



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

POLICY ON DISABILITY

Department of Social Development
Private Bag X901
Pretoria
0001
www.socdev.gov.za

FOREWORD

The development and implementation of effective developmental social services and strategies, aimed at enhancing the independence and creating opportunities for People with Disabilities, can only be achieved if strategies are pursued in collaboration with all key line ministries.

The goal of "...**people-centred development**..." espoused by the department, will be attained through increased participation by People with Disabilities as consumers of government services. In addition, the inclusion of disability policy components in mainstream policies of both national and provincial departments will achieve the desired joint responsibility and increased inter-departmental co-operation on disability.

Government has made remarkable progress in developing enabling legislation, transforming the state machinery and putting structures in place to be representative and responsive to the developmental needs of the People with Disabilities. However, People with Disabilities still face extreme social, economic and political levels of inequality and discrimination, contributing to their underdevelopment, marginalization, unequal access to resources and lack of service provision.

Like all other citizens, People with Disabilities have both rights and responsibilities. The Department will therefore ensure that a comprehensive, well-organised service delivery system on disability is approached in a collective manner to ensure sustained development. It is in this spirit that the Department took the initiative to interface with the NGO sector, Federal Council on Disability and civil society to ensure that this policy is not developed in isolation, but in consultation with the key stakeholders.

I present to you, the Policy on Disability that has been developed for the social development sector. This will ensure that equal opportunities for People with Disabilities, in all social services and programs are promoted and that such services will enhance the independence of People with Disabilities and advance their integration into the mainstream of society.

It is the primary responsibility of government to ensure that all the citizens of South Africa, including disabled people, have an equal share of the benefits that are derived from the economic growth and social development of the country. The departments shall therefore facilitate the active participation of People with Disabilities in all spheres of social life, as far as this is appropriate, given the abilities of the person.

The World Programme of Action Concerning Disabled Persons, the Standard Rules on the Equalisation of Opportunities for People with Disabilities has been endorsed by South Africa. Through this policy framework, the department draws from these international instruments to guide strategic planning and the implementation of the policy as well as the development of other key strategies and programs within the department.

Disability is a cross cutting issue and it remains everybody's responsibility. The successful implementation of this policy remains the responsibility of everybody including other key departments, with the Department of Social Development taking the lead towards ensuring a society fit for all.

DR ZST SKWEIYA

MINISTER OF SOCIAL DEVELOPMENT

.

ACKNOWLEDGEMENTS

The Department of Social Development (DSD) gratefully acknowledges the contribution of individuals, teams and organizations in the development of this Departmental Policy on Disability.

In particular, the Department would like to thank the South African Federal Council on Disability (SAFCD) and its affiliates for their technical support in facilitating the consultation processes involved in the development of this Policy, and DSD's managers and other officials, both at national and provincial (disability coordinators) departments, for their continued support and sharing of knowledge.

Finally, the department sincerely appreciates the inputs and commitments of the individuals who were involved in finalizing this Policy.

ACRONYMS

DSD	Department of Social Development
SAFCD	South African Federal Council on Disability
NGO	Non-governmental organisation
DPO	Disabled People's Organisation
DG	Director General
CBO	Community Based Organisation

TABLE OF CONTENTS

FOREWARD	2
ACKNOWLEDGEMENTS	3
ACRONYMS	5
EXECUTIVE SUMMARY	7
1. INTRODUCTION	9
2. CONTEXT AND BACKGROUND	10
3. AIM AND OBJECTIVES OF THE DSD POLICY ON DISABILITY	14
4. SCOPE OF THE POLICY	16
5. POLICY AND LEGISLATIVE MANDATES AND FRAMEWORK	17
- Legislation	17
- Policies	18
- National and International Disability Instruments	18
6. KEY PRINCIPLES APPLIED	19
7. DSD'S PRIMARY AND SECONDARY ROLES	24
8. APPROACH	28
- DSD's 3 Programme Areas	28
- Social Service Categories and Interventions	29
- Levels of Intervention for Disability Mainstreaming	38
9. STRUCTURES FOR IMPLEMENTATION	40
10. RESOURCE ALLOCATION	41
11. RESEARCH, MONITORING AND EVALUATION	43
12. CONCLUSION	45
Appendices	
A. Glossary of terms	46

EXECUTIVE SUMMARY

This policy has been developed to provide strategic guidelines in the delivery of social services that are compliant to departmental mandates and legislation within the social development context. Broad reference is made to the policy and legislative framework on disability. The policy is intended to guide and inform the department on the mainstreaming and integration of disability within social development practices and aims to facilitate the transformation shifts in line with the current policy framework to promote inclusion for People with Disabilities. It outlines a broad agenda for the department to follow in addressing disability issues.

It is an overarching policy that has been developed to ensure that all People with Disabilities, who are poor, vulnerable and marginalised receive adequate economic and social protection, attain access to social welfare programs which will promote development and enhance their social functioning.

It encompasses, in its context, an integrated system that supports a broader effort by People with Disabilities themselves and a comprehensive system of social services, developed to promote social development, social justice and the social functioning of People with Disabilities, to bring about sustainable improvements in their well-being and that of their families and communities.

The policy aims to facilitate the achievement of priorities of the department through the development of integrated developmental services to People with Disabilities and parents of Children with Disabilities. It further sheds light on the rights of People with Disabilities by analysing all the relevant disability instruments, supporting equality and accessibility as a coherent whole. In conjunction with other government efforts, it raises public awareness of their rights, challenges stereotypes, and facilitates removal of false perceptions of disability.

Service priority areas have been highlighted and appropriate policy recommendations made, to enhance development and the integration of People with Disabilities within the department.

The development of inter sectoral arrangements within the social development sector and department and other government departments remains a key priority for the department. Social development services and programs therefore, remain part of a range of mechanisms to achieve integrated social services, such as health, education, housing, employment and recreation, rural and urban development.

The development and implementation of this social policy is intended to guide and steer towards the creation of an enabling environment for the reduction of poverty and the promotion of social integration for People with Disabilities.

The policy provides vital tools for creating a just and equitable society, giving full effect to departmental and constitutional values. The effective implementation of this policy relies on joint planning, effective and efficient inter-sectoral and inter-departmental collaboration, a co-ordinated process of development through institutions of government and the commitment and allocation of resources to address the identified needs.

1. INTRODUCTION

This Policy on Disability of the DSD focuses on the provision of integrated developmental social services, i.e. security, welfare and community development, to People with Disabilities. The Policy does not replace or duplicate the INDS or any other existing policy and programme imperatives pertaining to People with Disabilities. Instead, it builds on such policies and programmes with a focus on the delivery of developmental social services only. Given that the delivery of developmental social services involves a number of role-players from all sectors of society, this Policy does make reference to the roles and responsibilities of other role-players in relation to the provision of social services. Such reference does not ignore or negate the role of the various role-players in terms of their core functions based on their mandates. In other words, the Department of Health will remain responsible for the provision of appropriate health care to People with Disabilities but from a developmental social services approach, the Department of Health and the DSD will have to work in close collaboration in the provision of identified services.

One of the outcomes of this Policy is the Department's "Guidelines for Residential Care Facilities for People with Disabilities". The Policy must be used in conjunction with this and other such guidelines and complementary documentation that will be developed by the DSD.

This DSD Policy on Disability outlines the:

- Context and Background to the Policy
- Aim and Purpose of the Policy
- Scope of the Policy
- Policy and Legislative Mandates
- Key Principles
- Roles and Responsibilities
- Approach: DSD Priorities and Service Areas (Levels of Intervention)
- Structures for Implementation
- Resource Allocations
- Monitoring and Evaluation

2. CONTEXT AND BACKGROUND

The advent of democracy in 1994, amongst other things, heralded a new developmental approach to the provision of social services to all vulnerable groups in society, including People with Disabilities. Pre-1994, the provision of social services was welfare and grants based which resulted in dependency, lack of self-esteem and self confidence and was generally disempowering in nature.

The plight of People with Disabilities pre-1994 was much worse than that of other marginalised and vulnerable groups of society. Services were confined to medical care, limited assistive devices, disability grants and a few sheltered workshops and the provision of even these limited services were skewed in favour of so called white citizens. The vast majority of black People with Disabilities and especially women, youth and older persons with disabilities were peripheral beneficiaries, if at all. Disability was addressed as a social welfare and medical concern within a framework known as the “medical model”. In short, the medical model assessed People with Disabilities and defined their position and status in society in terms of their medical condition rather than their abilities. The human, social, political and economic rights of People with Disabilities were ignored as was the critical issues of full inclusion and integration of People with disabilities into mainstream society.

Post -1994, the democratic government of the day, introduced a “social model” approach to addressing disability. This model focuses on the abilities of People with Disabilities rather than their differences or disabilities and reinforces the principles of full participation, inclusion and acceptance of People with Disabilities as part of mainstream society. The model requires an analysis of the social context and needs of People with Disabilities and promotes broader systemic and attitude changes in society; mainstreaming of disability and the need for People with Disabilities themselves to be part of determining their lives.

The “social model” is encapsulated in a number of government’s policies and legislation this making application and implementation of the approach “mandatory”. The Constitution of the Republic of South Africa (Act No 108 of 1996) protects the rights and dignity of People with Disabilities and promotes and supports the full

equalization of opportunities of People with Disabilities; and their integration in society; within a social model and human rights policy framework. The White Paper on disability, namely the Integrated National Disability Strategy (INDS; 1997) extrapolates on the rights of People with Disabilities as contained in the Constitution.

The DSD's Policy on Disability adopts the "social model" to addressing disability in the provision of social services. It was developed through a consultative process involving all role-players in the disability sector as a whole. The policy draws on and is aligned to the INDS; international and continent wide instruments that focus on addressing disability within a social model framework such as the World Programme of Action concerning Disabled Persons, the United Nations Standard Rules on the Equalisation of Opportunities for People with Disabilities; the Disability Rights Charter of South Africa, the African Decade for People with Disabilities and the United Nations Convention on the Rights of Persons with Disabilities; and the principles and policy objectives of the White Paper on Social Welfare (1997).

The vision of the INDS is "a society for all". The vision stated in the White Paper on Social Welfare is "a welfare system, which facilitates the development of human capacity and self-reliance within a caring and enabling socio-economic environment." Both visions reflect the important paradigm shift from dependency to independence, dignity, self-reliance and acknowledgement of people's capacities and abilities through an enabling social and economic environment, with a long-term focus on broader and holistic development of people, communities and societies.

Despite the remarkable progress government has made in developing enabling legislation, transforming the state machinery and putting structures in place to be representative and responsive to the developmental needs of the People with Disabilities, the majority of People with Disabilities are still exposed to restrictive environments and barriers that continue to marginalise and exclude them from mainstream society and its social and economic activities. Although government has adopted the "social model" approach, the delivery of social services by the DSD, to People with Disabilities remains focused on provision of grants. The core developmental social services categories of promotion and prevention, rehabilitation, protection, continuing care and mental health and addiction and the levels of intervention; namely

prevention, early intervention, statutory interventions and reconstruction and after-care remain negligible.

The result has included a lack of effective protection programs that are based on and responsive to the needs of People with Disabilities, a lack of focus on children and women with disabilities and inadequate support to NGOs providing services to People with Disabilities, by the Department. Another ongoing challenge that People with Disabilities experience is that of remaining trapped in the quagmire of poverty. It is a known fact that different social, economic and political factors interact and create underdevelopment, marginalization, unequal access to resources and lack of service provision to People with Disabilities. It is also an accepted fact that the systematic deprivation and disadvantages that People with Disabilities experience is caused by socio-economic barriers and restrictive environments ranging from barrier-free access to buildings and public transport to modes of communication. The relationship that exists between high incidences of disability and poverty cannot be ignored. Jointly with unemployment and social isolation, poverty forms part of the key issues that contribute to the exclusion and cumulative disadvantages experienced by People with Disabilities.

Paternalistic attitudes and a piece-meal approach to addressing the needs of People with Disabilities continue to hamper their integration into society both at a social and economic level. Social integration becomes compromised when access to basic services is denied. For example, social integration of Deaf, Blind and Deaf-Blind People is still hampered by communication limitations between people with these disabilities and society they live in. At the same time, the formal employment of People with Disabilities, in accordance with the Equity Employment Act, is occurring at a slow and rather tedious rate. This is mainly attributed to the shortage and lack of appropriate skills and inadequate training amongst People with Disabilities, and a shortage of resources to support the employment of People with Disabilities. The situation is compounded by the inaccessibility of transport; information and the built environment, contributing to the challenges People with Disabilities face in an attempt to achieving sustainable livelihoods. Currently, the majority of People with Disabilities are employed in protective and sheltered workshops as well as in various income-generating projects, most of which rely heavily on subsidisation and fundraising to

maintain their existence. Additionally, these projects by their very nature perpetuate exclusion from mainstream economic activities and limit equal and meaningful participation of People with Disabilities.

Other key challenges that continue to exclude People with Disabilities from mainstream society are prejudice and social stigma, isolation, lack of access to support networks and resources for an independent daily existence, lack of access to infrastructure, services, communication, transport, opportunities, resources, education, technical aids, etc that allow them independence and promote their dignity, self-sufficiency and responsibility. Selected categories of People with Disabilities such as children, women and older persons are particularly vulnerable to discrimination, abuse and encounter barriers to participation in society. These categories require distinct attention.

The consequences of deficiencies and disablement are particularly serious for women and children, who are subjected to social, cultural and economic disadvantages that impede their (women) access to health care, education, vocational training and employment. Not only are women with disabilities discriminated against as disabled people, but they also experience oppression and marginalization as women in a patriarchal society.

For many children, the presence of an impairment leads to rejection or isolation from experiences that are part of 'normal' development, making them more vulnerable to violence and abuse. Most of their disabilities are as a result of poverty and preventable diseases such as measles, alcohol and drug abuse, or injuries sustained as a result of social and political violence.

Disabled Women and girls are more often subject to various types of violence, particularly sexual violence, and are more vulnerable to HIV & AIDS transmission given the increased risk of sexual violence. Inclusive programs, and accessible services that would ensure the necessary special support for women and girls with disabilities, remains the only form of systems of ensuring respect for, protection of the rights and empowerment of women and girls with disabilities.

Children living in rural areas or in informal settlements are the most vulnerable to disablement and HIV & AIDS, more so as facilities for early detection, diagnosis and support are inadequate. Inadequate facilities inevitably lead to an increase in both the extent and the severity of disablement.

People with multiple disabilities, mental disabilities, invisible disabilities, congenital disabilities and severe disabilities are special groupings who require special attention; as mainstream services do not, most of the time, address their social needs adequately. Lack of comprehension of their needs often leads to misunderstandings, exclusion and wrong conclusions on how their needs should be appropriately addressed and their rights promoted.

This Policy on Disability provides guidelines on how the DSD can address the above-mentioned challenges and deliver social services to People with Disabilities in a manner that deals with the legacy of the apartheid era and applies a “social model” approach to disability.

PLEASE NOTE: For a better comprehension of this policy document, it should be taken that the word “People with Disabilities” refers to persons of any age group, sex, or race, residing and holding citizenship of South Africa, who has a disability (as defined in this document under categories of disabilities (in the affixed annexure A of this policy).

3. AIM AND OBJECTIVES OF THE DSD POLICY ON DISABILITY

Although, the DSD has made significant strides in transforming the approach and provision of social services from a purely welfare approach to being more people and development centred, its services to People with Disabilities; particularly women, youth and children with disabilities, still needs urgent attention. The Department is in the process of developing and implementing effective programs to protect and empower People with Disabilities.

This DSD Policy on Disability is meant to guide and inform the mainstreaming of disability in the development and implementation of all policies, strategies and the integrated service delivery programmes of the Department. This can only be done if

there is a proper understanding of the concerns, challenges and needs of People with Disabilities that will inform the nature and content of the integrated service delivery system, which the Department will develop and implement.

The **AIM** of the policy is to:

- guide and inform the mainstreaming of disability through developing and implementing departmental policies, strategies and integrated service delivery programs,
- facilitate the provision of integrated social services to people with disabilities and to
- Provide guidance to the department in terms of addressing social barriers that exclude People with Disabilities, which impede full and equitable integration and inclusion into mainstream society.

The **OBJECTIVES** of the Policy is to:

- integrate and mainstream disability across social development practices and into existing departmental policies, strategies and programmes that are aligned to departmental mandates
- facilitate transformation shifts within the department and society as a whole regarding disability issues
- define the role of social development in service provision to People with Disabilities
- facilitate development and implementation of an integrated and comprehensive social security system
- serve as overarching policy framework on disability within the department

4. SCOPE OF THE POLICY

This Policy is complementary to all other policies of the Department that deal with the issue of provision of social services. The Policy allows the DSD to foreground and prioritise the provision of appropriate social services to all People with Disabilities, regardless of race, gender, age, sexual orientation, religion, etc. by ensuring that disability issues are mainstreamed into all Departmental policies and programmes.

It also allows the Department to set targets and indicators for assessing, monitoring and evaluating the impact of its services on improving the lives of People with Disabilities, reducing levels of poverty and unemployment amongst People with Disabilities and facilitating their full inclusion and participation in all social and economic activities. In summary:

- The policy is not an authoritative summary of the law, nor does it create additional rights and obligations.
- The Policy should be read in conjunction with other relevant policies of the department and of other key national departments, impacting on the provision of developmental social services.
- National, provincial and local departments, NGOs and institutions should use the policy to develop, implement and refine their disability policies, programs, procedures and other departmental policies to enhance the inclusion of People with Disabilities.

This policy applies to all employees and officials within the DSD (from senior managers of all programmes to provincial disability co-ordinators and social workers). The Disability Directorate at the National DSD Office and the Provincial Disability Co-ordinators at provincial DSD offices are primarily responsible for ensuring implementation of this Policy and for the reporting and accounting thereof. The Director General (DG) of the Department remains responsible for reporting and accounting for implementation of this Policy to political principals.

The emphasis of the Policy is on mainstreaming disability into current Departmental Programmes. Therefore all senior and middle managers at National and Provincial DSD Offices are responsible for implementation of this Policy in their programmes, budgets and day-to-day operations.

5. POLICY AND LEGISLATIVE MANDATES AND FRAMEWORK

This Policy must be read in conjunction with, and must include, amongst others, the following pieces of legislation, policies, procedures, guidelines and other documents that relate to disability.

Legislation

- Access to Information Act, 2000 (Act No 2 of 2000)
- Aged Persons Act, 1967 (Act No. 81 of 1967);
- Basic Conditions of Employment Act Amended, 2002 (Act No.10 of 2002)
- Child Care Act, 1983 (Act No. 74 of 1983);
- Child Justice Bill 2003
- Children's Bill(2005)
- Criminal Procedures Act, 1977 (Act No. 51 of 1977)
- Domestic Violence Act, (Act No. 116 of 1998)
- Employment Equity Act No 55 of 1998
- International Classification of Functioning, Disability and Health
- National Health Act, 2003 (Act No. 61 of 2003)
- Labour Relations Act, (Act No.66 of 1995)
- Maintenance Act (No 99 of 1998)
- Medicine and Related Substance Control Amendment Act, 2002 (as amendment) (Act No 59 of 2002)
- Mental Health Care Act No 17 of 2002
- National Development Agency Act, 1998 (Act No. 108 of 1998)
- Non Profit Organisations Act, 1997 (Act No. 71 of 1997)
- Nursing Act No 50 of 1978 as amended by Nursing Amendment Act of 1981
- Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
- Prevention and Treatment of Drug Dependency Act, 1992 (Act 20 of 1992 as amended)
- Public Finance Management Act,1999 (Act No. 1 of 1999)
- S.A. Schools Act (Act No. 84 of 1996)

- Skills Development Amendment Act (Act No 31 of 2003)
- Social Assistance Act, 1992 (Act No. 59 of 1992);
- Social Service Professions Act, 1978 (Act No. 110 of 1978);
- Social Work Amendment Act, 1998 (Act No. 102 of 1998 as amended)
- Sterilization Act, 1998 (Act No 44 of 1998)
- The S.A Constitution (Act 108 of 1996)
- The Termination of Pregnancy Act 1996

Policies

- White Paper No 6 Special Needs Education Building an Inclusive Education and Training System (2001)
- National Framework and Gender Equality.
- National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse
- Policy on Financial Awards to Service Providers (2005)
- Service Delivery Model for Developmental Social Services (2005)
- White Paper on Population Policy for South Africa (1998)
- White Paper on Social Welfare (1997)
- White Paper on the Integrated National Disability Strategy (1997)

National and International Disability Instruments:

- African Charter on the Rights of the Child
- South African Disability Human Rights Charter
- Plan of Action on the African Decade for Disabled People
- Standard Rules on the Equalisation of Opportunities for People with Disabilities
- United Nations Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities (draft)
- United Nations Convention on the Rights of the Child
- United Nations Declaration of Human Rights
- United Nations Millennium Declaration
- World Programme of Action Concerning Disabled Persons

6. KEY PRINCIPLES APPLIED

The principles listed below underpin this Policy on Disability. It is important to note that the principles are often inter-related and that one cannot apply one of the principles in the absence of the other principles.

- **Right to self-representation**

People with Disabilities have the right to self-representation in processes and structures of decision-making on issues that affect them. In situations where they cannot represent themselves, they have the right to choose/nominate a family member to represent themselves.

The right to self-representation is reinforced in this Policy on Disability in the sections entitled Roles and Responsibilities, Approach, Structures for Implementation and Monitoring and Evaluation. Some examples of entry points for applying the principle of self-representation are programme or project conceptualisation and design; consultation processes; participation in ad-hoc task teams; etc.

- **Accessibility**

In the context of disability the principle of accessibility can be described as synonymous to the principles of full inclusion, equality and participation in mainstream society. The correlation between lack of access and exclusion is obvious. For example the right to employment or accessing employment opportunities becomes null and void in the absence of public transport that is accessible to People with Disabilities e.g. retractable ramps and wide doors in buses for wheel-chair users. The use of sign language interpreters for television news broadcasts; makes the daily news accessible to people who are deaf / have hearing impairments. The disability sector talks uses to concepts in terms of accessibility; that of barrier free access and universal design. Both these concepts speak to the need to consider various categories of disability in conceptualising and designing for example infrastructure or information technology. Adaptations to building of infrastructure (e.g. Braille print in a lift/elevator) and to information technology (e.g. voice commands on a computer)

will facilitate use by people with disabilities without negatively impacting on its use by people without disabilities.

The right to accessibility is reinforced in this Policy on Disability in the section entitled Approach. An example of an entry point for applying the principle of accessibility is communication regarding current services and how to access them.

- **Support system**

The family is promoted as a significant support system in meeting the needs of People with Disabilities. Other support systems include Disabled People's Organisations (DPO's), Non-Governmental Organisations that work with issues of disability and social services, Community Based Organisations (CBO's), social workers, medical and psychological health practitioners and members of the broader community. Elements of a support system vary from counselling to assistance with use of assistive devices to dealing with prejudices and social stigma's associated with disability.

The right to a support system is reinforced in this Policy on Disability in the sections entitled Roles and Responsibilities and Approach. Some examples of entry points for applying the principle of a support system are the establishment of community based rehabilitation programmes; supporting and working in collaboration with DPO's that offer support services to People with Disabilities; training and inducting family members into supporting the person with the disability; implementing public awareness campaigns and projects and activities that facilitate de-institutionalisation and re-integration into family.

- **Self respect and self-sufficiency**

It is critical that all assistance and support provided to People with Disabilities is done with their full consent and inclusion (self-representation as described above) and that the purpose and outcome of the assistance and support is that of self-respect and self-sufficiency. In other words, all projects and activities should facilitate, as far as is possible and feasible, independent living – from the meeting of personal needs to that of participating in social and economic life. Interventions that promote dependency and disregard the rights of privacy and any other right of

People with Disabilities, directly contradicts the principles of self respect and self-sufficiency.

The right to self-respect and self-sufficiency is reinforced in this Policy on Disability in the section entitled Approach. Some examples of entry points for applying the principle of self-respect and self-sufficiency is training a person with a disability on the use, care and maintenance of whatever assistive device they may be reliant to enhance and support their abilities; facilitating skills development of People with Disabilities, in areas relevant to the market/economic activities and/or skills needs for overall social and economic reconstruction of the country; provision of personal assistance services, etc.

- **Access to appropriate services**

There are various types or categories of disability, each of which results in special needs. For example, a person who uses a wheelchair needs a ramp and wider door space to gain access to buildings; a person who is Deaf/ lives with a hearing impairment needs sign language interpreters or hearing devices to hear/listen, a quadriplegic would have additional and different needs from a paraplegic although both may use a wheelchair; all wheelchair users are not necessarily paraplegics or quadriplegics, the needs of a Deaf-Blind person is different from that of a Deaf or a Blind person. This principle speaks to the need for services to be appropriate and relevant to the type or category of disability that one is addressing. It also speaks to the need for the services that are provided to be accessible to the intended target group or beneficiary (see principle of accessibility above). Thus social services interventions for People with Disabilities must be specific and responsive to all types and categories of disability.

The right to access to appropriate services is reinforced in this Policy on Disability in the sections entitled Aim and Purpose of the Policy and Approach. Some examples of entry points for applying the principle of access to appropriate services are provision of sign language training for family members of a person who is Deaf/ has a hearing impairment; printing application forms for grants in Braille for use by People who are blind/ have sight impairments; etc.

- **Social Integration**

The social model to addressing disability reflects social integration as one of its pillars. The model is based on an understanding that a focus on the abilities of the people with disabilities and on the “environmental” barriers that they experience will provide a more comprehensive and appropriate response to facilitating full inclusion and integration into society. Social integration is the key measure by which one can assess whether People with Disabilities are being accorded all their full rights and treated with the same equality accorded to all other citizens. The principle speaks to the need for integration of People with Disabilities into mainstream society as well as the need for an integrated package of services that facilitate full social inclusion. For example, the provision of a social grant to a person who uses a wheelchair, may be responsive to some of the person’s needs but the grant does not in any way provide the person with access to a recreation centre in the community that he/she lives in, especially if the centre has not been equipped with a ramp or accessible ablution facilities. The lack of access to the recreation centre results in social exclusion. Thus social integration of People with Disabilities requires an integrated response that involves a number of inter-related role-players.

The right to access to social integration is reinforced in this Policy on Disability in the sections entitled Aim and Purpose of the Policy, Approach and Structures for Implementation. Some examples of entry points for applying the principle of social integration is establishing a joint task team of representatives from the DSD and the Department of Health to address the provision of community rehabilitation programmes; engaging with the Department of Public Works to ensure the development of accessible/universal design building regulations for all social amenities infrastructure, etc. These examples also serve the principle of enhanced inter-sectoral collaboration listed below.

- **Enhanced inter-sectoral collaboration**

|

As described above, social integration as well as the multi-faceted nature of disability, requires consistent and enhanced inter-sectoral co-ordination and

collaboration – both on an ad hoc, issue based system and as a more permanent arrangement.

The principle of enhanced inter-sectoral collaboration is reinforced in this Policy on Disability in the sections entitled Approach and Structures for Implementation.

- **Equitable resource allocation**

Responding to the needs of People with Disabilities and providing social services that improve the quality of their lives and result in social and economic inclusion require resource (human and financial) commitments. Applying the principles and concepts of barrier free access, universal design and mainstreaming does in the long term minimise the amount of resources required. However, in the short to medium term, it is critical that all disability mainstreamed projects and activities are supported with the necessary human and financial (budget) resource allocations. The mainstreaming approach to disability requires that all financial/budget implications associated with meeting the needs of People with Disabilities is factored into the overall and main budget. For example, the communication directorate's budget should make provision for a sign language interpreter and for printing in Braille for certain communication events.

- **Inclusion**

This principle is complementary, and can be described as the common thread that runs through all the above-mentioned principles. In particular the principle supports the approach of mainstreaming disability issues so that it is addressed within the context of normal community services.

- **Batho Pele Principles**

People with Disabilities will be ensured good customer services, characterized by qualitative and accessible government services, in accordance with the Batho Pele principles.

7. DSD's PRIMARY AND SECONDARY ROLES

The afore-mentioned section on key principles underlines the fact that there are a number of role-players involved in providing comprehensive social services to People with Disabilities. These roles –players are within the DSD, across other line functions and spheres of government and in other sectors of society such as civil society.

This section defines the roles and responsibilities of the DSD in terms of this policy. In defining these roles, it is critical to distinguish between primary and secondary roles of the DSD in the provision of services to people with disabilities.

Primary Roles

Primary roles are defined as roles that are mandatory to the department. These are roles that distinguish the department from other departments.

Secondary Roles

Secondary roles are the output indicators of the primary roles. They are a complementary role in that the DSD is not the key implementer but has to support and facilitate implementation by the responsible line function department.

It is also apparent from the principles, that the DSD plays a primary role in the provision of certain services and a secondary role in the provision of others. As mentioned above, the primary role is mandatory thereby making the DSD the key implementer on all those issues where it has a primary role.

The DSD has a primary role to play in, is the key implementer and responsible for the provision and delivery of the following services to people with disabilities:

- Social Grants
- Personal Assistance Services (PAS): (Department has primary and secondary role)

- Social Support Services
- Community Development
- Community Based Services
- Social Integration
- Advocacy
- Rehabilitation

The Department has a secondary role to play in the following initiatives:

- Provision of transport
- Provision of assistive devices
- Promoting employment opportunities
- Facilitating for inclusive education processes
- Provision of medical rehabilitation
- Economic empowerment to people with disabilities

Below is a list of the specific and the inter-related role of each role-player involved in mainstreaming disability in the DSD and ensuring the provision of integrated and appropriate social services to People with Disabilities.

The Community and the General Community

- Advise officials from the DSD of the challenges and needs of People with Disabilities
- Participate in conceptualising; planning and developing appropriate solutions to the identified needs and challenges
- Organise and/or participate in public awareness and communication activities
- Advocate for changes that will enhance social functioning and inclusion of people with disabilities
- Assist people with disabilities to access the services that the DSD and government in general offer.

Parents/Families and Other care-givers of People with Disabilities

- Encourage and facilitate people with disabilities accessing the services available to them
- Form support networks for people with disabilities to sensitise government and other service delivery agents on specific needs and care of people with disabilities.

People with Disabilities and DPO's

- Access service delivery from government and other service delivery wings
- Understand the full social and economic rights that they must be accorded
- Serve as active partners of the DSD in developing the social services required by them
- Serve as active participants in assessing the quality, relevance and impact of these services on improving the quality of the lives of people with disabilities
- Understand and lobby for their rights
- Promote inclusion and integration of People with Disabilities into mainstream society by engaging in public awareness, promoting advocacy campaigns and developing and implementing communication activities.

DSD Officials

- Key implementers of this Policy
- Ensure that people with disabilities receive the services that the DSD offers, at a community level
- Inform and advise communities of the services that are available for people with disabilities and their families
- Encourage use of the services being provided and promote inclusion and integration of people with disabilities into the community
- Work closely with officials from other relevant line function departments such as the Department of Health on the provision of, for example, assistive devices
- Advise on, and ensure the development and provision of social services that are responsive to the needs of people with disabilities

- Ensure regular communication and promoting of public awareness campaigns and related activities to create an enabling environment for the respect of rights and dignity of people with disabilities.
- Ensure implementation of this DSD policy as well as the development of any related guidelines, etc; that are required to assist and enhance implementation
- Ensure that there is meaningful integration of disability issues into all nationally conceived and developed departmental programmes and initiatives
- Develop policies, strategies and guidelines to facilitate implementation of this Policy
- Monitor, evaluate and report on implementation processes to the Minister of Social Development
- Advise on the management and effective implementation of all disability related initiatives
- Understand the importance of mainstreaming disability as part of fulfilling the DSD's mandate as a whole

Other sectors of society, i.e. non-governmental organisations and academic institutions

The role of other sectors of society mainly falls within the ambit of technical and academic support and capacity building such as

- Development and implementation of capacity building programmes.
- Providing technical and theoretical knowledge and expertise to assist with implementation.
- Providing support services where applicable.

8. APPROACH - DSD SERVICES AND PROGRAMS

The aim and purpose of this policy is explicit in the DSD's intention of mainstreaming disability into all its current programmes and activities. Thus, this section of this policy draws on the DSD's current programme areas and the social services that are implemented by the Department as a whole across all its programme areas and directorates, including at provincial government level.

The DSD's overall approach and paradigm framework for the delivery of social services is that it must be integrated, holistic, and sustainable and result in full inclusion into society, self reliance and independence. The aim and purpose of this Policy is also directly aligned to this overall departmental approach.

The Programme Areas and the Social Services and Interventions explained in the rest of this Section highlight the disability angle that has to be included in each of the existing DSD programmes and activities.

The three (3) main programmes of the DSD into which disability must be mainstreamed as proposed in this Policy on Disability, are Social Security; Social Welfare and Community Development. Each of these programme areas and the social services and interventions mentioned below in this Policy must be implemented as a continuum to ensure the integration and sustainability initiatives and service delivery.

DSD'S THREE (3) PROGRAMME AREAS

Social Security Programme: This programme area focuses on the management and oversight of social security / assistance in the form of financial grants to the poor, the vulnerable and those with special needs, such as People with Disabilities, who qualify for such grants.

Social Welfare Programme: This programme area focuses on the provision of developmental social welfare services that support the poor, the vulnerable and those with special needs, such as People with Disabilities, in a manner that reduces poverty and vulnerability. Activities in terms of this programme area are implemented in

partnership with other role-players such as state funded institutions; NGO's, DPO's etc. The activities are directed at enhancing the capacity of targeted groups and beneficiaries to address both the causes and consequences of poverty and vulnerability.

Community Development Programme: This programme area focuses on community development in order to enhance and increase the capacity of communities to respond to their own needs and improve their capacity for development. Activities in terms of this programme area will primarily be in the realm of community mobilization, strength-based approaches and empowerment programmes.

SOCIAL SERVICE CATEGORIES AND INTERVENTIONS

The nature of DSD's services focus on meeting the needs of the poor, the vulnerable and those with special needs, including People with Disabilities, and building on their strengths as well as the strengths of their families, communities and other social groups and support networks. The core services of the DSD are:

- Rehabilitation Services
- Social Security
- Capacity Building and Empowerment Programmes
- HIV and Aids
- Promoting Sustainable Livelihoods
- Promoting Social Integration
- Services to Children and Youth
- Provision of Residential Facilities
- Family Support Services
- Development Programmes for Women
- Victim Empowerment
- Support Services to Older Persons

Disability can be mainstreamed into all the above-mentioned services as follows:

Rehabilitation Services

Rehabilitation in respect of People with Disabilities must include supporting the social adjustment of the person within the framework of the community to which the individual is to be restored and prevention of secondary trauma.

Disability can be mainstreamed into rehabilitation services through activities such as

- Developing or linking with existing integrated rehabilitation programs at institutional and community based level.
- Establishing and maintaining close coordination, with a variety of services e.g. health, educational, social psychological and vocational.
- Developing and implementing a coordinated prevention and protection plan, to be approached inter-sectorally.
- Ensuring that care and support on the rehabilitation of substance abusers include linkages with alternative sources of income for women and children with disabilities, in families affected by drug abuse.
- Developing of community-based strategies aimed at reintegrating People with Disabilities into their communities.
- Providing day care services for People with Disabilities
- Facilitating the provision of assistive devices as well as facilitating training on application procedures and requirements on how to use and maintain the devices.
- Providing personal assistance services that contribute to the prevention of further disabilities, secondary ailments and illnesses, and facilitate de-institutionalization.
- Developing and implementing family reunification and reintegration programs
- Developing and implementing a communication strategy that will inform People with Disabilities of the Rehabilitation Services available to them, thereby increasing their access to the services.

Social Security

Social Security in respect of People with Disabilities will focus on provision of disability grants; grants to care-givers, grants that support home-based care and support, etc.

Disability can be mainstreamed into social security services through activities such as:

- Developing service delivery norms and standards to ensure the protection and promotion of the rights of People with Disabilities.
- Developing a technical guide on procedures to promote better understanding to the service providers and beneficiaries, of the social security system
- Developing and implementing a communication strategy that will inform People with Disabilities of Social Security Services available to them, thereby increasing their access to the services.

Capacity Building and Empowerment Programs

Capacity and Empowerment Programmes in respect of People with Disabilities must be directed at skills development to enhance accessing employment opportunities; promote sustainable livelihoods; support independence and self-sufficiency and engender integration into mainstream society.

Disability can be mainstreamed into rehabilitation services through activities such as:

- Participating in the development of an Integrated Capacity Building Strategy with defined areas.
- Participating in the development of curriculum for public, life skills education and an awareness program on disability, within the context of rights and responsibilities.
- Supporting and advancing programs on the empowerment of People with Disabilities and the promotion of their active participation in society.
- Developing human capacity within the disability sector within human development programs of the Department that will enhance their employability.

- Developing and implementing empowerment programmes for People with Disabilities on issues pertaining to Life and social skills, positive self-image and self-perception, positive inter-personal relations and communication, coping and parenting skills and understanding and comprehending relevant policies and available social services

HIV & Aids Services

HIV and Aids services in respect of People with Disabilities must include relevant support for those that are infected and affected by HIV/Aids. The support services must be responsive to the specific needs of the person/s in respect of their disability. For example, home-based care and support for a paraplegic that has HIV/Aids must include the personal assistant, counsellors, etc understanding the person's needs in terms of HIV/Aids as well as their disability. The needs of an HIV/Aids orphan will be different from that of a non-disabled HIV/Aids orphan and the service provided must support the orphan in terms of their disability as well as the effect that HIV/Aids has had on the rest of their lives.

Disability can be mainstreamed into rehabilitation services through activities such as:

- Participating in and support research initiatives to ensure the development of new information/data on HIV/Aids and disability
- Ensuring the existence of information to assist in the co-ordinated action for children, Youth and People with Disabilities affected and infected with the virus.
- Facilitating the building of skills capacity amongst youth with disabilities in areas of HIV/Aids.
- Developing guidelines on community-based care, support programs and services for People with Disabilities infected or affected by HIV/Aids
- Developing and implementing a communication strategy that will inform People with Disabilities of the HIV/Aids Services available to them, thereby increasing their access to the services.

Promoting Sustainable Livelihoods for People with Disabilities

Sustainable Livelihoods in respect of People with Disabilities must focus on building self-reliance and sufficiency, enhance their skills and thereby their chances of employment in terms of other economic opportunities that may exist; and on improving their lives on a social and economic level.

Disability can be mainstreamed into sustainable livelihood programmes through activities such as:

- Developing guidelines for inclusion of People with Disabilities in DSD Sustainable Livelihood projects
- Conducting an audit of existing projects to avoid duplication and ensure the equal distribution of resources nationally
- Supporting programmes that contribute to addressing poverty, promoting sustainable livelihoods, ensuring equity in the distribution of resources and gender balance in the consolidation of skills development in both rural and peri-urban areas.
- Developing and implementing a strategy to facilitate and increase participation of People with Disabilities in socio-economic programs of the Department.
- Linking People with Disabilities to developmental programmes for skills development, income generation and socio economic activity, e.g. poverty relief and self-help projects.
- Developing and implementing strategies and systems to streamline and transform services within protective workshops to build on the human capacity of People with Disabilities, facilitate access to resource systems through creative strategies, and promote self-sufficiency and independence.
- Developing and implementing a communication strategy that will inform People with Disabilities of the Department's sustainable livelihood and socio-economic programmes available to them, thereby increasing their access to the services.

Promoting enhanced Social Integration to achieve Disability Equity

Promoting social integration is one of the fundamental principles of the social model to addressing disability. It can also be described as the essence of mainstreaming.

Activities that promote and enhance social integration can include:

- Developing and implementing public awareness programs, at a community level, on disability as a human rights and development issue.
- Facilitating the development of community development guidelines that aim to facilitate and promote the integration of People with Disabilities in community development programs.
- Developing and implementing advocacy programmes to promote respect for diversity and integration of disability issues into all internal and external departmental practices.
- Facilitating the establishment of a structure (a forum) that will monitor the integration of disability issues within the internal and external systems of the Department.
- Information, training and awareness on disability types, causes, and the abilities of People with Disabilities.
- Building social networks in communities to serve as support systems for People with Disabilities
- Ensuring the provision of community and home based care and support programmes

Services to Children and Youth with Disabilities

Services to children and youth with disabilities must include skills development, access to education, access to employment opportunities in respect of youth, access to sports and recreation activities, etc.

Disability can be mainstreamed into services for youth and children through activities such as:

- Integrating disability issues in all developmental programs children and youth so that children and youth with disabilities also benefit from services offered .
- Developing an integrated strategy on the support services for Children with Disabilities that will be complementary to departmental policies, strategies and legislation aimed at protecting children.

- Provision of parenting skills for parents of children with disabilities
- Supporting the provision of early childhood development programmes for Children with Disabilities
- Facilitating training on Sign Language for parents of Deaf children
- Developing and strengthening support groups for parents of children with disabilities, for peer counseling and group therapy
- Facilitating alternative care placements for Children with Disabilities in need of care and protection such as Places of Safety, Foster Care, Children's Homes etc.
- Developing and implementing a communication strategy that will inform children and youth with disabilities and their families of social welfare support services available to them, thereby increasing their access to the services.

Residential Facilities for People with Disabilities

To the extent that is possible, residential facilities for People with Disabilities must support and enhance other social services programmes such as capacity building and empowerment, social integration, promoting sustainable livelihoods, etc. Activities in respect of providing residential facilities for People with Disabilities should include:

- Developing guidelines on residential facilities for People with Disabilities
- Developing procedure manual for residential facilities based on the guidelines
- Developing norms and standards to enhance better treatment of People in Disabilities in residential facilities
- Facilitating regular interaction and regular contact with families to ensure enhanced integration and contact with the family, or where possible reintegration into the community.
- Establishing supported / assisted living and independent living programs. Such programs constitute a move towards units / homes that are more open and smaller and within the community to facilitate de-institutionalization. These are suitable for people who do not require 24 hour care and have some degree of independence. Develop an assessment tool that can be applied to determine suitability.

- Ensuring the provision of the following services within a residential facility: Rehabilitation, Stimulation, Life and social skills programs, Provision of assistive devices, Reunification and reintegration programs, Support services and counseling and Outreach programs to surrounding communities.
- Developing and implementing a communication strategy that will inform People with Disabilities of the Residential Facilities and Services available to them, thereby increasing their access to the services.

Support Services to Family

The family members of People with Disabilities should be the person's first and immediate support network. However, in a significant number of cases, the social stigmas attached to disability that are also extended to family members; families lack of understanding of the needs and of the abilities of the person; insufficient financial resources and other social and economic factors often negatively impact on the family's ability to be the primary support system. Support services to families of People with Disabilities must therefore include training on managing different types of disability, counselling services, etc.

Disability can be mainstreamed into family services programmes through activities such as:

- In conjunction with the departmental family services, the Department of Housing and other relevant stakeholders, developing a strategy towards community-based services and family support aimed at initiating programs towards the deinstitutionalization of People with Disabilities.
- Providing therapeutic and support services to families experiencing conflict and those facing stressful situations.
- Linking families with relevant services, where necessary, for expert intervention
- Developing and implementing a communication strategy that will inform People with Disabilities and their families of the Family Support Services available to them, thereby increasing their access to the services.

Development Programs for Women with Disabilities

Services for women with disabilities have to acknowledge the various levels of discrimination that these women experience; i.e. gender discrimination; discrimination on the basis of their disability and in some instances discrimination on the basis of race, religion, sexual orientation, etc. As in the case of children and youth with disabilities, services that are provided must be specific and responsive to needs of women with disabilities. Activities that can promote the development of women with disabilities can include:

- Ensuring the inclusion of issues of women and girls with disabilities into the agenda of the departmental gender-sensitive development programs and set them as target beneficiaries.
- Building support and working in collaboration with Disabled People's Organizations towards the development and strengthening of existing Disabled Women's Development programs.
- Giving the necessary attention to the needs of women and girls with disabilities in addressing their specific barriers.
- Ensuring the right of Women with Disabilities to freedom from violence, including sexual abuse, discrimination based on disability
- Designing programs to promote positive images of women with disabilities that will make them self-reliant.
- Developing and implementing a communication strategy that will inform Women with Disabilities of the specific empowerment programmes and services available to them, thereby increasing their access to the services.

Victim Empowerment

People with Disabilities are often, because of their disability, more vulnerable than non-disabled people when they become victims of crime, etc. Their needs in terms of victim empowerment include responding to their needs in respect of their disability. For example a person with is deaf/ has a severe hearing impairment who has been hi-jacked will need a sign language interpreter to be able to report the case to the police or to access trauma counselling services. Disability can be mainstreamed into victim empowerment programmes through activities such as:

- Developing protocols and guidelines for crises intervention in situations of abuse for the protection of People with Disabilities.

- Developing services and programs to protect People with Disabilities against abuse
- Developing and implementing a communication strategy that will inform People with Disabilities of the Victim Empowerment Services available to them, thereby increasing their access to the services.

Services to Older Persons with Disabilities

Older persons with Disabilities require, over and above the services provided to older person in general, support services that are sensitive and responsive to their particular disability. Activities that can improve the lives of older persons with disabilities can include:

- Designing programs that would enable them to live an active healthy, protected and independent life for as long as it is possible.
- Developing and implementing a communication strategy that will inform Older Persons with People with Disabilities of social welfare Services available to them, thereby increasing their access to the services

LEVELS OF INTERVENTION FOR DISABILITY MAINSTREAMING

The social services mentioned above can be provided through different levels or types of intervention. The four (4) main levels of intervention applied by the DSD in all its programmes are equally relevant to disability mainstreaming. These levels of intervention, which often overlap, are:

Prevention: the nature of services provided in terms of this level of intervention are aimed at strengthening and building the capacity and self-reliance of service recipients. It is the most important phase of social service delivery in that the client is functioning at an adequate level with possibilities of risk-behavior.

Examples of prevention interventions in respect of disability would be awareness raising and advocacy programmes (Information, training and awareness on disability; education and counseling services, addressing attitudes and misconceptions about

disability, development programmes for women with disabilities and capacity building and empowerment programmes.)

Early Intervention (non-statutory): the nature of services provided in terms of this level of intervention are developmental and therapeutic to ensure that those identified as being at risk are assisted before they require statutory services, more intensive intervention or placement in alternative care. Examples of early intervention programmes in respect of disability would be promoting social integration, awareness raising programmes; Social Protection programmes, Care and support services, promoting sustainable livelihoods, provision of social security services, family support services, Community-based rehabilitation programs, Day care services, strengthening of support groups etc.

Statutory Intervention / Residential / Alternative Care: the nature of services provided in terms of this level of intervention must strengthen and support individuals that are no longer able to function adequately in their communities. This may include removing the person from their normal place of abode to alternative care or a residential facility, to prevent secondary abuse. Examples of statutory interventions in respect of disability would be rehabilitation services, provision of residential facilities, social security services, mediation services , Supported / assisted living and independent living programs , Day care and community-based care, etc)

Reconstruction and Aftercare: the nature of services in terms of this level of intervention is based on the assumption that the services provided as part of the statutory intervention is a temporary measure and that all efforts will be made to reintegrate the person back into their families and communities as soon as possible. Thus the focus will be on reintegration and support services to facilitate self-reliance and optimal functioning. Examples of reconstruction and aftercare interventions would be rehabilitation services, HIV/Aids services, victim empowerment, etc.

9. STRUCTURES FOR IMPLEMENTATION

This DSD Policy on Disability reiterates the need for strong and consistent inter-sectoral collaboration and co-ordination for the delivery of integrated and holistic services to People with Disabilities that are responsive to all the needs and challenges that they experience.

The section in the Policy entitled “Roles and Responsibilities” identifies the large number as well as the variety of role-players involved in the provision of social services to People with Disabilities. These role-players include national and provincial government departments; particularly Health, Education, Transport, Housing, Local government, Labour, Trade & Industry, Justice, SAPS and Correctional Services, Public Works, OSDP, Arts and Culture. Some of the non-government service providers that are important role players are Institutions of Higher Learning, Research Institutions, DPO’s and NGO’s.

This section of the Policy must be read in conjunction with the section entitled “Roles and Responsibilities”.

It is important that relevant management and support structures are established to ensure implementation of this policy as well as to ensure high levels of co-ordination and co-operation between all the identified role-players. All the structures that are established must be guided by the principles of collaboration, empowerment, ownership, coherence, shared commitment and equal partnership.

The DSD should facilitate and lead the development of protocols that outline the operations, procedures, define roles and responsibilities of other role-players from national and provincial government departments.

Management and Implementation Structures

- Responsible for organizing and supervising implementation processes
- Provide day-to-day administrative and operational support
- Could be permanent or ad-hoc or short term structures
- Identify areas of co-ordination and integration for role-players.
- Ensure plans are developed, mainstreamed into current programmes and are subsequently implemented.

- Monitor and evaluate the impact of the implementation process.
- Deal with any problems that may arise timeously to avoid delays in the process.
- Set up partnerships and working teams to develop the terms of reference and oversee any formal contractual issues related to this. The collaborative frameworks have to be formalized in order that all partners respect and adhere to their specific roles.
- Provide effective and efficient day-to-day management of implementation staff.

Support Structures

Support Structures must provide advice, technical knowledge, expertise and any other task that will assist the management and implementation structures.

The main responsibilities of support structures must be to:

- Assist and advise in the development and mainstreaming of the provision of services to people with disabilities.
- Facilitate for the monitoring process thereof.
- Work closely with management and implementation structures.
- Contribute to the development of further guidelines for effective implementation of the DSD Disability Policy.
- Ensure the provision of integrated and holistic service.

10. RESOURCE ALLOCATION

This Section spells out priorities, in terms mainstreaming disability into current programmes and activities of the DSD, as a basis for resource allocation and for determining the cost effectiveness of the services. Effective mainstreaming of disability will require a range of resources that should be provided in accordance with the guidelines stipulated in the Service Delivery Model (2005). Some of the resources required for the implementation of this Policy on Disability are:

Human Resources

- Human Resource (personnel) is the most important part of the program. The personnel needed for effective service delivery require different skills and competencies, understanding and comprehension of the social model as it pertains to disability
- There is a need to foster partnerships with service providers in the field of development, disability and training, a strategy which will contribute towards the development of an informed training and curricula guide. The development and implementation of the training curriculum will respond to the developmental (disability) needs of social service professionals at different levels, in order to meet the demands for the services.
 - Identifying and capacitating partners (NGOs) with direct impact on People with Disabilities.

Infrastructure

- All equipment and infrastructure suitable for the provision of social services with special focus on community-based services.
- Provision of all equipment relevant for the implementation of this Policy in accordance with the guidelines provided for in the Service Delivery Model(2005)

Support to service providers

Determining resource allocation to service providers shall be done in accordance with the Policy on Financial Awards (2005) that is aimed at guiding the country's response to the financing of service providers in the social development sector, to facilitate transformation and redirection of services and resources, and to ensure effective and efficient services to the poor and vulnerable sectors of society.

Strategies and programs

Effective implementation of this Policy calls for the development of strategies, programs and services, which require political support, technical assistance, the co-operation of key stakeholders at national, provincial and local level, and the allocation of the required resources for the realisation of the intended aim.

11. RESEARCH, MONITORING AND EVALUATION

Research

The World Program of Action concerning People with Disabilities states that, in view of the little knowledge that is available as to the place of the disabled people within different cultures, which in turn determines attitudes and behaviour patterns, there is a need to undertake studies focusing on the socio-cultural and economic aspects of disability, not overlooking research work that has been done within the disability sector.

The results of such studies will make it possible to recommend approaches suited to the realities of a humane environment. Furthermore, an effort should be made to develop social indicators relating to the education of People with Disabilities so as to analyze the problems involved and plan programs accordingly. Research into the social (e.g. social support services), economic(e.g. employment) and participation issues that affect the lives of People with Disabilities and their families, and the ways these matters are dealt with by society, is of particular importance.

Monitoring and Evaluation

Equality and dignity are principles that are enshrined in the Constitution. However, the objectives enshrined in these principles must be met through the enactment of legislation, the scrutiny and, where necessary, amendment of existing legislation and the monitoring of constitutional and legislative provisions (Integrated National Disability Strategy)

To ensure that the general human rights of People with Disabilities are upheld and that programs and services are rendered in an effective and efficient manner, an impact assessment process and monitoring tool will have to be established and implemented. The impact assessment process will be undertaken to identify, predict and assess the consequences that might affect (positively and negatively) the implementation of this Policy. This will be prioritised to ensure the development of plans to mitigate any adverse impact that might arise. The assessment will be done in consultation with all relevant stakeholders.

A framework to promote, protect and monitor the implementation of this policy, will be developed in accordance with the legal and administrative system, at the national, provincial and local level. Performance indicators on service areas, identified in the policy, will be developed so as to measure and assess performance.

This work will be led by the DSD's recently established Monitoring and Evaluation Unit and will be conducted in partnership with NGOs - both in the disability and legal sector and other appropriate institutions and organisations. The Department will ensure that each line function achieves both internal and external Developmental Quality Assurance (DQA) standards, which will be built into implementation strategy for this Policy. A programme review exercise, which will analyse implementation strategies, experiences, opportunities and constraints, mid way through the implementation period, will be facilitated. Recommendations for consideration during the remaining programme period will be made.

Monitoring will be infused in all levels of service delivery, through different criteria, including report writing. It will be used as a corrective tool where the rights of People with Disabilities are violated. It also becomes essential to check the appropriateness of services provided, whether they respond to identified needs. A monitoring tool will serve as a guide to determine the congruency between the services and their provision, i.e. check the satisfaction rate of the recipients. Monitoring will also be used as an educative tool to create awareness. Over and above, minimum standards on service provision to People with Disabilities will be developed for the quality assurance of the services provided.

12. CONCLUSION

The basis for progressively redressing the situation of People with Disabilities in South Africa lies in the Constitution, which upholds the values of human dignity, equality, freedom and social justice in a united society where all may flourish. This Policy only provides a social development framework for the delivery of social services to People with Disabilities.

However, this Policy alone will not cure inherent and deeply entrenched social disorders. Commitment to disability mainstreaming and applying an integrated approach to service provision, will surely ensure inclusion of People with Disabilities, their advocates, associates and NGOs, within the disability field, in all our plans and activities. In all sectors, planning and budgeting processes must accommodate the needs and rights of People with Disabilities.

Annexure A

GLOSSARY OF TERMS

Accessibility

Accessibility is a broad term used to refer to the following terms:

Infrastructural access, access to information, environmental access

It refers to a way to easily and safely approach, use and benefit from a physical building, facility or service, appropriately set to enhance participation in economic, social, cultural and political activities and to enjoy and exercise rights and responsibilities by all citizens.

Assistive devices

An assistive device is any device and/or ergonomic solution, capable of reducing the social effects or barriers experienced by an individual with a disability.

Community-based rehabilitation (CBR)

Community based rehabilitation is a strategy within a community for the rehabilitation and social integration of People with Disabilities. It is implemented through the combined efforts of the people themselves, their families and communities and the appropriate health, vocational and social services. (ILO/WHO/UNESCO Joint Position Paper, 1994)

Community development

Refers to the process and the method aimed at enhancing the capacity of communities to respond to their own needs and improving their capacity for development, through community mobilisation, strength based approaches and empowerment programmes.

Exclusion

The term refers to the prevention by social systems, from participating or benefiting or being shut out or left out due to the inadequacy of society in accommodating differences / diversities.

Guideline to determine Disability

It must be recognised that disability is not as the result of the individual. It occurs as a result of interaction between individuals and the environment that is not intended or designed to enable fair participation (Roth 1983). The statement below shall be used as a guideline, to determine disability when developing and implementing departmental policies and programs.

Disability is as a result of a moderate to severe limitation to a person with physical, sensory, communication, intellectual or mental impairment, to function /or to perform daily activities as a result of limitations/barriers which may be due to economic, physical, social, attitudinal and/or cultural factors.

Inclusion

Inclusion implies a change from an 'individual change model' to a 'system change model' that emphasises that society has to change to accomodate diversity, i.e. to accomodate all people.

Independent living

Independent living implies the ability of a person to live like anyone else-with opportunities to make decisions that affect one's life, being able to pursue activities of the person's own choosing (IND 1997)

Disability Mainstreaming

Disability mainstreaming is the integration of disability issues into an organization's analysis, planning, performance, personnel, policy, monitoring and assessment. It is a broad strategy for making the concerns and experiences of Children, Men and Women with Disabilities, not excluding Parents of Children with Disabilities, an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres so that they all benefit equally and inequality is not perpetuated. The ultimate goal of disability mainstreaming is inclusion.

It involves ensuring that disability perspectives and inclusion become central to all activities - policy development, research, advocacy/ dialogue, legislation, resource allocation, planning, implementation and monitoring of programmes and projects.

"Personal" Assistance or Care Attendants",

Personal assistance services enable people with severe disabilities to exercise their rights to choice and dignity within their own homes. It provides an opportunity to People with Disabilities to regain a large percentage of their independence. "Personal" connotes that the assistance has to be customized to an individual's needs.

Prejudice

Prejudice is the judgment or opinion that is formed without proper understanding or investigation, in a way that is biased, unfair, hurtful, and discriminatory. It is also seen as a form of displaced aggression channeled towards a weak group. It leads to a social handicap whereby the inferior group is prevented from enjoying adequate schooling, library facilities, housing and social amenities. The result is poor education, mediocre skills and high unemployment within the group.

Rehabilitation

The UN Standard Rules (The Rules) define rehabilitation as a process aimed at enabling People with Disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with tools to change their lives towards a higher level of independence. It may include measures to provide, restore functions and compensate for the loss or absence of a functional limitation. Emphasis is placed on the abilities of the individual, whose integrity and dignity should be respected. Rehabilitation services for disabled persons should be provided, whenever possible, within the existing structures of society.

Social services

Social services refer to the broader and comprehensive range of services relating to social welfare services and community development provided in a continuum to ensure the sustainability of intervention efforts.

Special Needs Education

Special Needs Education focuses on the education system and its ability to accommodate learners with different special needs (social model). It refers to the education of learners with a wide range of educational needs of a specialized nature.

Support services

They are mechanisms or strategies to overcome social barriers and/or the effects of disability and enable People with Disabilities to maintain their dignity, assist them to increase their level of independence in their daily living to exercise their rights and to live independently within their communities.

Social Services

The broader and comprehensive range of services relating to social welfare services and community development provided in a continuum to ensure the integration and sustainability of intervention efforts.

Social Assistance

Social assistance refers to social grants in the form of a supplementary grant, a grant-in-aid, a foster care grant, a child-support grant, a care-dependency grant or a financial award, granted under the Social Assistance Act No 59 of 1992

The Department

This refers to provincial and national Departments of Social Development.

The Rules

This refers to The UN Standard Rules on the Equalization of Opportunities for People with Disabilities