

**The Invisible made Visible:
Disability Tourism in South Africa – a comparative
perspective**

By

Elizabeth Christina Calitz

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Declaration

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Abstract

Research on disability tourism and accessibility has predominantly focused on visible disabilities, while research on invisible disability and tourism has received very limited attention. For the most part, work on invisible disability and tourism has featured primarily on social media platforms and has been written by individuals who are themselves People with Disabilities (PWDs). This has resulted in a gap in scholarly research on invisible disability and tourism and one which this dissertation sets out to address.

This study considers invisible disabilities and how they feature within the tourism industry with the focus on accessibility. A Tourism Journey Model was devised within this context and a study was made of three countries: India, South Africa and Australia. The legislation and tourism experiences relating to invisible disability were analysed and compared in these countries that represent the global South and global North. While the most recent legislation and regulations in these respective countries were consulted as primary documents, the experiences of tourists with invisible disabilities were assessed through the creation of a fictitious scenario based on social media sources. This research intends to draw attention to the accessibility of tourism regarding disabilities, with a specific focus on invisible disabilities. It highlights the gaps in the legal systems of South Africa, Australia and India regarding invisible disability tourism and accessibility, as well as the issues experienced by tourists within this realm. As regards all the phases of the Tourism Journey Model, it appears that Australia and India have a slight advantage over South Africa in terms of accommodating invisible disabilities. However, in the final analysis the study emphasises the importance of making the invisible visible.

Key words:

Tourism accessibility; disability; PWDs; discrimination; invisible disability; service animal; Tourism Journey Model; South Africa, India and Australia

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Abbreviations

ADDA	Australian Disability Discrimination Act
AHRC	Australian Human Rights Commission
AT	Assistive Technology
CILT	The Chartered Institute of Logistics and Transport
DDA	Disability Discrimination Act
DPSA	Disabled People South Africa
IAADP	International Association of Assistance Dog Partners
ICT	Information and Communication Technology
IDA	Invisible Disability Association
IQ	Intelligence Quotient
M&E	Monitoring and Evaluation
NCSD	National Council for Support of Disability Issues
NDS	National Disability Strategy
NTP	National Tourism Policy
PWD	People with Disability
RPD	Rights of Persons with Disabilities
SADA	South African Disability Alliance
SANParks	South African National Parks
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organisation
WPRPD	White Paper on the Rights of Persons with Disabilities

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Chapter 1

1.1. Background

This study focusses on invisible disabilities as well as their place in the tourism industry. In essence it sets out to make the invisible visible. The legal systems and their regulations pertaining to disability in South Africa and another two countries, Australia and India, are examined and compared in order to gain a global perspective on the topic of invisible disabilities and tourism. It also considers the experiences of tourists with invisible disabilities through the creation of a fictitious scenario based on social media. This then situates the South African situation within a global comparative context.

The aim of this study is to provide information regarding invisible disabilities in the tourism industry focusing on accessibility in its very broadest sense. An in-depth study was done on the definition of disability, types of disabilities as well as the models of disability. The three selected countries for this study were chosen as they represent both the global South and global North and to an extent can also be regarded as being first (developed) and third (developing) world. The legal infrastructure relevant to this sector in these three countries is outlined in the legislative chapter. In order to assess this phenomenon, a model was devised within the context of which the three countries could be analysed and subsequently compared. This model, called the “Tourism Journey Model”, was devised by my supervisor, Prof Karen Harris and myself. Barriers and discrimination are explored as well as the integration of assistive aids in the tourism industry.

The intended outcome of this research is to draw attention to the accessibility or inaccessibility of tourism with regards to disabilities, specifically focussing on invisible disabilities. It sets out to consider the status and highlight the gaps in the legal systems as well as the operations and facilities regarding tourism and invisible disability.

1.2 Definitions

A number of concepts and terms are defined in order to indicate what is meant by them in the specific context of this dissertation. These include disability; physical disability; mental disability; sensory disability; intellectual disability; visible and invisible disability; medical and social models of disability; discrimination; accessible tourism; infrastructure and facilities; environmental, interactive and intrinsic barriers; assistive devices; assistive technology; service

animals; public domain; social media; forums; blog; website; disability organisation; constitution.

“Disability” is a blanket term that refers to differently abled persons. According to the World Health Organisation (WHO) the various different “types of disabilities” fall into four main categories: Physical disabilities; Mental Disabilities; Sensory Disabilities; and Intellectual Disabilities.¹ The term “People with Disabilities”, or “PWDs”, is universally used even though it is regarded by some as politically incorrect due to the sensitive nature of disabilities and the effect it has on those affected by it. The term therefore has not only a contentious nature but also is defined differently. Although the preferred terms include “differently abled”, “challenged” or “handicapped”, this study makes use of the term “People with Disabilities”. It is pointed out in the legislative section that this terminology is also defined differently in different contexts and periods.

“Physical” disabilities are evident in the manner in which a person develops, behaves as well as their physical capacity and mobility. This type of disability can be temporary or permanent. An example of a physical disability is Cerebral Palsy. “Mental” disabilities, or illnesses, impact an individual’s thought processes, emotional aptness as well as the manner in which they behave. This can also be temporary, permanent or periodic. This disability affects a person’s ability to complete daily tasks such as work. An example of a mental disability is depression. Having a mental disability can have a negative impact on an individual’s personal relationships as well as social participation. Difficulties with social participation can also be caused by a “Sensory” disability. This disability impacts one, or multiple, of an individual’s senses: sight, hearing, smell, touch, taste and even spatial awareness. An example of a sensory disability is hearing loss. Having an “Intellectual” disability includes communicational, learning and memory complications. This disability is usually accompanied by an IQ of 70 and lower, resulting in the difficulty of completing the daily tasks that an able-bodied person can accomplish by themselves. This disability also results in social isolation and exclusion. It can originate from a number of sources, including genetic defects, complications during pregnancy and birth, illnesses and health complications, as well as environmental components. An

¹ World Health Organisation, 2018, <<http://www.who.int/mediacentre/factsheets/fs352/en/>>, access: 22 April 2018.

example of an intellectual disability is Down Syndrome. It is noteworthy that a person can have multiple disabilities, for example a sensory disability as well as a mental disability.²

These various disabilities can be “Visible” or “Invisible”. A “Visible disability” can be observed and seen, such as a person in a wheelchair or someone walking with a guide dog, while an “Invisible disability” is only revealed when an affected person chooses to reveal his or her condition. This includes conditions such as depression or Endometriosis. Due to the fact that an invisible disability is not immediately noticeable, it is misconceived and misinterpreted or even just ignored.³

There are two “Models of Disability”, namely Medical and Social. The “Medical Model of Disability” states that a person is disabled due to their impediments and dissimilarities. This model focusses on an individual’s defect and not the person’s requirements. This model suggests that disabilities should be remedied by means of medical procedures. It focusses solely on the individual and his or her disability, and not on the environment or social factors. This model leads to the loss of independence and free choice. The other model, “Social Model of Disability” argues that a disability originates from the manner in which society is arranged, instead of on the individual and his or her disability. This model searches for ways in which society can contribute in removing barriers that differently abled people face on a daily basis. The social model was created by disabled people with the reasoning that the medical model did not pay any attention to their thoughts and experiences, leading to isolation and exclusion. By removing barriers these persons can live independently and make their own choices.⁴ A simple example of a medical model problem is when a person has difficulty standing for long periods of time, and the social model provides a solution to this problem by suggesting the provision of more seats in public areas.⁵

“Discrimination” is the manner in which people behave towards other people because of stigma created by societal stereotypes. This affects the inclusion or exclusion of an individual and the manner in which they are treated. Accessibility is lessened by discrimination.⁶ “Disablism” and

² Aruma, 2018, <<https://www.aruma.com.au/about-us/about-disability/types-of-disabilities/types-of-physical-disabilities/>>, access: 22 April 2018; J. Small & S. Darcy, ‘Tourism, disability and mobility’, in S. Cole & N. Morgan (eds), 2010, *Tourism and Inequality: Problems and Prospects*.

³ Disabled World, 2018, <<https://www.disabled-world.com/disability/types/invisible/>>, access: 22 April 2018.

⁴ Disability Nottinghamshire, 2018, <<http://www.disabilitynottinghamshire.org.uk/about/social-model-vs-medical-model-of-disability/>>, access: 22 April 2018.

⁵ SPECTRUM, ‘The Social Model Explained’, *SPECTRUM Unity* 12, 2013, pp. 9-12.

⁶ Anon, 2017, <www.disabilityrights.org>, access: 16 May 2017.

“Ableism” are two ideologies labelling disabled people as inferior to able-bodied people, leading to the intentional exclusion and alienation of persons with disabilities.⁷

The idea of “Accessible Tourism” is to strive for the inclusion of every person, no matter the activity involved. For this concept to be implemented all barriers, both tangible and intangible, that affect the daily life of a person have to be removed. According to Professor D. Buhalis, the leading scholar in this domain, a person experiences accessible tourism when they do not require any extra assistance in an adapted environment, and their modesty and self-esteem is not negatively affected in any way.⁸

“Infrastructure and Facilities” refers to the fundamental “physical and organisational structures and facilities, such as buildings, roads, and power supplies that are needed for the operation of a society or enterprise.”⁹ In the context of “tourism without barriers” this pertains to parking facilities, entrance accessibility, reception facilities, lifts, staircases and passages, public bathrooms, restaurants, tourist attractions and public areas, accommodation areas that include bedrooms and bathrooms, signage and other facilities such as swimming pools, vending machines, public telephones, gymnasiums and health facilities, shopping centres and areas. It is indeed very broad and encompassing and is evident throughout the tourism journey.

The obstacles that prevent people from accessing areas or activities are known as “Barriers”. These can be environmental, interactive or intrinsic. “Environmental” barriers include infrastructure and facilities, and the natural and social environment. “Interactive” barriers include difficulty communicating and lacking the ability to perform a task, including difficulty interacting with other people. “Intrinsic” barriers are when a person cannot perform a task due to a physical, emotional or mental difficulty.¹⁰

“Assistive Devices” are used to continue and enhance a disabled person’s independence and performance with daily activities and tasks, leading to improved self-esteem and participation. These devices also assist in the prevention and deterioration of a disability. Such devices include wheelchairs, hearing aids, visual aids, assistive animals, assistive hardware and

⁷ J. Coltham, 2009, <<http://www.prettysimple.co.uk/blog/>>, access: 22 April 2018.

⁸ D. Buhalis & S. Darcy, ‘Introduction: From disabled tourists to accessible tourism’, in D. Buhalis & S. Darcy (eds), 2011, *Aspects of tourism: Accessible tourism concepts and issues*, p. 10.

⁹ Oxford Dictionary, 2018, <<https://en.oxforddictionaries.com/definition/infrastructure>>, access: 8 May 2018.

¹⁰ D. Buhalis & V. Eichhorn, ‘Accessibility: A key objective for the tourism industry’, in D. Buhalis & S. Darcy (eds), 2011, *Aspects of tourism: Accessible tourism concepts and issues*.

software. Assistive devices can for example increase communication and thus participation and social inclusion.¹¹

“Assistive Technology (AT)” is a comprehensive name used for the selection and use of assistive, rehabilitative and adaptive devices by an individual with a disability. These devices increase a PWDs level of independence as well as their ability to function and perform during daily activities. AT can also be used to enhance already existing devices, such as installing a computer in an electric wheelchair.¹² Assistive devices and mobility aids include: prosthetic devices, casts, body braces, walkers, crutches, canes, augmentative devices, orthopaedic shoes, support appliances, other exterior medical devices, and dressings.¹³

A “Service Animal” is any dog that has been trained by a professional expert to work, perform and assist persons with physical, sensory, psychiatric, intellectual and other mental disabilities. Although service animals could on rare occasions include miniature horses, any other domestic or wild animals are not recognised as service animals. A service animal has to be trained according to the specific disability that its handler has been diagnosed with. Service animals can assist persons with impaired vision or blindness with navigation and other tasks. Service animals can also assist individuals who are deaf or hard of hearing by alerting them when there are sounds or when someone else is present. These animals also provide rescue work and protection that is non-violent. Assistance animals can pull wheelchairs, detect and assist during seizures, let a person know when they are close to a source that can cause an allergic reaction, collect household objects and assure that medication is taken, provide balance and stability support. These animals can prevent and interrupt a person from destructive and compulsive tendencies and behaviour. Unfortunately, an animal that is used to prevent crime, provides emotional support and well-being, comfort and companionship, is not considered to be a service animal. As previously stated, an animal has to receive special training in order to be acknowledged as a service animal, and this does not include guard dog duties.¹⁴

According to the *Merriam-Webster dictionary*, a “Public Domain” is the realm embracing property rights that belong to the community at large, are unprotected by copyright or patent, and are subject to appropriation by anyone.”¹⁵ In this study, the public domain also includes

¹¹ World Health Organisation, 2018, <<http://www.who.int/disabilities/technology/en/>>, access: 22 April 2018.

¹² Disabled World, 2018, <<http://www.disabled-world.com/assistivedevices/>>, access: 6 May 2018.

¹³ U.S.T.S.A., 2018, <http://www.tsa.gov:80/travellers/airtravel/specialneeds/editorial_1370.shtm>, access: 22 April 2018.

¹⁴ IAADP, 2010, <<http://www.iaadp.org/doj-def-comments-Title-II-III-SA.html>>, access: 30 May 2018.

¹⁵ Merriam-Webster, 2018, <<https://www.merriam-webster.com/dictionary/public%20domain>>.

social media, forums, blogs and websites. “Social Media” is where people can share their interests and relationships instead of focussing on a single topic of discussion. A “Forum” allows people to converse about topics which can be suggested by anyone and not one specific person. A “Blog” is created by an individual, or a team, and can be seen as a personal online journal with the intention of discussing certain topics and allowing readers to ask questions and leave comments.¹⁶ A “Website” is a page on the World Wide Web (WWW) that can contain hyperlinks to other similar webpages. It is created and made available by an individual, company, institution, organisation, or the government.¹⁷

A “Disability Organisation” provides PWDs with the opportunity to communicate their needs, feelings, experiences and views on topics that they deem as important and in need of attention. These organisations provide support, information, opportunities, as well as skills development. This is a very important and effective way to create public awareness and encouraging participation.¹⁸

Seeing as this dissertation also focusses on the rights of PWDs, it is necessary to provide a definition for “constitution” which is a form of legislation. Although, according to Bulmer¹⁹ there is no specific global definition or layout for a constitution, it includes a set of fundamental rules that are politically legal and binding to everyone in the state or country. This includes the president, parliament, police authorities, and even illegal immigrants. A constitution thus concerns the rights of citizens and the powers afforded to governments and political principles. The rules are based on public concern and have to be internationally approved.

1.3. South Africa, Australia and India

As indicated in the opening this study focusses on South Africa, Australia and India in order to provide a local, Western and Eastern perspective on the subject of disability in tourism, as well as the abovementioned global North and global South, developed and developing world-perspective.

access: 8 May 2018.

¹⁶ J. Owyang, 2008, <<http://www.web-strategist.com/blog/category/socialmedia/>>, access: 8 May 2018.

¹⁷ Merriam-Webster, 2018, <<https://www.merriam-webster.com/dictionary/website>>, access 8 May 2018.

¹⁸ H. Enns, 2018, <<https://www.independentliving.org/docs5/RoleofOrgDisPeople.html>>, access: 8 May 2018.

¹⁹ E. Bulmer, 2014, *What is a Constitution? Principles and Concepts*.

South Africa, Australia and India share a colonial past and hence have similar historical legacies. All three countries were once colonies of the British Empire. Australia was the first out of the three countries to become a self-governing territory when the Commonwealth was proclaimed on the 1st of January 1901.²⁰ South Africa became a Union on the 31st of May 1910.²¹ India achieved independence on the 15th of August 1947.²² The three dominions, as they were known then, are all part of both the Commonwealth as well as the United Nations (UN). Australia was one of the founding countries of the Commonwealth and its independence was acknowledged under the Statute of Westminster. The same statute recognised South Africa's independence, allowing it to join the Commonwealth in 1931. South Africa became a Republic in 1961, after which the Conference of Commonwealth Prime Ministers in 1961 granted permission for the country to remain part of the British Commonwealth. Other African states, India and Canada opposed the notion due to South Africa's system of Apartheid. As a result, South Africa withdrew from the Commonwealth in 1961. After the end of Apartheid, South Africa re-joined the Commonwealth of Nations in January 1994.²³ India joined the Commonwealth in 1947, shortly after its independence.²⁴ Interestingly, India was the first out of these three countries to join the United Nations on the 31st of October 1945. Australia was listed as a member of the United Nations on the 1st of November 1945, a mere 6 days before South Africa joined on the 7th of the same year.²⁵

South Africa has a parliamentary republic and democratic government consisting of a three-tier, or branch, system. According to the South African Constitution these three branches are: executive, legislative, and judicial. India's government is similar to that of South Africa.²⁶ Australia has a federal democratic administrative authority, consisting of the federal government, state governments, and territory governments. Australia also has a Governor-General, which at this stage is Queen Elizabeth II. Similar to South Africa and India, the federal government of Australia also has a legislative branch, judiciary branch, and executive branch.²⁷

²⁰ S. Macintyre, 1999, *A Concise History of Australia*, p. 137.

²¹ R. Ross, 1999, *A Concise History of South Africa*, p. 79.

²² P. Robb, 2002, *A History of India*, p. 302.

²³ SA History, 2017, <<https://www.sahistory.org.za/dated-event/south-africa-invited-rejoin-commonwealth-nations>>, access: 8 June 2018.

²⁴ The Commonwealth, 2018, <<http://thecommonwealth.org>>, access: 30 May 2018.

²⁵ The United Nations, 2018, <<http://www.un.org>>, access: 30 May 2018; United Nations Association of Australia, 2018, <<https://www.unaa.org.au/learn/australia-and-the-un/>>, access: 8 June 2018.

²⁶ A. Pariona, 2017, <<http://worldatlas.com/articles/what-type-of-government-does-India-have/>>, access: 30 May 2018; A. Pariona, 2017, <<http://worldatlas.com/articles/what-type-of-government-does-South-Africa-have/>>, access: 30 May 2018.

²⁷ B.E. Sawe, 2017, <<http://worldatlas.com/articles/what-type-of-government-does-Australia-have/>>, access: 30 May 2018.

In addition, all three of these countries have unique and diverse cultures, heritage and natural features, each with its own natural and cultural UNESCO World Heritage Sites. In terms of tourism all three are also regarded as “long-haul destinations” and are not landlocked, in other words include coastal and marine tourism. Each of them also boasts a burgeoning tourism market with a distinct slogan used to promote their tourism to the rest of the world. In 2010 Tourism Australia changed their slogan from “Where the hell are you?” to “There’s nothing like Australia” encompassing the isolated uniqueness of Australia;²⁸ in 2009 India won the World Travel Award for its slogan: “Incredible India”, which promotes the country’s unique traditions, cultures and identities;²⁹ South Africa was described as “A world in one country” due to its many different climates, fauna and flora,³⁰ but its more recent tourism slogan is “Inspiring new ways”, which was implemented on the 4th of July 2012.³¹ According to the then CEO of Brand South Africa, Miller Matola, this new slogan is

a description of the best of our national character, our values and the fabric of our people. It is a challenge to all South Africans: to businesses, government and civil society to build on our reputation for inspiration and innovation.³²

The distinct similarities, together with the variations between South Africa, Australia and India, make them viable comparative destinations in terms of history as well as being representative of different geographic and cultural domains as well as their tourism development.

1.4. Methodology

This study is mainly a literature study that was conducted by making a comparative analysis using the abovementioned “Tourism Journey Model” devised for this research. It is based on secondary sources, including academic books and journals, as well as other sources in the public domain. Given the sensitive nature of the research as well as the apprehension of

²⁸ Burrowes, 2010, <<https://mumbrella.com.au/after-where-the-bloody-hell-are-you-comes-nothing-like-australia-21984>>, access: 8 June 2018.

²⁹ H.S. Rao, 2009, <<http://www.rediff.com/money/report/incredible-india-campaign-wins-world-travel-award/20091110.htm>>, access: 30 May 2018.

³⁰ L.M. Van den Berg, 2016, *Tourist guiding legislation: South Africa, Australia and Canada in a comparative perspective*.

³¹ Brand South Africa, 2012, <<https://www.brandsouthafrica.com/south-africa-fast-facts/news-facts/brandsa-050712>>, access: 24 August 2018.

³² D. Swinhoe, 2012, <<https://www.thesouthafrican.com/sas-new-slogan-is-inspring-new-ways/>>, access: 24 August 2018.

individuals with invisible disabilities to speak and discuss their situations publicly,³³ no oral interviews, surveys or questionnaires were used for people with disabilities. Instead, a fictional character and three scenarios were created. Instead, scenarios were created to simulate real experiences by using information from social media and personal experience. In all cases, pseudonyms were used to respect the identity of the individuals. Through the use of multiple sources this study aims to give a voice to those who have invisible disabilities. Besides the secondary material mentioned above, use was also made of primary sources such as newspaper articles as well as, regulations and official reports for all three countries. This research also makes use of social media which provides the insights and opinions of people that experience disability and how this impacts on tourism. Another vital source selection is the legislative documentation regarding each country with regards to disability and tourism.

Apart from the abovementioned sources, the study also made use of official government documentation and analysed it in a comparative manner. The key legal documents from the respective countries - South Africa, Australia and India – were considered. This is presented in chapter three.

The main legislative document that was used in South Africa was the *South African White Paper on the Rights of Persons with Disabilities (WPRPD)* which was approved by Cabinet on the 9th of December in 2015. The information used in this document was gathered by extensive consultation with the South African community, which was then compiled and laid out by socio-political activists who have disabilities. Thus, it is a document providing the opinions of those with disabilities as well as those without. The WPRPD includes the 1992 Disability Rights Charter of South Africa and the 1955 Freedom Charter. It provides information and awareness about the rights of PWDs. The vision of the WPRPD is to create a society that is inclusive, just and free, thus creating equality for PWDs.³⁴

In Australia the *Australian Disability Discrimination Act 1992* has recently been updated on the 12th of April 2018, and was an integral part of this study. This document includes laws about disability discrimination in the workplace and other areas, as well as providing the disability standards set in Australia. Discrimination involving harassment and the accompanying offences are also discussed in the document. Exemptions, action plans and the

³³ T. Carlson, 2013, <<http://www.newmobility.com/2013/11/person-everyones-uncomfortable-around/>>, access: 1 August 2018.

³⁴ 'South African White Paper on the Rights of Persons with Disabilities (WPRPD)', *Government Gazette* 39792, 2015, pp. 4-197.

functions of the Australian Human Rights Commission are detailed in the report. The mission of this Act is to minimise discrimination against PWDs in the workplace, accommodation, education, sport and accessibility.³⁵

On the 19th of April 2016 and 15th of June 2017 the Indian Government introduced the *Indian Rights of Persons with Disabilities Act (RPD Act) 2016*³⁶ and the *Rights of Persons with Disabilities Rules 2017*. The RPD Act ensures that not only the public sector is included in this document, but the private sector as well. The goal of this Act is to create equal opportunities in all organisations for the entire community, which includes PWDs. This Act states that establishments in India have the obligation to provide equal opportunities, additional compliances, have to comply with Accessibility Norms and be able to handle complaints of discrimination.³⁷

These legal documents have been analysed for their inclusion of both visible and invisible disability.

1.5. Chapter outline

The dissertation comprises six chapters. Chapter 1, the introductory chapter, has set out the reasons for the study, defined key terminology, outlined the methodology as well as the focus of the chapters. It also touches on a brief history regarding the topic of invisible disability and tourism pertaining to access. The problems and gaps in the field of this study are established.

Chapter 2 is the Literature Review and considers the research on disability in general and in particular on tourism, as well as the less traversed field of invisible disability. It indicates what the key sources are and in what manner they were relevant. The most relevant sources used in this research are discussed in chapter 2.

Chapter 3, titled “Legislation on: Disability and Tourism and Invisible Disability and Tourism”, provides a historical overview regarding the constitutions, legislative processes and acts of South Africa, Australia and India and how they relate to tourism and disability. These legislative documents are individually compared to each other with specific focus on

³⁵ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

³⁶ Some sources state that the Act was founded in 2017, while others state 2016. This study will use the date 2016.

³⁷ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016; The General Manager, ‘Rights of Persons with Disabilities Rules 2017’, *The Gazette of India Extraordinary* 2(3), 2017.

accessibility and tourism. For the purpose of this study only select aspects pertaining to disability are considered.

Chapter 4 focusses on the Tourism Journey Model. The “tourism journey” includes the phases of tourists’ experience or lifecycle, reflecting on the various dimensions of accessibility. Within the various phases it considers aspects that impact on accessibility such as communication, training of staff, creating awareness about disabilities, assistive technologies and assistive animals. It also considers the feedback from PWDs’ post-travel reflections. It incorporates visible and invisible disabilities. This chapter is divided into three sections. Motivation and Preparation and also Transfer and Travel, the first two stages of the Tourism Journey Model. It identifies the motivational factors of PWDs as well as the preparations that have to be taken care of in order to take their travels. It also focuses on the transportation and arrival process. The second part focuses on the third and fourth stages of the Tourism Journey Model, i.e. Arrival and Accommodation as well as Cuisine and Attraction Sites. This section focuses on the various aspects and impacts that arrival and accommodation has on PWDs. Cuisine and tourism attractions sites are also discussed. The third, and final part, focuses on the last stage of the Tourism Journey Model, namely the Post Travel and Social Media stage. What are the general feelings and emotions experienced after travels? It also reveals the way that PWDs feel about their journeys.

Chapter 5, titled the “Scenario”, is the practical application of the Tourism Journey Model to a relevant scenario. Linda, a woman who is completely deaf, and her assistance dog travel to and from all three countries. Every step of the journey is included and explained. This is a novel approach to presenting a case study by taking an approach that avoids placing PWDs in an insidious or uncomfortable position through interviews.

The sixth, and last, chapter is the conclusion. This is an assessment of how the legislation of the three countries fits into the Tourism Journey Model along with the experiences on the ground. It evaluates and determines which of the three countries is the most accommodating at this moment in time in terms of the existence of the documentation and its implementation, as well as the general experiences and opinions of the PWDs who travelled to the countries. Suggestions are given as to what improvements can be made in order to strive for better accessibility in the tourism industry for those with invisible disabilities.

Chapter 2:

Literature Review

This chapter presents a review of a selection of the existing literature on disability and tourism which mainly includes studies on visible disabilities. The reason is that the amount of scholarly writing on the subject of invisible disabilities relating to tourism, is scant. The first part of this literature review comprises mainly the secondary academic sources while the second looks primarily at more popular material. The chapter is divided into three sections: firstly, **disability and tourism; then invisible disability; and thirdly tourism and invisible disabilities.**

2.1 Disability and tourism

The research on tourism and disability in general is relatively vast, but interestingly has mostly emerged in the twenty-first century. Much of the focus on this subject is on visible disabilities such as mobility and visual barriers.

One of the most seminal works on this topic and which deserves specific attention is an edited volume entitled *Aspects of tourism: Accessible tourism concepts and issues* by two leading scholars in the field, Dimitrios Buhalis and Simon Darcy which was published in 2011. This volume comprises a collection of chapters written by multiple authors, some of whom have disabilities. The first chapter, “Introduction: From disabled tourists to accessible tourism” written by Buhalis and Darcy, provides a detailed discussion of general concerns relating to “accessibility and tourism”.³⁸ The chapter titled “Conceptualising Disability” by Buhalis and Darcy explains the concept of disability and how it has changed over the course of time, as well as its context in society.³⁹ Another important chapter is that written by Buhalis and Eichhorn entitled: “Accessibility: A key objective for the tourism industry” which provides information regarding the types of barriers that prevent tourism from being accessible, as well as a discussion of the Tourism System and Accessibility system.⁴⁰

Other chapters in the volume touch on a wide range of issues and are worth mentioning to reflect on what aspects of this topic have been dealt with and are deemed important. There is a chapter on “Web Design, Assistive Technologies and Accessible Tourism” written by Franz

³⁸ D. Buhalis & S. Darcy, ‘Introduction: From disabled tourists to accessible tourism’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

³⁹ D. Buhalis & S. Darcy, ‘Conceptualising Disability’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

⁴⁰ D. Buhalis & V. Eichhorn, ‘Accessibility: A key objective for the tourism industry’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

Pühretmair and Gerhard Nussbaum and includes information on accessibility and assistive devices.⁴¹ The chapter titled “Technology Platforms and Challenges”, written by Elina Michopouloul and Dimitrios Buhalis, examines the relationship between disability, assistive technology, and Information Communication Technologies, i.e. Technology Platforms, and how these create challenges in the creation of an accessible tourism information system.⁴²

Chris Veitch and Gareth Shaw wrote the chapter “Disability Legislation and Empowerment of Tourists with Disability: The UK Case”, which discusses legislation and the power that it has to bring about change in society, looking specifically at the United Kingdom.⁴³ Jennifer Small and Simon Darcy collaborated on the chapter “Understanding Tourist Experience through Embodiment: The Contribution of Critical Tourism and Disability Studies”, examining the experiences of tourists with disabilities within the framework of tourism studies and critical disability studies.⁴⁴

The chapter “Tourism in the Leisure Lives of People with Disability” by Beth Foggin, explores the role that tourism plays in the lives of PWDs, as well as the tourism industry and its accessibility.⁴⁵ The chapter “Heritage Sites: Attitudinal and Experimental Differences of Disabled and Able-Bodied Visitors” by Michael C. Pearn explores the different ways in which heritage sites are made accessible to PWDs in contrast to people without disabilities.⁴⁶

There is a chapter titled “Travelling with and Beyond Depression: Women’s Narratives of Recovery and Identity” written by Simone Fullagar, that provides a feminist view on wellness tourism research with regards to the nature of women’s identity by observing women recovering from depression.⁴⁷

⁴¹ F. Pühretmair & G. Nussbaum, ‘Web Design, Assistive Technologies and Accessible Tourism’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

⁴² E. Michopouloul & D. Buhalis, ‘Technology Platforms and Challenges’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

⁴³ C. Veitch & G. Shaw, ‘Disability Legislation and Empowerment of Tourists with Disability: The UK Case’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

⁴⁴ J. Small & S. Darcy, ‘Understanding Tourist Experience Through Embodiment: The Contribution of Critical Tourism and Disability Studies’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

⁴⁵ B. Foggin, ‘Tourism in the Leisure Lives of People with Disability’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

⁴⁶ M.C. Pearn, ‘Heritage Sites: Attitudinal and Experimental Differences of Disabled and Able-Bodied Visitors’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

⁴⁷ S. Fullagar, ‘Travelling with and Beyond Depression: Women’s Narratives of Recovery and Identity’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

“Encounters of Disabled Customers on the Tourism Stage” by Esa Arola, Chris Cooper, and Robyn Cooper discusses how tourism businesses do not recognise PWDs as potential customers, and the consequential reaction of PWDs.⁴⁸ The struggle of finding a balance between inclusive products and the experiences of PWDs in the tourism industry is examined and discussed in the chapter “Demographic Drivers of Change in Tourism and the Challenge of Inclusive Products” written by Gareth Shaw and Chris Veitch.⁴⁹ Another chapter regarding business is by Simon Darcy, Bruce Cameron, and Shane Pegg, “Developing a Business Case for Accessible Tourism”, in which they address common business misconceptions with regards to accessible tourism.⁵⁰

Yaniv Poria, Arie Reichel, and Yael Brandt wrote a chapter titled “Blind People’s Tourism Experiences: An Exploratory Study” that forms part of a series of articles researching the tourism experiences of Israelis with differing disabilities. This chapter explores the elements contributing to the experiences of a blind tourist, including flights, hotels, hotel restaurants, and museums.⁵¹ Ian Patterson and Shane Pegg’s chapter title “Ageing Travellers: Seeking an Experience – Not Just a Destination” explores the ways in which the older generation’s interests and habits have changed and how these are accommodated in the tourism industry.⁵² The needs and requests of ageing travellers, including their special accessibility requirements, are discussed in Yawei Wang’s chapter titled “Ageing Travel Market and Accessibility Requirements”.⁵³

Larry Dwyer and Simon Darcy wrote a chapter to determine the economic contribution of tourists with disabilities to the Australian economy, the findings of which are presented in the chapter “Economic Contribution of Tourists with Disabilities: An Australian Approach and Methodology”.⁵⁴ In the chapter “Stakeholder Analysis of Accessible Tourism” by Elina

¹¹ E. Arola *et al.*, ‘Encounters of Disabled Customers on the Tourism Stage’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

¹² G. Shaw & C. Veitch, ‘Demographic Drivers of Change in Tourism and the Challenge of Inclusive Products’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

¹³ S. Darcy *et al.*, ‘Developing a Business Case for Accessible Tourism’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

⁵¹ Y. Poria *et al.*, ‘Blind People’s Tourism Experiences: An Exploratory Study’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

⁵² I. Patterson & S. Pegg, ‘Ageing Travellers: Seeking an Experience – Not Just a Destination’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

¹⁶ Y. Wang, ‘Ageing Travel Market and Accessibility Requirements’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

⁵⁴ L. Dwyer & S. Darcy, ‘Economic Contribution of Tourists with Disabilities: An Australian Approach and Methodology’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

Michopouloul and Dimitrios Buhalis, the stakeholders, and their preferences, of accessible tourism are explored in order to provide a better understanding of the processes involved in the implementation of accessible tourism.⁵⁵

The last chapter, “Conclusion: Universal Approaches to Accessible Tourism” written by Simon Darcy, Ivor Ambrose, Stephen Schweinsberg, and Dimitrios Buhalis, gathers all of the information provided throughout the book and concludes it in a format that is supportive of a Universal Approach to Accessible Tourism.⁵⁶ This volume points to the very diverse range of disability and tourism related foci.

Another publication in which Darcy was involved includes the chapter “Tourism, disability and mobility” written with Jennie Small and published in 2010 in the book *Tourism and inequality: Problems and prospects*, which was edited by Stroma Cole and Nigel Morgan. It mainly focuses on the discrimination that persons with disabilities face in the tourism industry as well as society.⁵⁷ The chapter “Tourism and Visual Impairment” by Victoria Richards, Nigel Morgan, Annette Pritchard, and Diane Sedgley, discusses the tourism experiences of people with visual impairments and the positive role that tourism plays in their lives. It also identifies and discusses the main barriers that these tourists face in terms of participation.⁵⁸

Another source edited by Dimitrios Buhalis, Simon Darcy and Ivor Ambrose is *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*. This was published in 2012 and consists of works written by multiple people, some of whom also have disabilities. The “Introduction” of the book is written by Ivor Ambrose, Simon Darcy, and Dimitrios Buhalis, and describes the concept of Accessible Tourism. The book is divided into five sections, each with its own theme. Section One is Policies and Strategies for Accessible Tourism, which are the basic requirements for initiating and implementing actions in support of accessible tourism. Ivor Ambrose’s chapter “European Policies for Accessible Tourism” explores a variety of policies relating to Accessible Tourism that have taken place over the past twenty years in Europe, as well as possible initiatives for the future.⁵⁹ The chapter “Accessible

⁵⁵ E. Michopouloul & D. Buhalis, ‘Stakeholder Analysis of Accessible Tourism’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

⁵⁶ S. Darcy *et al.*, ‘Conclusion: Universal Approaches to Accessible Tourism’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

⁵⁷ J. Small & S. Darcy, ‘Tourism, disability and mobility’, in S. Cole & N. Morgan (eds), 2010. *Tourism and Inequality: Problems and Prospects*.

⁵⁸ V. Richards *et al.*, ‘Tourism and Visual Impairment’, in S. Cole & N. Morgan (eds), 2010. *Tourism and Inequality: Problems and Prospects*.

⁵⁹ I. Ambrose, ‘European Policies for Accessible Tourism’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

Tourism in Flanders: Policy Support and Incentives” by Pieter Ghijsels, examines the policies and incentives used by Tourism Flanders, as well as ways to improve these processes.⁶⁰ Peter Neumann discusses the various processes and initiatives of accessible tourism initiatives in Germany in the chapter “Accessible Tourism for All in Germany”.⁶¹ The same is done for Greece in the chapter “Accessible Tourism in Greece: Beaches and Bathing for All” by Nikos Voulgaropoulos, Eleni Strati, and Georgia Fyka.⁶² In “The United States: Travellers with Disabilities”, Laurel Van Horn examines the travel patterns and tendencies of PWDs in the United States, including travel frequency, finances, transportation, accommodation, and destinations.⁶³ The last thirty years (at the time of publication) of Australia’s accessible tourism industry, with special focus on government, is examined and discussed in the chapter “Accessible Tourism in Australia” by Simon Darcy, Bruce Cameron, and Stephen Schweinsberg.⁶⁴ The chapter titled “Accessible Tourism in New Zealand” by Sandra Rhodda, examines the extent and effectiveness of New Zealand’s accessible tourism initiatives, also focussing on the country’s geographical location and businesses.⁶⁵

Section Two of the book focusses on the notion that successful businesses and destinations depend on building well-functioning networks and partnerships. The chapter “Universal Tourism Networks”, written by Mike Prescott, addresses the challenge of assessing and monitoring the effectiveness of universal tourism strategies.⁶⁶ In the chapter written by Huong Le, Yuka Fujimoto, Ruth Rentschler, and David Edwards, titled “Tourism Victoria, Australia – an Integrative Model of Inclusive Tourism for People with Disabilities”, the inclusion of PWDs in tourism is investigated with regards to access and inclusion. This chapter is an analysis of the broad state policy in Victoria, Australia.⁶⁷ The various stakeholders and their

⁶⁰ P. Ghijsels, ‘Accessible Tourism in Flanders: Policy Support and Incentives’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁶¹ P. Neumann, ‘Accessible Tourism for All in Germany’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁶² N. Voulgaropoulos *et al.*, ‘Accessible Tourism in Greece: Beaches and Bathing for All’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁶³ L. Van Horn, ‘The United States: Travellers with Disabilities’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁶⁴ S. Darcy *et al.*, ‘Accessible Tourism in Australia’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁶⁵ S. Rhodda, ‘Accessible Tourism in New Zealand’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁶⁶ M. Prescott, ‘Accessible Tourism in Sweden: Experiences, Stakeholders, Marketing’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁶⁷ H. Le *et al.*, ‘Tourism Victoria, Australia – an Integrative Model of Inclusive Tourism for People with Disabilities’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

marketing strategies of accessible tourism in Sweden, which also focusses on visitor experience, are examined in the chapter “Accessible Tourism in Sweden: Experiences, Stakeholders, Marketing” by Lilian Müller.⁶⁸ “The Third Sector Responses to Accessible/Disability Tourism” by Philippa Hunter-Jones and Anthony Thornton, examines the role that charitable organisations play in facilitating tourism provision for the community, as well as addressing the meaning of accessible/disability tourism.⁶⁹ The chapter “Accessible Dive Tourism” by Caroline Walsh, Janet Haddock-Fraser, and Mike P. Hampton, examines the relationship between accessible tourism and volunteer tourism in the diving sector of the tourism industry.⁷⁰

Section Three of the publication is The Accessible Tourism Value Chain, which represents the set of transactions in the supply of the tourism product to visitors. Andrew Wright’s chapter “Tour Operating for the Less Mobile Traveller” discusses the challenges facing PWDs travelling abroad throughout the entire journey, starting at the decision-making process.⁷¹ The chapter titled “Air Travel for People with Disabilities” by Simon Darcy and Ravi Ravinder, explores and examines the barriers and challenges that PWDs face when travelling by air, as well as the areas where these hindrances occur.⁷² Roland Krpata examines the accessibility of public transport and public transport facilities in the city of Vienna in the chapter “Accessible Public Transport: Vienna City Tourism”.⁷³ The chapter “Accessible Hotels: Design Essentials”, by Katerina Papamichail, addresses the most basic and important points in the design of overnight accommodation buildings, in order to make them accessible for PWDs.⁷⁴

Destination Development, which comprises Section Four, focuses on the strategies, structures, and activities that have to be in place at destinations in order to make sure that accessible tourism enterprises prosper, and in doing so provide a satisfying tourist experience overall.

⁶⁸ L. Müller, ‘Universal Tourism Networks’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁶⁹ P. Hunter-Jones & A. Thornton, ‘The Third Sector Responses to Accessible/Disability Tourism’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁷⁰ C. Walsh *et al.*, ‘Accessible Dive Tourism’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁷¹ A. Wright, ‘Tour Operating for the Less Mobile Traveller’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁷² S. Darcy & R. Ravinder, ‘Air Travel for People with Disabilities’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁷³ R. Krpata, ‘Accessible Public Transport: Vienna City Tourism’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁷⁴ K. Papamichail, ‘Accessible Hotels: Design Essentials’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

“Wheelchair Travel Guides” by Bruce Cameron and Simon Darcy discusses various issues that occur in accessible tourism that need to be addressed when creating and publishing a travel guide intent on meeting the needs of tourists requiring access.⁷⁵ According to the chapter, “Accessing Heritage Tourism Services” by Shane Pegg and Norma Stumbo, the heritage sector of the tourism industry has to provide more accessible services and products for PWDs.⁷⁶ The chapter by Bodil Sandøy Tveitan, titled “VisitOSLO, Norway: Supporting Accessible Tourism Content within Destination Tourism Marketing”, explores how accessible tourism can be part of the “normal” and general tourism marketing of a destination by using advanced information technology and the internet.⁷⁷ The chapter, “Accessible Tourism in Spain: Arona and Madrid” by Jesús Hernández Galán analyses how Arona and Madrid, two different destinations, have approached the idea of accessible tourism.⁷⁸ Andrew Daines and Chris Veitch explore the effectiveness of accessible tourism in Britain in the chapter “Visit Britain: Leading the World to Britain”.⁷⁹

Section Five, which focuses on Accessible Tourism Experiences, emphasises that the tourist’s experience is the purpose of accessible tourism, as well as the guiding factor in the design and development of tourism products. The chapter “Australia: The Alpine Accessible Tourism Project and Disabled Winter Sport” written by Tracey Dickson and Simon Darcy discusses push and pull factors related to disabled tourists in the tourism industry.⁸⁰ In the chapter “Special Needs Customer Care Training for Tourism” by Susana Navarro García-Caro, Arno de Waal, and Dimitrios Buhalis, the importance of awareness in the tourism industry is expressed. Employee training programmes on accessible tourism and leisure are also discussed.⁸¹ The last chapter, “Conclusions: Best Accessible Tourism Practice”, is written by

⁷⁵ B. Cameron & S. Darcy, ‘Wheelchair Travel Guides’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁷⁶ S. Pegg & N. Stumbo, ‘Accessing Heritage Tourism Services’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁷⁷ B. Sandøy Tveitan, ‘VisitOSLO, Norway: Supporting Accessible Tourism Content within Destination Tourism Marketing’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁷⁸ J. Hernández Galán, ‘Accessible Tourism in Spain: Arona and Madrid’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁷⁹ A. Daines & C. Veitch, ‘Visit Britain: Leading the World to Britain’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁸⁰ T.J. Dickson & S. Darcy, ‘Australia: The Alpine Accessible Tourism Project and Disabled Winter Sport’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁸¹ S.N. García-Caro *et al.*, ‘Special Needs Customer Care Training for Tourism’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

Ivor Ambrose, Simon Darcy, and Dimitrios Buhalis, and summarises proposals for improvement within the domain.⁸²

As is apparent, Professor Dimitrios Buhalis is one of the authoritative research figures in the field of Accessibility and Tourism. He has written and co-edited more than twenty books, as well as published more than 150 scholarly articles in academic journals. He has been part of multiple conferences and participated in numerous consultancy reports on disability and tourism. A full list of his works, research interests and projects, as well as other information regarding his personal and professional life can be found on his website, “Buhalis.com”.⁸³ Apart from the sources that have already been mentioned, he has also written other seminal works that are key in this research area. In the article “Accessible tourism features: the world we dream to live in and the opportunities we hope to have” Buhalis, along with Eleni Michopouloul, Simon Darcy, Ivor Ambrose, examine important concepts and global initiatives that will shape accessible tourism futures.⁸⁴ He also collaborated with Eleni Michopouloul and wrote the publication titled “Information Provision for Challenging Markets: The Case of the Accessibility Requiring Market in the Context of Tourism” in which they investigate the needs of PWDs and the effect these needs have on the development of accessible tourism information systems.⁸⁵ Another collaboration that they did is the article “Information-Enabled Tourism Destination Marketing: Addressing the Accessibility Market”, which demonstrates the heterogeneousness of the accessibility market, indicating that it has various different sections with distinct needs and requirements.⁸⁶

Another major contributor to the field of Accessibility and Tourism is Professor Simon Darcy. His research is valuable given his own disability and experiences. He has written and co-edited numerous books and academic papers, a list of which can be found on his faculty profile of the University of Technology Sydney’s website, “www.uts.edu.au”.⁸⁷ Some of his works have already been mentioned in this chapter, but he also has other sources that are authoritative in

⁸² I. Ambrose *et al.*, ‘Conclusions: Best Accessible Tourism Practice’, in D. Buhalis *et al.* (eds), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*.

⁸³ D. Buhalis, 2020, <www.buhalis.com>, access: 28 November 2020.

⁸⁴ E. Michopouloul *et al.*, ‘Accessible tourism features: the world we dream to live in and the opportunities we hope to have’, *Journal of Tourism Futures* 1(3), 2016, pp. 179-188.

⁸⁵ D. Buhalis & E. Michopouloul, ‘Information Provision for Challenging Markets: The Case of the Accessibility Requiring Market in the Context of Tourism’, *Information & Management* 50, 2013, pp. 229-239.

⁸⁶ D. Buhalis & E. Michopouloul. ‘Information-Enabled Tourism Destination Marketing: Addressing the Accessibility Market’, *Current Issues in Tourism* 14(2), 2011, pp. 145–168.

⁸⁷ University of Technology Sydney, 2020, <<https://www.uts.edu.au/staff/simon.darcy>>, access: 28 November 2020.

the field. Darcy and Paul Francis Burke wrote a paper titled “On the road again: The barriers and benefits of automobility for people with disability” that developed an instrument to investigate the barriers and benefits of access to private modified vehicles for PWDs.⁸⁸ The article “Website accessibility in the tourism industry: an analysis of official national tourism organization websites around the world” analyses the accessibility of official national tourism organization websites of countries around the globe, and was written by Darcy and Trinidad Domínguez Vila, and Elisa Alén González. This comparison is done to determine possible patterns and rankings of those with the best practice through to those with the most problems.⁸⁹ Darcy’s collaboration with Brielle Gillovic, Alison McIntosh, and Cheryl Cockburn-Wooten, titled “Having a voice in inclusive tourism research” focusses on the fact that disability research is commonly comprised of information gathered from PWD-carers and able-bodied persons. They emphasise the importance of what PWDs themselves have to say.⁹⁰

These same authors also discuss the “language” of accessible tourism, such as political correctness and using other phrases to refer to the term “disability”. This is discussed in the article “Enabling the language of accessible tourism”.⁹¹ Bob McKercher and Darcy’s paper, “Re-conceptualizing barriers to travel by people with disabilities” aims to understand the nature and effects of barriers that PWDs face in the tourism industry.⁹² In the article titled “(Dis) Embodied Air Travel Experiences: Disability, Discrimination and the Affect of a Discontinuous Air Travel Chain”, Simon Darcy investigates the experiences of PWDs who travel by air.⁹³ Jennie Small, Simon Darcy, and Tanya Packer also wrote an article, titled “The embodied tourist experiences of people with vision impairment: Management implications beyond the visual gaze”, that investigates the tourist experiences of visually impaired travellers.⁹⁴ The article “Developing Sustainable Approaches to Accessible Accommodation

⁸⁸ S. Darcy & P.F. Burke, 'On the road again: The barriers and benefits of automobility for people with disability', *Transportation Research Part A: Policy and Practice* 107, 2018, pp. 229-245.

⁸⁹ T. Domínguez Vila *et al.*, 'Website accessibility in the tourism industry: an analysis of official national Tourism organization websites around the world', *Disability and Rehabilitation* 40(24), 2018, pp. 2895-2906.

⁹⁰ B. Gillovic *et al.*, 'Having a voice in inclusive tourism research', *Annals of Tourism Research* 71, 2018, pp. 54-56.

⁹¹ B. Gillovic *et al.*, 'Enabling the language of accessible tourism', *Journal of Sustainable Tourism* 26(4), 2018, pp. 615-630.

⁹² B. McKercher & S. Darcy, 'Re-conceptualizing barriers to travel by people with disabilities', *Tourism Management Perspectives* 26, 2018, pp. 59-66.

⁹³ S. Darcy, '(Dis) Embodied Air Travel Experiences: Disability, Discrimination and the Affect of a Discontinuous Air Travel Chain', *Journal of Hospitality and Tourism Management* 19(1), 2012, pp. 91-101.

⁹⁴ J. Small *et al.*, 'The embodied tourist experiences of people with vision impairment: Management implications beyond the visual gaze', *Tourism Management* 33(4), 2012, pp. 941-950.

Information Provision: A Foundation for Strategic Knowledge Management”, written by Darcy, aims to make a connection between accessible tourism, consumer needs, suppliers, government initiatives, sustainability, accessible accommodation information provision, and strategic knowledge management.⁹⁵ The understanding of managers in the accommodation industry regarding disability service provision, and its gaps and problems, are discussed in the article “Towards Strategic Intent: Perceptions of disability service provision amongst hotel accommodation managers” written by Shane Pegg and Darcy.⁹⁶ In another article, “Marginalised participation: physical disability, high support needs and tourism”, Darcy examines the discrimination experienced by PWDs with high support needs who are travelling and planning to travel.⁹⁷ These works by Darcy and others reflect on the wide spectrum of issues that have been researched in this domain.

2.2 Invisible disability

However, when turning to invisible disability there are less scholarly sources and it remains a controversial under-researched domain. The debate is that invisible disability does not warrant attention due to its invisibility and sometimes intangibility, but then there are others that argue it is this ignorance of the condition that needs to be addressed. Given this situation the bulk of this research is to be found in disciplines such as psychology, sociology, philosophy and even political studies. Much of the research related to invisible disability is found online and is fairly current.

An example of a study done in the field of Invisible Disability and Psychology is the journal article written in 2013 by Blace Nalavany, Lena Carawan, and Stephanie Sauber. “Adults with Dyslexia, an Invisible disability: The Mediation Role of Concealment on Perceived Family Support and Self-Esteem”, found that adults who conceal their invisible disability are more likely to have low self-esteem, and also that the level of their self-esteem is tied to the level of support they are provided by their families. People are more likely to conceal an invisible disability.⁹⁸ “Reactions to invisible disability: The experiences of young women survivors of

⁹⁵ S. Darcy, 'Developing Sustainable Approaches to Accessible Accommodation Information Provision: A Foundation for Strategic Knowledge Management', *Tourism Recreation Research* 36(2), 2011, pp. 141-157.

⁹⁶ S. Darcy & S. Pegg, 'Towards Strategic Intent: Perceptions of disability service provision amongst hotel accommodation managers', *International Journal of Hospitality Management* 30(2), 2011, pp. 468-476.

⁹⁷ S. Darcy, 'Marginalised participation: physical disability, high support needs and tourism', *Journal of Hospitality and Tourism Management* 9(1), 2002, pp. 61-72.

⁹⁸ B.A. Nalavany *et al.*, 'Adults with Dyslexia, an Invisible disability: The Mediation Role of Concealment on Perceived Family Support and Self-Esteem', *British Journal of Social Work*, 2013, pp.

haemorrhagic stroke” is a study relating to Invisible Disabilities in the field of Sociology. This study, written by Sharon Stone and published in 2005, indicates that young women who have invisible disabilities because of haemorrhagic strokes have difficulties navigating everyday life due to their concerns regarding the opinions of others. These opinions are based on certain cultural and social constructs that a stroke can only occur in an older person. Their invisible disabilities were then disregarded or scolded, an occurrence that they were not warned about during their periods of rehabilitation therapy.⁹⁹

Aimee Burke Valeras conducted a philosophical study in 2010 where she interviewed three individuals with invisible disabilities about how they identified themselves as being disabled and the processes that led them to these identities. Due to invisible disabilities being “hidden” from “outsiders” it “defies the outward social construct of disability”. “We don’t have a box: Understanding hidden disability identity utilizing narrative research methodology” explores the sense of anonymity that people with hidden disabilities have, including the challenges they face when it comes to learning about who they are and when they want the world to know about said disabilities. She concluded that the focus is placed on the choice to appear “normal” and when to expose their disabilities.¹⁰⁰

An example of Invisible Disability research in the discipline of Political studies is the 2020 article by Elizabeth Evans and Stefanie Reher titled “Disability and political representation: Analysing the obstacles to elected office in the UK” in which they state that there are few self-declared disabled politicians in the UK. They identified the barriers that disabled people face in elected office environments by interviewing 51 candidates and elected politicians in the UK. These barriers occur throughout the recruitment process up until the election campaign.¹⁰¹ Invisible Disability can also be viewed within political constructs, such as Gareth Williams’ contribution to the book *Exploring the Divide: Illness and Disability* which was edited by Colin Barnes and Geof Mercer in 1996. Williams wrote Chapter 11 of the book, entitled “Representing Disability: Some Questions of Phenomenology and Politics”, which discussed

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⁹⁹ S.D. Stone, ‘Reactions to invisible disability: The experiences of young women survivors of haemorrhagic stroke’, *Disability and Rehabilitation* 27(6), 2005, pp. 293-304.

¹⁰⁰ A.B. Valeras, ‘We don’t have a box: Understanding hidden disability identity utilizing narrative research methodology’, *Disability Studies Quarterly* 30(3/4), 2010.

¹⁰¹ E. Evans & S. Reher, ‘Disability and political representation: Analysing the obstacles to elected office in the UK’, *International Political Science Review*, 2020, pp. 1-16.

the politically correct usage of the word “disability” and how difficult it is to describe chronic illnesses and disabilities without offending anyone.¹⁰²

2.3 Tourism and invisible disability

The third section of this literature review, which covers invisible disabilities and tourism, includes more recent works. Most of the research done on this topic is not peer-reviewed, that is much of it has been published in the popular media and online.

Kate the (Almost) Great is a lifestyle blog that is run by Kate Mitchell, and focusses on providing information about millennial life, writing and chronic health problems. In 2001 Kate was diagnosed with rheumatoid arthritis, fibromyalgia and endometriosis. The purpose of this blog is to create awareness about invisible disabilities as well as providing PWDs with advice on daily activities. On the www.katethealmostgreat.com blog, there is an article entitled *Traveling with an Invisible Disability: How to Deal with Rude People*. This article provides tips on what to do when employees at the airport, airline, train station, bus service and other transportation services treat a person with an invisible disability in an unjust manner. Advice is also given on what to do when other travellers are discriminating against disabled individuals.¹⁰³

ButYouDon'tLookSick.com is a website and blog that was created in 2003 by Christina Miserandino, a woman who was diagnosed with Lupus when she was fifteen. The blog website was created with the intention of providing other people with disabilities, especially invisible disabilities, with relevant information, tips and friendships with people in similar situations. The followers refer to Miserandino as the “Spoon Lady”, because she created the “Spoon Theory” that focuses on creating awareness about chronic illnesses. Her work has been featured in magazines, newspapers, medical newsletters and television shows across continents. This blog gives people the opportunity to ask questions and get advice on their disability situations.¹⁰⁴

Wanderlust Storytellers is a family travel blog run by Andrzej and Jolene Ejmont, a husband and wife team, who decided in 2015 to travel the world with their three daughters. They provide stories about their trips, reviews about destinations and activities, tips based on their

¹⁰² G. Williams, ‘Representing Disability: Some Questions of Phenomenology and Politics’, in C. Barnes & G. Mercer (eds.), 1996. *Exploring the Divide: Illness and Disability*.

¹⁰³ K. Mitchell, 2016, <www.katethealmostgreat.com>, access: 10 June 2018.

¹⁰⁴ C. Miserandino, 2018, <www.ButYouDon'tLookSick.com>, access: 1 April 2018.

experiences, and travel-related product recommendations. Their article *What is Post Travel Depression? Simple Strategies on How to Cope!* provides resourceful and verified information about post travel depression.¹⁰⁵

In 2016 the London Gatwick Airport in the United Kingdom asked the important question of how passengers with hidden disabilities could be recognised. This question led to the creation of the Hidden Disabilities Sunflower Scheme Limited. The *Hidden Disabilities* website not only provides information for those wanting to invest in the venture, but also has an online store where people can purchase Hidden Disability items. Some countries, such as the United Kingdom, use the sunflower symbol at airports and other transport stations, grocery stores and numerous small and large organisations, emergency services, as well as leisure destinations.¹⁰⁶ This will feature later in this dissertation.

The *Alberta Hotel and Lodging Association* is a voluntary association based in Canada. The association originated in 1919. They provide information to hotels in Alberta regarding government advocacy, human resource programs, accounting support, and cost-saving programs. In 2017 they published an *Accessibility Self-Assessment Guide* that can be used internationally. This guide provides information to businesses, as well as travellers, about the accessibility standards and procedures that have to be upheld in hotels and other accommodation organisations.¹⁰⁷ Some invisible disabilities are also referred to.

In 2017 Daniel Parker-Klein put together a guidance note titled *Understanding and Meeting the Needs of Travellers with Invisible Disabilities* for the Chartered Institute of Logistics and Transport (CILT). CILT is a registered charity organisation in England and Wales that deals with the movement of products, supply chains and the professionals working in that field. This publication is part of CILT's "Accessibility and Inclusion Forum" on understanding mobility issues for people with invisible disabilities. The guidance note provides information about invisible disabilities and creates awareness between transport services, local authorities, tour planners and travel agents, as well as anyone that is involved in the travel planning process of a person with a disability. Staff in all of these sectors receive proper training in order to provide efficient service and meeting the needs of those that require it. This guide provides multiple

¹⁰⁵ J. Ejmont, 2017, <<https://www.wanderluststorytellers.com/post-travel-depression/>>, access: 16 October 2020.

¹⁰⁶ Hidden Disabilities Sunflower Scheme Limited, 2020, <<https://hiddendisabilitiesstore.com/about-hidden-disabilities-sunflower>>, access: 15 October 2020.

¹⁰⁷ Alberta Hotel and Lodging Association, 2017, <<https://www.ahla.ca/2017/11/08/accessibility-self-assessment-guide/>>, access: 16 October 2020.

reasons why PWDs do not travel, including stress, anxiety and cost. Ways that these problems can be solved are also suggested by simplifying the travel journey. The importance of clear information is focussed on, as well as the necessary support that needs to be provided by the service providers.¹⁰⁸

The Invisible Disabilities Association (IDA) can be found at www.InvisibleDisabilities.org. Their headquarters are based in the United States of America, Colorado. Their mission is to create awareness about invisible disabilities and to educate the public on a global scale. This organisation also connects people with invisible disabilities with each other and with able-bodied persons. The IDA promotes national and international organisations focusing on illness, pain and disability, and the website provides links to the webpages of these organisations as well as to social media outlets. The IDA has created an annual invisible disability week which falls in October in the year 2018.¹⁰⁹

Learning About Invisible Disabilities is a presentation that was created for the National Council for Support of Disability Issues (NCSID). It was written by Maggie Koster and published in 2018. This presentation is in PowerPoint format and provides informative lists of important information regarding invisible disabilities. Various types of invisible disabilities are described as well as how they are caused. Myths regarding invisible disabilities are discussed and corrected. The numerous impacts that invisible disabilities have on a person at school, home, work, and with friends are discussed. This presentation explains the emotional impacts of invisible disabilities on those suffering from it, focussing on shame and fear. The aim of the presentation is to create awareness and educate the public about invisible disabilities.¹¹⁰

Lionel and Dorothy Watts created “House with No Steps” which is one of Australia’s foremost providers in terms of disability services. Lionel and Dorothy started the planning for “House with No Steps” in 1962 after they discovered that Lionel had polio. They have a website, www.hwns.com.au, in order to create more awareness and information about giving people with disabilities back their “voices and choices.” More recently, in 2018, “House with No Steps” combined with “The Tipping Foundation” to create “Aruma”. This organisation wants to encourage the independence and control of PWDs as well as their inclusion in the

¹⁰⁸ D. Parker-Klein, *Understanding and Meeting the Needs of Travellers with Hidden Disabilities*, 2017.

¹⁰⁹ IDA, 2018, <www.invisibledisabilities.org>, access: 1 April 2018.

¹¹⁰ M. Koster, 2018, <<http://www.ncsid.org/>>, access: 10 June 2018.

community. This webpage provides an extensive list of disabilities categorised under each type of disability.¹¹¹

The *Luxury London Guy* is a travel and events planning organisation that was started by a South African called Duncan in 2018. The company gives travel advice and tips to people, with and without disabilities, who want to take trips and holidays. The company's *Ultimate Guide for Travellers with Hidden Disabilities* offers information to people with invisible disabilities about the processes taking place before travelling; travelling with medication; and what to do at the airport.¹¹²

Condé Nast Traveller is a travel magazine that is published monthly in China, India, Italy, the Middle East, Spain, United Kingdom, and the United States. The articles are available in print as well as online. It provides information regarding destinations, hotels, cuisine, fashion, cars, airlines, technology as well as grooming. It was first published in the United States in 1987. On the 19th of August 2019, author Julia Buckley published an article titled *How I Travel with My Invisible Disability*. Her work was inspired by her previous experiences.¹¹³

It is therefore evident that the research in this domain is sparse and primarily from the 21st century, indicating that a broader awareness of invisible disability is a more recent phenomenon. It is also important to note that there is an imbalance in the research on visible and invisible disability specifically in the tourism domain. It is also interesting to note that much of the literature discussed in this chapter was written by individuals with some form of disability. This is itself a very telling phenomenon. This dissertation is also written by a candidate with a disability reflecting on the dire need for the invisible to be made visible and justifies the undertaking of this study.

¹¹¹ Aruma, 2018, <www.aruma.com.au>, access: 1 April 2018.

¹¹² Luxury London Guy, 2020, <<https://luxurylondonguy.co.uk/the-ultimate-guide-for-travellers-with-hidden-disabilities/>>, access: 15 October 2020.

¹¹³ J, Buckley, 2019, <<https://www.cntraveler.com/story/how-i-travel-with-my-invisible-disability>>, access: 15 October 2020.

Chapter 3:

Legislation on Disability and Tourism and Invisible Disability and Tourism

This chapter is concerned with the legislation pertaining to Disability and Invisible Disability in terms of Tourism. In the first part, the main pieces of legislation pertaining to Tourism as well as to Disability in South Africa, Australia and India are discussed. Each is evaluated according to how they were established; their functions and objectives; the provision and accuracy of given definitions; the authorities in charge of the legislations; the inclusion of PWDs; and the focus on accessibility.

The second part of the Chapter focuses on three specific legislative documents, one from each country. These can be regarded as the ‘Big Three’. They include: The *South African White Paper on the Rights of Persons with Disabilities (WPRPD)* (2015);¹¹⁴ The *Australian Disability Discrimination Act (DDA) 1992*;¹¹⁵ The *Indian Rights of Persons with Disabilities Act (RPD Act) 2016*.¹¹⁶ These three pieces of legislation are evaluated based on:

What definitions are given, (and which are not); what authorities are in charge of the implementation and regulation of the legislations, and how these are controlled and monitored; whether PWDs are included in the decision-making processes; how much focus is given to accessibility; and if there is any mention of Disability Tourism, or Invisible Disability Tourism.

The introduction already accounted for the selection of these three destinations for analysis.

1. Tourism Legislation and Disability Legislation

1.1 South Africa:

The first official South African statute that focused on tourism was the Tourist Development Corporation Act of 1938. The goal of this was to provide information about, and to advertise southern Africa as a tourist destination to persons not residing in southern Africa.¹¹⁷ Following this, there were numerous acts that either amended or repealed the legislation until a relatively

¹¹⁴ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015.

¹¹⁵ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018

¹¹⁶ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016.

¹¹⁷ P.H.G. Vrancken, “Tourism Organisations and Regulation”, in P.H.G. Vrancken (ed.), 2002, *Tourism and the Law in South Africa*, p. 295.

reconfigured act was introduced in 1993, Tourism Act 72, which lay the foundation of much of the subsequent legislation including the Tourism Act 105 of 1996 and its amendments. The current South African legislation regarding tourism was enacted in 2014 by Tourism Act 3. This Act was essentially promulgated in order to prepare for the development and advancement of sustainable tourism for the “benefit of the country itself, its residents, and visitors”.¹¹⁸ The Act also aims to ensure the existence of the South African Tourism Board, which was initiated in the Tourism Act of 1993. Another objective of the Act is to create the Tourism Grading Council, as well as overseeing the tourist guide industry. This Act is currently in the process of being amended, and is still open to the public for comment.¹¹⁹

The Tourism Act 3 of 2014 does not provide a definition for “Tourism”, instead it focusses on terms such as the “Board” and “Organ of State”. The concepts “Accessibility” and “Access” are mentioned a total of three times throughout the Act, with no provision of definitions. As regards to the mention of disability, one of the objects of the Act is “responsible tourism”, which in part could seek to provide access for physically challenged individuals, but does not spell it out as such.¹²⁰

One of the clauses relates to South African Tourism Board which reports to the Minister of Tourism and has multiple functions, such as marketing South Africa as a destination, as well as its products and services, domestically and internationally. The Board has to have between nine and thirteen members that are appointed by the Minister, with these members consisting of various races, genders and at least one person with a “disability”. Although it is unclear whether the inclusion of a person with a disability serves as a way to include them in decision making regarding their own group of people, this inclusion is to curb discrimination and to create equality when it comes to the physical representation on the Board, which aligns with the Constitution of South Africa. The Tourism Grading Council has the same membership structure as the National Tourism Board including a member with a “disability”, and the rationale behind it is most likely similar.¹²¹

¹¹⁸ National Department of Tourism, ‘Tourism Act 3 of 2014’, *Government Gazette* 586(37538), 2014, p. 2.

¹¹⁹ National Department of Tourism, ‘Tourism Act 3 of 2014’, *Government Gazette* 586(37538), 2014, p. 2.

¹²⁰ National Department of Tourism, ‘Tourism Act 3 of 2014’, *Government Gazette* 586(37538), 2014, pp. 6-10.

¹²¹ National Department of Tourism, ‘Tourism Act 3 of 2014’, *Government Gazette* 586(37538), 2014, pp. 14-24.

Turning to disability legislation, in her article “The State of Disability Rights – Is South Africa Doing Enough?”, Rebecca Sibanda,¹²² states that although the South African Constitution has a section pertaining to discrimination against PWDs,¹²³ South Africa does not have a specific piece of legislation concerning the rights of persons with disabilities. There are, however, other acts that address aspects such as equity in employment, equality per se and discrimination, such as the Employment Equity Act of 1998.¹²⁴ This suggests that government does not make PWDs a priority considering that there is no ministry, department, or legislation dedicated to specifically dealing with the needs of PWDs. This situation led to the development of the South African Disability Alliance (SADA) in 2010, a body consisting of the 13 national organisations representing disability in South Africa. These organisations are run by PWDs for PWDs. For example, Disabled People South Africa (DPSA). The creation of SADA resulted in increasing numbers of documents being developed by PWDs in South Africa containing information relevant to the needs and concerns of PWDs. These documents are of such a nature that they can be used when government decides to create a legislative document specifically for PWDs and their needs.¹²⁵

For example, in the early 1990’s, as South Africa was preparing for a democratic dispensation, a national campaign was launched by DPSA, creating a platform for PWDs from all over the country to state their expectations of what a democratic South Africa would entail. In 1992 these expectations were compiled in a document known as the “Disability Rights Charter of South Africa”.¹²⁶ This document contains 18 articles outlining the demands of PWDs in South Africa. These include issues dealing with Non-Discrimination; Self-Representation; Health and Rehabilitation; Education; Employment; Sport and Recreation; Social Security; Housing; Transport; Built Environment; Disabled Children; Disabled Women; Independent Living; Communication; Participation on Social Life; Prevention; Positive Action; and Enforcement.¹²⁷ Tourism is conspicuous due to its absence.

¹²² S. Sibanda, 2015, <www.cfcr.org.za>, access: 21 October 2019.

¹²³ Statutes of the Republic of South Africa – Constitutional Law, ‘Statutes of the Republic of South Africa – Constitutional Law’, *Constitution of the Republic of South Africa No. 108 of 1996*, 1996, p. 1247.

¹²⁴ Employment Equity Act, No. 55 of 1998, <www.labour.gov.za>, access: 21 October 2019.

¹²⁵ S. Sibanda, 2015, <www.cfcr.org.za>, access: 21 October 2019.

¹²⁶ Disability Rights Charter of South Africa, 1992, <www.dpsa.org.za/documents/>, access: 28 October 2019.

¹²⁷ Disability Rights Charter of South Africa, 1992, <www.dpsa.org.za/documents/>, access: 28 October 2019.

Another document, which was proposed by the White Paper on the Rights of Persons with Disabilities, was the “Integrated National Disability Strategy” that was established in 1997. The general premise of this strategy is to create an inclusive society. The lack of government authorities’ participation in the rights of PWDs is addressed in this document, as well as capacity building and the education of the wider public about PWDs. The key policies included in this strategy are the same as those addressed in the Disability Rights Charter, along with a few additional areas. These include Public Education; Barrier Free Access; Data Collection and Research; Human Resource Development; Social Welfare and Community Development. In order to co-ordinate this strategy in 1997, the Office of the Deputy president established the Office on the Status of Disabled Persons. The ultimate goal of this strategy is for legislation to meet the requirements set out in the Constitution.¹²⁸

1.2. Australia:

The Australian Tourist Commission Act 1967-1973 was the first tourism based legislative document to be promulgated in Australia. The purpose of this Act, not unlike South Africa’s first legislation of 1938, was to encourage people from other countries to travel to and in Australia.¹²⁹ The more recent and active legislation, the Tourism Australia Act 2004 was created to establish “Tourism Australia” which is a corporate body. This Act deals with directives set by corporate Commonwealth entities. The objectives of “Tourism Australia” are to motivate domestic and international travel to Australia, and to create and maintain a tourism industry that is sustainable and increases the economic benefits of tourism in the country. “Tourism Australia” sets out to increase awareness regarding the country’s tourism industry, whether by research or marketing strategies. Communication between “Tourism Australia”, the Australian tourism industry, and the government is vital in order to convey the importance of tourism to the country’s economy, society and environment.¹³⁰

The 2004 Act provides definitions on the entities “Board”, “Chair”, and “Managing Director”, but no definition is given to “Tourism” or “Access”. The one time that the word “access” is mentioned is when it refers to access given to board members regarding information discussed

¹²⁸ Integrated National Disability Strategy, 1997, <www.independentliving.org/docs5/SANatIDisStrat.html>, access: 21 October 2019.

¹²⁹ Australian Tourist Commission Act 1967-1973, <<https://www.legislation.gov.au/Details/C2004C02349>>, access: 10 November 2019.

¹³⁰ Tourism Australia Act 2004, <www.legislation.gov.au/Details/C2004A01307>, access: 21 October 2019.

at meetings. Nowhere in the functions, objectives, or membership of the Board of Directors of Tourism Australia does it mention the input or opinions of PWDs. In fact, the word “disability” is not mentioned in this Act at all. The Board may create Advisory Panels that assist in the performance and functions of “Tourism Australia”, but the same objectives and functions apply to these panels.¹³¹

The first disability legislation adopted in Australia was the Handicapped Persons Assistance Act of 1974, and it provided facilities for PWDs, handicapped children, and certain other persons.¹³² The Australian Human Rights Commission (AHRC) is an institution that was founded subsequently in 1986, and keeps track of the legislative development regarding PWDs. It implemented the Disability Discrimination Act (DDA) in 1992.¹³³ (The DDA is discussed later in the dissertation).

The Disabilities Services Act of 1986 concerns the provision of services for PWDs. The objective of this Act is to replace the Handicapped Persons Assistance Act of 1974 and part of the Social Security Act of 1947, by making provisions that are more reactive and receptive to the needs and wishes of PWDs. This Act aims to assist PWDs in receiving the necessary services that enable them to become “fully integrated members of the community”.¹³⁴ Becoming a fully integrated member of the community means that PWDs experience increased independence, employment opportunities, and enhanced self-esteem. This Act assists PWDs in creating awareness in the general community about the services that PWDs need, as well as the contributions that they can make to society.¹³⁵

Although the Disability Services Act does not provide any definition for “Disability” it does address the issue of discrimination and employment regarding PWDs. The Australian House of Parliament and its Minister are in charge of creating objectives and ideas regarding guidelines for the administration and implementation of this Act. Although the Act focusses on the employment of PWDs, it does not state whether these individuals are included in the

¹³¹ Tourism Australia Act 2004, <www.legislation.gov.au/Details/C2004A01307>, access: 21 October 2019.

¹³² Handicapped Persons Assistance Act 1974, <http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=&p_isn=15098&p_classification=08.01>, access: 10 November 2019.

¹³³ Australian human Rights Commission, 2012, <<https://www.humanrights.gov.au/our-work/commission-general/history-commission>>, access: 1 May 2020.

¹³⁴ Disability Services Act 1986, <www.legislation.gov.au/Details/C2018C00146>, access: 21 October 2019.

¹³⁵ Disability Services Act 1986, <www.legislation.gov.au/Details/C2018C00146>, access: 21 October 2019.

advisory panels as members, thus it cannot be determined if their input and opinions are taken into account.¹³⁶

Australia makes use of the Commonwealth laws and regulations when it comes to the drafting of legislative documents. Recently, i.e. 2010-2020, a National Disability Strategy (NDS) was compiled making use of the United Nations Convention on the Rights of Persons with Disabilities. This new strategy made extensive use of interviews including PWDs and their opinions and ideas concerning the creation of an inclusive plan. The final strategy has six core outcome areas, each detailing policy directives that governments can use in order to achieve these goals. These outcome areas include: Inclusive and Accessible Communities; Rights Protection, Justice and Legislation; Economic Security; Personal and Community Support; Learning and Skills; Health and Wellbeing.¹³⁷ Again, tourism is conspicuous in its absence.

1.3. India:

India's first "Tourism Policy" was announced by the Indian Government in November of 1982 and legislated in the same year. The Policy's mission was to promote sustainable tourism as a means of economic growth and social integration. It also aimed to promote India internationally by creating an image of a country with a glorious past, vibrant present and bright future.¹³⁸

India's National Tourism Policy (NTP) of 2002, was created by the Department of Tourism, the Ministry of Tourism and Culture, and the government of India. This Policy is an improvement of one that was presented to the Parliament in 1982, in the sense that it declared tourism to be a major facet of economic growth by creating employment opportunities and putting an end to poverty in an environmentally sustainable way. Unlike the draft of 1982, this Policy was presented to all major stakeholders in the tourism sector, private sector, industry associations, state governments, as well as the various departments and ministries of the Indian government.¹³⁹

¹³⁶ Disability Services Act 1986, <www.legislation.gov.au/Details/C2018C00146>, access: 21 October 2019.

¹³⁷ Overview of the National Disability Strategy 2010-2020, <<https://www.humanrights.gov.au/ourwork/disability-rights/overview-nds-national-disability-strategy-2010-2020>>, access: 21 October 2019.

¹³⁸ K.C. Dayananda & D.S. Leelavathi, 'Evolution of Tourism Policy in India: An overview', *Journal of Humanities and Social Science* 21(12), 2016, p. 39.

¹³⁹ National Tourism Policy 2002, <www.tourismofindia.com>, access: 21 October 2019.

The NTP is based on a number of basic principles. India had to change its tourism strategies surrounding management plans and implementation in order to gain more tourists' interest. A new framework had to be created through the collaboration between the government, private sector, and the community. This framework had to include a legislative document developed by the government that regulated the tourism industry while also ensuring the safety and security of tourists. It also had to create the basic infrastructure and health-care facilities that would be needed to accomplish this safeguarding of tourists. The main task of the private sector was to implement and monitor this legislation, along with ensuring that it complied with the basic rules of conservation. The government and the private sector had to ensure the socio-economic stability of the local communities and their surrounding areas. Cultural assets, such as museums, are considered to be some of the most important elements in the tourism industry, and thus have to be conserved and maintained. Interdepartmental ties and communication networks had to be created. Every policy that was created had to be based on sustainability.

Greater emphasis was also placed on eco-tourism. The community, especially local and rural communities, had to know the importance of protecting the environment. These communities and settlements had to be protected because a vast majority of the country's financial resources originated from there. While international tourism is an important area of the industry, domestic tourism had to be promoted, especially pilgrimage related tourism. Domestic tourism then created the means to create the necessary infrastructure that would appeal to international visitors. Accommodation and activities have to be created in such a way that it catered for different types of tourists. A code of ethics had to be established and enforced in the tourism industry, which includes travel agents. The State police has to distribute a part of its force to be trained as tourist police. It also emphasises that when an international opportunity arises for India to promote its unique culture and heritage, it should be taken. One of the most important policies is the level of dedication bestowed to the implementation of the NTP.¹⁴⁰

The Policy focuses on seven key areas to ensure tourism development: Welcome; Information; Facilitation; Safety; Cooperation; Infrastructure Development; and Cleanliness.¹⁴¹

While great attention is given to the development of tourist attractions, accommodation, infrastructure, and transport, not once was there any mention of accessibility or PWDs. In fact,

¹⁴⁰ National Tourism Policy 2002, <www.tourismofindia.com>, access: 21 October 2019.

¹⁴¹ National Tourism Policy 2002, <www.tourismofindia.com>, access: 21 October 2019.

not a single definition was provided throughout the entire legislative document. Nor was any mention made of the inclusion of PWDs in decision-making or consultation.

However, as regards disability legislation, the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act was put into effect in 1995. This was also India's first PWDs Act.¹⁴² This Act was created in order to promote full participation and Equality of PWDs in the wider Asian and Pacific Region.¹⁴³ It provides very detailed definitions regarding disability, types of disability, as well as procedures dedicated to the early detection of disability. Although there are three relevant mentions of "Access" throughout the Act, no definition of "Access" or "Accessibility" is provided, let alone anything relating to tourism.¹⁴⁴

In addition, the Central Government created the Central Coordination Committee, which is in charge of the national implementation and regulation of conditions set forward in this Act. The Committee has to have at least five PWDs on board, thus including them in decision making processes and taking their opinions into consideration. A Chief Commissioner is appointed by the Central Coordination Committee and Central government to ensure that they perform all of their dedicated tasks and functions. These functions include attending to disability matters on a national level, as well as monitoring and ensuring the continuously evolving legislative procedures focusing on producing solutions to problems faced by PWDs. The Committee also evaluates and collaborates with organisations dealing with activities related to PWDs. The Committee may create national policies to undertake matters regarding PWDs, as well as providing the central government with necessary advice related to these issues. Authorities and international organisations dealing with matters relating to PWDs are also collaborate with the Central Committee. Furthermore, funding policies and their contributions to PWDs are managed by this Committee. An important function of this Committee, which strongly relates to the research discussed in this dissertation, is to ensure barrier-free access to public places and environments, such as schools, work places, utilities and facilities, and other institutions. Policies and regulations created to ensure equality and participation of PWDs are evaluated and overseen by the Central Coordination Committee.¹⁴⁵

¹⁴² J.H.A. Martand, 2016, <https://thediplomat.com/2016/12/the-history-of-indias-disability-rights-movement/>, access: 11 November 2019.

¹⁴³ Persons with Disabilities Act 1995, *Extraordinary Gazette of India*, 1995, p. 245.

¹⁴⁴ Persons with Disabilities Act 1995, *Extraordinary Gazette of India*, 1995, pp. 246-249.

¹⁴⁵ Persons with Disabilities Act 1995, *Extraordinary Gazette of India*, 1995, pp. 250-255.

Every State Government also creates a committee known as the State Coordination Committee. This Committee is to perform the same tasks and functions as the Central Committee, just on a state level. The State Coordination Committee also has at least five PWDs on their panel. A State Executive Committee is appointed by the State Government in order to ensure that the State Coordination Committee performs and executes its stated tasks and functions.¹⁴⁶

It is therefore apparent that there is reasonable amount of disparity between the legislation pertaining to tourism on the one hand and disability on the other in the three selected destinations.

2. The “Big Three”

This section considers the three respective countries’ key legislation regarding disability.

2.1. *South African White Paper on the Rights of Persons with Disabilities (WPRPD) (2015)*

In the South African White Paper on the “Rights of People with Disability” a number of key definitions are provided. These are highlighted (in alphabetical order) in order to provide a base for analysing what was and is deemed of relevance within South African jurisdiction and what has been omitted. This also lays the foundation for comparative analysis between the three selected countries.

“Accessibility” is said to involve enabling all PWDs to live independently and to participate fully in all aspects of life, as well as getting rid of barriers that hinder their effective enjoyment of all rights.¹⁴⁷

The concept “Augmentative and Alternative Communication” is defined in the White Paper as a type of communication that is used to supplement or replace speech or writing, i.e. traditional speech, for persons that experience difficulties with the production or comprehension of spoken or written language. These communication methods include, but are not limited to: pictures, gestures, sign language, visual aids, and speech-output devices such as computers.¹⁴⁸ While the term “Assistive Device” is presented as any device, product, tool, or piece of equipment that is designed or adapted to enable PWDs to participate in activities, tasks, and actions. This

¹⁴⁶ Persons with Disabilities Act 1995, *Extraordinary Gazette of India*, 1995, pp. 255-258.

¹⁴⁷ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 40.

¹⁴⁸ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 3.

document identifies four different types of devices. Mobility aids include devices such as wheelchairs, prosthesis, and crutches. Communication aids include hearing aids and FM systems, to name a few. White canes, noise reducing headphones, and coloured lenses are classified under Sensory aids. Computers for augmentative and alternative communication are classified under Technology aids, along with devices such as screen readers, magnifiers, and text in audio format.¹⁴⁹ Another broad term related to this is “Assistive Technology”, which includes assistive, adaptive, and rehabilitative devices and services that enable PWDs to obtain independence. Examples include: loop systems, sub-texting, alternative input for cognitive assistance, as well as computer and electrical devices.¹⁵⁰ “Basic Services” have the same meaning as “Assistive Devices”, and is one of the key features of a developmental state to ensure that all citizens have access to public services. The South African Constitution places this responsibility on the government to ensure that such services are progressively expanded to all within the limits of available resources.¹⁵¹

The *White Paper* also refers to “Communication” which is explained as including various means and formats of communication: languages; display of text; Braille; tactile communication; large print; accessible multimedia; written; audio; plain-language; lip-speaking services; speech-reading services; whisper interpretation; note-taking services; augmentative and alternate modes; also including accessible information and communication technology.¹⁵²

It is important to note that, due to its evolving nature, the term “Disability” has yet to be given a single definition that has achieved international consensus.¹⁵³ The South African *WPRPD* states that “Disability” is a term imposed by society when an individual with a physical, psychological, intellectual, neurological, or sensory impairment is denied access to full participation in all aspects of life. It is also when society fails to uphold the rights and specific

¹⁴⁹ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 3.

¹⁵⁰ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 3.

¹⁵¹ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 3.

¹⁵² ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 4.

¹⁵³ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 17.

needs of persons with impairments. PWDs are faced with three main types of interrelated barriers: social, psychological, and structural.¹⁵⁴

According to the *White Paper* “Discrimination” is any act or omission that, directly or indirectly, has a negative effect on any person based on a disability or any other grounds that might result in a disadvantage. “Discrimination” undermines human dignity and affects an individual’s rights and freedoms. “Disability Discrimination” is discrimination on the basis of disability, and can be applicable to any field of societal interaction or activity.¹⁵⁵

“Disability Mainstreaming” is said to require the systematic integration of the priorities and requirements of PWDs across all sectors and needs to be built into new and existing legislation, standards, policies, and strategies, as well as their implementation, monitoring and evaluation. Barriers to participation have to be identified and removed, which means that mainstreaming needs to have effective planning, adequate human resources, and sufficient financial investment. All of this needs to be accompanied by specific measures such as targeted programmes and services.¹⁵⁶

The term “Disablism” is used to describe negative attitudes, behaviours, practices, and environmental factors which discriminate, intentionally and unintentionally, against PWDs. This leads to the creation of barriers that affect the equal participation of PWDs in mainstreaming society.¹⁵⁷

“Empowerment” on the other hand is said to refer to processes, procedures and actions that are aimed at providing access, equal treatment, inclusion, participation, accountability and efficiencies. It is based on encouraging and developing skills for self-sufficiency, while focussing on eliminating the need for charity or welfare in individuals and groups. From a disability perspective, this means empowering or developing the skills and abilities amongst persons with disabilities and/or their care givers so as to effectively communicate their socio-economic needs to others in society, advocate and lobby for these needs to be met, represent themselves, and actively participate in all decision-making processes on matters that directly impact on their lives. As such, “Empowerment” is identified as a vital cross-cutting theme for

¹⁵⁴ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 4.

¹⁵⁵ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 5.

¹⁵⁶ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 5.

¹⁵⁷ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 5.

enabling PWDs to access and participate in all socio-economic development opportunities and existing rights.¹⁵⁸”

“Enabling Environments” consist of interrelated physical and other infrastructures, built environments, culture, laws, policies, information and communication technologies, and organisations that must be in place to facilitate the socio-economic development of persons with disabilities.¹⁵⁹

In the White Paper “Equality” is related closely to the definition of discrimination above and refers to the full and equal enjoyment of rights and freedoms as stated in the Constitution and includes equality according to the law and in terms of outcomes. It ensures that individuals, or groups of individuals, are treated fairly and equally and no less favourably, with specific attention to their requirements. It is the right of different groups of people to have respect for their social position and receive equal treatment in society. It is the removal of discrimination in order to ensure that all opportunities and life chances are available to PWDs on an equal basis with others.¹⁶⁰

The term “Exclusion”, also related to equality and discrimination, is defined as the act of socially isolating or marginalizing an individual, or group of individuals, based on discrimination by not allowing or enabling them to fully participate or be included in society and to enjoy the same rights and privileges. This devaluation and exclusion results in keeping “others” outside of the prevailing social system and thus restricting their access to material, social, economic, and political resources and rights. Exclusion consists of dynamic, multi-dimensional processes fuelled by unequal power relationships interacting across economic, political, social, and cultural dimensions, and at different levels including individual, household, group, community, country, and global levels. It results in the continuation of exclusion which is often characterised by unequal access to resources and material inequalities, extreme loneliness, and loss of self-esteem.¹⁶¹

¹⁵⁸ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 6.

¹⁵⁹ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 6.

¹⁶⁰ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 6.

¹⁶¹ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 7.

Also aligned to this is the concept “Harassment” which is defined in the White Paper as unwanted conduct which is persistent or serious and demeans, humiliates or creates a hostile or intimidating environment, or is used to force submission by actual or threatened adverse consequences. Prohibited grounds for “harassment” include disability, language and culture among others, as well as “any other ground where discrimination based on that other ground causes or perpetuates systemic disadvantage; undermines human dignity; or adversely affects the equal enjoyment of a person’s rights and freedoms in a serious manner that is comparable to discrimination”.¹⁶²

“Human Dignity” in relation to the context above, refers to a person’s sense of self-respect and self-worth, physical and psychological integrity, and empowerment. Human dignity is essential to every human being, absolute and independent of the state. In contrast, other human rights can be suspended in a state of emergency or limited in terms of law of general application, but not human dignity.¹⁶³

An “Impairment” is a perceived or actual feature in a person’s body, or the way in which they function, that may result in limitation, loss of activity, or restricted participation of the person in society. The result being a different physiological and/or psychological life experience.¹⁶⁴

“Inclusion”, the direct opposite of “exclusion” referred to above, is a universal human right that aims at embracing the diversity of all people regardless of race, gender, disability, or any other differences. It is about equal access and opportunities, and eliminating discrimination and intolerance for all. It is about a sense of belonging, i.e. feeling respected and valued for who you are, as well as feeling a level of supportive energy and commitment from others so as to encourage full participation in society with no restrictions or limitations. “Inclusion” implies a shift from an “individual change model” to a “system change model” which states that society has to change in order to accommodate diversity, i.e. the accommodation of all people. The key idea in the *WPRPD* is to focus on changing societal notions instead of those of specific individuals: “Inclusion is the ultimate objection of mainstreaming.”¹⁶⁵

¹⁶² ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 8.

¹⁶³ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 8.

¹⁶⁴ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 8.

¹⁶⁵ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 9.

“Independence” is when available and adequate support services, assistive devices, and personal assistance will enable PWDs to make their own choices, bear responsibility, and participate fully in society. While “Independent Living” is the ability of a person to live just like anyone else. To be able to make decisions that affect their lives and to be able to partake in activities of their own choice, while having the necessary support to enable them to live independently.¹⁶⁶ Related to independence is access to “Information and Communication Technology” (ICT). This is a widespread term referring to any kind of information and communication device or application and its content. It includes a wide range of access technologies, such as radio, television, satellites, mobile phones, fixed lines, computers, and network hardware and software.¹⁶⁷

The “National Disability Rights Coordinating Mechanism” as set out in the White Paper is primarily responsible for the overall coordination of implementation and monitoring of the national disability rights agenda.¹⁶⁸

“Personal Assistance Services” is a range of services provided by one or more persons and/or service animals, and is designed to help a PWD to perform daily activities that the individual would typically perform if the individual did not have a disability. These services have to be designed in such a way that it increases the control that the individual has in life. It removes the element of discrimination and segregation by providing for equal participation. Personal Assistants include: personal aides; guides; lip-speakers; whisper interpreters; sign language interpreters; note-takers; interpreters for deaf-blind persons; sexual and intimacy assistants; service dogs and guide dogs.¹⁶⁹

According to the White Paper, “Persons with Disabilities” (PWDs) include those who have discernible and/or actual physical, psychosocial, intellectual, neurological, or sensory impairments. As a result of various attitudinal, communication, physical and information

¹⁶⁶ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 9.

¹⁶⁷ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 9.

¹⁶⁸ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 10.

¹⁶⁹ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 11.

barriers, the *WPRPD* states that PWDs are hindered from fully and effectively participating in society on an equal basis with others.¹⁷⁰

“Reasonable Accommodation” is the necessary and appropriate modifications and adjustments, assistive devices, and technology where needed, to ensure that PWDs can enjoy and exercise activities on an equal basis with others.¹⁷¹ “Self-representation” refers to the practice of people being able to voice their own issues by themselves and for themselves. It refers to people being enabled and allowed to have their own voice in issues that relate to their specific needs and circumstances.¹⁷²

“Social Cohesion” is the degree of social integration and inclusion in communities and society at large. It is the extent to which mutual solidarity is expressed among individuals and communities. A community or society is cohesive to the extent that inequalities, exclusions and disparities based on ethnicity, gender, class, nationality, age, disability, or any other distinctions which engender divisions distrust and conflict, is reduced and/or eliminated in a planned and sustained manner. Community members have to be active participants who work together for the attainment of shared goals, designed and agreed upon to improve the living conditions for all.¹⁷³

“Universal Access” is the removal of cultural, physical, social, and other barriers that prevent PWDs from entering, using, or benefiting from the various systems of society that are available to other citizens and residents. The absence of accessibility, or the denial of access, is the loss of opportunities to take part in the community on an equal basis with others.¹⁷⁴

“Universal Design” is the design of products, environments, programmes, and services that can be used by all persons to the greatest extent possible without the need for adaptation or specialised design. Assistive devices and technologies for particular groups of PWDs where

¹⁷⁰ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 11.

¹⁷¹ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 12.

¹⁷² ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 13.

¹⁷³ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 13.

¹⁷⁴ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 15.

these are needed, must also respond to the principles of universal design. Universal design is therefore the most important tool to achieve universal access.¹⁷⁵

The *WPRPD* comprises six key features of what is termed the “Social Model”. These are critical issues that need to be considered. Firstly, acknowledging that the social context within which PWDs live impacts on their full participation, inclusion, and acceptance into mainstream society. Secondly, acknowledging that disability is a social construct that results from the interaction of various actual or perceived impairments with barriers in the environment. Thirdly, focusing on the abilities of PWDs, while also respecting their diversity, and aiming to address the social barriers that result in discrimination. Fourthly, promoting broader systemic and attitude changes in society. Fifthly, promoting mainstreaming of disability. Sixthly, reinforcing the importance of being part of transformation processes to improve the quality of life of PWDs.¹⁷⁶

The overall assessment is that the definitions given in the *WPRPD* document are sufficient and well versed.

The next section considers which authorities are in charge of the implementation and regulation of the legislation, and how the implementation and regulation are controlled and monitored. The key stakeholders of the *WPRPD* are Executive Authorities, Accounting Officers, Disability Rights Coordinating Mechanisms, Intra-departmental Committees, Legislatures, Houses of Traditional Leaders, and PWD Organisations.¹⁷⁷

According to the *WPRPD*, Executive Authorities must promote and protect the rights of PWDs within the institutions in which they serve, thus making them responsible for: providing political leadership for the mainstreaming of disability across the value chain of all relevant programmes; ensuring that the policies and directives of the *WPRPD* are translated into the necessary programmes; ensuring that Accounting Officers are held accountable for disability rights mainstreaming across all programmes of the institution they lead; ensuring that platforms

¹⁷⁵ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 15.

¹⁷⁶ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 22.

¹⁷⁷ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 126.

for consultation with representative organisations of PWDs are formalised within the correct parameters.¹⁷⁸

Accounting officers are responsible for seeing that administrative systems are put in place to guarantee effective implementation of the *WPRPD* and reporting on the impact of implementation. Such systems must include: disability equitable planning, budgeting, implementation and reporting; establishment of an intra-institutional disability rights coordinating mechanism; institutionalisation of consultative platforms with representative organisations of PWDs that report from these platforms; institutionalisation of reasonable accommodation support measures to ensure that PWDs have equitable access to all institutional information and services rendered to the general public; disability rights mainstreaming orientation and training of all personnel; ensuring the provision of financial, human and material resources to disability related programmes; ensuring that in-depth and verified disability related information is integrated into institutional knowledge management systems to ensure compliance with international treaties and *WPRPD* reporting requirements. The National Treasury and Auditor General, within their mandates, shall also ensure that departments comply with disability inclusive budgeting and reporting.¹⁷⁹

The *WPRPD* indicates that a coordination mechanism must be established within government to facilitate related action in different sectors and at different levels. Government machineries must thus be strengthened at various levels. Institutional levels and Inter-departmental levels are responsible for providing strategic direction and technical support in the delivery of equality and elimination of discrimination against PWDs. Inter-provincial levels are responsible for the oversight, management, and co-ordination of the implementation of programmes for PWDs in order to ensure that standards are maintained across provinces. The District levels are responsible for coordination of action and sharing of experiences between local municipalities in a district. Local levels have to provide support toward committees to drive local action aimed at promoting and protecting the rights of PWDs. Government-Civil Society Interfaces have to provide for full participation of civil society structures at national, provincial and local level, particularly in issue-based working groups.¹⁸⁰

¹⁷⁸ 'South African White Paper on the Rights of Persons with Disabilities (WPRPD)', *Government Gazette* 39792, 2015, p. 126.

¹⁷⁹ 'South African White Paper on the Rights of Persons with Disabilities (WPRPD)', *Government Gazette* 39792, 2015, p. 126.

¹⁸⁰ 'South African White Paper on the Rights of Persons with Disabilities (WPRPD)', *Government*

The existence of these national and provincial disability rights coordinating mechanisms do not remove responsibility for functional coordination from other relevant institutions. The State President, upon taking office, decides on the designation of the national disability rights coordinating mechanism. Placement must be in accordance with the general system of organisation of functions. The role and functions of the national disability rights coordinating mechanism include: coordination of and technical support for the implementation of the *WPRPD*; development and coordination of the five-year national disability rights programme of action; monitoring of and reporting on compliance with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and other international disability-related treaties; coordination and management of government-wide disability rights cooperative governance forums at national level. The National Disability Rights Machinery shall be constituted by Accounting officers and designated disability rights coordinators of the Departments of Planning, Monitoring and Evaluation (M&E), Public Service and Administration, National Treasury, Women, International Relations and Cooperation, Statistics South Africa. Accounting officers of national disability organisations and additional technical expertise will be sourced from research institutions, independent consultancies, institutions of higher education, organised business and labour sectors, as well as international development and human rights agencies. This will be chaired by the department in which the national disability rights coordinating mechanism is located.¹⁸¹

Provincial premiers, upon taking office, also decide on the designation of the provincial disability rights coordinating mechanisms. Placement must be in accordance with the general system of organisation of functions. The role and functions of provincial disability rights coordinating mechanisms include: development and coordination of the five-year provincial disability rights programmes of action; monitoring of compliance with the UNCRPD and implementation of the *WPRPD* at provincial, district and local level; management of disability rights cooperative governance forums at provincial level; coordination of international treaties and national disability rights reporting at provincial level. Provincial Disability Rights Machineries will report to the Provincial Executive Councils and Premiers' Coordinating Forums, and will be constituted by: Provincial disability rights coordinating mechanisms;

Gazette 39792, 2015, p. 126.

¹⁸¹ 'South African White Paper on the Rights of Persons with Disabilities (WPRPD)', *Government Gazette* 39792, 2015, p. 127.

disability rights managers from each provincial government departments and public entities; regional offices of national government departments; South African Local Government Association; district municipalities and metropolitan councils; local municipalities; provincial disability rights organisations; and provincial offices of institutions promoting democracy. As indicated, additional expertise can be sourced from research institutions, institutions of higher education, organised business, and labour sectors based in the respective provinces.¹⁸²

It is the responsibility of every public institution to put in place structural arrangements to ensure that the institution is able to fulfil its obligations as stipulated in the *WPRPD*, in accordance with the system of organisation of functions within each institution. This might take the form of designation, appointment of disability rights coordinators or units, as well as disability rights intra-departmental committees. Local municipalities and metropolitan councils must establish disability rights consultative forums represented by: all disability organisations operating within the municipal boundaries; disability representatives of every ward committee; senior management of all municipal departments. Secretariat services must be provided by the designated disability rights coordination mechanism within the municipality.¹⁸³

The National Assembly, the National Council of Provinces, provincial legislatures, municipal councils as well as the national and provincial Houses of Traditional Leaders, through their committee systems, constituency programmes and by involving rights-holders, have important oversight responsibilities in ensuring that every public institution integrates the *WPRPD* policy Directives into institutional plans, budgets and reports. Traditional leaders, as custodians of traditional customs, play a central role in championing the rights of persons with disabilities in traditional communities, including upholding their rights in proceedings of traditional courts.¹⁸⁴

PWD organisations play a central role in advancing the implementation, as well as monitoring of the *WPRPD*. Their functions include supporting the empowerment of their members and

¹⁸² 'South African White Paper on the Rights of Persons with Disabilities (WPRPD)', *Government Gazette* 39792, 2015, p. 128.

¹⁸³ 'South African White Paper on the Rights of Persons with Disabilities (WPRPD)', *Government Gazette* 39792, 2015, p. 129.

¹⁸⁴ 'South African White Paper on the Rights of Persons with Disabilities (WPRPD)', *Government Gazette* 39792, 2015, p. 129.

constituencies through human rights education campaigns, supporting the implementation of the *WPRPD*, and monitoring its implementation.¹⁸⁵

The *WPRPD* was developed over a period of time in consultation with organisations of and for PWDs, government departments, municipalities, public entities, the private sector and civil society at large, as well as the South African Human Rights Commission (SAHRC).¹⁸⁶ No indication is given on whether the PWD consultations were actually used in the drafting of the document. Throughout the rest of the *WPRPD* the involvement of PWDs in decision making processes and steps is highly recommended and encouraged, and monitoring and evaluating processes are mentioned. Whether these recommendations are being implemented and used remains uncertain.

In conclusion, the *WPRPD* outlines six dimensions that have to be addressed in order to remove barriers to access and participation: changing attitudes and behaviour; access to the built environment; access to transport; access to information and communication; universal design and access; reasonable accommodation measures. Each dimension is discussed in detail and addresses all the focus areas in their own right.¹⁸⁷

Reflecting on the *WPRPD* as a whole, it is apparent that there is no direct mention of “Disability Tourism” let alone “Invisible Disability Tourism”. However, in this regard some areas are of more use than others, relating to issues such as transport and housing.

2.2. Australian Disability Discrimination Act (DDA) (1992)

In the Australian legislation, “Disability Discrimination Act”, there are also a range of definitions. Again, these are considered (in alphabetical order) to accommodate comparative analysis with South Africa and India.

The *DDA* does not have a tourism related definition for “Accommodation”, nor is the one provided very explanatory. It simply states that it “includes residential or business

¹⁸⁵ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 131.

¹⁸⁶ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015.

¹⁸⁷ ‘South African White Paper on the Rights of Persons with Disabilities (WPRPD)’, *Government Gazette* 39792, 2015, p. 50.

accommodation”.¹⁸⁸ The concept is discussed in a later part of the document, but still not from a tourism standpoint.

An “Assistance Animal” is a dog, or other animal, that has been accredited under a law that provides accreditation of animals trained to assist PWDs in order to alleviate the effect of the disability. The animal can also be accredited by an animal training organisation prescribed by the necessary regulations. Such an animal has to be trained to assist a PWD to lessen the effect of the disability, and has to meet standards of hygiene and behaviour that are appropriate for an animal in a public place. According to the *DDA*, a PWD has an “Assistance Animal” if the person, sometime during their life, is accompanied by, or possesses, the animal. This can be past, present, or in the future.¹⁸⁹

In relation to a PWD, a “Carer or Assistant” is someone who provides assistance or services to the person because of their disability. They can be a carer, assistant, interpreter, or a reader. A PWD has a “Carer or Assistant” if the person is presently, was previously, or may yet be accompanied by the carer or assistant.¹⁹⁰

When a person has a “Disability” it means that they have a total or partial loss of their bodily or mental functions, or a part of their body. It can be the presence of an organism in the body that causes, or is capable of causing, disease or illness. A part of the person’s body could be affected by malfunction, malformation, or disfigurement. Due to a malfunction or disorder a person could be forced to have to learn differently than a person without that attribute. A “Disability” is a disorder, illness, or disease that affects a person’s thought processes, perception of reality, emotions or judgment, and it can also result in disturbed behaviour. It can exist in the past, present, or future (including a genetic predisposition), and can also be imputed to a person. A symptom of a “Disability” can also be viewed as a “Disability” in itself.¹⁹¹

A “Disability Aid” is any equipment, including a palliative or therapeutic device, that is used by a PWD to provide assistance with the intent to alleviate the effect of the disability. A PWD has a “Disability Aid” if the person, sometime during their life, is accompanied by, or possesses, the aid. This can be past, present, or in the future.¹⁹²

¹⁸⁸ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

¹⁸⁹ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

¹⁹⁰ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

¹⁹¹ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

¹⁹² ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

The *DDA* indicates that the “Minister may, by legislative instrument, formulate standards, to be known as ‘Disability Standards’, in relation to any area in which it is unlawful for a person to discriminate against another person on the grounds of a disability of the other person.” It may deal with reasonable adjustments; strategies and programs preventing harassment or victimisation of PWDs; and unjustifiable hardship.¹⁹³

“Disability Discrimination” can be “direct” or “indirect”. “Direct Disability Discrimination” is when someone treats, or has the intent to treat, the PWD less favourably than they would an average person in similar environmental conditions or circumstances. It is also when someone does not make, proposes not to make, or fails to make reasonable adjustments that would accommodate PWDs. “Indirect Disability Discrimination” is when someone requires, or proposes to require, a PWD to comply with a requirement or condition that they do not, would not, or cannot comply to. It is also when a PWD does comply, or would be able to, with the requirement or condition only if the discriminator made reasonable adjustments for the person, but the discriminator does not do so or proposes not to do so. It is also when the requirement or condition has, or is likely to disadvantage PWDs, as well as when there has been the failure to make reasonable adjustments with disadvantageous affects.¹⁹⁴

When someone makes an adjustment that does not impose an unjustifiable hardship on a person, it is referred to as a “Reasonable Adjustment”.¹⁹⁵

“Services” usually relate to banking, insurance, superannuation, provision of grants, loans, credit or finance. It also has to do with entertainment, recreation, or refreshment, as well as transport, travel, or telecommunications. “Services” are provided by the members of any profession or trade, a government, a government authority, or a local government body.¹⁹⁶

According to the *DDA*, in order to determine an “Unjustifiable Hardship” all relevant circumstances must be considered. The nature of the benefit or detriment likely to happen to, or to be suffered by the person concerned, along with the disability of said person, has to be considered. All financial circumstances and estimated amounts of expenditure have to be taken into account, along with the availability of financial and other assistance.¹⁹⁷

¹⁹³ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

¹⁹⁴ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

¹⁹⁵ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

¹⁹⁶ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

¹⁹⁷ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

Some of the definitions are not provided directly in the *DDA*, and instead it is stated that one should refer to a different section in order to locate its meaning. These sections are not found in the *DDA* itself, but in the Commonwealth Consolidated Acts. Multiple documents therefore have to be consulted in order to provide comprehensive definitions.

In the Australian legislation the control mechanism is elevated to the Commonwealth as the authority; “This Act binds the Crown in right of the Commonwealth, of each of the States and of Norfolk Island. This Act does not render the Crown in right of the Commonwealth, of a State or of Norfolk Island liable to be prosecuted for an offence.” According to the *DDA*, the Governor-General of the Australian Human Rights Commission is to appoint a Disability Discrimination Commissioner, someone who is deemed to have appropriate qualifications, knowledge or experience. The Commissioner holds office for seven years, upon which they can apply for re-appointment.¹⁹⁸

The *DDA* document is rather limited on information regarding authorities and implementation procedures. Furthermore, the involvement of PWDs in decision-making processes seems to be non-existent. PWDs opinions do not seem to be involved or even mentioned in the *DDA*.

The *DDA* document’s main focus regarding accessibility is discrimination in areas such as the workplace and the community. It is against the law to discriminate against a person based on their disability. It is regarded as discrimination when a PWD is refused access to, the use of, or the means of accessing public premises, sections thereof, and areas where other members of the public are allowed. It is also regarded as discrimination when sudden conditions or terms are set by on site staff regarding access. For example, when a PWD is told to leave an area, or to stop using that area based on unfounded reasons. Accessibility discrimination is when PWDs are not afforded the grants, benefits, programs, goods, nor access to facilities, services, or opportunities to meet their special needs. These needs refer to: employment, education, accommodation, clubs, sport; provision of goods, services, facilities, land; making facilities available; administering laws and programs; the capacity to live independently. The *DDA* discusses “access” but not “accessibility”.¹⁹⁹

Although words such as “leisure” and travel are mentioned in the *DDA* legislation, the word “Tourism” does not appear in the document. Invisible Disabilities are not directly addressed as such, and Disability Tourism is not mentioned at all.

¹⁹⁸ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

¹⁹⁹ ADDA, 2016, <<http://www.legislation.gov.au/Details/C2016C00763>>, access: 22 April 2018.

2.3. Indian Rights of Persons with Disabilities Act (RPD Act) (2016)

The last case study, India, the 2016 “Rights of Persons with Disabilities Act”, was assessed in a similar manner. First definitions are considered, along with the control mechanisms, the role PWDs play in the process, how much attention is given to accessibility broadly speaking and lastly, consideration of disability tourism per se. As in the previous instances these are considered in alphabetical order.

A “Barrier” is any factor including communicational, cultural, economic, environmental, institutional, political, social, attitudinal, or structural factors that hampers the full and effective participation of PWDs in society.²⁰⁰

Any person, including parents and other family members, who with or without payment provides care, support or assistance to a PWD, is known as a “Care Giver.”²⁰¹

“Communication” includes means and formats of communication: languages, display of text, Braille, tactile communication, signs, large print, accessible multimedia, written, audio, video, visual displays, sign language, plain-language, human-reader, augmentative and alternative modes, and accessible information and communication technology.²⁰²

In relation to disability, in the RPD “Discrimination” means any distinction, exclusion, or restriction on the basis of disability. It has the effect of impairing or nullifying the recognition, enjoyment, or exercise of equality with others regarding all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. It includes all forms of discrimination and denial of reasonable accommodation.²⁰³

“High Support” is intensive support that is physical, psychological, and otherwise, that may be needed by a PWD with a benchmark disability. This support can be for daily activities, to make independent and informed decisions, to access facilities, and to participate in all areas of life including education, employment, family and community life, and treatment and therapy.²⁰⁴

²⁰⁰ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 2.

²⁰¹ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 2.

²⁰² The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 2.

²⁰³ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 2.

²⁰⁴ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 3.

“Information and Communication Technology” includes all services and innovations relating to information and communication, such as telecom services, web-based services, electronic and print services, digital, and virtual services.²⁰⁵

A “Person with a Benchmark Disability” is someone with forty per cent or more of a specified disability that has been defined in terms that can, and cannot, be measured.²⁰⁶

A “Person with a Disability (PWD)” is a person with a long-term physical, mental, intellectual, or sensory impairment. When a PWD is faced with a barrier it limits equal full and effective participation in society.²⁰⁷

A “Public Building” can be governmental or private, and is used or accessed by the public. These buildings are used for educational or vocational purposes, workplaces, commercial activities, public utilities, religious, cultural, leisure or recreational activities, medical or health services, law enforcement agencies, reformatories, railway stations or platforms, roadways, bus stands or terminus, airports, or waterways.²⁰⁸

In the *RPD* all forms of service deliveries to the general public are referred to as “Public Facilities and Services”. These services include: housing, educational and vocational trainings, employment and career advancement, shopping or marketing, religious, cultural, leisure or recreational, medical, health and rehabilitation, banking, finance and insurance, communication, postal and information, access to justice, public utilities, and transportation.²⁰⁹

“Reasonable Accommodation” is the necessary and appropriate modification and adjustment to ensure that PWDs can enjoy or exercise rights equally with others. These modifications have to be done without imposing any kind of burden upon any PWDs involved.²¹⁰

²⁰⁵ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 3.

²⁰⁶ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 3.

²⁰⁷ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 3.

²⁰⁸ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 3.

²⁰⁹ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 4.

²¹⁰ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 4.

“Transportation Systems” include road transport, rail transport, air transport, water transport, para transit systems for last mile connectivity, road and street infrastructure, and any other form of transportation.²¹¹

“Universal Design” means the “design of products, environments, programmes and services to be usable by all people to the greatest extent possible, without the need for adaptation or specialised design and shall apply to assistive devices including advanced technologies for particular groups of PWDs.”²¹²

According to this *RPD* document there are four main groups of disabilities: “Physical”, “Intellectual”, “Mental”, and “Multiple”. There are, in turn, four types of “Physical Disabilities”: “Locomotor”; “Visual”; “Hearing”, and “Speech and Language”. When a person has a “Locomotor Disability” they do not have the ability to perform certain activities related to moving themselves or objects, which could originate from a musculoskeletal or nervous system affliction. An example is Dwarfism. A “Visual Impairment” is when a person is either completely blind, or has low-vision. A person that has a “Hearing Impairment” is either completely deaf, or hard of hearing. A “Speech and Language Disability” is a permanent disability resulting from an organic or neurological cause that affects one or more component of speech and language, for example Autism. An “Intellectual Disability” is characterised by limitation in intellectual functions (such as reasoning, learning, and problem solving) and adaptive behaviour that covers a spectrum of everyday, social, and practical skills. A “Mental Disability” means a “substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.” “Multiple Disabilities” are when a person has more than one type of disability, for example deaf-blindness, that usually leads to communication, developmental, and educational problems.²¹³

These definitions and descriptions in the Indian *RPD* appear to be most comprehensive and adequate.

²¹¹ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 4.

²¹² The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 4.

²¹³ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 35.

In terms of the regulation and monitoring of legislation, the *RPD* indicates that the Central Government, which operates on a national level, has to constitute a body known as the Central Advisory Board on Disability. This has to exercise the powers bestowed upon it, and to perform the functions assigned to it, under this Act. The Central Advisory Board on Disability consists of a Chairperson, Vice Chairperson, various members, and a Member-Secretary. The Chairperson is the Minister in charge of the Department of Disability Affairs in the Central Government, while the Vice Chairperson is the Minister of State in charge of dealing with the Department of Disability Affairs in the Ministry in the Central Government. The Member-Secretary is the Joint Secretary to the Government of India, and deals with the topic of disability policy. The members of this Board are made up of ministers, secretaries, directors, chairpersons, directors, and secretaries of Government Departments, Institutes, Ministries, Organisations, and Councils. A State Government adhering to the same regulations as the Central Government also has to be created.²¹⁴

The members nominated by the Central Government have to include five members who are experts in the field of disability and rehabilitation. Ten members have to be PWDs to represent non-Governmental Organisation concerned with disabilities or disabled persons organisations. Out of these ten members, at least five members have to be women. There has to be at least three representatives of national level Chamber of Commerce and Industry. These conditions also apply to the State Government.²¹⁵ A member of the Central Advisory Board on Disabilities shall hold office for a term of three years. The Board has to meet at least once every six months.²¹⁶ A member of the State Advisory Board on Disabilities shall hold office for a term of three years. The Board has to meet at least once every six months.²¹⁷

The Central Government has to appoint a Chief Commissioner for PWDs for the purposes of this Act. Two Commissioners, one of whom is a PWD, has to be appointed by the Central Government in order to assist the Chief Commissioner. Other officers and employees must also be appointed to assist the Chief Commissioner. The Chief Commissioner shall also receive assistance from an advisory committee consisting of no more than eleven members who are all

²¹⁴ The General Manager, 'Indian Rights of Persons with Disabilities Act 2016', *The Gazette of India Extraordinary* 2(1), 2016, p. 19.

²¹⁵ The General Manager, 'Indian Rights of Persons with Disabilities Act 2016', *The Gazette of India Extraordinary* 2(1), 2016, p. 20.

²¹⁶ The General Manager, 'Indian Rights of Persons with Disabilities Act 2016', *The Gazette of India Extraordinary* 2(1), 2016, p. 21.

²¹⁷ The General Manager, 'Indian Rights of Persons with Disabilities Act 2016', *The Gazette of India Extraordinary* 2(1), 2016, p. 22.

experts from different disabilities. The Chief Commissioner is to submit an annual report to the Central Government that will present the report to each House of Parliament.²¹⁸

For the purposes of this Act, the State Government has to appoint a State Commissioner for PWDs. Officers and employees must also be appointed by the State Government to assist the Chief Commissioner. The State Commissioner shall also receive assistance from an advisory committee consisting of no more than five members who are all experts in the disability sector. The State Commissioner is to submit an annual report to the State Government that will present the report to each House of State Legislature.²¹⁹

Accordingly, the Central Advisory Board on Disability shall be the national-level consultative and advisory body on disability matters. The Board shall “facilitate the continuous evolution of a comprehensive policy for the empowerment of persons with disabilities and the full enjoyment of rights”. The Central Advisory Board on Disability shall perform the following functions: advise the Central Government and the State Governments on policies, programmes, legislation, and projects regarding disability; develop a national policy to address issues concerning PWDs; review and coordinate the activities of all Departments of the Government and other Governmental and non-Governmental Organisations dealing with matters relating to PWDs; take up the cause of PWDs with the relative authorities and the international organisations in order to provide for schemes and projects for PWDs in the national plans; recommend steps to ensure accessibility, reasonable accommodation, and non-discrimination for PWDs concerning information, services, the built environment, and their participation in social life; monitor and evaluate the impact of laws, policies, and programmes in order to achieve full participation of PWDs; other functions assigned from time to time by the Central Government.²²⁰

The State Advisory Board on Disability shall be the State-level consultative and advisory body on disability matters, and shall “facilitate the continuous evolution of a comprehensive policy for the empowerment of PWDs and the full enjoyment of rights”. The State Advisory Board on Disability shall perform the following functions: advise the State Government on policies, programmes, legislation, and projects related to disability; develop a State policy to address

²¹⁸ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 24.

²¹⁹ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 26.

²²⁰ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 21.

issues concerning PWDs; review and coordinate the activities of all Departments of the State Government and other Governmental and non-Governmental Organisations in the State that deal with matters regarding PWDs; take up the cause of PWDs with the concerned authorities and the international organisations, in order to provide for schemes and projects for PWDs in the State plans; recommend steps to ensure accessibility, reasonable accommodation, and non-discrimination for PWDs, services, the built environment, and their participation in social life on an equal basis with others; monitor and evaluate the impact of laws, policies, and programmes designed to achieve full participation of PWDs.²²¹

The Chief Commissioner shall identify the provisions of any law or policy, and programme and procedures, which are inconsistent with this Act and recommend necessary corrective steps. The Commissioner shall also inquire about the deprivation of rights of PWDs and the safeguards available to them regarding matters for which the Central Government is the appropriate Government and take up the matter with appropriate authorities for corrective action. The Chief Commissioner shall review the safeguards provided by or under this Act or any other law for the time being in force for the protection of rights of PWDs and recommend measures for their effective implementation. Another function of the Chief Commissioner is to review the factors that inhibit the enjoyment of rights of PWDs and to recommend appropriate remedial measures. They also study treaties and other international instruments on the rights of PWDs and make recommendations for their effective implementation, while also undertaking and promoting research in the field of the rights of PWDs. The promotion of awareness of the rights of PWDs and the safeguards available for their protection is also a vital function, along with monitoring the implementation of the provisions of this Act and schemes, and programmes meant for PWDs. The Chief Commissioner shall monitor utilisation of funds disbursed by the Central Government for the benefit of PWDs, and perform any other functions assigned by the Central Government. The Chief Commissioner has to consult the Commissioners on any matter when performing functions under this Act.²²²

The function of the State Commissioner is to:

identify provision of any law or policy, programme and procedures, which are consistent with this Act, and recommend necessary corrective steps; inquire the deprivation of rights of PWDs and safeguards available to them in respect of matters for which the State Government is the appropriate Government and take up the matter

²²¹ The General Manager, 'Indian Rights of Persons with Disabilities Act 2016', *The Gazette of India Extraordinary* 2(1), 2016, p. 24.

²²² The General Manager, 'Indian Rights of Persons with Disabilities Act 2016', *The Gazette of India Extraordinary* 2(1), 2016, p. 24.

with appropriate authorities for corrective action; review the safeguards provided by or under this Act or any other law for the time being in force for the protection of rights of PWDs and recommend measures for their effective implementation; review the factors that inhibit the enjoyment of rights of PWDs and recommend appropriate remedial measures; undertake and promote research in the field of the rights of PWDs; promote awareness of the rights of PWDs and the safeguards available for their protection; monitor implementation of the provisions of this Act and schemes, programmes meant for PWDs; monitor utilisation of funds disbursed by the State Government for the benefits of PWDs; perform such other functions as the State Government may assign.²²³

It is therefore apparent that in India PWDs are included in every authoritative form and board.

In line with the above, PWDs are included in every single decision made in accordance with this *RPD* document. Every panel, commission, and organisation have to have at least one PWD that is present during decision-making processes and discussions. This document focusses on the involvement and inclusion of PWDs before, during, and after any decision or process. Their opinions are not only asked for, but also applied.

In the *RPD* it is stated that the “Central Government shall formulate rules for PWDs laying down the standards of accessibility for the physical environment, transportation, information and communications, including appropriate technologies and systems, and other facilities and services provided to the public in urban and rural areas.” The appropriate Government shall take suitable measures to provide facilities for PWDs at bus stops, railway stations, and airports conforming to the accessibility standards relating to parking spaces, toilets, ticketing counters, and ticketing machines. They shall provide access to all modes of transport that conform to design standards, including retrofitting old modes of transport, wherever technically feasible and safe for PWDs, economically viable and without entailing major structural changes in the design. Accessible roads to address the mobility that is necessary for PWDs shall also be provided. Schemes and programmes to promote the personal mobility of PWDs at affordable costs have to be developed. They have to provide for incentives and concessions and personal mobility assistance.²²⁴

In addition, all audio, print, and electronic media content have to be in accessible format, with electronic media paired with audio description, sign language interpretation, and close captioning. Electronic goods and equipment that are used on a daily basis have to be available

²²³ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 26.

²²⁴ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 15.

in a universal accessible format and design. The appropriate Government has to take measures to promote the development, production, and distribution of universally designed consumer products and accessories that PWDs generally use. If the building plan of an establishment does not conform to the rules formulated by the Central Government it shall not be granted approval to be built. When an establishment that is already built does not adhere to the rules, no certificate of completion shall be issued and occupation of the building shall be denied. Buildings that already exist have to be adjusted and modified according to the necessary accessibility rules within five years of being notified of the rules.²²⁵

The *RPD* document also addresses “access and accessibility” with regards to voting, justice, education, culture, recreation, sport, transport, information and communication technology, consumer goods, service providers, infrastructure, training, premises, funding, and other areas of daily activities that people partake in. While a number of by-products of tourism are mentioned, tourism as a separate entity is not alluded to at all.

The appropriate Government and the local authorities have to take measures to promote and protect the rights of all PWDs in order to have a cultural life and participate in recreational activities on an equal basis with others. This includes:

facilities, support, and sponsorships to artists and writers with disability to pursue their interests and talents; establishment of a disability history museum which chronicles and interprets the historical experiences of PWDs; making art accessible to PWDs; promoting recreation centres and other associational activities; facilitating participation in scouting, dancing, art classes, outdoor camps and adventure activities; redesigning courses in cultural and arts subjects to enable participation and access for PWDs; developing technology, assistive devices, and equipment to facilitate access and inclusion for PWDs in recreational activities; ensuring that persons with hearing impairments can have access to television programmes with sign language interpretation or sub-titles.²²⁶

In addition, the appropriate Government shall take measures to ensure effective participation in sporting activities of the PWDs. Sports authorities shall give due recognition to the right of PWDs to participate in sports and shall provide for the inclusion of PWDs in their schemes and programmes for the promotion and development of sporting talents. The appropriate Government and the sports authorities shall take measures to:

²²⁵ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 15.

²²⁶ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 12.

restructure courses and programmes to ensure access, inclusion, and participation of PWDs in all sporting activities; redesign and support infrastructure facilities of all sporting activities for PWDs; develop technology to enhance potential, talent, capacity, and ability in sporting activities of all PWDs; provide multi-sensory essentials and features in all sporting activities to ensure effective participation of all PWDs; allocate funds for development of state of art sport facilities for training of PWDs; promote and organise disability specific sporting events for PWDs and also facilitate awards to the winners and other participants of such sporting events.²²⁷

Again, the *RPD* does not directly mention Disability Tourism nor Invisible Disability Tourism.

When comparing this analysis of the three countries according to their respective relevant legislations – the *WPRPD*, *DDA* and *RPD* – there are both similarities and differences in the manner in which disability is acknowledged, defined and monitored. Using a scale of 1-5 (1 = non-existent and 5 = excellent) the three countries can be rated. As is evident in Table 1: Scale Comparison Between South African, Australian, and Indian Legislation below, India far exceeds South Africa in terms of the criteria used to assess the legislation pertaining to disability and then disability tourism. Australia is not that far behind South Africa but, as is indicated, very far behind India.

²²⁷ The General Manager, ‘Indian Rights of Persons with Disabilities Act 2016’, *The Gazette of India Extraordinary* 2(1), 2016, p. 12.

Table 1: Scale comparison between South African, Australian, and Indian legislation:

	South Africa	Australia	India
1. Which definitions are given, and which are not?	3	3	4
2. What authorities are in charge of the implementation and regulation of the legislation, and how are the implementations and regulations controlled and monitored?	3	3	5
3. Are PWDs included in the decision-making process?	3	1	5
4. How much focus is given to accessibility?	3	2	4
5. Is there any mention of Disability Tourism, or Invisible Disability Tourism?	1	1	4
	13	10	22

Legend:

- 1 Non-Existent
- 2 Poor/Vague
- 3 Average
- 4 Good
- 5 Excellent

Chapter 4:

Tourism Journey Model

In this chapter the evolution of tourism cycles is discussed, as well as the details of the newly devised Tourism Journey Model. Each stage of the model is explained and discussed with focus on accessibility in the tourism industry.

In the past, numerous scholars have addressed different aspects involved in the tourism journey, many of which are discussed in the form of some sort of model or cycle. An example of this is the seminal work of Butler which dates back to 1980, and the Tourist Area Life Cycle model that have both stood the test of time.²²⁸ While Butler's cycle pays more attention to the destination, Clawson and Knetsch's framework included, for the first time, the pre- and post-stages of traveling to a destination as part of the experience. Their framework consists of five stages: anticipation and planning; travel to the destination; on-site experience; return travel; recollection and evaluation.²²⁹ While the mentioned cycle and framework focus on the tourist destination and experience, they still do not incorporate the question of "accessibility" as such. Another model devised in 2007, Lane's Visitor Journey has six steps that form a cycle: Stimulation, Planning and Anticipation; Ease of Booking; Travel to the Destination; The Destination Experience; Going Home; Recollection of the Experience.²³⁰ The Visitor Journey shows the importance of relationships between visitors and other stakeholders in a tourist's journey, and also starts to focus on their experiences and possible barriers to visitors. It also considers destination accessibility.²³¹ Then in Eichhorn and Buhalis developed "The Tourism System and Accessibility", which includes various stakeholders throughout five aspects: a traveller-generating region; a destination region; a transit region; a travel and tourism industry; the external environment. This system also focuses on the periods before the trip, during the trip (transit and on site), and after the trip. The traveller's information needs are added into the areas of the system. The Eichhorn and Buhalis system focuses on accessibility by incorporating the six A's that are considered to be vital in analysing a tourism destination: Amenities; Attractions; Ancillary services; Activities; Available tourism packages, and Accessibility.

²²⁸ R.W. Butler, 'The Concept of a Tourist Area Cycle of Evolution: Implications for Management of Resources', *Canadian Geographer* 24(1), 1980, pp. 5-12.

²²⁹ M. Clawson & J.L. Knetsch. *Economics of Outdoor Recreation*.

²³⁰ M. Lane, 'The Visitor Journey: The new road to success', *International Journal of Contemporary Hospitality Management* 19(3), 2007, pp. 248-254.

²³¹ M. Lane, 'The Visitor Journey: The new road to success', *International Journal of Contemporary Hospitality Management* 19(3), 2007, pp. 248-254.

Accessibility is regarded throughout The Tourism System, and in so doing also identifies possible barriers.²³²

The Tourism Journey Model devised for this dissertation consists of five stages: Motivation and Preparation; Transfer and Travel; Arrival and Accommodation; Cuisine and Attraction Sites; Post Travel and Social Media. The “Tourism Journey Model” reflects on the phases of tourists’ experience or lifecycle, reflecting on the various dimensions of accessibility. It considers aspects that impact on accessibility as well as the feedback from PWDs’ post-travel reflections. It incorporates visible and invisible disabilities. (See Figure 1). These five stages will now be explained and form the structure of the dissertation analysis.

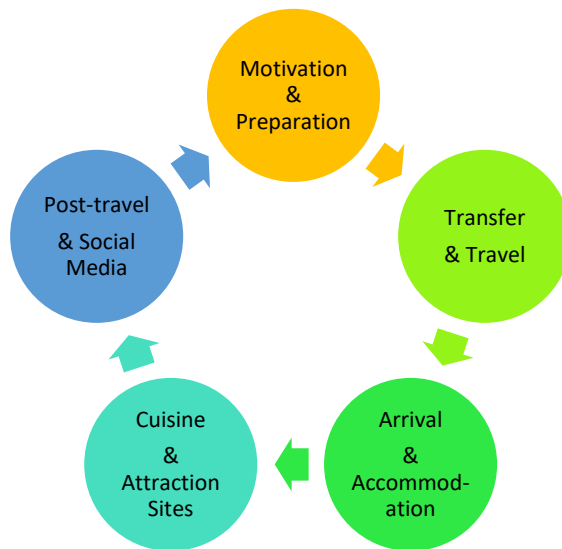


Figure 1: Tourism Journey Model. (Devised by Elizabeth Calitz and Karen L. Harris)

1. Motivation & Preparation:

Motivation in tourism can be conceived of in terms of the push and pull factors. Push factors are internal, or emotional, elements that inspire people to travel, while pull factors are the rewards and benefits that visiting a destination holds. In other words, internal factors as pushing a person to travel to a destination that they are being pulled to visit. “Push motivators may include: desire for escape; rest; relaxation; prestige; health and fitness; adventure; social

²³² V. Eichhorn & D. Buhalis, ‘Accessibility: A Key Objective for the Tourism Industry’, in D. Buhalis & S. Darcy (eds.), 2011, *Accessible Tourism Concepts and Issues*, pp. 48-50.

interaction; family togetherness; excitement. Pull motivators may include: the destination's attractiveness; natural features such as beaches and mountains; recreation facilities; cultural attraction; dining opportunities; entertainment; shopping; educational opportunities."²³³ Tourists with accessibility needs are also pulled by the accessibility of each of the other pull factors in terms of their personal needs, including the infrastructure to and from a destination, and other people's attitudinal factors, i.e. accessibility itself is also a motivational factor. Naturally, the relationship between the push-pull factors greatly influence travel decisions.²³⁴

A PWD might be motivated by the desire to want to travel for independence, i.e. they want to regain control over their own lives, or be normal. They want to show that they are still capable of "doing it themselves", which also provides them with an extra confidence boost. They are also motivated by the desire to be in the natural environment, which provides them with a sense of freedom, whether it be from a hospital or just their ordinary everyday lives. Having an adventurous spirit can also drive a PWD to travel, meaning that they can gain back lost confidence or gain a sense of achievement by completing an adventure activity. A sadder motivation for travel could also be that the person wants to travel while they still can, in other words they have little time left and they decide to go on a trip while they still are able or still alive. This indicates that a PWD, or any other person, is motivated to travel by physical, mental, and emotional reasons.²³⁵

As regards preparation people prepare for their travels in various ways. Most people follow checklists to make sure that they have made all of the necessary arrangements and packed all of the things that they will need on their trips. The majority of sources available for this stage of the cycle are informal sources found on social media and personal blogs. Some people use travel agencies, while others plan their own trips. Just like there are people who prefer to go on group holidays, and others who want to go on individual vacations. After a person has decided on a destination they have to do as much research about it as possible. In the case of a traveller with a disability they need to take additional precautions and make specific plans to

²³³ T.J. Dickson & S. Darcy, 'Australia: The Alpine Accessible Tourism Project and Disabled Winter Sport', in D. Buhalis *et al.* (eds.), 2012. *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*, p. 343.

²³⁴ T.J. Dickson & S. Darcy, 'Australia: The Alpine Accessible Tourism Project and Disabled Winter Sport', in D. Buhalis *et al.* (eds.), 2012. *Best Practice in Accessible Tourism: Inclusion Disability, Ageing Population and Tourism*, p. 343.

²³⁵ L. Shi *et al.*, 'Understanding Leisure Travel Motivations of Frequent Travelers with Acquired Mobility Impairments', *Travel and Tourism Research Association: Advancing Tourism Research Globally* 15, 2016.

accommodate their situation, for example, if a person is travelling with a service dog, they have to make sure of the necessary travel documentation and vaccination procedures that have to be completed. They also need to make sure about which airlines can accommodate a person's individual needs. It is also recommended that people take out cancellation policies and travel insurance with insurance companies. Taking into consideration the length of a person's trip, they should make sure to have enough medication to take with them, as well as the necessary documentation that goes along with it. It is beneficial to make lists about the aids and assistive devices that a person needs throughout their trip.²³⁶ Planning is key but even more so for a PWD! Rule of thumb is to make sure to plan for every detail that can go right, and everything that can go wrong.

A PWD (or their caretaker) has to make sure that they are familiar with the different rules for traveling with controlled substances, which can differ from country to country, before traveling to a destination. The most accurate source for this information would be the embassy of the country that one is traveling to, and they should be able to provide information on medication restrictions and the required documentation. Even so, the general packing and storing rules still apply. The person can ask their pharmacist for extra advice on this. Travellers should bring enough medication to last throughout the entire trip, as well as extra should there be any form of a delay. All medication has to be stored in their original containers, packaging and labels. Bring a copy of the original prescriptions, as well as a list of generic brands, just in case a refill is needed. Make sure to bring a prescription copy and list that is in the native language of the country being travelled to. Medication should be packed in carry-on luggage, for easy access at airport procedures as well as during the flight should the traveller require it. Some destinations require an original prescription and even a doctor's note or certificate for explanation as to why the medication is needed. Travellers should visit their doctor six to eight weeks prior to their trip to refill prescriptions, get the needed vaccinations and certifications proving it, and obtain the needed medical documentation. They should also ask their doctor for other health advice if the trip is to an area that contains a risk for diseases. It is also advisable that before taking any medication after landing, if travelling by air, the traveller must make

²³⁶ J. Fischer, 2020, <<https://www.myhandicap.com/en/information-disability-chronical-illness/accessible-holidays-disability/holiday-tips-disabled/holiday-preparation-handicap/>>, access: 15 October 2020.

sure that no medication has been tampered with or altered. Ensure that a travel insurance policy covers any lost, confiscated, or stolen medication supplies.²³⁷

As mentioned in chapter 2, the London Gatwick Airport in the United Kingdom posed the question of how passengers with hidden disabilities could be recognised. It then generated an opportunity for the Hidden Disabilities Sunflower Scheme Limited to be created in 2016. They made a simple design of a sunflower on a green background that was then used on a lanyard. Identification Cards stating a specific disability can also be acquired. It is an indistinct, but noticeable, indicator that let staff at the airport identify the wearer as someone that could use extra assistance or simply extra time. Since its creation, it has been taken on by other major airports and venues across the world. In the United Kingdom the Hidden Disabilities Sunflower has allowed for persons with invisible disabilities to reap more benefits throughout their ordinary and everyday lives in supermarkets, at railway and coach stations, leisure facilities, and a number of emergency and public services. Businesses of all sizes have started to adopt the Sunflower approach. Hidden Disabilities Sunflower merchandise, such as pins, lanyards, and ID cards, are given to customers for free, and do not have an age limit. If a person cannot, for some reason, wear the lanyard themselves, their carer or a family member can wear it on their behalf. Proof or evidence of a hidden disability is not needed in order to acquire a lanyard, since a person might still not be diagnosed with an illness and still suffer from its symptoms. This product is not so that a person may receive favour, but simply to afford a person with the chance to make their lives a little bit easier. When a PWD wants to book a Sunflower Lanyard to simplify their airport process, they have to contact the airport and ask for the form and hand it in at least two weeks before their travel time.²³⁸

Travellers have to let the airports, that they will be travelling through, know about their invisible disabilities should they require any special assistance. This has to be done at least 72 hours before their arrival. The same goes for the airlines that they are making use of. Some airlines will have a medical assistance form that needs to be completed so that the airline staff can have a better understanding of what the passenger needs. Some airlines will provide a security escort or even extra luggage allowance. The Sunflower Lanyard also indicates that someone might need special assistance. It is advised that PWDs arrive at the airport earlier than

²³⁷ Luxury London Guy, 2020, <<https://luxurylondonguy.co.uk/the-ultimate-guide-for-travellers-with-hidden-disabilities/>>, access: 15 October 2020.

²³⁸ Hidden Disabilities Sunflower Scheme Limited, 2020, <<https://hiddendisabilitiesstore.com/about-hidden-disabilities-sunflower>>, access: 15 October 2020.

specified on the day of their flight. This allows extra time for if any problems arise. It is beneficial to arrange beforehand for an Airport Ambassador, or someone from the airline, to meet the PWD at a designated spot, should the person need that extra help to go through the airport to their flight. This arrangement can also be made for when the passenger lands at their destination. PWDs should always notify security and customs personnel of their disability, so that the staff can be aware of any special needs should there be an emergency. An idea is to take a small card that explains a person's disability, its symptoms, and any needed assistance, which can be shown to airport, airline, hotel, or any other personnel. An extra copy in the language of the country that will be visited, to avoid the language barrier is also advised.²³⁹

When it comes to booking a flight, choose the seat that complies with all of the traveller's needs. Book a hotel that fulfils the person's accessibility requirements. Always call, or email, the hotel directly and communicate with an employee who is familiar with the accessibility features of the hotel. Ask them to provide photographs of any areas that might concern the visitor, for example the bed or shower facilities, so that they can decide for themselves if it will suit their needs. If a person has a visual disability, they can ask the person to describe the room to them. PWDs should inform the hotel of their disability, as well as the equipment (or service dog) that will be travelling with them.²⁴⁰

Almost all travel blogs and pages give advice for people intending on taking trips. "Always have a backup plan. Consider the worst-case scenarios and make sure all options are considered."²⁴¹ If all of the necessary pre-travel research and preparation have been done, the person travelling with a disability will know what they are entitled to even better than the people that they will encounter, including staff at various destinations. It is important to be vocal about one's disability and needs, and not to feel like one should keep quiet. As invisible disability is not visible, the traveller needs to make people aware of their situation prior to travelling.²⁴²

²³⁹ Luxury London Guy, 2020, <<https://luxurylondonguy.co.uk/the-ultimate-guide-for-travellers-with-hidden-disabilities/>>, access: 15 October 2020.

²⁴⁰ Luxury London Guy, 2020, <<https://luxurylondonguy.co.uk/the-ultimate-guide-for-travellers-with-hidden-disabilities/>>, access: 15 October 2020.

²⁴¹ Luxury London Guy, 2020, <<https://luxurylondonguy.co.uk/the-ultimate-guide-for-travellers-with-hidden-disabilities/>>, access: 15 October 2020.

²⁴² J. Buckley, 2019, <<https://www.cntraveler.com/story/how-i-travel-with-my-invisible-disability>>, access: 15 October 2020.

2. Transfer & Travel:

This stage of the Tourism Journey Model includes the processes and procedures at airports, train stations, car hire and taxi services, and other forms of transportation. It also includes airline procedures before, during, and after the flight, including the boarding process. It includes travel from home to the airport (or any other type of transport station), from the airport to the hotel (accommodation), from the hotel to the attraction sites and vice versa, from the hotel to the airport, and from the airport back home.

Transfer is “the transportation of a passenger between two points, such as from the airport to a hotel and vice versa, often included as an element of a tour.”²⁴³ It also allows for a person to move between different forms for transportation, or vehicles, without any extra costs. Although, some hotels and transfer service businesses do ask for additional payment.²⁴⁴ Transfer to and from a hotel, or other type of accommodation, can be arranged (provided the service is available) when booking a room via the internet, writing an email, or calling the hotel. These are usually cars, shuttles, mini-busses, or even busses. Special arrangements, such as accessibility and service animals, should be discussed in these bookings. Travellers have to make sure that they are aware of all available transfer services and terms and conditions. Hotels and transfer services always have to be reminded of a person’s booking beforehand as the travel date approaches. There are two types of transfer: individual and group. When a person uses individual transfer services there is usually someone waiting for them at the gate, holding a sign with their name. They are escorted to their transport without having to wait for other passengers to fill up the car. It is private and more convenient for the PWD, albeit a bit more expensive. Group transfer is cheaper, because the cost is divided among the members of the group. There is usually a waiting period of between 20 minutes and one hour for the vehicle (most likely a mini bus) to fill up, which also increases the travel time to the destination. The benefits of using transfer services are that they are generally cheaper (free in the case of some hotels), time saving, and safe. Travellers always have to make sure of this information when they book a service. In the instance that the transfer service does not show up, the service provider needs to be contacted and informed. Transfer services ensure the safe ‘delivery’ of

²⁴³ Travel Industry Dictionary, 2013, <<https://www.travel-industry-dictionary.com/transfer.html>>, access: 16 October 2020.

²⁴⁴ Travel Industry Dictionary, 2013, <<https://www.travel-industry-dictionary.com/transfer.html>>, access: 16 October 2020.

passengers to their destination while they are in a foreign place and are therefore important for PWDs.²⁴⁵

Tourists can travel via air, water, land, road, and railway. Sometimes these forms of transport are attractions in themselves. These different forms of transport all have advantages and disadvantages. The advantages of air travel are that it almost always has a direct route at high speeds, with quick service. The disadvantage is that it has a high cost, is not suitable for heavy bulk cargo, accidents are mostly fatal, and passengers almost always suffer from jet lag. Water transport, such as ferries and boats, can be economically feasible along with having large carrying capacities, and have created trade routes in the tourism industry. Road transport, such as cars and busses, is flexible and reliable. It can be used from door to door instead of having to travel to a station first, which makes it more economically worthwhile. It is excellent over short distances, and can supplement other types of transport. Unfortunately, it can be slow and has a limited carrying capacity. The level of luxury can also be limited, for example if the air-conditioning of a car does not work on a hot summer day. The level of comfort depends on the condition of the road, and accident have high chances of occurring. Railway transport can cover long distances at a cheaper rate, with a large carrying capacity. It is definitely faster than road transport, and has more added luxuries, such as bathrooms. The departure and arrival times are, however, not flexible. It does struggle in rural areas and is not always fit for mountainous region. These advantages and disadvantages do not even consider accessibility and disability. An ideal situation would be when all forms of transport are accessible to PWDs, whether their disabilities are visible or invisible.²⁴⁶ Many airlines allow guide dogs to fly for free as long as its seat was reserved at least 48 hours in advance of the flight.²⁴⁷

PWD travel blogs and sites advise that persons travelling with disabilities ask for assistance even when they feel like just pushing through on their own because they want to avoid questions from airline staff. This will aid in the avoidance of unnecessary exhaustion. One blogger states in this regard “If it looks like you’re getting special treatment, people can be snide. But grow a thick skin and remind yourself that this so-called special treatment means you’re not compromising your health.”²⁴⁸

²⁴⁵ Good Hotels, 2020, <<https://goodhotels.ru/en/chto-takoe-transfer-v-turizme-kak-i-gde-zakazat-transfer-ot-aeroporto-do/>>, access: 16 October 2020.

²⁴⁶ Tourism Notes, 2020, <<https://tourismnotes.com/tourism-transportation/>>, access: 16 October 2020.

²⁴⁷ S. Vora, 2018, <<https://www.nytimes.com/2018/04/05/travel/disability-travel-tips.html>>, access: 15 October 2020.

²⁴⁸ J. Buckley, 2019, <<https://www.cntraveler.com/story/how-i-travel-with-my-invisible-disability>>.

3. Arrival & Accommodation:

This stage of the journey includes the arrival of a tourist at an airport, their accommodation, restaurant, or attraction site. It also includes the accessibility aspects of these respective facilities.

PWDs have to make sure that they remind the necessary personnel of their disability and any special needs before and during arrival. Specific height, width and depth measurements or facilities and furniture depend on the country that is being visited, but should be universally accessible. It is important that there is sufficient parking available, and not just one disability friendly space. Parking spaces should be big enough for unloading a PWD with mobility equipment or even someone with a service dog. This is applicable to vehicles such as vans, mini-busses and even rental cars. If the parking is underground, there has to be an elevator that goes up to the reception area. Whether the parking area is underground or not, disability friendly parking should be close to the entrance of the hotel, and preferable under cover. If there is a kerb, it should not exceed a certain height, and it should be ramped or cut to allow access. Approaches to the entrance should have a compact surface that is clear and safe. The main entrance of the hotel should be accessible to all PWDs, regardless of their type of disability. Ideally, all entrances and exits of the hotel should have ramps as well as rails. These ramps should not be too steep, and not slippery, and they also have to be wide enough with no sharp corners, enabling a person to turn smoothly. A good idea is to make the ramp and rail a different colour than the rest of the surroundings, clearly indicating its location to those who might need it. Doorways have to be wide enough to accommodate a wheelchair, or a person with a service dog next to them. A PWD has to be able to do a complete 360 degree turn in the doorway for it to be accessible. The entrance doors should have lever-type handles that can be pulled for it to open, which would be made easier if the doors could be pulled from both sides. It can be made easier if the doors were automatic or otherwise manned by staff that open them for guests.²⁴⁹

Upon arrival at reception, guests are allowed to ask if they may see the room beforehand to make sure that it meets all of their requirements. This is of particular relevance to PWDs. It is vital that visitors are informed regarding emergency procedures in the event of an evacuation or other emergency. Hotel staff have to be reminded to check up on their guests should there

²⁴⁹ access: 15 October 2020.
Alberta Hotel and Lodging Association, 2017,
<<https://www.ahla.ca/2017/11/08/accessibility-self-assessment-guide/>>, access: 16 October 2020.

be an evacuation, so that they can make sure that everyone is aware of the situation. The reception counter should be at an appropriate height to accommodate all guests, and also have an induction loop to assist deaf guests. An induction loop is a type of assistive listening device that has a cable looped around a room or area to help transmit sound to a special hearing aid. Staff have to be well trained in how to provide effective and accessible service to all PWDs regardless of their disability.²⁵⁰

Lifts have to have automatic doors that open wide enough to be accessible. The inside of the lift should also be wide enough on all sides to fit a person in a wheelchair, as well as other guests at the same time. When the doors open, close, and when the lift arrives on a floor, there has to be a visual as well as audio indication to announce the action and location. The buttons on the outside, and inside, of the lift have to be at the appropriate height and of the appropriate size. It should also have braille written on it. There should be handrails inside of the lift, as well as a mounted mirror. The mirror assists wheelchair users with reversing. The entire lift system has to have adequate lighting. Staircases and passages also have to be lit correctly at all times. The surface of the ground leading up to a staircase should be different than the rest of the floor, thereby indicating the change to a visually challenged person. There have to be handrails on both sides of the stairs, and of a contrasting colour to the background. Passages have to be wide, and high, enough to accommodate multiple people next to each other at the same time.²⁵¹

As regards the accommodation, accessible rooms should be on the ground floor, or accessible by lifts. The doors should open inward by using lever type handles that are situated at an accessible height. All switches and controls should be accessible from the bed, and otherwise at convenient heights. All switches should be illuminated and labelled with braille as well as another universal language, which is usually English. The height of the bed, as well as the space around it, should comply with specific measurements for easy access. The layout of the room, and bathroom, should be accessible according to standards set out by the building regulations of the specific country. A hotel should have at least, but not only, one accessible bedroom. Although, what is considered accessible for one type of disability is not necessarily accessible to another. The solution being that more than one type of accessible bedroom should be

²⁵⁰ Alberta Hotel and Lodging Association, 2017, <https://www.ahla.ca/2017/11/08/accessibility-self-assessment-guide/>, access: 16 October 2020.

²⁵¹ Alberta Hotel and Lodging Association, 2017, <https://www.ahla.ca/2017/11/08/accessibility-self-assessment-guide/>, access: 16 October 2020.

available. There are also “normal” rooms than can be made accessible by using a few devices, such as deaf kits, or audio ques for visually disabled guests.²⁵²

In the USA, hotels have deaf kits that can be set up in rooms to assist guests with hearing disabilities. This kit includes a communication access device that allows guests to communicate with hotel staff as well as make outgoing calls, by having a two-way typed conversation. There is also a handset telephone amplifier that increases sound for guests that are not entirely deaf. The visual telephone ring signaller connects the telephone line to a lamp, so that when the telephone rings, the lamp switches on and off. The visual door knock signaller is an ultra-bright and long-lasting LED indicator that alerts a person when there is someone knocking on the door. If there is a power outage, this light can be used as a flashlight. The alarm clock with bed shaker can be adjusted to amplify the sound of the alarm clock, to shake the bed when going off, or to do both. The visual emergency notification system connects to the hotel’s fire alarm by means of a small transmitter. If the fire alarm goes off, a wireless signal is sent to a sound and strobe receiver in the PWD’s room, which notifies them of the emergency.²⁵³

Accessible rooms should have en suite bathrooms that comply with the same rules and regulations as the rest of the facility. There has to be accessible public toilets in the public bathrooms situated throughout the hotel. The signage used throughout the hotel has to be written in large characters, or numbers, on a contrasting background. The font, colouring, and size of signage has to be the same throughout the hotel. In passages and on staircases, signs have to be illuminated. Signage also has to be at the appropriate height. Signage used throughout the hotel has to be explained in information packages, online, or by staff so that everyone has the same understanding of what they mean. Pools, associated restaurants, vending machines, public telephones, gymnasiums, health facilities, shops, and other facilities have to be accessible as well. Another element to consider is if the hotel environment is fragrance free, due to some people having severe allergies to certain aromas. Hotel staff have to be trained in dealing with PWDs with different disabilities. They have to be able to assist, know when to assist, and when to just keep an eye on a PWD.²⁵⁴

²⁵² Alberta Hotel and Lodging Association, 2017, [<https://www.ahla.ca/2017/11/08/accessibility-self-assessment-guide/>](https://www.ahla.ca/2017/11/08/accessibility-self-assessment-guide/), access: 16 October 2020.

²⁵³ Maxi Aids, 2020, [<https://www.maxiaids.com/krown-economy-ada-hotel-kit-w-visual-emergency-notification-7-piece/>](https://www.maxiaids.com/krown-economy-ada-hotel-kit-w-visual-emergency-notification-7-piece/), access: 16 October 2020.

²⁵⁴ Alberta Hotel and Lodging Association, 2017, [<https://www.ahla.ca/2017/11/08/accessibility-self-assessment-guide/>](https://www.ahla.ca/2017/11/08/accessibility-self-assessment-guide/), access: 16 October 2020.

4. Cuisine & Attraction Sites:

This stage of the journey looks at the accessibility of cuisine establishments, such as restaurants, cafés, and other eateries. It also focuses on the accessibility of various attraction sites. PWDs should try to inform eateries and attraction sites beforehand that they will be visiting, even if just to notify the staff of their presence. During the notification process, staff should be informed of any extra equipment, or animals, that will be accompanying them. By booking a table, or tour, in advance, a PWD can get a better, safer, and more accessible experience at the establishment that they are visiting.

The accessible entry requirements for restaurants and cafés are similar to those of hotels, in terms of the parking, curbs, ramps, and doorways. Lifts, staircases, and passages also have similar requirements. If the restaurant is outside, the same rules still apply. Public bathrooms have to comply with the disability regulations set forth in that country. The same rules apply to signage in a restaurant, as it does in a hotel. Tables and counters in restaurants have to be able to accommodate wheelchair users, and PWDs with other equipment (or dogs), without the need to transfer furniture. The height, as well as knee and foot space have to fit the needs of the PWD customer. Staff have to be aware of the possible allergens in food being served, for if a customer inquires about it. Better yet, it should be indicated on the menu. The menu which should be written in such a way that it has a clear and large enough font written on a contrasting background. Assistance with the menu should be provided if necessary and only if asked for. Food should be presented in bite-sized portions on request, for those that ask for it. If the restaurant is self-service, such as buffets, the menu should be positioned in such a way that everyone can read it. Service animals, not pets, have to be allowed entry to the establishment. The animals are trained in such ways that they will not disturb any customers, unless it might be someone with an allergy to said animal.²⁵⁵

The accessible entry requirements for attraction sites are, yet again, similar to that of hotels and eateries, in terms of the parking, curbs, ramps, doorways, lifts, staircases, passages, and signage. Public bathrooms have to be clearly indicated and designed according to the disability regulations set forth in that country. Parking areas have to be clearly marked with sign posts and close to the entrance. Staff has to be available to assist PWDs, or any other customers for that matter, during business hours. There should be an emergency evacuation monitoring

²⁵⁵ Alberta Hotel and Lodging Association, 2017, <https://www.ahla.ca/2017/11/08/accessibility-self-assessment-guide/>, access: 16 October 2020.

system in place should such an instance occur. That means that staff have to be aware of the number of visitors that are at the attraction site, as well as where they are. In the event of an emergency, should it pertain to them, staff should make sure that all PWDs are aware of the situation and safely escort them to the emergency collection point. Service animals have to be permitted. Staff have to be trained about how to assist, if needed, PWDs. They should also receive training about different types disabilities, or even just be made aware of the fact.²⁵⁶

5. Post-travel & Social Media:

The Post-travel and Social Media stage of the journey takes place after the tourist has returned home from their trip. There are little, to almost no, academic sources available on this part of the journey. One of the exceptions being Dimitrios Buhalis and Elina Michopouloul who have written a collection of articles relating to “Technology Platforms” and “Disability”.²⁵⁷ Therefore, the researcher made use of travel blogs and social media accounts of travel writers and other tourists.

Post-travel depression/anxiety/stress/blues is something that tourists feel or experience when they get back home after a holiday or trip. Five general, or typical, travel depression symptoms felt by travellers are: the sadness of saying goodbye to people and places; the nostalgia of knowing that they cannot return to the past; the feeling of returning to a routine filled with old worries; the reverse culture shock of getting used to home again; the financial shock of looking at expenditures from during the trip. Other symptoms of post-holiday depression can be more physical. Such as anxiety, fatigue, irritability, mood swings, headaches, sleeping problems, appetite changes, weight loss or gain, problems with concentration, wanting to be alone, the loss of interest in things that used to fascinate a person and which they used to enjoy. There are benefits to experiencing post-travel depression, such as realising that there are certain aspects in one’s life that are unnecessary, and realising one’s passions. It helps with wanting to achieve more in one’s life, to keep on learning and discovering new places. To be able to do more than a person thought they were able to. It is a motivator for saving up for the next holiday, and taking a break from everyday life and routine. It makes people want to grow as individuals, and show to others that they are capable of taking care of themselves.²⁵⁸

²⁵⁶ Alberta Hotel and Lodging Association, 2017, <<https://www.ahla.ca/2017/11/08/accessibility-self-assessment-guide/>>, access: 16 October 2020.

²⁵⁷ E. Michopouloul & D. Buhalis, ‘Technology Platforms and Challenges’, in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

²⁵⁸ J, Ejmont, 2017, <<https://www.wanderluststorytellers.com/post-travel-depression/>>, access: 16 October 2020.

Post-travel depression is usually a short-term ailment, as such, if it lasts too long and starts to get too severe, it is advised that medical and professional help be sought out. There are easy ways to get through post-travel depression. People have to allow themselves enough time to adjust to their normal lives again. It is normal to feel depressed, or down, after returning from vacation, and realising this is very important.

When we come back from vacation, we experience a drop in our adrenaline levels. These levels were very high before and during the trip, due to exhilaration and excitement. We use up all of our energy during vacation, and the travel processes, leaving us with nothing when we get home. There is also the presence of jet lag, which calls for an added vacation day after a person's trip. Another coping method is to record travel memories in a creative way, which helps by recalling positive memories and emotions. Planning the next trip also helps by creating anticipation and adrenaline. Memories of previous trips, as well as dreams of future vacations.²⁵⁹

Nowadays social media can be a very efficient marketing tool for tourist experiences. Using social media as a platform for pre-travel research is just as effective as leaving a post-travel review. Whether someone had a positive or negative experience, they will most likely be posting it on social media. This can create a positive image for a destination, just as it can break a destination down. This is almost like a digital version of word-of-mouth, which could be the only way a PWD is exposed to a destination or experience. Social media platforms might actually reach a wider audience than more conventional marketing methods, such as newspapers. This is especially true with regards to PWDs because of the easy access of social media on electronic devices. Social media is also an excellent advertising tool. When people leave reviews on a destination or business' website, it is likely to draw more attention from the business. This is due to the fact that any person who visits the website can read the reviews, good and bad. This can result in either the gain of a customer or the loss of one. Customer service in the tourism industry has actually improved because of online reviews. A PWD can leave a suggestion that is seen not only by the relevant business, but also by every other user. This leads to a faster reaction and solution. Social media can help someone to decide if they want to go to a destination or not. It could be what makes the final decision for them. It can also be a handy communication tool, seeing as most businesses now have social media accounts

²⁵⁹ J, Eijmont, 2017, <<https://www.wanderluststorytellers.com/post-travel-depression/>>, access: 16 October 2020.

and managers, and these accounts tend to be more active than other more conventional methods such as emails.²⁶⁰

Over the years many variations of the tourism lifecycle have been created. The idea is that The Tourism Journey Model devised for this study can be used in the future to advance the industry for the inclusion and betterment of all PWDs.

²⁶⁰ Ised Solutions, 2018,
<<https://isedsolutions.org/2018/08/17/the-benefits-of-social-media-in-promoting-tourism/>>,
access: 16 October 2020.

Chapter 5:

Scenario

This chapter explains the Tourism Journey Model that was specifically devised for this study using a simulated scenario. The stages are explained by describing the travels and experiences of a fictitious tourist, who is positioned to travel to three different countries, but with the same disability. This allowed for a constant benchmark in terms of the individual with a disability so that this could be investigated within the three different scenarios: South Africa, Australia and India. The invisible disability selected was deafness. It therefore looks at the experiences of a hearing impaired PWD, much like the exploratory study done by Poria, Reichel and Brandt on the blind tourists' experience mentioned in the literature review.²⁶¹

The fictitious tourist, Linda, is a 25-year-old woman who is completely deaf and travels with her assistance dog, Buddy. Linda lost her hearing at the age of five after she had severe Meningitis. The bacteria caused by the disease permanently damaged her inner ear, leaving her completely deaf in both ears. Unfortunately, she cannot be helped with hearing aids or cochlear implants.²⁶² She struggled for five years until, at the age of ten, her parents applied for her to get a "hearing dog". Her first dog's name was Buddy, a golden Labrador Retriever, that she received when he was two years old. When Buddy became too old to properly assist her, she got her second dog, a chocolate Labrador Retriever that was affectionately named Buddy the Second (II). Labrador Retrievers have a lifespan of up to twelve years.²⁶³ Linda and Buddy (the second) were respectively twenty and two years old when they became companions. The reason for the dogs being two-years-old when she got them, is that they first had to be trained to assist her, which leads to now, when Linda is 25-years-old and Buddy seven.

The chapter discusses the tourist's travel itineraries in an open manner, meaning that time, season and money are not factored into the scenario. Linda, the tourist, is from South Africa, India, and Australia, respectively, thus providing a scenario for information and examples from every country and then travelling to the three destinations. At least two different methods of transportation will be examined, one of which is air travel. Two different accommodation facilities are mentioned and described for each scenario, along with two different tourist

²⁶¹ Y. Poria *et al.*, 'Blind People's Tourism Experiences: An Exploratory Study', in D. Buhalis & S. Darcy (eds), 2011. *Aspects of tourism: Accessible tourism concepts and issues*.

²⁶² Meningitis, 2020, <www.meningitis.org>, access: 29 November 2020.

²⁶³ P. Mattinson, 2019, <<https://www.thelabradorsite.com/labrador-life-span-how-long-do-labradors-live/>>, access: 29 November 2020.

attractions. The cuisine and dining experiences are discussed alongside the accommodations and attractions. The chapter closes with Post Travel and Social Media, which is after the tourist has arrived back home. For ease of reference each stage demarcates through sub-sections where the fictitious tourist is travelling to.

1. Motivation and Preparation:

In each scenario, when Linda applied for her visas, she also had to make travel arrangements for her service dog. This appears to be a generic requirement for all destinations considered. It had to comply with strict health certificate regulations. Her veterinarian had to complete health and vaccination certificates that had to be kept on her person at all times. As long as the dog was properly leashed and had a muzzle on, it was free to go with her where she needed it to go in South Africa, Australia, and India.²⁶⁴

1.1. South Africa to Australia:

Linda and her dog went to Australia for a leisure vacation. They went to typical family vacation destinations. They wanted to get away from the hustle and bustle of everyday life, and go to a place where they are unknown to anyone. When Linda had to decide to which country they would go, she did research on countries such as England, America, and China, when she came across an article entitled “11 Adventure-Packed Australia Family Vacations – From Iconic Cities & Beach Towns to a Secluded Island”.²⁶⁵ The article named the big cities of Australia as well as some of the activities that can be done there. It was decided that Australia was the destination for them, as it also appeared to be “pet friendly” requiring no quarantine for her dog.

Linda considered using a travel agency to arrange her trip, but ultimately, she decided to do it by herself. She reasoned that no one knew her circumstances better than she did particularly regarding her dog, and that by making all of the arrangements herself she was able to learn as much as she could about her destinations and all of the necessary procedures.

²⁶⁴ Pet Travel, 2020,
<[²⁶⁵ M. Nazario, 2019,
<\[76\]\(https://www.tripadvisor.com/VacationRentalsBlog/2019/08/27/australia-family-vacations- kid-friendly/#:~:text=Australia%20is%20a%20prime%20family,diverse%20as%20the%20landscape%20itself.>”, access: 5 August 2020.</p></div><div data-bbox=\)](https://www.pettravel.com/airline_pet_rules/Air_India.cfm#:~:text=A%20trained%20guide%20dog%20must,provisions%20for%20emotional%20support%20animals.>”, access: 5 August 2020.</p></div><div data-bbox=)

Linda had to submit her visa application at least four weeks before their date of departure to Australia. She applied for a Tourist Visa, also known as a Subclass 600 Tourism stream visa. The processing time was about 14 to 27 days.²⁶⁶ The visa application was done by creating an account on the Australian Government's Department of Immigration and Border Protection website where she had to submit forms and documents. The website supplied a checklist of all the documents that had to be submitted. Once this application was completed, she received a confirmation email with a barcode and number which was then used to set up another account on TLSContact's website. This is the website where she booked in-person appointments at the TLSContact visa application centre. The hard copies of all documents had to be certified and taken with her to the application centre. Once her visa was approved, she had to pay the in-centre cashier with either a debit or credit card.²⁶⁷ No final arrangements were made before her visa was approved. She got vaccinated six weeks before the trip. The vaccines were for Hepatitis B, Yellow fever, Japanese encephalitis, Rabies, and Tetanus.²⁶⁸ She also took out Travel Insurance specifically for someone with a hearing disability. She also took out pet insurance for Buddy. She had to complete and submit a Hidden Disabilities Lanyard form 14 days prior to her flight, in order to receive a sunflower lanyard at Sydney Airport.²⁶⁹

1.2. India to South Africa:

Linda was invited to her uncle's birthday party in Durban, South Africa. She decided to accept the invitation, with the intention of visiting some of South Africa's top tourist destinations along the way. When she searched the internet for "South Africa's top tourist destinations", the first result was the Kruger National Park. She became fascinated with the idea of a game reserve and was determined to go on a safari drive while she was in South Africa. She had to check that the game reserve would allow her guide dog access.

Due to her assistance dog, and the fact that she might want to deviate from any given schedule, Linda also decided to arrange her own trip. This also gave her more freedom in choosing where she wanted to stay and what she wanted to do.

²⁶⁶ M. Alexander, 2017, <<http://www.travelstart.co.za/blog/how-to-apply-for-an-australianvisa/#>>, access: 5 August 2020.

²⁶⁷ Visa Applications, 2019, <<http://www.visaapplications.org/za/australia/australia-visa.php>>, access: 5 August 2020.

²⁶⁸ Passport Health Global, 2020, <<https://www.passporthealthglobal.com/en-gb/destination-advice/australia/>>, access: 6 August.

²⁶⁹ Sydney Airport, 2020, <<https://www.sydneyairport.com.au/assistance#DAP-other-info-DAP-feedback>>, access: 5 August 2020.

Since South Africa is one of the countries that prefer visa applications to be completed in person at visa application centres, Linda was not able to complete the process online. She had to visit the South African High Commission in New Delhi to apply for a Tourist visa.²⁷⁰ She had to download the application form online and bring the completed form and supporting documents with her to the application centre. She did not need to make an appointment at the centre, and she could just walk in. The Visa Fee and Service charges at the time of application was paid with her credit card at the centre. She was able to track the approval process online, after which she received an email when the visa was approved. The approval process takes up to 12 days. She went to the centre and showed them her payment receipt and proof of identification, after which they gave her the visa.²⁷¹ Linda did not need a visa for the stopovers in Dubai, since she did not leave the transit lounge at the airport. Also, her dog was allowed to accompany her.

Six weeks before her travels, Linda got vaccinated, and updated some vaccinations, against Measles, Hepatitis A and B, Typhoid, Rabies, and Yellow fever. She also started taking prescription medication against Malaria.²⁷² Linda took out Travel Insurance tailored for a person with a hearing disability, as well as pet insurance for Buddy.

Linda had to apply at SANParks to be able to take Buddy into the Kruger National Park. The permit was obtained from the State Veterinarian at Skukuza. There were several guidelines that had to be followed in order to obtain the permit. Buddy had to be vaccinated against all major canine infectious diseases such as rabies, canine distemper, canine parvo-virus, canine hepatitis, canine para-influenza virus, and leptospirosis. These vaccinations had to be up to date, and indicated in Buddy's vaccination booklet. The booklet was carried along with their travel documentation. Buddy had to be dewormed regularly, as well as within 30 days of entering The Kruger National Park. Linda had to have Buddy under control at all times, and she had to carry bags for when Buddy relieved himself. As long as Buddy had a permit, and they were in a fenced area, he was allowed to accompany Linda, including on game drives.²⁷³

²⁷⁰ Bank Bazaar, 2020, <<https://www.bankbazaar.com/visa/south-africa-visa-for-indians.html>>, access: 5 August 2020.

²⁷¹ VFS Global, 2020, <<https://visa.vfsglobal.com/ind/en/zaf/apply-visa>>, access: 5 August 2020.

²⁷² Centers For Disease Control and Prevention, 2020, <<https://wwwnc.cdc.gov/travel/destinations/traveler/none/south-africa>>, access: 6 August.

²⁷³ South African National Parks, 2020, <https://www.sanparks.org/groups/disabilities/guide_dogs.php>, access: 29 November 2020.

1.3. Australia to India:

Linda had always been fascinated by the Indian culture and decided to go and visit some of the cultural attractions there. As she is deaf, the visual lure of colourful India was a deciding factor in her choice of destination. She planned to visit multiple museums during her visit, while her main goal was to spend some time in the city of Kolkata in West Bengal, India. Kolkata is considered to be the cultural capital of India, thus making it the highlight of her trip.²⁷⁴

Linda decided from the start to plan her own trip. Not only did she want to choose the destinations she wanted to visit, but she also had to make sure that her assistance dog was allowed to go along with her to all of said destinations. She wanted to read all of the rules and clauses for herself to make sure that it was allowed. Another reason is that she did not want a fixed schedule. If she wanted to just walk around New Delhi for the entire day, then that had to be a possibility. Planning her own trip provided her with more freedom and knowledge, and assurances for her guide dog.

Linda went to the VFS Global website where she found the relevant Tourist Visa application form as well as checklist of all needed supporting documents. When her application form was completed online and all relevant documents were ready, she had to submit her application at the nearest Visa Application centre that corresponded with her place of residence. For this submission she had to book an appointment. She paid for her application at the centre using her credit card. The processing time of her application took around five working days to complete. She was able to track the process online, and when it was ready to collect, she went to the application centre to pick the visa up.²⁷⁵

She had to complete and submit a Hidden Disabilities Lanyard form 14 days prior to her flight, in order to receive a sunflower lanyard at Sydney Airport.²⁷⁶ Six weeks before her travels started, Linda was vaccinated for Hepatitis A and B, Typhoid fever, Japanese encephalitis, Rabies, Yellow fever, and she also started taking preventative medication against malaria.²⁷⁷

²⁷⁴ R. Sharma, 2020, <<https://www.holidify.com/pages/cultural-capital-of-india-2175.html>>, access: 5 August 2020.

²⁷⁵ VFS Global, 2020, <https://www.vfsglobal.com/india/australia/visa_services/know_your_visa_type.html>, access: 5 August 2020.

²⁷⁶ Sydney Airport, 2020, <<https://www.sydneyairport.com.au/assistance#DAP-other-info-DAP-feedback>>, access: 5 August 2020.

²⁷⁷ Web MD, 2019, <<https://www.webmd.com/vaccines/vaccines-for-travel-to-india#1>>, access: 6 August 2020.

She took out travel insurance as a precaution. She decided to get travel insurance due to her disability, as well as pet insurance for Buddy in case of an emergency.

2. Transfer and Travel:

2.1. South Africa to Australia:

Linda and her dog were dropped off by a friend at the Drop-Off Zone of OR Tambo International Airport in Johannesburg, South Africa, so that they did not have to park their car at the airport for the entirety of their journey, which saved them a lot of money. Security allowed her access with her dog. They arrived at the airport three hours before their flight was scheduled to depart, thus giving them enough time to check in Linda's luggage and go through security as well as make arrangements for her guide dog. This also allowed them to get to the boarding gates the customary 45 minutes before they opened, giving them time to arrange at the airline desk to arrange for them to board first.²⁷⁸ Linda checked in for her flight online 48 hours before her departure, making sure to get her preferred seat, and then printed out the boarding passes. She checked and weighed her luggage at home to make sure that it complied with the regulations set by the airline. All travel documents: passports, tickets, boarding passes, and visas, had to be with Linda and ready at all times along with documentation regarding her disability and dog.²⁷⁹

When Linda booked her Australian Airline tickets, they requested special assistance in terms of seat selection and her assistance dog. She provided the airline with as much information about her condition as possible including a medical certificate from a specialist. She reminded the airline of her requests upon check in, 48 hours before the flight. According to airline regulations, a person with a disability is not allowed to sit in an exit row. The plane had an in-flight entertainment system and the accompanying subtitles enabled her to make use of this facility. Linda was given a personal amenity kit that provided her with extra comforts upon boarding. And of course, the flight had on board Wi-Fi. All of this was provided even though

²⁷⁸ M. Titus, 2018, <<https://traveltips.usatoday.com/early-should-arrive-international-flights-62086.html>>, access: 5 August 2020.

²⁷⁹ Qatar Airways, 2020, <<https://www.qatarairways.com/en-za/services-checking-in.html>>, access: 5 August 2020.

she flew in economy class. The lavatory was spacious enough that Buddy was able to accompany her to provide any needed assistance.²⁸⁰

Linda was met by the KST representative outside of the International Terminal 1 of the airport. The driver was wearing an approved KST Airporter ID card and was standing near a minibus with the Sidney Airporter logo on it. She presented her ticket upon arriving at the bus, and he assisted her with her luggage and dog.²⁸¹

She walked the 20-metre distance from the Sydney Harbour Marriott Hotel at Circular Quay to Avis in order to pick up her rental car. She was eligible to drive, as long as she had an overseas driver license valid for at least 12 months. There were no concerns or queries regarding her dog.²⁸²

Linda and Buddy arrived at the Gold Coast Airport three hours before the flight to again see to her special requests. They went to the border force desk to have this done, because Linda had a hidden disability lanyard. After the passport scan, they arrived in the international departure lounge where their next stop was the boarding gate. Linda had notified the airline when she checked in online, that she would need special assistance, meaning she and her dog got to board the airplane first.²⁸³

2.2. India to South Africa:

Linda and Buddy took a taxi to Indira Gandhi International Airport in New Delhi, India, because it was convenient in saving both time and money. The taxi dropped her and her dog off at the designated zone. When she checked in online 48 hours before her flight, she was advised to arrive at the airport three hours in advance. Checking in online allowed her to choose her seat and book her preferred in-flight meal, but she still had to go to the check-in counter at the airport with her dog. At the counter her documents were verified and her boarding pass was issued. They had to clear security 60 minutes before the flight was due to depart, and be at the boarding gate when it opened 45 minutes before the plane took off. Due to her disability, Linda had arranged beforehand with the airline that she could be one of the first people to board.²⁸⁴

²⁸⁰ Qatar Airways, 2020, <<https://www.qatarairways.com/en-za>>, access: 7 August 2020.

²⁸¹ KST Airporter, 2020, <<https://kst.com.au/BookOnline.aspx>>, access: 7 August 2020.

²⁸² Avis Australia, 2020, <<https://www.avis.com.au/>>, access: 7 August 2020.

²⁸³ Gold Coast Airport, 2020, <<http://www.goldcoastairport.com.au>>, access: 7 August 2020.

²⁸⁴ Emirates, 2020, <<https://www.emirates.com/za/english/manage-booking/online-check-in/>>, access: 5 August 2020.

When she boarded the flight before other passengers, Linda reminded the cabin crew again about her disability, should she require any assistance. Again, according to airline regulations, a person with a disability was not allowed to sit in an exit row seat, for safety reasons. Every passenger that boards the plane receives an amenity kit that contains travel essentials. The plane had in-flight entertainment which she could use thanks to subtitles.²⁸⁵

When Linda's flight arrived at Dubai International Airport, she followed the signs to connections, where she checked in for her connecting flight, alerting them to her dog. Since she travelled with South African Airline for all of her flights, she did not need to collect her bags and check in again. The airline tagged it through for her next destination, since her stop over time was within 24 hours. After she was checked in for her connecting flight, she simply took the underground train with her dog across the terminal and waited at the boarding gate for her flight. Although announcements were made over loudspeakers, there was still adequate visible signage for her to get from one area to another.²⁸⁶

Having made the arrangements beforehand, when booking her stay, Linda and Buddy met the complementary Protea Hotel OR Tambo airport shuttle sent from the hotel at the International Terminal. From there it took them to the hotel. After spending the night at the hotel, they again met the airport shuttle the next day and travelled with it to the Domestic Departure at the airport.²⁸⁷

Linda and Buddy had to be at the OR Tambo International Airport two hours before the flight was set to depart to make relevant arrangements. The hotel shuttle dropped them off at the Domestic Departures Terminal from where they went to the Local South African Airline check in counter. Linda was able to check in 60 minutes before the plane took off. The airline staff helped her to choose her seat on the plane after she provided her passport. After her bag was checked in at the counter, she was given her boarding pass. Once she and her dog were cleared by security, they went to the correct boarding gate which opened 30 minutes before departure. Again, she arranged with the airline beforehand that she and her guide dog could board first.²⁸⁸

²⁸⁵ Emirates, 2020, <<https://www.emirates.com/za/english/>>, access: 7 August 2020.

²⁸⁶ Emirates, 2020, <<https://www.emirates.com/za/english/>>, access: 7 August 2020.

²⁸⁷ Protea Hotel OR Tambo, 2020, <<https://www.marriott.com/hotels/travel/jnbor-protea-hotel-or-tambo-airport/>>, access: 7 August 2020.

²⁸⁸ Airlink, 2020, <<https://www.flyairlink.com>>, access: 7 August 2020.

Linda had to alert the airline about her disability and assistance dog when she checked in online, as well as at the time of boarding.²⁸⁹

Linda met up with someone from the Lodge Road Transfer at the meet and greet vestibule. This person was holding a paper with her name printed on it. She had arranged this service when she booked her accommodation. The person drove her and Buddy from Skukuza Airport to the Baobab Hill Bush House and back after their stay.²⁹⁰

Linda arrived at King Shaka International Airport with the rental car. She allowed enough time to be able to return the car and check in at the South African Airline counter. She did check in online, in order to choose her seat and in-flight meal, but she had to let the airline verify her documents and issue her boarding pass. Forty-five minutes before the flight took off and the boarding gates opened, she was allowed to board first due to her invisible disability. Her boarding arrangement was discussed beforehand when she checked in.²⁹¹

2.3. Australia to India:

Linda checked in online 48 hours before her flight and printed the boarding pass. She also reconfirmed with the airline that she needed special assistance, especially at the boarding gate, and to remind them of her service dog. She also contacted the airport to let them know of her hearing disability and that she would be needing an Airport Ambassador.²⁹² Her mother dropped her, and her service dog, off at the international terminal drop-off zone of Sydney Airport three hours before the flight was due to depart. The Airport Ambassador met her at the entrance to the airport, after which they went to the Airport Service Centre where Linda was given a sunflower lanyard that indicated to staff that she has a hidden disability. She arranged for the lanyard during her trip preparation. The Airport Ambassador assisted Linda throughout her entire journey at the airport, i.e. from the moment that she stepped into the airport, until she went through the boarding gates.²⁹³ She kept a backpack with her as carry-on luggage. In this

²⁸⁹ Airlink, 2020, <<https://www.flyairlink.com>>, access: 7 August 2020.

²⁹⁰ Skukuza Airport, 2020, <<https://www.skukuzaairport.com/>>, access: 7 August 2020.

²⁹¹ Emirates, 2020, <<https://www.emirates.com/za/english/>>, access: 7 August 2020.

²⁹² Sydney Airport, 2020, <<https://www.sydneyairport.com.au/info-sheet/accessibility-t1#accessible-facilities-services-accessible-facilities-wheelchairs>>, access: 5 August 2020.

²⁹³ Sydney Airport, 2020, <<https://www.sydneyairport.com.au/assistance#DAP-other-info-DAP-feedback>>, access: 5 August 2020.

bag she kept all of her documentation, money, a dog bowl, and dog food. The dog food and bowl were exempt from any cabin-baggage restrictions.²⁹⁴

After Linda checked her bag in, she had to complete an Outgoing Passenger Card on which she declared all items that she was taking with her on her trip. Because of her disability, and service dog, she was allowed to use the dedicated assistance aisle. Her service dog was allowed to walk with her through the metal detector, provided that its harness was attached. After the security check she had to go through passport control, where an Australian Border Force Officer checked her passport.²⁹⁵ When she had clear security and passport control, there was an Assistance Animal Relief Area situated before reaching the boarding gates. At this area her service dog could make use of toilet and watering facilities before the long flight.²⁹⁶ When the boarding gates opened, 45 minutes before take-off, she was allowed to board first with Buddy because of previous arrangements with the airline.²⁹⁷

Linda requested a hotel shuttle from the Hilton Garden Inn to pick her up at the airport. She did this by adding to her booking form where she arranged for accommodation at the hotel. It did cost her an additional fee, but it was more convenient and safer for her and her dog. She also requested this service for when she checked out of the hotel and needed transportation to the train station.²⁹⁸

Linda made use of the Meru taxi service on multiple occasions. It was very easy to book a taxi on their app or website and her dog was accommodated. She simply typed in her destination and the type of cab she wanted i.e. an SUV. She did notify the driver of her service animal and once she found someone who was willing to help her, she would select them. She was able to track the movement of the cab on a map in real time. Once she got to her destination, she received an e-bill, that she then paid. She used the service for short and long-distance drives.²⁹⁹ Every time she ordered a taxi, Linda asked for the same driver in each city. She knew that the SUV cars were compatible with her service dog, who sat on the floor each time, and that the

²⁹⁴ Malaysia Airlines, 2020, <<https://www.malaysiaairlines.com/hq/en/plan-your-trip/baggage/cabin-baggage.html>>, access: 5 August 2020.

²⁹⁵ Customs, 2013, <www.customs.gov.au>, access: 5 August 2020.

²⁹⁶ Sydney Airport, 2020, <<https://www.sydneyairport.com.au/info-sheet/accessibility-t1#accessible-facilities-services-accessible-facilities-wheelchairs>>, access: 5 August 2020.

²⁹⁷ Customs, 2013, <www.customs.gov.au>, access: 5 August 2020.

²⁹⁸ Agoda, 2020, <<https://www.agoda.com/en-za/hilton-garden-inn-new-delhi-saket/hotel/>>, access: 7 August 2020.

²⁹⁹ Meru, 2020, <<https://www.meru.in/>>, access: 7 August 2020.

drivers did not have issues. Along journeys, she would ask the driver to stop at a pet friendly rest area so that the dog can relieve itself and stretch its legs. Fortunately, the taxi company did not deem it necessary to charge her any extra fees for these stops and for cleaning purposes.³⁰⁰

The hotel shuttle dropped Linda and her service dog off at the Ajmeri gate of the train station, 90 minutes before the train's scheduled departure. She bought her tickets online and printed them at the hotel. She made sure to be on the train at least 30 minutes before it departed from the station.³⁰¹ Until then, she and her service dog waited in a pre-arranged lounge.³⁰²

The Kolkata Rajdhani train took 16 hours and 55 minutes to travel between New Delhi and Kolkata. The train had a restaurant (or pantry), food choice, and free override. Linda did not have any problems regarding the presence of her service dog, as long as it was wearing its duty vest and she had the documentation to verify its purpose. What did present a problem was when Buddy had to relieve himself, in which case she took him to the bathroom and had to clean up after him.³⁰³

As soon as the online check in facilities of the Indian Airline flight opened, Linda checked in and printed her boarding pass. She also reminded the airport of her disability, special needs and service dog. Three hours before her flight was set to depart, the taxi dropped her and her dog off at the international flights' terminal drop off area.³⁰⁴ She checked her bag in at the check in counter, keeping her backpack with her.³⁰⁵ Linda had to go through customs authorities for clearance. As long as her service dog was wearing its harness and she had its documentation at hand, it was allowed to roam the airport with her. When it became time to board, she and her service dog was allowed to go first, because of her pre-made arrangement with the airline.³⁰⁶

³⁰⁰ Meru, 2020, <<https://www.meru.in/>>, access: 7 August 2020.

³⁰¹ Times of India, 2020, <<https://timesofindia.indiatimes.com/travel/things-to-do/200-special-trains-boarding-rules-entry-exit-points-for-delhi-railway-stations/as76133310.cms>>, access: 7 August 2020.

³⁰² Trainman, 2020, <<https://blog.trainman.in/blog/irctc-lounge-at-new-delhi-station/>>, access: 7 August 2020.

³⁰³ Cleartrip, 2020, <<https://www.cleartrip.com/trains/12302/>>, access: 7 August 2020.

³⁰⁴ Kolkata International Airport, 2020, <<https://www.kolkatainternationalairport.com/>>, access: 7 August 2020.

³⁰⁵ Malaysia Airlines, 2020, <<https://www.malaysiaairlines.com/>>, access: 7 August 2020.

³⁰⁶ Kolkata International Airport, 2020, <<https://www.kolkatainternationalairport.com/>>, access: 7 August 2020.

When Linda checked in for both of her flights with Indian Airline, she also made her meal requests and reminded the airline of her disability and service dog. When she boarded the plane, earlier than others, she reminded them again that she may need individual attention at some stages of the journey.³⁰⁷ She had to present her dog's certification and documentation upon boarding. The dog's fluid intake before the flight was limited as a precaution. Linda had to provide and carry a moisture absorbent mat that the dog sat upon during the flight. The dog was seated on the floor, in front of an additional, empty seat, next to Linda. Airline regulations indicated that it had to be restrained by tying its leash to the leg of the chair, and by doing this, it was prevented from moving about the cabin.³⁰⁸

3. Arrival & Accommodation:

3.1. South Africa to Australia:

They travelled from the OR Tambo International Airport in South Africa to the Sydney Airport in Australia. They stayed at the Sydney Harbour Marriott Hotel at Circular Quay for a few nights, while also enjoying the sea and sand of Bondi Beach. Their second accommodation for the trip was the Paradise Country Farmstay on the Gold Coast in Queensland. All hotel accommodation made allowances for her guide dog. According with regulation, all also had signage to accommodate deaf people for emergencies. They spent some time at Dream World in Coomera, Queensland. From there they caught a plane at the Gold Coast Airport and flew back home to OR Tambo International Airport in South Africa.

Once Linda and Buddy disembarked from the plane at Sydney Airport, they met with an Airport Ambassador, that was arranged to meet them at the terminal beforehand. This person provided Linda with a Sunflower Lanyard, which as indicated was arranged 14 days prior, that indicated her hidden disability. The lanyard indicated that she was allowed to use dedicated assistance lanes and aisles.³⁰⁹ From there, the Ambassador accompanied them on their journey through the airport. The first stop was at passport control. Here Linda presented her passport and completed Incoming Passenger Card to an Australian Border Force Officer. She then collected their bag from the carousel and proceeded to the Department of Agriculture

³⁰⁷ Malaysia Airlines, 2020, <<https://www.malaysiaairlines.com/>>, access: 7 August 2020.

³⁰⁸ Seatmaestro, 2020, <<https://www.seatmaestro.com/>>, access: 7 August 2020.

³⁰⁹ Sydney Airport, 2020, <<https://www.sydneyairport.com.au>>, access: 7 August 2020.

checkpoint, where a Bio-Security Check was completed by Australian Customs and Border Protection Officers. Once they were all cleared, they exited the terminal and went to the designated pickup spot for their ride to the hotel.³¹⁰

Linda and Buddy spent their first few nights at the Sydney Harbour Marriott Hotel at Circular Quay. The room they chose was the Opera House View Guest Room, which had two double beds. The room featured many comforts and amenities, as well as an en-suite bathroom. The hotel had an indoor pool for when they wanted to stay in and just relax at the hotel. There was a secure lawn area for her dog to relieve itself and stretch its legs. And if Linda wanted to go out on random city trips, she asked the concierge for any suggestions.³¹¹

Linda booked their stay at Paradise Country Farmstay in advance. Prior to her visit, she spoke to a member of the Guest Service Team and informed them of her disability and assistance dog and gave them as much information about it as possible. They were able to park right next to their camp site. Linda and Buddy stayed in one of the Eco Tent Family En-suite Tents. It had one queen sized bed, a bunk bed, and its own private en-suite bathroom. They were informed of all available facilities upon check in, and were informed her dog had to be on a leash permanently. As regards announcements someone was tasked with coming to her tent to inform her of any important information or in the case of emergencies. There was a restaurant, personal barbeque facility, first aid services, bonfire areas, the farm, and wildlife park, all of which Buddy was allowed access to.³¹²

3.2. India to South Africa:

As there is no direct flight to South Africa, Linda and her assistance dog flew from the Indira Gandhi International Airport in New Delhi, India, to the Dubai International Airport, Dubai, from where they continued on to the OR Tambo International Airport in Johannesburg, South Africa. They spent a night at the Protea Hotel OR Tambo before taking another flight the next morning from OR Tambo International Airport to Skukuza Airport in the Kruger National Park. The accommodation for their stay at the Kruger National Park was the Baobab Hill Bush House from where they both took part in multiple safari trips. They travelled from the Kruger National Park, in the Mpumalanga province, to Linda's family in Durban, KwaZulu-Natal. Linda and

³¹⁰ Customs, 2013, <<https://www.customs.gov.au>>, access: 7 August 2020.

³¹¹ Sydney Harbour Marriott Hotel at Circular Quay, 2020, <<https://www.marriott.com/hotels/fact-sheet/travel/sydn-c-sydney-harbour-marriott-hotel-at-circular-quay/>>, access: 7 August 2020.

³¹² Paradise Country Farmstay, 2020, <<https://www.paradisecountry.com.au/farmstay/>>, access: 7 August 2020.

Buddy spent a day at the uShaka Marina World theme park in Durban. Their trip home consisted of flying from the King Shaka International Airport in Durban to the Dubai International airport in Dubai, before finally arriving back at the Indira Gandhi International Airport in New Delhi, India.

Upon her arrival at OR Tambo International Airport, Linda passed through Immigration Control and collected her bags. Her dog was allowed to pass through with her. Once she was cleared to leave the terminal, she went to the designated pickup spot where she met the hotel shuttle.³¹³

As Linda, Buddy and the other passengers on the flight disembarked at Skukuza Airport, their luggage was transported to the baggage collection at the arrivals area. The passengers went directly from the plane to the arrivals gate, where they were met by a pre-arranged guide, who later on took them to their accommodation. But before they left, they collected Linda's baggage from the collection area. The guide was aware of Linda's disability and made sure to look at her when he spoke so that she could read his lips. He also has a printed list of possible questions that she might ask with pre-written answers so that she could read the information.³¹⁴

When Linda booked her accommodation at the Baobab Hill Bush House she also booked and paid for meals to be prepared for her and Buddy. The process was done 6 weeks prior to their arrival. They stayed in one of the four bedrooms in the house with access to the fenced garden for Buddy. The patio was outfitted with comfortable couches and overlooked the pool, braai area, and surrounding hills. There was a daily cleaning service and two safaris a day. These safaris were either by car or on foot, but still guided by an armed ranger. Buddy was allowed to accompany Linda on game drives, but not on walking safaris. There was a cook when needed, house keeper and camp hand to make her stay even more comfortable.³¹⁵

3.3. Australia to India:

Linda flew from the Sydney Airport in Australia to the Indira Gandhi International Airport in New Delhi, India. Her first accommodation, where she spent a few nights, was the Hilton Garden Inn in New Delhi. She explored the National Museum for a day while she was in the city. From there she travelled by train to the city of Kolkata where she stayed at the Rajbari Bawali. Her dog was allowed to accompany her. While she was in Kolkata, she spent a day at

³¹³ SARS, 2013, <<https://www.sars.gov.za>>, access: 7 August 2020.

³¹⁴ Skukuza Airport, 2020, <<https://www.skukuzaairport.com/>>, access: 7 August 2020.

³¹⁵ SA Venues, 2020, <<https://www.sa-venues.com/visit/baobabhillhouse/>>, access: 7 August 2020.

the Victoria Memorial Hall. When she went home, she flew from the Netaji Subhash Chandra Bose International Airport in Kolkata back to Sydney Airport in Australia.

When Linda and her service dog arrived in India at the Indira Gandhi International Airport, they first stopped at one of the disability friendly washrooms so that the dog could relieve itself. Although it is only accessible for mobility restricted disabilities, the dog is trained for all occasions. From there they approached one of the information desks, where she explained her disability and the presence of her service dog. The staff, albeit untrained for this specific case, were very helpful and immediately provided her with a guide to assist her through the airport.³¹⁶ From there they, were accompanied to the Immigration Hall and after that, Baggage Reclaim. At Customs, she made sure to ask if the dog food in her backpack needed to be declared. Once it was determined to be necessary for her service animal, a disability aid, she did not have to declare it and was free to pass through. The guide then assisted her in locating the area where she met the hotel shuttle.³¹⁷

As indicated, Linda had completed a form to get a Sunflower Lanyard at the airport. She also arranged for an Airport Ambassador to meet her at the gate where she got off of the plane. When she checked in for the flight, she made sure that all of the arrangements were still in place. The Ambassador guided them through all of the airport processes. The Sunflower Lanyard, and service dog, made sure that she got to use the dedicated assistance lanes.³¹⁸ At Passport Control, Linda presented her passport and completed Incoming Passenger Card to an Australian Border Force Officer. She was then allowed to retrieve her bag and continue on to Customs and Bio-Security. From here, after she was cleared, the Ambassador escorted her to the pickup area where her mother was waiting for her.³¹⁹

Linda booked and paid for her room at the Hilton Garden Inn beforehand. She notified the hotel about her service dog, but they had no problem with it accompanying her. 24 hours before she was supposed to arrive at the hotel, she received an email with check-in instructions. When she got off the shuttle, she was greeted by the front desk staff, whom she was assured would be available 24/7. She was given information about the whereabouts of fire extinguishers, smoke detectors, security systems, and first aid kits. She was told that in an emergency, strobe alarms

³¹⁶ New Delhi Airport, 2020, <<https://www.newdelhiairport.in/airport-guides/special-assistance-prm>>, access: 7 August 2020.

³¹⁷ New Delhi Airport, 2020, <<https://www.newdelhiairport.in/passenger-guide/arriving-passengers>>, access: 7 August 2020.

³¹⁸ Sydney Airport, 2020, <<https://www.sydneyairport.com.au>>, access: 7 August 2020.

³¹⁹ Customs, 2013, <<https://www.customs.gov.au>>, access: 7 August 2020.

in the rooms, hallways, and public areas would go off and she would be able to see the flashing lights. Someone would then also come and make sure that she was aware of the situation. Someone from the front desk assisted her with her bags to her room on the 6th level of the building. When she had checked out of the hotel, to meet the shuttle, someone from the front desk assisted her and Buddy once again.³²⁰

When Linda booked her room at the Rajbari Bawali she informed the staff prior of her arrival about her service dog. After thoroughly explaining why she needed it and what regulations it complied to as a service dog, it was allowed in the establishment. She ate at the hotel restaurant and they provided meals for her dog.³²¹

4. Cuisine & Attraction Sites:

In all three scenarios Linda had to arrange with her accommodation establishments to have dog food for Buddy throughout their stay. When it was possible for her to do so, she would carry a bag of dog food with her in the rental car, and she always had an extra bottle of water with her for Buddy to drink. She also carried small plastic bags with her for when Buddy relieved himself and she had to clean it up.

4.1. South Africa to Australia:

Before they checked out of the hotel, to go to Bondi Beach, Linda made sure to pre-pack water and snacks for both her and Buddy for their beach day. The hotel staff were informed of where they were going before they checked out, just so that someone knew their whereabouts. During their short walk to the beach, and their search for a good sport on the sand, they made sure to know the location of the lifeguard tower. Linda informed the lifeguards about her deafness and assistance animal, should an emergency such as a shark sighting happen, and she not hear the alarm. Linda also read all of the signs so that she understood the rules. One of the rules was to only swim between the red and yellow flags, and it was the area that the lifeguards had judged to be the safest at that point. They were informed that the flags might have to be moved during the day, and to just keep an eye out for them.³²² The north end of the beach was deemed the safest for swimming. There was a shark net about 150 metres from the beach, and the climate

³²⁰ Hilton Garden Inn, 2020, <<https://www.hilton.com/en/hotels/delskgi-hilton-garden-inn-new-delhi-saket/>>, access: 7 August 2020.

³²¹ Rare India, 2020, <<https://www.rareindia.com/hotel-details/the-rajbari-bawali>>, access: 7 August 2020.

³²² Bondi Lifeguards, 2020, <<https://www.bondilifeguards.com/surf-safety>>, access: 7 August.

and water temperature were very similar to what they were used to back in South Africa, putting Linda even more at ease.³²³

Dreamworld is Australia's biggest theme park and each ticket was a one-day entry to both Dreamworld and Whitewater World parks. She made sure to contact someone from the park to inform them about Buddy and to make sure of the procedures and processes she had to follow to bring him along. Linda was able to plan beforehand which rides she was going to do at certain times of the day because of the ride information given on the Dream World website. All maintenance dates, operating hours, and even rider restrictions were given here. There was also information about the disability accessibility of all of the rides. Both parks had medical facilities if needed, and the water features had lifeguards whom were informed of her deafness and Buddy's presence, should there be an emergency.³²⁴

The Sydney Harbour Marriott Hotel at Circular Quay hotel offered buffet, continental, and full American breakfasts in the mornings. They were able to offer dinner from local restaurants that would then deliver to the hotel. Room service was available 24-hours of the day. There were also three restaurant options within the hotel that Linda could choose from. When Linda went to any of these establishments, she made sure to ask if Buddy was allowed to accompany her, which according to the law, he was. They usually ate the breakfast that was served by the hotel in the morning. Lunch was eaten wherever they spent their daily activities.³²⁵

When Linda booked their stay at the Paradise Country Farmstay, she also booked her meals from the Farmhouse Restaurant in advance. In the evenings that the restaurant was not open, she used the barbeque area and cooking facilities that were provided to cook her own meals. This allowed her to also provide for her dog.³²⁶

4.2. India to South Africa:

The Baobab Hill Bush House accommodation package came with two Guided Lodge Safari game viewing experiences a day. Each morning at sunrise, and every evening at sunset there were game drives that Linda and Buddy could partake in. Linda was allowed to take Buddy

³²³ Experience Sydney Australia, 2020, <<https://www.experiencesydneyaustralia.com/sydney-australia-highlights/bondi-beach/>>, access: 7 August 2020.

³²⁴ Dreamworld, 2020, <<https://www.dreamworld.com.au/>>, access: 7 August 2020.

³²⁵ Sydney Harbour Marriott Hotel at Circular Quay, 2020, <<https://www.marriott.com/hotels/fact-sheet/travel/sydmc-sydney-harbour-marriott-hotel-at-circular-quay/>>, access: 7 August 2020.

³²⁶ Paradise Country Farmstay, 2020, <<https://paradisecountry.com.au/farmstay/farmstay-info/farmstay-experiences>>, access: 7 August 2020.

with her on the drives, but she also had the option of leaving him at the lodge. These drives were only for her and the other people at the house, and they were given personal attention due to their small group size. The game drives were conducted in custom 4x4 vehicles with nine raised seats. Every time when they got into the vehicle to start the game drive, the guide gave them a set of rules and guidelines that they had to follow. The most important being: do not get out of the vehicle at any time; do not approach animals without a ranger if you are out of the vehicle; do not stand up in the vehicle. These rules were set in place to protect the viewers, ranger, and tracker. The experience and knowledge of both the ranger and tracker ensured that they had successful safari outings every day. The ranger knew how close to certain animals the vehicle could get, and they even took the guests on controlled off-road game drives for extra experiences. At stops the ranger made sure that Linda could see his lips when he spoke so that she could see what he was saying, but while they were driving, she could not partake in conversations.³²⁷

Linda decided to only visit Sea World, and not the other parks of uShaka Marine World. She wanted to explore the park without having to keep changing out of wet clothes, and she also is not a big fan of swimming due to the fact that her deafness disorients her in deep water. She also decided to take part in one of the Back of House Tours that showed the happenings behind the scenes of the aquarium. She contacted the park beforehand to inform them of her disability and to make sure that Buddy was allowed to accompany her. When she bought his tickets to Sea World at the entrance to the park, she reminded them of her disability and assistance dog. Due to the distance between her and the presenters at the park, Linda had a difficult time receiving information. She was allowed to take a 500 ml bottle of water into the park with her. Any food items had to be bought inside the park, except for some dog food which she kept in her bag.³²⁸

4.3. Australia to India:

The National Museum in New Delhi, India, is home to a vast collection of artefacts from all over the world. It was over 200 000 objects that present the history of Indian crafts and art. It also has a Conservation Laboratory where objects are maintained and kept in pristine condition.

³²⁷ Krugerpark, 2020, <http://www.krugerpark.co.za/Kruger_Park_Travel_Advisory-travel/game-drives-hikes-barbecues.html>, access: 7 August 2020.

³²⁸ uShaka Marine World, 2020, <<https://ushakamarineworld.co.za/>>, access: 7 August 2020.

Linda booked her visit to the National Museum by emailing the Assistant Curator when she planned her trip. Two days before her visit to the museum was supposed to take place, she emailed again to remind them of her visit, disability, and service dog. As long as the dog wore its vest and Linda had all of the necessary documentation to prove its function, it was allowed to enter the museum with her. All staff and volunteer guides have received training for special assistance cases. The museum also promised to give their staff and volunteers further training and experience in the area of disabilities and tourism, as well as desensitising them to it. Unfortunately for Linda, while their wheelchair and visual disability accessibility might be adequate, it did not apply to her deafness. The museum was, and is, actually in the process of upgrading their accessibility policies and facilities. They still agreed to assist her in any way that she deemed necessary. She arranged for a private tour by a volunteer guide. Because she is a foreigner, she had to pay more than 600 Rupees more than what a local person would have. She also had to pay for her visit, whereas if she had a visual disability she would have entered for free. Her guided tour of the museum was free of charge. She was allowed to take photos, as long as they were not for commercial use, but any videography was not permitted. There was a storage area where she was allowed to leave her bag, if she so wished. She was not allowed to take any food or drinks into the galleries of the museum, not even for the dog. Her tour lasted just over an hour, and then she was allowed to roam around the museum on her own time. She also took part in the Anubhav: A Tactile Experience, where visitors got to physically handle 22 replicas of museum objects. This gallery was created with the assistance of multiple organisations, including the United Nations Educational, Scientific and Cultural Organisation, and the National Platform for the Rights of the Disabled. This activity is predominantly for visually impaired visitors, but she decided to try it.³²⁹

Her other choice destination was the Victoria Memorial Hall which is one of the oldest, and is the largest, of the museum libraries in India. It has records in Bengali, Hindi, and English in a total of 27 collections. It houses more than 28 000 artefacts, with 3900 paintings. Linda had to arrange her visit to the hall advance, because she had to alert them about her disability and her service dog. Again, as long as it was wearing its service vest and she had all of its documentation ready to present, it was welcome inside of the building and on the grounds. Tickets to enter the building for foreigners were 500 Rupees, but she was allowed to enter free of charge due to her disability. She had to pay the 20 Rupees to enter the garden, which was open to the public from 5:30AM. Upon entry, the rules were explained to her. She was not

³²⁹ National Museum India, 2020, <www.nationalmuseumindia.gov.in/>, access: 7 August 2020.

allowed to take any food or drinks into the building, including dog food. She had to purchase water for her and her dog at the café. No luggage was allowed, no outer clothing, and no flash photography. She was allowed to leave her outerwear in the cloakroom. The entire estate covers 57 acres, and has 21 gardens. Buddy was allowed to accompany her as long as he was on a leash and she cleaned up after him.³³⁰ Linda and her dog spent the entire day at the museum, after which she booked a taxi on her phone and went back to the hotel.

5. Post Travel & Social Media:

After Linda came back from her respective vacations, she reflected on the experiences that she had. The general feelings and emotions that she experienced after her travels were explored by indulging in post-travel reflections. Her experiences were recorded on social media webpages and apps, such as Facebook and Instagram. She graded her experiences with airlines, accommodations, and attraction sites. The grading had a scale of 1 – 3. 1 Being when she will never return to that establishment, or use that service again. 2 Being when her experience was average, and she might go there, or use the service, again if she had to. 3 Being when she would definitely make use of that service, or visit the place, and would recommend it to someone else.

5.1. South Africa to Australia:

Linda and Buddy enjoyed their vacation, but they were happy to be back home. In Australia, everything was new and different, while at home they know how things work and they have a set routine that suits them. In Australia, some people thought that Linda did not need Buddy, and that she simply used her deafness as an excuse to bring him into places with her. This was apparent in an incident where a woman started accusing Linda of “special treatment” at the Hilton Garden Inn in the middle of the lobby. Whereas at home, people know them and are aware of Linda’s disability. The trip was a lot of work, and they almost felt like they needed a vacation after their vacation.

Australian Airline was given a rating of 3. In terms of special assistance, they were able to pick their seats, choose their meals, and there was enough space in the lavatory for Kelly and Buddy to fit at the same time. The seats were wider than with other airlines, and could lean back. The flights were always on time, and the airline staff were more than helpful. The airline staff did

³³⁰ Victoria Memorial Hall, 2017, <<http://victoriameorial-cal.org/>>, access: 7 August 2020.

provide the necessary assistance, and extra information, with kindness and treated her dog well.³³¹

The Sydney Harbour Marriott Hotel at Circular Quay was only given a rating of 1. There were features that made their stay more comfortable, but then there was also the lack of certain services. The staff were not very helpful or understanding about Linda's disability, leaving her to feel out of place at the hotel with all of the judgement that was thrown her way. She and Buddy will definitely not be returning.³³²

They loved their stay at the Paradise Country Farmstay and gave it a rating of 3. There was a Guest Service Team that assisted with arrangements regarding Linda's disability, and informed her about all available facilities and activities, including First Aid services. ATM facilities were available at the camp office, which meant that she did not have to worry about finding cash. Parking next to their camp site meant that Linda did not have to worry about the safety of the rental car. Having her own bathroom made Linda more comfortable, both physically and mentally as she did not have to worry about not hearing other people when she was doing her ablutions. The restaurant made great meals and provided for her dog. They had a very fun and relaxing time, and would most likely return in the future.³³³

Bondi Beach was also given a 3, because Linda and Buddy had fun in the sun, played in the water, and enjoyed a great day on the beach. The lifeguards provided a good service, and also learned something new about invisible disabilities.

Dreamworld received a rating of 2. Although they enjoyed their day at the two parks, they would not likely do it again very soon. The parks did not provide any special services that made Linda's deafness easier to handle, nor did they accommodate for Buddy's needs.³³⁴

5.2. India to South Africa:

Linda loved every part of her vacation in South Africa, except for the long flights. She was able to handle her disability rather well during the trip, even though she was sometimes judged by those who do not understand hidden disabilities and Buddy's presence. Some people

³³¹ Qatar Airways, 2020, <<https://www.qatarairways.com/en-za/>>, access: 7 August 2020.

³³² Sydney Harbour Marriott Hotel at Circular Quay, 2020, <<https://www.marriott.com/hotels/fact-sheet/travel/sydnc-sydney-harbour-marriott-hotel-at-circular-quay/>>, access: 7 August 2020.

³³³ Paradise Country Farmstay, 2020, <<https://www.paradisecountry.com.au/farmstay/>>, access: 7 August 2020.

³³⁴ Dreamworld, 2020, <<https://www.dreamworld.com.au/>>, access: 7 August 2020.

complained when she was allowed to board the flight first even though she had Buddy with her. They saw that she was not visually impaired, and decided to judge her on that.

South African Airline only received a 1. While the staff on the ground were very helpful and understanding regarding Linda's disabilities and her assistance animal, the cabin crew often disregarded her. It seemed as if they simply forgot that she was there, until she needed their help. The cabin bathroom also left a lot to be desired in terms of size. For her, the best South African Airline experience was the comfort it provided in Dubai at the airport. These comforts included a place where her dog could relieve himself as well as an area where they could stretch their legs.³³⁵

The Protea Hotel OR Tambo was given a rating of 2. The complimentary airport shuttle was a feature that she really enjoyed and appreciated, making it far easier with her guide dog. But, unfortunately, she had to carry her own bags to her room, while she was exhausted and had to lead Buddy on a leash. Her struggle was very visible, but still no one offered to assist her.³³⁶

Linda gave the Baobab Hill Bush House a 3. She loved spending time on the patio couch looking out at the bush around the house with her dog allowed to walk with her as long as he was on a leash. The leash was for his own safety. Her food was prepared for her, either there or delivered, and it was excellent. There was only a small amount of other people at the house, which made it seem more intimate and less daunting given her disability. She liked having her own bathroom due to her disability. Her experience at this establishment was the best she had ever had. She would definitely return.³³⁷

The Guided Lodge Safari game viewing experiences came with her stay at the Baobab Hill Bush House, and took place twice a day. Linda gave it a rating of 3 as well. Getting to venture out into the bush and gaze upon all of its wonders, and doing it in a safe manner with someone who knows about it and can pass on their knowledge, was definitely the highlight of Linda's entire South African experience. The fact that the game drives were conducted where not a lot of other viewers were, and periodically went off-road, made it even better. Buddy was allowed to go on the game drives with her, and even though she could only partake in conversations

³³⁵ Emirates, 2020, <<https://www.emirates.com/za/english/>>, access: 7 August 2020.

³³⁶ Protea Hotel OR Tambo, 2020, <<https://www.marriott.com/hotels/travel/jnbor-protea-hotel-or-tambo-airport/>>, access: 7 August 2020.

³³⁷ SA Venues, 2020, <<https://www.sa-venues.com/visit/baobabhillhouse/>>, access: 7 August 2020.

during stops and breaks, she still had a great experience. She would have liked to stay there forever, and would definitely return in the future.³³⁸

5.3. Australia to India:

Linda was happy to be back at home, but she missed the lively atmosphere and culture of India. She had initially thought that travelling with a service dog was going to be immensely difficult, and even though it did present its hardships, it was easier than previously thought. As it turns out, the most difficult part of her trip was her deafness and its isolation. The trip was invigorating and exhausting at the same time.

Indian Airline were given a 2 from Linda. She was able to make meal requests upon check-in and she was very grateful for the empty seat next to her, in front of which her service dog sat. She understood that regulations stated that he had to be tied to the chair leg, but she still felt uncomfortable with it. She was given individual attention when it was needed, like when she had to go to the bathroom and the dog was not allowed to go with her one of the crew members escorted her. When any announcements were made onboard the flight, a member of the cabin crew would come and inform her. The ground and cabin staff of the airline were very helpful and friendly. It took some explaining from her for them to understand her situation, but once they did, she had no issues. The in-flight entertainment was a little bit useless to her, except for the Wi-Fi, because she could not hear it. Her experience with the airline was positive, but she might try a different one in the future.³³⁹

Linda gave the Hilton Garden Inn a 3. Although she had to pay for the airport shuttle, the service was very good. Someone from the hotel helped her through all of the processes, including getting from the shuttle and all the way to her room assisting with her dog. And the other way around when it was time for her to leave. The fact that they had strobe alarms that would flash in an emergency was fantastic given her hearing issue. She felt reassured about her safety when she was given a rundown of the safety equipment and measures upon checking in. There were of course those individuals who did not understand that she needed her dog for deafness, simply because they could not see her disability. One man accused her of faking her hearing problems when she was given special assistance. They would ridicule her for not being

³³⁸ Krugerpark, 2020, <http://www.krugerpark.co.za/Kruger_Park_Travel_Advisory-travel/game-drives-hikes-barbecues.html>, access: 7 August 2020.

³³⁹ Malaysia Airlines, 2020, <<https://www.malaysiaairlines.com/>>, access: 7 August 2020.

blind. Those people aside, she had a wonderful time at the hotel, and would return in the future.³⁴⁰

The Rajbari Bawali was given a 3, and was by far Linda's favourite part of the entire trip. The rich history and culture surrounding the palace-turned-hotel was astonishing. The people were extra friendly and helpful and considerate of her situation and disability. The cooking lesson with the head chef was a little bit confusing, because of her deafness, but also a lot of fun. When she was not exploring the grounds and nearby villages with her dog, she was relaxing in the pool where her dog could be with her. She would definitely not only come back to the hotel, but she would be recommending it to everyone.³⁴¹

The National Museum in New Delhi was given a rating of 1. For all of its hype, it left a little to be desired. She felt that it was a bit unfair that she had to pay for entry, when a blind person could enter for free. And while the establishment was accessible to those with mobility and visual disabilities, it was almost completely inaccessible for Linda. The guide that took her on the tour of the galleries sometimes forgot that she had to look at Linda when she spoke, but when she did it was very informative. The Tactile Experience was enriching and fun, but also very frustrating due to her deafness. The part that she liked the most, was the gift shop, because she did not have to 'listen' to anyone. She was ensured that the museum is currently busy with new projects to become more inclusive and accessible, but until then, she would most likely not visit it again.³⁴²

The Victoria Memorial Hall was given a 3. While she had to pay to enter the gardens, she was able to enter the building free of charge due to her disability. The library, galleries, and gardens were excellent. Linda did not need someone to explain things to her, because they were in writing. She looked at almost every painting and artefact, and she was enchanted by the enormous collection in the library. The gardens were amazing to experience, and she and her dog walked around for the majority of the day. There were obviously those people who judged the presence of her dog, but she decided to ignore them. These individuals could not understand

³⁴⁰ Hilton Garden Inn, 2020, <<https://www.hilton.com/en/hotels/delskgi-hilton-garden-inn-new-delhi-saket/>>, access: 7 August 2020.

³⁴¹ Rare India, 2020, <<https://www.rareindia.com/hotel-details/the-rajbari-bawali>>, access: 7 August 2020.

³⁴² National Museum India, 2020, <www.nationalmuseumindia.gov.in/>, access: 7 August 2020.

why she was allowed to bring her dog with her and they were not. She would love to one day return to the museum.³⁴³

South Africa, Australia, and India Compared

In assessing the experiences of a hearing-impaired traveller using the five stages of the Tourism Journey Life cycle it appears that the three global South destinations were basically alike, with Australia having a slight edge (See Figure 2). From the experiences it seems that the airports in Australia are better adapted to the needs of PWDs with hidden disabilities, which is evident by the use of sunflower lanyards in Australian airports and not in the airports of the other two countries. South African and Indian airports were on a similar level, depending on the type of disability and the airline that they were taking. The sunflower lanyards, and other hidden disability products such as badges and ID cards, are part of an initiative that can be incorporated globally. The biggest reason for its absence throughout the world is the lack of information. Transport services' accessibility depended on the type of disability, and the type of transport that the person was using. Overall, all three countries seemed to have the same level of accessibility.

The accommodation establishments in India were more welcoming towards PWDs, whether they had visible or invisible disabilities. South African accommodations were not as accessible towards hidden disabilities, and neither were those in Australia. But it depended on the type of accommodation that was used. Attraction sites were equally accessible throughout the three countries, again, depending on the type of disability that the person had. The same can be said about the cuisine of all three countries. The accessibility of the people around the visitors, depended on the disability as well. Some of them were also very quick to judge before they listened to any explanations. The accessibility of the visitors themselves was also very important. They had to be willing to inform those around them about their disabilities, before just accepting the judgement.

In terms of post-travel and social media, Linda did not find it difficult to leave reviews and comments on any of the destinations' websites and social media accounts. The reviews and comments of other people who have visited the places before played a role in how others perceived the destinations. But, overall, all of these places and people were adapted to be accessible to visible disabilities, and not necessarily hidden ones.

³⁴³ Victoria Memorial Hall, 2017, <<http://victoriameorial-cal.org/>>, access: 7 August 2020.

Table 2: Fictional Scenario Comparison of the Tourism Journey Model:

	South Africa	India	Australia
Motivation and Preparation	3	3	3
Transfer and Travel	2	2	3
Arrival and Accommodation	2	3	2
Cuisine and Attraction Sites	2	2	2
Post-travel and Social Media	3	2	3
TOTALS	12	12	13

Legend:

1 Poor/Vague

2 Average

3 Good

Chapter 6:

Conclusion

This study set out to make the invisible visible. It focused attention on both the legal and experiential dimensions of persons with invisible disabilities within the context of tourism. Given that this is such an under researched, if not neglected topic, it set out to define the parameters of the situation which impacts people who have invisible disabilities and how these are both legally and socially perceived and accommodated within the tourism sector.

In the introduction to the study, the whole question of disability was unpacked and the various relevant definitions were demarcated so as to define the terrain. This opening chapter also referred to the methodology which included an analysis of primary legal documentation, the creation of an analytical tourism lifecycle model for the purposes of the study and the development of a fictitious scenario based on popular media to assess the experiential dimension. The rationale for not doing surveys was done out of an awareness of the invidious position persons with invisible disabilities often find themselves in and out of respect for not making them discuss their situations. As a person with an invisible disability, I as the researcher, empathise with this situation. This introduction was followed in chapter 2 by a discussion of the available literature in two parts: academic sources on disability and invisible disability in the context of tourism, as well as those found in the popular media.

The third chapter was of a legal nature. It analysed how South Africa and a country in the global South – India – and a country in the global North – Australia – dealt with disability in their respective pieces of relevant legislation and white papers. This chapter concluded with a comparative appraisal of the legislation in the three countries.

Chapter 4 set out the Tourism Journey Model that was devised for this particular study. The Tourism Journey Model and the five stages it comprises were explained in detail as a background to the following chapter which focused on a fictitious scenario. Chapter 5 created an individual tourist with a specific invisible disability (hearing loss) who then travelled to the three respective destinations: South Africa, India and Australia. The fictitious tourist was the mean or benchmark used to test the various stages of the Tourism Journey Lifecycle to obtain a sense of how invisible disability is dealt with in the three selected countries. Like Chapter 3, it also concluded with a comparative dimension.

From the analysis of the legislation in Chapter 3, as well as the scenarios analysed in Chapter 5 using the stages of the Tourism Journey Model, certain deductions were made regarding tourism and invisible disability in these three destinations.

First and foremost, India appears to be the frontrunner because of the existence and implementation of its legislation. Although India did not come out on top in terms of the Tourism Journey Model, it was a mere margin behind the leading country, Australia. It seemed as though the tourism industry in India was more adapted to the needs of someone with a hidden disability. In terms of legislation South Africa triumphed over Australia with a mere three points when it came to the scale comparison. When it came to the Tourism Journey Model, South African and India were on a similar level, while the experiences that Linda had in Australia exceeded those of the other countries by one point. Australia did however not perform as well in terms of the comparison of the legislation and implementation thereof. In terms of the overall invisible disability and tourism, looking at legal documentation as well as the Tourism Journey Model, India therefore appears as the leading country. South Africa is only two points above Australia, and these two countries seemed to only be averagely suited for a person with an invisible disability.

It was evident that the type of accommodation, or attraction site, had a great impact on the experience of the visitor. Naturally, the type of disability that the person had also plays a critical role. The perceptions and attitudes of the local people of the respective countries also had huge impact on the experiences that the visitors had. Linda experienced some form of discrimination during all of the scenarios, whether it was through the lack of services, or the direct actions and words of people. It seemed that in all three countries, people were still generally uninformed about hidden disabilities and the rights of those suffering from them. This accords with much of the information found on social media where individuals share their experiences.

Even though South Africa, Australia, and India rated differently according to their legislative documentation, all three countries scored evenly, and fully, in the comparison of the Motivation and Preparation stage of the Tourism Journey Model. This can be attributed to the fact that Linda was still in her home country during this stage in each scenario and did not need to travel outside of a familiar environment. Regarding the Transfer and Travel stage of the model, Australia was ahead of the other two countries due to the sophistication of Australian airports regarding invisible disabilities, as is evident by the use of the sunflower lanyard.

India was the leader in the Arrival and Accommodation stage as it was evident this country is more suited to accommodating Linda and Buddy regarding arrivals at hotels. During this stage of the model, Buddy was also more accepted and “tolerated” at Indian establishments. The Cuisine and Attraction Sites stage of the model was equally average in all three countries. None of the countries were entirely suited for invisible disabilities and the accessibility thereof in terms of eateries and travel destinations, regardless of each country’s legislative documentation, appeared lacking. Regarding the Post-travel and Social Media stage, India lagged behind South Africa and Australia. This can be attributed to the fact that social media reports and reviews on South African and Australian destinations and establishments were more prevalent than those of India.

While most of these countries still focus on visible disabilities, i.e. someone in a wheelchair or with a cane for blindness, they do seem to be on their way to achieving the desired level of accessibility. However, more ways have to be found to give those who cannot speak for themselves a voice. A project that was referred to in the dissertation was the Hidden Disabilities Sunflower initiative. While this initiative is already recognised in countries like the United Kingdom and Australia, essentially developed countries, it is absent in countries such as South Africa and India, developing countries. The sunflower initiative is spreading all over the world, but it is not happening at an effectively fast enough pace. As mentioned in the dissertation, this initiative is currently mostly used in airports, but there are those countries (UK) where the sunflower is a symbol at everyday life places such as grocery stores, various transport services, emergency services, and also leisure destinations. The sunflower can be an item as small as a keychain or a lapel pin, or even something as obvious as a shirt. As such, it can change the accessibility ratings of countries’ invisible disability sectors of the tourism industries. This is thus an aspect if introduced globally that could go a long way to addressing and improving the situation of tourists with invisible disabilities.

Educating people in the tourism industry, and other industries, about different invisible disabilities and the legislative processes that can be followed could make a difference. The general public also has to receive information regarding hidden disabilities, and how not to discriminate against such individuals. More PWDs, with a wide variety of visible and invisible disabilities, can be employed in the tourism industry. PWDs have to be included in the decision making and regulation processes of this crucial field. Much more research needs to be done in the field of invisible disabilities and tourism. The more research there is, the more focus is

placed on this vital topic. This thesis highlights only a small fraction of the research that can be done to explore this very broad field of opportunities.

As the writing of this dissertation drew to a close, the global Covid-19 pandemic emerged. This has resulted in a huge loss of life and had a devastating impact on the world economy including the tourism sector which has been one of the hardest hit industries. In the context of this dissertation and the implementation of Covid-19 safety precautions, the impact of Covid -19 is also evident. Social distancing, handwashing and mask wearing have become standard practice internationally. In the case of Linda, her hearing impediment will be further compounded as the wearing of a mask will obstruct her ability to read someone's lips when communicating with her at an almost every stage of the Tourism Journey Life Cycle. Moreover, social distancing of 1,8 metres will also make it more difficult for her to see and possibly hear what people are saying. In addition, maintaining social distancing can also lead to a decrease in assistance offered by other people to people with disability because they would not be able to get close to Linda to help her. This then highlights another dimension of the world of the disabled, both visible and invisible, which is in dire need of further research.

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