

METHODOLOGY

This manual takes as its starting point the T.G.C.S.A. guidelines. Firstly, it is necessary to articulate the initial concerns and forces at play within these documents. The essential concerns can be built into a series of seven statements that should be seen as a sort of ‘mission statement’ or ‘things to keep in mind’ list:

Table METHOS-1: Core areas of concern:

1. To highlight those practices that promote the concept of Universally Accessible Design.
2. The benefits that can be derived from the application of Universally Accessible Design are applicable to all visitors.
3. Universally Accessible Design needs to look at both the physical infrastructure as well as the service provided when assessing accessibility.
4. Access is about quality and not about fulfilling a set of regulations.
5. Access needs to be a sustainable practice, one that not only serves to better the quality of the tourist experience, but also incorporates the access needs of local communities.
6. Disabled people want to travel with family, friends or colleagues and have the same experiences they do.
7. Prevention is better than cure.

Secondly, it is necessary to articulate the criteria used in order to assess which practices can be deemed ‘best’ and integrated into the scheme, and which should be discarded. These form, if you will, a lens by which we can focus a whole set of strategies and techniques in order to elucidate the most helpful. Five such criteria were used:

Table METHOS-2: Criteria:

1. Best practices must foster accessibility: these should be practices that are short-, long- or medium-term practices that improve accessibility by targeting services, attractions or mechanisms.
2. Best practices are transferable: the content and processes involved should be reproducible as is or with adaptation.
3. Best practices inspire action: practices that encourage tourism organizations to be responsible, and those practices that highlight the necessity of acting 'outside the box.'
4. Best practices involve all or several layers of government and stakeholders, and encourage collaboration, using resources and expertise from public, private and non-governmental organizations.
5. Best practices address real needs.

This manual takes as its starting point the T.G.C.S.A. guidelines, and as such adopts its categorization of disability. The T.G.C.S.A. guidelines subdivided 'disability' into three categories: hearing, visual and mobility impairments. Hearing impairment includes guests who are hard of hearing or deaf; mobility impairment includes e.g. wheelchair users and visual impairment includes guests who are blind or partially sighted. The subdivision and classification of disability in these terms is not intended to act as an attempt to define 'disability' but rather was formulated as a methodological tool. A discussion of disability has, however, been provided in chapter one.

Each of these categories was further divided into further groups indicating the level of the particular disability group:

1. Hearing Impairment

Category C1 Mild hearing loss and difficulty following speech. Some of those with mild hearing loss will have the same requirements as those with moderate hearing loss.

Category C2	Moderate hearing loss and difficulty following speech without a hearing aid. Anything completed for people with moderate hearing loss will assist those with mild hearing loss.
Category C3	Severe hearing loss. Reliance on lip reading, even with a hearing aid.
Category C4	Profound hearing loss. Reliance on lip reading and sign language.

2. Mobility Impairment

Category M1	Typically suited for a person with restricted walking ability.
Category M2	Typically suited for a person who uses a wheelchair most of the time and whose ambulant ability is sufficient that, within private rooms, they can transfer to a standing position to/from chairs, bed etc.
Category M3	Typically suited for a person who depends on the use of a wheelchair and transfers to and from the wheelchair in a seated position e.g. without standing. They can transfer without assistance.
Category M4	Typically suited for a person who depends on the use of a wheelchair and transfers to and from the wheelchair in a seated position. They also require mechanical assistance.

3. Visual Impairment

Category V1	Essential requirements for visually impaired visitors.
Category V2	Recommended requirements for visually impaired visitors.

Overall, it is emphasized as a methodological aim that attention should be given not only to the mechanisms of physical infrastructure, but also to service. Staff should attend disability equality training. Such training provides staff with insights into issues relating to people with various disabilities. Staff awareness is very

important. It is essential that all staff receive some basic training on egress issues and disability equality training.

We should interpret Accessible Tourism as a set of services and facilities, which allow and make provision for persons with specific needs to enjoy their recreational time with no particular barriers or problems. Such persons are not just those with functional mobility limitations, but also the elderly, children, the infirm, persons with visual or hearing impairments etc. The definition of tourist or guest throughout this manual has been made as broad as possible (representing the fragmented nature of the industry) and I have taken it to include all those persons who have taken at least one trip during the last year for non-work/non-business purposes.