



DEPARTMENT OF SOCIAL DEVELOPMENT

**POLICY ON SOCIAL DEVELOPMENT
SERVICES TO PERSONS WITH
DISABILITIES**

APRIL 2017

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FOREWORD BY THE MINISTER OF SOCIAL DEVELOPMENT

I wish to break from tradition and start by thanking everyone who, directly or indirectly, participated in the development of this Policy on Social Development Services to Persons with Disabilities.

The existence of this policy is due to the strategic leadership provided by the Directorate: Services to Persons with Disabilities, as well as their insight into the rights and needs of persons with disabilities. The role of the service providers, Ukuba Management cc, in providing the disability and policy development expertise required for ensuring we have a high quality policy is acknowledged. And last, but not least, my heartfelt thanks goes to all our partners and disability role-players from other sectors of society for their meaningful contributions that strengthened the content of this Policy.

This Final Policy is the result of professional expertise coupled with in-depth knowledge of disability that was gained through an extensive consultative process at provincial and national level. The consultative processes took the form of one-on-one meetings with some role-players as well as broader inclusive multi-stakeholder workshops. Persons with disabilities and their representative organisations were the main role-players consulted.

We received a wide range of comments and feedbacks on at least four draft versions of this Policy. The type of feedback received fell into three broad categories; i.e. policy; process and implementation and legislation. Some of the feedback pertained to the mandate and core functions of my department, while others were more relevant to other departments and organisations. Needless to say, all the policy specific feedback has been incorporated into this final version of the Policy. The process and implementation specific feedback will be incorporated into the detailed implementation plan that will be developed once the Policy has been adopted by Cabinet. Matters raised that fell outside the ambit of the Department of Social Development's responsibility have been noted and will be referred to the relevant departments and/or organisations. The legislation specific feedback will be incorporated when this Policy is translated into an Act of Parliament, which will ensure legal compliance in the provision of welfare services to all persons with disabilities.

This Policy symbolises another milestone in our quest to provide a better life for all persons with disabilities. In twenty two years of democratic governance of this country, we established the policy and institutional conditions required to ensure that persons with disabilities are treated with the dignity and respect accorded to all other people in our society. We entrenched a paradigm shift in the way that disability issues are addressed, i.e. a focus on the socio-economic and environmental barriers that negatively impact on the mobility of persons with disabilities. We also introduced a wide range of support systems

and programmes as part of our commitment to fully including persons with disabilities into mainstream society.

This Policy consolidates existing DSD disability policies such as its overarching Policy on Disability, Policy on the Management and Transformation of Protective Workshops, Policy on Residential Facilities, Minimum Standards on Residential Facilities and Policy on Social Rehabilitation and Community-Based Services. It is also aligned to national and international imperatives such as the White Paper on the Rights of Persons with Disabilities (WPRPD), the UN Convention on the Rights of Persons with Disabilities, the Children's Act (Act No 38 of 2005), amongst others. This Policy should not be seen as a completely new, but as one that brings together the key elements of all other policies and legislation that address disability and the provision of social development services. Thus, this policy is not intended to replace any existing DSD policies, but must be read and implemented as a complementary policy.

It is also important to understand that this Policy does not address disability in general, nor does it address any single specific type of disability. The WPRPD has an oversight and monitoring role, ensuring mainstreaming of gender, disability rights and disability considerations into all programmes of government and other sectors.

Minister B Dlamini

DEFINITIONS

Assistive devices

Any device, product, equipment or tool that is designed or adapted to enable persons with disabilities to participate in activities, tasks or actions. They may include:

- Mobility aids such as wheelchairs, prostheses and crutches;
- Communication aids such as hearing aids, Frequency Modulated (FM) systems;
- Sensory aids such as white canes; noise reducing headphones and coloured lenses
- Technology aids such as computers for alternate and augmentative communication, screen readers, magnifiers, text in audio format.

Assistive technology

It is an umbrella term that includes assistive, adaptive, and rehabilitative devices and services for persons with disabilities, which enable persons with disabilities and learning differences to attain independence. They include for example, loop systems, sub texting and alternative input for cognitive assistance and computer or electrical assistive devices.

Augmentative and Alternative Communication

Augmentative and alternative communication is an umbrella term that encompasses the communication methods, aside from traditional speech, used to supplement or replace speech or writing for those with difficulties in the production or comprehension of spoken or written language. This can include using pictures, gestures, sign language (SASL), visual aids, or speech-output devices like computers.

Care

Care refers to holistically providing for people's physical, psychological and spiritual needs where they are unable to provide these for themselves. Care is an approach that improves quality of life through prevention and relief of suffering by means of early identification, assessment and treatment.

Care-giver

Any person who, in relation to people with psycho-social, intellectual impairments (i.e. psychiatric and intellectual disabilities), physical disabilities, as well as multiple disabilities takes responsibility for meeting the "basic" daily

needs of, or is in substantial contact with persons with such disabilities.

Caring society

A caring society, in the context of this Policy, refers to a society that empowers, protects, provides relief from suffering and facilitates equity and justice.

Caring is about changing hostile society, entrenching concept of Ubuntu, citizenry that is caring for its members, especially the vulnerable and marginalized, redistributive justice, redress and equity, building solidarity and healing of our society

Communication

Communication includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, lip-speaking services, speech reading services, whisper interpretation, note-taking services and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology.

Community Development

It refers to an active, long-term integrative and holistic citizenry empowerment practice with set values and practices which plays a special role in addressing inequality in society, in order to bring about change and a deepening democracy founded on social justice, equality and inclusion towards improved wellbeing for members of society.

Compounded Marginalization

Compounded Marginalization refers to a group of persons that are vulnerable, underrepresented, have severe disabilities, as well as experience exclusion and severe barriers that exacerbate their situation & require remedial assistance and reasonable accommodation.

Disability

The UNCRPD does not attempt to define disability per se, but rather recognises disability as an evolving concept. Disability is imposed by society when a person with a physical, psychosocial, intellectual, neurological and/or sensory impairment is denied access to full participation in all aspects of life, and when society fails to uphold the rights and specific needs of individuals with impairments.

Persons with disabilities experience three main types of interrelated barriers:

- social (including high cost, lack of disability awareness, and

- communication difficulties);
- psychological (such as fear for personal safety); and
- structural (including infrastructure, operations and information) barriers.

Disability Service Organisations

DSOs focus on service delivery (rehabilitation, habilitation, counselling, training, employment support, etc) to persons with disabilities, *and are not necessarily membership-based organisations*. They are run by service providers and/or community members.

Disabled Peoples Organisations (DPOs)

Organisations of Persons with Disabilities (DPOs) are *membership-based organisations* that are managed and controlled by persons with disabilities. They constitute the representative voice of persons with disabilities based on their membership demographics. The majority of DPOs have an advocacy role and ascribed to the principles of self-representation. Some DPOs have also moved to serve as service providers for their constituency.

DPOs support the development of persons with disabilities' capacities by providing them with a common platform to exchange and share their experiences and build a common voice. They engage in the provision of information on disability for their members (on their rights, but also existing services, facilities and provisions).

Organisations, constituted and run by parents of children with disabilities, fall under the classification of DPOs. They represent the voices of parents of children with disabilities, and of children with disabilities. Adults with profound disabilities may also be represented by interested parties.

Disability Discrimination

Discrimination on the basis of disability means any distinction, exclusion or restriction of persons on the basis of disability, which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, on all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. It encompasses all forms of unfair discrimination, whether direct or indirect, including denial of reasonable accommodation.

Empowerment

Empowerment refers to processes, procedures and actions aimed at affording access, equal treatment, inclusion, participation, accountability and efficiencies. It is premised on encouraging, and developing the skills for self-sufficiency, with a focus on eliminating the need for charity or welfare in individuals and groups. From a ***disability perspective***, this means

empowering or developing the skills and abilities amongst persons with disabilities and/or their care givers to effectively communicate their socio-economic needs to others in society, advocate and lobby for these needs to be met, represent themselves and actively participate in all decision-making processes on matters that directly impacts on their lives. Empowerment is therefore identified as a core cross-cutting theme for enabling persons with disabilities to avail of and access all socio-economic development opportunities and rights that exist.

Economic Empowerment

Economic empowerment refers to facilitating the active participation of those persons who are able to be economically active, in mainstream economic activities including employment in decent jobs and/or ownership and partnerships in business initiatives. It is a process whereby marginalized individuals, group and communities are migrated into mainstream economy through skills development, building self-reliance and independence, as well by linking them to income generating projects, as epitomized by sustainable livelihood approach.

Integrated Service Delivery Model

The Integrated Service Delivery Model of the Department of Social Development (DSD) provides clarity on the nature, scope and level of services that the developmental social services sector must provide. It also gives an indication of the resource requirements for effective implementation. The desired outcome of the Integrated Service Delivery Model is the implementation of a comprehensive, efficient, effective and qualitative service delivery system that will contribute to a self-reliant society. It is premised on a sustainable development approach, which is a strength-based approach that recognizes the capacity of individuals, families and communities to interact creatively with the environment and utilise available resources to address their socio-economic needs. This model provides a framework for the integration of departmental services so that beneficiaries can derive maximum value.

Impairment

Impairment is a perceived or actual feature in the person's body or functioning that may result in limitation or loss of activity or restricted participation of the person in society with a consequential difference of physiological and/or psychological experience of life. For example, the International Classification of Disease (ICD) could be utilised for purposes of defining physical, sensory, intellectual, psychosocial and neurological impairments.

Inclusion

Inclusion is regarded as a universal human right and aims at embracing the diversity of all people irrespective of race, gender, disability or any other

differences. It is about equal access and opportunities and eliminating discrimination and intolerance for all. It is about a sense of belonging: feeling respected, valued for who you are; feeling a level of supportive energy and commitment from others so that you can best fully participate in society with no restrictions or limitations.

Inclusion implies a change from an 'individual change model' to a 'system change model' that emphasises that society has to change to accommodate diversity, i.e. to accommodate all people. Inclusion is the ultimate objective of mainstreaming.

Independent living

The ability of a person to live just like anyone else, to have opportunities to make decisions that affect their lives and to be able to pursue activities of their own choosing with the necessary support to enable persons with disabilities to live independently. The term independent living is used interchangeably with the terms supported living and/or assisted living. This Policy utilises the term independent living as being inclusive of supported living and assisted living. Independent living services to persons with disabilities are usually provided by members of a multi-disciplinary team of professionals.

Legal versus Mental Capacity

One of the most debated issues during the drafting of the UNCRPD was the concept of '**legal capacity**' and its relationship (and possible overlapping) with the 'right to recognition everywhere as a person before the law'.

The UN Committee on the Rights of Persons with Disabilities in its General Comment on UNCRPD Article 12 (2014) defines legal capacity as 'the ability to hold rights and duties (legal standing) and to exercise these rights and duties (legal agency)'. The right to equal recognition before the law therefore implies that legal capacity is a universal attribute inherent in all persons by virtue of their humanity and must be upheld for all persons with disabilities on an equal basis with others. This view is supported by many people with psychosocial disabilities who believe that the denial of their autonomy and decision-making negates their dignity as full persons.

Others however note that the above definition could, in practice, undermine the rights to the enjoyment of the highest attainable standard of health, access to justice, liberty and life. They hold the view that legal capacity should always be assumed unless evidence, which must include a range of principled and practical checks and balances, proves the contrary. In such cases, safeguards should be proportionate to the person's circumstances, and to how far the measures affect the person's rights and interests. Additionally, such measures should apply for the shortest time possible, and should be subject to regular review by an independent or judicial body.

Mental capacity refers to the decision-making abilities of a person, which naturally vary from one person to another and may be different for a given person depending on many factors, including environmental and social factors.

Life span/ life cycle

The life-span perspective, commencing at the point of gestation, examines how a person grows, develops, and declines by taking multiple aspects and contextualising these across the person's journey through life.

Mainstreaming disability

Disability Mainstreaming requires a systematic integration of the priorities and requirements of persons with disabilities across all sectors and built into new and existing legislation, standards, policies, strategies, their implementation, monitoring and evaluation.

Barriers to participation must be identified and removed. Mainstreaming therefore requires effective planning, adequate human resources, and sufficient financial investment – accompanied by specific measures such as targeted programmes and services.

Partial Care

In terms of the Children's Act, partial care is provided when a person, whether for or without reward, takes care of *more than six children* by an agreement between the parents or care-givers and the provider of service and includes i) early childhood development services ii) after school services iii) private hostel and temporary respite care services.

Partial care is also provided to children, youth, adults and older persons with disabilities in Day Care Centres, protective workshops, residential facilities, respectively.

Personal Assistance Services

A range of services, provided by one or more persons and/or service animals, designed to assist an individual with a disability to perform daily activities that the individual would typically perform if the individual did not have a disability. Such services must be designed to increase the individual's control in life.

It removes the element of discrimination and segregation by providing for equal participation. (Personal Assistants include amongst others personal aides, guides, lip-speakers, whisper interpreters, South African Sign Language interpreters, note-takers, interpreters for Deaf-blind persons, sexual and intimacy assistants, service dogs, guide dogs).

Persons with disabilities

Persons with disabilities include those who have perceived and or actual physical, psychosocial, intellectual, neurological and/or sensory impairments which, as a result of various attitudinal, communication, physical and information barriers, are hindered in participating fully and effectively in society on an equal basis with others.

Prevention

Primary prevention involves all strategies and measures to *prevent the onset* of diseases, injuries or conditions that can result in impairment and subsequent disability or activity limitation. Such measures include raising public awareness, health education, immunisation, maternal and child health services and promoting road and occupational safety. **Secondary prevention** refers to *early identification and intervention* on impairment, diseases, injuries, or conditions to prevent the development of disability or activity limitation. **Tertiary prevention** involves all management measures to maintain and where possible enhance functioning, as well as preventing the impairment or condition from creating further disability. Such measures include rehabilitation, surgery and or the provision of assistive devices.

Protective Workshops

Protective workshops refer to an institution or organisation that provides rehabilitation services and “work” opportunities for persons with disabilities, who due to the environmental and / or social situation experience barriers in accessing the open labour market.

Reasonable Accommodation

Reasonable accommodation refers to necessary and appropriate modification and adjustments, as well as assistive devices and technology, not imposing a situation, where needed in a particular case, to ensure persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

Reconstruction and aftercare

Services at this level are aimed at reintegration and support to enhance self-reliance and optimal social functioning in preparation for discharge from the residential facility and after the discharge procedure. These services are provided within the context of the individual, family and the community.

Rehabilitation and Habilitation

Rehabilitation and habilitation is a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychosocial and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence. Rehabilitation

may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or for a functional limitation.

Residential facility

It is a facility for temporary or permanent care, protection, support, stimulation, skills development and rehabilitation of persons with disabilities, who due to their disability and social situation need care, (when the need cannot be met at home and in the community) within a safe, secure and stimulating environment.

Respite care

It is an individualized, flexible, family centred short term temporary relief service for caregivers and families, in which care is provided by a trained caregiver to a person with disabilities including those at risk of abuse and neglect.

Social Development Services

These services form part of the broader range of public services provided by governmental and/ or private organisations aimed at creating more effective organisations, building stronger communities and promoting equity and opportunity. The focus of *social development services* is on improving the lives of citizens, especially the poor and vulnerable, to make society a better place for everyone. These *services* include disability specific services, comprehensive social security, anti-substance abuse and social crime prevention, HIV/AIDS, services to children and families, community development programmes seeking to alleviate poverty, inequality and other social ills through sustainable livelihoods, amongst others.

Social Service practitioners

A practitioner who provides psycho-social and/ or physical care and is the first line of support between the community and various health and social development services. They play a vital role in empowering community members to make informed choices about their health and psycho-social wellbeing and provide ongoing care and support to individuals and families who are vulnerable due to chronic illnesses and indigent living circumstances.

Developmental Social Welfare

Developmental social welfare is measured by such elements as promotion of human rights, use of partnerships to deliver services; integration of socio-economic programmes and bridging the micro-macro divides in service delivery. It emphasizes the empowerment of individuals, families, groups and communities as active participants in the developmental processes and include the following Social Welfare services:-

- prevention and promotion;
- social assistance and social relief;
- protection, statutory social support;
- restorative, rehabilitative and therapeutic continuing care and reintegration and
- aftercare services.

Social protection

It refers to policies and programs designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusion, sickness, disability and old age.

Transformation

The concept of transforming the delivery of services to persons with disabilities usually refers to implementing programmes that are responsive to the needs of persons with disabilities as expressed by themselves or their representative organisations. Persons with disabilities and/or their representative organisations should be involved in conceptualising, implementing, monitoring and evaluating the services they receive. Special attention should be paid to meeting the needs of, and delivering services to the most vulnerable sectors of children, youth, women and the older persons with disabilities. The services should promote and facilitate sustainability, independence, dignity and respect for human rights in general.

Universal access

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

Universal Design

Universal design is the design of products, environments, programmes and services to be usable by all persons to the greatest extent possible without the need for adaptation or specialised design.

Assistive devices and technologies for particular groups of persons with disabilities where these are needed, must also respond to the principles of

universal design. Universal design is therefore the most important tool to achieve universal access.

Vulnerable groups

There are groups of persons with disabilities who are especially vulnerable: women, children, older persons living in rural areas, particularly in the under developed areas, displaced persons, persons with epilepsy; persons with multiple disabilities, deaf-blind and homeless persons. Persons with certain disabilities, such as the deaf, the blind and persons with intellectual impairments, are particularly vulnerable.

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisation
CEDAW	Committee on the Elimination of Discrimination Against Women
DBE	Department of Basic Education
DOH	Department of Health
DOT	Department of Transport
DPO	Disabled People's Organisation
DSD	Department of Social Development
EAP	Economically Active Population
FBO	Faith Based Organisation
HIV	Human Immune Deficiency Virus
ISDM	Integrated Service Delivery Model
M & E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
SAHRC	South African Human Rights Commission
UN	United Nations

PART ONE: CONTEXT

CHAPTER 1: INTRODUCTION

1.1 Broad Mandate of DSD

The Constitutional Mandate of the DSD is the development of policies and strategies that address systemic poverty and inequality amongst the poor, marginalised and vulnerable groups in society. These functions are geared towards accelerating access to a comprehensive and responsive social protection system as espoused in the Government's National Development Plan. The Department seeks to achieve the objectives of broader social protection through several priorities, including developmental social service interventions, social security, amongst others. The table below reflects the key characteristics of each DSD programme area requiring implementation through integrated and coordinated manner: -

DSD PROGRAMME	KEY CHARACTERISTICS
Social Security	<ul style="list-style-type: none">• Provides social security and assistance in the form of financial grants.
Social Welfare	<ul style="list-style-type: none">• Focuses on social well-being of people.• Management of social problems.• Aimed at reducing vulnerability, poverty, unemployment, etc.• Implemented in partnership with other role-players such as state funded institutions and NGOs.• Addresses the causes and consequences of vulnerability and poverty.

Community Development	<ul style="list-style-type: none"> • Aimed at improving economic, social and cultural conditions of communities. • Involves participation of people and enhances the capacity of communities to respond to their own needs and improving their lives. • Comprises of multi-sectoral and multi-disciplinary interventions. • Requires unity and partnerships between people and government.
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1.2 DSD's Mandate with regard to Persons with Disabilities

The overarching White Paper on the Rights of Persons with Disabilities (WPRPD) endorses a mainstreaming trajectory through full inclusion, integration and equality for persons with disabilities. The Disability Rights Policy provides a broad outline of responsibilities and accountabilities of the various stakeholders, inclusive of all government departments in providing barrier-free, appropriate, effective, efficient and coordinated service delivery to persons with disabilities. Key challenges that give impetus to this Policy on Social Development Services to Persons with Disabilities include the following:

- the majority persons with disabilities are still exposed to restrictive environments and barriers that continue to marginalize and exclude them from mainstream society and its social and economic activities;
- historical factors on lack of access to educational opportunities;
- overwhelming majority of persons with disabilities in South Africa's rural and urban areas are extremely poor;
- various policies are not translated into legislation that can legally bind duty bearers implementation of programmes and ensure compliance by all sectors of society;
- services are not standardised, adequately funded and monitored;
- lack of protection programs that are responsive to the needs of persons with disabilities, continuous challenge of being trapped in poverty;
- the general lack of capacity and resources within government, and amongst civil society organisations, to translate policies into implementable programmes;

- lack of focus on children, youth, women and older persons with disabilities.

There is urgent need policy focus, strategies and programmatic interventions to address the above-mentioned challenges. The proposed Policy is anchored on the White Paper on the Rights of Persons with Disabilities and incorporates the ratified UN Convention on the Rights of Persons with Disabilities, international protocols and other conventions that deal with disability.

Part 1 provides the Context that informed this Policy.

Part 2 provides the Vision, Goal, Strategic Objectives and Principles of this Policy.

Part 3 provides the Framework for Implementation of this Policy, as well as Strategic Focus Areas.

Part 4 provides the Monitoring and Evaluation Framework for this Policy.

Part 5 and 6 gives a conclusion and an Implementation Plan, respectively.

CHAPTER 2: BACKGROUND AND HISTORICAL OVERVIEW

During the **apartheid era**, a strictly social welfare and medical lens (**medical model**) was used to assess and define disability with limited social services and disability grants delivered at the time. The context, ideology and practice of apartheid meant that white persons with disabilities automatically received more and better services than their black counterparts. The special target groups of women, children, elderly and youth with disabilities were also neglected.

The **onset of democracy** in 1994 included a strong paradigm shift in the approach to addressing disability. The “**social model**” replaced the ‘social welfare and medical model’ and has the following characteristics:

- analyses and addresses the broader environmental (social, economic and political) context that prevents persons with disabilities from participating equally and fully in mainstream socio-economic life;
- promotes and facilitates “broader systemic and attitude changes in society; mainstreaming of disability and the need for persons with disabilities themselves to be part of determining their lives” (DSD Policy on Disability).

Complementary policy directives that reinforce the social model approach and anchor the proposed Policy on Disability Welfare Services include inter-alia:

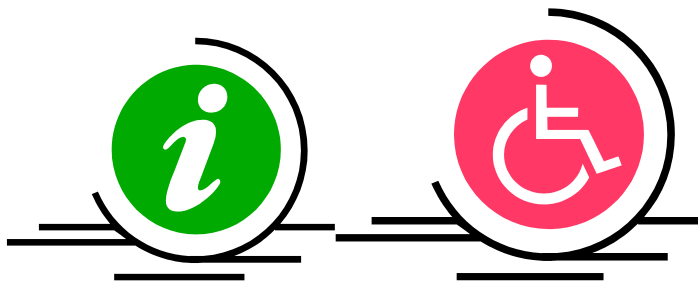
- **National Development Plan’s** an inclusive and responsive social protection imperative (Outcome 13) that should be facilitated by the Department of Social Development, in order to address poverty and inequality amongst the vulnerable, including persons with disabilities. The proposed Disability Welfare Policy is anchored on documents that include the following:
- **UN Convention on the Rights of Persons with Disabilities** that seeks to promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.
- **White Paper on the Rights of Persons with Disabilities** that domesticates the UN Disability Convention on the Rights of Persons with Disabilities.
- The vision of the **White Paper on Social Welfare**, which facilitates the development of human capacity and self-reliance within a caring and enabling socio-economic environment.
- The Department’s aim to deliver integrated, sustainable and quality services, in partnership with all those committed to building a caring

society.

The Policy on Social Development Services to Persons with Disabilities recognizes that the WPRPD does not replace any sector specific policy and zooms into Pillar 2 protecting the rights of persons at risk of compounded marginalization as its particular niche, but also emphasizes disability mainstreaming by all programmes within DSD. It also serves as the framework for any legislation that may be required to give effect to this Policy.

CHAPTER 3: SITUATIONAL ANALYSIS AND PROBLEM STATEMENT

According to the 2011 Statistics South Africa's General Household Survey, 5.2% of South Africa's total population of 45.345 million were people with disabilities.



A further analysis of the total percentage of people with disabilities in the country reveals that:

- ✓ Percentage distribution of types of disabilities for persons over the age of 5 years is as follows:
 - Sight 6.7%
 - Hearing 1.8%
 - Walking 2.2%
 - Remembering 2.5%
 - Self-care 3.5%
 - Communication 0.9%
- ✓ Youth with disabilities comprise 13, 4 % of all people with disabilities aged 14 to 35 years of age.
- ✓ Women with disabilities constituted 5.4% of the disabled population, whilst males with disabilities comprise 5%;
- ✓ Northern Cape had the highest (10.2%) rate of disability in the country, followed by North West (7.7%), as well as Free State (6.7%).
- ✓ Black Africans had the highest rate (5.3%) of disability, followed by Whites (5.1%), Coloureds (4.5%) and Indians (3.4%).

While nationally, the percentage of disabled people over the age of 4 years increased by 5.7% in 2009 to 6.3% in 2010, before declining again to 5.2% in 2011, different provincial patterns emerged. The disability question used before 2009 shows similar provincial variations over time. This continued variation makes it very difficult to identify enduring patterns and inter-provincial differences, thus making an analysis of possible reasons impossible.

As at 6 February 2017, SASSA paid the following grant types to the respective beneficiaries throughout the country:

- ✓ 1.046 068 disability grants
- ✓ Care dependence grants to 141 012 persons caring for people with disabilities.

Kwa-Zulu Natal has the highest number of beneficiaries of disability grants (240 646), followed by Eastern Cape (180 586) and Western Cape (149 121). In terms of the Care dependence grants, there are 38 945 beneficiaries in Kwa-Zulu Natal, followed by Eastern Cape (21 894) and 17 935 in Gauteng.

The DSD's Strategy for the Integration of Services for Children with Disabilities (2009) states that a high number of children with disabilities do not receive care dependency grants, although they may be technically eligible through the financial means test.

The Commission for Employment Equity (CEE) is a statutory organisation established in terms of Section 28 of the Employment Equity Act (Act, No 55 of 1998). The CEE advises the Minister of Labour on the implementation of the Employment Equity Act. As part of fulfilling this task, the CEE produces an annual report on the attainment of employment equity targets and progress made in redressing employment inequalities in terms of race, gender, persons with disabilities; age, sexual orientation, health status, etc. Data provided by the CEE is based on reports by large employers (i.e. employers of 150 or more staff) and the country's Economically Active Population (EAP) which includes people from 15 to 65 years of age who are either employed or unemployed and seeking employment.

According to CEE's 2009-2010 Annual Report, only 40 830 of the EAP are

people with disabilities. People with disabilities comprise of only 0.9% of the country's EAP. This report is based on an analysis of 3369 reports received from employers. Only 260 of these employees are in top management positions and 704 hold senior management posts. The majority of the employed people with disabilities; i.e. 15 648 are in the semi-skilled and discretionary decision-making occupational category. People with disabilities occupy 8 960 jobs in the unskilled occupational category and a further 2049 are employed as non-permanent employees.

Further disaggregation of CEE's data in terms of race and gender of employed people with disabilities reveals that:

- 77% of the top managers are white and 23% are blacks. 7% are black females.
- Of the senior managers; 62% are whites and 38% are blacks. Black females constitute 12% of employees at this level.
- Blacks make up 94% of non-permanent employees and whites account for 6%. Black females make up 52%.
- The representation of black people with disabilities reflects no differently to the rest of the population in terms of race and gender, particularly from the lower management levels upwards.¹

Some of government's key achievements in realising and promoting the rights of people with disabilities are the:

- ✓ Creation of an enabling policy and legislative environment based on the social model of addressing disability issues;
- ✓ Election of some people with disabilities into political positions;
- ✓ Appointment of some people with disabilities into senior posts in the public service;
- ✓ Establishment of institutional level structures; and support to ensure mainstreaming of disability issues in the policies and programmes of all three spheres of government;
- ✓ Provision of disability grants to people with disabilities and care givers of children with disabilities;
- ✓ Provision of protective workshops and homes for people with severe disabilities;

¹ Commission for Employment Equity, Annual Report 2007-2008.

- ✓ Support to DPOs and NGOs to implement programmes that support people with disabilities;
- ✓ Provision of assistive devices including wheel chairs, hearing aids and spectacles through the public health system and through schools;
- ✓ Early detection through health programmes in schools and pre-schools;
- ✓ Support to schools of children with disabilities while at the same time introducing inclusive education for children with disabilities and support for educators to ensure this;
- ✓ Setting of a 2% target for employment of people with disabilities; and
- ✓ Various awareness raising interventions about the rights of people with disabilities.

It is clear from the above that South Africa has made significant strides in addressing the rights of people with disabilities. Incremental annual budget increases for disability grants; employment of people with disabilities in the private and public sector and the implementation of inclusive education all bear testimony to government's commitment to honouring the rights of people with disabilities.

Notwithstanding these achievements, income poverty amongst persons with disabilities remains a serious concern. The levels of unemployment amongst people with disabilities are unacceptably high.

This status quo regarding the overall economically active population of people with disabilities implies that the quality of life of South Africa's people with disabilities remain low with limited access to the basic, social and economic rights. Statistics that show access of people with disabilities, to social and basic rights such as housing, electricity and water are not available and is an area of research that has yet to be instituted. This lack of data on the provision of social development services suggests that the vast majority of people with disabilities continue to experience abject high levels of discrimination and deprivation.

Some of the key challenges that have to be addressed to ensure quantifiable but qualitative service delivery to people with disabilities are:

- Providing accessible housing, quality health care and inclusive education, with poverty impacting adversely to the implementation of government policies;
- developing and implementing innovative and targeted interventions to address the negative impact of poverty on people with disabilities;
- ensuring that family-focused intervention in order to address the special

needs of children, youth, women, the elderly and children with disabilities are catered for;

- promoting the integration of people with disabilities into family life in a way that promotes and supports people with disabilities and families as a whole to fulfil their requisite roles and responsibilities in society and ultimately make them catalysts of progress and national development;
- promoting, and where possible, enforcing the principle of universal design and barrier free access, by developing and implementing accessibility norms and standards;
- ensuring increased participation of people with disabilities in mainstream economic activities;
- conducting continuous research that provides information on the quality of life of people with disabilities; their integration into mainstream society and their active and equal participation in socio-economic activities.
- Converting disability policies into legislation/Act that will ensure compliance;
- amending any existing laws, regulations, policies, customs and practices that discriminate against people with disabilities;
- ensuring that disability is mainstreamed in government policies, legislation and programmes and that disability mainstreaming forms part of the performance contracts of senior public servants;
- adequately resourcing disability related programmes and projects, including of multi-disciplinary tasks teams involved in implementation.

This Policy, while acknowledging the significant gains made in respect of creating a better life for people with disabilities, is focused on addressing the afore-mentioned challenges, in order to ensure that the identified persistent inequalities are eradicated. Its aim is thus to ensure that the dignity and rights of all people with disabilities in South Africa is preserved and met, through the provision of relevant socio-economic programmes and services that ensure their inclusion.

CHAPTER 4: LEGISLATIVE AND POLICY FRAMEWORK

This Policy is informed by and aligned to a wide range of national policies, legislation and international instruments that address disability issues, inclusive of the following:

International Obligations

International Instrument	Objectives and relevance to disability
Plan of Action on the African Decade for Disabled People (1999)	Promotes awareness and commitment to full participation, equality and empowerment of people with disabilities in social and economic development programmes including national poverty reduction strategies in the African Continent.
United Nations Convention on the Rights of the Child	Addresses basic human rights of children namely; survival, develop to the fullest; protection from harmful influences, abuse and exploitation and to participate fully in family, cultural and social life.
United Nations Convention on the Rights of Persons with Disabilities	Promotes, protect and ensures the full and equal enjoyment of all human rights and fundamental freedom by all people with disabilities and to promote their inherent dignity.
World Programme of Action Concerning Disabled Persons	Promotes effective measures for prevention of disability, rehabilitation and the realisation of the goals of “full participation” of persons with disabilities in social life and development and of “equality”, affording them to same rights as all other human rights and to equal opportunities.

National Legislation

Legislation	Objectives and relevance to Disability
The Constitution of the Republic of South Africa Act, 108 of 1996	The Constitution contains a Bill of Rights and guarantees the fundamental human rights and equality of all citizens, including persons with disabilities.
Department of Social Development	

Legislation	Objectives and relevance to Disability
Children's Act (No 38 of 2005)	Provides a legal framework for the realization of every child's rights, including children with disabilities to social services, parental care, family care or special care, including appropriate alternative care and protection from abuse and neglect.
Probation Services Amendment Act No 35 of 2002	Mandates assessment of arrested children and makes provision for programmes and specialized assistance aimed at prevention and combating of crime.
Prevention of, and Treatment of Substance Abuse Act No 70 of 2008	Provides for programmes for the prevention, early intervention, treatment and re-integration and after care services, including community based services and those provided in treatment centres, to deter the onset of and mitigate the impact of substance abuse.
Non-Profit Organizations Act No 71 of 1997	Establishes an administrative and regulatory framework within non-profit organizations can conduct their affairs through adequate standards of governance, transparency and accountability.
Older Persons Act No 13 of 2006	Makes provision for maintenance and promoting the status, well-being, safety and security of older persons, protecting their rights of older persons and combating abuse.
Social Assistance Act, No 13 of 2004	Provides for qualifying people with disabilities and their carers to receive care dependency grant, disability grant and grant in aid.
Social Services Profession Act, No 110 of 1978	Provides for regulation of social service professions and sets out Code of Conduct and standards for training and education social service and related professionals.
White Paper on the Rights of Persons with Disabilities	Provides a broad outline of responsibilities and accountabilities of the various stakeholders, including an oversight function to national departments in ensuring the provision of barrier-free, appropriate, effective, efficient and coordinated service delivery to persons with disabilities.
Health	
The Mental Health Care Act, 17 of 2002	Provides for the care, treatment, habilitation and rehabilitation of persons with mental disabilities, including voluntary, assisted and involuntary mental health care.

Legislation	Objectives and relevance to Disability
National Health Act, No 61 of 2003	Obligates the state to take reasonable legislative and other measures to progressively achieve the right of access to health care services, and reproductive health care, within its available resources. This applies to people with and those without disabilities.
Education	
National Education Policy Act, No 27 of 1996	Deals with regulation for the following broad levels of education namely, general education and training (grade 1 to 9), further education and training (grade 10 to 12) and higher education (after grade 12).
South African Schools Act, No 84 of 1996	Provide a uniform system for the organization, governance and funding of schools to amend and repeal certain laws relating to schools and to provide matters connected therewith.
Adult Basic Education and Training Act, No 52 of 2000	Regulates and provides for quality assurance and quality promotion in adult education and training. This act is particularly relevant to address high illiteracy rate of persons with disabilities.
White Paper 6 on Special Needs Education: Building and Inclusive Education and Training System of 2001	Provides a framework for an inclusive education and training system through identification, assessment, intensive support, and incorporation of learners with disabilities into special, full-service and ordinary schools.
Policy on Screening, Identification, Assessment and Support of 2014	Provides direction for how learners with additional support needs should be identified and assessed with a view to providing appropriate support services in an integrated and inclusive way at a school closest to where the learner lives. The Policy includes a protocol for how to determine where the support should be provided and who is eligible for admission to a special school or special setting.
Labour	

Legislation	Objectives and relevance to Disability
Skills Development Act, No 31 of 2003	Provides learnership courses to develop the skills of the South African workforce. The act is intended to increase the levels of investment in education and training and to improve employment prospects for persons who have been previously disadvantaged.
Compensation for Occupational Injuries and Diseases Act, No 130 of 1993.	Provides for compensation for disablement or death caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment.
Employment Equity Act, No 55 of 1998.	Determines employment equity quotas as they apply to the employment of persons with disabilities in the private and public sector.
The Promotion of Equality and Prevention of Unfair Discrimination Act, No 4 of 2000	Seeks to prevent and prohibit unfair discrimination and harassment, to promote equality and eliminate unfair discrimination with disability given as a designated category.
Housing	
Housing Act, No 107 of 1997	Stipulates prioritizing needs of the poor for housing development that provides as wide a choice of housing and tenure options as is reasonably possible, meeting the special needs of persons with disabilities.
Public Works	
National Building Regulations and Building Standards , 103 of 1977	Presents the specifications of accessible buildings but makes no reference to the constitutional rights of people with disability to equal access. The regulations do not include sufficient specific definition to ensure the rights of people with different kinds of disabilities to equal access.
Transport	
National Land Transport Transition Act, No 22 of 2000 Road Accident Fund Act, No 56 of 1996	Provides for transformation and restructuring of the national land transport system, with consideration given to the needs of special categories of passengers through provision of mainstream public transport. Provides for the establishment and management of a road accident fund and matters connected therewith. This is particularly for compensation of for hospitalisation and/ or treatment injuries, as well as loss of income as a result of disability, where applicable.

Legislation	Objectives and relevance to Disability
Treasury	
Preferential Procurement Policy Framework Act, No 5 of 2000	Provides a framework indicating that preference for procurement should be given to people with disabilities, as a category of historically disadvantaged individuals who experienced unfair discrimination.
Inter-governmental Relations	
International-Governmental Relations Framework Act, No 13 of 2005	Establishes a framework for the National, Provincial and Local Governments to promote and facilitate Inter-Governmental relations through co-operative governance in the implementation of legislation and policy.

Policies: Department of Social Development

Policies	Objectives and relevance to disability
Policy on Disability	Provides for integrated social developmental services, namely; social security, social welfare and community development to persons with disabilities through disability mainstreaming and integration within its development practices.
Policy on the Management and Transformation of Protective Workshops	Provides for transformation, effective and efficient management of protective workshops and improvement of socio-economic conditions of persons with disabilities, providing them with employment opportunities.
Policy on Residential Facilities to Persons with Disabilities	Makes provision for quality residential care services and assisted living program for people with disabilities, who are unable to live independently, making provision for ultimate re-integration back to the community, where possible.
Policy on Provision of Social Rehabilitation Services to People with Disabilities	Guides provision of an integrated social rehabilitation services that maximises the individual's independence, self-sufficiency and socio-economic inclusion,
Strategy for the Integration of Services to Children with Disabilities	Guide an implementation of efficient and effective services to children with disabilities through inter-sectoral collaboration between government departments, in order to enable them to achieve independent functioning and enjoyment of a full and decent quality of life.

National Integrated Early Childhood Development Policy	Makes provision for universal availability of, and equitable access to, early childhood development services through a national integrated system.
Norms and Standards for Developmental Social Welfare Services	Promotes standardisation of services to all beneficiaries and stipulates measures for compliance by all role players. Disabilities have been interpreted in all norms and standards in order to promote mainstreaming of persons with disabilities.
The Framework for Social Welfare Services	Promotes for delivery of integrated and generic basket of social welfare services in the sector through application of multi-methods of intervention, based on the developmental approach according to the different life stages. Special needs of persons with disabilities are recognized.

CHAPTER 5: PURPOSE AND SCOPE OF THE POLICY

5.1 Purpose

The purpose of this policy is to guide provinces in the development, implementation and coordination of accessible, equitable and mainstreamed social development services, in order to improve the quality of life of persons with disabilities.

In summary, the purpose of the Policy is to:

- 1. To co-ordinate the provision of mainstreamed and specialized (disability-specific intervention) social development services to persons with disabilities, taking cognizance of their distinct needs and vulnerability.*
- 2. Guide provinces in the development, implementation and coordination of accessible, equitable & mainstreamed social development services, in order to improve the quality of life of persons with disabilities.*
- 3. Guide the provinces and key stakeholders in the promotion, prevention and protection of the rights of persons with disabilities in community-based services, including residential facilities.*
- 4. Provide a guide for the establishment, running, good governance and management practices of residential facilities, in order to protect and promote the rights of persons with disabilities in these facilities.*
- 5. Provide the framework for the development of a National Act on the provision of social development services to persons with disabilities.*
- 6. Align the contents of this Policy with the commitments of the UN Convention on the Rights of Persons with Disabilities, overarching White Paper on the Rights of Persons with Disabilities & White Paper on Social Welfare.*
- 7. Recognise the importance and role of various stakeholders in the provision of social development services to persons with disabilities.*
- 8. Provide a framework for the development of minimum norms and standards for the delivery of social development services to persons with disabilities.*
- 9. Provide a framework against which South Africa can monitor and evaluate its delivery of mainstreamed social development services to persons with disabilities.*
- 10. Consolidate all existing DSD social development policies on persons with*

disabilities.

5.2 Scope

The Policy details DSD's vision and goal in terms of the following disability specific and mainstream services to persons with disabilities in terms of its constitutional mandate:-

- Community development programmes through community-based rehabilitation services, poverty alleviation and sustainable livelihood, amongst others;
- Social integration and cohesion;
- Family preservation;
- Care and protection of vulnerable groups (children, youth, women and older persons with disabilities);
- Prevention, care and support programmes on substance abuse;
- Prevention, care and support for mental and social health/wellness;
- Crime prevention;
- Victim empowerment;
- Prevention, care and support of those infected and affected by HIV and AIDS;
- Comprehensive social security.

The policy explains the key principles underpinning the Policy and the strategic objectives that will allow for attainment of the vision and mission. The approach to delivering social development services to persons with disabilities, the "theoretical;" basis for this approach and how implementation and impact will be monitored and evaluated is comprehensively outlined in the Policy. This Policy applies to:

- All public service employees and officials within DSD that are responsible for providing social development services to all South Africans.
- All public service employees in complementary line function departments, in all spheres of government, that are involved in the delivery of socio-economic services to persons with disabilities; and in ensuring that disability is mainstreamed into all government programmes and budgets.
- All private sector institutions that, through their corporate social investment programmes or other such programmes; support the delivery of social development services to persons with disabilities.
- All NGOs, DPOs and other such organisations of civil society that are involved in the delivery of social development services to persons with

disabilities.

The Directorate: Services to Persons with Disabilities at the National DSD Office and the Provincial Disability Co-ordinators at provincial DSD offices are primarily responsible for guiding, co-ordinating and ensuring implementation of this Policy and for the reporting and accounting thereof. All other Directorates of DSD are responsible for mainstreaming social development services to persons with disabilities as per their target sector in their programmes, plans and budgets. For example, the Chief Directorate: Children in the DSD is responsible for ensuring that it includes children with disabilities as beneficiaries of their programmes and projects.

PART TWO: VISION, MISSION, OBJECTIVES, AND PRINCIPLES

CHAPTER 6: VISION, MISSION, STRATEGIC OBJECTIVES AND PRINCIPLES

6.1 Vision

The Vision of this Policy is:

“An equitable and caring society that fully includes persons with disabilities”

The vision combines the intent of the following visions and purpose:

- “A welfare system, which facilitates the development of human capacity and self-reliance within a caring and enabling socio-economic environment” from the White Paper on Social Welfare (1997); and
- “Promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” from the UN Convention on the Rights of Persons with Disabilities (2007).

The Vision of this Policy also reflects the Mission of DSD which is “To transform our society by building conscious and capable citizens through provision of integrated social development services.

6.2 Mission

The mission of this Policy is:

“To protect persons with disabilities from vulnerability and poverty through the provision of integrated and comprehensive social development services”

The mission of the policy is informed by the constitutional mandate of DSD to develop anti-poverty policies, strategies and programmes to create a better life for all and fully include the poor, marginalised and vulnerable groups in society. DSD's does this through the provision of social development services that are responsive to the rights and needs of their target group.

The mission is also in line with the mission articulated in the White Paper on the Rights of Persons with Disabilities which is an “Inclusive and Equitable Policy on Social Development Services to Persons with Disabilities

Socio-Economic Development”.

6.3 Strategic Policy Objectives and outcomes

The premise adopted is that the vulnerability of persons with disabilities requires the designing of programmes that address inter-alia age-dependent situations of children, youth, adults and older persons and disability specific needs taking into consideration the different geographical and socio-economic settings. The strategic objectives of this policy and the envisaged outcomes are discussed below:-

- a) **Objective 1:** Support independent functioning and promote self-reliance and dignity amongst persons with disabilities.

Outcomes:

- Enhanced and accessible social services contributing to the independent living of persons with disabilities.
- Improved access to community-based rehabilitation and support services.
- Empowered and knowledgeable persons with disabilities, families and communities about **rights and responsibilities of persons with disabilities**.
- Cohesive communities resulting in reduced barriers and discrimination towards persons with disabilities.

- b) **Objective 2:** Promote the development and implementation of mainstreamed and disability specific interventions, as well as support services to children and persons with disabilities.

Outcomes:

- Increased knowledge about disability leading to **inclusion and integration** of disability considerations (policy, budget and programmatic interventions) into social services.
- Improved inclusion, integration and participation of persons with disabilities in policy development, programme design, budgeting, programme implementation and reporting.
- Improved access to psycho-social programmes, focusing on functionality and needs of persons with disabilities.
- Improved knowledge, skills and understanding of socio-economic

programmes for persons with disabilities.

- Strengthened parental structures through support and empowerment programmes.

c) **Objective 3:** Promote the empowerment of Organisations (DSOs & DPOs) on the development, implementation & monitoring of disability specific services.

Outcomes:

- Improved, well-resourced and standardized social services protecting rights of persons with disabilities.
- Enhanced support towards implementation of social services within available resources.
- Optimal service delivery by funded non-profit organizations in line with mandate of social development.
- Well established partnerships between NGOs and DPOs implementing social development services.

d) **Objective 4:** To improve knowledge & skills of parents, caregivers, social service practitioners and state machinery on social services to persons with disabilities.

Outcomes:

- Parents, families, caregivers and social service practitioners equipped with skills and knowledge on social services to persons with disabilities.
- Improved service delivery to persons with disabilities and their families.

e) **Objective 5:** Improve levels and types of social development services to persons with disabilities through the following:

- Awareness raising and advocacy programmes;
- Development of minimum norms and standards;
- Conducting research, monitoring and evaluation systems.

Outcomes:

- Enhanced service delivery to persons with disabilities, their families

and communities.

- Improved compliance to policies, legislation and procedure guidelines.
- Evidence-based and informed policies and programmes.
- Development of best practice/ good practice models.
- Strengthened monitoring and evaluation system informing policy, legislation and programme priorities.
- Improved identification of gaps and weaknesses on policy, legislation and programme priorities.
- Improved planning, prioritization, allocation and management of resources.

The successful implementation of these objectives is depended on proper support and resource allocation, intersectoral collaboration, capacity building and skills development of roleplayers, removal of barriers and accessibility of services.

6.4 Principles

Human Rights

The human rights of persons with disabilities should be recognized, promoted and protected through inter-alia:

- Acknowledging their inherent dignity, worth, equality and independence.
- Guaranteeing all their rights and freedoms, without any discrimination.
- Accommodating their diversity in terms of their special needs, culture, religion and language.

• **Mainstreaming**

Disability mainstreaming requires that priorities and requirements of persons with disabilities should be considered in all legislative, policy, planning, budgeting, programme implementation, as well monitoring and evaluation activities.

• **Empowerment**

This principle addresses two critical areas of empowerment, namely,

- Empowering persons with disabilities and their families through

providing, for example, opportunities to use and build their own capacity and support networks.

- Empowering all role-players to provide appropriate social welfare services to persons with disabilities.

It is best achieved through applying the principles of self-determination, self-representation, self-respect and self-sufficiency, as described below.

- **Self Determination and Self Representation**

- Person with disabilities and organisations that work with persons with disabilities should represent themselves in decision-making processes and structures that affect them.
- In situations where persons with disabilities cannot represent themselves, they have the right to choose/nominate a family member or caregiver to represent them.

- **Accessibility**

This principle involves the following:

- Enabling persons with different types of disabilities to live independently and to participate fully in all aspects of life, and
- Dismantling of barriers that hinder the effective enjoyment of all rights of persons with disabilities.

- **Access to appropriate services**

This principle speaks to the need for social welfare services to be appropriate, specific, relevant and responsive to the type or category of disability that one is addressing. Examples for applying this principle include:

- a person who is Deaf/ lives with a hearing impairment needs sign language interpreters or hearing devices to hear/listen;
- provision of sign language training for family members of a person who is deaf/ has a hearing impairment;
- ramps and wider door space for a person who uses a wheelchair in order to gain access to buildings;
- printing application forms for grants in Braille for use by people who are blind/ have sight impairments, etc.

- **Family Support Systems**

There are different types of families in South Africa which are products of various cultures and social contexts just as there are different types of disabilities with different needs. Families also have inherent capacities and strengths that sustain them in times of prosperity, as well as adversity. Some examples for building family support include:

- 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 the family.

- **Community and Other Support Systems**

- Vibrant, well-functioning, and socially cohesive communities are an integral part of the society and the active participation of, and inclusion of persons with disabilities into all aspects of community life is important.
- Other support systems include Disabled People's Organisations (DPOs), Non-Governmental Organisations that work with issues of disability and social services, Community Based Organisations (CBOs), social workers, medical and psychological health practitioners and members of the broader community.

- **Social Integration**

Social integration of persons with disabilities requires an integrated response that involves a number of inter-related role-players. Some examples of entry points for applying this principle include the following:

- 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.
- ensuring that through collaboration with the Department of Basic Education, the social integration of children of school-going age is facilitated through the provision of a range of integrated support services.

- **Inter-sectoral Collaboration**

Service delivery requires collaboration between the government departments, including Social Development, Health, Education, Labour, Human Settlement and the disability sector.

- **Equitable Resource Allocation**

- Responding to the needs of persons with disabilities and providing social welfare services requires resource (human and financial) commitments.
- Concepts of barrier free access, universal design and mainstreaming does in the long term minimise the amount of resources required.
- The mainstreaming approach to disability requires that all financial/budget implications associated with meeting the needs of persons with disabilities is factored into the overall and main budget.

- **Inclusion**

This principle speaks to providing accessible, barrier-free physical and social environment, as well as access to information and communication.

PART THREE: FRAMEWORK FOR IMPLEMENTATION

CHAPTER 7: APPROACH TO DELIVERING SOCIAL DEVELOPMENT SERVICES TO PERSONS WITH DISABILITIES

In addition to the DSD's three main programme areas (social security, social welfare services and community development), provision of social development services further informed by three fundamental principles of addressing disability: - social model, a rights-based approach and mainstreaming. DSD's approach is also in line with the White Paper on the Rights of Persons with Disabilities (WPRPD). Each of these is described below: -

7.1 Service Delivery Interventions

- The Disability Welfare Policy is anchored on the White Paper on the Rights of Persons with Disabilities (WPRPD). WPRPD seeks to domesticate the implementation of the UN Convention on the Rights of Persons with Disabilities. The Social Development Policy addresses programmatic issues to protect the rights of persons, amongst others.
- The White Paper on Social Welfare forms the basis for a policy framework and provides the framework for the transformation and restructuring of social welfare services through inter-alia the following:
 - A developmental approach to social development services rendered through collaborative and intersectoral partnerships.
 - Strengthening family life in order to guide and inform programme implementation.
 - Creating a balance between developmental, preventative, protective and rehabilitative interventions.
 - Equitable and sustainable financing of social development services.
- The DSD's programmes are delivered through four main levels of service delivery interventions aimed at preventing, identifying at an early stage, safeguarding and regaining social well-being of individuals, families, groups, organizations, communities and societies. The four service delivery levels are:
 - 🚦 prevention;
 - 🚦 early intervention (non-statutory);
 - 🚦 statutory Intervention / residential / alternative care; and
 - 🚦 reunification and after-care.

These levels, which often overlap, are equally relevant to disability mainstreaming and discussed below:-

Prevention Services are aimed at strengthening and building the capacity and self-reliance of service recipients, while addressing individual, environmental and societal factors that negatively impact on social wellbeing. The focus is thus on preventing development to risk or problem levels.

Early Intervention (non-statutory) Services are developmental and therapeutic. They ensure that those identified as being at risk are assisted before they require statutory services, more intensive intervention or placement in alternative care. The focus is on limiting of risks and problems that negatively impact on social well-being.

Statutory Intervention/ Residential/ Alternative Care Services strengthen and support individuals that are no longer able to function adequately in their communities. In other words, their quality of life and/ or social functioning is compromised. The interventions may include removing the person from their normal place of abode to alternative care or a residential facility, to prevent secondary abuse. The aim of these services is to safeguard the wellbeing of service recipients.

Reunification and Aftercare Services are 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 is on reintegration and support services to facilitate self-reliance, optimal and independent social functioning.

7.2 The Social Model

The social model focuses on abilities of persons with disabilities and has the following key features:

- An acknowledgement that the social contexts within which persons with disabilities live impacts on their full participation, inclusion and acceptance into mainstream society.
- Respecting their inabilities and aiming to address the social barriers that result in discrimination.
- Promoting broader systemic and attitude changes in society.
- Promoting mainstreaming of disability.
- Reinforcing the importance of persons with disabilities being part of

transformation processes to improve the quality of their lives.

7.3 The Human Rights-Based Approach

- A **rights-based approach** refers to the provision of all human and socio-economic rights, including the right to social assistance and anti-poverty strategies enshrined in the country's Constitution.
- It provides a set of performance standards against which governments and other actors can be held accountable.
- It reinforces commitment, participation and mainstreaming of human rights as the central core in the formulation, implementation, review and monitoring and evaluation of policies and programmes.
- The rights based approach emphasizes social justice, a minimum standard of living, equitable access, equal opportunity to services and benefits, and a commitment to meeting the needs of all South Africans with a special emphasis on the needs of the most disadvantaged.
- Persons with disabilities generally experience higher levels of abuse of their human rights than able-bodied persons. The abuse takes forms such as unjustified or involuntary institutionalization; sexual abuse; forced sterilization; social exclusion and lack of ownership rights in terms of property.
- In addition to the UN Convention on the Rights of Persons with Disabilities, South Africa has a wide array of legislation that protects the human rights of persons with disabilities.

7.4 Mainstreaming Disability

- Mainstreaming requires an assessment of the implications of any planned actions (i.e. policies, legislation and programmes) and budgeting for persons with disabilities.
- Through this process, persons with disabilities are automatically listed as one of the target group of a policy or programme or project. All direct and indirect aspects, as well as the causes and effects of disability are addressed allowing for the development of a long-term, holistic and more sustainable solution.
- The approach further locates disability as a norm rather than an exception in all policies, programmes and budgets.
- Mainstreaming fundamentally changes prejudicial mindsets and applies

the concept of universal design technologies and equipment.

- It ensures that disability issues are moved from the periphery into the mainstream and that the implications of decisions on persons with disabilities are assessed at all times.
- The special needs of persons with disabilities are addressed as an inherent part of budget allocations, the development and implementation of policies and programmes. Thus inequality is eliminated.

Effective mainstreaming requires:

- Co-operation and collaboration by a number of role-players within and across government as well as with other sectors of society.
- Clearly defined roles and responsibilities of each role-player.
- Having a good understanding of the specific, inter-related and inter-linked roles and responsibilities of each role player or sector involved.
- Having a comprehensive understanding of the key tasks that have to be undertaken in order to ensure efficient and effective implementation.

CHAPTER 8: POLICY STRATEGY FOR IMPLEMENTATION

The DSD will facilitate the delivery of social development services to persons with disabilities against the five strategic objectives of this Policy. All the objectives fall within the ambit of the mandate, roles and responsibilities of the Department. The objectives also address some of the key challenges that hinder delivery of social development services to persons with disabilities. Transversal issues of women, children, youth, the elderly and HIV and AIDS are reflected in each of the strategic objectives. The Department, including the Directorate: Disability will ensure that the Department's Integrated Service Delivery Model; the social model and a human rights-based approach are consistently applied in all its interventions.

The strategic focus areas against the objectives discussed in Chapter 6 are reflected below giving programmes that would address the needs of persons with disabilities: -

8.1 Provision of programmes enhancing independent living for persons with disabilities

Independent Living is aimed at recognizing and optimizing residual ability through the coordination of all available resources and the application of skills thereby contributing towards the independent functioning of the person within society. These services include inter-alia:

- community-based rehabilitation and support services;
- awareness and advocacy programmes.

8.2 Provision of mainstreamed and disability specific interventions

8.2.1 Mainstreamed services

8.2.1.1 This policy seeks **to increase the number** of children, youth, adults, women and older persons with disabilities **accessing mainstreamed and integrated community-based services and alternative care placements**, so that they can benefit equally from services provided to their peers.

8.2.1.2 Mainstream services include all DSD programmes, including sinter-alia:

- services to children, youth, adults and older persons with

disabilities;

- victim empowerment programmes;
- HIV and AIDS prevention and treatment programmes;
- substance abuse prevention and treatment programmes;
- socio-economic programmes;
- poverty alleviation programmes, etc.

8.2.1.3 Cognisance should be taken of **chronological versus developmental age** and taking into consideration **the functional capacity of each person with a disability**, when accessing services such as partial care, etc.

8.2.2 Provision of disability specific intervention and support services

8.2.2.1 These services focus on **individual developmental programmes** informed by multi-sectoral **assessment, language and communication development, assistive devices and technology and therapy** to improve independence and social integration of persons with disabilities, as well as parent empowerment programmes.

8.2.2.2 Disability specific intervention and support services are aimed at giving **decentralised need based care attendant services**, support to parents and primary care-givers with information on the full range of options available, and ensuring that they have access to peer and parent support and empowerment programmes.

8.2.2.3 These are community-based programmes or through residential care/ independent living facilities/ assisted living requiring partnership with key departments.

8.2.2.4 The realisation of these services requires the provision of the following services:

8.2.2.4.1 Development of psycho-social support programmes and individual developmental programmes.

8.2.2.4.2 Development of parents' empowerment and support programmes.

8.2.2.4.3 Development of therapeutic programmes to improve independence and social integration.

8.2.2.4.4 Development measures to protect mental health of persons with

disabilities.

8.2.2.4.5 Designing a plan for mitigating family responsibilities in terms of caring and supporting children with disabilities and their families.

8.2.2.4.6 Accelerate access to integrated disability information, including information on parental counselling and peer-support services, respite care services, therapeutic, educational and economic programmes.

8.3 Support and empowerment of practitioners, Disability Service Organizations and Disabled People Organizations) on social services and programmes.

The programme seeks to achieve the following:

- guide the country's response to facilitate transformation and redirection of social development services and resources;
- ensure effective and efficient services to the poor and vulnerable sectors of the society;
- to guide the country's response to the **financing of service providers** in the social development sector.

8.3.1 This will be provided through the following:

8.3.1.1 Identification, research and upscale good practice projects.

8.3.1.2 Establishing partnerships between NGOs and DPOs for programme implementation.

8.3.1.3 Improving resourcing mechanisms for NGOs to deliver on standardized services and develop norms and standards for services to persons with disabilities.

8.3.1.4 Resourcing, skills transfer, capacity building and mentorship to address governance (administration and financial control).

8.4 Improvement of knowledge and skills of parents, families, caregivers and social service practitioners and volunteers on social services to persons with disabilities.

These services are aimed at strengthening, empowering and building the capacity and self-reliance of parents, families, caregivers, volunteers, Social

Workers, Social Auxiliary Workers, Community Work Practitioners, Child and Youth Care Workers, etc. Capacity building and training targeting parents, families, caregivers, social service practitioners and volunteers will take undertaken to achieve the following:

- Equipment with skills and knowledge on social services to persons with disabilities.
- In-depth understanding, knowledge and experience of mainstreaming leading to inclusion, social cohesion and integration of disability considerations (policy, budgeting and programmatic interventions).
- Empowerment on disability and management thereof, as well as advocating for the rights of persons with disabilities.

8.5 Improvement of social development services will be achieved through the following :

8.5.1 Awareness and advocacy programmes

The programme seeks to empower social service practitioners, persons with disabilities, families, caregivers and communities about their rights and responsibilities on disability welfare services. It also enables social service practitioners to advocate on services to persons with disabilities. This programme will be provided through the following:

8.5.1.1 Public awareness and education on rights and responsibilities of persons with disabilities.

8.5.1.2 Advocacy programme towards independence and self-advocacy, targeting social service practitioners and the disability sector, in conjunction with other departments.

8.5.2 Development of norms and standards on social development services

8.5.2.1 Norms and standards act as a benchmark for effective and efficient service delivery for persons with disabilities. They also guide and create uniformity, as well as standardization of services, promoting the quality of service. The following activities will be undertaken pertaining to the development of norms and standards: -

8.5.2.2 Develop and facilitate the implementation of differentiated norms and standards on community-based services and residential

facilities, in order to enforce compliance.

8.5.3 Research, quality assurance and strengthened monitoring and evaluation system

Research, quality assurance and safety of social development services will be ensured through the following activities:

8.5.3.1 Developing a national research agenda based on identified priority areas.

8.5.3.2 Developing best practice models on community-based services, including rehabilitation services.

8.5.3.3 Developing a quality assurance system & a framework for routine periodic monitoring and evaluation on disability welfare services.

CHAPTER 9: INSTITUTIONAL STRUCTURES, ROLES AND RESPONSIBILITIES

9.1 Institutional Structures

- The provision of integrated and holistic developmental welfare services to persons with disabilities is premised on strong and consistent inter-sectoral collaboration and co-ordination; as well as number of separate but inter-linked tasks and activities.
- The three spheres of government of the country are committed to the principles of participatory and developmental governance which necessitate consistent and structured communication, interaction and partnerships with all sectors of society.
- DSD will establish the institutional structures necessary for ensuring that implementation happens in a holistic and integrated manner and involves all role-players. The focus of these structures will be co-ordination and collaboration, which has the additional benefits of ensuring that limited resources are not wasted, work is not duplicated and that there are no gaps in what needs to be done during the implementation process.
- DSD will establish two main types of structures with the following roles:
 - i) primary management and implementation role and ii) supportive and advisory role. The members of each structure will be determined by the role and responsibilities of various sectors and role-players.

All structures will be guided by the principles of:

- Collaboration;
- Empowerment;
- Ownership;
- Coherence;
- Shared commitment; and
- Equal partnership.

All structures comprising of government representatives from all three spheres of government will be bound to the principles of co-operative governance and inter-governmental relations outlined in Chapter 3, Section 41 of the Constitution of the Republic of South Africa (Act 108 of 1996).

9.1.1 Management and Implementation Structures

Management and implementation structures are responsible for facilitation, organizing and supervising the implementation processes; thereby providing day-to-day administrative and operational support. Thus the management responsibility, inclusive of providing strategic leadership and oversight lies mainly with department officials. These structures could be set up as formal permanent and/or ad-hoc and/or short term structures that hold regular meetings, etc. The main responsibilities of these structures are to:

- Plan, organize and supervise implementation processes;
- Ensure that plans are developed, mainstreamed into current welfare programmes and are subsequently implemented;
- Provide day-to-day management; administrative and operational guidance and support;
- Monitor and evaluate the implementation and impact of policies and programmes;
- Identify areas of co-ordination and integration for role-players. These may serve as some of the indicators for monitoring and evaluation implementation;
- Deal with any problems that may arise timeously to avoid delays in implementation;
- Set up partnerships and working teams. Develop the terms of reference and oversee any formal contractual issues related to this. The collaborative partnerships have to be formalized, in order to ensure that all partners respect and adhere to their specific roles.

Structures at national level

Examples of structures at national level include:

- The National Disability Forum comprising of national and provincial DSD Disability Coordinators, whose functions is to develop and facilitate the implementation of social development policy, as well as identify gaps in service delivery and strategies to address those gaps, amongst others. Provision is also made for adhoc multi-sectoral forum where the disability sector and key government departments such as Education, Health and Local Government, etc could participate, when necessary.
- Welfare Services Forum, comprises of national and provincial DSD executive management, focusing on strategic and management

functions regarding policy implementation and service delivery to the vulnerable, including persons with disabilities.

Structures at provincial level

- There are Disability Forums, comprising of representatives from the disability sector and organizations of persons with disabilities, key government departments, namely health, education, social development, local government, etc. There is also provision for multi-sectoral forum where other stakeholders such as business, etc can also participate when necessary.
- There are also provincial Forums on Protective Workshops to strengthen communication between DSD and protective workshops, as well as within protective workshops themselves, sharing information and addressing common issues of interest as a sector.

Structures at local level

There are also local Disability Forums that operate on the same basis as the provincial forums, in order to replicate the provincial structure. The local level also can send a representative to the provincial structure and/ or forward their issues to the Provincial Structure for intervention.

9.1.2 Support Structures

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

The main responsibilities of support structures are:

- Facilitate integration and support through training, project planning and review meetings, amongst others.
- Assist and advise in the development and mainstreaming of the provision of services to people with disabilities.

Structures at national level

- Directorate: Services to People with Disability facilitates mainstreaming of disability throughout DSD. The Directorate plays this role through inter-alia, identifying gaps and challenges experienced by line and support functions, developing and monitoring implementation of guidelines for disability mainstreaming, etc.
- Mainstreaming Forum is aimed at promoting mainstreaming disability across line and support functions within the DSD.
- There are several ad-hoc structures that are established by the Policy on Social Development Services to Persons with Disabilities

Directorate for specific strategic areas such as Children, Protective Workshops, etc. Key government departments and the disability sector are identified for this purpose.

- Monitoring and Evaluation (M & E) Forum comprises of national and provincial M & E focal persons from DSD. The inclusion and understanding of disability mainstreaming and performance indicators are critical for the improvement of the sector performance.

Structures at provincial level

- Mainstreaming Forums operate on the same basis as the national forums promoting disability mainstreaming across line and support functions within the DSD.

Structures at local level

- Mainstreaming Forums operate on the same basis as the provincial forum.

9.2 Roles and Responsibilities

The delivery of social development services is clearly the mandate of DSD. However, the structure of government with its various line function departments and its three spheres of government, results in a shared and collective responsibility amongst all departments and spheres of government for community development and implementing a developmental approach to delivering services. The implementation of the disability welfare policy requires an inter-sectoral, intra and inter-departmental collaboration to ensure an integrated, coordinated and holistic implementation of social development services. Key complementary departments involved in the implementation of welfare services are the Departments of Social Development, Health, Education, Transport, Housing, Sports and Recreation (including Arts and Culture); Police Services and Correctional Services. Some of the service providers that are important role players are Institutions of Higher Learning, Research Institutions, DPOs, CBOs, NGOs and FBOs. The specific roles and responsibility of role-players are discussed below:

9.2.1 The Minister of Social Development

The Minister of Social Development, as the political head of the department, politically and strategically guides DSD officials on the provision of social development services. The Minister serves as the custodian and principal champion of ensuring that welfare services to persons with disabilities remain high on the agenda of government and Cabinet.

The specific responsibilities of the Minister are:

- ensuring the Director-General and other senior and middle managers mainstream disability in the policies, programmes and budget of DSD;
- reporting and accounting to Cabinet, Cabinet sub-committees and National Parliament and any other statutory structure, on the delivery of social development services to persons with disabilities;
- tabling and overseeing the adoption of policies and legislation, by government regarding delivery of social development services to persons with disabilities;
- Liaison with other relevant line function Ministers;
- Ensuring that the provision of social development services are on the agenda of all relevant inter-governmental structures and meetings, such as MinMEC;
- Ensuring the establishment of any political, administrative or multi-stakeholder structures that may be required to deliver integrated, holistic and comprehensive social development services to persons with disabilities, and
- Engaging with National Treasury for adequate resources to achieve the vision, mission and objectives set out in this Policy.

9.2.2 Department of Social Development

The mandate for the delivery of welfare services to persons with disabilities lies with DSD. In terms of its mandate, DSD is responsible for creating the necessary policy and legislative environment required for the provision of social development services to persons with disabilities through addressing the following priorities:

- Providing social development services through the formulation and facilitation of the implementation of policies, norms and standards, as well as best practice models;
- Providing community development services to empower, caring for and protecting the poor and vulnerable groups;
- Strengthening families and communities;
- Transforming social relations, with a specific focus mainstreaming the provision of socio-economic services;
- Managing social security services which comprises of social assistance and social insurance;

- Strengthening institutional capacity to deliver quality services

Additionally, DSD serves as the lead or primary department in respect of the provision of disability grants, personal assistance services, residential facilities, habilitation and rehabilitation services (including community based services); as well as effective functioning of protective workshops. DSD is also obligated to deliver community development services such as empowerment and awareness raising on disability. The roles of a lead or primary department are defined as primary roles which mean that the roles are mandatory to the department. Primary roles distinguish the department from other departments.

DSD also has a secondary or complementary role to play in the delivery of other services to persons with disabilities, through programmes that support the objectives of the Disability Rights Policy and the UN Disability Convention. These roles include provision of transport and of assistive devices; promoting employment opportunities; facilitating access to inclusive education, medical rehabilitation and economic empowerment services to persons with disabilities. In terms of its secondary role, DSD is not the key implementer, but has to support and facilitate implementation by the responsible line function department.

The specific responsibilities of DSD include:

- Implementing this policy and related DSD policies and legislation;
- Translating this policy into legislation that will enforce compliance;
- Translating the policy into an implementation plan.
- Engaging with National Treasury for sufficient resources to fund the implementation of this Policy.
- Reviewing all social development services and legislation, and if necessary, amending these to ensure mainstreaming of disability;
- Costing all projects, programmes and activities facilitating planning and implementation of services.
- Planning, designing, supporting implementation, monitoring and evaluating projects and activities that will ensure developmental social security, welfare and community development services to persons with disabilities; and that is responsive and appropriate to their needs;
- Establishing and maintaining the necessary operational and administrative systems to ensure speedy, effective and efficient delivery of services;
- Including disability mainstreaming as a key function and result area in

the performance agreements of all senior and middle managers of the Department;

- Training all its' staff on disability mainstreaming in accordance with UN Convention and new social development services articulated in the Disability Rights Policy, in order to better provide required assistance and services.
- Ensuring that persons with disabilities receive the services that the DSD offers by informing them of the services that are available and encouraging the use of these services;
- Working closely with officials from other relevant line function departments for the provision of services, where necessary;
- Developing additional policies, strategies and guidelines, as may be required, to facilitate implementation of this policy;
- Fostering respect for the rights and dignity of persons with .disabilities and promoting an awareness of their capabilities and contributions, especially through its community based programmes;
- Monitoring, evaluating and reporting on the implementation and impact of this policy to the Minister of Social Development;
- Providing reports for submission to the United Nations with regarding to UN Disability Convention, amongst others;
- Championing inter-departmental committees on disability;
- Ensuring that persons with disabilities have access to a range of in-home, residential and other community support services; including personal assistance, if necessary;
- Form partnerships and consulting with other sectors of society, communities and representative organisations, as may be necessary, to meet the needs of persons with disabilities.

9.2.3 Education

When it comes to the provision of education services to people with disabilities, it is essential to distinguish the responsibilities of the Department of Higher Education and Training from those of the Department of Basic Education.

(i) The Department of Basic Education

The Department of Basic Education is responsible for schools (both special

and ordinary), curriculum development and implementation (also in ECD centres), provision of inclusive education support services, training of teachers, promotion of social inclusion, combatting of gender violence, care and support in schools, school health, psycho-social support, school nutrition, sport and recreation programmes in the schooling system.

The specific responsibilities of the Department of Basic Education in relation to social protection include the following:

- To develop and implement quality assurance programmes and strengthen monitoring systems for all types of institutions and facilities that accommodate children with disabilities, such as ECD centres, public and independent ordinary and special schools and school hostels. These programmes must be benchmarked against international best practice;
- Include the rights of persons with disabilities in all social cohesion and human rights promotion programmes and messages. The rights of persons with disabilities must be integrated into all programmes and messages focusing on, among others, reducing inequality, building a united South Africa, moral regeneration, social cohesion and universal access to services;
- Provide subsidies for sport and leisure development for learners with disabilities. Subsidies and sponsorships for all sport and leisure development must include a disability mainstreaming requirement;
- Address violence against women/girls/boys and the LGBTI community with disabilities. Appropriate measures must be taken to ensure that women, girls and boys with disabilities are and feel safe living in their communities and in the schools that they attend;
- Provide information on available services to all parents and care-givers of children with disabilities. Parents and/or care-givers of children with disabilities must have access to integrated disability information, including information on parental counselling and peer- support services, respite care services, therapeutic, educational and economic programmes, as well as the establishment of a disability services and information portal that provides access to the information;
- Children with disabilities must have equitable access to all ECD Programmes and Facilities. This requires that mainstream ECD programmes and facilities are made accessible for children with disabilities, i.e. that infrastructure; attitudes, equipment and activities do not hinder the participation of children with disabilities. Thus building plans, playgrounds, equipment, toys and ECD practitioner training comply with universal design norms and standards;

- Develop disability specific intervention and support services. The services must focus on individual developmental programmes, language and communication development, assistive devices and technology and therapy to improve independence and social integration, as well as parent empowerment and support programmes.
- Develop a national integrated referral and tracking system. The seamless system must:
 - Identify children at high risk of, or with developmental delays and/or disabilities through Road-to-Health health screening programmes and refer them to relevant accessible services;
 - Register all children between the ages of 0-18 years on a centralised database;
 - Ensure that children with disabilities on the database are assessed and have access to an individualised developmental support and treatment programme and social assistance benefits;
 - Ensure that children with disabilities remain on this programme until the age of 18 years;
 - Ensure that all children with disabilities are enrolled in appropriate ECD and compulsory education programmes; and
 - Ensure that parents receive timely, appropriate and accessible information to enable them to take decisions in the best interest of their children.

(ii) The Department of Higher Education and Training

The Department of Higher Education and Training covers post schooling institutions, both private and public Further Education and Training Colleges, all institutions of Higher Education, the Skills Development Sector, i.e. the sector education and training authorities (Setas), the National Skills Authority (NSA) and the National Skills Fund (NSF). The specific responsibilities of the Department of Higher Education and Training include, but are not restricted to the following:

The specific responsibilities of the Department of Higher Education and Training include, but are not restricted to the following:

- Ensuring access to quality education for students with disabilities in inclusive settings and ensuring adequate provision of assistive technology and devices to facilitate the learning experience.
- Ensure that students with disabilities are able to access the enhanced

funding through the Bursary Scheme for Further Education and Training Colleges, the National Skills Fund and the National Student Financial Assistance Scheme (NSFAS) for higher education institutions throughout the country.

- Focus on education provision in rural and community setting and improve accessibility of rural community education centres.
- Address issues of language accessibility and the capacity of practitioners to mitigate the effects of disability and cultural differences on the learning experience.
- Ensure that Adult Education and Training programmes are physically accessible to adult learners with disabilities and that learning centres are equipped with technology to facilitate learning for all learners including those in need of assistive technology and devices. In short, ensure that educators are trained on using and producing appropriate teaching materials for learners with diverse learning needs.
- Support equity in education provision, promoting diversity inclusion, and observance of universal design in curriculum design, environmental accessibility and observing the principle of “reasonable accommodation” of people with disabilities in accordance with the human rights ethos underpinning the United Nations Disability Convention.
- To develop ways to bridge the gap between policy and practice in terms of choice of subjects, access to the physical environment and to the curriculum, encourage the building of social networks and involvement in extra-curricular activities.
- Reducing vulnerability among learners from economically poor backgrounds. Collaborate with other government departments, in particular, Social Development, in addressing legal shortcomings in the Children’s Act, particularly in the provision of financial support for students exiting the Foster Care system and transiting into post school education upon attainment of the age of 18 years. The termination of the Foster Care grant puts thousands of young people in our school system at risk of dropping out or at least, failing to complete their education, including tertiary education.
- Promote and facilitate ongoing research on disability inclusion and

equity with a view to provide monitoring and evaluation support and ultimately enable emerging findings and conclusions to inform planning and policy development.

9.2.4 Department of Labour

The Department of Labour regulates the employment industry and ensures sound labour relations in the country. The specific responsibilities of the Department of Labour include *inter-alia*, the following:

- Developing legislation and policies that support employment of persons with disabilities at the workplace.
- Establishing employment database to match job seeking persons with disabilities with employment opportunities.
- Providing career advice to people with disabilities to enhance their employability and provide them with real possibilities of occupational choice.
- Providing top-up training to people with disabilities to improve employability.
- Contribute towards the enabling conditions for the creation of employment by developing sound labour legislation that is responsive to the special needs of people with disabilities.
- Creating conditions to broaden the range of employment options and occupational choice for people with disabilities.
- Developing and implementing special employment programmes for people with disabilities, such as sheltered employment factories and subsidies to organisations, who facilitate employment of people with disabilities.
- Ensuring a safe work environment that prevents diseases and injuries on duty leading to disabilities, through Occupational Health and Safety legislation and policies.
- Providing a safety net for those injured on duty in terms of medical benefits & compensation for loss of income.
- Facilitating vocational integration of people with disabilities, irrespective of the origin, nature or degree of the disabilities.
- Developing legislation that will facilitate entry & re-entry of people with disabilities into the labour market.
- Providing accommodative legislation to enhance vocational integration and eliminate discrimination in the workplace.

- Establishing vocational rehabilitation facilities and structures in each province.
- Partnering with the Departments of Social Development and Health to manage and deliver vocational rehabilitation services.

9.2.5 Department of Health

The specific responsibilities of the Department of Health include:

- Develop a comprehensive national health care system, at primary, secondary and tertiary level, that is sensitive to the general and specific health care needs of people with disabilities.
- Prevention (primary, secondary and tertiary) of disability, early detection of disability, as well as management of disability.
- Ensure an appropriate, accessible and affordable, quality, health services at primary, secondary and tertiary levels, in order to equalize opportunities for people with disabilities.
- Enable persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric, and/or social functional levels.
- Provide health related rehabilitation services to persons with disabilities through provision of tools to change their lives and to give them a greater degree of independence.
- Prevent secondary disabilities or to reduce the extent of disability.
- Provide specific health care programmes, including sexual and reproductive health.
- Promote health and healthy lifestyles to persons with disabilities.
- Provision of assistive devices.
- Provide disability specific training to all staff, including doctors, nurses and social workers at all levels of care.
- Develop disability specific minimum standards for the workplace.

9.2.6 Department of Trade and Industry

The specific responsibilities of the Department of Trade and Industry are:

- Supporting the establishment and promotion of small, micro and

medium businesses established and managed by persons with disabilities.

- Mainstreaming financial and non-financial support services for SMMEs to include entities comprising of, and managed by persons with disabilities.
- Registering and converting some of the protective workshops to cooperatives, as may be applicable, for example small business enterprises.
- Coordinating government spending to promote preferential procurement.

9.2.7 Department of Public Works

The specific responsibilities of the Department of Public Works are:

- Ensuring provision of accessible government infrastructure.
- Establishing new accessible infrastructure as required by government, including vocational rehabilitation training facilities, etc.
- Ensuring adequate maintenance of all accessible government structures.
- Developing infrastructure norms and standards that apply the concepts of universal design and barrier-free access that must be complied with by the infrastructure sector as a whole, i.e. architects, planners, etc.

9.2.8 Department of Transport

The Department of Transport deals with a wide range of transport that includes, trains, taxi industry, busses, freight and aviation security. Its specific responsibilities:

- Developing an accessible, affordable multi-modal public transport system that is responsive to and meets the special needs of people with disabilities.
- Providing accessible transport to all persons with disabilities, considering the different transport needs within the population group of persons with disabilities.

9.2.9 Department of Human Settlement

The specific responsibilities of the Department of Human Settlement are:

- Providing persons with disabilities and their families with safe shelter
- Policy on Social Development Services to Persons with Disabilities
-

and dwellings of their own, through equitable access to a range of options, which meets the disability specific housing and access needs of individual applicants in the housing subsidy scheme.

- Housing development that is holistic and has links with other social systems such as clinics, schools, transport, sport and recreation facilities.
- Amending the current building/construction specifications for houses that will allow barrier free access to persons with disabilities for example, people using wheelchairs.

9.2.10 Department of Communication

The specific responsibility of the Department of Communication is to develop strategies that will provide persons with disabilities with equal opportunities for access to information, as well as public and private services.

9.2.11 South African Social Security Agency

The specific responsibilities of South African Social Security Agency are:

- Provide a co-coordinated and equitable system of social security to meet basic needs and to develop capacity for independent living, self-sufficiency and integration of persons with disabilities into the mainstream of society.
- Increase the supply of accessible information to persons with disabilities on how to access benefits, criteria for qualification and the availability of mechanisms to assist with problems which may arise.
- Providing disability grants for people over the age of 18 years.
- Providing special care grants for children with severe physical (including sensory) and/or mental disabilities between the ages of 1 and 18 years.
- Conducting bi-annual reviews of criteria for qualification to consider disability grants e.g. economic and other environmental factors.

9.2.12 Department of Sport and Recreation

The responsibilities of Sport and recreation include the following:

- Catalysts for the realisation of mental health, general and social well-being.
- Provide sport support service through making sport codes accessible to

persons with disabilities.

- Promote sport programme through funding federations that will assist persons with disabilities to be involved in different sporting codes.
- Develop and extend sporting activities for persons with disabilities in both mainstream and special facilities, so that they can participate in sport for both recreational and competitive purposes.

9.2.13 Department of National Treasury

The specific responsibilities of Treasury are:

- To consider budget submissions from the Department of Social Development and make recommendations to the Medium Term Expenditure Committee on the implementation of all the objectives set out in the policy.
- Allocate all funds as approved by Cabinet to the Department of Social Development to ensure delivery of stakeholder responsibilities in terms of mainstreaming services to persons with disabilities.

9.2.14 Department of Safety and Security

The specific responsibilities of the Department of Safety and Security are:

- Recognising persons with disabilities as a vulnerable group.
- Providing disability specific training for police officers and other staff.
- Establishing a database of places of safety, old age homes facilities / homes for persons with disabilities and increase visible policing in those areas.

9.2.15 Other sectors of society

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

- Developing and implementing capacity building programmes;
- Providing technical and theoretical knowledge and expertise to assist with implementation;
- Conducting research into disability issues; and
- Providing support services, where applicable.

9.2.16 The general community and civil society organisations, including parents/families and other care-givers of persons with disabilities

Community members are critical to facilitating and supporting acceptance of persons with disabilities as equals within a community. Their acceptance and respect serves as the foundation for full inclusion and participation in all aspects of community life. Habilitation and Rehabilitation programmes, especially community based rehabilitation projects are dependent on community acceptance and involvement. Article 19 of the UN Convention on the Rights of Persons with disabilities on “Living independently and being included in the Community” commits State Parties to ensuring that persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance, if necessary. Likewise Article 26 of the Convention on Habilitation and Rehabilitation reinforces the principle of such programmes supporting the inclusion of persons with disabilities in the community.

Disabled Peoples Organisations are non-governmental organisations that are usually constituted of persons with disabilities and/or members of their families, their parents or care-givers. These organisations thus have in-depth and first-hand knowledge and experience of the needs and rights of persons with disabilities. Most DPOs in South Africa are involved in the delivery of tangible support services to persons with disabilities. Some DPOs receive financial assistance from, and work in partnership with, government to deliver their services. The partnership does not in any way compromise their independence and autonomy nor their right to lead advocacy campaigns designed to secure the equal and inalienable rights of persons with disabilities.

The Preamble of the Convention reads, in this regard, as “recognising the importance for people with disabilities of their individual autonomy and independence, including the freedom to make their own choices” and “considering that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them”. The role of disabled people and DPOs is similar to that of the community. The main distinguishing feature of their role is that persons with disabilities and DPOs play a direct strategic leadership role as opposed to a facilitative and supportive role.

CHAPTER 10: RESOURCES REQUIRED

“With regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international co-operation, with a view to achieving progressively the full realisation of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable to international law” (Article 4 (2) - General Obligations, United Nations Convention on the Rights of Persons with Disabilities).

Mainstreaming disability and delivering social development services to persons with disabilities requires sufficient and appropriate resource allocations to ensure the transformation from policy intent to implementation. These resources range from human capacity to financial support.

In terms of Human Resource capacity, the following is required:

- professional, experienced and skilled personnel to plan, manage, coordinate implementation, monitor and evaluate policies and programmes;
- persons who have an in-depth and fundamental understanding of the developmental approach to delivering social development services; the social model to addressing disability issues and the importance of mainstreaming disability;
- the appointment of disability focal point people and staff at all levels within government, and the inclusion of disability mainstreaming as key performance indicators in the performance contracts of the public service;
- professional South African Sign Language interpreters or other care givers (personal assistants) who assist persons with disabilities;
- specific training and re-skilling of personnel that provide various support services. For example, training specialist staff working with disabilities on mobility skills; training professionals and staff working in habilitation and rehabilitation services and training staff in communication skills including sign language; and
- ensuring that DPOs and other service delivery partners are supported to deliver the required services.

Financial resources must be provided by means such as mainstreamed budget allocations. For example, the communication Chief Directorate of the DSD must budget for public awareness campaigns relating to disability. Specific budget can also be allocated to the DSD Directorate: Disability to co-

ordinate mainstreaming of disability into all DSD social development policies and programmes; work in partnership with other sectors of society and to develop and implement any disability specific projects that may be required. Finally the Directorate: Disability in collaboration with the Chief Financial Officer and his/her staff can raise additional complementary funding either from international donor agencies and institutions; the private sector and other governments.

Financial resources are required for:

- mainstreaming activities;
- research into the status quo, needs, implementation and impact of social development services to persons with disabilities;
- implementation of programmes and projects;
- policy and legislation development, reviews and amendments;
- community development programmes, especially awareness raising and information projects;
- meeting and complying with international obligations;
- monitoring and evaluation systems, processes and activities;
- developing and implementing a communication strategy on disability issues;
- establishing and maintaining co-ordination structures and mechanisms; and
- facilitating transformation and redirection of services and resources, and to ensure effective and efficient services to the poor and vulnerable sectors of society. This 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.

PART FOUR: MONITORING AND EVALUATION

CHAPTER 11: MONITORING AND EVALUATION

Notwithstanding the overarching monitoring and evaluation (M & E) role of the Department of Monitoring, Planning and Evaluation, the DSD as the custodian and champion of the Social Development Policy remains responsible for monitoring and evaluating:

- the implementation of this Policy ; and
- the impact of the Policy on improving the lives of persons with disabilities.
- the information generated from the above-mentioned processes will also highlight gaps in terms of short to long term goals and will inform the policy review process.

11.1 Levels of Monitoring and Evaluation (M & E)

M & E generally has two dimensions that are co-dependent on each other.

One is the M & E of implementation of policies; legislation and programmes. This is done as part of project implementation. The indicators for this dimension are usually quantitative; time-bound and specific to programme activities. The M & E processes occur continuously as the project is implemented and thus serve as an early warning system for any crisis or challenges that may impede completion of activities according to plan. Project managers utilise the information from M & E to revise project plans, in order to attain the same objectives and goal. M & E is usually the responsibility of project managers and officials involved in implementation.

M & E to determine impact of policies, legislation, programmes and services delivered is the other dimension. The indicators for this dimension are usually qualitative, incremental, with medium to long-term timeframes and reflect quality of life improvements. The M & E processes occur, either at the completion of pre-defined stages of a project or at the final completion of the project. The information gained from this M & E serves to inform any changes that may be required to policies, legislation, programme goals and objectives and to the qualitative indicators. The results of this M & E form the basis of assessments on the extent to which democracy, equality, shared socio-economic development and respect for human rights has been successfully achieved. This M & E requires a significant measure of independent and impartial views. Hence, it is best managed and conducted with a multi-disciplinary and multi-stakeholder team of people that account and report to the formal M & E structures established by government who are the custodians of the policies, legislation, programmes and services that are being evaluated.

11.2 M & E Roles and Responsibilities

DSD's Directorate: Services to People with Disabilities, at a national level, has primary and lead responsibility for M & E of the implementation of policies, legislation and programmes dealing with the delivery of mainstreamed social development services to persons with disabilities. In fulfilling this task, the Directorate will work in close partnership with all senior managers within DSD; all relevant staff from related national line-function departments and with DSD provincial disability units and staff. The Directorate will establish the M & E system in the unit and the necessary co-ordination structures, mechanisms and processes, as well as serve as the convenor and secretariat of these meetings. Indicators for the M & E of implementation will be jointly determined by these collaborative structures. Furthermore, the Directorate will report and account on implementation to all management and other structures within DSD and other external structures if required to do so, to political principals, CBOs and NGOs. The Directorate's reports in this regard will provide a national overview of implementation; and will be fed into the overall project management M & E systems and processes of the DSD. Provincial DSD disability units will monitor and evaluate implementation of national initiatives implemented at the provincial level as well as provincial specific projects. Provincial, regional and district M & E implementation processes, systems and reports must link and be aligned to those of the Directorate: Disability in the national office. Provincial DSD units will report on implementation to provincial management structures and political principals.

The M & E Directorate of DSD is primarily responsible for monitoring and evaluating the impact of all services delivered by the department, including those provided to persons with disabilities. This Directorate will work in close collaboration with the Directorate: Disability to perform its task. The two directorates will jointly develop the structures, processes and systems required for effective M & E of the delivery of mainstreamed social development services to persons with disabilities. However, the Disability Directorate will remain responsible for identifying and securing other stakeholders, such as DPOs, to be part of such structures, systems and processes, and for providing the disability indicators for impact assessment.

Both Directorates will co-manage impact related M & E projects with the M & E Directorate taking responsibility for the technical aspects and the Directorate: Disability informing the content and disability aspects. The M & E Directorate is responsible for ensuring that the DSD's M & E system is aligned and feeds into the national M & E systems in the Department of Monitoring and Evaluation. It is also responsible for providing the DSD Governance and Compliance (Branch: Rights of Persons with Disability) with impact information. Responsibility for reporting and accounting to political principals on the impact of delivery of welfare services to persons with disabilities remains with the Directorate: Disability. Impact indicators will be developed by the Directorate: Disability in conjunction with identified role-players from all

sectors of society; and the M & E Directorate will maintain and update these indicators and related data.

The table below summarises the roles and responsibilities of the Directorate: Disability and the M & E Directorate.

DIRECTORATE: DISABILITY	M & E DIRECTORATE
<p>Implementation M & E:</p> <ul style="list-style-type: none"> • Develop M & E system in the Directorate to monitor programme & project implementation • Establish the necessary co-ordination structures, mechanisms and processes • Serve as the convenor and secretariat of these meetings. • Jointly determine indicators with partners • Report and account to all management and other structures within DSD; and if required to do so, to political principals. • Provide a national overview of implementation • Feed information into the overall project management M & E systems and processes of the DSD. • Ensure that provincial DSD M & E implementation processes, systems and reports are link and aligned to the national one. 	<p>Impact M & E:</p> <ul style="list-style-type: none"> • Work in close collaboration with the Directorate: Disability to M & E delivery of services to persons with disabilities • Jointly develop the structures, processes and systems required for effective M & E • Co-manage impact related M & E • Responsible for the technical aspects of M & E • Ensure that the DSD's M & E system is aligned and feeds into the national M & E systems. • Maintain and update disability indicators and related data. • Report and account to political principals on the impact of delivery of developmental services to persons with disabilities • Developed impact indicators in conjunction with identified role-players from all sectors of society

11.3 M & E Indicators

The broad indicators that will reflect the impact of the social development services to persons with disabilities will be developed in consultation with the stakeholders.

PART FIVE: CONCLUSION

The South African government has made remarkable progress in developing enabling legislation, transforming the state machinery, supporting international interventions and putting structures in place to be representative and responsive to the developmental needs of the persons with disabilities. However, persons with disabilities still face extreme socio-economic inequality, discrimination, underdevelopment and marginalization, due to insufficient implementation of the policies and programmes.

Government's commitment to progressively redress the situation of persons with disabilities is reinforced by virtue of it being a signatory to the UN Convention on the Rights of Persons with Disabilities and subsequently domesticating the UN Convention through the Disability Rights Policy. The Convention upholds the values of human rights and dignity, equality, freedom and socio-economic justice for persons with disabilities.

In alignment with the Convention and South Africa's policies and legislation on disability, this Policy on Social Development Services to Persons with Disabilities commits DSD to disability mainstreaming and applying an integrated approach to providing social development services to persons with disabilities.

The development and implementation of effective mainstreamed social development services and strategies, aimed at full inclusion of persons with disabilities into mainstream society is dependent on, and best achieved in collaboration with other key role-players from all sectors of society.

Within the overarching WPRPD, DSD will continue to lead the provision of social development services to persons with disabilities, while working with all other implementation partners from all sectors of society. The translation of this Policy into national legislation that makes the provision of mainstreamed social development services a legal requirement; and the development of norms and standards to guide provision thereof, will ensure that government does indeed improve the quality of lives of persons with disabilities.

LIST OF REFERENCES

1. Action Plan for Disability Mainstreaming, (2010-2012), (Head of Social Services).
2. Adult Education and Training Act: Act 52 of 2000.
3. African Charter on the Rights of the Child.
4. Children's Act: No 38 of 2008, as amended
5. Commission for Employment Equity Annual Report, 8th CEE Report 2007-2008
6. Department of Health, Primary Health Care Policy.
7. Department of Social Development, (2010-2011), Costed Annual Operational Plan on Directorate: Services to People with Disabilities.
8. Department of Social Development, (2010), Framework for Social Welfare Services.
9. Department of Social Development, Guidelines for Protective Workshops.
10. Department of Social Development, Green Paper: National Family Policy for South Africa.
11. Department of Social Development, (2009), Implementation Plan for the Children's Act.
12. Department of Social Development, Implementation Strategy for Disability.
13. Department of Social Development, Minimum Standards on Residential Facilities.
14. Department of Social Development, (2005), National Policy Framework for the Children's Act 38 of 2005, as amended.
15. Department of Social Development, Policy on Disability.
16. Department of Social Development, Policy on Residential Facilities.
17. Department of Social Development, Policy on the Management and Transformation of Protective Workshops.

18. Department of Social Development, Policy on Rehabilitation and Community-based Services.
19. Department of Social Development, (2010), Presentation on Human Rights and Abuse of Persons with Disabilities.
20. Department of Social Development, Presentation on the Social Policy Making Process.
21. Department of Social Development, (2010), Report on National Indaba: Integrated Developmental Social Welfare Services.
22. Department of Social Development, (2015 – 2020) Strategic Plan.
23. Department of Social Development, (2009), Strategy for the Integration of Services to Children with Disabilities.
24. Department of Social Development: White Paper on the Rights of Persons with Disabilities (cabinet approved)
25. Gauteng Department of Health and Social Development, Application for the approval of a Residential Facility and/or Protective Workshop for Persons with a Disability.
26. Gauteng Department of Health and Social Development, Circular on Procedures: Management of Approvals for residential facilities and for protective workshops for Persons with Disabilities.
27. Gauteng Department of Health and Social Development, Guidelines for Approval and Monitoring of Protective Workshops and Residential Facilities for Persons with Disabilities.
28. Gauteng Department of Health and Social Development, Inspection Report on Protective Workshop/Residential Facility.
29. Housing Act: Act 107 of 1997.
30. Limpopo Department of Social Development. (2010), Presentation on the United Nations Convention as it relates to the Department.
31. Mental Health Act: Act 17 of 2002.
32. National Land Transport Act: Act 5 of 2009.
33. Older Persons Act: Act No 13 of 2006.
34. Plan of Action on the African Decade for Disabled People.

35. Preferential Procurement Policy Framework Act: Act 5 of 2000.
36. Promotion of Equality and Prevention of Unfair Discrimination Act: Act 4 of 2000.
37. South African Disability Human Rights Charter.
38. Standard Rules on the Equalisation of Opportunities for People with Disabilities.
39. The Presidency, November 2007, National Disability Policy Framework and Guidelines for the Implementation of the National Disability Policy Framework, OSDP.
40. The SA Constitution Act: (Act 108 of 1996).
41. United Nations Convention on the Rights of the Child.
42. United Nations Convention on the Rights of Persons with Disabilities.
43. United Nations Declaration of Human Rights.
44. United Nations Millennium Declaration.
45. White Paper on Social Welfare (1997).
46. White Paper on the Integrated National Disability Strategy (INDS), 1997.
47. White Paper No 6 Special Needs Education, Building an Inclusive Education and Training System (2001).
48. World Programme of Action Concerning Disabled Persons.