the tasks, but because they were women. Women who broke the social norms were seen as courageous and adventurous for stepping out and speaking or acting to change the negative social norms (Chouinard, 2001). The able-bodied society views impaired people as a problem and as people who need help or a cure. This attitude prevents the impaired community from pursuing careers which, in turn, creates low self-esteem/self-worth. It is not the impairment which prevents this group from working but the attitudes of the able-bodied community (Barnes & Mercer, 2005; French, 1994).

The social perspective of disability is important in the disability literature and, when combined with feminist ideas of the social perception of beauty and body, it provides an explanation for why impaired people have been excluded from mainstream society. Furthermore, the feminist perspective informs this research by providing a possible explanation of why impaired people are having experiences that parallel women's treatments by society. The feminist experience over the decades not only informs the disability movement of how hard it may be to change attitudes, but also that change is possible, but that it may take time. These ideas are very important for the current research since much has already been done to achieve integration of impaired people into social life, yet there is still much to be done. Women have challenged social norms for years in order to gain access to areas of social life that were closed to them, and they are still doing it and will continue to do so in the future. Impaired people and the disability movement can learn from that, and understand that change may occur slowly, and that there may be

aspects in the future which will need to be challenged in order for advancement to occur. Moreover, women have made many strides in the current decades, which is similar to what the impaired are striving to achieve as well. Able-bodied persons are in positions of power and, thus, are able to restrict and control the access and integration of impaired persons into mainstream society. By addressing problems such as physical access and negative attitudes, which have created difficulties for impaired people, the latter will be able to reach positions of power and create further change. Integrating impaired people into the able-bodied society would allow the two groups to be able to work together in order to create change which will be beneficial for all, especially since an able-bodied person can never know if or when they may become impaired. This realization could be an important step towards merging the two social groups and, instead of resisting each other, they could work together towards the common good. Creating accessible physical space, such as in tourism establishments, for example, as well as having staff with positive attitudes in the tourism industry could be very important steps towards greater integration. The current work will shed light on how these touristic spaces could be created and/or changed to becoming more accessible, thereby narrowing the opportunity gap between the able-bodied and impaired groups in society.

Such approaches are important for current as well as future research since, in order to empower impaired individuals, not only does the world need to become more accessible, but social attitudes also need to change. Currently, society places much emphasis on aesthetics and looks and, in order for impaired individuals to become fully participating members of the community, social attitudes and norms need to change. Research that examines both physical accessibility and attitudes to impaired individuals could lead to social change, which will affect the impaired population positively. By allowing the impaired to have greater access to all aspects of life, including tourism, social attitudes toward people with physical impairments can be changed. At the same time, attitudes must change for this to occur.

3.5 Summary

A social definition of disability has been espoused whereby impairments become disabilities as a result of the environments in which those with disabilities are forced to operate which, in turn, reflect the attitudes and priorities of the majority able-bodied population. Undertaking and implementing the outcomes of accessibility research would create many benefits for all tourists, as well as those who own or run facilities within the tourism industry. Physically impaired tourists, the elderly, and families with small children would be able to travel with more ease, since the tourism facilities would become architecturally and attitudinally prepared for these markets. The hotel and resort industry in the Caribbean may be able to draw a larger market of tourists to their destinations if they allow accessibility research to take place and adopt the suggestions that stem from the research. Since impaired tourists are often loyal clients and have extensive social networks, information on the accessibility of a particular hotel or resort would spread and may bring financial benefits to the companies who abide by accessibility guidelines. Furthermore, with the improvements made to the four sub-sectors of tourism, more individuals who previously were hesitant to travel may do so, especially when pertinent information on a facility is available to them. However, such changes will require changes in social attitudes and an appreciation that people with impairments need not be people with disabilities.

Accessibility research can be used to advise managers on how to make their facilities universally accessible to all people regardless of their level of ability. Furthermore, the same research would advise these tourism establishment managers how to advertise themselves in a manner that is both informative and effective (Card et al., 2006; Camera et al., 2003; Burnet & Bender Baker, 2001). Accessibility research could contribute to attitudinal changes of the able-bodied individuals in our society and, thus, changes in the current social norms and views of the impaired population could be made. Impaired people might experience the largest benefit of accessibility research, since the application of research results will open doors which may have been previously closed to them and create opportunities that can enrich their lives.

People world-wide are aging, living longer and traveling more extensively; thus adopting accessibility standards would increase revenues for tourism establishments and increase the quality of life

for tourists of all abilities. When all areas of travel become accessible, impaired people will become more independent and empowered, and will be able to enjoy traveling to all corners of the world.

In spite of the ever-growing market of physically impaired travelers and the provisions taken by the WTO and the ADA, most tourism facilities are still not accessible to the physically impaired. Moreover, the social and staff attitudes towards special needs tourists can be not only unfavourable, but discriminatory and create segregation rather than inclusion. Education, empathy training, as well as acknowledging the importance of this new and increasing market of tourists by tourism facilitators, would ensure economic benefits and an increase in tourism, as well as provide a higher quality of life for the world's physically impaired population.

In these sections, the building blocks that underpin the proposed research have been presented. The literature on constraints to participation in leisure activities has been discussed in the context of its application to tourism and people with impairments. The AABM model has been examined as a framework for assessing both physical and attitudinal accessibility. All-inclusive resorts have been described as a tourism context that is favored by people with impairments and would be more so if these facilities were more accessible. Such facilities are the focus of the research that has been conducted and will be presented later in the thesis. Universal Design is presented as a way of making spaces more accessible and as providing principles that might be used for evaluating physical accessibility. However, it is argued that accessibility is as much about societal attitudes as physical barriers, and that both social and physical change are required to make spaces more inclusive, and to prevent impairments from becoming disabilities.

CHAPTER 4

METHODS

4.1 Introduction

This chapter discusses the research methods that have been used in this study. Initially, the objectives for

the research are presented. Then the study area and resorts in which the assessments were undertaken are

briefly introduced.

Card et al. (2006) created the AABM model, which can be used to examine staff attitudes and the

physical accessibility of facilities, and they have applied it to four sub-sectors of tourism. This model will

be used to guide the assessment of all-inclusive resorts/hotels in the Caribbean. These facilities provide

guests with all four tourism sub-sectors in one package. The purpose of undertaking this assessment is to

provide greater insight into the types of constraints physically impaired individuals face while traveling,

and social attitudes that exist toward this group of people. The research questions draw upon the social

perspective of disability, while staff is observed and interviewed. The AABM model portrays the

constraints that are experienced by people with impairments as they engage in tourism, encompassing

both physical and attitudinal barriers. One of the advantages of using Card et al.'s (20006) AABM model

in this research is that it draws attention to a variety of aspects of tourism that, both independently and

together, sometimes lead to difficulties for physically impaired individuals. However, the model in its

present form does not lend itself to the quantitative assessment of accessibility. Indeed, it is difficult to

combine indicators of physical accessibility with indicators of attitudes for they are measured in different

metrics.

The AABM model, although not encompassing all aspects of tourism, requires that the experiences of

impaired individuals be placed in quadrants reflecting the barriers, or lack thereof, found by them in

different aspects of tourism. Thus, the model can be used to provide information on which tourism

providers may be struggling with accommodating impaired tourists. Such information is very important to

understanding the problems that are faced by impaired tourists. In this case, the model will be used to

organize information on accessibility and attitudes in all-inclusive hotels/resorts.

As was discussed earlier, the model was originally formulated based on the self-reporting of experiences of impaired tourists. In contrast, in this study, the model is used in the context of all-inclusive resorts to arrange information and identify issues of physical accessibility, and to organize and compare the attitudes of staff at these facilities towards impaired guests. Thus, rather than being based on the opinions on people with impairments, in this thesis the model is used to arrange information on physical measurements and the attitudes of staff. Upon the conclusion of the research, it is expected that the researcher will be able to state whether or not the facilities examined in this research are accessible according to the four aspects of tourism addressed in the model, whether or not their staff have positive attitudes to people with impairments, and to place the facilities in one of the four quadrants of the AABM model. The actual placement is based on the judgment of the author based upon the information on physical accessibility and staff attitudes collected at the resorts.

In order to accomplish this task, the researcher created a schema for measuring physical accessibility and applied it to the facilities under discussion. Also, questions were asked during interviews of staff in different tourism positions in selected resorts to understand their views/attitudes toward impaired guests. Based on the physical accessibility inventory and the answers gathered, the investigator will be able to place a facility in a quadrant of the model. In turn, this will highlight areas that require attention by resort managers if they are to enhance the accessibility of their resort. Interviews with managers may also indicate why the identified problems exist.

The AABM model, in its initial formulation, did not incorporate accessibility guidelines, but depended solely for its information on the perceptions of interviewees who were impaired individuals. It is suggested that the utility of the model can be enhanced by the incorporation of measures of physical accessibility as acquired through a facility inventory. This is done in this case. In this way, more precision is acquired and this should be useful to managers in addressing physical accessibility problems. For example, with the use of a facility inventory, it will be possible to indicate that lack of accessibility results from doorways that are too narrow by a specific number of centimeters. The social attitudes towards the impaired group of guests are assessed by engaging in a dialogue with staff who work at the facilities,

especially staff who work in different areas of the all-inclusive resorts. Understanding the level/type of training which the staff has obtained from the management of the facility, their experiences gained in serving impaired customers, as well as their knowledge of and familiarity with impaired individuals, may help to explain how they view this tourist market. Furthermore, the research will also contribute to knowledge in social and tourism geography by providing readers with an understanding of attitudes towards impaired individuals in tourism settings.

4.2 Study Area

The Caribbean was chosen as the broad region in which to conduct this research because of the wide availability of all-inclusive resorts and the importance of the Canadian market to the region. Initially, 36 packages of information that introduced the proposed research and solicited support for research, particularly willingness for facilities to be used as study sites, were sent to tourism corporations that own all-inclusive resorts in the Caribbean. Unfortunately, only a few responses were received. Based on these responses, three facilities in two countries were chosen as study sites.

Two all-inclusive resorts were selected from Jamaica and one from Aruba. One four-star and one five-star resort were from Jamaica and one five-point-five-star facility from Aruba were chosen for investigation. The sample is a sample of convenience since it is based on willingness to provide access and to participate in the study. The three particular sites were chosen upon the suggestion of the corporations who agreed to the study. Four- and five-star facilities were chosen since they provide a range of recreational, dining and accommodation facilities; services which may not be found in facilities with a lower status. Moreover, the four and five-star facilities are more likely to possess the capital required to create changes based on the assessment of their facilities. Regardless, the researcher did not have much choice in selecting the facilities under study. Since there is very little research which has been done in this area in the past, it may be beneficial to conduct the same research in resorts with lower star ratings. For this research however, the higher rated resorts were chosen and studied, since the corporations which own them agreed that the researcher could examine them.

Many criteria may be used to rate hotels/resorts. One such rating system is the star-rating system, which is used in many countries. The star rating system originated from the rating which was used for assessing brandy quality. The higher the number of stars, the better the facility is considered to be. The facilities are usually rated from one-star to five-stars, meaning that the five-star resort is of the highest quality (Vine, 1981). This rating system originated in Europe and has been adopted by many countries worldwide; however, each country rates their own facilities, using their own criteria; thus there may be differences between countries and hotels of the same star rating. Tourists, however, may not be aware of this and may depend upon the star rating to inform their choice of facility. For example, a 5-star facility may not have the same facilities or standards as another 5-star facility in another country; however, some consistency in ratings may be expected within jurisdictions (Vine, 1981; Cser & Ohuchi, 2008). The rating criteria frequently change to accommodate the changes which are occurring in society. For example, in the past, having a colour TV in one's room, the morning paper, tea, or a shoe polishing service in the hotel were considered to be required services in a 5-star facility. Currently, a colour TV is present in every motel and is no longer considered a service that distinguishes a 5-star rated facility. It is the number and variety of bars and/or restaurants, meeting rooms, as well as recreational amenities which are now being looked at more closely as a requirement for a high star rating (Vine, 1981; Cser & Ohuchi, 2008). Many of the criteria are very subjective, thus the star rating system is not an exact science but only a guideline used by tour operators and the tourism industry to inform tourists as to what they may find at the facilities to which they are traveling (Cser & Ohuchi, 2008).

The first resort which was visited in Jamaica was located approximately one hour (61km) from Montego Bay and is located in the Run Away Bay area of Jamaica. The resort has 226 rooms, two beaches; one is *au naturale*, while the other is a regular beach. This facility has four *a la carte* restaurants and seven bars. Furthermore, it also has a spa, a variety of shops and a disco. This resort is for adults only, and it does not have facilities for families or children. Similar to some other facilities in this area, it also has a nine-hole golf course and a scuba diving centre, located in the resort.

The second Jamaican resort which was visited is also located in the Run Away Bay area of Jamaica and, unlike the first resort, it is not an adult-only resort; however, it is also not a resort for children. This facility has 266 rooms, a very beautiful beach, along with five restaurants, three pools and a scuba centre on site, as well as many other non-motorized water sport activities. Furthermore, 18 holes of golf are included and located close to the facility. The resort has a small casino on site along with a night club and evening entertainment. Guests are also able to shop in several small stores located within the resort.

The third resort visited by the researcher is located in Aruba. This facility is built like a hotel, versus a resort-style facility. This means that unlike the Jamaican resorts, it is built with one main structure with multiple levels on which the rooms/dining facilities are located. The resort style is much more sprawling, and the rooms are located in two-story structures. In Jamaica there were, for example, four rooms per building. Unlike the other resorts, it is a family-friendly resort having several pools and a kid's club on site. This facility has about 800 rooms in total; however, this hotel has a few different room categories, such as time-share rooms and club member rooms, as well as regular guest rooms. There are five restaurants plus a buffet and four pools. A casino, night club and a variety of shops can be found on site. The hotel is located about 30 minutes from the airport, along a long stretch of a beach, where guests can walk and look at other hotels/resorts which are also located along the same beach. There are many shops/casinos/restaurants/bars outside the resort located within walking distance, to which guests have easy access.

4.3 Physical Assessment

New research needs to build upon what has been done previously. For this reason, an accessibility checklist based on Barrier Free Design and ADA standards was created to assess each facility on its accessibility in four tourism sub-sectors: transportation, accommodation, recreation, and eating/drinking facilities. The checklist was tested in a pilot study that was undertaken in Canada and which will be described later. By applying the same accessibility checklist to a variety of recreation and tourism facilities, the researcher can obtain high study reliability and validity. The checklist itself is a contribution

of this study since complex legalistic guidelines, established by the ADA and Barrier-Free Design, were taken and transformed into easily observed indicators. These legalistic guidelines are very complex, as well as lengthy and difficult to understand, which may make them difficult to use for those who design facilities and/or would like to make changes in order for their resorts to become more accessible. The checklist developed by the author is of wide applicability and could be used in a wide variety of tourism situations. The accessibility checklist is not only a tool to assess the current situation; it is also a straightforward way to identify the areas that need improvement. For the purposes of this research, facilities in the above-described study sites were assessed on their level of accessibility for physically impaired or mobility impaired individuals. This checklist may be expanded in the future to facilitate assessments of facilities in relation to other impairments. This task, however, is beyond the scope of this research. In summary, the checklist used in this thesis assessed the all four aspects of the resorts' accessibility based on transportation, accommodation, recreation, and eating and drinking establishments. A copy of this checklist can be found in the Appendices.

4.4 Narrative Approach

A narrative approach presents research findings in a story format relating to the reader what happened at different times within the data collection process. Much of the data collected on the accessibility of all-inclusive resorts is very rich, containing many levels, and a narrative approach is able to present these data in a holistic manner (Webster & Mertova, 2007). Narrative inquiry has a particular value in that it encourages evaluation of the researcher's experiences and it is well suited to addressing the issues of complex cultural contexts and human-centredness in research. Since most of the travel experiences of physically impaired individuals occurs in the community and may involve different settings and cultures, describing in detail all the steps of the journey is a very valuable approach to understanding the whole story of a physically impaired person's journey (Webster & Mertova, 2007). Other research methods present an understanding of studied subjects or phenomena at certain points in the experience, but frequently omit the important 'intervening' stages. This, however, is not the case with the narrative approach, which tries to capture the whole story (Webster & Mertova, 2007).

One of the key contributions of the narrative approach to research resides in the manner in which it frames the study of human experience. The concept of narrative can be refined into a view that research is the construction and reconstruction of personal and social stories. Moreover, the narrative can tap the social context or culture in which this construction takes place (Webster & Mertova, 2007). The issue of accessibility in tourism is a very complex issue, since it depends on many factors, over which physically impaired individuals may have very little control. Moreover, explaining different challenges, as well as the positive aspects of an individual's journey, may contribute to a better understanding of how some accessibility features work and why. Often it is the different characters in the story, or other travelers, which will make a journey for the physically impaired persons a pleasure or problematic. Through describing those players/characters in detail, the reader will be given an in-depth understanding of the players involved and how and possibly why they act in different ways. In the current research, a narrative approach is combined with other research methods, such as interviews, and a rigorous application checklist, which is used to assess the accessibility of each facility. The narrative approach not only provides support and context for the other methods that are used, but also provides background to and an explanation of the actions which were taken by the players involved in this research, such as the staff/guests at the resorts (Webster & Mertova, 2007).

One drawback of the narrative approach is inter-subjectivity which can be described as slipping into a commitment to the whole narrative plot, and the researcher's role in it, and losing sight of the various fine lines that this approach may tread upon. In other words, the researcher "turns native" and loses sights of the objectives of the research under study (Webster & Mertova, 2007, p. 122).

In the case studies, a detailed description is provided of the researcher's journey, starting from the minute the researcher left the home, until the researcher's return upon finishing the data collection, .

4.5 Interviews

In-depth interviews can be used to shed more light on staff attitudes towards disabled tourists and the reasons for them. The interview method has both validity and reliability in measuring staff attitudes. The interviewer can also pose follow-up questions and probe with ease in order to obtain in-depth

understanding of an issue, which is a key aspect of accessibility research. The interview method can also reflect the person's otherwise hidden attitudes; for example, researchers may be able to discover cultural differences during an interview and can better understand them. Furthermore, the in-depth interview method yields high response rates.

The drawback of the interview method is cost and time: it is expensive and time-consuming since the researcher spends much time with the interviewee in order to obtain all the required information. When conducting interviews with managers of all-inclusive resorts, the costs of using this method may be high. During face-to-face interviews, personal biases of the interviewer may be communicated to the interviewee. As a result, the interviewee may give answers that are deemed to be socially desirable, and not congruent with their personal beliefs. For some study participants, anonymity may be important, yet by using the interview method it cannot be guaranteed. If the researcher poses many open-ended questions to the interviewee, the data analysis may become time-consuming and difficult (Johnson & Christensen, 2007). By conducting interviews with managers of all-inclusive hotels and resorts, the researcher will be able to understand clearly the reasons why these facilities have not complied with the UNWTO Accessibility Guidelines.

One of the greatest strengths of the interview method in accessibility research is simultaneous data collection and participant education. Since the interview is an interactive research method, hotel managers simultaneously benefit by becoming informed and educated about problems and issues in their resorts of which they may not have been previously aware. The hotel or resort manager may learn important information while taking part in the study, which will help them to assist guests with disabilities in the future. Moreover, since the research is designed to look at all-inclusive resorts and hotels in the Caribbean, English may not be the managers' first language. By conducting face-to-face interviews, questions can be easily explained and clarified to the participants in the study. Thus, the interview method can enable the researcher to obtain important data to help improve many aspects of vacationing and travel for physically impaired individuals (Kuter & Yilmaz, 2001).

In this study, in-depth interviews were conducted with managers, staff and tourists. Appointments were made with managers to ensure that interviews with them would take place. Interviews were conducted with staff as the opportunity arose, although an effort was made to engage staff with different responsibilities in the resort. Interviews were conducted with tourists in the resort as was convenient.

4.6 Field Studies

Before fieldwork was conducted in the Caribbean, the specially-designed checklist, which is a tool created to assess the accessibility for physically impaired individuals of hotels, resorts and other spaces, was tested in a field situation. A hotel in Kitchener, Ontario was chosen as the location to test the assessment tool. This Canadian facility was chosen in order to test the checklist before it was taken and applied in the Caribbean. A Canadian hotel was chosen for financial reasons, as well as for its ease of access. The manager at this hotel was eager to take part in this study, in order to enhance his understanding of the general topic of accessibility, as well as to understand what specific problems his specific hotel might be experiencing. Since the facility was close and easily accessed by the researcher and there was very good cooperation with the manager, it was decided to test the tool in Canada, before it was used to test all-inclusive resorts in the Caribbean.

The major reason for conducting a pilot study was to test the tool used to measure accessibility of physical space for physically impaired individuals and, in this way, to obtain very important feedback regarding the measurements used. The drawback, however, was that this hotel was not an all-inclusive hotel/resort and, as such, guests staying at this facility may not use it as they would while staying in the Caribbean. Furthermore, not all of the facilities and activities available in the Caribbean were available in the pilot facility and the staff's attitudes towards the physically impaired guests may be different, stemming from the different cultural setting, and cultural norms. A full discussion of the pilot study is provided in Appendix B.

The researcher, upon finalizing the travel dates with each resort, created three packages which contained the assessment tool, interview questions, which were open-ended in nature, consent letters and debriefing letters. Each step of the researcher's journey was documented in a diary. Upon arriving at each

resort, the researcher made contact with the manager of that facility and arranged to meet them and conduct interviews. In the interviews, the staff was asked open-ended questions, clarification questions, as well as follow-up questions, depending on their answers. These interviews were conducted during the researchers' stay at the resort.

All areas of the resort were visited and the accessibility checklist was used to conduct a systematic assessment of the study site. Furthermore, interviews were conducted with the managerial, supervisors and front-line workers at the facilities in order to obtain an understanding of the staff attitudes towards physically impaired guests. Since many of the front-line workers/staff at each facility had not only direct, but frequent contact with guests staying at the facility, the researcher strongly believed that interviewing these workers was very important for the purposes of the research. The managerial staff can be very involved in training, policy creation, and hiring of staff; however, it is the staff at these facilities who take the training, take that experience into their job arena, and interact with the guests, not only on daily bases but even more frequently than that. When a guest requires a service, they often approach the front-line staff first, before speaking to the manager. Many problems/issues/guest requests are handled by the staff and the manager may not be aware of them.

Towards the end of the visit, in-depth interviews were conducted with managers concerning their clientele, the use of their resort by people with impairments, and their own understanding of the accessibility of the facility. However, throughout the visit, every opportunity was taken to speak informally, but often at length, with staff at each facility, as well as other visitors. Guests who were staying at each facility were asked questions by the researcher only after they agreed to speak about their experiences. Guests who spoke to the researcher were informed about the study which was taking place and that their names, as well as other identifying information, would not be revealed. Detailed notes were kept of all interviews and conversations. Each assessment took between three and four days and the approximate cost was $3,000.

Upon completion of each resort assessment, the researcher wrote reports which describe the systematic assessment of each facility and incorporate information from the interviews conducted with

the manager, staff and guests at each facility. These reports constitute the bases of the empirical sections of this thesis. Furthermore, these reports were sent to the head office of each resort, as well as to each manager. The reports included the results of this research for the specific resort and suggested which areas of the facility should be improved, and how that could be achieved. Then, using the materials in these reports, within-country and between-country comparisons were made, including comparisons between resorts with different star ratings, to understand differences in accessibility and staff attitudes in the resorts. It was expected that resorts with higher star ratings would have more accessible facilities and would have staff with more positive attitudes towards impaired individuals. This belief was based upon the financial resources which resorts with higher star rating may possess, as well as the greater involvement of staff in mandatory training designed to improve their skills in assisting guests.

4.6.1 Jamaican Resort One

At this facility, a total of 42 structured interviews were conducted with staff, as well as another 60 informal conversations with both staff and guests.

Out of the 42 structured interviews, one was with the general manager, one with the head of public relations for the resort, as well as one with the assistant manager. Furthermore, four cleaning staff were interviewed, as well as two general help staff. Ten staff were interviewed in the dining section, of which two were supervisors. Five bartenders were interviewed. Interviews were also conducted with four front-desk staff, and one concierge. Six interviews were completed with the entertainment staff, and five interviews were undertaken with aquatic sport/scuba staff. The last two interviews were conducted with store personnel: one store clerk and one store clerk/manager/jewelry designer. The manager of this facility informed all staff that a study was being conducted but participation was voluntary.

The other interviews, which were conducted informally, were with guests who were staying and staff from all sections of the resort. Most of the staff were not comfortable with formal interviews, but were curious about the study and the reason for the research being undertaken. They were willing to talk informally about their experiences at the resort, as well as share personal stories of friends/family members with an impairment and their difficulty with mobility. Most guests were also curious about the

study and very happy to engage in a conversation regarding accessibility and their experiences with it. The field work was conducted at this resort from April 3 to 6, 2009.

4.6.2 Jamaican Resort Two

At this facility, a total of 35 formal interviews were conducted and 50 informal interviews were undertaken with staff and guests. There were four interviews with senior management staff (manager, public relations manager, assistant manager and night manager). There were 14 interviews with culinary sector staff, including bartenders, wait staff, chefs and supervisors. Six aquatic sport/scuba staff were interviewed, as well as four entertainment staff. Two front-desk staff were interviewed, as well as two cleaning staff. The resort had shops and two store clerks were interviewed. Also, a driver was interviewed.

Similar to the first Jamaican resort, the informal interviews were conducted while meeting with staff casually when they shared stories/experiences but did not agree to be interviewed formally. The staff at this facility was also informed by the management that a study was being conducted. Their participation in the research was voluntary and no pressure was applied by management on the staff to encourage them to take part in the study. The research was undertaken at this facility between 6 and 10 April, 2009.

4.6.3 Aruban Hotel

At this facility, 34 formal interviews were conducted and as well as 30 informal interviews. First, three interviews were conducted with the management staff of the resort. In addition, one cleaning staff was interviewed. It was difficult to interview more staff in this position, since many did not speak English, German or Polish, the languages of the researcher; thus, it was very difficult to communicate with staff in this sector. Ten interviews were completed with aquatic sports/scuba personal, among which one was a manager of the aquatic centre. Two interviews were undertaken with concierges, and two interviews were completed with front-desk staff. Twelve dining staff were interviewed, including chefs, waiters and bartenders. Four interviews were conducted with entertainment staff.

Many of the behind-the-scene staff at this hotel did not speak English, thus it was much more difficult to communicate with them directly. Similar to the other study sites, the staff was informed of the study and that their responses were voluntary. Informal interviews were conducted with staff who were curious about the study, wanted to talk about their experiences, but were not willing to sit and complete a formal interview. Similarly, guests staying at the resort were also included in the informal interviews. This part of the study was conducted between 25 May and 8 June, 2009.

A large amount of information was collected in a short time. In part this was done by working long hours given the constraints of time and money available for the research. In part it was because there was great curiosity on the part of both staff and visitors concerning the measurements that were being taken. Many people approached the author for information and thus became interviewees. The checklist was designed to be able to be administered expeditiously.

4.7 Limitations

It would have been beneficial to visit more Caribbean resorts, in order to have a larger sample; however, due to rates of responses, budget constraints, as well as time constraints, that was not possible.

One main benefit of the current study was that the researcher conducting the study has a visual impairment. This brought a unique perspective to the current research in that the researcher had first-hand experience of dealing with impairment from her own personal circumstances. However, impairments take many forms and she was not confined to a wheelchair and was not constrained in mobility in this way. The researcher's personal attributes also created a unique environment for the staff to learn about impaired tourists and what their needs may be, as well as how to possibly assist them. The staff that the researcher interviewed, while speaking about their attitudes/experiences with physically impaired guests, had to speak with an impaired guest themselves. How they did so, the questions they asked, and how they treated the researcher spoke much about how they felt about impaired guests in general. Being a visually impaired female traveling alone to a foreign country and relying on the assistance of staff, whom the researcher did not know, may be very intimidating for some since, in this case, the researcher but in other cases the impaired guest, has no idea what may motivate the staff to assist them. This may create fears

concerning who to trust and what may happen if the willingness of staff to help is not genuine. Having an impaired researcher conduct the current study and becoming involved in activities such as diving really opened the minds of those with whom the researcher came in contact, revealing that impairments may not limit individuals living with them from leading full lives. This may not have been accomplished to the same extent by a researcher who did not have an impairment. This is not to say that such research has to be conducted by impaired individuals, but it may shed more light on how exactly the staff will go about assisting an impaired individual. Not much research in the area of accessibility has incorporated such a perspective and, therefore, this is an unusual aspect of this research.

The researcher conducting this research is and has been visually impaired for the last 20 years. During this time, she has traveled much. Therefore, the researcher has a deep commitment to this type of work, the narrative aspect of which may be viewed as autobiographic. Furthermore, documenting the various steps taken on this data collection trip by a visually impaired researcher provides the reader with a broader perspective on the difficulties faced by an impaired individual while traveling. The researcher is very aware of the kinds of challenges experienced by impaired individuals through twenty years of personal experiences and, as a result, may be able to explain difficulties faced by impaired individuals better to the able-bodied community, especially while in a dialogue with staff at the different research sites. If the impaired researcher can make the staff/guests comfortable in engaging in a dialogue with them, this can provide a very good opportunity to educate staff/guests in how to better assist other impaired persons.

The drawback of having an impaired person conducting this work may be seen in missing some interactions between guests and staff at the resorts. Similarly, it is more difficult to speak to staff or guests who may be reluctant to engage in a conversation with an impaired person.

CHAPTER 5

THE ACCESSIBILITY OF ALL-INCLUSIVE RESORTS IN THE CARIBBEAN

5.1 Introduction

Many Caribbean countries are a home to all-inclusive resorts. Jamaica is one such country where tourists can find a variety of all-inclusive resorts. Many owners and managers of all-inclusive facilities believe that their establishments are accessible for physically impaired individuals. Often however, disabled tourists are unable to have an enjoyable experience due to the inaccessible nature of such facilities. For this reason, it is important to travel to such establishments to assess them for their accessibility, as well as to explore the attitudes of staff who assist the guests staying in them.

This chapter will discuss my personal experiences while traveling to Jamaican all-inclusive resorts and another resort in Aruba, as well as my reflections on staying in such establishments. Consistent with the social approach to disability that argues that impairments become disabilities when the physical environment and social attitudes create barriers to inclusiveness, both physical barriers and staff attitudes will be examined. Detailed descriptions of the accessibility of three facilities, based on the use of an accessibility checklist, will be provided. Interviews with the facilities' managers, staff and guests will also be presented. For each case, a summary of the facility's accessibility will be provided, and changes or improvements will be suggested which could be made to make the facility more accessible in the future. Similarly, staff attitudes toward physically impaired guests will be reviewed.

Thus, this chapter describes the results of the empirical analyses of three all-inclusive resorts in the Caribbean. Each resort will be considered in turn. Then, in the following chapter, the resorts will be compared and implications of the findings will be discussed. Because challenges for people with physical impairments increase the moment that they leave their homes, details of the researcher's journey to the Caribbean will also be considered. The researcher will use a narrative approach to explain some of the aspects of the journey to the readers.

5.2 Assessment of a Five-Star Resort in Jamaica

5.2.1 Travel to Jamaica

Friday, April 3; 5:35 A.M. My alarm goes off; time to get up and begin my journey. A quick shower, breakfast, coffee and we are off to the airport in the pouring rain. On the way we are stopping to pick up my scuba gear at my mom's. On the highway, there is major traffic and we take an alternative route in order to make it to the airport on time. We make it at 8:55 A.M. and my flight leaves at 10:25 A.M. I am flying to Jamaica with West Jet.

The airport is fine. However, the first problem occurs when we arrive at the West Jet counter and discover that itravel2000, the agency with whom I booked my ticket, did not let West Jet know that I am visually impaired and traveling by myself. West Jet is able to make sure that I have a good seat and a person to assist me to the gate.

I move through customs without a problem and stop at the bathroom on my way to the gate. It is the family washroom at Toronto's Pearson Airport Terminal 3 and it is very accessible. It is very spacious and with the right measurements that are recommended for people with physical impairments.

I finally get on board and wait to take off. Everything goes well until we encounter a man who wants to bring a stroller on board, which is not allowed. After much talk, the stroller leaves and he sits down. The boarding problem is not over, since another person needs to leave the aircraft, as he has an ear infection, and the authorities do not want him to fly. He leaves and, an hour after our scheduled departure time, we also leave.

I sit and mark student papers.

We arrive in Jamaica.

5.2.2 Travel to the Resort in Jamaica

The weather is beautiful, about 28 degrees C. Customs go well and I am pleasantly surprised to find convenient ramps at the airport. We proceed to the customs officer and I find that the counter is very high, about 140 cm. The lady lets me through and my luggage is claimed. After that, I move to the Super Clubs desk. I find it with no problem. The lady there is very nice, makes sure that I have water, and my bags are taken care of. Soon after that, I am on my way to my first resort.

Another couple gets on the bus with me. They are older and, soon after we get on, we start to talk. They are from Texas and are going to Star Fish resort for a family reunion. They are related to Johnnie Issa, who opened Super Club Resorts. Soon after, we start talking about my research and they describe their difficulties with traveling since the gentleman started to have problems with his hip. They tell me that they love the idea of my study. After they get off the bus, I talk to the lady who is our travel guide and she tells me about the School for the Blind in Kingston. It is run by the Red Cross and her daughter goes there.

5.2.3 Initial Impressions

When I arrive at my resort, everyone is prepared for my arrival. The staff is very nice and helpful. I am greeted with a glass of champagne and obtain assistance with filling out the registration forms. Afterwards, I am assisted to my room. The room has card-operated door keys and the person who brings me to my room realizes that it may be difficult for me to open the door. He runs off with my key, with a promise that he will be back in a few minutes. He comes back with my key. My key now has a hole in the left hand upper corner and is on a string. All I need to do is insert it by holding the hole on the left hand side and I am in. However, there are two problems. First, the numbers on the rooms are not raised, so I do not know what room I am in and, second, the key does not indicate my room number.

I leave my room and return to the lobby to find out my room number and to find some food. I look for food first and a staff member comes over and helps me to get to the restaurant. Not only do I obtain assistance to get to the restaurant but, without asking, the waitress asks me if I would like to hear the menu. She reads it out to me and I let her know what I would like. I receive a glass of red wine and wait for my food. She comes back and asks if I would like some salad. It is a salad bar, so she needs to explain the different choices to me. She does it very well, even when she needs to ask other staff for the names of some food items.

I get my salad, my dinner and my dessert. Afterward, she finds out my room number for me and I go off wandering. Before I get far, I stop by the lobby to ask about the manager. I meet her and we set up a time to meet again, the following day at noon, to talk about my research.

The entertainment staff takes me around the resort and to the beach, where I spend about an hour. The beach is beautiful and the sun is about to set. I love every minute of it. When I have had enough, I go back to my room by first wandering around the resort. Another staff member sees me and runs over to help. He gets me to my room, where I find a nice chilled bottle of wine and a seafood platter.

The staff is wonderful and the resort is somewhat accessible. There is a step to get to the restaurant and salad bar, and a few steps to get into the lobby. The room I have is spacious but it has rugs, which shift on the floor. This may be very problematic, since someone who may have a physical impairment, and difficulties with balance, may fall or trip on these rugs. Furthermore, while moving around in a wheelchair, the action of wheeling oneself may cause the rugs to shift, and create difficulties by curling up and blocking access points in the room, such as doors, and/or thresholds.

My first hours in Jamaica are happy and positive. Tomorrow I will start working on my research and checking for accessibility. Today, I will soak up the atmosphere, enjoy the wine, and interact with staff some more. At 7:00 P.M., there is dinner outside and dancing afterwards. I may not go dancing; however, I will for sure watch the action from the sidelines. I have also checked the water in the ocean and it is wonderfully warm.

I will write more after dinner and the evening's entertainment. I also need to check on the pool.

5.2.4 Reflections on the Experience So Far

My dinner in the Jamaican restaurant on the first night was good. It was a buffet which was set up in the street. There were curbs on both sides and a step to enter the restaurant. It would have been difficult to maneuver for someone who was physically impaired, and was using crutches or a wheelchair since there were many tables in the way and not much room to get around them. However, the food tables were very low and very accessible, meaning that a person in a wheelchair would be able to wheel themselves right up to the food serving tables, and help themselves to the different choices. The staff was extremely helpful in assisting guests by helping them carry food to different tables, and removing possible obstacles out of a person's way, such as for example, chairs. I will eat lunch in the Jamaican restaurant and dine in the French restaurant tonight.

This afternoon, I may sit by the pool with a drink and relax, and later go to the beach. I will also check the *au naturale* part of the facility. Tomorrow I will go diving and have my nails done. Tomorrow I also have a meeting with the manager.

5.2.5 Systematic Evaluations made on the Second Day

The following will be a description on the accessibility of the facility based on the checklist composed using Barrier Free Design. The purpose of the assessment is to determine whether all aspects of the facility are accessible for physically impaired individuals and to create specific recommendations in the event that there is room for improvement. Thus, the next part of this chapter will outline each element of the resort and its accessibility for physically impaired individuals.

5.2.6 Recreational facilities

The following statements provide a preliminary assessment of the accessibility of facilities based upon an initial reconnaissance.

The Spa: The spa has a sauna; however, it is not accessible by people in wheelchairs since there is a high step to enter the small room, and the door may be too narrow for a wheelchair to be able to pass through. Furthermore, the spa is up two flights of stairs, and there is no other access to it, such as by an elevator or lift. Similarly, the showers and the fitness facility are not accessible. They are all stand up showers, requiring a person to stand underneath the spray. The showerheads are positioned very high on the wall, and no benches are provided for people to sit on, while having a shower. Moreover, no bars have been installed in order to assist a person in a wheelchair to enter the shower space. They do massages on the beach; they are very accessible, since a person can wheel themselves right up to the area where the massages take place, and since all massage tables are height-adjustable it is possible to access them without much assistance.

Washroom: Public washrooms are not accessible. The public washrooms at this facility were not accessible for several reasons. First, they did not have an accessible stool inside, and the stools were small. The doors were difficult to open, and other washrooms were so small inside that a wheelchair would not be able to fit inside of the small space.

The Beauty Salon, where guests obtain a free manicure/pedicure, has about 17 steps.

Stores: Each store has a step to enter it. The aisles in each store are very narrow and there are many things in the way of easy movement. Since the stores are small, it is easy to see what is in each store and the cashier counter is accessible at the very front of the door.

The Games Room has steps to enter it and no other access, such as an elevator, a lift, or a ramp.

The French Restaurant requires several steps to enter it.

The Pool is accessible without steps; however, from the fitness area there are stairs so a physically impaired individual may need to access it by a circuitous route.

Snack bar: There is a 24-hour snack bar. I will check that out later.

Elevator: There is no elevator in the facility.

5.2.7 Activities on the Third Day

This morning I examined the buffet dining area, where breakfast, lunch and dinner are served. The aisles are very wide and every table is accessible; only chairs need to be removed to facilitate access. The counters are also all accessible; however, there is no clearance under the food counters making it difficult for a person in a wheelchair to be able to wheel him/herself right up to the counter in order to reach the food. There is much room in the dining area for people to move about easily. However, there is no accessible washroom in the dining area or in the lobby, meaning that there are no accessible stools inside of the washrooms, or much space to move about the small room. Furthermore, there are no grab bars in the washroom which would enable a physically impaired individual to use the facilities independently.

Prior to my interview with the manager, a systematic inventory and assessment were made of major components of the facility; namely, parking and access, paths, railings and fixtures, washrooms, lobby, rooms, restaurants / dining areas and recreational facilities. Each of these will be discussed in turn.

Parking and Access: The facility does not have any accessible parking spaces or information about accessible parking on their website. Most people who come to this facility arrive in shuttle buses from the airport. Once the facility knows that an individual who needs accessible accommodation is arriving, they are able to send a car which will accommodate that person's needs. They are able to do that easily and

efficiently by using vehicles of different sizes, such as vans, mini-busses, full-size buses, or even sedans. The surface of the parking area is level which makes it easy for a physically impaired individual to wheel themselves. Someone who is using crutches could also move with ease, since there are no cracks or bumps to make the walk difficult.

The drop-off area around the facility is in front of the front entrance to the facility and, once a temporary ramp is put down, which the facility has on hand, it is accessible by an individual. There are no doors at the front entrance and the entrance is very wide, making it easy for multiple people to enter at the same time. The main entrance is on the main level and opens right into the lobby of the facility.

In case of emergency such as fire, the exits are accessible by a physically impaired individual since they are all located on the main level, and the two main entrances/exits from this area do not have doors, but instead are wide openings.

Paths: There are many curbs around the facility. Most, but not all of them, have curb cuts. All of the paths around the facility are wider than 1.5 m and, where there are gradients, they are no greater than 5%, making them very accessible.

Not all of the walkways around the facility are made of a continuous surface which may cause someone with mobility impairments to have difficulties walking on them and keeping their balance. Furthermore, there are points where the paths are interrupted by changes in elevations or steps, making it difficult for someone with a physical impairment to get around. Fortunately there are not that many instances where this occurs.

Almost all of the paths around the facility have a level surface. However, there are areas within the resort where there are cobblestones that make the surface uneven. All of the pathways, however, are made of a hard surface, making it possible for a person in a wheelchair or using crutches to get around.

Most paths around the facility are free of obstacles and, where they exist, they can often be moved or removed: for example, chairs or tables. The paths and the floors around the facility are not slip-resistant, which can make walking difficult when the surface is wet.

There are no permanent ramps in the facility; however, it does have ramps which can be installed in the areas where there are several steps. Those ramps do not have rails. Thus, someone who needs to hold on to a railing for support while walking would not be able to do so.

Since the resort is mostly on a level surface and only has temporary ramps, there are no ramps which have a platform, or rails, or ramps which would allow an individual to access second story facilities such as the restaurants, beauty salon, or second floor rooms. Furthermore, the facility does not have an elevator, or alternative means of accessing those places.

Railings and Fixtures: There are no automatic door-opening devices in this facility. For this reason, there are also no kick plates and not all thresholds are 16 mm or less. However, the door handles around the facility are easily grasped and opened. The stairs around the facility do not have railings with a height of 81-91cm. Furthermore, those stairs that do have a railing do not have a railing that extends at least 30 cm beyond the end of the stairs. A short flight of stairs does not have a railing and, thus, someone who requires to hold on to a railing for balance would not be able to do so. Most of the railings around the facility are not easily grasped, since they are wide, and the stairs do not have tactile markings at their top or bottom, indicating the start and end points of the stairs. The landings which exist in staircases are clear of obstructions. As was mentioned previously, there are only few areas in this resort which have long flights of stairs and these are not accessible by individuals in wheelchairs. However, a person with crutches is able to access the facilities on the second level as was demonstrated by a guest who used crutches and was staying at this facility. It would take much time and effort, as well as determination on the part of such an individual, so it would be beneficial for this resort to have an elevator which would provide guests with easy access to those areas in the facility which currently can only be reached by use of stairs only.

This resort is composed of small buildings and many of the public facilities are built in an open concept so there are no corridors to which the guests need to gain access. The paths in the facility lead the guests to the shops, beach, restaurants, pool, fitness centre and rooms. Room entrances are gained from a small porch or from a flight of stairs.

Washrooms: There are no accessible washrooms for both sexes anywhere in the facility. None of the washrooms in this resort are accessible by an individual in a wheelchair. The washrooms' aisles are not 107 cm in width and do not have a turning radius which is 1.5 m by 1.5 m. Furthermore, the doors in the facility do not swing outwards or have an appropriate width. Also, there are no grab bars in any of the public washrooms in the facility. The toilets themselves are the correct height and so are the toilet paper dispensers and the flushing mechanisms. There is not, however, 137 cm or more clearance in the front of the cubicle. The clearance around the sink is small but the faucets are easily maneuvered.

The mirrors in the public washrooms are at the correct height from the floor; however, the paper towel dispenser is not. Furthermore, the doors to the washrooms are not easily opened and, in places where there are double doors, they do not both swing in the same direction. The public washrooms are well-lit and the door handles are at a height which is easily accessible; however, the handles are not easy to grasp.

There are no signs directing individuals to accessible facilities, since there are no public washrooms which would be easily accessible by physically impaired individuals. Most of the public washrooms are small and difficult to move around in. Furthermore, most public washrooms in this resort have a step to enter or exit. It would be beneficial for the facility to create a public washroom facility which is accessible by a physically impaired individual. This newly designed accessible washroom does not need to be inside the regular public washroom but could be on its own next to it. It would then be accessible to both sexes, and the structure of the current washrooms would not need to be changed.

Lobby: The lobby at this resort has a level surface but it is not slip-free, meaning that if the person's feet are wet, or the floor is being cleaned, it is very slippery, making it hard at those times for a physically impaired individual to walk. The elevation does not change. There is furniture in the lobby but it can be easily accessed by an individual in a wheelchair since there is much space around the sitting area. Thus, the physically impaired individual does not need to maneuver around obstacles in their path to access the sitting areas.

The front desk is composed of a table, which is only 107 cm from the floor, making it easy to access, and there are chairs around the table which can be very easily removed. This makes it very easy for a physically impaired individual not only to access the front desk, but for other guests to be comfortable while they wait. Furthermore, the individual working at the front desk can easily see the lobby and assist anyone who may require help. This resort does not have a lobby bar. The lobby at this facility is well designed and easily maneuvered around by an individual in a wheelchair or on crutches. Nevertheless, two changes that would improve the lobby would be an accessible washroom and a non-slip surface.

Rooms: There are two accessible rooms in the resort. One is located in the regular section of the resort, just a standard room, and the other is in the *au naturale* section of the resort. This second room is a suite. When an individual requests an accessible room and the suite is the only room available, they will be placed in that room for the regular price.

The room numbers are easily visible; however, they are not raised. The room numbers are located at a level of 137 cm, making them easily visible by an individual who is in a wheelchair. Furthermore, the door knob is also easily accessed. The door handle can be easily grasped and used. The rooms are opened by an electronic key card, which can be easily inserted in the slot to open the door.

The threshold to the room is level; however, both accessible rooms have a step before the door which may make it difficult for someone in a wheelchair to enter their room with ease and independence.

The door width is the correct width for a wheelchair to pass. The security chain and the peephole are not easily accessible: both are placed too high, which would require someone in a wheelchair to stand, which they may not be able to do. The locking mechanism in both rooms is placed at the correct height and this allows a physically impaired individual to open/close the door independently.

Again, the floor in the room is not slip-resistant, which may cause a physically impaired individual to slip if their feet or the floor is wet, but the width of the path from the door to the main room is wide and would not cause any difficulty for a physically impaired individual in a wheelchair to pass through. The floor is composed of a flat and hard surface, and carpets are less than 1.3 cm in height,

making them accessible. The carpets in the rooms are rugs and are only placed in some areas of the room. They do not cover the whole surface of the room. The only difficulty which they may create is that they are not securely fastened, which may allow them to shift when a person steps on them. This could cause a physically impaired individual to have problems with keeping their balance.

The doors to the bathrooms are not only easily opened, but the handle is located at the correct height from the floor and can be easily grasped. The threshold of the bathroom is too high, since it is more than 1.6 cm from the floor. The bathroom floor is hard and smooth; however, it is not slip-resistant. The bathrooms do not have a turning radius of 1.5 m by 1.5 m, making it hard for someone in a wheelchair to maneuver. Furthermore, there are no grab bars by the toilet which may make it difficult for some physically impaired individuals to use the toilet. The toilet seat is the desired height and the toilet paper can be easily reached. Similarly, the flushing mechanism can be easily reached. The sinks, however, do not have the desired clearance underneath them, making it difficult for some individuals to access them. The faucets on the sink are a lever type, making them easy to handle. The water temperatures are well marked. The towel racks are placed at the desired level; however, they are not easily reached as they are obstructed by the toilet.

The showers are different in the two accessible rooms. One accessible room has a tub and bars, whereas the other has a shower and a shower seat. Furthermore, the accessible room with a tub does not have a hand-held shower, but only a regular stand-up shower. This leaves the guest with the only option of taking a bath. The faucets in both accessible room bathrooms are easily reached and used. The light switches in the bathrooms are too high and not easy to reach. They are not at 122 cm height from the floor which would make them easy to access. Both bathrooms also have a mirror; however, it is not on the desired level. It is located too high from the floor.

As described above, the bathrooms in both accessible rooms have fixtures which are accessible. The main problem with the bathrooms is that they are regular bathrooms built to the same standard as all the rooms in the facility and small changes were made to make them accessible. Those changes are not sufficient to make them fully accessible, since individuals who have mobility impairments and may be

using wheelchairs would not only have difficulty moving around in the bathroom, but also in accessing key features of the bathroom, such as the lights and the sink. It would be beneficial to have a larger space in which to turn around, as well as lights and outlets within easy reach.

The main rooms in the accessible accommodation, including the bedrooms, are very spacious. This makes it easy to access the bed on both sides, as well as the phone. Furthermore, moving around in the main room is not difficult since there is a lot of space. There are lamps located within easy reach from the bed; however, the main room light switches are not located within easy reach, since they are higher than 122 cm from the floor.

The television is located within easy reach and so is the remote control. The remote control can be easily moved and placed where it would be easily accessed by the guest of the room. Both rooms have a lounging area, which is easily accessed, since the person can approach the sitting area from different sides, and chairs / low tables may be moved, as needed by the guest. Furthermore, the heating / cooling units are remotely operated and, thus, very easily accessed. Guests can place the heating / cooling unit remote control wherever it will be most accessible for them.

The curtains in the rooms are easily accessed and so is the balcony, especially because there is much clearance by the curtains, allowing physically impaired individuals using mobility aids to come right up to them and, using cords which are placed by the edge of the curtains, to open / close them. Similarly, the balcony doors are easily accessed, since there are no obstructions by them and gentle handling will open the door. Both rooms have a balcony with doors that are easily opened and accessible; however, there is a step down to get to the outside which may make it hard for those with mobility aids to easily step out. The step, however, is not very high: it makes access harder for a physically impaired individual, but not impossible. Both balconies have a 1.5 m radius, and the furniture can be easily moved and rearranged, which makes maneuvering around the balcony by a physically impaired individual easy. The dresser drawers are easily accessed by someone in a wheelchair; however, the hangers in the closet are not. They are too high for such a person to reach easily. The safe and refrigerator are both easily

accessed and easily opened since they are located in a place that a physically impaired individual can go right up to and reach with ease.

In summary, the rooms themselves are accessible and require very small changes to make them fully accessible. The height of hangers in the closet can be easily changed and made lower, and the steps leading to the balconies / patios can also be changed by creating a ramp. The most difficult thing to change in the room is the height of the light switches and the physical space in the bathrooms.

Restaurants/dining areas: As was discussed previously, there are no public washrooms that are accessible from the dining areas. Most dining areas do not have doors but are open, making the entrance very easy to navigate. Furthermore, tables are arranged in the dining area in such a way that they can be moved, or removed completely, if necessary. All the tables, as well as serving surfaces, are the correct height, meaning that a physically impaired individual is able to access items placed there independently. Also, the aisles are wide and can be easily navigated. The aisles and the serving areas are wide and a person can easily move from section to section. Almost all of the food displays are easily accessed and the main difficulty is the lack of clearance under the serving islands. The beverage area can be accessed easily and glasses can be filled with juice with little difficulty.

This facility has well-designed dining facilities, with spaces that are easy to enter, exit and maneuver in. If the Italian restaurant did not have a step and the French restaurant did not have stairs, all of the dining facilities would be very accessible. Even the snack bar, located at the edge of the property, has a nice wide path leading to it and a lot of space to sit in, relax and have some food. Being at the edge of the property, it is very quiet there and it is right on the beach, which gives guests privacy while relaxing there and listening to the waves. Furthermore, since it is small, staff is able to see new arrivals and, by coming right up to the guest, is able to provide them with food / drinks.

Recreational facilities: The resort has a pool which is easily accessed, since a person in a wheelchair, for example, is able to wheel themselves right up to the pool entrance with no difficulties. The number of people relaxing by the pool will change how easy or difficult it will be to move around the pool area. All

the chairs in that area can be moved, or removed, thus creating an easily accessible area. There is no public changing area by the pool. Furthermore, the pool has a swim-up bar, which can be easily accessed, since a physically impaired individual only needs to enter the pool right by the bar area, or swim right up to it. Guests can have a relaxing swim in the pool, float on a mattress, or sit at the bar enjoying a drink. Many lounge chairs by the pool also provide guests with easy access to the pool and guests can sit by the pool to enjoy the view, a drink, or a good book and conversation. Members of staff move around between guests making sure that everyone has something to drink and is comfortable.

The towel distribution centre is located close to the beach and can be accessed by an individual in a wheelchair. The counter is at the right height.

This resort also has a fitness room, which is located on the ground floor and is equipped with air conditioning. The doors to the facility are easily accessed and opened. The machines are spaced far enough apart to give guests easy access to them, especially when a guest is using a mobility aid. Unfortunately, the closest washroom is not accessible for a physically impaired individual who is in a wheelchair, for the reasons already stated above.

The other recreational facilities, such as the games room, are not accessible since there is a flight of stairs leading up to them. The casino, which is located below the games room, is located on the ground floor and only has one step leading into it. The shops in this facility have a step to enter them and no automatic openers on the doors. Most shops are very small, with narrow aisles.

There are several bars around the facility and the counters of all of the bars are very high. Most bars, however, have regular tables as well and guests can obtain a drink from a waiter who comes around and takes their order; thus, physically impaired individuals are still able to shop and / or enjoy a drink by the bar.

The resort has many daily activities, as well as a show, which individuals can easily watch or participate in. This is possible since the shows are outside, or in one of the bar areas, where anyone, whether mobility impaired or not, can easily enter, find a place to sit down, and enjoy the show.

5.2.8 Overall Assessment

Overall, the facility is accessible. However, one critical area is the washrooms. These are very difficult to access. Lacking a single accessible washroom in the facility and the fact that the bathroom in the accessible room is also not fully accessible detract from the ability of the physically impaired guest to fully enjoy the vacation. One suggestion, which is easier to accomplish than dealing with the washroom situation, is to provide permanent and not just temporary ramps into all of the public facilities.

5.2.9 Interview with the Manager

After completing the assessment of the facility, I had the pleasure to speak with the manager of this facility. We had spoken briefly the day I arrived and arranged a time to meet in order to discuss my research, as well as for me to receive answers to some important questions which related to the accessibility of the facility, staff, and the company's policy regarding physically impaired guests. The manager and I met in her office for a little over an hour. In the room with us was also the resort's public relations staff member. She mostly listened without interrupting and had no questions / comments for me at the end of our meeting. The manager was very helpful and made it possible for me not only to visit the accessible rooms, but personally accompanied me to both rooms, in addition to answering many of my questions.

The facility has 226 rooms, of which two are accessible. Based on the manager's records, these two rooms are rarely occupied by physically impaired individuals. They have yet to run into a situation where they were unable to accommodate a physically impaired individual because their accessible rooms were occupied. Even though the manager has no way of knowing if the physically impaired individuals are satisfied with their stay, there are a number of physically impaired guests who are repeat visitors. In particular, one person comes to the resort every year and his stay varies between one to two weeks.

This resort's policy on service dogs is negative. They do not allow any service dogs at the resort. The company policy is that no dogs are allowed and this includes service dogs.

The staff obtains much training and the company brings in individuals from outside to provide them with that service. However, sensitivity training is not part of these programs. No staff member obtains training on how to assist a physically impaired guest, or what the different needs of people with

different impairments may be. The manager did not indicate that training of staff to assist physically impaired individuals is going to occur in the near future, or that the company was concerned about this topic. The staff obtains additional training every year and each resort organizes their own training time and priorities.

The age demographic of current guests is older than average and the managers are hoping to attract a larger number of younger couples to come and stay. Currently, the resort is having difficulty with occupancy during nine months of the year and they are hoping that by rebranding and changing to another Super Club brand, they will be able to solve their occupancy difficulties. Advertising the change will be the main focus of this facility for the immediate future. The current advertisements do not include much information on the accessibility of the facility. Similarly, not much thought has been put into this issue or the possibility of addressing it during the rebranding phase of this resort. The resort's website is updated when there is new information which the staff believes is important to be communicated to the potential guests.

The resort was built in 1995. This facility was purchased from another company; thus the manager has no idea what kind of accessibility standards were used in construction and not much thought has been given to making it more accessible if and when the facility is renovated. During the conversation with the manager, it was clear that they were not aware of the challenges posed by having steps to rooms, since they maneuver the space so often and it is so easy for them to do so. This, however, may not be the case for elderly guests or physically impaired individuals.

Talking with the restaurant staff, it was clear that they did not have training in how to assist physically impaired guests. Nevertheless, the staff that I spoke with had a great desire to help. During breakfast, lunch or dinner, they would come to me and ask about the assistance which they could offer. Afterwards, they would follow my suggestions. Many had never had contact with physically impaired guests and they indicated that people with physical impairments are not very visible in Jamaica. When I started a dialogue with the restaurant staff, many were curious and asked many questions about how best to assist physically impaired individuals and what they could do better. Furthermore, many of the staff

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that I spoke with on the first day communicated with other staff who also worked in restaurants. Thus, they were able to better assist me and they were also very willing to talk. They asked many questions about assistance or the floor arrangements.

When discussing service dogs, many did not even know that special skills dogs exist that assist individuals with mobility impairments or other disabilities. Most have only heard about guide dogs; however, many had never been in contact with one.

The cleaning staff, despite the fact that they had not received any training on assisting physically impaired individuals, also asked many questions. They asked if anything needed to be arranged in any specific fashion or done differently. One cleaning staff member shared with me that she always makes sure, when there is a physically impaired individual at the resort, to ask them questions about room arrangements: "I can make sure that the towels are placed in easy reach for the guest, especially when I know where that is. It is not a problem for me to put the towels on the bed, if that is better than in the bathroom. I believe that it must be difficult to live with a disability, but I can do small things which will make that person's life much better, even if it is something small." At the end of my stay, the cleaning lady told me that she learned much from our conversations, but the best part for her was learning how to ask questions: "I know that next time a physically impaired individual stays here, I can come and introduce myself and ask that person directly how I can assist them the best. I will not worry that that may be inappropriate, and I will not worry that maybe I should have asked their companion about it. I was always afraid of doing something wrong in the past when I talked to guests."

It is desirable to explain to the staff that it is okay not to know how to help, since different guests may have different needs. The individual themselves should be asked, since that person can best direct them how the staff can best assist them. The staff who worked at the towel distribution centre was not too sure if they should talk to me. However, after I spoke to the entertainment staff and they talked to the towel distribution employees, it was much easier for them to talk to me. They shared with me that they were not sure how to talk to me since, first, I had a visual impairment and they were not too sure how to approach me without offending me and, second, I was doing research, and they liked their jobs very much

and they were unsure what the implications might be. After reassuring them that their names would not appear anywhere and that, before I got offended, I would first tell them how to do things differently, they were much more relaxed. During our conversations, it became clear that the biggest fear they had while talking to physically impaired individuals was that they might make the wrong move or say the wrong thing: "We just try to give the towels very quickly with a simple 'Hello' and 'How are you?', and act busy in order not to be asked questions." The same staff later came over whenever I was on the beach to see if I needed food, a drink or a clean towel. Furthermore, they would also call the snack bar, which was located further along the beach to let them know that I was coming and taking the beach route to get there. This way, the staff who worked at the snack bar was watching for me and called me over once I got close to them.

The entertainment staff was most comfortable with talking about their experiences while working at the resort and assisting physically impaired individuals: "We are here to make sure that everyone has fun and a good time. During the day, we walk around and watch to see who is alone, and stop by to have a quick word. Some guests are very happy not to talk to us, so we move away, while others are very happy to have a long talk. Sometimes we find out many things which we never wanted to know, but mostly it is an easy conversation. We play a psychologist's role, entertainment role, gopher, etc. Disability or not, we like to talk, so we talk to everyone. Similarly in the evening we make sure that no-one is left out. We do that by asking people to dance, playing their favorite song, or taking people on stage with us, or simply getting someone a drink, or giving them a high five".

The entertainment staff was not forcing anyone to take part in the resort's daily activities. However, since many guests knew them, many participated in the games. Furthermore, by participating in the games, guests got to know one another and, later in the evening, they would party together, have dinner, or go dancing together. Often, the entire group that participated in an activity would head to the bar together and friendships were formed.

As a result of talking to many of the guests, it became clear that many of them had been to the resort before: "I love golf and scuba, here I have both, so why would I mess with a good thing and go

somewhere else?"; "We come here once, sometimes twice a year. Now we also know the staff, so it is like coming home. We know about their families, they know about our's, and we feel like we have made friends here."

There was one guest at the resort who, several months before his vacation, had had a very serious accident and had mobility difficulties. During his vacation he was on crutches, but a few weeks previously he was in a wheelchair. We spoke about his experiences at this resort and his first comment was about the staff: "The staff here is amazing. Last night we went to the French restaurant for dinner and two of the staff helped me up the stairs. If I did not say anything, they were ready to carry me up the stairs. I had to tell them very clearly that I only needed a little bit of help. It does not help that I am stubborn and would rather not go than ask for help. This is the worst part about this whole accident, asking people for help. The staff here is so great that if I did not want to, I would not have to move all day and they would bring me food, drinks, and move me around. I am not like that, and I would not have gone to the French restaurant if it was not for my girlfriend, who really wanted to go there. I set out about 30 minutes before our reservation, just to make sure I got there on time. I had nothing to worry about, since as soon as the staff saw me hopping to the stairs, they came out and helped me up the stairs. Once I got up there, I had time to have more than one drink before our dinner reservation. No one minded that we were there so early."

The same guest took an excursion to a beautiful falls. He was unable to climb up on the side of the falls; however, he said that there was more than one guide who was willing to carry him up: "It was too embarrassing and I will have to come back when I can walk again, but there was no reason for me not to have gone to the top if I wanted to."

After talking to the staff and the guests, it was very clear that the staff working at this facility was very dedicated to their jobs, liked their jobs, and was there to serve the guests. They may not have received any training on how to assist physically impaired individuals, but they were willing to listen and learn. With training and some changes to the physical layout of the facility, as well as web

advertisements, this facility would be not only very accessible, but also would have staff who will ensure that their physically impaired guests enjoy a positive experience

5.2.11 Summary/Conclusion

The main aim of the visit to this Jamaican all-inclusive resort was to assess the accessibility of this resort for physically impaired guests, as well as to determine the attitudes of staff who are working at this establishment. Along with detailed and systematic assessments, informal interviews conducted with staff and guests, and my personal reflections on the stay at this resort have been documented.

The resort is somewhat accessible and, with several changes, it has the potential to become a very accessible facility. By creating accessible public washrooms, access to all of the dining facilities, as well as improving the accessibility of the two rooms created for physically impaired individuals, this facility would be very accessible. Furthermore, the staff has very positive attitudes and, with improved training which focuses specifically on how to assist physically impaired guests, the staff would become much more comfortable in assisting such guests in the future.

The next major section will follow the same format and describes a different all-inclusive Jamaican resort, which is also located in the Montego Bay area of Jamaica.

5.3 Assessment of a Four-Star Resort in Jamaica

5.3.1 Introduction

This section focuses on a second Jamaican all-inclusive resort and, like the preceding part of this chapter, will take the reader on a journey of the researcher's personal reflections while staying at this hotel, present the systematic physical assessment of the facility, and document interviews with staff who work there. Furthermore, the researcher will conclude the report with comments on the accessibility of this facility for persons with physical impairments, as well as the staff's attitudes toward physically impaired guests.

5.3.2 Arriving at the resort

It is Monday morning in Jamaica and I wake up early. This is my last morning at this resort. I just need to pack a few things, have breakfast, and at 11 A.M. I am off to my second resort. I quickly put my things

together and head over to the dining room for breakfast. In the dining room, all of the staff knows that this is my last morning and we say "goodbye." Afterwards, I head over to the scuba centre to say "goodbye" to the staff there and, after a last walk around the resort, I am ready to head out. The car arrives right on time and we take off for the second resort. On my way there, I learn about the Run Away Bay area, where the resort is located, and a little about the resort itself. The driver tells me that it is much different from the place I just left: "People are younger, music is louder, and there are people everywhere."

We arrive and the staff is ready for me. However, it takes a while to check in, since immediately before I arrived, a group from the USA has also reached the hotel.

The first thing which I notice is that the check-in counter is very high and everyone must wait in line, as opposed to sitting while waiting for their turn. This also makes it difficult for a physically impaired person to check in, since they cannot reach the counter to speak to the receptionist. It is finally my turn and I get my key, as well as assistance in getting to my room.

The lady who takes me to my room makes sure that I know how to turn on the TV, call the front desk and operate the patio door. She leaves and tells me to call her at the front desk when I want to go somewhere. After she leaves, I spend a few minutes checking out the room, after which I go exploring. My first destination is the dive centre and towel exchange place.

As I walk out of the building, I run into one of the entertainment staff. He introduces himself and we take off to the dive centre. He has time before the afternoon activities begin and is very happy to show me around the resort. We first get a towel and then he introduces me to the staff, after which we go next door to the scuba centre. He helps me with the paper work and we spend the next 15 minutes talking to the dive masters about the next day's diving. It sounds like it will be a really terrific day of diving. I find out that only about six teams of two will go on the dive, along with three dive masters, which means that we can all do what we like, since we can split up into three groups. The dive master tells me that he has never dived with a blind or an impaired diver and is a bit nervous about it. So we go over the signs for communicating to each other and finalize the time for next morning.

After the dive centre, we continue the walk around the resort and spend time talking about the guests, facilities and my tour guide's job. He loves his job, even though his parents really wanted him to be a car salesman. He only lasted about a week in that position. Here, he can be himself and do what he loves. He has always been the class clown and can continue being one; however, this time he gets paid for it.

Eventually we make it to the pool bar and it is time for the early afternoon activity. I sit at the bar with a drink, taking in the activities. My tour guide, after introducing me to his friend who is a bartender, goes off to call out that afternoon's activity. He is planning to do a bartending class and the group will learn how to mix ten Jamaican drinks. If they do not do as they are told, they are required to take a punishment shot of rum. There are about 15 people willing to participate in this game. Very soon after they begin, it is very clear that no-one will be able to walk away from this game under their own power. After only three drinks, one of the Canadians is already on the floor and his wife is leading him away. Every few minutes I am asked if I would like to join. My answer is the same: "No, I will just watch." After the game is over, the creator of this game comes over and asks me what I thought about the game. We talk about the games and the reasons for them. The guests love the drinking games and, in this way, the entertainment staff as well as the bartending staff have a nice easy afternoon, since many of the guests are in their rooms recovering. This gives me a chance to talk to the staff and get to know them.

I learn that many of the bartending staff at this facility worked previously at another resort belonging to the same company, and they tell me stories about their experiences. They are very happy working at this facility and are also very interested in my research. I get introduced to the kitchen staff and am told that, if I ever need anything, to just come and ask.

I spend the rest of the afternoon sitting on my patio, sipping a drink and marking papers. The plan is to do some work after dinner when everyone is busy sipping drinks in the lobby or having dinner. I have reservations for the Japanese restaurant tonight and on Wednesday I am off to the Italian restaurant. In the afternoon, I spoke to the manager and we are meeting the next afternoon to talk about the accessibility of this facility.

5.3.3Assessment of Facilities

I start my assessment with the parking and drop-off areas.

Parking: There is no accessible parking at this facility; however, the buses/cars drop all individuals at the main entrance, from which it is very easy to enter the facility. The drop-off area is hard and smooth, and guests have an easy time walking in and physically impaired guests do not need to worry about tripping, or running into obstacles. Since there is no accessible parking, there are no signs or information about it on the website.

Entrance: The main entrance of the facility is not only accessible by a ramp but is very wide and physically impaired individuals would not have any problem walking through. It is basically a wide opening through which people walk in. There is no specific entrance marked as accessible since many of the entrances are wide open spaces, easily walked through. The main entrance is on the main level and, in case of rain, there is an overhang, allowing the guests to wait for their rides under cover. The main entrance does not have doors as it is a large open area, thus no automatic door openers are needed.

Paths: The paths around the facility are smooth and more than 1.5 m wide, which makes them accessible. Furthermore, there are ramps/slopes leading into facilities, such as the snack bar and restaurants. Those slopes are also accessible because they are not steep. Additionally, the walkways have a level surface, making it easy for individuals with mobility impairments to walk around. After walking around the facility and taking all of the available paths, it was clear that there were no obstacles on the paths, such as garbage cans and trees. This makes the paths very accessible since no permanent physical objects need to be removed before a physically impaired guest can pass through, especially while using a mobility aid. The only occasional obstructions were chairs, taken out by guests, and lounge chairs, and those could be very easily moved and/or removed completely.

The paths are not made of non-slip material and, when the surface is wet, it is easy to slip. Furthermore, not all of the ramps around the facility have a handrail. In addition, not all of the handrails on the ramps are extended beyond the ramp. The ramps that have railings have them at the correct height and the railings are easy to grasp. Almost all of the ramps have clear markings which signal the beginning

of the ramp. Most ramps at this facility are short but they are well-lit at night. There are no signs directing individuals to the ramps. Furthermore, many of the ramps at this facility, but not all of them, are covered in carpet, making them slip-resistant. Those ramps which are located by the snack bar/restaurant are not slip-free and, when wet, it is very easy to slip.

Doors: The doors around the facility have handles which are easy to grasp; however, no doors in the facility have a kick plate or automatic openers. Many of the restaurants do not have doors; the entrance is a large opening through which guests can enter and exit. This makes it easy for physically impaired guests, since they do not need to worry about the doors opening and closing. The thresholds around the facility are less than 1.6 cm, making them very accessible. Many of the areas do not have doors and, thus, there are no thresholds.

Stairs: Similar to the ramps, many of the stairs are covered by carpet and, thus, are not only slip-free, but the beginnings and endings are easily marked. All of the stairs around the facility have not only a handrail, but are at the correct height and easy to grasp. Not all of the handrails, however, extend 30 cm beyond the stairs. The railings are easily grasped and the stairs have no obstacles, making it easier for individuals to go up and down the stairs.

The facility does not have many stairs and the only very difficult places to access are the fitness area and the upper level rooms. There are no elevators at this resort; thus, the upper floor and the fitness room are only accessible by stairs. All of the accessible rooms are on the main floors, from which it is easy to enter and exit. Furthermore, there is more than one way to enter and exit the area where there are guest accommodations, and there are rooms which can be easily accessed from the main lobby. This makes it easy on a physically impaired person to move from one area of the resort to another. The restaurants are also located on the main level, making them easy to access.

Corridors: The widths of all of the corridors in this facility are greater than 91.5 cm, which makes them accessible. Furthermore, the corners are very wide, making it easy for physically impaired individuals in wheelchairs to maneuver.

The floors in the corridors are not level or slip-free. The corridors are made of tiles which, when wet, make it easy to slip which may be problematic for physically impaired guests, since it may be easy for them to lose balance and fall. There are no carpets, mats or rugs in the corridors, thus individuals do not need to worry about tripping over them. All of the corridors are continuous and there are no changes in level in them; specifically, there are no stairs or ramps. Furthermore, there are no protruding objects in the corridors and the only obstacles which were found were cleaning carts in the morning, or guests' luggage in the hallway waiting to be taken to the front desk. They are not in the hallways for long and the staff is swift at removing them. Furthermore, the hallways are high-ceilinged and have a significant amount of headroom. At night they are well-lit, making it easy for guests to find their rooms.

Washrooms: There are no accessible washrooms anywhere in the facility, meaning that the washroom stalls are small and would not accommodate a mobility aid. Some other problems stem from the area being small, making it difficult to maneuver around if a physically impaired guest has a mobility aid.

The washrooms aisles are wide; however, the stalls do not have a sufficient turning radius for individuals in wheelchairs. The stall doors are less than 81 cm in width, making them inaccessible. The stall doors do not swing outwards and none of the stalls have grab bars inside to make it easier for physically impaired individuals. The heights of the toilet and the toilet paper receptacle are appropriate; however, the flush controls are not easily accessed. There is good clearance in front of the cubical. The washroom sinks do not have clearance under them, which would be required to make it possible for a physically impaired guest, using a mobility aid, to access the sink easily. The sink, however, has faucets which are easily handled and the mirrors are also accessible. The paper towel dispenser is not within easy reach.

The doors to the washrooms are easily opened and the handles are easily grasped. Furthermore, the handle on the washroom door is at a level which makes it easy to open. The lights are automatic, thus individuals do not need to turn them on, and this makes the washroom well-lit at all times.

There are no signs directing physically impaired individuals to accessible washrooms, since there are none in the facility. There are aspects of the washrooms which make them accessible; however, it is

not enough to make them completely accessible. Some washrooms have a step to enter and the narrow stalls in the washrooms make it very difficult for a physically impaired individual in a wheelchair to have easy access.

Lobby: The lobby at this facility is level. There is no change in elevation; however, the floor is not made of non-slip material and, when wet, it is easy to slip.

The obstacles in the lobby are easy to maneuver around while using a mobility aid. There are chairs and small tables; however, they are easily moved and their locations can be changed as needed. The way they were arranged, however, did not make it difficult to move around the spacious lobby. The front desk is very high, more than 107 cm, making it difficult for physically impaired individuals in wheelchairs to access it. Individuals in wheelchairs would not be able to fill out their paper work or talk to the front desk staff comfortably.

This resort has a lobby bar and its height is more than 107 cm, making it inaccessible. The bar is the same height throughout its length and, when the bartender is busy, it is difficult for him to see someone in a wheelchair. On the whole, the lobby is spacious and accessible with the exceptions of the washroom, front desk and the bar.

Rooms: There are two accessible rooms at this resort and both are located on the ground floor. The room numbers are both easily visible and raised. They are also located at a height at which they can be seen easily. The rooms are opened using a key-card but they are not easy to use. They often have problems and require re-programming. Furthermore, it often takes several tries to open the room. This, however, is a problem which all of the resort's guests experience and not just a difficulty for people with physical impairments.

The width of the door is greater than 81 cm, making it easy for physically impaired individuals in wheelchairs to enter. Furthermore, the locking mechanism is also located at the desirable height, making it possible for physically impaired individuals to lock the door. The peephole, however, is not accessible.

The hallway leading from the door to the main room is wide and would not create any problems for an individual in a wheelchair to access the main area. Furthermore, the surface of the floor is level and

flat, making it easy to maneuver. The only problem with the floor in the hallway and room is that it is not non-slip and it becomes dangerous if the floor gets wet. There are rugs which are not securely fastened in the main room and, also, the height of the rugs is greater than 1.6 cm. They can be removed at any time if guests do not want them in their rooms. If not removed however, they may cause problems if a person with balance problems steps on them and they shift, leading to a fall. Similarly, they may curl up, making it harder for someone in a wheelchair to maneuver around.

The door to the bathroom is easy to open, its handle can be easily grasped, and it is located at the desired height. Furthermore, the door to the bathroom has the desired width. The bathroom, however, is off a small hallway in the room, where on one side is the closet and on the opposite side are the doors to the bathroom. This is barely wide enough and may cause problems, especially when an individual in a wheelchair is entering the bathroom or trying to maneuver the chair to exit the room.

The floor in the bathroom, similar to the main room, is smooth and flat but not slip-resistant. Furthermore, as was already mentioned, the turning radius in the bathroom is less than 1.5 m, making it very difficult for an individual in a wheelchair to turn around.

The toilet has the correct height. However, the lack of grab bars next to it makes it difficult for a physically impaired or an elderly person to use the toilet. The toilet paper and the flushing mechanism on the toilet are in easy reach and easy to use.

The sink does not have a lever faucet or clearance under the sink counter of 76 cm or more, making it difficult for an individual in a wheelchair to use the sink, or someone who has poor hand dexterity to use the faucets. The temperatures on the sink faucets are clearly marked. There are also shelves in the bathroom and they are located at the desired height. However, the towel racks are not only too high, but also located in a place where it is not easy to reach them.

The shower is a tub combination and not very accessible. It does possess grab bars; however, there is no hand-held shower. An individual, who would not be able to stand while taking a shower, would need to take a bath, since there is no seat in the tub and only regular faucets. Once an individual is seated in the tub, the faucets are easily reached and maneuvered.

The lights in the bathroom are at a height close to the desired height and in a location which is not difficult to reach.

The bathroom mirror is placed at the desired height and, thus, can be used if desired by a disabled individual.

Despite the fact that the bathroom was in the accessible room, its measurements did not differ from a regular room located on that same floor in the same facility. A regular room has been chosen to be labeled as accessible and very little work has been done to make it easier for a physically impaired individual to access it. No changes had been made, other than the grab bar in the tub, which would signal that this bathroom is any different from other bathrooms in other rooms. The space was not larger or laid out better. Furthermore, the short hallway leading to the bathroom did not make it easier but, rather, harder to access the bathroom.

There is room in the main room to move around; however, there is not a 1.5 m by 1.5 m turning radius by the bed. The space at each side of the bed is different: on one side of the bed there is just the window and, on the other, there is a couch. The telephone is on a small table by the bed; thus, it can be easily accessed from the bed or elsewhere. The room has lamps located on both sides of the bed and they are accessible, but the main light switch is located too high on the wall to be reached by a physically impaired person. The TV is located where it can be easily watched and, since it is operated by a remote control, it can be accessed from different locations and by different people in the room. The lounging area in the room can be easily accessed since a person using a wheelchair can wheel themselves right up to the couch and rest on it if they so desire.

The heating/cooling unit is located on the wall and even though it is located at a height which a physically impaired individual would be able to reach, it is not easy to access. The cooling / heating unit is located on the wall behind the couch and it would be difficult for a physically impaired person to wheel themselves to the wall in order to reach up to adjust the temperature. The dresser in the room can be easily accessed and so can the shelves; however, the hangers in the closet are too high for someone in a

wheelchair to access easily. This room did not have a fridge; however, the safe was within easy reach and it was possible to open it without difficulties.

The room also has curtains which can be easily accessed and a big balcony door which can be easily opened. The handle and locking mechanism are within easy reach and can be very easily maneuvered. The threshold to enter the balcony is less than 1.6 cm, making the balcony easy to access. Furthermore, the turning radius on the balcony is greater than 1.5 m by 1.5 m, making it not only easy for someone in a wheelchair to go out to the balcony, but also to move around it. There are chairs and a small table on the balcony but they can be easily moved, or removed, if the guests so desire.

The main room, similar to the bathroom, had the same measurements as another room in that hallway and only the sign on the door made it an accessible room since no adjustments had been made to make the room accessible for an individual in a wheelchair.

Restaurant/Dining Facilities: As has been already discussed, there was no accessible washroom facility by any of the dining areas. The only door into a dining facility is located at the Italian restaurant and it has the desired width. The other dining facilities do not have doors; only wide openings through which guests can enter and exit easily.

The one door into a dining facility can be easily opened, but it does not possess an automatic opener or a kick plate. Since all of the restaurants are located on the ground level, have no steps, and have wide doors/openings, all of the dining facilities are very accessible. Guests can come and go independently and do not require any assistance to do so.

The set-up in the dining room is such that the aisles are wide and tables can be re-arranged at will. The tables are not fastened to the floor; thus, they can be readily moved or removed. The serving aisles are wide and individuals can easily move from one section to the next to access food. The platforms on which food and plates are laid out are at the correct height; however, there is no clearance space under the counters. This makes it harder for people using a mobility aid to wheel themselves right up to the platform and reach the different selections.

Each table in the dining facility has the desired height and space around the tables is sufficient to enable one to wheel oneself up to the table. Staff will create a space, during high season, if there are more tables in the dining room than usual, in order to create the desired space for someone in a wheelchair.

In summary, the dining rooms are nicely laid out, making it easy for individuals in wheelchairs to maneuver around. During dinner time, guests have the choice of a buffet dinner, *a la carte*, or a stir fry type of restaurant, which makes it easy to obtain food and drinks since guests can choose a restaurant where waiters come right up to their tables to take their food order. Even in the buffet, there is staff who often assist guests with carrying their plates, bringing drinks and removing guests' used plates.

Recreational Areas: The resort has several pools and they are accessible. An individual using a wheelchair is able to wheel themselves right up to the area by the pool where they can easily enter the water. They also have railings that make it easy to enter and exit. One of the pools is shallow and specifically designed to lounge in. There are chairs located in the pool and the guests can watch the beach and the ocean from that spot. The second pool is much deeper and is designed for swimming and water games. The resort also has a swim-up bar, which also can be easily accessed by guests, who can enter the pool right by the bar, and/or swim right up to a stool. There are no accessible washrooms by the pool or changing area. Guests change in their rooms and then go to the pool / beach area.

The resort also has a fitness room; however, as was discussed previously, there are two flights of stairs to the fitness area and the fitness room does not have an air conditioning unit. During the day the room is very hot and stuffy, making it very difficult to exercise in it. The width of the doors is good, especially since the facility has double doors and, when they are both open, it is quite a large entry point. Furthermore, the machines are well spaced out making them easy to access. This, however, makes little difference, since the fitness room is not accessible by a ramp or elevator.

The resort has a towel distribution centre; however, the counter is very high, making it difficult for someone in a wheelchair to reach the counter with ease.

The other recreational areas are the hot tubs, the games rooms and the shops. All of them are easily accessible. Physically impaired individuals can easily enter the hot tubs, the games rooms or the

shops. The shops are small; however, the products are on shelves by the wall, making the centre open and accessible. The counters at the store are at the desired height and individuals in wheelchairs can easily pay for their purchases. The only store which has higher counters is the jewelry store. Furthermore, the stores are small and the clerks are able to see guests very easily as well as assist them at any point.

The beach at the facility is accessible from the walkway and an individual can wheel themselves right up to the beach.

Overall, the layout of this facility would make it possible for a physically impaired individual in a wheelchair to access it. Getting around in the room and accessing washrooms may be difficult; however, other areas in the resort are easy to find and access.

5.3.4 Interview with the Manager

The manager spoke about the accessibility of the facility: "We have a very accessible resort here and often we not only have physically impaired guests, but they most definitely are repeat visitors. The resort has 266 rooms and, out of those, two can be made accessible. They are regular rooms, which we turn into accessible ones." The rooms are rented to regular guests. However, when the staff knows in advance that a physically impaired guest is arriving, the rooms are made available to them."

The manager was not sure what kind of guidelines, if any, were used when building this facility in order to make it accessible. "This facility was definitely made to be accessible. Look at the walkways from the lobby to the restaurant at the back, wheelchairs will not have any problems. Similarly, the other entrance points to the lobby and the rooms on the first floor are also made to be accessible." The manager also spoke about the ramps which can be found in and around the facility: "We can put in ramps into the rooms in which physically impaired individuals stay, in order to make it easy for them to come in and out of their patio."

The facility has no elevator. Since there are two buildings which are two stories in height and one three-story building, an elevator was deemed to be unnecessary.

The manager was unable to speak about the positive comments which the physically impaired guests have made but she did not know of any negative ones, since the guest comment forms do not ask

guests whether or not they have a physical impairments. Thus, unless guests state specifically that their experience was negative due to the inaccessible nature of the resort, since they have a physical impairment, the staff reviewing these comment cards would have no way of knowing if the person having problems has impairments or not. "Most of the comments are very positive since our staff does all they can to make every guest's stay a wonderful and unique experience. We always make sure that the physically impaired guests have a ground floor room and are assisted at all times, if they require such assistance. Our staff is here to ensure a good and positive experience for all."

The transportation which the resort uses to transfer guests from the airport to the different Super Club resorts are all wheelchair accessible; thus, the manager does not see any problems with having physically impaired guests come. "Even if we are not aware ahead of time that a physically impaired guest is arriving, all of our cars have the capability to transport physically impaired individuals in wheelchairs."

The hotel does not have facilities to accommodate service dogs and, because of that, she does not believe that they would be able to accommodate service dogs: "We have never had a request about accommodating service dogs; however, if and when we do, it would have to be considered and the decision would be made by someone in higher management."

The staff obtains much customer service training and this training is ongoing: "It does not matter if the staff has been here for a month, or ten years, they all obtain constant training, and manuals are constantly updated in order to ensure that our staff has the best possible training and that they are able to deal with a range of different situations." This resort has a training department, which only deals with training the staff, and updating training materials. The training department has been in place for ten years, and this resort is about 25-years old.

There is no specific sensitivity training for the staff in how to assist impaired individuals; however, guest satisfaction is a priority: "Our staff is prepared to assist guests whether they are disabled, have diet restrictions, or not. All guests are well treated and well taken care of." The demographic characteristics of the guests vary depending on the time of year, but all ages are represented here. In the

winter months they have older couples, while in the spring to fall they have younger guests. The objective is to increase the numbers of guests who are 35 and over, since they spend more.

The goal of this facility for the future is to improve and "produce the best product on the market. Especially while times are changing we need to change with the times, and provide a product and services which the society is looking for."

Information about the accessibility of the facility is not available on the web; only travel agencies, who ask about it, have the information. Similarly, there are no pictures on the website which show the accessible room, since it is simply a regular room. Thus, according to the manager, there is no need to have that on the web either.

The manager strongly believed that the facility is very accessible and that all is being done to have this facility ready to welcome physically impaired and elderly guests.

5.3.5 Staff Interactions

The staff was more cautious about talking to me and the most success I had was with the entertainment staff, bartending staff, and kitchen staff.

The entertainment staff constantly asked guests how they are doing, what they need, and how they can be assisted. One of the entertainment staff said, "I am here to make sure every guest has a good time. In the past I worked at other hotels and resorts in other places around the world, and I have gathered most of my experiences there. Most of the time, I am a therapist to the guests, since they tend to tell me all of their problems, but I do not mind. Physically impaired guests are only guests to me, meaning that I treat them just as I would other guests. Mostly they intrigue me, since I believe that it takes much courage to leave a familiar environment and go somewhere different. I mean, just look at most of the guests here, about 80 percent of them have been here before and they are not venturing far at all. So if you have a disability and you go away from your home and places you know, it must be very difficult, but I never got that sense from the guests who are here. They are always happy and ready for a challenge or an adventure. I really admire that. It was hard for me to work in another country and I quickly returned to Jamaica, so traveling for someone who has special needs must be hard."

A bartender joined us while we were talking and his comments were very similar. "Many of those guests who were here in a wheelchair cannot reach the bar, but they always find ways to get exactly what they want and when they want it. I always watch out for them and make sure that I know where they are so that I can go over or send someone over to make sure that they have a drink, food, a towel, or a seat exactly where they want. Sometimes that means that I get other guests out of the way to create the perfect spot, but I like doing that. I try to get to know them and learn their preferences, so that I can get them the best drinks all of the time. I love mixing drinks and sometimes it is an art, which I very much enjoy. Most of us here do not earn big salaries, but we get good benefits, and most of all, we love our jobs."

One of the scuba instructors joined us and joined the conversation. Mostly, it is about diving with me: "I have never dived with a blind or a disabled person, and believed that I would never have to think about that. How wrong I was. When you walked through the doors, I thought to myself, 'What will I do now?' Since you had a license and dove in the past, I decided to give it a try, but I was as nervous as I was when I first got my license. That was ages ago. After a few minutes underwater with you I started to relax, and had the best time in a long time. The second dive we were pulling straws as to who was going to dive with you, since we knew that it would be fun and relaxing. Other divers are problematic sometimes, and it is difficult sometimes having them on board. This experience has made me believe that if ever anyone who is physically impaired comes to me and wants to dive, I will do everything in my power to get them underwater. We had no training which would prepare us for that possibility, but it is guests such as yourself who come here, and simply do what they love, no matter what it takes. You told me exactly how I can help you underwater, what the signals were and, most importantly, you asked me if I had any questions. That opened the door for me to ask, clarify, and reassure myself that this crazy idea may actually work. I am going to do that next time. Listen to the disabled person talk, and ask questions, clarifying as many things before we get in to the water as possible. I already have some ideas on how to assist someone with a physical impairment while they dive. It would be amazing to have the possibility to try it one day. I hope that we do."

All three of the staff had worked at a Super Club resort for 5-10 years, so they not only had experiences from this particular facility but others as well. They were very open and really loved their jobs. Not once did they sound unhappy or unpleasant. They always had a smile and a nice word for everyone.

The kitchen staff was similar. A waitress, one morning after bringing me my breakfast and coffee, came over and asked if she could sit with me for a minute; "I think it is sad to eat breakfast by yourself." I told her, "Yes, it is much nicer to have it with someone." She asked why I was traveling by myself and what exactly I was doing. After I explained my research to her, I asked if she would answer some of my questions. She was very happy to do so: "I have an elderly mother, so I am used to helping people who have a physical impairment. In my mind there is very little difference between that and a disability. We do not get much direction on how to best help disabled guests and often times we do not need to. They come here with other people and those with whom they come help them. We just clear tables, ensure that they have the best table possible, as well as all that they need. Their friends or family come and get them their food, and rarely have I seen disabled people get their own food. We had a man here who had a broken arm and who was very stubborn. I think he was the only one who insisted on bringing his own food. I like to talk and am curious, so I talk to many people and, once I do, they are happy to talk to me. At the same time, I see when and if they have a problem with something, and go to assist them. Other staff that I work with know that and they send me to deal with guests."

It was clear from what this staff member said, as well as the head chef with whom I spoke, that the training which they obtain is very good, but it does not explain how to assist physically impaired guests or what questions they should ask. Most of the kitchen staff, however, was very friendly and they learn the names of guests, their likes and dislikes, and treat them like family. I was told by one staff member that I needed to eat more, since I skipped lunch and that was not good for my health, and was brought a big platter of smoked salmon at the beach,. They were concerned about other guests as well, and made sure that food and drinks were to their satisfaction.

The cleaning lady did not want to talk much. However, she always came when I arrived back from diving to mop my room: "I have to make sure that you do not slip. It is so easy to do when the floor is wet. I do this for other guests as well, especially the elderly." Next to my room were guests from Canada who were in their early 80's and they spoke about the cleaning staff always making sure that the floors are dry: "Whenever we get back from the beach or the pool, this lady comes and cleans our floor. She says very little, only smiles and wishes us a nice day."

Some staff who work around the resort often try to look very busy if an elderly or physically impaired guest tries to approach them. They do not want to talk with or deal with them. During one afternoon, one such staff member called another staff, through his two-way radio, rather than assist an elderly couple to get them to their building / room. The wife was not feeling well and needed assistance with walking, and the husband was too fragile himself to assist her. Another staff came running to help them while the one who was cleaning the path stayed where he was. Thus, often at this facility, a guest would get excellent service from one set of employees and not such good help from others.

Many guests who were at this resort were repeat visitors and they knew who was helpful, fun and friendly, and who was not. Many would approach those employees if they wanted to organize a talent night, a party in the lobby bar, or some such event. It almost always happened according to the guests' wishes and both staff and guests were happy when it was the guests running the evening show, since the staff could take a break. As one guest said to me, "You need to be careful who you talk to. We have been coming here for the last ten years and we know everyone very well; so well, in fact, that I send some of them Christmas cards, but when our boys want to organize a talent show or play / sing in the lobby bar, there are only a few people that they can talk to about that. Otherwise, they will get a negative answer." This was very true, even when it came to simple things such as obtaining bottled water. Some staff members would say, "Sorry, we can only give you a pitcher or a glass of water" and others would give you a small bottle of water.

This resort was busy while I was there and the people were younger, especially since it was spring break in the USA. Many high school students were there with their families on vacation. This

made the staff much busier than at the other resort and some were too tired at the end of their shift to deal with unusual requests or situations. They would rather turn away and have someone else deal with it than become involved themselves.

The staff at the stores was very similar. The jewelry staff was not too concerned with helping people, asking them questions, or showing them products. They were happy to sit back and only assisted if asked and, even then, it was reluctantly. Yet, a man who worked at the gift shop was very happy to spend his day talking to people who came through his doors, packaging their purchases very well, and even helping to carry them to the guest's room. I saw him help an elderly couple carry their bags to their rooms and ensure them that it was a pleasure to do so. The lady told me later, "We spent 3 hours in that store, talking to him, and I even showed him pictures of our grandchildren. I never do that, but he is such a nice man."

Overall, the staff does not obtain much training regarding assisting people with physical impairments / disability. However, many treat their jobs not only as a means to obtain a nice life, but as a pleasure. These employees help everyone without fear of doing anything wrong, while those who do not like their jobs very much, do only what is required of them and do not want to go the extra mile to assist guests. With small changes to the layout of the resort, physically impaired guests would be able to be independent and would require only minimal assistance from the staff. The staff with whom guests come into contact the most are very happy to help, despite the fact that they do not have much experience or knowledge of how best to go about the business of assistance. What they know very well is that they want to help and they will do as much as is in their power to do so.

5.3.7 Summary / Conclusion

The main aim of the visit to this Jamaican all-inclusive resort was to assess the accessibility of this resort for physically impaired guests, as well as to determine the attitudes of staff who are working at this establishment. Along with detailed and systematic assessments, informal interviews conducted with staff and guests, and my personal reflections on the stay at this resort have been documented.

The resort is somewhat accessible and, with several changes, it has the potential to become a very accessible facility. By creating accessible public washrooms, an accessible fitness room, as well as improving the accessibility of the two rooms created for physically impaired individuals, this facility would be very accessible. Furthermore, most of the staff has positive attitudes and, with improved training which focuses specifically on how to assist physically impaired guests, the staff would become much more comfortable in assisting such people in the future.

The next major section will follow the same format and describes a different all-inclusive Aruban resort. Upon finishing the assessment of the Jamaican resorts, the researcher was ready to take the research to another part of the Caribbean: the small Island of Aruba, where the third accessibility assessment took place.

5.4 Assessment of the Accessibility of an All-inclusive Resort in Aruba

5.4.1 Introduction

This major section of the thesis focuses on an all-inclusive resort in Aruba. It will take the reader on a journey of the researcher's personal reflections while staying at this hotel, report on a systematic physical assessment of the facility, and examine interviews with staff who work there. Furthermore, the researcher will conclude the report with comments on the accessibility of this facility for persons with physical impairments, as well as the staff's attitudes toward physically impaired guests.

5.4.2 Departure

It is a very early Monday morning in Toronto as we arrive at the airport. We are very early, since we did not want to be stuck in traffic on the way to the airport. Thus, it was very quick and easy to move through the customs, and we are sitting in the departure lounge drinking coffee and waiting for our plane to be ready for departure. The departure, as well as the flight, was very smooth, and we moved very quickly through customs in Aruba. As soon as we started moving through the airport in Aruba, it became clear that much effort had been put into making the space accessible. The ramps and the space appeared to be

very well laid out for physically impaired guests. There was not much time, however, to explore the space in detail.

As we arrived at the resort, I was very pleasantly surprised to find ramps leading into the main entrance and a line of low tables set up in order to assist guests on their arrival. We arrived at the same time as a few other bus-loads so the lobby was very busy with new check-ins. Nevertheless, the process went very quickly and in a few minutes we were on our way to our room.

We found our room without much trouble and quickly dropped our baggage, explored the room and went for a quick walk to look around the hotel. We found the beach without any trouble and along the beach there was a path leading to other hotels and resorts on this strip of beach. In a few minutes, we located a dive shop, which we planned to visit the next day in order to arrange for some diving expeditions. We explored for about an hour, after which we decided to go back to the room, unpack, get a snack, and relax before dinner.

As we took a more leisurely walk through the hotel after dinner, it became apparent that this facility had put in much effort in becoming accessible. We discovered separate accessible washrooms next to the public male / female washrooms. Furthermore, there were ramps into the different dining facilities and recreational rooms. At first glance, the place appeared to be very well designed for guests of all abilities.

On Tuesday morning, after we had breakfast and orientation, which informed us about activities on the island, we went to the dive shop which we had located the night before. The staff at the dive shop was very nice; however, they were not too sure what to do with me. I have my full diving certification and, based on the number of dives, I can be qualified as an advanced diver. They had never had an impaired diver and were not too sure how to deal with this situation. The final decision was made by the manager, who decided that I should go on a very easy dive with one of the dive masters and, after that, they would see if I could dive with the team. That sounded like an excellent plan, since it is always nice to start with an easy dive, before moving on to deeper and more advanced dives. The dive masters were

quite nervous and we went over the dive plan multiple times. After the first dive was completed, which occurred the next morning, all fears were assuaged and we spent multiple days diving with the dive team and enjoying the ocean. One of the dive masters said after our first dive, "I was very nervous going into this, but I rarely give up a challenge, so I was game when it came to trying to do this. After being on the bottom for a few minutes, I knew that we were going to have lots of fun in the days to come. We had a dive master who was trained in diving with disabled divers, however, he left and we never thought that we would run into this issue. We did not obtain information from him about assisting disabled divers. No one ever came to us with a full license and a big number of dives who was disabled, so it was quite the morning when you walked through the door. This will be fun, but also a major learning experience, especially when we go to the south coast to do more advanced dives." We also signed up to do night dives, which I have never done, and I explained to the dive masters that being underwater at night gives me a claustrophobic feeling. In the end they made fun of me saying that it was the last thing which they expected to hear.

In the days to come we dove often and got to know the dive masters very well. As that happened, we started to talk more about physical impairments, diving, as well as other activities which the dive shop was offering. I explained signals to the dive masters and explained how to best assist other visually impaired divers, especially on dives which are done on a ship wreck, which may require passing through tight passages. "It was all a learning experience, and we will never take any training for granted again. You never know when you may need it," said one of the dive masters at the end of our time together.

After spending the first days diving and exploring the resort, it was time to conduct the research and check the resort for its accessibility, as well as to talk to the staff.

5.4.3 Systematic assessment

***Parking*:** This resort has a very large parking lot; however, there are no designated disability parking spots, or signs directing physically impaired guests to such spots. Physically impaired guests could, however, obtain a special pass which would allow them to park very close to the main entrance of the hotel, thus making it much easier for them to access a car, as well as the main lobby. From where the

physically impaired guests could park with the special pass, there is a clear path to the main entrance. If physically impaired guests inquire about accessible parking by contacting the resort by phone or e-mail, they are able to obtain the necessary information about the special pass. Most guests, however, arrive at the resort in a bus directly from the airport and, thus they do not need to use the accessible parking.

Between the designated disability parking area and the main entrance, there is not only a ramp, which is almost the desired width and slope, but there are curb cuts as well, allowing guests to make their way into the hotel without much difficulty. The ramp leading to the resort does not have textural changes, but is very well lit at night.

The paths around the resort are all wider than 1.5 m, making them very accessible. Since the hotel is built on a hill and has multiple levels, there are ramps in various areas of the facility. Those ramps / slopes are at slopes of greater than 5% making them still accessible but, in some instances, harder to maneuver in a wheelchair. The paths around the resort are continuous and are not interrupted by steps or changes of elevation, and they are made of a hard surface. However, there are areas in which the paths are made out of materials which make the surface uneven. Furthermore, the pathways are not made out of slip-free material; thus, when the surface is wet, it is easy to slip.

The ramps around the hotel do not all have handrails and, where they exist, they do not extend beyond 35 cm on the top and bottom of the ramp. This may make it harder for elderly and physically impaired individuals who hold onto the railing for stability and better footing. The handrails on ramps / stairs are at the desired height and are also easy to grasp. There are, however, no markings which identify the beginning and end of a ramp. The platforms on long ramps in the hotel are not only spacious, but also more than the desired width. Thus, they are safe for physically impaired and elderly individuals to use for resting or turning in a wheelchair. All of the ramps are well lit at night and located close to stairs; thus, physically impaired individuals who require ramps do not need to go far from the stairs to access them. There are, however, no signs directing people to the ramps. Since they are located close to the stairs, it is not difficult to locate a ramp and, despite the lack of signs, guests should not have a problem in finding alternative routes to their destinations.

Entrance: Guests who arrive from the airport in the hotel's shuttle are brought to a drop-off area which has curb cuts, as well as a ramp, leading all guests to the main entrance. It is very easy for all guests who have luggage to enter the resort and especially convenient for elderly and physically impaired persons, since they can access the main entrance independently. The main entrance is accessible to all and physically impaired individuals do not need to enter the resort through alternative doors. There is more than one entrance to the resort and they are also accessible by physically impaired individuals, since they have ramps leading to them, and guests using mobility aids are able to enter the hotel using other entrances. The other entrances which are accessible have doors which can be easily opened and moved through. The hotel has some entrances which are not accessible: the main entrances are accessible but a few of the side entrances lead directly to stairs and not to an elevator.

The main entrance has an overhang; thus, guests can wait for transportation in a shelter from the sun and rain.

The main doors do not have automatic openers and the doors do not swing inward. They are very large revolving doors, which individuals have to push themselves. This allows physically impaired individuals to go through the doors at their own pace and prevents them from being swept into the building. They are made of glass; thus, guests can clearly see if anyone is trying to walk through the doors. Only the main entrance has this type of door and all of the other doors around the hotel are regular ones.

The handles on all the doors of the facility are very easy to grasp and open. None of the doors in the hotel has automatic openers or kick plates, which would make it easier for physically impaired guests to open the different doors, especially when it is very windy and it becomes hard to pull open some doors.

The thresholds to all public facilities are all less than 1.6 cm, making them very accessible, since a person can easily step over them, or wheel themselves over.

Similar to the ramps, the beginning and ends of stairs in the facility are not clearly marked, which may make it difficult for some individuals, such as the elderly or physically impaired, to notice that change in elevation will be occurring very soon. Furthermore, the handrails by the stairs are not at the

desired height of 81-91 cm, which may make it difficult for some guests to use them with ease. All of the stairs at this hotel have a handrail; however, the handrails do not extend beyond the top / bottom of the stairs. All handrails start and finish right at the top and bottom of each flight of stairs. The handrails are easily grasped and the landings on the stairs are clear of obstructions, making it easy for individuals to go up or down.

Overall, the paths, main entrance, stairs and ramps are mostly accessible. Small changes to the already existing ramps / stairs would make them very accessible, such as markings signaling the top and bottom at the top / bottom of ramps / stairs, extended railings, as well as changing the height of railings to the desired height, would make this hotel very accessible. Furthermore, installation of kick plates and automatic door openers may make it easier for physically impaired individuals to move around this facility very independently. The way the hotel is currently laid out, the physically impaired guests are able to enter each desired public facility at the resort.

Elevator: This hotel has multiple levels and, thus, has elevators for the guests to access different floors of the hotel. The outside elevator buttons are not only at the desired height of 122 cm from the floor, but are also easy to push. All of the outside elevator buttons have raised markings, making it easy for physically impaired individuals to identify the buttons and push the desired ones.

The elevators do not have an emergency telephone; however, the emergency button is easily identified. The auditory signaling of the arrival of the elevator on a given floor is only provided to the guests waiting for the elevator on the outside. Inside of the elevator there are no auditory signals letting the guests know what floor they have arrived at, or that they will soon stop.

All of the elevators at the facility are equipped with a reopening of doors, when the door encounters an obstruction in its path. Furthermore, the width of all elevator doors is 91 cm, making them very accessible. The elevators are also equipped with very good lighting, railings, and the car's width is 1.5 m by 1.5 m or greater making them very spacious, allowing individuals in wheelchairs, or parents with strollers, to turn easily.

The inside elevator buttons are at a height which is almost accessible. The bottom of the elevator buttons is at the desired height; however, the top of the buttons is not, making it harder to access the top buttons, especially for individuals using a mobility aid, such as a wheelchair. Similarly, the inside elevator buttons are not marked with raised numbers / letters, making them not very accessible.

Overall, the elevators in this hotel are almost accessible. By adding raised numbers / letters to the inside buttons, auditory / visual signals of each floor, and making the inside panel slightly lower, the elevator would be very accessible. The width, height and the doors of the elevator are excellent and allow physically impaired individuals to go safely up and down in it.

Corridors: All of the corridors at this hotel have the desired with and they also have the necessary space in order for wheelchair users to be able to turn the corners without any difficulties. The floors of the corridors are level, but not all are slip-free. The hotel corridors are non-slip; however, the ground floors where the public facilities are located are not. Thus, once guests enter the higher levels, there are no worries about slippery floors but, on the lower levels, one has to be very careful since any wetness makes the floors very slippery.

The corridors in the hotel part of the resort have carpets; however, the carpet is less than 1.3 cm thick, making it very easy to move on it. Furthermore, the corridors do not have rugs or mats; therefore, there is no problem about tripping or movement of the mats. All of the corridors are continuous and are not interrupted by changes of elevation. The corridors have only one area where there is a protruding object and that is by the elevator. There is an ashtray protruding from the wall on each floor by the elevator. The ashtray is quite large and the corridor at that point is very wide, thus the ashtray should not create any difficulties for physically impaired individuals.

The only obstacles in the corridors are cleaning staff carts; however, they can be easily moved and are in the corridors only for short periods of time while the rooms are being cleaned. All corridors are very well lit at night and there is much headroom.

Overall, the corridors are very accessible and, by creating a non-slip floor on the lower levels of the hotel, the corridors would be very accessible, since physically impaired individuals who already may have problems with balance, would be able to walk on the surface without fear of falling. This also applies to other guests staying at this resort, who may slip on a wet surface and fall. Thus, changing this aspect of the hotel would benefit all guests, not only the physically impaired. Currently, however, each room, public and private, can be easily accessed by a physically impaired individual, thus, making it accessible to all. Friends and family may stay on one level, while the physically impaired individual stays at another level and they will still be able to access the rooms of their friends and family. Everyone, however, has to be very careful on the lower levels in order not to slip.

Washrooms: The resort has accessible public washrooms. More specifically, there are separate washrooms which a physically impaired guest can access by themselves, or with another person if they require extra assistance. Since the washrooms are outside the male / female washrooms, assistants of the opposite sex can enter the washroom with the physically impaired guest to assist them with ease. The only area of the resort which does not have an accessible washroom is the spa. The accessible washrooms are located close to regular washrooms and are designed to be unisex, which makes them accessible not only by individuals with physical impairments, but also to their friends and family who may need to assist them. Furthermore, parents with small children can easily access the public washrooms while assisting their children, even if they are not of the same sex.

The turning radius in the accessible washrooms is 1.5 m by 1.5 m making them very accessible. The doors into the washrooms are almost accessible; they are 1 cm shy of the minimum width. The doors swing outwards, thus making them accessible. However, the washrooms do not have grab bars, making it difficult for some physically impaired individuals to use the washroom. The toilet seat is at the desired height but the flush controls are not and the toilet paper is also not within easy reach. The sinks in the accessible washrooms do not have a clearance under them. Each sink has a pillar in the centre, obstructing the clearance. The faucets are easily grasped and handled.

Each washroom has a mirror; however, it is not mounted at the desired height. The accessible washrooms do not have a hand dryer or paper towel dispenser, making them the only washrooms in the facility which does not have those features.

The door to the washrooms opens easily and has the handle at the desired height. Furthermore, the washrooms are well lit and light switches are easily accessible. The floors, however, are not non-slip. The signs for the accessible washrooms are sometimes hidden and not easy to see.

Overall, this hotel has taken a large step forward by creating separate accessible washrooms. They are not fully accessible; however, having them on their own, close to other public washrooms, makes it easier to make changes. Furthermore, physically impaired individuals are able to obtain help from friends / family if they run into difficulties, no matter whether or not they are of the same sex. By adding grab bars, placing the toilet paper in easy reach, lowering the mirror, and creating a greater space under the sink, this washroom could be very accessible. The suggested changes are minor and could be easily done without changing the layout of the washrooms.

Lobby: The lobby has a level surface and there are no changes in elevation. The floor in the lobby, similar to the other floors in the resort, is not slip-free; thus, when it is wet, it is very difficult to walk on it, and this may lead those with physical impairments, bad balance, as well as whose with no physical impairments at all, to fall.

The lobby is spacious and there are no obstacles which would make it difficult to maneuver around. The front desk, however, is higher than 107 cm from the floor, making it inaccessible. During check-in times, the staff arranges tables, which are much lower than the front desk, to check guests in. Those tables are very accessible; however, this only occurs during check-in and guests with physical impairments still need to access the high front desk at other times. If, during the stay, a guest needs to make an inquiry at the front desk, the counter is much too high.

The lobby has a seating area with couches and tables which can be easily accessed by physically impaired individuals. Furthermore, the lobby has a bar; however, both the seats and the bar are much higher than the desired height. The staff who work at the bar, however, come over to the seating areas and

take orders for drinks from the guests. This makes it easy for physically impaired guests to obtain their drink of choice while sitting in a comfortable spot.

In the lobby there is also a guest services desk at which guests are able to make dinner reservations for the four restaurants at the resort. This can be done until noon and this desk, unlike the front desk, is very accessible. There are chairs for guests to sit on if they would like to while making the reservations, but these chairs can be easily removed and individuals using wheelchairs can wheel themselves right up to the desk.

Overall, the lobby is accessible and the only inaccessible component is the front desk.

Rooms: This hotel has 425 rooms and five of these are accessible rooms. This assessment, however, has been completed on a standard room which was not marked accessible, since all of the accessible rooms were occupied and the researcher was not able to obtain access to those rooms. The reason for conducting accessibility assessments on a non-accessible room was to gauge a standard room's accessibility. It may happen that a guest who requires an accessible room is placed in a non-accessible one, and it would be good to note what changes would make standard rooms accessible. If all rooms were made accessible, physically impaired guests would not need to worry that missed communication with the staff at the resort would lead them to stay in a non-accessible room. For this reason, this aspect of the assessment was not stopped after learning that accessible rooms would not be available for assessments.

The room numbers at this hotel are not raised. Furthermore, they are not located at the desired height from the floor which may make them difficult to see by someone using a wheelchair. The door handle is located at the desired height and is easily moved. However, the room key is a card that is not easy to use. Often the card has to be tried several times before it will open the room; this is the case for all guests, regardless of their physical condition.

The threshold in the room is less than 1.6 cm making it very accessible, since guests with physical impairments would not trip, or get stuck, and / or have difficulties going over it in a wheelchair. Furthermore, the width of the door is almost accessible at only slightly less than 81 cm. The locking

mechanism on the doors is accessible. The peephole on the front door to the room is inaccessible, since it is placed too high; however, this is a non-accessible room and this may be different in an accessible one.

The hallway into the main room is the desired width, meaning that someone in a wheelchair would be able to pass through with ease. The floor in the hallway and the main room is covered with carpet but the carpet is very flat and easy to move around on and this makes the floor in the main room slip-resistant. Furthermore, there are no rugs in the main room or the hallways; thus individuals do not need to worry about tripping.

The door into the bathroom does not have the desired width and the handle is difficult to grasp. Furthermore, the threshold is greater than 1.6 cm, making it inaccessible. Only the height of the handle on the bathroom doors is at the desired height. The floor in the bathroom is hard and smooth, but not slip-free. The bathroom also does not have a turning radius of 1.5 m by 1.5 m and there are no grab bars by the toilet. The toilet is at the desired height and the toilet paper, as well as the flushing mechanism, is easily grasped and accessed. The sink does not have clearance under it and is, thus, inaccessible. Furthermore, the sink does not have lever-type faucets and the water temperatures are not clearly marked. The shelves, as well as the towels, are not located at an accessible height. They are very high and are difficult to reach. The light switches in the bathroom are at the desired height and accessible; however, the bathroom mirror is not: it is located too high. The shower is inaccessible. It does not have a seat or grab bars and only the faucet is accessible. It is a tub so individuals would be able to have baths but not showers. Again, it must be stated that this is a bathroom in a regular room and it is possible that the accessible room may be designed differently.

The room telephone is in easy reach, since it is located on a low table by the bed. However, it may not be easy to maneuver around the room for someone in a wheelchair, since there is not much free space. There is a turning radius by the bed of 1.5 m by 1.5 m but it is not the same on both sides of the bed and on only one side is this the case. The lights in the room are accessible and located at the desired height. Furthermore, the television has a remote control that is also easy to access. The dressers and the shelves in the room are accessible; however, the hangers are not: they are too high. This room has no

lounging area, only a table with chairs and one armchair. The heating / cooling unit is not accessible since the controls are too high. Both the safe and the mini-refrigerator are in easy reach and are accessible. Each room, however, has a bar, above which hang a variety of alcoholic drinks, and this is located too high. Since the refrigerator and the safe are under the bar, there is no clearance under it for easy access. The curtains in the room are in easy reach; however, the balcony doors are not. They are difficult to get to, even though the door handle is at the desired height, since the table and chairs obstruct access to the door. Furthermore, the balcony is designed to stand on and not for sitting. All of the standard rooms have standing-only balconies, thus making them inaccessible.

Overall, the rooms are not very accessible, but the room accessed was a standard room and was not marked accessible. It is difficult to say if the accessible rooms are very similar or if they have been modified to be made fully accessible.

Restaurant / dining facility: All of the dining facilities have an accessible washroom within close proximity to them.

The doors to each dining facility are wide and individuals can easily go through all of them. None of the doors has automatic door openers, but resort staff stands at each entrance and opens the doors for all guests. The dining facilities are easily accessed by individuals in wheelchairs, even though the route to some eating areas is longer than it is for non-impaired individuals. Both the main and side aisles are wide, and tables can be moved if greater space is required. The serving aisles are also the desired width. Furthermore, there is sufficient space for individuals in wheelchairs to move and turn while going to look or take food. The platform on which plates are stacked is at the desired height; however, there are times when the stack of plates is very high and, during those times, it is difficult to reach to obtain a plate from the top of the stack.

The central serving bars are hard to access since the food containers are located further into the bar / island and there is very little space under the counter for individuals to wheel themselves right up. The beverages are almost accessible. Once the glass is positioned, it is not difficult to push the button but it may be tricky to maneuver the glass under it.

The tables in the restaurants are higher than desired and there are no other accessible tables.

Overall, work is required in order to make all of the dining facilities accessible. The main problem is the inaccessibility of the tables. They are simply too high in every dining facility.

*Recreational facilities***:** The facility has two pools and a pool deck which is easily accessed. One pool is small and not accessible. Guests need to walk up the stairs and, later, down stairs in order to access this pool. The large pool, which has a pool bar, is accessible, and individuals can easily get in and out. Furthermore, the area at the swim-up bar has tables and chairs in the pool; thus, individuals do not need to sit at the bar but can take their drinks and sit on side benches or by a table. There is also a ramp leading from the main pool into the pool bar area, making it easier for individuals to access this part of the pool. There is an accessible washroom close to the pool. There is no changing area; however, there is a room designed for guests who have checked out of their rooms but are still at the resort. This area can also be used as a changing area if the guests so desire. The entrance to this changing area is accessible and the floor in this area is non-slip. The aisles are also very wide and accessible. There are no lockers in this area. The area has showers but there is no accessible shower. The light switches are easy to access and individuals in wheelchairs can easily maneuver around the room.

*Fitness room***:** The entrance to the fitness room is accessible, and the way the fitness equipment is laid out makes it accessible to physically impaired individuals. There is much space between the machines/equipment, making it easy for a person using a mobility aid to go from one set of equipment to the next. There is no accessible washroom close to the fitness centre.

The towel distribution centre is not accessible: the counter is too high.

The other recreational areas at this facility are accessible by physically impaired individuals.

5.4.4 Interview with the manager

This facility has technically been accessible since it was built, since the Aruban government had to inspect it for accessibility and the hotel passed the inspection. The manager is not sure about the guidelines which are used in order to have an accessible space; however, she strongly believes that the facility is very accessible. "As you can see, we have elevators, accessible rooms, washrooms making it

easy for physically impaired guests to stay here. We also have wheelchairs in case older guests become tired and ask for one. This has happened in the past; after a long day, they are very tired and wish to use a wheelchair for a few hours. We have a few for them in order to make their stay as comfortable as possible. Similarly, there is no accessible parking; however, we give physically impaired guests special parking passes in order for them to be able to park right at front. This way they do not need to walk far to their cars."

It was difficult for the manager to say how often the rooms were occupied by physically impaired individuals. "We rent the rooms out to disabled individuals first; however, if elderly guests ask for accessible rooms and we have them available, we rent them to them. Afterwards, we give them to other individuals if there are no other standard rooms available. Thus, the rooms are very often occupied but not always by disabled individuals."

The manager spoke extensively about their repeat visitors. "We get many repeat visitors, especially the elderly. They often come in the winter and then stay for a week or two. Furthermore, we have time-share rooms and many belong to older guests. They come here often and really enjoy themselves. Many of our guests are very happy with the staff and the facility. Often they compliment our staff for being professional, respectful and eager to help. Especially since we got wheelchairs and informed our elderly guests of them and that they can use them if they so desire, they have been very happy. We have not had disabled guests asking us for them, only the elderly, but we do have them for any of our guests. Similarly, our transportation is designed to accommodate disabled guests and we often know in advance that such individuals are coming."

Next we spoke about service dogs and it was important for me to clarify that service dogs are not only guide dogs, but also dogs that assist individuals in wheelchairs, hearing aid dogs, and autism dogs etc. The manager said, "I was only aware of guide dogs and our policy is that guests who have such animals are welcome to bring them. We have not had any such request since we have opened and I am not sure what we would do with other service dogs. My thoughts are that we would take it and evaluate it on an individual basis. If the dog had proper ID and documentation we would agree for the guest to bring

such a dog to the resort. Since we have never had such a request, the rules around it are very loose and not very defined." The manager was very clear that guide-dogs that would be allowed to come and stay at this facility would need to have proper identification, which clearly states that such an animal was especially trained to assist a guest with a visual impairment.

The staff at this facility receives much training: "Our staff training is ongoing, and we make sure that all staff is well trained and ready for a variety of situations. We do not do specific disability training with our staff; however, they are trained to assist all guests to the best of their ability. We have been complimented on our staff, so I believe that we are doing a good job at giving them the tools to do their work. Having said that, we are always looking to improve and are exploring different avenues for training. We have a training manual and it is revised every year in order to be improved and expanded."

We spoke about the guests who stay at this facility and, like many such facilities, the demographic characteristics of the guests change based on the season: "At different times we get different types of people. During the summer more families with children come and stay and, in the fall and winter, we get more couples as well as elderly individuals. We also do many weddings here and many occur between May and September, so that brings children as well as mixed types of groups. We like that very much and adjust accordingly. Guests are our priority, since without them we would go out of business. Thus, we do our best in order to make sure that each guest is comfortable and has what he or she needs at all times."

The manager spoke to the supervisors of the different areas in order to let them know that I might be coming and asking questions: "I will let the staff know, so that they feel comfortable talking to you. They may not otherwise, especially since we emphasize that they should be professional, assist guests, but not become too familiar with any particular guests." Having the manager talk to the staff made it much easier for me to talk with many of them. It was difficult to talk to some of the staff, such as the cleaning staff, since their English language skills were not always good. They spoke Dutch, as well as their own dialect, and did not always know English. It was sometimes difficult to obtain certain items from the staff, since there was a language barrier. For example, instead of liquid soap they would bring bar soap, or

instead of pop they would bring club soda. The staff who worked directly with guests and interacted with guests at all times, spoke good English.

One morning we saw an elderly couple being assisted by three staff. The lady had difficulty walking and the gentleman was doing his best to assist her. The staff member came over, asked them about the type of table they would like and how else he could assist them. The gentleman asked if he could help them with breakfast and that was not a problem. After providing the couple with coffee / tea, the chef came out and asked the couple what they would like for breakfast. The couple gave the staff their order and in minutes they had their food. Every few minutes, staff would come and ask if they needed anything, if they would like more of anything, and really took care of the couple.

After breakfast I went up to talk to the staff about what I saw that morning. I was told the following: "We help out all the time. This particular couple has been coming here for years and, every time they come, the lady has more difficulty walking. They are very nice and never order us around, only ask politely for assistance. It is a pleasure to help such guests. Often times, guests are rude and demanding. So if we have a chance to help those who are not, we put even more care into it. The chef loves cooking and if anyone compliments him on his cooking, from then on they are his best friend. Since this couple has often complimented him on his food, he loves them and will provide them with whatever they would like, even if it is not on the menu. We do not often have guests with disability, but we have many elderly guests and we do our best to assist them. Many times, it is difficult for them to walk, see, or carry plates / glasses, so that is when we step in. We like doing it and it is easier for the guests when we do."

The staff at the different bars was very similar and had similar answers: "We bring drinks to all guests. They are on vacation and if guests are too lazy to walk to the bar for a drink, the bar will come to them and replenish their drinks often. If we are understaffed at the bar, we call in and ask for assistance and many staff from the restaurant, for example, will come in and help us distribute drinks and take orders. We are working and not on vacation, so our job is to make sure that all guests, no matter who they are, have a good time and everything they need in order to make their vacation a pleasure."

A similar attitude was held by other staff and, even though there are rules, if there was a good reason or a reasonable request, they would do everything in their power to agree to it and carry out the task. For instance, in order to make reservations for dinner at one of the four *a la carte* restaurants, guests needed to do that in the morning between 9 A.M. and 12 noon. Since I often left the hotel before 9.00 A.M. in order to dive and returned after 12 noon, the staff would make a reservation for me the day before, or after lunch, provided there was still room in the restaurant. Often there was and I had no problems, but it would have been very easy for the staff to say "No" and that I would have to come at the listed time.

Similarly, on the days when we went diving early in the morning, we would order room service for breakfast, since it was easier this way. Every day, we would get more and more food. If we put one by yogurt, we would get two and, often, we would get really big plates. When we asked the lady who brought them to us about this, she told us, "You are on vacation and it is not a good time to diet, so enjoy. Often you do not ask for enough food for both of you. We want to make sure you do not go hungry. It is a long time to lunch." The staff would do their best in all areas to make sure that the guests had more than they needed and not less, even if that would create much waste.

Other staff had very similar comments about their jobs, work and guests. They looked happy and content with their work, and regarded guests with much respect and pleasure.

This resort, unlike many others, has made steps in the direction of becoming accessible. Furthermore, since the resort not only has an all-inclusive hotel, but also a time-share section, many more guests are repeat visitors and they may be older. The hotel's visitor demographics, combined with the island's accessibility regulations, which were mentioned by the manager and observed by the researcher during trips to the city, and the high number of repeat visitors, have created a resort where accessibility is an important component in the running of the resort. Some areas require work, or small changes; however, physically impaired guests staying at this facility would be ensured access to all public facilities, as well as a washroom which is somewhat accessible and can be accessed by both sexes without difficulties. Furthermore, the staff is dedicated to assisting all guests equally and they do so with pleasure.

A physically impaired guest is not an exception, but simply another guest who the staff is more than happy to help.

These features make the facility physically accessible and the staff who work at this resort have very positive views on guests with physical impairments.

5.4.5 Summary

So far, this chapter has examined the accessibility of three resorts in the Caribbean, two in Jamaica and one in Aruba. Social definitions of impairment and disability have been applied and emphasis has been placed on the physical attributes of the resorts and the attitudes of their staff rather than on the abilities of guests with impairments. In all three cases, physical accessibility has been checked by undertaking an inventory and staff attitudes have been examined through interviews, including interviews with managers.

5.5 The Legislative Context

The information on relevant legislation in both countries is limited; however, the following discussion will focus on the Jamaican legislation regarding people with physical impairments, and the Aruban building code legislation. It was much more difficult to obtain information regarding the Aruban accessibility code, since the official language on the island is Dutch and, perhaps because of that, not many articles were printed in English, and government officials who were contacted by the researcher did not respond to requests regarding guidelines for accessibility on the island. The discussion will then be extended to other areas of the world and the efforts countries such as Australia are making to accommodate physically impaired tourists. The Caribbean countries would greatly benefit from observing countries such as Australia, if for no other reason than the financial benefits it could bring to Caribbean tourism.

5.5.1 Jamaican legislation

The Jamaican census of 2001 reported that 6.2% of the total population lived with disability. In comparison, the 1991 census reported the proportion to be 4.7%, which is believed to be greatly understated (IDRM, 2009). Policy makers and disability advocates in Jamaica both report that the number of people living with impairments in Jamaica is not only under-reported, but estimated based on the

percentage reported by the World Health Organization, which stated that about 10% of the world's population lives with a disability (IDRM, 2009).

These numbers clearly show that a very small proportion of the Jamaican population is reported to live with impairments. This is reflected in how this group of people is treated in Jamaica, both by their government and employers, as well as how visitors are treated. Changes in the ways in which Jamaicans living with physical impairments are treated are occurring slowly. Some important steps have already been taken to ensure legal provisions for people living with physical impairments. Jamaica has signed and ratified several international human rights agreements, including the Convention on the Rights of the Child (1989), the International Covenant on Civil and Political Rights (1966), the Universal Declaration on Human Rights (1948), and the International Covenant on Economic, Social and Cultural Rights (1966). Jamaica is also signatory to the 'Bill of Electoral Rights for People with Impairments,' a project of the International Foundation for Election Systems (IFES).

Furthermore, the creation of a Convention for the Protection of the Rights of Persons with Impairments is supported in Jamaica. The people of the island voted in favour of such a convention when it was initially proposed by Mexico in 2001. It also participated actively in the United Nations Ad Hoc committee meetings in 2001 and 2002 (IDRM, 2009).

Further steps have been taken to improve the legal rights of people with impairments. National policy regarding people with impairments is made up of the Constitution, the National Policy on Disability, as well as various specific legal provisions. The Jamaican Constitution guarantees certain basic rights for all persons in society, although it does not specifically mention people with physical impairments. In 1999, the Jamaican Parliament convened a committee to make recommendations on the amendment of the Jamaican Constitution. The National Policy on Disability in Jamaica was passed by Parliament in November 1999. It was crafted based on the requirements of the U.N. Standard Rules. This policy provides guidelines for cooperation between government and civil society in addressing the equalization of opportunities for persons with impairments. The National Policy on Disabilities, however, is not enforceable as it lacks legal sanctions.

Much work has been done to try to pass additional legal rights for people with physical impairments. At present, the government is in the process of developing a National Disability Act, which was initially scheduled for completion during the 2003 legislative year (IDRM, 2009). This work is currently being continued. However, there are still no provisions for full access of physically impaired individuals into all public spaces in Jamaica. Efforts are being made to make certain public spaces accessible, such as the post office and polling stations during elections, but this does not always occur. There are no requirements for these spaces to be accessible by the physically impaired population. Similarly, the public transportation authorities in several areas of Jamaica, such as Kingston and Montego Bay, have taken steps not only to provide accessible public transportation, but also to reduce rates for impaired individuals. These initiatives are important and welcome. However, there are only a limited number of routes which are being targeted and only a small number of accessible buses are available. Thus, much of Jamaica, including many areas within these cities, is not accessible by public transport to people with physical impairments (IDRM, 2009).

The national building code is based on a policy and is not law; thus, there is no legal requirement for buildings to be accessible. Added to this, there is much discrimination and widespread negative attitudes of employers towards physically impaired individuals. This affects the employment rates of impaired people in Jamaica. Thus, not only are many physically impaired Jamaicans unable to access many public spaces, they may also be rebuffed when it comes to finding employment (IDRM, 2009). This attitude is transferred into the all-inclusive resorts. Since there is no law in Jamaica requiring facilities to be accessible for people with physical impairments, all-inclusive resorts create their own rules / regulations regarding this issue. Most do not have a plan which they adopt while building resorts to ensure their accessibility. They refer to their corporate offices regarding other impairments / access issues, such as policies regarding working dogs. This became very clear during interviews conducted by the researcher with the management and staff at the two case facilities. Furthermore, often corporations purchase already-built resorts and do not enquire regarding how accessibility was incorporated into the architectural plans. With a little guidance, however, the managers of such facilities were very happy and

willing not only to learn about accessibility, but also to incorporate changes into their facilities. Despite the legislative steps which have been taken in Jamaica, there is still much work which needs to be done that would ensure full accessibility for both Jamaicans and tourists.

5.5.2 Aruba

Information on the Aruban accessibility legislation is much scarcer and more difficult to obtain than the legislation in Jamaica. It is clear from reading some of the literature, however, that not much work has been done regarding accessibility on the island. This is contrary to what was observed and discussed in an interview with the manager of the resort under study. The researcher observed during excursions from the resort to the capital city, that not only were sidewalks designed with ramps / curb cuts, but also stores / shopping centres had ramps in addition to stairs, in order to access the shops.

Figaroa (2002) stated that Aruban building / housing regulations are archaic and out of date. The regulations date back to 1935 and were based on 1901 building / housing laws (Figaroa, 2002). The social and technical composition of society has changed dramatically since the time the regulation was composed. The fines for non-compliance with the regulation need to be adjusted and the entire building code needs to be updated to make it suitable for current conditions (Figaroa, 2002). In spite of the archaic regulations, the small country of Aruba has created a welcoming environment for the physically impaired and the elderly, by creating ramps in their public spaces and accessible washroom facilities in hotels and resorts. These changes have been created due to a Building Commission that operated for many years in spite of the lack of legal provisions. This commission was able to advise citizens of Aruba on the architectural design of their buildings, and reduced ambiguity and confusion over what was appropriate and expected. This commission has only recently become a part of the Aruban government; however, there is still no legal precedent to indicate that changes suggested by the committee are part of Aruban legislation (Figaroa, 2002).

Currently, Aruba is experiencing a major population boom due to their economic developments, including the arrival of a large number of foreign workers. This is creating an increase in construction and the creation of new facilities, both public and private, thus necessitating the creation of legislation

regarding a building / housing code that is simple, clear and easy to understand. Now is the time to create a building code for the island which would address the needs of all of their citizens, regardless of age and ability, as well as for those who visit the island. It is also very important to create a building code which will assist islanders in designing buildings which are sound and fit well into the small area that the citizens have to work with (Figaroa, 2002). Despite the lack of legal requirements, the Aruban public takes the matter of accessibility seriously and is slowly incorporating changes into its public and private spaces.

5.5.3 Summary

The information that has been accessed concerning building codes and legislation regarding accessibility for people with impairments, suggest that this is a topic that has not received high priority in Jamaica. However, in spite of the lack of legislation, Aruba appears to have better accessibility provisions in public space than Jamaica.

CHAPTER 6

DISCUSSION

6.1 Introduction

A social definition of disability has been adopted and applied. The limitations experienced by individuals with impairments are viewed as being imposed upon them by the society, of which they are a part, through the creation of physical environments that do not meet their needs. Accordingly, empirical research has been conducted in all-inclusive resorts in the Caribbean that focuses upon the physical constraints to accessibility experienced by visitors and staff attitudes, rather than the medical attributes of resort guests.

This chapter will further discuss the three Caribbean case studies. Also, although the major purpose of the pilot study which was conducted at a hotel in Kitchener, Ontario, was to test research methods, occasional reference will be made to this situation. The case study resorts will be compared and contrasted, and the limitations of the studies will be considered. Suggestions for future research will be made.

Thus far, the researcher has explained the reasons why Caribbean all-inclusive resorts were chosen for the study, as well as areas in tourism that require the most work from the perspective of facilitating participation of people with physical impairments. Later, the researcher explained the study objectives and how the present research was to be conducted. The three Caribbean case studies were presented, and conclusions and recommendations were made for each facility. The case study resorts will now be compared and, particularly, comparisons within and between the Caribbean countries will be made. However, it is necessary to do this cautiously for it is possible that the resorts that have been investigated may not be typical. In fact, given that they welcomed research on accessibility, it is possible that they may be more welcoming to guests with impairments than many other places.

The overall objective of the current research is to assess the state of accessibility and attitudes of staff in the Caribbean all-inclusive market toward physically impaired tourists. The study's sub-objectives included:

- To assess 4- and 5-star facilities in the Caribbean on their level of physical accessibility

- To assess staff attitudes toward physically impaired individuals at those facilities

- To compare accessibility and staff attitudes toward physically impaired individuals between Caribbean countries as well as within the same country

- To obtain a better understanding of the accessibility standards in the Caribbean for the physically impaired, as well as the impact of cultural differences on the staff's attitudes toward physically impaired guests (Card et al., 2006)

- To assess the utility of the Accessibility and Attitudinal Barriers Model (AABM) in guiding such research.

Before the researcher went to the Caribbean, the researcher focused on a local hotel as a pilot study and assessed this facility for its accessibility. This was done in order to assess the suitability of the checklist created by the researcher for measuring accessibility and to obtain feedback on its reliability. Furthermore, application to a local (Kitchener) hotel in a country (Canada) and province (Ontario) which has both standards and training possibilities regarding physically impaired guests for the management/staff, provided a partial benchmark for the research (www.ORMA.ca, 2007), although its value in this respect was restricted since it was not an all-inclusive resort and lacked many of the facilities that such resorts usually possess.

6.2 Jamaican Case Studies

Both Jamaican resorts were located in the Montego Bay region of Jamaica and were approximately 20 minutes apart by car. Furthermore, they were both owned by the same corporation; however, they belonged to two different branches of the company's resorts.

The first resort was a five-star facility. The aim of the visit to this Jamaican all-inclusive resort was to assess the accessibility of this resort for physically impaired guests, as well as to determine the attitudes of staff who are working at this establishment. Along with a detailed, systematic assessment of

physical accessibility, informal interviews were conducted with staff and guests, and the researcher's personal reflections on the stay at this resort were also recorded and reported.

The resort is somewhat accessible and, with several changes, it has the potential to become a very accessible facility. This facility could be made very accessible by creating accessible public washrooms, improving access to all of the dining facilities, as well as improving the accessibility of the two rooms earmarked for physically impaired individuals. Furthermore, the staff has very positive attitudes and, with improved training which focuses specifically on how to assist physically impaired guests, the staff would become much more comfortable in assisting future physically impaired visitors.

This resort made accessibility changes after the hotel was built. The 'accessible' rooms originated as standard accommodation units that were subsequently made to be 'accessible' by making a few minor changes. Furthermore, the managerial staff at the resort does not know what standards were used in order to make the facility accessible. Moreover, the manager of this resort sees their resort as being accessible. However, the resort does not provide any information about its accessibility on their website for guest to check this out. There is also a lack of training of staff at this facility concerning the assistance of physically impaired guests.

The second Jamaican resort was located in the area of Jamaica called Run Away Bay. After conducting informal interviews with many of the staff at this facility and assessing this resort for accessibility, the following conclusions were drawn. Overall, the staff at this facility does not obtain much training in providing assistance to physically impaired guests. However, many of the staff consider their jobs to be not only a means to obtain a reasonable life, but as a pleasure. These employees help everyone without fear of doing anything wrong, while those who do not like their jobs very much, do only what is required of them and do not want to go the extra mile to assist guests. With small changes to the layout of the resort, physically impaired guests would be independent and would require only minimal assistance from the staff. The staff with whom guests come into contact the most are very happy to help, in spite of the fact that they do not have much experience or knowledge of how best to go about providing assistance. What they do know very well is that they want to help and they will do as much as is in their

power to do so. Thus, the staff attitudes at this facility are positive and, with more staff training, they would gain not only knowledge, but confidence. Assisting physically impaired guests would then be done professionally and with ease.

The physical accessibility challenges are similar to the other Jamaican inclusive resort. The accessible rooms are simply two regular rooms located on the ground floor and, from that perspective, any of the rooms on that level could be considered to be accessible since no design changes were made to make the rooms more accessible. However, unlike the other Jamaican resort, no attempt was made to make the accessible room truly accessible. For example, no seat was created in the bathtub to make the bathroom accessible. The first Jamaican resort tried to make their accessible rooms somewhat accessible by placing a seat in the shower, or installing bars in the tub. This resort, however, only placed signs on two rooms proclaiming them to be accessible. Furthermore, both Jamaican resorts did not have accessible washrooms in the facilities. The managerial staff believed that some public washrooms are accessible; however, after careful examination of the facilities, it was found that there is not one public washroom that is accessible in either resort.

Both of the Jamaican resorts have some other accessibility problems. In the case of the first Jamaican resort, the dining facilities are not accessible, while the second Jamaican resort does not have their fitness area accessible to all. This resort has a front desk that is high and inaccessible to physically impaired guests.

There is only half a star difference between the two Jamaican resorts and that half star is mostly reflected in the staff's attitudes. It can be only speculated, since the managers of both facilities did not discuss financial compensation of their staff, that the five-star facility is more careful about choosing their staff and that these individuals are paid more. Furthermore, in spite the fact that both resorts are owned by the same corporation, each conducts its own staff training, advertising, and each establishes most of their own internal rules.

6.3 Aruban Case Study

The Aruban case study, despite being located in the Caribbean, has more similarities from the perspective of accessibility to the Canadian hotel that was investigated in the pilot study than to the Jamaican resorts. The main difference between Jamaica and Aruba is that the Aruban government is more involved in making Aruba accessible for people with physical impairments. Not only are the hotels / resorts in Aruba assessed by the Aruban government as to their accessibility, the streets, malls and shopping centres are designed with ramps and with physically impaired persons in mind.

The Aruban resort was built as a hotel and, thus, it possesses elevators which the Jamaican resorts do not have. This resort, unlike those studied in Jamaica, in contrast to those studies in Jamaica, has made stronger steps in the direction of becoming accessible. Furthermore, since the resort not only has an all-inclusive hotel, but also a time-share section, many more guests are repeat visitors and they often are older. The hotel's visitor demographics, combined with the island's accessibility regulations and the high number of repeat visitors, have resulted in the creation of a facility where accessibility is an important component in the running of the resort. Some areas of the resort require more work or small changes; however, physically impaired guests staying at this facility would be ensured access to all public areas, as well as a washroom which is somewhat accessible and can be accessed by both sexes without difficulties. This may be very important for some physically impaired individuals, whose level of impairment requires them to have an assistant at all times, in order to enjoy their vacation and even to undertake basic daily activities. For some, having an assistant is not only necessary during travel, but at all times at home as well. Furthermore, the staff is dedicated to assisting all guests equally and they do so with pleasure. A physically impaired guest is not an exception, but simply another guest whom the staff is more than happy to help.

This resort has a policy on service dogs. The Jamaican resorts do not possess a policy on service dogs and only when the head office of their corporation sanctions the accommodation of a service dog would they be allowed to stay in the facility. Even with the possibility of acquiring such special permission, the first Jamaican resort had difficulties accepting the idea of service dogs in their resort.

In terms of transportation, all three Caribbean resorts provided exceptional services. In order to assist all the guests in the best possible way, they will customize the transport from the airport to the resort. Thus, if a physically impaired person and their family is coming to stay at their facility, the resort will make sure that they obtain individualized service. This allows the physically impaired guest and their family to take as much time as they needed in order to be comfortable on their journey to the resort. The other guests do not need to wait for the physically impaired person to board the bus or be in their way. This makes the transportation to and from the resort not only very accessible but also very easy. Some areas of the resorts that were studied have been improved in order to provide a better service for all guests; however, other areas still require work.

In spite of the many changes the Caribbean hotels / resorts have gone through over the years, there are still many changes which need to be implemented in order to make the Caribbean all-inclusive vacation a positive experience for all. With the ADA and the UNWTO legislation and changes to the tourism sector around the world, it would be easy to assume that hotels and resorts, in the Caribbean and also in Canada, would be accessible to all. This, however, is not the case. Despite the guidelines provided by the legislation, both Caribbean and Canadian tourism establishments may still require changes to the physical layout of the facilities if they are to be truly accessible. Furthermore, improvements also should be made in training programs for the staff at these resorts (UNWTO, 2006; ADA, 2006; Card et al., 2006).

All three Caribbean resort managers spoke about repeat visitors and, in the case of Aruba, many elderly couples have time-share plans at this facility, meaning that they return often and, in many cases, more than once a year. Ensuring accessible facilities for all creates a positive environment for the guests and staff. Guests at all facilities spoke of returning to these resorts often with their families since they know the staff and are very familiar with the layout of the resort. Many of the guests have had a positive experience at these facilities, know the staff very well and, rather than search for new vacation resorts, they often come back to the same one. This finding is similar to the findings of other researchers (Card et al., 2006; Camera et al., 2003; Burnet & Bender Baker, 2001). By making the recommended changes to

the physical layout of the facilities, informing the potential guests of their accessibility, and provide more staff training, the facilities may become more successful at attracting their desired target groups, which are older adults, since they are a group that has high disposable income to spend on vacations.

Similar to the findings of Upchurch and Seo (1996), the three Caribbean facilities did not have fully accessible accommodations. Furthermore, much of their advertising about accessible accommodations was very vague and lacking in details. Moreover, in the Aruban case, the accessible rooms were located on the upper levels, which may make it difficult for physically impaired individuals to exit the facility quickly in case of emergency or other failures, such as the malfunctioning of elevators. The Jamaican resorts only had accessible rooms located on the ground floor; thus, this was not an issue.

Contrary to the findings of Burnett and Bender Baker (2001), transportation to the resorts was very accessible and the airports also had provisions for physically impaired guests. The Caribbean airports had accessible washrooms, as did the Toronto airport. This, however, may not be the norm. However, the two Caribbean countries which were examined not only had ramps, but also easy access to the airport's amenities. In Jamaica especially, the immigration counters could be improved; however, the airport is continuously changing in order to accommodate physically impaired travelers. Furthermore, both the Aruban and Jamaican airport staff were fully prepared to assist physically impaired travelers who were arriving in or leaving their country.

In all three cases discussed above, the most problems occurred in the areas of accommodation. This is similar to the finding of Card et al., (2006). Both Jamaican resorts had inaccessible rooms which were supposedly designed for physically impaired guests. The Aruban case is different since the researcher was unable to gain admission to the accessible rooms at this hotel. Having the accessible rooms spread out all over the hotel and floors, including the highest, creates a problem in case of an emergency.

Unlike the findings of Card et al. (2006), staff attitudes did not vary from the dining areas to the recreation areas to the accommodation areas. Perhaps this is the case because the staff works at the same facility and obtains the same, if any, training, which may contribute to the similarity in attitudes toward

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physically impaired guests. Similar to Card et al., (2006), all four sectors (accommodation, transportation, recreation, and eating / drinking) require improvements; most, however, are needed in the area of physical accessibility and not attitude. Even though the recreation and transportation sub-sectors were much improved, there were still areas where improvements could occur. For example, all three Caribbean resorts had scuba diving and other water sports; however, the staff working at these facilities had very little or no experience in assisting physically impaired guests in accessing these opportunities. Furthermore, despite the fact that these two Caribbean countries had a very good transportation system for physically impaired tourists, this may not be the case in all Caribbean countries. More research is needed to assess fully and understand the transportation and recreational barriers faced by physically impaired travelers.

As discussed earlier, the increased number of service dogs that assist physically impaired individuals has not been reflected in an increased number of facilities which support and allow the stay of service animals. Similar to the findings of Shaw and Coles (2004) and Ray and Ryder (2002), the only facility that was studied which allowed service dogs with no question was the Canadian hotel in the pilot study. The Aruban resort allowed them; however, they needed proof and, although they were familiar with dogs for the blind, other service dogs were less known. The Jamaican cases had difficulty accepting the idea of service dogs, despite the fact that a physically impaired individual may require the dog the most in an unfamiliar environment.

Similar to the lack of information about service dogs and the need for more information about accessibility, travel agencies possess very little information with which to assist physically impaired guests. In both the Aruban and Jamaican cases, the travel agent not only did not know about the accessibility of the facility, but also was unaware of the regulations regarding service dogs. In the case of Jamaica, not only is there very little information on the company website about the accessibility of the facility, the corporation employees strongly believed that their facilities are very accessible. Thus, it is not surprising that travel agents have very little knowledge about the nature of the facility's accessibility. This is similar to what McKercher, Packer, Yau & Lam (2003) found in their research. Most travel agencies

sell standard packages to all tourists and are not aware of the needs of physically impaired guests. Furthermore, agencies do not know what questions to ask in order to adapt vacation packages to the needs of physically impaired guests. In the three cases discussed above, the travel agencies were selling vacation packages which were designed with the average tourist in mind. When these same packages were sold to physically impaired individuals, they did not fulfill their vacation needs and dreams as promised. In reality, in all three cases, the agents did not know or were unable to answer questions regarding accessibility in any of the three resorts. Furthermore, in the case of Aruba, the agent not only has visited Aruba, but has stayed at the resort that was studied, yet she was unable to answer any questions related to accessibility. Since the travel agent possessed no physical impairments, not only did she not notice accessibility issues in the resort, but strongly believed that the resort was accessible.

After speaking to the hotel managers, it was very clear that, similar to the findings obtained by Huh and colleagues (2007), the Caribbean all-inclusive managers regard the physically impaired as a viable and growing market. However, this group of individuals was not viewed as being a market which was going to bring much additional spending at the resort, based on the provisions made for this group of travelers at the vacation site. Thus, not much money or resources was allocated to making establishments accessible to this ever-growing market segment (Huh et al., 2007). Furthermore, as the findings in this study indicate, the websites belonging to the corporations which own the study sites not only do not advertize the facilities' accessibility, but do not speak about physical impairments at all. By ignoring the physically impaired group on the internet, once again the resorts ignore a large market segment of people who are physically impaired and have families and the resources to travel (Huh et al., 2007; Eichhorn & Buhalis, 2007; Mills et al., 2008). Similar to what Mills and colleagues (2008) have found through studying resort websites, not only did they not have accessibility information on their websites, but the managers did not place much importance in their website's information on accessibility, and the ability to access information by those who use adaptive technologies. The accessibility of and information in touristic websites is a topic for future research, however, it is discussed briefly here since this issue came up during the discussions with all of the managers. As more and more people around the world may use

the World Wide Web to communicate as well as obtain information, resorts not only need to think of placing information regarding the accessibility of their facilities there, but also doing it in accordance to accessibility standards (Mills et al., 2008). Since the resorts under study did not advertise their accessibility or consider some very important issues regarding accessibility by people with physical impairments, such as service dogs, or independent movement in the hotel by physically impaired guests, it is not surprising to discover that the managers' experiences, as well as some of the staff who were interviewed, paralleled those found by Heinen (2005). More specifically, unless tourism facilities provide specific information on their accessibility, physically impaired individuals may not be motivated to travel to visit these establishments, since they have no assurance that by doing so their needs will be accommodated. Thus, the staff at the resorts which were examined in this thesis may need to be proactive and actively speak about their facility's design and accessibility, and constantly strive to make not only their physical space more accessible by all, but also attend to their online environment. Since many of the all-inclusive resorts have roots in Europe, having their corporate headquarters on that continent, it would be beneficial if they followed the efforts made by European tourism operators to make tourism accessible for all, by creating a data-base of accessible establishments (Eichhorn & Buhalis, 2007). Similar data bases would not only benefit tourists visiting the Caribbean countries, but hotels and resorts that are located in that region by enabling them to cater more effectively to an expanding market.

The findings of this study further confirm that universal design is a relevant approach that can enhance accessibility. Buildings, or in the case of the current study, hotels and resorts, were often built as much to be appealing to the eye as to be useful by the public (Imrie & Hall, 2001). Insufficient attention was given by the building designers to making the places useful to all and, especially, to the physically impaired. The reason for this may lie in a belief on the part of the building designers that the physically impaired group is special, requiring very specialized design, and that the space created by and for the able-bodied society will not, therefore, meet the needs of the physically impaired. The current study confirms that the physically impaired group is commonly not viewed by the able-bodied community as a group who travels, shops, or enjoys similar activities, thus designing spaces that are pleasant to look at is

still more prominent than designing to accommodate the physically impaired (Imrie & Hall, 2001), even though families with small children and the elderly, who are not physically impaired, would benefit from inclusive design. These two groups, despite having very similar needs to the physically impaired, are not viewed by society as being physically impaired, thus their needs are generally seen as not being similar to those of the physically impaired people living in our communities (Omansky, et al., 2001).

As the social perspective of disability states, it is the able-bodied persons in society who have the power to establish social rules / norms, but also to instigate change. It is this group of people who have created the segregation problem for the impaired and, thus, this same group has the power to change it (Omansky, et al., 2001). As was found in the Jamaican case studies reported above, the management team is currently working on rebranding one of the resorts in order to attract more guests, yet the management is not consciously thinking of the impaired group of travelers as a market of tourists which they could attract. Perhaps this management group does not want to go out of their way to attract impaired tourists although, as discussed above, the meaning of impairment and disability is not necessarily obvious and the status of individuals can change instantaneously. This was clearly demonstrated by one of the guests staying at one of the Jamaican resorts. He was an able-bodied person and an accident caused him to become physically impaired. Only through discussion did this individual become aware of the barriers that people with physical impairments face (Omansky et al 2001: French 1994). By creating accessible places, the able-bodied could welcome the impaired group into mainstream society and those with impairments would have a much easier time in negotiating the physical space with, at times, much less pain to themselves (Gleeson, 1999).

As the findings in this study suggest, the staff at the studied all-inclusive resorts had very positive attitudes towards physically impaired guests; however, not much was being done to invite this group of people to come to the resorts. Furthermore, by not having set regulations regarding important aspects or serving impaired customers, such as service dogs, the corporations are only making a token effort to accept this group of people as a viable tourist group. Thus, it is still the able-bodied persons who make design and management decisions and hold power regarding the inclusion of physically impaired guests

into the tourism market. Similarly, by not viewing the group of tourists who travel with small children, or the elderly as requiring similar provisions, the corporations divide the traveling community into two categories, the able-bodied and the impaired, and ignore the gray area in between. From their perspective, people can only fall into one of two groups and, thus, the needs of many members of society are ignored or overlooked (Omansky et al., 2001; Barnes & Mercer, 2005).

The social perspective on impairment and disability, in emphasizing the capabilities of individuals and recognizing that their choices are constrained by the contexts in which they find themselves, does not support the categorization of individuals into binary groups. Rather, it permits recognition that the presence and degree of disability varies with the circumstances, including time. This was clearly seen in this research when an injured guest, who was temporarily physically impaired, was viewed by staff as being impaired; however, he did not see himself as requiring special assistance. This is the case often where, for instance, the elderly are not viewed as being physically impaired, but their age and physical needs render them physically impaired. The individual traveling with the researcher from the airport to the resort in Jamaica is an example of this. This gentleman had hip difficulties due to his age, which created challenges for him in walking; however, perhaps because this was not immediately apparent, neither he nor the taxi driver made any special effort to address this circumstance and perhaps neither of them viewed him as being physically impaired. Furthermore, as was stated in the findings, some establishments had difficulties including the physically impaired in their activities, creating segregation rather than inclusion. This is an important finding of the research (Shakespeare, 2006; Omansky et al., 2001; Barnes & Mercer, 2005).

The researcher, who has both a visual impairment and a scuba license, was viewed with caution and hesitancy by the diving community at the facilities, in spite of having all of the required designations and much diving experience. An able-bodied diver with the same qualifications would not have had any difficulties in gaining entrance to take part in this activity. This was demonstrated clearly by the fact that other divers were not questioned with the same rigour regarding their competence prior to being allowed to dive. Once the visually impaired diver was given the opportunity to demonstrate her abilities, the

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diving community had no problem in providing access to the activity for that person. In the past, people

of colour and other marginalized groups experienced barriers that have similarities with what the

physically impaired currently face (Shakespeare, 2006; Omansky et al., 2001; Barnes & Mercer, 2005).

Only after many years of advocacy have attitudes begun to change, increasing the ability of such

previously marginalized groups to participate more fully in society. The implication of this is that people

with impairments should continue to work towards attitudinal changes in the able-bodied population that

will persuade them that people with impairments need not be disabled.

The social perspective on impairment and disability suggests that, in many cases, disability

results from the attitudes and actions of able-bodied people. As such, the social perspective removes the

responsibility for disability from people with impairments and places more responsibility on the society

of which they are a part. This is potentially empowering because it gives hope to people with impairments

and provides a rationale for them to work for change. However, the task of changing attitudes is

challenging but it is necessary for the needs of people with disabilities to be met in tangible ways. Thus,

although many staff in resorts were willing to assist people with impairments, attitudes and legislation in

the broader society were insufficient to ensure physical accessibility for all.

As was stated earlier in the thesis, the medical approach focuses on the individual, their

impairments, and their limitations as opposed to their abilities, their desires to live mainstream lives and

to participate fully in everyday activities, including traveling. According to the medical approach,

impaired individuals need to be 'fixed' in order for them to become more 'normal' members of a society,

allowing them to function better in an environment that is not usually designed to meet their needs. The

current research has not focused on individuals and their limitations but instead focuses on impaired

people's aspirations and abilities (Shakespeare, 2006; Butler & Bowlby, 1997; Barnes & Murcer, 2005).

Therefore, the current research adopts a social and more inclusive approach by focusing not on the

impairments themselves, which tourists may have and their remediation, but on making the physical and

attitudinal environments in which all people operate more inclusive. This, from a social perspective, is the

environment in which people must operate that should be 'fixed'. Thus this research focuses on the latter,

not because there is not a role for medical assistance and intervention, but because that alone will not address the problems faced by people with impairments (Shakespeare, 2006; Butler & Bowlby 1997).

The social perspective has brought a much more positive outlook for people with impairments for, as described above, it leads to the conclusion that people with impairments should not be blamed for the situation in which they find themselves but, rather, impairments commonly become disabilities when the abilities and needs of such people are not recognized adequately and acted upon. Nevertheless, this research has confirmed that physical spaces still need to undergo change in order to make them fully accessible. However, it also shows that some people in the resort environments are willing to acknowledge the abilities which impaired people have, rather than focusing solely on their physical/medical restrictions. If the medical model and its narrow focus on the body and its limitations is replaced by a broader perspective that emphasizes the abilities of people and ways of allowing them to reach their full potential, then it may be easier to promote more positive attitudes among people in society toward impaired individuals. For example, the attitudes and associated behaviours of the diving instructors encountered in the study changed markedly when the focus switched from the impairments to the abilities of their client.

Through the adoption of a social perspective on impairment, focusing on the attitudes of individuals that provide them with services and the constraints faced by those with impairments rather than their medical condition, this research has shown that improvements in the access of impaired individuals to many aspects of social life, such as accessible on-line environments and physical spaces, can lead to the creation of a more inclusive environment which can be enjoyed by many, not just those with impairments. The current research also has hinted that positive social attitudes toward impaired individuals need to extend also toward service dogs, whose role is to assist them. The use of service dogs to assist people with impairments is a response that is outside of the medical model. It would be useful to examine these animals and their roles in the lives of impaired people, as well as their degree of acceptance by the public and service providers, including those in tourism.

Through conducting research in several countries, it has been shown that the legislation that addresses the needs of impaired individuals varies substantially. Nevertheless, caring individuals may be found regardless of the legislative context. This emphasizes the importance of individual attitudes and, by extension, the role of education in improving the well-being of the impaired. Through greater exposure of the able-bodied community to the abilities of the impaired, attitude change can occur. Although the two Caribbean countries may have different advancement of accessibility, by being exposed to the researcher who has a visual impairment and others who they have met while working at the resorts, service providers' attitudes and perspectives toward the impaired may have shifted, likely making the experience of future impaired guests more positive. These able-bodied employees can make a difference in their working environment by demonstrating positive attitudes and behaviours towards people with impairments

In conducting the current research, it was not possible to observe the attitudes and perceptions of the staff in other environments, such as during their free time. This is potentially important because it is not clear whether their responses to impaired people are confined to their work experiences or are more deeply embedded. Perhaps experiences gained in a different non-work environment may impact their attitudes toward the impaired, or maybe their attitudes are more stable and move with them through different situations. As able-bodied individuals, they have the power to demonstrate how to interact with people with disabilities through their actions. However, from a policy perspective, resort managers and executives have greater power to enforce appropriate behaviours as corporate policy.

As the social perspective of disability implies, it is society and its representatives, such as educators, legislators and designers, that create problems for physically impaired individuals. Unlike the medical model which has held back impaired people, this approach can empower physically impaired people for it places the causes of disability outside of themselves. Physically impaired persons are slowly entering many different aspects of society and, by doing so, are educating the public about their abilities and needs. The researcher has also done this while conducting this study. For example, not only was she able to gain entrance to the resorts' diving communities, she was also able to educate this group of staff

on how they may better assist physically impaired guests in the future (Shakespeare, 2006; Oldman, 2002). While conducting the current study, the researcher, as an impaired person, by talking with staff and guests at the different facilities, was able to provide much information and education to able-bodied people at the resorts who will remember the encounter and may view physically impaired persons differently in the future. This is not to say that only impaired individuals should conduct such research or can provide pertinent information to others.

Women in society have experienced many similar problems to those which physically impaired people face today, i.e. discrimination, rejection and the inability to obtain memberships in desired groups. Often, women are expected to conform to social norms of beauty, since lack of conformance to these standards would hinder them from obtaining their goals. Women were commonly viewed based on how they looked, more than on what they knew and how they could contribute. Arguing by analogy, the physically impaired group is facing similar issues in today's society. The researcher, in conducting this study, was viewed as being impaired and, thus, unable to take part in an activity such as diving, which may be viewed by some as a very visual activity. Yet, the researcher not only had no problem in undertaking this activity, but enjoyed it very much (Butler & Bowlby, 1997; Moss & Dyck, 1996; Dyck, 2003). A fairly ordinary event such as diving, especially in a Caribbean vacation, was viewed as being extraordinary in the case of the researcher. The dive masters had a hard time, at first, in believing that a visually impaired person could be involved in such an activity and be successful at it. This is very similar to what women have faced in the past, while attempting to engage in certain employment activities. This view of women in society created problems for women in the past and they have had to struggle to change perceptions. People with impairments face similar challenges and the need to struggle to reposition themselves (Chouinard, 2001).

Furthermore, the feminist literature suggests that objectifying the body is a common occurrence. While speaking to a physically impaired guest staying at one of the Jamaican resorts, it became very clear to the researcher that this individual not only viewed his body as broken, but also was working extremely hard at getting back to his previous state when he looked like a "normal" male. He viewed his broken

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body as an embarrassment and he would not engage in some activities since that would require him to depend on others to provide assistance. To him this was a temporary state of being and, by working hard on his therapy, he would become able-bodied again. Then he would look both normal and physically desirable to others (Butler & Bowlby, 1997; Shakespeare, 1994; Omansky et al., 2001; French, 1994). The findings of this research suggest that women were valued members of the corporations that own the resorts studied here for three out of the four managers were female. This suggests that some women are being successful in overcoming the difficulties and limitations imposed on them by society and, in time, with more research and more exposure, the physically impaired group will have similar success.

Before concluding the discussion of the accessibility of the Caribbean all-inclusive resorts, a discussion of how each of them fits into the AABM model needs to occur. Each resort had different strengths and weaknesses; however, they all were similar in a few areas. The staff attitude was very good at all facilities and, although some staff members were better than others, all facilities had very good staff overall. Thus, based on the observations, personal experiences and interviews conducted with staff at all of the facilities, it is concluded that all had high staff attitudes.

The physical accessibility of the facilities is much more difficult to place in the high / low quadrant. Each facility had different strengths / weaknesses when it came to physical accessibility. The different strengths / weaknesses make it very difficult to definitively place one facility as being superior to another. The concept of physical accessibility is very complex and even though each facility should strive to be placed in the high accessibility / high staff attitudes quadrant, having all four sub-sectors of tourism under one roof makes it much more challenging. Hence, none of the facilities studied here were placed in that quadrant, but were deemed to be moderate in their accessibility. Of the four facilities, the Aruban resort was since much work has been done in making it accessible to all. The Canadian hotel in the pilot study was also rated high in accessibility. These facilities need to make are small changes in order to become very accessible.

The study, albeit with a limited sample suggests that higher star-rated resorts may have better accessibility. The Aruban resort is the highest star rated resort of those studied and also has the highest

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ranking. It is more complicated in the case of the Canadian hotel; however, Canadian and, specifically, Ontario legislation may have contributed to this hotel being ranked as accessible. More research in this area, especially comparing Canadian hotels, where the legislation is changing to accommodate physically impaired individuals, to other countries, may be very beneficial in eliminating problems/issues, as well as in charting the progress made in accessibility provision.

The next ranked facility in terms of accessibility is the second Jamaican resort. This resort had some problems, such as inaccessible public washrooms; however, all dining and recreational facilities, with the exception of the fitness centre, were accessible. The rooms, however, require much work, as is the case at the other Jamaican facility. Thus, it is moderate in its accessibility and not ranked as high as the Aruban resort or the Canadian hotel that was examined in the pilot study. This is very interesting because this particular resort had a lower star rating than the first Jamaican resort, yet, it is ranked higher in its accessibility than the first resort. It shows that star ranking is not an exact science and, perhaps, star rating should not be used as a guideline in assessment of future resorts for accessibility. More research in the Caribbean high and low star-rated facilities would shed more light on this issue.

The resort ranked lowest is the first Jamaican resort. This resort had inaccessible public washrooms, restaurants and the rooms had problems; however, the staff was exceptional.

All the facilities have high staff attitudes, which Card et al. (2006) regarded as being very important. A facility with high staff attitudes and low physical accessibility is likely to be better than a facility with high accessibility and low staff attitudes. It is easier to change physical layout than personal attitudes, and having excellent staff who have creative ideas / solutions to accommodate physically impaired guests' needs can make the facility much more inviting so their rating should be better. This was clearly demonstrated in the study sites (Card et al., 2006). However, the findings of this study are not as clear-cut as those of Card et al. (2006) regarding the physical accessibility of the resorts. Not one of the resorts studied should be ranked very high, since all of them had problems. There were aspects of each studied facility that were very good as well as very poor, and all facilities were viewed as requiring architectural changes.

The AABM model presented four possibilities in terms of accessibility; however, the current research, which has taken the AABM model and applied it in the field, discovered that it is not easy to place facilities in one category, such as high accessibility, and another in low accessibility. Since each establishment has been designed with different goals in mind, and later changed in order to meet the requirements of changing legislations, it may be simplistic to place a facility into one of four categories. As such, the AABM model would benefit from the addition of more categories, such as moderate accessibility, which would then enable it to better reflect the current situation in touristic establishments.

It was very important step for accessibility research to apply the AABM model in the field. Previously the model has been applied through survey research conducted with impaired individuals and by clustering accessibility questions around a particular sector, such as recreational. This study makes an important empirical contribution to the field of accessibility and tourism, by taking the model and applying it through the taking of physical measurements, as well as through conducting interviews with staff. It is also an innovation to apply the model to a specific type of tourism, in this case all-inclusive vacationing. Furthermore, by applying this model in the field, it became evident that it is not easy to place a resort in one of the four categories in the original model and that it would be helpful to add additional categories. However, it was confirmed that high staff attitudes are the key to creating a positive atmosphere for physically impaired guests staying at an accommodation establishment. Managers should strive to place their resorts in the quadrant representing high physical accessibility and high staff attitudes.

The checklist that was composed for the purpose of this research is a useful guide for the collection of data on physical accessibility and an important contribution of this research that could be used by other researchers in a wide variety of settings. The checklist was prepared through combining various accessibility standards and measurements which are suggested in the official literature but which were previously difficult to understand and follow by those who do not possess expertise in this area. The creation and use of a comprehensive checklist will enable non-experts to assess the accessibility of their own establishments quickly and efficiently.

Accessibility is a very complex issue that is in need of further investigation. Also, more specific guidelines are needed that will direct designers in the creation of very accessible spaces. This study of all-inclusive resorts has addressed a variety of aspects of accessible tourism, with both its problems and potential for improvements. As more physically impaired individuals become financially independent, they will travel more. When combined with the needs of the travelling elderly, who are generally healthy, the all-inclusive resorts that try to tap into these markets, which have similar needs, will become much more successful. The current market of families with small children can be added to these groups and this is a market that many Caribbean resorts are trying to accommodate. This group also has needs which have many similarities to those of the physically impaired and elderly guests. Thus, making the necessary changes to accommodate physically impaired guests would also benefit a much larger market of tourists.

It is important to conduct more research into accessibility at the all-inclusive resorts. The results of such research will be invaluable to corporations who run such establishments and who wish to make the changes that will enable them to meet the needs of their guests appropriately. Application of the findings of such research will not only bring increased revenues, but make traveling for the physically impaired more pleasurable.

6.4 Limitations

All research has limitations and this study is no exception. The first limitation lays in the fact that all resorts in this study were located in the higher price range of Caribbean resorts. This limited the researcher to looking at only one type of all-inclusive Caribbean resorts. It would be beneficial to compare lower range Caribbean all-inclusive resorts to the higher-end ones. Thus, comparing Cuba, Mexico, and the Dominican Republic to countries such as Jamaica and Aruba could provide the researcher with stronger results and more contrasts. The three Caribbean all-inclusive resorts had much in common despite being in two different Caribbean countries.

Another limitation of the current study stems from having a very small sample size. A larger sample size would also be beneficial. With a larger sample, a more diverse group of countries and resorts

could be compared, giving the researcher a much better idea as to what accessibility is like in both the high and low priced vacation sites as well as in different countries.

Another limitation of this study is the use of a convenience rather than a random sample. It is possible that the convenience sample is not representative and, particularly, excluded resorts whose managers do not regard accessibility as being important. This study was limited to resorts with managers who had a strong belief that their facility is very accessible and who were very eager to receive more suggestions. However, it is also important to study those facilities which are not eager to accommodate physically impaired guests to ascertain the reasons for this. Due to the financial as well as response constraints, it was not possible to examine thoroughly the influence of managerial attitudes on accessibility. It would be valuable to conducting a follow-up survey in order to assess if any of the recommendations have been implemented. However, this is beyond the scope of this research.

Since this is the first study to assess all-inclusive resorts for their accessibility, this work has opened the door for other researchers to build on this line of work. One of the strengths of this study was that it exposed the staff at the study sites to the idea of accessibility and showed them, especially the managers, areas which require improvements. In the absence of this study, the management at the studied facilities would likely continue to think that their facilities are very accessible and that no work is required to increase accessibility. Furthermore, by engaging in a dialogue with the staff at these facilities, changes may result in the staff such that other physically impaired guests are not only treated by the staff in a positive manner but are also seen as guests who will take part in activities provided by the resort, such as scuba diving. As a result of their engagement in the research process, some staff may now possess ideas and experiences which will lead them to engage physically impaired guests in a more appropriate manner.

This research was conducted by an impaired individual. Some of the ideas emanating from this research stem directly from having an impaired researcher not only engaging the staff in a dialogue, but also taking part in the activities that were offered and being successful at doing so. This gave the staff first-hand experience in how they may incorporate a physically impaired guest into the activities. Able-

bodied researchers could also conduct such research successfully but they may need to be more creative

in demonstrating to the staff some of the challenges faced by physically impaired guests.

CHAPTER 7

CONCLUSIONS

This thesis has explored aspects of tourism for people with physical impairments. A social rather than a medical approach to impairments was adopted. This approach focuses on the abilities of people with impairments and stresses that limitations are placed upon them as a result of the attitudes and actions of the broader society, of which they are a part, the majority of which is comprised of able-bodied people. Thus, this examines the physical barriers experienced by physically impaired individuals and the attitudes held towards them by service providers.

Literature was reviewed regarding travelers with physical impairments, as well as the concept of all-inclusive resorts in the Caribbean and their acceptance of physically impaired guests. Furthermore, the concepts of universal design and barrier-free design were reviewed and used to formulate a comprehensive checklist which was then used to measure and compare the state of accessibility of selected resorts in the Caribbean. Thus, a contribution has been made to the field of accessibility by combining ideas from other accessibility designs into one comprehensive tool.

The checklist mainly focuses on accessibility for the physically impaired and, by combining this checklist with additional information taken from the universal design literature, for example, the checklist was enriched. The universal design principles directed the researcher to create an assessment tool which may include provisions for individuals with other impairments, such as mental impairments. Thus, separate checklists would not need to be created. With addition of some short sections to the checklist, the current tool may be modified to assess the accessibility of resorts for people with other impairments. This checklist is simple to administer and can be used by non-experts, and can be used to inventory other structures in addition to resorts. Once a space is accessible for the physically impaired, it is much easier to add changes which will assist people with other impairments. The provision of accessible spaces for people with physical impairments requires the design, construction and modification of the built environment, which can be difficult and expensive. If an environment that is accessible to those with

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physical impairments is in place, it should be comparatively straightforward and relatively inexpensive to make it accessible to those with other impairments.

A checklist, such as this one, has not been created in the past and most current guidelines for the creation of accessible spaces are highly technical and difficult to implement. Although accessibility audits have been conducted previously, they have tended to be time-consuming and have usually been undertaken by individuals with technical qualifications. The check-list that was developed for this research is easy and inexpensive to apply and can be used by those with limited experience of accessibility issues. The availability of such a tool will enable researchers and facility managers to record information systematically on touristic and other sites. The comprehensive checklist could be used in the future by other researchers to inventory a facility's physical accessibility, as well as by the proprietor to determine the work which needs to be done to make their facility more accessible.

This research has also made substantial contributions to the field of accessible tourism by taking the AABM model and applying it in the context of all-inclusive tourism. The model was created and originally applied by using tourists' reports regarding their perceptions of accessibility. The current research has extended the application of the model both by applying it to all-inclusive resorts and also by incorporating different kinds of information, including that collected by the check list discussed above. This has extended the application of the model and has provided greater understanding of the role of the different sectors of the model in contributing to accessible tourism.

The creation of more accessible tourism establishments could help to remove doubts concerning whether or not impaired tourists travel and whether or not the number of such travelers is increasing. Often, there is a belief that few impaired individuals travel due to financial constraints and this is one of the main reasons why accessibility has not been a priority. It can be argued that, since there are few accessibility provisions for the impaired in tourism establishments, few impaired people travel. Once this barrier is eliminated, it would be more clear whether it is finances that restrict impaired tourists from traveling or whether it is the inaccessible nature of the physical space which leads them to stay home.

This study was the first to examine all-inclusive resorts for their accessibility. More research may provide the tourism and academic communities with more information on whether tourism is an activity that many impaired individuals want to explore. The researcher conducted facility inventories and interviews with staff and guests at three facilities in the Caribbean in order to obtain an understanding of the physical accessibility of the resorts, the staff's attitudes towards physically impaired guests, as well as guests' reflections on the treatment of physically impaired individuals by staff. The results show that physical accessibility in the resorts was mixed but that staff attitudes are generally positive. The results of this study clearly indicate that more accessibility assessment research needs to be conducted in all-inclusive Caribbean resorts. Also, more training of staff should be conducted.

The Caribbean is not the only area in the world that needs to work on accessibility provisions for their citizens and tourists. For this reason, it is very important to continue to conduct research on the accessibility of facilities and the attitudes of service providers in order to ensure that tourist areas and the environments in which they are located are designed with all citizens in mind. The resorts which were studied in this research have websites which play a major role in attracting visitors to their facilities. Using these sites, guests are able to view the layout of the resorts and can also book their vacations directly with the resorts. These websites, however, are not readily accessible for impaired individuals and do not provide potential guests with information on accessibility. This research did not include an examination of the accessibility of websites in Caribbean all-inclusive resorts or an assessment of the information that they contain. Today there is a virtual world and the worldwide web is a very important part of the lives of most people. Therefore, the accessibility and content of websites is very important. All managers spoke about information being available on their resort's website; thus, it should be a place where the management posts information regarding accessibility. Furthermore, people with a variety of impairments use different adaptive software, and it is important to know whether or not they can view information on the resort's website, whether or not the information is useful to them, and whether or not accessibility provisions are indicated. This is a research gap that has been uncovered by the current research project and which merits further investigation.

The current research provides academics and stakeholders with crucial information on the state of the accessibility of three all-inclusive facilities, which are a part of major international corporations. It has also identified research gaps which need to be further investigated in order for the Caribbean to be a stronger competitor for international tourists. All-inclusive resorts have not been studied much regarding their accessibility, especially by a researcher who has examined the physical space and has engaged in a dialogue with management and guests at the facilities. The current research contributes to knowledge regarding the state of accessibility of Caribbean all-inclusive resorts. Furthermore, it reinforces research done in the past regarding the attitudes of staff at different facilities. Much more work needs to be done at the facilities examined in the current study to make them fully accessible. The work which needs to be done is mostly structural and could be accomplished with the cooperation of the proprietor.

The results presented in this study demonstrate the applicability of the social perspective on disability. It does this by relinquishing an emphasis on the physical impairments themselves, as is the usual emphasis of the medical model and, instead, directing attention to the physical attributes of the environment in which those with impairments must operate, as well as the attitudes of service providers that are paid in part to cater to their needs and desires. Impaired individuals still have difficulties in gaining memberships in different groups and, regardless of their own perceptions of their impairments, may be viewed by the able-bodied as disabled and lacking in the ability to perform certain tasks. It is important for people in society to understand that designing for the physically impaired would make lives for all citizens much easier. Furthermore, ability is a status which can change at any time; thus, having accessible physical space would make the transitions for those who have recently become physically impaired much easier. Arguing by analogy, the feminist movement has fought for power and personal control over women's lives, and the disability movement is striving to achieve a similar goal. With more education, including greater exposure to people with impairments, and more research that can be used to inform educational programs and the design of public spaces, the attitudes of able-bodied individuals are likely to change. If so, there will be a greater likelihood that impaired individuals will be viewed as contributing members of communities who have similar needs /desires as the able-bodied population.

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Many of the problems experienced today by the physically impaired are being experienced by women. They include issues of beauty and desirable body types, as well as lack of acknowledgement of abilities resulting in reduced employment opportunities (e.g. the so-called glass ceiling). Feminist research has clearly documented the difficulties which women have had in gaining entrance into many social and professional groups. The physically impaired, similar to women, are experiencing difficulties in gaining entrance into many aspects of society. Both the attitudes of able-bodied people and an inaccessible physical environment make it difficult for the impaired groups in society to lead normal healthy lives. Education of the able-bodied community concerning the needs and abilities of the impaired may have significant impacts on how physical space is designed and attitudes towards physically impaired people will change . It will be more widely recognized that people with impairments are a substantial proportion of the population and that those who are able-bodied today may be able to benefit from the provision of more accessible spaces at different points in their lives, particularly as they age. In a sense, therefore, investing in more accessible space is an investment in the future.

It would be useful to combine accessibility research, such as that conducted here, with an investigation of the website accessibility of tourism destinations. The outcome will facilitate enrichment of the travel experiences of all travelers and also enhance the economic benefits obtained by resort operators at the destinations. By becoming more accessible, the Caribbean region would open doors to a much larger group of tourists and, by doing so, become more profitable and, at the same time, would increase the quality of life of tourists.

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Accessibility Checklist

	Yes	No	Almost	Not Very Close
Parking				
1. Is the accessible parking located within 3m to the main entrance?				
2. What is the ratio of accessible parking spaces to regular parking spaces?				
3. Is there a clear pathway from the accessible parking spot to the walkway?				
4. Are the designated disability parking spots clearly marked?				
5. Are the disability parking spaces open 366m on one side?				
6. Is the surface of the parking lot smooth and hard?				
7. Are there signs/persons directing individuals to accessible parking spots?				
8. Is information about accessible parking available by phone/internet?				
9. Are there curb cuts between the accessible parking and the main entrance?				
10. Is the width of the ramp 91cm with a slope of 5%?				
11. If yes, is there a textual change on the ramp or curb cut?				
12. Are all of the outside pathways at least 1.5m wide?				
13. If there are gradients or slopes are they no greater than 5%?				
14. Are all the walks made of a continuous surface?				

15. Are any of the paths at any point interrupted by steps/changing and uneven surface?				
16. Are walkways made of hard surface?				
17. Are all of the outside pathways/walkways made of level surface?				
18. Are all of the outside pathways free of obstructions? (garbage, signs, trees)				
19. Are the surfaces of the outside pathways, slip free?				
20. Are the slopes of the ramps around the facility between 5% and 8.33%?				
21. Do all the ramps in the facility have handrails on both sides?				
22. Are the handrails extended by 35cm on both the top and bottom of the ramp?				
23. Is the height of the railing between 81-91cm from the surface of the ramp?				
24. Are all of the handrails easy to grasp?				
25. Are there clear marks identifying the beginning and the end of the ramp?				
26. Do the all the long ramps have a platform about every 9m?				
27. If the ramps turn are they safe for turning or resting?				
28. Are landings at least the width of the ramp (1.5m)?				
29. Are all of the ramps well lit in their entirety during the night?				
30. Are signs placed directing people to the ramps?				
31. Are the ramps located close to alternative routes such as stairs?				

32. Are the surfaces of the ramp no-slip?				
33. Is the passenger drop of/loading zone accessible by ramps/cut-off curbs?				
34. Is it located close to the accessible main entrance of the facility?				
35. Is the main entrance of the facility accessible to an individual using a wheelchair, cane, crutches?				
36. If not, where is the accessible entrance located?				
37. Is the main entrance accessible by a ramp?				
38. Is the entrance on a main level?				
39. If there is a ramp, is it next to the stairs?				
40. Is there more than one accessible entrance to the facility?				
41. Is there an overhand over the main door?				
42. Does the main entrance have an automatic door opener?				
43. Do the doors swing inwards?				
44. Are the fire/emergency exits accessible to persons in wheelchairs?				
45. Are the door handles in the main areas of the facility easily grasped?				
46. Are all of the doors leading to all public facilities around the facility easily opened?				
47. Are automatic door closers equipped with a delayed reaction, allowing for slow movement?				
48. Do all of the doors to all public facilities have a kick plate?				
49. Are door thresholds 1.6cm or 16mm in height?				
50. Are all of the beginning and ending of public stairs in the facility clearly marked?				

51. Do the handrails on the stairs around the facility have a handrail which is between 81-91cm in height?				
52. Do all of the stairs around the facility have handrails?				
53. Do all of the public stairs have at least one hand rail that extends 30.4cm beyond the top and bottom of the stairs?				
54. Are the handrails on all of the public stairs in the facility easily grasped?				
55. Are all of the stairs and their landings clear of obstructions?				
56. Are there tactile markings at the top and bottom of all of the staircases in the facility?				

	Yes	No	Almost	Not Very Close
Elevator				
1. Are there elevators in the building?				
2. Are the elevator buttons 122cm or less from the floor?				
3. Are the elevator buttons on the outside easy to push?				
4. Are outside elevator buttons marked with raised or indented marks?				
5. Are all outside elevator buttons on all levels 122cm from the floor?				
6. Are the emergency controls and the emergency telephone easily accessible?				
7. Are there visual and auditory signals provided upon arrival on a floor?				
8. Are the elevators equipped with an automatic reopening device if the doors encounter an obstruction?				
9. Are the elevator doors at least 91cm in width?				
10. Is there good lighting in the elevator?				
11. Are there railings in the elevator?				
12. Is the elevator card at least 1.5m by 1.5m in diameter?				
13. Are the bottoms of the elevator 122cm from the card floor?				
14. Are they marked with raised and indented numbers?				

	Yes	No	Almost	Not Very Close
Corridor				
1. Are corridors in the facility at least 91.5cm in width?				
2. At a corner is there at least 91.5cm of space?				
3. Is the corridor floor level, even and non-slippery?				
4. Is there a carpet in any of the hallways?				
5. If yes, is the carpet 1.3cm deep?				
6. Are there mats/rugs in the corridors?				
7. Are the mats/rugs securely fastened?				
8. Are all of the corridors continuous?				
9. Are the corridors interrupted by changes in elevation?				
10. If it is interrupted, are there ramps?				
11. Are the corridors free of protruding objects?				
12. Are the corridors free of obstacles in the path?				
13. Is there at least 203cm headroom in all corridors?				
14. Are all corridors well-lit?				
	Yes	No	Almost	Not Very Close
Washrooms				
1. Are there accessible toilets for each sex in all public facilities?				
2. Are washroom aisles at least 107cm?				

3. Do the accessible toilet stalls have a turning radius of 1.5m by 1.5m?				
4. Does the inside of a washroom have the turning radius of 1.5m by 1.5m?				
5. Are the stall doors at least 81cm wide?				
6. Do they swing outwards?				
7. Are there grab bars inside a cubical?				
8. Is the toilet seat height at least 40.6cm from the floor?				
9. Are the flush controls at least 122cm from the floor?				
10. Is the toilet paper in easy reach?				
11. Is there at least 137cm clearance in front of the cubical?				
12. Do the public male washrooms have wall mounted urinals with the opening of the basin 43cm from the floor?				
13. Is there a clear area of 76cm by 122cm in front of the urinal?				
14. Are the flushing controls hand operated and mounted on the wall 122cm from the floor?				
15. Do washroom sinks have a clearance under the basin or vanity of 76cm?				
16. Is there a clear space in front of the sink of 76cm to 122cm?				
17. Do public washrooms around the facility have easily handled faucets?				
18. Is there at least one mirror mounted with the bottom edge no greater than 96.5cm from the floor?				
19. Are the paper towel dispensers located at about 102cm from the floor?				

20. Can the doors leading to the washroom be easily opened?				
21. If there are double doors, do both swing in the same inward direction?				
22. Are the door handles easy to grasp?				
23. Are they on a level of no more than 107cm from the floor?				
24. Are washrooms well lit?				
25. Are lights fixtures easily accessible at 122cm from the floor?				
26. Are washroom floors non-slip and well drained?				
27. Are signs to accessible washrooms well placed and visible?				
	Yes	**No**	**Almost**	**Not Very Close**
Lobby				
1. Is the lobby composed of a level surface?				
2. If there changes in elevation, are there ramps?				
3. Is the surface of the lobby floor non-slip?				
4. Are there obstacles which are difficult to maneuver around?				
5. Is the front desk at 107cm from the floor?				
6. Are there seats/couches/tables in the lobby?				
7. If yes, are they easily accessible by someone with a wheelchair?				
8. If there is a lobby bar, is the height 107cm from the floor?				

	Yes	No	Almost	Not Very Close
Rooms				
1. The ratio of accessible rooms to regular rooms is_____				
2. Are the room numbers easily visible on the door?				
3. Are they raised?				
4. Are the room numbers at 137-167cm from the floor?				
5. Is the door handle to the room is located 107cm from the floor?				
6. Is the door handle easy to grasp?				
7. Is it easy to insert a key card/key in order to unlock the room?				
8. Is the door threshold less than 1.6cm?				
9. Is the width of the door 81cm or more?				
10. Is the inside locking mechanism on the door 122cm from the floor or less?				
11. Is the peephole 122cm from the floor?				
12. Is the path from the door to the main room between 81cm-91cm in width?				
13. Is the floor in the room a hard and flat surface?				
14. If there is carpet is it less than 1.3cm in height?				
15. Is the flooring slip resistant?				
16. Are there any rugs?				
17. If yes, are they securely fastened?				
18. Is the width on the bathroom seat at least				

81cm?			
19. Is the door handle to the bathroom 122cm from the floor?			
20. Can the door handle be easily grasped?			
21. Can the door be easily opened?			
22. Is the threshold to the bathroom 1.6cm or less from the floor?			
23. Is the floor in the bathroom hard and smooth?			
24. Is the flooring slip resistant?			
25. Does the inside of the bathroom have a turning radius of at least 1.5m by 1.5m?			
26. Are there grab bars located by the toilet?			
27. Is the toilet seat between 40.6cm and 45cm from the floor?			
28. Is the toilet paper dispenser within an easy reach from the toilet?			
29. Is the flushing mechanism located 120cm or less from the floor?			
30. Does the sink/sink-counter have a clearance of minimum 76cm?			
31. Does the sink have a lever-type faucet?			
32. Is the temperature clearly marked?			
33. If there are shelves, are they on a level no greater than 96.5cm from the floor?			
34. Are the towel racks located within easy reach?			
35. Are they at 116cm from the floor?			
36. Does the shower have a seat?			
37. Is it easily accessible?			
38. Are there grab bars within easy reach?			

39. Are the faucets located within easy reach?				
40. Is the shower located within easy reach?				
41. Are the lights and power outlets in the bathroom within easy reach?				
42. Are they at 122cm from the floor?				
43. Is there a mirror in the bathroom?				
44. If yes, is the bottom edge of the mirror 96.5cm from the floor?				

	Yes	No	Almost	Not Very Close
Rooms				
1. Is it easy to move around in the main room for someone in a wheelchair?				
2. Is there at least a 1.5m by 1.5m turning radius by the bed?				
3. Is the space the same on both sides of the bed?				
4. Is the telephone in an easy reach from the bed?				
5. Are there lights in an easy access from the bed?				
6. Are the lights in the main room 122cm from the floor?				
7. Is the television located within easy reach?				
8. Is the remote located within easy reach?				
9. Is there lounging area in the room?				
10. Is that area easily accessible?				
11. Is the heating/cooling unit easily accessible?				
12. Is the heating/cooling unit no higher than 122cm from the floor?				
13. Are the curtains easily accessible?				
14. Is the window/balcony door within easy reach?				
15. Is the handle of the balcony no higher than 107cm from the floor?				
16. Is the balcony door easy to open?				
17. Is the width of the door at least 81cm?				
18. Is the threshold no more than 1.6cm high?				
19. Does the balcony/patio have a radius of 1.5m by				

1.5m?				
20. Are the dresser drawers easily accessible?				
21. Are the shelving units 96.5cm from the floor?				
22. Are the ungers 122 cm from the floor?				
23. Is there a refrigerator which is easily accessible?				
24. Is there a safe, which can be easily accessed by someone in a wheelchair?				
25. Can the safe be easily opened by someone who has poor hand dexterity?				

	Yes	No	Almost	Not Very Close
Restaurant/Dining facilities				
1. Is the accessible washroom for both sexes in close proximity to the dining facility?				
2. Do all dining facilities as an accessible washroom for both sexes in close proximity?				
3. Are the entrance doors to the dining facility 81cm in width?				
4. Is the threshold no more than 1.6cm from the floor?				
5. Are the doors easily opened?				
6. Do they have an automatic door opener?				
7. Is the dining facility accessible by someone in a wheelchair?				
8. Is the width of the main aisle at least 167.5cm?				
9. Is the width of the side aisle at least 91cm?				
10. Is the serving aisle at least 87cm in width?				
11. If the serving aisle has a turning area, is there sufficient space for a wheelchair to turn?				
12. Are the plates located on a platform no higher than 87cm from the floor?				
13. Are all food display racks within an easy reach by someone in a wheelchair?				
14. Do self-serving beverages allow to one fill up the glass without having to hold it?				
15. Are there at least 5% of tables in all dining facilities which have clearance of 76cm from the floor?				

16. Are there clear spaces of 76cm by 122cm for a wheelchair next to other seating?				
17. Are there accessible tables scattered around the restaurant?				

	Yes	No	Almost	Not Very Close
Recreational facilities				
1. Is there a pool?				
2. Is the deck of the pool easily accessible by a wheelchair?				
3. Are there rails for an easy access into the pool?				
4. Is there an accessible washroom located close to the pool?				
5. Is there an accessible changing area located close to the pool?				
6. Is the entrance to the change room 81cm in width?				
7. Is the threshold 1.6cm?				
8. Is the floor in the change room non-slip?				
9. Are the aisles at least 91cm in width?				
10. Are there lockers no higher than 87cm?				
11. Is there an accessible shower?				
12. Are the light switches 122cm from the floor?				
13. Can the person easily maneuver around the change room while in a wheelchair?				
14. Is there a fitness room?				
15. Is the entrance at least 81cm in width?				
16. Is the threshold no more than 1.6cm?				
17. Is the access to the machines easy for someone in a wheelchair?				
18. Is there an accessible washroom located close to the fitness facility?				

19. Is there a towel distribution centre?				
20. If yes, is the counter no more than 107cm from the floor?				
21. Are there any other recreation centres at the facility?				
22. If yes, can they be easily accessed by an individual in a wheelchair?				
23. Can someone using crutches/cane/wheelchair access all facilities in the compound?				
24. If there is a beach, can a person in a wheelchair wheel themselves right up to the sand?				

Questions:

To your knowledge when did your facility become accessible?

To your knowledge what guidelines were used in order to make the facility accessible?

To your knowledge how often are the accessible rooms occupied during the year?

How often are they occupied by a physically disabled individual?

To your knowledge to you have any repeat visitors who have mobility difficulties?

Is yes, on average how many?

Do you conduct consumer satisfaction surveys?

If yes, what are some comments made by individuals with mobility difficulties who have stayed at this facility?

What transportation accommodations do you have for someone with mobility impairments?

What is your policy on service dogs?

What is your definition of a service dog?

Have you had many visitors who have brought their service dogs?

When you hire new staff do you have staff training?

What does the training involve?

Do you use a manual?

Is there a component of the training which is devoted to helping/assisting guests with disabilities?

How long has this training been in place?

After the initial training does the staff receive any additional training?

If yes, what kind and how often?

Who conducts staff training?

What is the total training time?

If applicable, how much of that time is devoted to awareness training toward disabled individuals?

What is the demographic of the guests at your facility?

Would you say that it is mostly family with young children, young couples, seniors or a very diverse group?

Which age demographic would you like to increase?

What are the goals of this facility for the future?

What would you like to add/change/have more of?

Do the supervisors in the different sectors work closely with the staff?

Do they conduct additional training with the staff in their sectors?

If yes, what kind of training and how often do they do it?

Do they conduct the training using a specific manual?

What kind of training do they have and get each year as a supervisors?

Questions for staff:

Do you feel that the training which you have obtained here at the resort has prepared you for assisting disabled/older guests?

How would you go about helping someone with mobility problems?

Have you worked with many disabled individuals?

How comfortable are you assisting someone with disability?

How comfortable are you helping someone who is a senior?

Have you heard of service dogs?

How comfortable would you be with a service dog?

Have you helped people who have had service dogs?

Appendix B

Pilot Study in Kitchener

This hotel is located in the heart of Kitchener's downtown and possesses facilities for recreation, accommodation, eating/drinking and parking among other things. The main differences between this hotel and the Caribbean resorts are transportation and non-inclusive meal plans. The Kitchener hotel is viewed to be somewhat accessible for people with physical impairments and only several small areas are required to undergo change in order for this facility to obtain the highest accessibility rating. Staff attitudes towards people with physical impairments made this facility stand out: the hotel staff has a very positive attitude toward this group and, even though they have not received formal training in serving people with physical impairments, they are outstanding in that regard. The hotel staff addressed physically impaired individuals directly and offered assistance in a manner that was both professional and sincere. In terms of staff attitudes, the hotel fits well into Card's (2006) Accessibility and Attitudinal Barrier Model (AABM). Although the rating of the staff is high, the accessibility of the facility is between low and high in the AABM model. Thus, with implementation of changes suggested in this paper, the Kitchener hotel could easily become high in both accessibility and staff attitudes. This is the quadrant to which all managers should strive to place their properties.

The interviews revealed that currently the staff is not undergoing disability awareness training; however, their human resources department is working on incorporating this kind of training into their current training program. The Ontario Restaurant Hotel and Motel Association does provide courses and manuals on disability awareness training for hospitality staff and managers (ORHMA, 2007). Moreover, changes which would make the facility accessible are occurring slowly over time. As the hotel requires renovations and upgrading, accessible design is gradually being incorporated into the facility. Initially the hotel was not built to follow accessibility standards; accessibility has been acquired over time as renovations have been made. This has created several problems in regards to accessible design, especially in the accessible rooms. The rooms at the hotel were standard ones which were later redesigned to make

them accessible. While the change was occurring, small details were left out of the design, such as the locking mechanism on the main room door and the size/design of the bathroom. Those areas still require work and are similar to the problems encountered in the Caribbean hotels/resorts.

The checklist used in this research contained a seven-point scale; however, only four points were used while assessing the facility. For this reason, the scale used in the Caribbean case studies was shortened to a three-point scale. Most of the time items were rated as being very accessible, very inaccessible, or somewhat accessible. Since the scale assesses how easy or difficult it is for a physically impaired individual to access a variety of objects/areas, rating simply as very accessible, somewhat accessible, or very inaccessible gives the researcher valid results. The accessibility standards created by Barrier Free Design and the ADA guidelines are very specific; thus, by having only three options, the researcher can be quite clear as to the level of accessibility of the facility. Furthermore, this checklist did not measure the slopes of ramps or the exact width of doors. Conducting such measurements in the future in the Caribbean case studies would ensure that those areas which are not accessible can be given specific measurements in order that changes can be made successfully. Moreover, the researcher did not focus on the surface of the floors and did not check for slipperiness at the Kitchener hotel. In the subsequent studies in the Caribbean, the researcher adjusted the inventory by adding items which directly addressed the issue of slipperiness of floors. This issue is likely to be more important in a coastal hotel where more people are using pools and the beach, although it is still relevant to a hotel with a mixed business and recreation clientele, as well as a variety weather conditions. The Kitchener hotel was a very good place to undertake the pilot study, alerting the researcher to important changes that needed to occur in the measurement tool. Thus, the Jamaican and Aruban case studies were conducted using the revised research tool.

Eight formal interviews were conducted at this facility. First, the manager of the hotel was interviewed. Then two front-desk staff and three dining facility staff were interviewed. The last two interviews were with cleaning staff, and a recreation facility supervisor. The staff respondents were chosen based on their willingness to participate in the study, as well as their work schedule. All the staff

interviewed, with the exception of the manager, was working at the hotel the day the interviews were conducted.

The assessment of the Kitchener hotel began with an examination of the accessibility of the parking facility. The parking was rated as very accessible (rated on a scale of 1-5; 5 being very accessible, 1 being not accessible at all) (see Appendix A for the full scale). According to the manager of the hotel in Kitchener, the hotel staff is committed to parking cars for those who have physical impairments, and retrieving cars for them, upon the guests' request. The guest is able to leave the car and while they are checking in, the staff will park the vehicle. Furthermore, the hotel did have disability parking located close to the main entrance. The entrance to the hotel was rated very accessible as well. There is an automatic door opener, the doors are wide and there is an overhang above the doors. Guests can easily enter and exit the facility and be sheltered from the elements while waiting outside.

Upon entering the hotel, the guests find themselves in the main lobby, where the check-in counter is located. The front desk was assessed to be inaccessible, since it is comprised of a high structure that is not accessible to physically impaired guests. The receptionist however, has a clear view of the front door; thus, they are able to note the entrance of guests. This is very important since this is the only way the receptionist can observe a guest who needs their attention.

The elevator is also clearly visible from this vantage point, which is also extremely important since the elevator buttons are very inaccessible. The external buttons are located too high on a wall to be reached by a physically impaired individual in a wheelchair. Guests in a wheelchair require assistance in accessing the elevator. The buttons and the space inside the elevator were judged to be very accessible and accessible respectively. The buttons inside of the elevator, unlike the outside ones, were low and clearly marked, giving a physically impaired individual good access to them. The elevator was spacious, and was easily able to accommodate a wheelchair and a companion if necessary.

The washroom located in the main lobby was very accessible overall. The areas where problems with accessibility occurred were the sink and the hand drier/paper towel receptacle. The sinks were slightly too high and the faucets were problematic since they required much dexterity in the hands to turn

the water on. Similarly, the hand drier and paper towel dispenser were too high, and would be difficult to access for a person in a wheelchair. This was very interesting since, in another washroom facility in this hotel, these problems were resolved and much better faucets had been installed, making it much easier for a physically impaired individual to use the sink. It would be beneficial if the same design was applied to all of the public washrooms in the hotel as is found in the recreational area washroom/change room. This is especially the case since the guests who use the lounge and the dining areas, also use this washroom.

This hotel has both a lounge and a dining room. Both are used by guests to relax, have a drink or eat some food. The entrance to the lounge is inaccessible, due to the few steps which lead to it. The isle space is large, providing flexibility for moving around by a physically impaired guest. There is space to maneuver and to access the tables.

The second washroom located near the dining room is inaccessible; however, the dining area is not far from the lobby washroom. Therefore, disabled individuals have no choice but to use the lobby washroom. It would be beneficial to create a ramp leading from the dining area to the second washroom, thus providing two accessible washrooms for impaired guests.

The hotel had two accessible rooms out of 200 rooms in total, which makes only 1% of all the rooms accessible. The accessible rooms are located on the sixth and seventh floor. It would be more practical if the accessible rooms were located on the lower floors, especially during an emergency. People with physical impairments take longer to evacuate during an emergency and, thus, having rooms located on the lower floors would ensure their safe exit from the building. Moreover, during busy times, such as check-out times, or when the elevator is out of order, physically impaired persons are unable to leave in a timely manner.

Upon entering the accessible accommodation, it was clear that the main room was accessible. The only areas of difficulty were the height of hangers and shelves in the closet, which were too high for a physically impaired individual to access with ease. Also, the peephole was located too high on the door and an occupant of the room in a wheelchair would not be able to access the peephole. Although one locking mechanism was located in easy reach of a physically impaired individual, the chain on the

entrance door was not. The light switches in the room, the dresser, the bed, and the cooling and heating units in the room were very accessible. The guest also had room to maneuver with ease within the room.

The bathroom in the accessible room was accessible overall. The entrance, sink, and outlets in the bathroom were easy to reach for a physically impaired person, yet the space inside of the bathroom could be larger. Even though it had enough space to turn for a person in a wheelchair, it may be difficult for some wheelchair users to accomplish such a task. In addition, the shower would also benefit from modification, for the entrance to the shower was not good, and neither were the faucets. Moreover, the hand-held shower would be impossible to reach by a physically impaired individual if another person did not take it down for them. The shower was designed to be used both as a hand-held shower or standing. Therefore, housekeeping would need to remember to leave the shower head down when the room is occupied by a physically impaired individual. It would also be beneficial if the hotel provided a wheel-in shower that had a bench and the necessary bars for physically impaired guests. Faucets which are in the shape of a lever are much easier to use and do not require much hand dexterity. The height and the location of the towel racks in the bathroom were acceptable. Overall, the bathroom and the front door to the accessible room require the most adjustments if the unit is to be completely accessible.

The recreational facilities in the hotel were the most accessible for there were ramps leading to the recreational facilities and the change rooms. The pool and hot tub were very accessible. The change room was very accessible and so were the washrooms inside. The change room had lockers located at different heights, which allowed individuals to have access to the locker that best suited their needs. There were electrical outlets located on the floor, allowing individuals easy access. The hair driers were hand-held and placed on a counter, allowing people of varying heights to access them with ease. Unlike in the lobby washroom, the paper towel dispenser in the change room was located at a height that is accessible to all. The main problem in the change room was the lack of accessible showers: a physically impaired individual in a wheelchair would not be able to use them. The entrance to the shower, the faucets and the height of the shower were all rated zero on the accessibility check list.

The other recreational facilities, including the mini-golf course, were somewhat inaccessible. It would be difficult for a physically impaired individual using a wheelchair to maneuver at those locations. Similarly, the bowling alley required individuals to step up onto the lane. The tables in the bowling alley were located on the lower level, while the lanes were located on the upper level; therefore, it may be beneficial to change the step into a slope or ramp. The arcades in the hotel were also accessible, giving physically impaired individuals an equal opportunity to enjoy them. The weight room was also accessible; however, guests would benefit from having more space among the different weight machines to have a successful workout.

The interview with management revealed that the staff is not currently undergoing disability awareness training; however, their human resources department is working on incorporating this into their program. The Ontario Restaurant Hotel and Motel Association does provide courses and manuals on disability awareness training for hospitality staff and managers (www.orhma.com 2007). Moreover, changes to make the facility accessible are occurring slowly over time: as the hotel requires renovations and upgrading, accessibility is gradually incorporated into the facility. Initially the hotel was not built to follow accessibility standards; they were acquired over time as renovations were made.

Overall, the hotel is accessible for people with physical impairments and only a few minor adjustments need to be made in order for this facility to obtain the highest accessibility rating. This facility stands out because of the staff attitudes towards people with physical impairments: the hotel staff has a very positive attitude towards this group and, even though they have not received formal training in serving people with impairments, they are outstanding in that regard. The hotel staff addresses physically impaired individuals directly and offers assistance in a manner that is both professional and sincere. In terms of staff attitudes, the hotel fits well into Card's (2006) AABM model. Although the rating of the staff is high, the accessibility of the facility is between low and high in the AABM model. Thus with implementation of the changes suggested in this paper, the Kitchener hotel could easily become high in both accessibility and staff attitude. All managers should strive to position their facilities in this quadrant.

The pilot study revealed that the proposed research procedures could be implemented successfully. Upon the completion of this hotel's evaluation, small changes to the assessment tool were made.