

Integrated National Disability Strategy

White Paper

Office of the Deputy President

November 1997

FOREWORD

Among the yardsticks by which to measure a society's respect for human rights, to evaluate the level of its maturity and its generosity of spirit, its by looking at the status that it accords to those members of society who are most vulnerable, disabled people, the senior citizens and its children.

The concept of a caring society is strengthened and deepened when we recognise that disabled people enjoy the same rights as we do and that we have a responsibility towards the promotion of their quality of life.

We must stop seeing, disabled people as objects of pity but as capable individuals who are contributing immensely to the development of society.

We must play an active role in working with them to find joy and happiness and the fulfilment of their aspirations.

Through the establishment of the Office on the Status of Disabled Persons, in my office, our government wishes to express its unswerving commitment to the upliftment and improvement of the conditions of those members of our society who are disabled.

Research estimates that between 5 and 12% of South Africans are moderately to severely disabled. Despite this large percentage of disabled people, few services and opportunities exist for people with disabilities to participate equally in society.

Throughout the world disabled people are organising themselves to engage society on the question of their fundamental rights. The United Nations has issued two documents dealing with the concerns of people with disabilities. These are the United Nations Standard Rules for the Equalisation of Opportunities for Persons with Disabilities and the World Program of Action Concerning Disabled Persons.

Both documents call for extensive changes in the environment to accommodate the diverse needs of disabled persons in society. The emphasis is on a fundamental shift in how we view disabled people, away from the individual medical perspective, to the human rights and development of disabled people.

As a government we endorse these principles.

This White Paper represents the government's thinking about what it can contribute to the development of disabled people and to the promotion and protection of their rights. We believe in a

partnership with disabled people. Therefore the furtherance of our joint objectives can only be met by the involvement of people with disabilities themselves.

This document is the product of an intensive and thorough process of consultation with all the relevant organisations of and for disabled people.

We believe that this White Paper reflects the aspirations of many disabled people in our country. But this is not the end of the process.

The Integrated National Disability Strategy will kick-start a further process involving disabled people in the development of specific policies and legislation aimed at giving effect to the recommendations contained in the White Paper.

Finally, may we take this opportunity to thank the many individuals and organisations who have contributed to the development of this White Paper.

Your contributions will prove to be invaluable to the process of the creation of a truly people centred society.

T M MBEKI

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TABLE OF CONTENTS

[FOREWORD](#)

[ACKNOWLEDGEMENT](#)

[EXECUTIVE SUMMARY](#)

[CHAPTER ONE: SITUATION ANALYSIS](#)

- Prevalence of Disability in South Africa
- Disability and Exclusion
- Sectors Experiencing High Levels of Exclusion
- Causes of Disability
- The Medical Model
- The Social Model
- Existing Disability Structures

[CHAPTER TWO: NATIONAL INTERNATIONAL CONTEXT](#)

- National and International Scenario
- An Integrated National Disability Strategy

[CHAPTER THREE: POLICY GUIDELINES](#)

- Prevention
- Public Education and Awareness Raising
- Health Care
- Rehabilitation
- Barrier Free Access

Transport
Communications
Data, Information and Research
Education
Employment
Human Resource Development
Social Welfare and Community Development
Social Security
Housing
Sport and Recreation .

CHAPTER FOUR: LEGISLATION MONITORING

Legislation
Monitoring

CHAPTER FIVE: PROGRESS TO DATE

CHAPTER SIX: RECOMMENDATIONS

APPENDICES

[Appendix A: Monitoring Structures](#)

[Appendix B: Glossary of Terms](#)

[Appendix C: Glossary of Acronyms](#)

INTEGRATED NATIONAL DISABILITY STRATEGY

EXECUTIVE SUMMARY

There is a serious lack of reliable information about the nature and prevalence of disability in South Africa. A 1995 estimate puts disability prevalence in our society at 5% of the population.

People with disabilities are excluded from the mainstream of society and experience difficulty in accessing fundamental rights. There is, furthermore, a strong relationship between disability and poverty. Poverty makes people more vulnerable to disability and disability reinforces and deepens poverty. Particularly vulnerable are the traditionally disadvantaged groups in South Africa including, additionally, people with severe mental disabilities, people disabled by violence and war and people with AIDS.

Disability tends to be couched within a medical and welfare framework, identifying people with disabilities as ill, different from their non-disabled peers, and in need of care. Because the emphasis is on the medical needs of people with disabilities, there is a corresponding neglect of their wider social needs. This has resulted in severe isolation for people with disabilities and their families.

Over the past decade, disabled people's organisations all over the world have worked to reposition disability as a human rights issue. The result is a social model for disability based on the premise that if society cannot cater for people with disabilities, it is society that must change. This model requires

substantial changes to the physical environment. The goal must be the right of people with disabilities to play a full, participatory role in society.

This changing ethos has taken place within an international context which finally gave rise, in 1993, to the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. A key principle of disabled people's movements throughout the world, and indeed of the social model itself, is the involvement of people with disabilities in the process of transformation.

The vision of the Integrated National Disability Strategy proposed by the White Paper is a society for all. This means that there must be an integration of disability issues in all government development strategies, planning and programmes. There must be an integrated and co-ordinated management system for planning, implementation and monitoring at all spheres of government. And, to complement the process, there must be capacity building and wide public education.

Key policy areas have been identified. These include prevention, health care, rehabilitation, public education, barrier free access, transport, communications, data collection and research, education, employment, human resource development, social welfare and community development, social security, housing and sport and recreation. The White Paper has developed policy objectives, strategies and mechanisms for each of these areas. Where necessary, different components have been identified. Recommendations highlight specific areas for action.

The right of people with disabilities are protected by the Constitution. Government departments and state bodies have a responsibility to ensure that, in each line function, concrete steps are taken to ensure that people with disabilities are able to access the same fundamental rights and responsibilities as any other South African.

To co-ordinate this activity, the Office on the Status of Disabled Persons has been established in the Office of the Deputy President. The Office on the Status of Disabled Persons will work together with, and parallel to, the various state bodies and departments in order to further the development of a disability friendly environment. It will maintain close working links with the NGO sector.

The legislative framework is crucial. There is a need to examine the need for new legislation. Existing legislation must be scrutinised and amended where necessary. Ultimately, legislation should comply with and give substance to Constitutional requirements.

Finally, in order to ensure that legislation is effective and policy implemented, research and monitoring are essential. Transformation must involve practical change at every level of our society.

CHAPTER ONE: SITUATION ANALYSIS

Prevalence of Disability in South Africa

There is a serious lack of reliable information on the nature and prevalence of disability in South Africa. This is because, in the past, disability issues were viewed chiefly within a health and welfare framework. This led naturally to a failure to integrate disability into mainstream government statistical processes.

Statistics are unreliable for the following reasons:

1. there are different definitions of disability;
2. different survey technologies are used to collect information;
3. there are negative traditional attitudes towards people with disabilities;
4. there is a poor service infrastructure for people with disabilities in underdeveloped areas, and violence levels (in particular areas at particular times) have impeded the collection of data, affecting the overall picture.

Some useful statistics are, however, available from the United Nations Development Programme (UNDP) and the Central Statistical Service (CSS)⁽¹⁾. These provide some guidance to estimated disability prevalence in South Africa.⁽²⁾

The UNDP estimates that, in 1990, 5,2% of the world population was experiencing moderate to severe disability. This ranged from 7.7% in so-called developed countries to 4,5% in less developed areas.

In its 1995 October survey, the CSS reported a disability prevalence of approximately 5% in South Africa.

It is critical to note that disability does not only affect the disabled individual but also the family and the immediate community.

Another factor that must be taken into account is the tendency of society to view people with disabilities as a single group. Thus, people in wheelchairs have become the popular representation of people with disabilities. This ignores the diversity of disability and the variety of needs experienced by people with different types of disability.⁽³⁾

Disability and Exclusion

Introduction

The majority of people with disabilities in South Africa have been excluded from the mainstream of society and have thus been prevented from accessing fundamental social, political and economic rights

The exclusion experienced by people with disabilities and their families is the result of a range of factors, for example:

- the political and economic inequalities of the apartheid system;
- social attitudes which have perpetuated stereotypes of disabled people as dependent and in need of care; and
- a discriminatory and weak legislative framework which has sanctioned and reinforced exclusionary barriers.

The key forms of exclusion responsible for the cumulative disadvantage of people with disabilities are poverty, unemployment and social isolation.

Poverty and Exclusion

Poor people face a greater risk of impairment or disability. In addition, the birth of a disabled child, or the occurrence of disability in a family, often places heavy demands on family morale, thrusting it deeper into poverty.

This means not only that there is a higher proportion of disabled people amongst the very poor, but also that there is an increase in families living at the poverty level *as a result of disability*. This phenomenon seriously hinders the development process.

The International Labour Organisation (ILO) and the UN Development Programme (UNDP) state that a key indicator of poverty is the degree to which people are excluded from accessing basic goods and services. Poor people do not have sufficient income to purchase goods. They also live in underdeveloped areas where there is a lack of sanitation, water, electricity, health services, job opportunities and educational and recreational facilities.

The CSS 1995 October Household Survey confirms this, pointing out that large numbers of people with disabilities live in areas where the infrastructure for the provision of basic services is at its weakest. Hence, a relatively low percentage of disabled people have access to piped water, electricity and inside toilet facilities.

Unemployment and Exclusion

People who receive social security benefits in South Africa tend to be totally dependent on them for their survival. The majority of people with disabilities, however, receive no grant at all.⁽⁴⁾

At the same time, an estimated 99% of disabled people are excluded from employment on the open labour market.

The extremely high levels of unemployment amongst people with disabilities can be attributed to a number of factors:

1. low skills levels due to inadequate education;
2. discriminatory attitudes and practices by employers;
3. past discriminatory and ineffective labour legislation;
4. lack of enabling mechanisms to promote employment opportunities;
5. inaccessible public transport;
6. inaccessible and unsupportive work environments;
7. inadequate and inaccessible provision for vocational rehabilitation and training;
8. generally high levels of unemployment;
9. the fact that menial labour is often the only option for poorly skilled job-seekers;
10. inadequate access to information, and
11. ignorance in society.

The high level of functional illiteracy amongst disabled adults is a direct result of the lack of educational opportunities for children with disabilities, especially in rural areas. The result is low skills levels and a correspondingly limited access to employment opportunities.

As a result, those people with disabilities who *do* have jobs often find themselves working in sheltered/protective workshops run either by the Departments of Welfare and Labour, by private welfare organisations or by disabled people themselves. Although the nature and scope of these

workshops and self help projects vary considerably, they do not provide people with disabilities and their families with sustainable incomes or opportunities for competitive economic activity.

Exclusion Through Legislation

Legislation has contributed to the social exclusion of people with disabilities. First, legislation fails to protect the rights of people with disabilities and, second, through legislation, barriers are created to prevent people with disabilities from accessing equal opportunities.

Although there has, since 1994, been some attempt to identify and eliminate discriminatory legislation from our statute books, many aspects of past discriminatory legislation remain. In addition, some new laws and amendments contain sections which directly or indirectly lead to discrimination against people with disabilities. As a result, large sections of the legislative framework in South Africa still fail to meet international human rights standards and principles with regard to the rights of people with disabilities.

One of the main reasons why legislative discrimination continues to take place is that discrimination is not always obvious merely from reading a statute. Problems often arise when the law or statute is applied.

These include:

- the way regulations governing specific acts are drawn up;
- the way acts and/or their regulations are administered;
- inappropriate and/or ignorant interpretation of the law, and
- poor monitoring of the law.

Although the rights of people with disabilities are enshrined in the Constitution, there is, as yet, no disability specific legislation.

Sectors Experiencing High Levels of Exclusion

Introduction

It is important to recognise that there are sectors within the disabled community which have experienced greater discrimination than others. These sectors have experienced, and still experience, comparatively higher levels of exclusion from the social, economic and political environment.

This demands special targeting in order to redress past and present inequalities. Special attention must also be given to understanding and addressing the conditions which have led to the extreme vulnerability of these sectors. The following are the most vulnerable groups:

Women with Disabilities, particularly Black Disabled Women

South African society is still very patriarchal and discriminatory. Although attitudes are changing, women are still typically viewed as second class citizens, subservient to men and in need of protection. Their social role is, by and large, defined through motherhood and homemaking.

Disabled women experience the same oppression as non-disabled women, but often without even the status that women traditionally receive as mothers or wives. In addition, disabled women experience

more discrimination than other women from being unable to live up to the demanding ideals for womanhood imposed by society.

Thus, while it is commonly said that disabled women are women first, then disabled, their circumstances need to be socially contextualised. The very focus of the women's movement - the advancement of an image of women as powerful and competent - has tended to marginalise disabled women. In this context, women with disabilities seem to reinforce traditional stereotypes of women as dependent, passive and needy.

The consequent isolation of disabled women means:

- disabled women are more likely to be poor or destitute;
- disabled women are more likely to be malnourished;
- disabled women are more likely to be illiterate, and
- disabled women have a lesser chance of founding a family.

In addition, women who bear disabled children sometimes face rejection and even scorn. Such women, especially in poverty-stricken areas, also often find themselves excluded from social and economic activities due to the additional attention required by, and lack of facilities for, their disabled children.⁽⁵⁾

An alarmingly high proportion of care-givers of disabled children are grandmothers, further exacerbating the disadvantaged circumstances of elderly women in South Africa.

Thus the stigma of disability, its myths and fears are likely to increase women's social isolation in society.

Children with Disabilities, particularly Black Disabled Children

South African society still regards children with disabilities as incapable, ill and a burden on society. In other words, they represent a 'problem' to be dealt with separately from other children's issues.

More than 80% of black children with disabilities live in extreme poverty in inhospitable environments. They have very poor access to appropriate health care facilities and early childhood development opportunities.

When born into families of poor socioeconomic backgrounds, such children frequently grow up believing that their disabilities are an economic and social curse and burden on their families. As a result, they often perceive themselves to be worthless.

The fact that children with disabilities are unable to defend themselves, are often alone at home and are undervalued by those around them also makes them particularly vulnerable to physical, sexual and emotional abuse.

Such children are also less likely than their siblings to attend school, to go on outings, to experience situations where they have to solve problems or to contribute to household chores. As a result, they grow to be disempowered adults, unable to take decisions, solve problems or take the initiative. This, in its turn, contributes to high unemployment figures amongst adults with disabilities.

Children with disabilities fear and experience exclusion from a very young age. Separation from family, friends and peers is common. Non-disabled children, in their turn, learn that the exclusion of children with disabilities is the norm and therefore socially acceptable. These early experiences reinforce acceptance of segregation in later life.

Although the parents of children with disabilities have a special and specific role to play in the development of their children, mothers (especially) of children with disabilities often face ostracism from their partners, their families and their communities. This exclusion badly affects other non-disabled siblings, the survival of the family as a unit and the meaningful development of the disabled child.

This situation is frequently exacerbated by professionals who take over decision making from the parent(s), insisting that they know what is best for the child. As a result, the mother may lose self-confidence in her abilities not only as a mother, but also as a competent human being.

People with Severe Intellectual or Mental Disabilities

It is commonly considered that the specific needs of people with severe mental/ intellectual disabilities fall outside the ambit of development. Such people are likely to be regarded as ill and in need of constant care. They are not, therefore, provided with opportunities to participate in society to the best of their abilities.

People with severe intellectual or mental disabilities are particularly vulnerable during a period of transition from institutionalisation towards community-based services.

A number of investigations in recent years have unearthed gross human rights violations in institutions for people with mental and/or intellectual disabilities. Yet experiences in the United States, United Kingdom and Europe have shown that a *move away* from institutionalisation often results in people with severe intellectual or mental disabilities becoming homeless and living on the streets, with little or no community support.

People with intellectual disabilities or mental illnesses are also particularly vulnerable when confronted with the justice system. Their testimony is often not taken seriously, they are not regarded as reliable witnesses and they seldom have access to advocates through whom they can speak.

People with severe intellectual disabilities living in rural areas often have a low life expectancy, due to lack of care, support and access even to the most basic services. Families can seldom meet the additional financial burden of regular visits to hospitals, additional expenses for equipment and assistive devices, and other necessities.

Elderly People with Disabilities

The prevalence of disability increases drastically with the onset of old age. It follows that, as the life expectancy of South Africa's population increases, so too will the prevalence of disability in our society.

Poor access to home-based health and social services, especially in rural communities, means that elderly people with disabilities often live in the back-rooms of their children's homes.

Inaccessible public transport and barriers in the built environment mean that services aimed at the elderly seldom reach those with disabilities. This further contributes to the isolation and depression experienced by this group.

People with Disabilities Living in Remote Rural Areas

One of the many features of apartheid was a severe under funding of social and economic services in the former Bantustans and 'independent' states. This had a particularly severe impact on people with disabilities who found themselves in an inhospitable environment, facing poor living conditions and unable to access the help they needed.

A lack of timely and appropriate medical care has contributed significantly to an increase in preventable secondary and tertiary disabilities.

Although a percentage of people with disabilities receive social security benefits, these benefits are often used to pay neighbours and family members to perform tasks.⁽⁶⁾

In addition, people with disabilities in rural areas seldom have any prospect of engaging in the informal sector, due to poverty, inaccessible public transport systems and social rejection.

Youth with Disabilities

Youth with disabilities are less likely to access youth development programmes than their peers for the same reasons as other groups with disabilities. As with other groups, it is also important to note that there are specific subgroups that experience particular difficulties. These include:

- homeless youth with disabilities (e.g. street children);
- youth with disabilities who have clashed with the justice system (e.g. those in schools of industry or reform schools), and
- the so-called "out-of-school out-of-work" youth with disabilities who have had little or no access to formal education.

People with Disabilities who have been Displaced by Violence and War

South Africa is slowly emerging from a very violent past. The violence attendant on the implementation of apartheid policies and during the pre-1994 election period contributed not only to disability prevalence, but also to the displacement of large numbers of people with disabilities. In addition, the previous government's policies of destabilisation in neighbouring states resulted in large numbers of disabled refugees entering South Africa.

People with disabilities who have been displaced by violence and war are particularly vulnerable and may suffer additional hardships.⁽⁷⁾

People with Acquired Immune Deficiency Syndrome (AIDS)

People who are HIV positive suffer from social discrimination similar to that experienced by people with disabilities. This does not, however, imply that they are necessarily disabled. For the purpose of the *Integrated National Disability Strategy* therefore, they are not included in the definition of disability, except where symptoms, such as prolonged fatigue, interfere with their normal functioning.

People who have acquired disabilities due to the progression of the illness to full-blown AIDS are a particularly vulnerable group. Often they do not survive the time-consuming processes of applying for social security benefits, assistive devices and other necessities. Furthermore, the very stress brought on by efforts to access the assistance they need often hastens the progression of the illness.

People with Multi-Disabilities

People with a number of disabilities experience greater problems still. Society is completely unprepared for the integration of this group of people, and their families cannot normally afford to care adequately for them. People with multi-disabilities need special care, a routine stable environment and a wide range of specialised services.

Causes of Disability

Many factors are responsible for the rising numbers of people with disabilities and their consequent isolation from the mainstream of society.

Violence and War

Disabilities are caused by violence, especially against women and children; injuries as a result of landmines, and psychological trauma.

Poverty

Disabilities are caused or exacerbated by overcrowded and unhealthy living conditions. Disability feeds on poverty, and poverty on disability.

Lack of Information

People do not have accurate information about disability, its causes, its prevention and its treatment. This is because of a high illiteracy rate and poor knowledge about basic social, health and education services.

Failure of Medical Services

The occurrence of disability is increased by the inadequacy of primary health care and genetic counselling services; weak organisational links between social services; the faulty treatment of the injured when accidents occur, and the incorrect use of medication.

Unhealthy Lifestyles

Disability is caused by the misuse and/or abuse of medication as well as the abuse of drugs and other substances. It is also caused by deficiencies in essential foods and vitamins. Disability may also be caused by stress and other psycho-social problems in a changing society.

Environmental Factors

Disabilities are caused by epidemics, accidents and natural disasters; pollution of the physical environment, and poisoning by toxic waste and other hazardous substances

Accidents

Disabilities are caused by industrial, agricultural and transport related accidents and sports injuries.

Social Environment

The fact that people with disabilities are marginalised and discriminated against creates an environment in which prevention and treatment are difficult.

The Medical Model

Introduction

Disability has historically been regarded predominantly as a health and welfare issue and state intervention has, therefore, been channelled through welfare institutions. The responsibility for 'caring' for disabled people has thus generally fallen on civil society. There has been little or no commitment to addressing disability in other areas of government responsibility.

The Medical Model of Disability means that organisations for people with disabilities are usually controlled by non-disabled people who provide services to people with disabilities.

The vast majority of organisations for disabled people were founded by people concerned with creating a more 'caring' environment for different groups of disabled people.

Their aim was usually to provide treatment, or to create alternatives to begging or 'hiding away'. The philosophy was that disabled people were not to be hated or feared, but rather to be pitied or helped as part of the 'deserving poor'.

People with disabilities very seldom had any say in the aims, objectives and management of these organisations. The emphasis was on dependence and the focus on the nature of impairment. This meant that all interventions were based on assessment, diagnosis and labelling, with therapy programmes developed separately and through alternative services. Generally, ordinary needs were not taken into account.

The social attitudes which resulted from the perception of disability as a health and welfare issue have invaded all areas of society. The result is that disabled people and their families have been isolated from their communities and mainstream activities. Dependency on state assistance has disempowered people with disabilities and has seriously reduced their capacity and confidence to interact on an equal level with other people in society.

Thus the dependency created by the medical model disempowers disabled people and isolates them from the mainstream of society, preventing them from accessing fundamental social, political and economic rights.

Social exclusion manifests itself in:

The Family

Children as young as three years old are sent off to board at special schools⁽⁸⁾;

The Built Environment

Barriers in the built environment prevent people with disabilities from participating in society.⁽⁹⁾

Mainstream Services

Ordinary services are designed and planned on the assumption that they will not be used by disabled people.⁽¹⁰⁾

Social Relationships

People with disabilities tend to spend much more time on their own than their non-disabled peers due to the barriers in society.

Communications

Information systems⁽¹¹⁾ are often inaccessible to people with disabilities. Sign Language is seldom used.

The Labour Market and Employment Opportunities

A 1985 HSRC/NTB investigation showed that 72,6% of people with disabilities were then economically inactive. Another study estimated that some 0,26% of people with disabilities were employed in the open labour market.

The Social Model

People with disabilities in South Africa came together in the early 'eighties to mobilise and organise themselves. Their aim was to build a strong civil movement of organisations controlled by disabled people themselves. Central to the disability rights movement is the assertion of disability as a human rights and development issue.

Disability as a Human Rights and Development Issue

An understanding of disability as a human rights and development issue leads to a recognition and acknowledgement that people with disabilities are equal citizens and should therefore enjoy equal rights and responsibilities.

This implies that the needs of every individual are of equal importance, and that needs must be made the basis for planning. It further implies that resources must be employed in such a way as to ensure that every individual has equal opportunities for participation in society.

In addition to rights, people with disabilities should have equal obligations within society and should be given the support necessary to enable them to exercise their responsibilities. This means that society must raise its expectations of people with disabilities.

A human rights and development approach to disability focuses on the removal of barriers to equal participation and the elimination of discrimination based on disability.

The Social Model of Disability

The social model of disability suggests that the collective disadvantage of disabled people is due to a complex form of institutional discrimination. This discrimination is fundamental to the way society thinks and operates.

The social model is based on the belief that the circumstances of people with disabilities and the discrimination they face are socially created phenomena and have little to do with the impairments of disabled people. The disability rights movement believes, therefore, that the 'cure' to the 'problem' of disability lies in restructuring society.

The social model of disability implies a paradigm shift in how we construct disability. Thus:

- It is the stairs leading into a building that disable the wheelchair user rather than the wheelchair.
- It is defects in the design of everyday equipment that cause difficulties, not the abilities of people using it.
- It is society's lack of skill in using and accepting alternative ways to communicate that excludes people with communication disabilities.
- It is the inability of the ordinary schools to deal with diversity in the classroom that forces children with disabilities into special schools.⁽¹²⁾

The social model therefore emphasises two things: the shortcomings of society in respect of disability, and the abilities and capabilities of people with disabilities themselves.

This results in an approach that requires that resources be made available to transform so-called 'ordinary' amenities and services to cater for a more diverse environment.

The Social Model, therefore, implies that the reconstruction and development of our society involves a recognition of and intention to address the developmental needs of disabled people within a framework of inclusive development. Nation building, where all citizens participate in a single economy, can only take place if people with disabilities are included in the process.

Existing Disability Structures

Introduction

The paradigm shift (from the medical to the social model) has come about largely through the development of strong organisations of disabled people (DPOs). Central to the concept of the social model of disability is the principle of self representation by people with disabilities through DPOs.

One of the most important initiatives undertaken by the DPOs over the past few years has been the development of a number of charters which express the demands and rights of people with disabilities in South Africa.

Disabled people's organisations

Disabled People International (DPI) is recognised by the United Nations as the international assembly of disabled people. DPI recognises Disabled People South Africa (DPSA) as the national assembly of disabled people in South Africa. DPSA is a national organisation of smaller community-based disabled people's organisations.

Over the years, a number of parent organisations have also been founded. The Disabled Children Action Group (DICAG) has the largest membership, with affiliated community-based parent organisations throughout the country.

A number of national disability-specific DPOs, with international links, has also emerged over the years. These include:

- The Deaf Federation of South Africa (DEAFSA)
- The South African Blind Worker Organisation of South Africa (SABWO)
- The National Organisation of the Blind in South Africa (NOBSA)
- The South African Mental Health Federation
- The Quadriplegic Association of South Africa (QUASA)
- The Down Syndrome Forum of South Africa
- The South African Epilepsy League

It is also important that people with intellectual or severe mental disabilities are able to speak for themselves through the use of advocates. The South African Federation for Mental Health has embarked on an advocacy programme to develop the concept of self representation by people with severe mental and/or intellectual disabilities.

The disabled people and parent organisations concentrate on advocacy and development work aimed at empowering people with disabilities. Very few of them receive any government support.

South African Federal Council on Disability

The South African Federal Council on Disability (SAFCD) is the national umbrella body for all national disability NGOs. It is the national forum where all national welfare organisations, as well as national organisations of disabled people and parents, come together to negotiate and develop common visions for the equalisation of opportunities for people with disabilities. The national welfare councils concentrate on service delivery⁽¹³⁾ and are part-subsidised by government.

The following service/welfare organisations are affiliated to the SAFCD:

- The Deaf Federation of South Africa (DEAFSA)
- The South African National Council for the Blind (SANCB)
- The National Council for the Physically Disabled (NCPD)
- The South African National Epilepsy League (SANEL)
- The South African Federation for Mental Health (SAFMH)
- The South African Foundation of Cheshire Homes
- Occupational Therapy Association of South Africa (OTASA)
- The Cancer Association of South Africa (CANSAs)
- South African Council for the Aged

Disabled and parent organisations that have affiliated include:

- Disabled People South Africa (DPSA)
- Disabled Children Action Group (DICAG)
- Down Syndrome Forum of South Africa
- The National Council of Quadriplegic Associations in South Africa (QUASA)

The SAFCD is the recognised structure interacting with Government on disability issues. Government and the SAFCD are currently investigating the feasibility of transforming the SAFCD into a statutory body.

The paradigm shift away from the medical towards the social model implies a change in the way financial support is provided by government. This means that the development work engaged in by DPOs must be carefully evaluated against work done by the currently funded service organisations.

National Coordinating Committee on Disability

The National Year of the Disabled in 1986 saw the establishment of the Inter-Departmental Committee on Disability (ICCD). Its function was to implement the recommendations of the 1986 Report on disability. This structure was, however, disbanded in 1992 after the national disability rights movement pointed out that not a single recommendation had been acted upon.

The National Coordinating Committee on Disability (NCCD) was eventually established in 1993 to serve as a coordinating and advisory body to government on disability matters during the transitional period. Membership falls within three main categories, namely: key national government departments; national disability service/welfare organisations, and national disabled people organisations.

Four permanent working commissions (on prevention, rehabilitation, equal opportunities and public awareness) and a committee on legislation spearheaded policy proposals in key areas during the transitional period. The South African Disability Institute (SADI) was founded to lend a facilitating, coordinating and supporting role.

The NCCD is currently being restructured. After extensive negotiations between government and the NCCD, it was decided that SAFCD should become the representative structure of people with disabilities.

Office on the Status of Disabled Persons

The NCCD played a key role in the establishment of the Disability Programme in the Ministry without Portfolio in the Office of the President which was responsible for the Reconstruction and Development Programme (RDP). On the closure of this Ministry, the Office on the Status of Disabled Persons was moved to the Office of the Deputy President where it now has directorate status.

Footnotes

1. 1995 October Household Survey
2. Although estimates of disability prevalence vary considerably, the studies completed by the UNDP and the Central Statistical Service provide important information on the nature and effect of disability on individuals and families in South Africa. This information is reinforced by the recorded experiences of disabled people and their families. Data has also been collected by organisations representing and working with this sector of the population.

3. Reports of the abuse of deaf children in schools are common. These children are a particularly victimised group because, without an interpreter, they are unable to communicate their plight.
4. In 1993, disability grants were paid out to 593 162 people. The average grant (1993) of R350 paid out to approximately 30% of people with disabilities was often used to support entire families.
5. The Disabled Children Action Group (DICAG) estimates that 98% of mothers of children with disabilities living in rural areas are unemployed, semi-literate or functionally illiterate single women. Deserted by husbands and lovers, often socially ostracised by their communities, and banished into isolation by their extended families, they tend to withdraw into a world of their own.
6. such as fetching water or firewood, and paying dearly for private transport to hospitals, schools and pension pay points.
7. For example, the loss of social security benefits; the inability of agencies to provide safe accessible shelter; abuse etc.
8. Although the overall policy recommendation is for the inclusion of children with disabilities in mainstream education, the Deaf community believes that Deaf children need special schools, claiming that this is of cardinal importance for their concept and learning acquisition.
9. For example, entrances and toilet facilities of public buildings, poor town planning, etc.
10. Such as day care, education, transport, health, sport and recreation, etc.
11. Such as public media, public service communication systems.
12. Footnote 16 refers.
13. For example, social work services, sheltered employment, assistive device provisioning, rehabilitation services, employment placement.

CHAPTER TWO: NATIONAL AND INTERNATIONAL CONTEXT

National and International Scenario

World Programme of Action Concerning Disabled Persons

1981 was declared the International Year of Disabled Persons by the United Nations. This year was not recognized by the South African government. It was, nevertheless, promoted by the NGO sector whose adopted theme was 'Full Participation and Equality'.

It was this that gave rise to the development of a disability rights movement in this country.

The most important outcome of the International Year of Disabled Persons was the adoption of the World Programme of Action Concerning Disabled Persons during the UN Decade of Disabled Persons (1983-1993). The purpose of the World Programme of Action was to promote effective

measures for the prevention of disability, rehabilitation and the realization of equal opportunities for persons with disabilities.

1986: National Year of Disabled Persons

1986, the International Year of Peace, was also not recognized by the South African government which, apparently in an attempt to divert attention from the violence raging in the country at the time, declared a National Year of the Disabled.

Investigations carried out on the circumstances of disabled people by NGOs (including the DPSA and the Government) revealed the complete absence of any workable policy on disability. Gross discrepancies in the few existing services were also revealed, in terms of both racial and rural/urban distribution.

Following the 1986 investigation, an Interdepartmental Coordinating Committee for the Care of the Disabled (ICCD), involving state departments and the NGO sector, was established. Its role was to implement the various recommendations arising out of the 1986 investigation. Because, by the end of 1991, it had not succeeded in implementing a single one of its tasks, it was disbanded and a restructured South African Federal Council on the Rehabilitation of Disabled Persons (SAFCD) was given responsibility for policy development.

In doing so, it was to build on the experience and creative interaction between service providers and representatives of organizations of disabled people over the preceding seven years.

It was also decided that the Federal Council should interface with the political negotiating process rather than the government of the day. However, this structure also struggled due to lack of capacity and other factors.

Standard Rules on the Equalisation of Opportunities for Persons with Disabilities

The UN facilitated the drafting of the Standard Rules for the Equalisation of Opportunities for Disabled Persons to provide governments with clearer guidelines on actions to be taken. The Standard Rules were adopted by the UN General Assembly on 20 December 1993.

Aims of the Standard Rules

The aims of the standard rules are as follows:

1. They imply a strong moral and political commitment by the State to take action for the equalization of opportunities for persons with disabilities.
2. They offer an instrument for policy-making and action. The purpose is to ensure that all persons with disabilities may exercise the same rights and obligations as other citizens.
3. They outline crucial aspects of social policies in the disability field, and provide models for the political decision-making process required for the attainment of equal opportunities.
4. They propose national mechanisms for close collaboration between the State, organs of the UN, NGOs and DPOs⁽¹⁾.

Objectives of the Standard Rules

The objectives of the Standard Rules are to:

1. stress that all action in the field of disability presupposes adequate knowledge and experience of the conditions and special needs of persons with disabilities;
2. emphasise that the process through which every aspect of the organisation of society is made accessible to all is a basic objective of socio-economic development;
3. outline crucial aspects of social policies in the field of disability, including, as appropriate, the active encouragement of technical and economic cooperation;
4. provide models for the political decision-making process required for the attainment of equal opportunities, bearing in mind: widely differing technical and economic levels; the fact that the process must reflect keen understanding of the cultural context within which it takes place, and the crucial role of persons with disabilities in it, and
5. propose national mechanisms for close collaboration among states, the organs of the UN system, other intergovernmental bodies and organisations of persons with disabilities.

Political and Moral Foundation

The international Bill of Human Rights comprises the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, as well as the World Programme of Action concerning Disabled Persons. It constitutes the political and moral foundation for the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities.

Disability Rights Charters

The following disability rights charters are pertinent.

The Disability Rights Charter of South Africa

During 1991, the Disability Rights Unit of Lawyers for Human Rights (LHR), together with DPSA, began working on a charter of demands of disabled people in South Africa.

The development of a draft charter involved a lengthy process of consultation with many organisations of disabled people throughout the country. The demands of disabled people were collected in this process. The final charter, after various processes of ratification, was finally adopted by the DPSA Council in December 1992.

The Disability Rights Charter of South Africa reflects demands from disabled people. The aim is to promote equal opportunities for all disabled people. It is a document which asserts the right of all disabled people to live independently in a safe environment and in a society free from all forms of discrimination, exploitation and abuse.

Specific Disability- Related Charters

In order to address the more specific needs of people with different disabilities, various sectors within the disabled community have been involved in developing charters. These express the specific demands and rights of different sectors of the disabled community. These charters are important in highlighting the fact that people with different disabilities experience discrimination in different ways, and thus reflect the importance of a comprehensive and integrated approach to addressing disability issues in South Africa.⁽²⁾

1996 Constitution

Another important development for the disabled community in South Africa took place when the 1996 Constitution came into effect.

Chapter 2 of the 1996 Constitution guarantees fundamental rights to all citizens. It includes, in Section 9, the equality clause, and the right to freedom from discrimination based on a number of social criteria. Discrimination based on disability is specifically mentioned and disabled people are thus guaranteed the right to be treated equally and to enjoy the same rights as all other citizens.

The inclusion of this provision in the Constitution has far-reaching implications for preventing discrimination against disabled people in our society. It now requires practical implementation.

Provision is also made for affirmative action. Persons with disabilities have clearly been disadvantaged in the past, and should benefit from this clause.

The Right to Franchise, however, excludes from voting people with mental disabilities confined to institutions.

The Reconstruction and Development Programme

The RDP White Paper

The White Paper of the Ministry without Portfolio in the Office of the President commits itself to the following:

"The Government will design, in consultation with disabled people, a comprehensive programme for the disabled which will enhance their engagement in society and remove discriminatory practices against them, especially in the workplace. Government will also discuss means to reintegrate mentally and physically disabled people into their communities ..."

Despite this significant commitment by the Government of National Unity, it is also important that the needs of disabled people be integrated into all components of the RDP. In this regard, the Government has acknowledged that the first RDP White Paper did not address disability in an integrated manner.

As a consequence, a Disability Programme was established in the Office of the Minister Without Portfolio in the Office of the President to facilitate the full integration of disability into the RDP. With the closure of the Ministry, the Office on the Status of Disabled Persons was formally established in the Office of the Deputy President.

Implementation of the RDP to Date

The importance of integrating disability issues into all areas of policy development and strategic planning, and the weaknesses inherent in programmes where this does not take place, is demonstrable. An evaluation of the implementation of the Presidential Lead Projects (PLPs) thus far, and their capacity to meet the needs of disabled people, showed that:

1. Free health care for children under six years old has not always automatically been extended to include rehabilitation and the provision of assistive devices.
2. The Primary School Nutrition Scheme has not reached the majority of disabled children as they are not presently in schools.
3. The National Literacy Campaign may fail to reach the majority of disabled adults, particularly those who are Deaf and/or blind, due to inaccessible communication and teaching methods. Physically disabled adults may also be excluded as a result of inaccessible public transport and centres of learning.
4. Schools and classrooms built or renovated under the Culture of Learning Programme are, generally, in contravention of the National Building Regulations of 1986 and therefore tend to be inaccessible to wheelchair users.

An Integrated National Disability Strategy

Vision: A Society for All

In a society for all, the needs of all citizens constitute the basis for planning and policy, and the general systems and institutions of society are accessible to all.

By accommodating the structures of society so that they function in a way that meets the needs of all, society mobilises the potential of all its citizens and, consequently, strengthens its developmental potential.

People with disabilities are a natural and integral part of society as a whole, and should have opportunities to contribute their experience, talents and capabilities to national and international development.

The concept of a society for all, encompassing human diversity and the development of all human potential, captures the spirit of the human rights instruments of the United Nations.

Defining and translating the human rights of disabled persons into specific measures and programmes, however, remains the major challenge. The Standard Rules are the main instrument guiding public policy in the direction of ensuring the human rights of disabled persons. They will also assist Government in creating an enabling environment that will lead to the full participation and equalization of opportunities for persons with disabilities at all levels of society - during and after the period of reconstruction and development. This includes the right of disabled people to assume full responsibility as members of society.

Objectives

The objectives of the *Integrated National Disability Strategy* include:

1. the facilitation of the integration of disability issues into government developmental strategies, planning and programmes;
2. the development of an integrated management system for the coordination of disability planning, implementation and monitoring in the various line functions at all spheres of government;
3. the development of capacity building strategies that will enhance Government's ability at all levels to implement recommendations contained in the *Integrated National Disability Strategy*.

4. a programme of public education and awareness raising aimed at changing fundamental prejudices in South African society.

Principles

Principles upon which the Strategy is based include:

A People-Driven Process

A fundamental principle which informs the outlook of the disability rights movement in South Africa and internationally is the right to self-representation. This means that the collective determination of disabled people must be used to inform the strategies of the government.

In recognizing this principle, the government acknowledges the advisory role of organisations of persons with disabilities and their representatives in the decision-making processes.

The right to equality guaranteed in the 1996 Constitution must include social and political equality at all levels. This means that disabled people should enjoy equal access to fundamental rights, even if the exercise of these rights involves removing barriers and creating enabling mechanisms. For example:

- the right to vote is restricted by inaccessible polling booths and voting material;
- the right of access to public information is restricted as a result of inaccessible public media;
- failure to recognize Sign Language prevents Deaf people from enjoying access to full participation in the social, political and economic life of the country.

Integration and Sustainability

Historically, disability issues have been addressed in a piecemeal, fragmented way. This has been one of the key factors contributing to the marginalisation of disabled people and the dire poverty of the circumstances in which the majority find themselves.

If the needs of disabled people are to be effectively addressed and the objectives of the RDP are to be met, disability must be fully integrated into the principles, strategies and framework of the programme. This will ensure that the effects of apartheid as they have affected disabled people will be eradicated in a sustainable process of reconstruction.

Strategic Guidelines

The development of the *Integrated National Disability Strategy* needs to take place within a coherent programme of reconstruction and development and must be planned and implemented in terms of strategic guidelines.

The pursuit of goals of freedom from want, hunger, deprivation, ignorance, oppression and exclusion should underpin strategies for disability planning.

The funding of the *Integrated National Disability Strategy* as part of reconstruction and development should link up with potential sources of finance and related policies, whether from the public or private sector.

All disability programmes should be carried out with appropriate consultation and facilitation, and should include the necessary monitoring mechanisms.

The Standard Rules on the Equalization of Opportunities for Persons with Disabilities, the World Programme of Action Concerning Disabled Persons and the Disability Rights Charters will be the guiding documents in developing, implementing and monitoring the *Integrated National Disability Strategy*.

Footnotes

1. through the SAFCD

2. The SA Blind Workers Organisation (SABWO) drafted a Charter of Demands for Persons with Visual Disabilities that has subsequently been endorsed by the SANCB's Council as representative of the views of persons with visual disabilities. The Deaf community initiated a process of listing their specific demands in response to the Disability Rights Charter of South Africa.

CHAPTER THREE: POLICY GUIDELINES

Prevention

Introduction

One of the cornerstones of disability policy is prevention. The majority of disabilities are preventable. There are, however, a number of reasons why there is a failure to prevent disabilities.

Lack of Coordination

Although there are a number of policies aimed at preventing disabilities, there is no coherent coordination between the various government departments to ensure that these policies are properly carried out.

Absence of Policies

There are a number of areas in which policies should exist, but do not.⁽¹⁾

Lack of Identification and Intervention

Existing prevention policies are not effectively linked to identification and early intervention policies.

Policy Objectives

Primary prevention means trying to prevent the diseases and accidents which may cause impairments and disabilities. Policy objectives are therefore:

Healthy Lifestyle Promotion

The promotion of a healthy lifestyle in the home, at school, in the workplace and on the sports field.

Protective Measures

Specific protective measures such as immunisation, protection against accidents, and protection against occupational hazards.

Secondary Prevention

Secondary prevention means early identification of impairments and disabilities followed by prompt treatment (or early intervention). Secondary prevention may result in:

1. a cure;⁽²⁾
2. a slower rate of progression of the impairment;
3. the prevention of complications.⁽³⁾

Strategies

Avoidance of Conflict

The avoidance of conflict, war and violence. This includes observance of South Africa's ban on landmines and the pursuit of peace initiatives.

Decrease in Poverty

An improvement in the educational, economic and social status of the poor.

Improved Health Services

A continued improvement in health services. This must include:

- immunisation;
- early identification of impairments and appropriate interventions;
- mother and child health care;
- appropriate health care instruction;
- family planning;
- genetic counselling;
- rapid and effective emergency medical treatment;
- effective management and control of disabling and degenerative diseases, and
- devolvement/decentralisation to primary level of historically secondary level services (e.g. management and control of priority chronic diseases, diseases of older persons and basic rehabilitation).

Reduction in Accidents

A reduction in occupational and environmental accidents through the adaptation of the environment.

Laws to Prevent Accidents

The adoption and implementation of legislation and regulations to prevent accidents at work and on the roads.

Worker Check-ups

Regular check-ups for workers at risk.

Monitoring of Diseases

The regular monitoring of all potentially disabling diseases.

Resources

Adequate resource allocations, both human and financial.

Mechanisms

Coordination of Services

The coordination of services and programmes between all line functions at all levels of government, establishing early identification and intervention network structures and referral systems.

Public Education Programmes

On-going intersectoral national awareness programmes focusing on disability prevention.

Involvement of the Disability Sector

Disabled people's organisations are a key component of disability prevention at community level. Their involvement is particularly important in the facilitation of public education programmes, early identification and referral.

Personnel Training

All health workers, sports administrators, audiologists, speech therapists, shop stewards, teachers and other local role players should receive orientation courses in prevention and intervention.

Involvement of Role Players

The following role players should be involved in pursuing policy objectives:

- government, particularly the Departments of Health, Welfare, Labour, Sport, Mineral and Energy Affairs and Education;
- the disability sector (SAFCD);
- other role players such as trade unions and the Medical Research Council, and
- international organisations such as the ILO and the WHO.

Public Education and Awareness Raising

Introduction

One of the greatest hurdles disabled people face when trying to access mainstream programmes are negative attitudes. It is these attitudes that lead to the social exclusion and marginalisation of people with disabilities.

Negative attitudes are continually reinforced. Disability is portrayed as a 'problem'. People with disabilities are viewed as helpless and dependent; as ill and in constant need of care and medical treatment, or as tragic victims.

Culture plays an important role in the way we relate to people with disabilities.⁽⁴⁾ This contributes to the perception of people with disabilities as different or 'outsiders'.

The changing of attitudes is not something that happens automatically or spontaneously. Attitude changing is a complex process which involves moving, in a series of stages, from one set of attitudes to another.⁽⁵⁾

Public education and awareness are central to the changing of attitudes.

Policy Objectives

Policy objectives for public education and awareness raising include:

Awareness Raising

The raising of awareness of disability as a human rights and development issue, and the implications of pursuing the social model of disability. Every component of government and society at large should be targeted.

Decreasing Discrimination

Decreasing discrimination against people with disabilities based on archaic beliefs and customs.

Putting a Value on Diversity

Creating a positive and accommodating environment in which diversity is respected and valued.

Strategies

Strategies for public education and awareness raising include:

National Disability Awareness Strategy

The development of a multi-sectoral integrated national disability awareness strategy;

Media Awareness

The development of disability awareness projects aimed at journalists and the public broadcaster;

Government Awareness

The development of a disability awareness programme within every line function in government;

Media Visibility

Increased visibility of people with disabilities in the media.

Mechanisms

The success of the Public Education and Self Awareness initiative will depend on:

Self Representation

People with disabilities are best equipped to change perceptions and attitudes towards disability, and should therefore play a central role in the development of strategies and projects through their legitimate organisations. The appointment of a disabled representative to the SABC Board (1996/97) was an important first step.

Public Media

The public media plays a central role in the way society constructs images and beliefs, and should therefore be utilised as a key mechanism in changing attitudes.

South African Human Rights Commission (SAHRC)

One of the responsibilities of the SAHRC, as defined by the Constitution, is human rights education. It is, therefore, essential that the SAHRC takes the lead in the promotion of human rights education pertaining to people with disabilities.

Personnel Training

All training of personnel who deal with the public should contain disability awareness components so that they may understand the Social Model of disability and its implications.

Public Holidays

South Africa has a number of public holidays related to human rights promotion.⁽⁶⁾ The International Day of Disabled People falls on 3 December. These days should be used to contextualise and promote disability as a human rights and development issue.

Health Care

Introduction

Appropriate, accessible and affordable health services at primary, secondary and tertiary level are essential to the equalisation of opportunities for people with disabilities.

Such services should include general medical and nursing assistance on an in-patient, out-patient or community home care basis, and specialised health professional assistance.

Where the disability permits, special forms of assistance, offered either on an outpatient basis or at home, are preferred to hospital care. It is believed that such an approach will increase access to comprehensive, extensive medical and psychological/psychiatric assistance services.

Other health care related services are dealt with under separate sections in this document.

Policy Objectives

The development of a comprehensive universal health care system, at primary, secondary and tertiary level, that is sensitive to the general and specific health care needs of people with disabilities.

Strategies

Elimination of Discrimination

Measures must be developed and implemented to identify and reduce discrimination on the basis of disability in the health sector. Particular attention should be given to the elimination of discrimination against women with disabilities.⁽⁷⁾

National Data Base

A national data base is currently being developed to provide information on the medical causes of disability, health-related disability services, health-related needs of people with disabilities and the incidence of impairment.

Child Health Care

Measures need to be undertaken to implement comprehensive free health care for all children with disabilities under six, including free access to assistive devices and rehabilitation services.

Computer Technology

Computer Technology should be used to increase access to specialised medical care, especially in rural areas.

Barrier-Free Access

National norms and minimum standards for the building of health facilities to ensure barrier-free access must be developed.

Communication

Appropriate communication strategies at service-delivery points must ensure equal access for people with communication disabilities.

Training

Training programmes for medical and allied health personnel must be developed. These should be geared to the development of an understanding of the implications of the delivery of health services within the Social Model.

Rehabilitation

Introduction

Rehabilitation is the word used to describe ways of helping people with disabilities to become fully participating members of society, with access to all the benefits and opportunities of that society.

This means that disabled people should have access to such benefits as early childhood development opportunities, education and training opportunities, job opportunities, and community development programmes.

Rehabilitation services have traditionally been neglected in South Africa. Predominantly based within the health sector, with the Departments of Labour and Education carrying some rehabilitation related programmes, these services tend to be fragmented and uncoordinated. This is due mainly to the lack of a comprehensive national inter-sectoral rehabilitation policy.

The Social Model of disability proposes a more central role for disabled people in the planning, development, implementation and monitoring of rehabilitation services. There will, in other words, be a shift in power away from professionals towards people with disabilities.

To achieve its aims, the rehabilitation process requires a number of supportive services, but its impetus must come from community action and involvement. Community-based rehabilitation should, therefore, form the basis of the national rehabilitation strategy, supported by secondary and tertiary rehabilitation services as proposed in the Health Department's Technical Committee on Rehabilitation Policy.

New labour, social welfare, education and health policies will also have an influence on the scope of rehabilitation in this country.

Policy Objectives

Access to appropriate rehabilitation services can make the difference between leading an isolated and economically dependent life and leading an economically independent life and playing an active role in society. This goal must be reflected in policy on rehabilitation. The main policy objectives are:

1. to enable people with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric, and/or social functional levels;
2. to provide people with disabilities with the tools to change their lives and to give them a greater degree of independence;
3. to prevent secondary disabilities or to reduce the extent of disability;
4. to take into account the specific needs of different disability groupings.

Strategies

Strategies for rehabilitation include the following.

Personnel Training⁽⁸⁾

The appropriate training of people involved in rehabilitation services is a core component of a national inter-sectoral rehabilitation strategy.

Training should be understood in its widest sense and should include general training, further training and in-service training, specialised training, retraining and re-orientation, as well as induction/introductory courses for personnel not directly involved in the rehabilitation process.

Inter-sectoral Collaboration

Rehabilitation is a cross-sectoral issue. Major stakeholders are Health, Welfare, Education and Labour, together with DPOs and NGOs. Services should be developed in collaboration with all relevant sectors. The planning, monitoring and evaluation of services must be done with the full participation of people with disabilities and parents of children with disabilities.

DPOs and parent organisations often form a focal point for inter-sectoral collaboration at local level.⁽⁹⁾

Role of Disabled People/Parent Organisations (DPOs)

DPOs play a key role in the provision of accessible rehabilitation services within the community.⁽¹⁰⁾

These informal activities need to be formalised as a key component of the delivery system. This can be done by providing access to appropriate training to improve and enhance activities; providing subsidies to DPOs involved in rehabilitation activities, and including DPOs in the referral system and data collection process.

A shift in financial resources is also required, with rehabilitation subsidies reflecting the contribution made by DPOs.

Components

Rehabilitation can be provided in a number of contexts.⁽¹¹⁾ However, rehabilitation services should, wherever possible, be provided within the existing health, education, social welfare and labour structures. This helps ensure the participation by people with disabilities in regular community activities. Where this is not achievable, one stop service stations should be developed at district level in rural areas.

Components include:

Medical Rehabilitation (Therapy) ⁽¹²⁾

Medical rehabilitation is an essential part of the rehabilitation process. It involves detailed and timely diagnosis and a whole range of specialised treatments and appropriate techniques.

Medical rehabilitation may occur within the primary health care delivery system, and as specialist services within the secondary and tertiary health service delivery system.

Psychological Rehabilitation

Psychological rehabilitation focuses on mental health and is used to assist people with brain injuries and/or psychiatric illness.⁽¹³⁾

Educational Rehabilitation ⁽¹⁴⁾

Educational rehabilitation is a component of education support services (ESS).

Vocational Rehabilitation ⁽¹⁵⁾

ILO Conventions 159 (1983) and 168 (1983) provide extensive guidelines for the development of vocational rehabilitation services.

Vocational rehabilitation should be aimed at people with disabilities whose prospects of securing and retaining employment are substantially reduced as a result of their disabilities, but who have reasonable prospects of securing and retaining suitable employment.

Social Rehabilitation

Social rehabilitation focuses on social functioning. [\(16\)](#)

Assistive Devices

Assistive/rehabilitation technology enables individuals with disabilities to participate on equal terms. If people with disabilities are to access their rights and responsibilities and participate in society as equal citizens, they must have access to appropriate and affordable assistive devices.

Assistive devices can be divided into the following categories. They may enhance: Mobility [\(17\)](#); Communication [\(18\)](#); Daily living [\(19\)](#).

Without access to these devices, people with disabilities endure:

- prolonged periods of hospitalisation (as independence is not promoted) and remain dependent for longer periods;
- continue to be accommodated in segregated 'special' institutions where they are 'cared for', and
- continue to experience great difficulties in securing rights to education, employment, etc.

The production, supply and maintenance of assistive devices is presently uncoordinated. Imported devices are steeply taxed, making them very expensive. Initiatives to develop appropriate and affordable assistive technology have, to date, taken place in isolation from general technology development (i.e. they are aimed at a 'special market'), with very little participation by consumers, or collaboration between the various sectors and agencies.

With the assistance of modern technology, products should be developed for use by people with a range of different disabilities. The aim should be to reduce costs by producing for a larger market. This may require greater standardisation of products.

Assistive device services are presently available from a number of different sources. [\(20\)](#)

Barrier Free Access

Introduction

The way in which the environment is developed and organised contributes, to a large extent, to the level of independence and equality that people with disabilities enjoy.

There are a number of barriers in the environment which prevent disabled people from enjoying equal opportunities with non-disabled people. For example: structural barriers in the built

environment;⁽²¹⁾ inaccessible service points;⁽²²⁾ inaccessible entrances due to security systems;⁽²³⁾ poor town planning,⁽²⁴⁾ and poor interior design.⁽²⁵⁾

The purpose of Section S of the National Buildings Regulations, and its associated Code 0400 ⁽²⁶⁾ includes regulations setting out national requirements for an accessible built environment. Although this was an important development in the equalisation of opportunities for people with disabilities, these regulations have been extremely badly administered and monitored.

Specific problem areas include:

1. Planning professionals do not recognise the specific details required in providing a barrier free environment.
2. Development agencies do not have clear policies on environmental access. The result is that hundreds of schools, clinics and other public buildings are presently being built with no regard for barrier free requirements.
3. Standards prescribed by the National Building Regulations require review.
4. No barrier free design norms have been incorporated in the Public Sector Briefing Document.
5. Specialist expertise in the field of barrier free access is limited in South Africa.

Costs are often cited as the reason for the failure to provide a barrier free environment. Yet, when accessibility is incorporated in the original design, the additional cost does not generally exceed 0,2% of the overall cost of development.

The National Environmental Accessibility Programme (NEAP) was formed in 1993 by the various agencies working in the field of environmental accessibility. It is a programme of action designed to ensure a barrier free environment - including access to information and communication, especially for disabled people.

Policy Objectives

The policy objective is to create a barrier free society that accommodates the diversity of needs, and enables the entire population to move around the environment freely and unhindered.

Mechanisms

Mechanisms required to ensure that policy goals are met include:

Inter-Sectoral Collaboration

Barrier-free access must cut across line functions. ⁽²⁷⁾ Collaboration with NEAP, as the most inclusive organisation addressing the question of barrier-free access, is essential.

Personnel training

All relevant personnel in local government and in the maintenance sections of the relevant departments, as well as all professionals involved in the building industry, should complete an orientation course on barrier free access/design to sensitise them towards the needs of people with disabilities.

Self Representation

People with disabilities experience problems arising from the lack of barrier free access on an almost daily basis. It is, however, important to ensure that advice is sought from the legitimate representatives of disabled people's organisations to ensure that a representative and not a personal viewpoint is obtained.

Transport

Introduction

There is a need for rapid progress in developing a public transport system that is flexible and accessible. Without this, people with disabilities will continue to remain largely 'invisible' and unable to contribute to, or benefit from, the services and commercial activities available to most of their fellow citizens.

Given the fact that the ability to use services, or attend school or work, is largely dependent on the ability of people to get there, the lack of accessible transport is a serious barrier to the full integration into society of people with disabilities.

Transport services for people with disabilities are currently largely restricted to those who are either associated with a social service agency (i.e. predominantly in the metropolitan areas), or those who are able and can afford to drive modified private vehicles or employ the services of a chauffeur.

Accessible transport as a human right implies a departure from the traditional medical/welfare model of providing trips primarily for medical purposes. People with disabilities should be able to travel, regardless of the purpose of the journey.

Policy objectives

The objective is to develop an accessible, affordable multi-modal public transport system that will meet the needs of the largest numbers of people at the lowest cost, while at the same time planning for those higher cost features which are essential to disabled people with greater mobility needs.

Components

Components of the transport system include:

Road Transport

The White Paper on a National Transport Policy places the main responsibility for identifying the needs of specific categories of passengers on the respective metropolitan and local authorities.

Minibus taxis play a substantial role in the provision of public transport, especially in rural areas. It is therefore essential that this sector be fully integrated into the strategic plan for accessible transport. Such initiatives should form part of the initiatives for the regulation of the taxi industry.⁽²⁸⁾

A large proportion of the population use the bus services as their chief mode of public transport. Policy makers tend to focus on wheelchair-lift equipped buses when considering access. There are, however, a number of low-cost accessible features that could be considered in the short term.⁽²⁹⁾

Dial-a-ride services have proven particularly popular in densely populated areas. The primary distinction between this service and existing services operated by welfare organisations is that people are able to use the service for any purpose, whether to work, school or for social reasons.

Railway Services

In its quest to create an accessible commuter service, Metrorail has initiated a pilot project aimed at designing accessible coaches and the redesigning of certain train stations to make them more user-friendly for people with disabilities.

Air Travel

Although the major airports have introduced extensive upgrading projects to make their facilities more user-friendly, smaller provincial and regional airports still remain extremely discriminatory against disabled commuters. This is, in part, due to a lack of information on national guidelines and minimum standards and norms.

The larger airlines have introduced personnel training programmes to facilitate a more sensitive service from airline staff.

Mechanisms

Mechanisms to ensure that policy goals are met include:

Personnel Training

Personnel training has been identified as a key component in providing a more user-friendly public transport system - not only for disabled commuters, but also for the broader South African and tourist population. It is essential that a disability awareness and orientation component for the transport industry is developed and implemented.

Self Representation

Different disability groups have different public transport needs. There are also differences in the needs of people living in rural and urban areas. It is therefore essential that processes to develop accessible commuter systems include participation by all stakeholders.

NEAP has representation from all these sub-groups and is the most representative organisation addressing accessible public transport.

Communications

Introduction

Communications is an important aspect of access to public services.⁽³⁰⁾ Access to communication, therefore, forms an integral part of the equalisation of opportunities for people with communication disabilities, such as Deaf people, people with speech disabilities and people with visual disabilities

Components

Communication as it relates to disability has two major components:

Message

The first is the manner in which the message is conveyed.

Harmful and negative attitudes are one of the biggest barriers disabled people face when trying to access mainstream programmes. Negative attitudes are reinforced every time disability is portrayed as a 'problem'; where disabled people are regarded as being helpless and dependent, as sick, or as tragic victims.

Cultural beliefs play an important role in the way we relate to people with disabilities, as do images and language.

Access

1. Sign Language is the first and natural language of Deaf people, whatever the spoken language of his or her hearing parents may be. Sign Language is the central focus of Deaf people's human rights. It is important to note that Sign Language is a language in its own right, with its own grammar and syntax. Sign Language uses the modality of space, in contrast with the spoken language which uses the modality of sound. There are several regional variations of Sign Language in South Africa.
2. Special Language Systems/Augmentative and Alternative Communication refer to any mode of communication used by people who can not use a spoken or sign language. They include Braille, touch, Bliss symbols or other means of communication.
3. Interpreter services are linked closely to the communication needs of Deaf people and people with limited or no speech.. These services enable them to communicate freely with society, and are an essential element in the achievement of equal opportunities for people with communication disabilities. They include both Sign Language interpreters, lip speakers, note takers and communication facilitators.

Technology that will ensure inclusive use of public amenities by all consumers is required. ⁽³¹⁾

Policy Objectives

The policy objective is to develop strategies that will provide people with communication disabilities with equal opportunities to access to information, as well as public and private services.

Data Information and Research

Introduction

In order to decide how best to deal with poverty and inequality in South Africa, we need to understand the exact size and dynamics of the problem.

The report on Key Indicators for Poverty in South Africa (October 1995) reports that South Africa's compilation of social indicators is one of the worst in the world.

Since April 1994, the data and information sector has begun moving away from researching the needs of the elite to poverty-focused research and data collection that can be used to implement programmes to alleviate poverty and create opportunities.

This has, unfortunately, not necessarily led to the inclusion of data and information on people with disabilities. This is demonstrated by the total exclusion of the relationship between disability and poverty in the report on Key Indicators of Poverty in South Africa (1995).

It is important that all data gathering, research and information dissemination reflects the fact that disability - its classification, definition and measurement - necessarily encompasses biomedical aspects as well as social, economic and political ones. Populations should not be conceived in terms of those who do have a disability versus those who do not. Instead, the concept should be of a continuum that covers the range of disabilities and degrees of disablement.

Data Collection

Different line functions need different types of information on disability to enable them to target their resources where they are most needed. The lack of reliable information impacts severely on the planning and development of services and intervention strategies aimed not only at preventing disability, but at creating an enabling environment for the equalization of opportunities.

It is important to ensure that the information gathered is relevant to inclusive development planning, and to initiate a process of gathering data on social indicators and income inequality as it pertains people with disabilities.

The National Census of 1996, in conjunction with the annual October Household Surveys, will provide the government with extensive information on the status of living conditions in South Africa. Some NGOs have claimed that the inclusion of a question on disability in the Census Questionnaire, however, runs the risk of leading to undercounting due to the negative connotations and stigma attached to disability. It does not, therefore, provide government with an accurate assessment of the difference in status between disabled people and their non-disabled peers, making targeted intervention virtually impossible.

Back-up house-to-house surveys conducted by people with disabilities have proved to be the best complementary method of data collection.⁽³²⁾

Research

There is presently no coordination or integration between research on disability and research on gender, social development, human sciences and so on. Disability-related research tends to focus predominantly on the health and/or social welfare aspect of disability.

Research needs to overcome the person-centred approach where, to understand performance problems, equal attention is given to person, physical environment and machine environment. Attention must be given to the conceptualisation and measurement of disability so that research can incorporate insights on the interplay between people, resources and environment.

It needs to be acknowledged that the research process is as important as the outcome (results) of the research, and that specific attention needs to be given to both qualitative and participatory components in research methods to ensure that the different dimensions of disability are appreciated.

Information

The ultimate responsibility for the dissemination of information on the living conditions of people with disabilities lies with the Government.

It is the Government's responsibility to disseminate information on disability throughout both political and administrative levels of the national, provincial and local spheres.

People with disabilities should have access to full information on personal health, education and social aspects affecting their lives.

All strategies and mechanisms developed to make information accessible to citizens should be available in a format accessible to people with disabilities. ⁽³³⁾

Policy Objectives

The following policy objectives are identified:

1. There must be regular, appropriate data collection on the living conditions of people with disabilities.
2. Research should reflect the gaps between people's physical or mental conditions and their resources/capacity (personal, economic, social), and the environment (geographic, architectural, social, political) in which they live, work and play.
3. Disabled people should have full access to all information that affects their lives.

Strategies

Strategies necessary for proper data collection and research include:

1. Data collection in conjunction with national censuses and household surveys, undertaken in close collaboration with, amongst others, universities, research institutes and DPOs.
2. The facilitation of better coordination of disability-focused research.
3. The facilitation of access to disability-focused research by the general research sector.
4. The integration of disability-focused and general research through the establishment of a forum where researchers and the disability sector can exchange information related to disability and research.
5. The development of a national database on existing research aimed at identifying gaps.
6. The development of national guidelines and minimum norms and standards for disability related research.
7. The development of national guidelines for the integration of disability into general research.
8. The facilitation of the publication of market relevant and significant research findings.
9. Networking with regional and international research institutions.

Education

Introduction

A human rights and development approach to disability has significant implications for the way in which we provide education for the nation. Educationists tend to classify people with disabilities according to disability. Disabled learners are then either placed in special schools or classes, or

totally excluded from any educational opportunity on the grounds that they are "too severely disabled".

The limited capacity of special schools, particularly in rural areas, has resulted in the majority of learners from these areas being excluded from education opportunities altogether, as the environment in regular schools does not facilitate integration.

It is estimated that almost 70% of children with disabilities of school-going age are presently out of school. This naturally results in illiteracy and low skills amongst adults with disabilities, contributing significantly to high levels of unemployment.

Disabled children and their parents have very little or no choice as to which option - mainstream or special school - they wish to access.

The first White Paper on Education and Training commits the Government of National Unity to a unified education and training system which is "committed to equal access, non-discrimination and redress". It also makes provision for a National Commission on Special Needs in Education and Training (NCSNET) and a National Task Team for Education Support Services (TTESS) ⁽³⁴⁾.

These bodies must make policy recommendations to government on the inclusion of learners with special needs in education and training within a single equitable education system. Their work will cover all levels of education. ⁽³⁵⁾

Lifelong Learning

Education has traditionally concentrated on years spent at school and, to a lesser degree, on tertiary education. Links with the world of work and training have been weak. Changes in educational policy are of particular importance to the future economic empowerment of people with disabilities.

Early childhood development and learning provides children with disabilities with access to early intervention and socialisation opportunities from an early age.

Outcomes based education will equip people with disabilities with the skills necessary to access the job market.

People with disabilities seldom receive recognition for the significant experiences they gain overcoming daily barriers in their environment. In acknowledging a broader range qualifications and acquired knowledge, the National Qualifications Framework will give people with disabilities better access to formal education and the job market.

Special Needs in Education and Training

It is important to note that:

1. Not all learners with disabilities have special needs in education and training, as they do not experience learning break-down.
2. Special needs in education exist both in ordinary centres of learning (mainstream) and in specialised centres of learning.
3. Special needs in education and training also exist outside the classroom.
4. Various stakeholders ⁽³⁶⁾ play important roles in responding to special needs in education.

5. Special needs in education include support in the form of: life skills and independence training; assistive devices and specialised equipment; and access to the curriculum.⁽³⁷⁾

Policy Objectives

NCSNET and the NCESS (formerly TTESS) will work in close collaboration in order to make recommendations on the transformation of the education system as a whole, namely:

1. to facilitate equal access to education - including community initiatives - and equity in education provision at all levels;
2. to develop a single education system that will cater for the needs of all learners within an inclusive environment with various placement options;
3. to facilitate capacity building for all stakeholders (parents, teachers, students and planners);
4. to facilitate earlier access to education for all learners, but in particular for learners with special education needs;
5. to facilitate effective and relevant research.

Principles

All South Africans should have equal access to education opportunities, irrespective of the severity of their disability(ies). Every learner has unique interests, abilities and learning needs. Respect for diversity should thus be promoted. All South Africans should:

1. have access to the widest possible educational and social opportunities;
2. receive education and training in as normal an environment as possible ⁽³⁸⁾;
3. be provided with the resources needed to realise their highest potential.

Equity for learners with disabilities implies the availability of additional support mechanisms ⁽³⁹⁾ within an inclusive learning environment.⁽⁴⁰⁾

Target groups ⁽⁴¹⁾

Urgent attention should be given to access to education at all levels by black disabled persons. In particular:

- very young children with disabilities (pre-school);
- children with multiple/severe disabilities;
- the girl-child;
- hospitalised children;
- adults with disabilities;
- people living in remote rural settings.

Key Areas

Key action areas to achieve objectives include:

1. The development of clear policy that includes all stakeholders and which is understood and accepted at school level and by the wider community.
2. Curriculum development to ensure flexibility, addition and adaptation according to the needs of individual learners, regardless of the category to which they seem to belong.

3. On-going pre-service and in-service teacher and support teacher training.
4. Parent empowerment programmes to encourage parent involvement in assessment and decision-making concerning their children.
5. Appropriate technology development in education and training.
6. The development of effective inter-sectoral collaborative mechanisms at national, provincial and school level.
7. The development a long term vision for teachers fluent in Sign Language and Sign Language instruction in all centres of learning.
8. Adequate and appropriate education support services to all learners.

Components

Components to be included in the meeting of objectives include:

Early Childhood Development (ECD)

The majority of young children with disabilities within ECD centres, especially children with intellectual disabilities, is presently accommodated in informal community based day care centres run by parents of disabled children.

Early childhood development and stimulation within an inclusive environment is the cornerstone for the development and successful outcome of an integrated society.

All ECD provisioning should, therefore, be multi-sectoral, community based and integrated to enable all young children to benefit from learning in an environment that acknowledges and appreciates diversity.⁽⁴²⁾

General and Further Education

Free compulsory education should apply to all children of school-going age equally. Thus it should include children with disabilities, irrespective of the nature of their disabilities.⁽⁴³⁾

Where the general school system does not yet adequately meet their educational needs, students with severe disabilities should have access to special schools. Education in these schools should, however, always be aimed at preparing students for education in the general education system as soon as advisable, and should build and maintain close links with local communities.

Special attention should be given to vocational training in all schools in order to equip learners with special needs.

Parents' rights and preferences must be taken into account in the placement of learners with special education needs.⁽⁴⁴⁾

Higher Education

Institutions of Higher Education are presently undergoing a period of transformation. The National Commission on Higher Education identifies three central features of the broad framework of transformation:

1. increased participation in the system by a diverse range of constituencies;

2. increased co-operation and more partnerships between higher education and other social actors and institutions;
3. greater responsiveness to a wide range of social and economic needs.

The implications of the above as they relate to the inclusion of students with disabilities have not been clearly defined or researched. They will receive attention by NCSNET and NCESS (formerly TTESS).

Adult Basic Education and Training (ABET)

Access to ABET is the key to the economic liberation of adults with disabilities. Yet present ABET policy guidelines make virtually no provision for the special needs of adult learners with disabilities.⁽⁴⁵⁾

Education Support Services (ESS)

ESS should be seen as an integral part of special education needs with the purpose of providing a back-up or support service.

Every learner, irrespective of age or centre of learning, should have access to ESS.

ESS involves the partnership and coordination of special education needs in a continuum. It must involve professionals and other non-professionals in assisting learners to derive maximum benefit from the curriculum through differentiated (but not fragmented) education and training.⁽⁴⁶⁾

Employment

Introduction

Unemployment remains a fundamental problem affecting the majority of people with disabilities and their families. A number of initiatives have been undertaken by the government since 1994 in an attempt to redress this dire situation in a more affirmative and comprehensive manner.

The new Labour Relations Act has introduced important changes in the area of employment practices. Some protection is provided for both employees and job-seekers against unfair discrimination on the basis of their disability, particularly in the areas of unfair dismissal and hiring practices.

The Code of Good Practice provides some guidance to employers on the importance of not equating disability with ill health, and cautions employers against dismissing people with disabilities on the basis of an incorrect assessment of ill health if they have the necessary capacity to meet the inherent requirements of the job.

The weakness of the Labour Relations Act lies, however, in the fact that this provision is not enforceable, but rather provides employers and the courts with guidelines for appropriate practice.

The extreme levels of inequality and ongoing discrimination experienced by disabled people in the workplace suggest that the provisions of the LRA are not, on their own, sufficient to remove discriminatory practices, nor to support the creation of equal employment opportunities for people with disabilities.

Experiences in other countries have shown that it is necessary to enact legislation expressly designed to remove barriers which lead to discrimination against disabled people in the workplace.⁽⁴⁷⁾ Such legislation should also provide mechanisms to ensure that disabled people enjoy equal opportunities in the workplace. This should include, for example, affirmative action programmes and processes to support diversity.

Policy objectives

The following policy objectives have been identified:

1. The unemployment gap between non-disabled and disabled job-seekers must be narrowed.
2. Conditions must be created to broaden the range of employment options for disabled people so as to provide them with real possibilities of occupational choice.
3. The vocational integration of people with disabilities must be facilitated, whatever the origin, nature or degree of the disability(ies).

Strategies

The following strategies must be adopted in order to meet policy objectives:

Occupational Choice

People with disabilities should be provided with a range of employment opportunities aimed at meeting differing needs and offering real possibilities for occupational choice.

Inter-sectoral Collaboration

The creation of employment opportunities for people with disabilities will only come about if a number of Government Departments, as well as key stakeholders in the NGO and private sector, work together. NEDLAC already represents an inclusive and intersectoral economic forum, and should become more actively involved in the facilitation of enabling policies and legislation.

The Department of Labour could play a leading role by facilitating the participation of the Departments of Welfare, Education, Trade and Industry, Transport, Public Service and Administration and Health, as well as the involvement of organisations of disabled people and service-providing organisations involved in policy development and monitoring.

Specific attention needs to be given to inter-sectoral collaboration at provincial level, due to the fact that labour is a national competency and most of the other departments are provincial competencies.

Personnel Training

Specific attention needs to be given to personnel working in personnel/recruitment units of Departments or agencies to ensure that they understand the options available in the placement and promotion of disabled job-seekers and workers.

Components

The following components should be included:

Employment Equity in the Open Labour Market

Research undertaken in 1990 indicated that only 0,26% of disabled people were employed in the open labour market.

Standards that must be observed in the realisation of the creation of equity in employment and training opportunities for people with disabilities include:

1. The enactment of legislation that promotes a policy of equitable employment levels for disabled workers in both the public and private sectors. Components that could be included in an employment equity policy are:
 - methods to determine the potential candidate pool of disabled workers;
 - targeting a percentage of positions at entry and higher levels for disabled workers;
 - targets for the employment of disabled workers in the private sector;
 - financial or tax incentives to organisations that attain targeted employment levels of disabled workers;
 - incentives to organisations and the private sector to train and employ persons with multiple or severe disabilities;
 - conditions whereby neither the employer nor the disabled worker suffers undue financial disadvantage from an employment contract.
2. 2 The promotion of policies that encourage the employment of disabled women, especially women who are heads of families.
3. 3 The promotion and implementation of policies and programmes for disabled people which ensure equity in terms of employment benefits, status and conditions. Positive measures could include:
 - equitable provision of employment benefits;⁽⁴⁸⁾
 - equitable application of the Basic Conditions of Employment Act;
 - the application of these standard working conditions to sheltered employment;
 - the promotion of measures to protect disabled workers against discriminatory practices during retrenchment.
4. 4 The promotion of reasonable and equitable work environments for disabled workers. Measures could include:
 - incentives to encourage the accommodation of work stations to facilitate the employment of disabled people - through the provision of assistive devices, personal assistance, specialised and alternative technology, and equipment and adjustments to the work environment;
 - the use of vocational assessment techniques to facilitate the matching of disabled job-seekers with job-related requirements;
 - the listing of essential job requirements as a basis for determining the suitability of disabled job-seekers;
 - the use of incentives to encourage the provision of work instruments, machine adaptations, documentation and tools in a format that is usable by and equitably accommodates the needs of disabled workers;
 - the promotion of alternative work arrangements and hours;⁽⁴⁹⁾
 - the evaluation of the performance and productivity of disabled employees on an equitably comparative basis with non-disabled employees.

Small, Medium and Micro-Enterprises (SMMEs)

The creation of work opportunities for people with disabilities through the development and maintenance of small, medium and micro-enterprises should form a key component in a comprehensive employment strategy for people with disabilities.

Despite the mushrooming of numerous self-help projects and business development initiatives by disabled people and their organisations, this sector has had virtually no access to financial assistance or technical support from the state, the NGO community or the private SMME sector.

The lack of trainers skilled in training people with specific needs ⁽⁵⁰⁾, together with physically inaccessible training facilities and public transport, have led to further exclusion of people with disabilities from training opportunities.

The SMME White Paper identifies disabled entrepreneurs as a target group for positive action. The Ntsika Enterprise Promotion Agency (NEPA) has, in response, appointed a disabled person to assist with the development of targeted assistance measures and the removal of barriers within the SMME sector for disabled entrepreneurs.

Disabled people's organisations that engage in income-generating activities provide invaluable experience, empowerment opportunities and skills training for disabled individuals interested in entering the SMME sector. They should be supported.

Vocational education and training (VET), adult basic education and training (ABET), and vocational rehabilitation are key elements in the successful engagement of people with disabilities in the SMME sector.

Sheltered Employment

Protective/sheltered employment includes: sheltered/protective workshops, and protected work environments within ordinary places of work

Employment opportunities within a sheltered environment should be available to people who, because of their disability, are unable to obtain or keep an ordinary job, whether supported or not.

A distinction should be drawn between vocational training centres and sheltered employment. Sheltered employment should always aim to prepare workers, as far as possible, for work in the open labour market.

Subsidies should be linked to mechanisms that will ensure:

1. appropriate placement;
2. the legal status of workers, types of work, working hours and wages;
3. the availability of medical, social and psychological assistance to workers;
4. special training and checks on workers' progress with a view to their possible settlement in an ordinary working environment.

Whatever the nature of the protected/sheltered workshop, all reasonable measures must be taken to ensure that:

1. workers are involved in the management and administration of the workshop;

2. working conditions are fair and equitable and comply with the provisions of the LRA and Basic Conditions of Employment Act;
3. workers with disabilities receive satisfactory remuneration in relation to the type of work performed and that this remuneration compares well with wages in open industry;
4. workers have adequate contractual status which takes into account the need for personal assistance and facilitates a normal employer/employee relationship as far as possible;
5. workshops are linked as far as possible to mainstream workplaces and are designed in such a way as to facilitate the passage from supported to ordinary work.

Existing mainstream vocational training centres should be made accessible to accommodate the specific physical, communication and learning needs of people with disabilities. In this way people with disabilities can be prepared for and find work opportunities in the open labour market. Support (both financial and training) should be given to existing self-help groups which presently provide training of this nature. Specific attention needs to be given to people living in rural areas.

Human Resource Development

Introduction

A basic prerequisite for development is the capacity of society to use its own resources to sustain itself. Yet the majority of people with disabilities find themselves in a state of underdevelopment due to past and present discrimination in accessing opportunities.

Human resource development (HRD) is one of the key elements that can be used to break the cycle of poverty and underdevelopment. The development of human resources is central to the success of the employment policy recommendations.

Policy Objectives

Developing Capacity

The development of the capacity of people with disabilities to participate more effectively in:

- the economic development of their communities and the country as a whole;
- governance, and
- the monitoring of the equalisation of opportunities for people with disabilities within their local communities, and at provincial and national level.

Opportunities to Qualify

The provision of opportunities for people with disabilities to obtain the highest possible educational and vocational qualifications.

Components

Vocational Rehabilitation

Vocational rehabilitation is an essential component in a national HRD strategy. Vocational rehabilitation includes vocational guidance, vocational training and selective placement. Its focus should be the transformation of mainstream vocational training services to provide more accessible

and inclusive training for people with disabilities. This should include the making available of the necessary support services.

National Qualifications Framework (NQF)

The NQF is a mechanism aimed at introducing:

1. A fair assessment system which measures achievements against clearly stated standards.
2. A dynamic and flexible system able to adapt quickly to new developments in the labour market, workplace and in education and training.
3. Ways to encourage more people to participate in further education and training.
4. Learning which is relevant and responsive to the needs of the individual, the economy and society.
5. Ways to promote access to learning.
6. A variety of routes to qualifications.
7. National quality assurance.

National Training Initiative (NTI)

The National Training Initiative entails:

1. The application of the NQF to all HRD programmes.
2. The creation of governance structures to facilitate the attainment of the objectives of the NTI through the restructured National Training Board (NTB).

Strategies

Strategies that promote equitable vocational, pre-employment and on-the-job training for people with disabilities in all sectors of the economy could include:

Skills Development

The focus on skills development of people with disabilities should be the deepening of their specialised capabilities so that they are able to access incomes through formal sector jobs, through SMMEs or community projects. The aim should be to promote continuous learning and adaptation to the constantly changing environment. Adult Basic Education programmes should be linked with skills development.

People with disabilities need to be targeted for 'learnerships'.⁽⁵¹⁾ This may require adjustments to the built environment and the acquisition of specialised equipment and technology for training and assessment. Rehabilitation workers can play an important role in facilitating the accommodation of disabled people in 'learnerships' within the open labour market.

Inclusive Training ('Mainstreaming')

Pre-employment training strategies and programmes should promote efforts to make mainstream vocational training, institutions and programmes accessible to people with disabilities wherever possible. This should be achieved through the provision of the necessary support services.

The widespread practice of referring people with disabilities in search of training opportunities to welfare agencies and charitable organisations for what is often substandard training ⁽⁵²⁾ should be discouraged. Personnel at these agencies should, rather, be contracted to serve as advisers in ordinary vocational training centres.

'Reversed' integration should also be encouraged: that is, non-disabled people in search of pre-employment training should be accommodated within vocational rehabilitation centres.

Training Standards

It is acknowledged that, in order to accommodate the specific training needs of disabled trainees, standards of training modules, course contents, trade tests and certification might differ slightly from standards applied in the general vocational training system.

These deviations should, however, be integrated into the NQF to ensure accessibility, compatibility and lifelong learning and training.

Positive Action

Disabled employees should be given the right to take part in upgrading courses, training programmes on new technologies, and training on paid educational leave on an equitable basis. ⁽⁵³⁾

Inter-Sectoral Collaboration

It is essential that an integrated system of Adult Basic Education and Training be developed. In other words, ABET should form an integral component of the training modules available at vocational training centres.

People with disabilities applying for or receiving income maintenance or social security should be provided with market related pre-employment training opportunities as a rule rather than an exception. They should not, however, be penalised whilst in training by losing their social security benefits.

Mechanisms

ILO Conventions

A number of ILO Conventions and their accompanying recommendations provide clear guidelines and options for the training of people with disabilities. Relevant ILO Conventions include:

- Convention 142 and Recommendation 150 concerning Vocational Guidance and Vocational Training in the Development of Human Resources;
- Convention 159 and Recommendation 168 concerning the Vocational Rehabilitation and Employment of Disabled Persons.

The ratification and subsequent integration of these conventions into employment and HRD legislation will facilitate definite and measurable progress in the training, placement and employment of people with disabilities.

Personnel Training

Pre- and in-service programmes need to be developed for the orientation and training of vocational instructors in disability-related matters. This will include the development of training modules, materials and guidelines with the aim of facilitating the equal status of disabled people in mainstream training.

Disabled People's Organisations

Disabled people's organisations play a vital role in the human resource development of people with disabilities. This is especially so amongst people with limited access to formal education and living in rural or disadvantaged areas.

DPOs have proven effective in getting people out of their homes and back rooms and into social groups that often embark on informal income generation activities. This enables people to develop a sense of self-worth and equips them with a wide range of skills and experiences. ⁽⁵⁴⁾

It is important that this development process be strengthened and enhanced through:

- supporting and strengthening disabled people organisations;
- integrating disabled people's organisations into a human resource development strategy.

Social Welfare and Community Development

Introduction

The social worker's office is a key access point to the service-delivery system for a large percentage of people with disabilities. Unfortunately, the fragmented nature of the service-delivery system often leads to a lack of effective referral to other sectors. This means that the social welfare system has to deal with education, employment, transport and housing related issues.

Changing the way people regard disability from a purely health and welfare issue to a primarily human rights and development issue has significant implications for the principles, objectives and goals of existing welfare services. It implies that welfare services need to be designed to facilitate independence in society, rather than dependence on welfare services.

Policy Objectives

The following policy objectives relate to social welfare and community development. The need to:

1. develop social welfare services that aim to integrate people with disabilities within all activities in their communities;
2. develop social welfare services which recognise the differing specific needs of people with disabilities as one component of a range of disability-related services;
3. facilitate the reorientation and training of social welfare workers. This should include the training of people with disabilities as service providers in order to provide for more disability sensitive and integrated community development processes.

Components

Components that need to be involved in social welfare delivery include:

Community Development

The majority of people with disabilities live in areas which are regarded as the most underdeveloped and poverty-stricken in South Africa. Community development acts as a tool to alleviate poverty by increasing the capacity of people to influence their future. It is therefore a key component of any social welfare system. Programmes and projects should be aimed at achieving physical and concrete changes in a way that gives people greater capacity to choose and respond to these changes.

Community development initiatives should foster human solidarity, social equity, self respect, respect for diversity and continuing activism.

Community development strategies should be based on the following cornerstones:

1. The support for and strengthening of disabled people organisations.
2. The participation of all sectors of society in all community development initiatives, i.e. integrated community development processes.

Social Welfare Services

Social welfare services should include a range of strategies designed to facilitate access by people with disabilities and parents of disabled children to mechanisms which will enhance their ability to live independently.

Social welfare services include:

1. Residential care services for people with severe disabilities who, as a result of their disability, are in need of permanent specialised care. This includes care for elderly people with disabilities. A move towards units that are more open, smaller and based within the community should be encouraged. In this way, residents can enjoy some degree of independence and privacy.
2. Large institutions for people with severe disabilities. A number of people with severe disabilities presently reside in large institutions run either by subsidised welfare organisations, the private sector or the state. While these institutions provide shelter and necessary care for people who would otherwise have struggled to meet their needs, they present a number of significant problems. Conditions in these institutions range considerably and, although all institutions are required to meet minimum standards, some fall short of basic requirements and indeed violate human rights principles. This situation has been allowed to continue for the following reasons:
 - lack of affordable accommodation;
 - inability of family members to provide continued care without any community-based support services, resulting in rejection and 'dumping';
 - inadequate and ineffective subsidisation and regulatory systems;
 - lack of representation on management structures by either residents or their families or advocates.
 - poor financial and managerial skills.This places disabled residents in an extremely weak and vulnerable position, with little recourse to change.
3. Personal assistance services enable people with severe disabilities to direct their own lives and to exercise their rights to choice and dignity within their own homes: in other words, to be able to choose what to do, when to do it, how to do it and with whom to do it.

Personal assistance services also contribute to the prevention of secondary ailments and illness, and facilitate de-institutionalisation.

4. Activity centres for disabled people, who, due to the severity of their disabilities, are unable to engage in any meaningful economic activity.
Services should include a range of options which allow as independent a lifestyle as possible; promote full potential and dignity, and facilitate the involvement of families and communities in the provision of services.

Mechanisms

Mechanisms that should be involved in meeting policy objectives include:

NGO Sectoral Involvement

Disability specific organisations that provide a wide range of services to people with disabilities have developed, with part-subsidisation from the state, over many years. The majority of these organisations are affiliated to, or programmes of, the five national welfare councils.

Most of these organisations are run by non-disabled service-providers although, through a democratisation process in recent years, people with disabilities are now represented in the management of welfare organisations.

Organisations of disabled people have also mushroomed since 1984. The majority are affiliated to Disabled People South Africa (DPSA). Decision-making and control lies with disabled people themselves.

Although the main focus in DPOs is on community development, a number of these organisations have initiated services, albeit without any government support.⁽⁵⁵⁾

The shift towards regarding disability as a predominantly human rights and development issue requires a review of subsidisation criteria. In this regard, there must be a particular focus on the recognition, strengthening and support of DPOs.

Public Awareness

The Department of Welfare, through its community development initiatives, is a key partner in increasing public awareness on disability as a human rights and development issue.

Another component of public awareness is the availability of information on social welfare services in a format accessible to all people with disabilities.

Personnel Training

It is essential that social welfare service-providers are equipped with the skills and attitudes necessary to provide services in an appropriate and accountable manner.

This involves the development of training programmes to re-train existing personnel, as well as new programmes to raise awareness and develop appropriate attitudes. Service providers must also be trained to understand the paradigm shift (to the Social Model) in social welfare and, most important, in disability.

Inter-Sectoral Collaboration

The development of effective welfare services and inclusive community development strategies which enhance independence and create equal opportunities can only be achieved if the strategies are pursued in collaboration with other line function ministries. The Department of Welfare has played a vital role in fostering intersectoral collaboration at national level by providing funding for the National Coordinating Committee on Disability (NCCD).

Monitoring and Evaluation

Mechanisms to ensure effective monitoring and evaluation of the impact and integration of services should be built into all welfare programmes. The active participation of consumers of these programmes will depend on the provision of resources and opportunities to contribute to policy development, planning and monitoring.

Social Security

Introduction

The present social security legislative framework, its administration and allocation systems, tend to be discriminatory, punitive, insensitive to the specific needs of people with disabilities, uncoordinated, inadequate and riddled with high levels of fraud.

An equitable and just social security system that aims to meet the basic needs of people with disabilities unable to support and maintain themselves, should include:

1. appropriate assessment mechanisms;
2. Accessible information and pay-out facilities;
3. appropriately trained officials and administrative staff;
4. effective feedback mechanisms, and
5. a coordinated social security safety net.

Policy Objectives

1. To provide for a coordinated and equitable system of social security to meet basic needs and to develop capacity for independent living, self-sufficiency and integration of people with disabilities into the mainstream of society.
2. To increase the supply of accessible information to consumers on how to access benefits, criteria for qualification and the availability of mechanisms to assist with problems which may arise.

Components

State Grants and Pensions

Disability related state grants or pensions are:

1. Disability grants for people over the age of 18 years.
2. Special care grants for children with severe physical (including sensory) and/or mental disabilities between the ages of 1 and 18 years.

The majority of people with disabilities living in South Africa depend on social welfare grants for their survival. This places a large burden on the social security system. Yet a break down of the 1994/5 disability grant allocations according to race indicates that the number of black disabled people receiving grants is far less than the actual number of people with disabilities qualifying for social assistance.

In addition, the present maximum allowance for a disability grant falls far short of the Household Subsistence Level calculated by the Institute for Planning Research (UPE) in 1992. This means that the income of many disabled people and their families falls far below the estimated subsistence level. This further emphasises the need to link social security benefits with income generation strategies.

Problems that people with disabilities experience in connection with the administration of grants include:

1. Assessment criteria and procedures: the decision usually lies with a single medical doctor, often ill-informed about the relationship between disability and employment. Applicants who are turned down do not have access to reasons for their unsuccessful application and no effective and accessible appeal mechanism exists. Definitions of disability vary and create confusion.
2. Means test and other benefits: recipients of social security grants lose all free housing and social benefits once they have additional income, even if this still falls below the household subsistence level. This discourages people from seeking employment or vocational training.
3. Physical facilities: pension pay-out points are often based in unsympathetic environments, especially in rural and disadvantaged areas. Factors such as lack of shelter, inaccessible buildings, unsafe environments, long queues add to a sense of dehumanisation and disempowerment.

Workmen's Compensation

The Workmen's Compensation Fund compensates workers who are disabled by accidents which happen at work. The benefits they receive seldom meet their basic needs and usually do not compensate them for the loss of employment and poor future employment prospects.

Approval of funds for disability related costs ⁽⁵⁶⁾ tends to be inconsistent and often reliant on the goodwill of officials.

Road Accident Fund (RAF)

The MMF provides compensation to people who are disabled by car accidents. The complicated processing procedures often result in the suffering or even death of the disabled applicant whilst waiting for the finalisation of the claim. People in rural areas, particularly, very seldom have access to legal assistance.

Mechanisms

Inter-Sectoral Collaboration

Effective and inclusive ways of facilitating intersectoral collaboration between the various departments that administer social security legislation should be developed. This is required to create a safety security net.

Personnel Training

The training of personnel involved in the administration of social security benefits should include:

- raising awareness about the needs of people with disabilities and parents of disabled children;
- improving the confidence and knowledge of officials to provide assistance and advice, and
- implementing mechanisms to ensure effective and appropriate service delivery.

Housing

Introduction

The majority of people with disabilities survive on a disability grant and have very little hope of accessing independent housing. Existing dwellings/housing and environments are often inaccessible due to poor design, infrastructure and overcrowding. This often forces people with disabilities into institutions against their wishes.

Housing schemes very seldom make provision for barrier-free design which excludes people with disabilities from obtaining housing or visiting relatives and friends.

The responsibility for capital expenditure for institutional and residential housing has, in the past, rested predominantly on the NGO and private sector.

Policy Objectives

To provide people with disabilities and their families with safe shelter and dwellings of their own through equitable access to a range of options in the housing subsidy scheme.

Components

Institutional Housing

A number of people with severe disabilities presently reside in large institutions run by either subsidised welfare organisations, the private sector or the state. While these places often provide shelter and necessary care to people who would otherwise have struggled to have their needs met, there are a number of important problems associated with them.

Residential Facilities

Residential facilities provide group homes in residential areas for small groups of 6-15 people, or farm-type communities for about 24-36 people near small towns or cities.

These group homes or farm communities function as part of the larger community and contribute in various ways towards the community by offering employment or providing services to local people.⁽⁵⁷⁾

Home Ownership

Like non-disabled people, disabled people with families also wish to own their own homes. They have the same needs for privacy and dignity. Yet the fact that the majority of disabled people survive on a social grant disqualifies them from financial assistance through the banking institutions.

Similarly, people with disabilities often have additional housing needs that add to cost.⁽⁵⁸⁾

Sport and Recreation

Introduction

People with disabilities experience the same need for sport, including competitive sport, and recreation as their non-disabled peers.

Sport is generally regarded as one of the vital components in the integration of people with disabilities into society. It is also often a vital component in the successful rehabilitation of people with disabilities.

Sport at school level is critical for the development of physical qualities, as well as for the development of self-esteem, courage and endurance. It is therefore vital that sport at school level - both within ordinary and special schools - receives urgent attention.

Policy objectives

The policy objective is to develop and extend sporting activities for people with disabilities in both mainstream and special facilities so that they can participate in sport for both recreational and competitive purposes.

Mechanisms

Training of Trainers

The development of trainers/coaches familiar with sport for disabled people is an essential component which needs to be urgently addressed. This process should involve both familiarising existing coaches and trainers with aspects relevant to the coaching of disabled athletes, as well as the training of trainers specialising in sport for disabled athletes.

Physical Facilities

Existing public sport facilities tend to be largely inaccessible. This includes changing rooms, lockers, showers, toilets and so on.

Community sport centres should be developed in consultation with organisations of disabled people to ensure not only barrier-free access, but also integrated universal design to allow both non-disabled and disabled athletes to use the facilities simultaneously.

Public Education

The public-at-large, people with disabilities (especially those living in rural areas), sponsors and sport administrators tend to be largely unaware of the different forms of sport for disabled people. This aspect should be targeted in a public education programme.

Sponsorship

Sport for disabled people should be 'mainstreamed' as far as possible to increase sponsorship value. In other words, it should be promoted jointly with mainstream events.

Coordination

There are two major umbrella bodies for sport for disabled people in South Africa: the National Paralympic Committee of South Africa (NAPCOSA) (physical and sensory disabilities); and the Special Olympics South Africa (intellectual disabilities).

Footnotes

1. The prevention of sports injuries is an example.
2. As in otitis media, and sight restoring interventions, e.g. cataract surgery.
3. For example, contracture.
4. In literature, for example, disability is often linked to concepts of cruelty, ridicule and helplessness.
5. Thus, as regards disability, one may move from a position of total ignorance to preliminary awareness of disability within the community and, from there, to an attitude of concern. This concern may, however, be expressed within a paternalistic and patronising framework (the Medical Model). The next transitional stage may be the development of a sense of justice, of seeing people with disabilities as citizens with equal rights (the Social Model).
6. e.g. Human Rights Day (21/03), Freedom Day (27/04), Workers Day (01/05), Youth Day (16/06), National Women's Day (09/08), and Day of Reconciliation (16/12).
7. As in the reproductive health services.
8. Personnel and other rehabilitation workers include, amongst others: therapists and community rehabilitation facilitators/workers, orthotists and prosthetic surgeons, psychologists and psychiatrists, social workers, parents and disabled people themselves, medical doctors and nursing personnel, educationists, career guidance counsellors, community members, community development workers, engineers.
9. For example, through day care centres, vocational training centres and so on.
10. DPOs and parent organisations are typically engaged in some of the following rehabilitation activities through the establishment of day care centres, vocational workshops and advocacy projects: identification of people with disabilities; basic assessment of people with disabilities (especially children); referral of people with disabilities to the relevant resources; health promotion and prevention; information dissemination; social rehabilitation (peer counselling and support groups); assisting with maintenance of assistive devices; encouraging participation in community activities

(integration); vocational training of persons with disabilities, and Sign Language and interpreter training.

11. For example, hospitals and clinics, schools and vocational centres, institutions (e.g. residential centres for intellectually disabled children and adults) and at home.

12. It includes, amongst other things: screening, early identification and intervention services (e.g. at-risk babies), splinting limbs to prevent contracture (e.g. burns), swallowing therapy (e.g. after a stroke), muscle strengthening and retraining (e.g. after partial paralysis of a limb), learning how to use an assistive device (e.g. transferring from a wheelchair, using a hearing-aid, etc.), bowel and bladder rehabilitation.

13. Such as the reconstruction of thought processes, improving concentration and memory, improving coordination, improving interpersonal relationship skills.

14. It includes: identification of learners with special education needs (screening and assessment); individual therapy at special schools; support programmes and advice for teachers in regular centres of learning; vocational training and career guidance; provision of specialised equipment and appropriate technology within centres of learning that will enable learners with disabilities to access the system.

15. Vocational rehabilitation services include, amongst other things: vocational training, placement in the open labour market or sheltered employment, vocational guidance services, adaptations to the workplace, including the provision of specialised equipment and devices.

16. It includes amongst other things: training in self care activities, including mobility, communication and daily living skills (e.g. using ATMs at banks); adaptations in the home; sexuality counselling (relationship and sexual counselling, family planning); peer counselling.

17. Including wheelchairs, crutches, prostheses, walking frames, white canes, guide dogs, special seating support, audible traffic signals.

18. These include braille frames and machines, adapted computers, magnifying glasses, hearing aids, Sign Language interpreters, TTY's, alternative and augmentative communications systems, information technology, cleft palate plates, etc.

19. Liquid level indicators, kettle tippers, adapted handles etc.

20. Commercial suppliers of specialised equipment; commercial suppliers of regular products (e.g. hand free telephones); provincial hospitals; organisations/individuals making one-off modifications or devices; NGOs making devices available on temporary loan and coordinating the redistribution of devices through banks (e.g. spectacles, hearing aids etc.); organisations making available information and advice on appropriate devices.

21. For example, flights of stairs, inaccessible toilets and bathrooms, high kerbstones, uneven pavements.

22. For example, bank/shop counters, public telephones, ATMs.

23. For example, turnstiles, microphone-loudspeaker systems etc.

24. For example, schools, clinics positioned at the highest points in town, narrow pavement areas, lack of demarcated special parking bays.
25. For example, fixed seats in restaurants, clustered rooms.
26. Promulgated in 1986.
27. For example, public works (public buildings, legislation and policy), health (clinics and hospitals), education (schools, universities, technikons, colleges), tourism and environmental affairs (hotels, environmental centres and tourist attractions), local government (town planning and approval of building plans) and so on.
28. Key issues that need to be addressed in order to optimise the use of taxis for disabled users include: service quality, the retrofitting of a select number of vehicles to make them accessible, insurance, driver training and financial viability.
29. These include, for example, the painting of bright yellow strips on bus steps to aid people with low vision; installing more grab bars/poles on buses for elderly/frail people to hold onto; providing sensitivity training to drivers to assist in the transport of disabled users (such as calling out stops for people with visual disabilities); welding on an adjustable first step to lower the step height; reserving seats for elderly and disabled users
30. Be they schools, hospitals, transport systems, police stations, emergency services, universities or the electoral process.
31. For example, the use of Sign Language and sub-titles on television, availability of documents in Braille and/or on cassette, availability of communication boards for non-speaking people, assistive listening devices and systems for Deaf people (such as TTYs, closed caption decoders).
32. Existing data bases include, amongst others, Health Information Systems, including RHEMIS; Genetic Services; Specialised Schools and Institutions, as well as the EMIS system; Department of Labour (unemployed disabled job-seekers); NGO Directories (e.g. PRODDER, Bridge, SANGONET etc.); child reference and information centres in metropolitan areas; disability NGO service providers (e.g. Bureau for Prevention of Blindness).
33. For example, job advertisements, community based multi-purpose centres, and so on.
34. The TTESS has been renamed the National Committee for Educational Support Services or NCESS.
35. Early Childhood Development (ECD); General Education (GE); Further Education (FE); Higher Education (HE); Adult Basic Education and Training (ABET); Education Support Services (ESS).
36. For example, teachers, therapists, psychologists, houseparents, parents and disabled activists.
37. Through, for example, Sign Language, Braille instruction and adapted learning materials.
38. In the case of Deaf learners, the Deaf community argues that this means a signing environment with free access to Sign Language and Deaf culture. There is therefore a need for special education for Deaf learners, catering for their unique language needs with Deaf adult role models, Deaf peers, a

signing environment, teachers fluent in Sign language and free access to Deaf culture in school and residential facilities. The Deaf community views the full integration of a Deaf child into a hearing classroom, even with the help of an interpreter, as restrictive to the child.

39. For example, appropriate technology, interpreter services/Sign Language instruction for Deaf learners.

40. For example, flexible curricula, respect and understanding for diversity and human rights, equipped teachers, barrier-free environment.

41. The Deaf community argues for a special focus on the Deaf child from the age of 0 - 3 born of hearing parents.

42. The Deaf community argues that, in the case of Deaf children, ECD and stimulation should include Sign Language instruction and the training of parents in Sign Language to enhance parent-child communication, relationships and education.

43. The Deaf Community argues that, in most cases, compulsory education for children with disabilities should start at the age of 3 or 4 years to compensate for delays in language, cognitive, physical, emotional and social development.

44. The Deaf community argues that the rights of Deaf learners should also be protected. The parents' rights and preferences should not be allowed to violate the Deaf learner's basic human right of free access to his/her language and culture.

45. For example: adults with communication disabilities experience particular difficulties in accessing regular ABET programmes due to the failure to meet language needs of the Deaf and others with special communication needs; adults with disabilities residing in institutions, or undergoing long periods of hospitalisation have no access to ABET; adults with disabilities who have attended special schools up to primary level in the past do not have access to further education through adult bridging courses.

46. This support includes, amongst other things: all education-related health services; assessment and placement services; social work; vocational and general guidance and counselling, and other psychological programmes and services.

47. For example, punitive health requirements.

48. For example, unemployment insurance, pension scheme membership, health insurance.

49. For example, part-time work, flexi-hours, job-sharing and tele-work.

50. For example, Deaf people and people with visual disabilities.

51. The Green Paper on a Skills Development Strategy for Economic and Employment Growth in South Africa describes a 'learnership' as, "a mechanism to facilitate the linkage between structured learning and work experience in order to obtain a registered qualification which signifies work readiness."

52. I.e. not market related and not in line with NQF standards.

53. This could also include advanced independence training, such as for people with visual disabilities, or Sign Language training for supervisors of Deaf workers.

54. For example, problem-solving, planning, informal research, budgeting, vocational skills, business skills, basic literacy, monitoring skills etc.

55. For example, peer counselling, independence/life skills training, personal assistance, residential care services.

56. For example, assistive devices, alterations needed at home, family counselling, etc.

57. For example, food production or tuckshops.

58. For example, more space to move around inside the home, with accessible entrances and pathways for wheelchair users; additional rooms for care-givers and personal assistants for people with severe physical or intellectual disabilities; additional or adapted security systems for people with sensory disabilities.