



Western Cape
Government

BETTER TOGETHER.

Disability Mainstreaming Strategy 2015 – 2020

Department of Social Development

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ABBREVIATIONS

APPs	Annual Performance Plans
CBOs	community-based organisations
CSI	corporate social investment
DSD	Department of Social Development
HOD	Head of Department
HRBA	Human Rights-Based Approach
KPAs	Key Performance Areas
MEC	Member of the Executive Committee
NGOs	non-governmental organisations
NPOs	non-profit organisations
PGWC	Provincial Government Western Cape
SASL	South African sign language
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities

DOCUMENT LAYOUT

Chapter 1, Introduction, provides the background to the *Disability Mainstreaming Strategy and Implementation Plan*. The rationale and parameters of the document are outlined, as are the intended outcomes of the implementation of the Strategy and Implementation Plan. Three supporting pillars that will determine the practical implementation of the Strategy and Implementation Plan are offered and, finally, the broader context for the document are outlined.

Chapter 2 outlines the Process Methodology followed with the development of the Strategy and Implementation Plan.

Chapter 3, Mainstreaming as a Strategy, offers definitions for “disability mainstreaming” and “disability” as the two key concepts used throughout the document. Mainstreaming is positioned as a development strategy, and a distinction is made between internal and external mainstreaming as two equally important processes. The twin-track approach to mainstreaming is explained, and certain cross-cutting issues and increased vulnerability are pointed out.

Chapter 4 provides the vision, mission and guiding principles for the Strategy and Implementation Plan.

Chapter 5 – Goals, Objectives, Strategies– unpacks each of the 8 long-term goals that the Department would like to accomplish.

Chapter 6, Glossary of Terms, offers definitions for the main concepts used throughout the document.

CHAPTER 1

INTRODUCTION

Background

In 2010, 6.3% of all South Africans (and 5% of the people of the Western Cape) aged 5 years and older were classified as people with disabilities. According to Statistics South Africa's 2010 mid-year population estimates, the Western Cape had a population of just more than 5 million people, of which 244 000 were people with disabilities (mostly sight disabilities 32%, hearing disabilities 20% and physical disabilities 29%), and mostly women with disabilities (54%).

The incidence of disability had increased to approximately 15% of the population, according to the World Report on Disability released in 2011. In South Africa the highest cause of disability is lifestyle diseases (hypertension and diabetes), while the Western Cape shows alarming statistics for Foetal Alcohol Syndrome, particularly in wine-growing areas, as well as spinal cord injury.

On an international and regional level, as well as nationally and provincially, a great deal has already been done to address issues of disability in the form of legislation, policies and strategies that aims to ensure the inclusion and mainstreaming of people with disabilities, to ensure the full equalisation of the rights of people with disabilities, to create an environment that is conducive to the mainstreaming of disability, to create a better life for all people with disabilities and to protect the rights and dignity of people with disabilities.

Despite these developments, implementation remains a challenge and a lot of work is still required to truly ensure that the service delivery and social development needs of people with disabilities are routinely addressed within the mandate of the Department of Social Development (DSD or the Department), as well as the rest of government. Provincial departments that continue to function in silos, resulting in a lack of integration, remain a challenge.

Within the DSD issues of disability is often regarded as the sole responsibility of the Directorate: Special Programmes, Services to Persons with Disabilities Programme (hereafter referred to as the Disability Programme) and as a result, the service delivery and social development needs of people with disabilities cannot be adequately addressed unless *all* directorates and programmes work towards the mainstreaming of disability throughout their various mandates. Unless disability mainstreaming is realised through day-to-day implementation throughout the *entire* Department, disability concerns will stay marginalised.

Therefore, in May 2013 the Disability Programme initiated a process to result in a 5-year *Disability Mainstreaming Strategy and Implementation Plan* (hereafter referred to as the Strategy and Implementation Plan) to guide the Department in using mainstreaming as a strategy to expedite the shift of disability concerns from the periphery to the centre of attention throughout the Department's service delivery.

The rationale and parameters

The Strategy and Implementation Plan is, first and foremost, a 5-year strategic guiding document for the provincial DSD in the Western Cape to ensure that the concerns of people with disabilities are part and parcel of *every aspect* of the work of the Department across *all* programmes. The Strategy and Implementation Plan must enable the Disability Programme to provide guidance to the rest of the Department with regards to disability mainstreaming. It is anticipated that the Strategy and Implementation Plan could positively impact the working relationships between the Department (in general) and the Disability Programme (specifically) with stakeholders in the disability and other sectors, such as service organisations, non-governmental organisations (NGOs), non-profit organisations (NPOs), community-based organisations (CBOs) etc. It could also impact on inter-governmental relationships, e.g. with provincial sister departments, the Department's national counterpart and local government.

Although the Strategy and Implementation Plan is primarily an internal document, it hopes to find support for implementation in the form of collaborative partnerships amongst broader disability and other stakeholders (e.g. Service Organisations, NGOs, NPOs, and CBOs etc.). In the spirit of greater integration and cooperation it is anticipated that the Strategy and Implementation Plan will guide the Department towards joint partnerships that can work towards giving effect to the mainstreaming of the concerns of people with disabilities. It is, therefore, the wish of the Department that the Strategy and Implementation Plan will be supported by disability and other stakeholders.

The outcomes

The intended outcomes of the implementation of the Strategy and Implementation Plan are:

✓ *Equity and equality*

Equity is the appropriate and fair allocation of resources in a given context. It refers to doing whatever is necessary to ensure *equality of outcome*. Measures must be available to compensate for historical and social disadvantages that prevented people with disabilities from otherwise operating on a level playing field. *Equity leads to equality*.

Equality means people with disabilities have equal conditions as everyone else for realizing their full human rights and potential, and are able to contribute equally to development efforts and benefit equally from the results. It entails that the underlying causes of discrimination are systematically identified and removed in order to ensure equal opportunities and a society based on non-discrimination.

Equality of outcome (or *substantive equality*) refers to the insight that *equality of opportunity* (i.e. that people with disabilities should have an equal opportunity to succeed in life) may not be enough to redress the historical disadvantages of people with disabilities. Because of their different position in society, people with disabilities may not be able to take advantage of equal opportunities to the same extent. "Equal" treatment therefore does not mean "the same" treatment.

✓ **Non-discrimination**

No form of discrimination or prejudicial action can ever be tolerated against any person with a disability.

✓ **Empowerment**

Empowerment is about people with disabilities gaining power and control over their own lives, to the maximum that is possible given their specific disability. It is a process of awareness and capacity building leading to greater participation, decision-making, control and transformative action. It is best achieved through applying the principles of self-determination, self-representation, self-respect and self-sufficiency.

✓ **Accessibility and reasonable accommodation –**

As it relates to the physical environment, transportation, information and communication. It includes barrier free access and universal design.

Three supporting pillars

The Strategy and Implementation Plan rest on three supporting pillars that will determine its practical implementation.

The social model

The social model is one of the cornerstones for disability mainstreaming. Whereas pre-1994 was characterised by the “medical model” that assessed people with disabilities and defined their position and status in society in terms of their medical condition rather than their abilities (e.g. medical care, limited assistive devices, disability grants and sheltered workshops), the post-1994 social model focuses on the *abilities* of people with disabilities rather than their differences or disabilities and reinforces aspects such as full participation, inclusion, acceptance as part of mainstream society, broader systemic and attitude changes in society, mainstreaming of disability and the need for people with disabilities themselves to be part of determining their lives.

The social model reflects the important paradigm shift from dependency to independence, dignity, self-reliance and acknowledgement of people’s capacities and abilities through an enabling environment. It reflects social integration as one of its pillars. By focussing on the abilities of people with disabilities and on the environmental barriers that they experience enable a comprehensive response to their full inclusion and integration into society.

The Human Rights-Based Approach (HRBA)

Dealing with the concerns of people with disabilities as human rights acknowledges the inherent dignity, worth, equality, independence and inalienable rights of persons with disabilities. It includes a guarantee of all their rights and freedoms, without any discrimination, recognising their diversity in terms of special needs, culture, religion, language etc., and equally accommodating different types of disabilities. Very importantly is recognition of the fact that the majority of people with disabilities constitute the poorest of the poor in South Africa.

A HRBA refers to the provision of all human and socio-economic rights. It provides a set of performance standards against which governments and other actors can be held accountable. It reinforces commitment to, participation and mainstreaming of human rights as the central core in the formulation, implementation, review, monitoring and evaluation of all policies and programmes. The HRBA 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 people, with a specific emphasis on the needs of the most disadvantaged – such as people with disabilities.

The approach is guided by the following universally accepted human rights principles:

- ✓ *universality and inalienability* (i.e. all people have certain rights by virtue of being human and that such rights cannot be taken or given away),
- ✓ *indivisibility* (i.e. there is no hierarchy of rights and all rights are equally important be it political, civil, economic, social or cultural),
- ✓ *equality and non-discrimination* (i.e. all people have a right to dignity and there can be no discrimination on any basis whether race, colour, sex, ethnicity, age, language, religion, political or other opinion, national or social origin, disability, property, birth or other status as explained by human rights treaty bodies),
- ✓ *interdependence and inter-relatedness* (i.e. the realisation of one right is often wholly or partly dependent on another right being present),
- ✓ *participation and inclusion* (i.e. all peoples have the right to participate and contribute to the realisation of all their rights and to enjoyment of all their freedoms), and
- ✓ *accountability and the rule of law* (i.e. government who is the primary duty bearer must ensure that all laws, norms and practices are in keeping with international human rights standards and instruments).

People-centered development

People-centred or people driven development refers, broadly speaking, to the fact that people must be at the centre of all government service delivery and development efforts. Disability mainstreaming is not an end in itself; rather, it is a means to an end, the end being the improvement of the quality of life of people with disabilities. It touches on the notion of developmental government as government committed to working with citizens – also people with disabilities as citizens – to find sustainable ways to meet their social, economic and material needs and improve the quality of their lives. A people-centred approach to service delivery and development acknowledges that “the problem” is not the integration of people with disabilities in service delivery and development efforts, but the *social processes and institutions* that result in inequalities between different groups of people. It is a societal and development challenge rather than the concern of only certain groups of people, such as people with disabilities. Consequently, there are political as well as technical aspects that must be taken into account in addressing inequalities: it is not only a matter of "adding certain groups of people in" to existing processes and programmes, but of reshaping how government works to reflect the visions, interests and needs of all the various groups in our society.

The broader context for the Strategy and Implementation Plan

The Strategy and Implementation Plan does not stand in isolation and must be read hand-in-hand with various international, regional, national and provincial documents of which the following is the most important:

International

- The Declaration on the Rights of Disabled Persons (1975)
- The World Programme of Action Concerning Disabled Persons (1982)
- The International Labour Organisation Convention Concerning Vocational Rehabilitation and Employment (Disabled Persons) (1983)
- The UN Convention on the Rights of the Child (1989)
- The Standard Rules for the Equalization of Opportunities for Persons with Disabilities (1993)
- The UN Convention on the Rights of Persons with Disabilities (2006)

Regional

- The African Charter on Human and People's Rights (1981)
- The African Charter on the Rights and Welfare of the Child (1990)
- The Declaration of the African Decade of the Disabled Persons (1999 – 2009)
- The Second African Decade of the Disabled Persons (2010 – 2019)

National

- The Disability Rights Charter of South Africa (1991)
- The Constitution, via the Bill of Human Rights (1996)
- The Integrated National Disability Strategy White Paper (1997)
- White Paper on the Rights of Persons with Disabilities (2015)
- The White Paper for Social Welfare (1997)
- The Promotion of Equality and Prevention of Unfair Discrimination Act (2000)
- White Paper 6 on Special Needs Education (2001)
- The Children's Act (2005)
- The Older Persons Act (2006)
- The Prevention of and Treatment for Substance Abuse Act (2008)
- The White Paper on Families in South Africa (2012)
- Policy on the Provision of Social Development Services to People with Disabilities (national DSD)
- Policy on Disability (national DSD)
- Strategy for the Integration of Services to Children with Disabilities (national DSD)
- Norms and Standards for Developmental Social Welfare Services (national DSD)
- Framework for Social Welfare Services (national DSD)

Provincial (Western Cape)

- Provincial Strategic Plan 2014-2019

CHAPTER 2

PROCESS METHODOLOGY

The development of the Strategy and Implementation Plan was initiated in May 2013 with five regional consultative workshops. (The attendance registers, individual regional reports and the consolidated report are available on request.)

Date	Region
27 May 2013	Metro North & Metro East
29 May 2013	Metro South
31 May 2013	Eden Karoo
4 June 2013	West Coast
6 June 2013	Cape Winelands

During the initial conceptualisation of the process, the Programme: Services to Persons with Disabilities took a strategic decision to facilitate an open process by inviting a number of key stakeholders to participate, even though the document was intended to be an internal working document primarily for use by the Department. The aim of the workshops was to bring regional DSD officials and some of the key regional stakeholders together in working sessions to obtain input for the Strategy and Implementation Plan, based on a skeleton framework presented to each of the workshops.

Each of the five regional workshops focussed on the following aspects:

- The proposed overall outline of the Strategy and Implementation Plan.
- The definition of disability mainstreaming.
- The vision and mission for the Strategy and Implementation Plan.
- The context for disability mainstreaming by analysing regional strengths, weaknesses, opportunities and threats (i.e. a SWOT analysis), as well as political, economic, socio-cultural and technological factors (i.e. a PEST analysis).
- Goals, objectives and strategies.

At the end of each workshop regional representatives of both the DSD and stakeholders were nominated to represent the regions in two additional combined consultative workshops.

Based on the input from these regional workshops a draft Strategy was developed that was presented to the first combined consultative workshop held in Cape Town on 24 June 2013. (The attendance register is available on request.) Based on additional input received from this workshop, the Implementation Plan was drafted and presented to the second combined consultative workshop held in Cape Town on 7 August 2013. (The attendance register is available on request.)

After the final version of the draft Strategy and Implementation Plan was submitted to the DSD at the end of August 2013, it was again electronically distributed to all participating stakeholders (not only the nominated regional representatives that attended the combined consultative workshops), as well as to the broader disability sector and other stakeholders, for their final written comments. Based on the final written comments received, the Strategy and Implementation Plan was concluded and submitted for official approval by the Department.

CHAPTER 3

MAINSTREAMING AS A STRATEGY

Defining “disability mainstreaming”

In providing a definition for “disability mainstreaming” the Strategy and Implementation Plan acknowledges that the concept developed internationally within the very specific context of gender equality and women’s empowerment as “gender mainstreaming”. It entered development literature since the UN Third World Conference on Women held in Nairobi in 1985, and it soon became part of standard development vocabulary used routinely in projects and documents. However, over the last decade in the South African government context the term broadened to also include the considerations of people with disabilities (and other so-called designated groups such as the youth, children, the elderly and people living with HIV and AIDS etc.). This is in line with international practice where, more and more, countries like the United Kingdom use the term “equal opportunity mainstreaming.”

Against this backdrop, the Department endorses the following definitions of “disability mainstreaming” used by the national DSD:

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

(Policy on Disability, national DSD)

In the context of a rights discourse and sustainable development; mainstreaming involves and is centred on ensuring that disability is at the centre of all development initiatives as a norm and undisputable principle; that all policies, budgets, plans and programmes address the individual needs of persons with disabilities; and the implications for persons with disabilities of any planned action, including legislation, policies, and programmes is assessed.

Mainstreaming of disability occurs on two inter-related levels, one in ensuring that the disability element is inherent in a programme or project and persons with disabilities are included as one of the beneficiaries or target group. The other is ensuring that budget allocations provide for the reasonable accommodation measures that may be required to provide universal access to services

(White Paper on the Rights of Persons with Disabilities)

Accordingly, the Department’s mainstreaming approach highlights mainstreaming as an implementation strategy, a means to an end, not an end in itself. It implies that the specific needs of

people with disabilities are entirely taken care of as part of day-to-day service delivery and development efforts. In so doing it requires assessing all aspects (e.g. conceptualisation, design, implementation, monitoring and evaluation etc.) of any planned action (e.g. policies, legislation, resource allocation/budgets, analyses, planning, performance, programmes, projects, research, advocacy/dialogue etc.) for its impact on people with disabilities.

In essence, mainstreaming attempts to bring what is marginal into the core business and key decision-making processes throughout the DSD. Therefore, as a strategy, it encourages integrated planning and inter-governmental co-ordination to enhance the position of people with disabilities.

In focussing on people with disabilities, the strategy must be appropriate, integrated, holistic and relevant to various types and categories of disabilities, while also being responsive to the specific forms of discrimination experienced by the elderly, youth, women and children with disabilities. As a result of the implementation of mainstreaming as a strategy there should be an enhanced sense of belonging and active participation in the human, social and economic development of society and the eradication of poverty.

The ultimate goal of mainstreaming is to achieve equality and non-discrimination for people with disabilities, while opening up opportunities for direct participation and to influence decision-making. The strategy aims to decrease dependency and increase the independence of people with disabilities. The aim is to achieve an inclusive society where the human rights of people with disabilities are respected.

Defining “disability”

The World Health Organisation uses “disability” as an umbrella term, covering impairments (i.e. a problem in body function or structure), activity limitations (i.e. a difficulty encountered by an individual in executing a task or action) and participation restrictions (i.e. a problem experienced by an individual in involvement in life situations). Disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which the person lives. The mainstreaming of disability needs to take the complexity of the phenomenon into consideration in order to provide a service that is equal to all.

Accordingly, the DSD aligns itself with the definition as articulated in the UNCRPD of “disability”:

... an evolving concept which resulting from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full participation in society on an equal basis with others. It recognises persons with disabilities as those persons who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

(UN Convention on the Rights of Persons with Disabilities and Optional Protocol)

A broad definition of disability refers to the loss or elimination of opportunities to take part in the life of the community, equitably with others that is encountered by persons having physical, sensory, psychological, developmental, learning, neurological or other impairments which may be permanent, temporary or episodic in nature, thereby causing activity limitations and participation restriction with

the mainstream society. These barriers may be due to economic, physical, social, attitudinal and/or cultural factors.

(National DSD National Policy on the Provision of Social Development Services to People with Disabilities)

Mainstreaming as a development strategy

Poverty remains a challenge for most people with disabilities. Numerous social, economic and political factors interact and create underdevelopment, marginalization, unequal access to resources and lack of service provision to people with disabilities. Many disadvantages that people with disabilities experience is caused by socio-economic barriers and restrictive environments such as the lack of barrier-free access to buildings and public transport, and inadequate modes of communication. The relationship that exists between high incidences of disability and poverty cannot be ignored. Unemployment, social isolation and poverty are some of the key issues that contribute to the exclusion and disadvantages experienced by people with disabilities.

Most people with disabilities are still employed in protective and sheltered workshops, and income generating projects that rely on subsidisation and fundraising to maintain their existence. This, largely, perpetuates people with disabilities exclusion from mainstream economic activities and limits their equal and meaningful participation.

There are two major aspects involved in mainstreaming as a development strategy to address the aforementioned challenges. Firstly, the integration of the considerations of people with disabilities throughout the service delivery of the DSD and, secondly, enabling people with disabilities to formulate and express their views, and to participate in decision-making across all programmes of the Department

Broadly speaking, when the concerns of people with disabilities are part of the *main stream* of the Department, then it means that they have equitable *access to* resources (including socially valued goods, rewards and opportunities), and they have equal *participation* in influencing what is valued, shaping development directions and opportunities.

Mainstreaming as a development strategy requires:

- The focus of attention to include the socially constructed relations between groups of people, as well as the subordinate, disempowered position of people with disabilities in society.
- Acknowledging that part of the core problem is the unequal power relationships between people with disabilities and able-bodied people.
- That the goal to be achieved must include equitable and sustainable development, as well as equal participation and decision-making by *all* people, including people with disabilities.
- The development solution to include empowerment and social change that can lead to equality, inclusion, non-discrimination, equal participation and equal decision-making for all people.
- Strategically re-thinking development and service delivery from a rights-based approach, addressing the interests of people with disabilities as part of the main stream of service delivery, and using mainstreaming as an implementation strategy to give effect to a rights-based approach.

Internal vs External Mainstreaming

External disability mainstreaming entails that every programme of the Department adapt their *core* service delivery to take the various considerations of people with disabilities into account. It implies adjustments to policies, programmes and projects aimed at providing services to people with disabilities to ensure that they not only benefit equally from these services, but are also able to fully participate in the implementation thereof and exercise their human rights as other members of society. Changing the approach to core work does not mean that the DSD must change what it does, it means giving effect to the Department's mandate more efficiently. The approach requires that the *entire* Department looks at the core of their service delivery and ask: "*How can people with disabilities in our society benefit equally and equitably from our service provision?*"

Internal mainstreaming focuses on integrating disability concerns into workplace policies, programmes, practices and processes. It is about ensuring that the DSD policies and practices are inclusive, equitable and non-discriminatory and do not create barriers or reinforce negative consequences on persons with disabilities. It focuses on making appropriate adjustments in the workplace (including structural adjustments) to ensure that persons with disabilities can participate fully in the institutional structures/workplace.

Both aspects need to be addressed in order for mainstreaming as a strategy to be successful.

The twin-track approach

The Strategy and Implementation Plan support the "twin-track approach" (also promoted by the UN) that refers to two equally important approaches: *disability mainstreaming* and *disability-specific programming*.

Disability mainstreaming involves integrating *disability-sensitive measures* into all aspects of the core day-to-day practices of the Department (as earlier defined in more detail). It means the Department must determine how to respond in terms of its *core work* to address the concerns of people with disabilities *throughout the entire DSD*, not as the responsibility of only certain programmes of the Department. Mainstreaming as an approach views the concerns of people with disabilities essentially as development problems, with the long-term solutions lying in sustained, equitable and inclusive socio-economic development. This means that *all programmes* of the Department have a role to play.

Disability-specific programming means providing *disability-specific initiatives* to support the empowerment of persons with disabilities. Programming is an approach which tends to see the concerns of people with disabilities as "problems" that can be successfully addressed through programmatic interventions. Programming a response to these concerns means developing and implementing dedicated, separate programmes to address challenges.

Mainstreaming as a strategy does not in any way preclude the need for specific targeted interventions, such as obtained through the programming approach. What is proposed is a dual approach where mainstreaming is complemented with inputs designed to address specific gaps or challenges faced by people with disabilities that cannot be addressed in a mainstreamed manner. Such targeted initiatives do not in any way contradict mainstreaming as a strategy. The balance between mainstreaming strategies and targeted-support should be tailored to address the needs of people with disabilities; but the overall goal should always be integrating and including persons with disabilities in all aspects of society and development.

Cross-cutting issues and increased vulnerability

The Strategy and Implementation Plan acknowledges that some people with disabilities are particularly vulnerable to discrimination, abuse and barriers to participation in society, and require distinct attention. These include:

- ✓ children,
- ✓ women,
- ✓ older persons,
- ✓ people with multiple disabilities,
- ✓ people with psycho-social / intellectual disabilities,
- ✓ people with invisible disabilities,
- ✓ people with congenital disabilities and
- ✓ people with severe disabilities.

Especially women and girls are subjected to social, cultural and economic disadvantages that often impede their access to health care, education, vocational training and employment. They are often vulnerable to violence and abuse, including sexual abuse and torture inside the home, at the hands of family members, caregivers, health professionals and members of community and are more vulnerable to HIV & AIDS.

Children are more vulnerable to violence and abuse and often their disabilities are as a result of poverty and preventable diseases such as measles, alcohol and drug abuse, or injuries sustained as a result of social and political violence. Children living in rural areas or in informal settlements are the most vulnerable.

People with multiple disabilities, mental disabilities, invisible disabilities, congenital disabilities and severe disabilities are special groupings who require special attention.

Most of the time mainstream services do not address their social needs adequately. Lack of comprehension of their needs often leads to misunderstandings, exclusion and wrong conclusions.

Implementation of the Strategy and Implementation Plan must take specific cognisance of the aforementioned groups in order to address their unique needs adequately.

CHAPTER 4

VISION, MISSION AND GUIDING PRINCIPLES

The vision of the DSD is *a self-reliant society*.

“Self-reliance” within the context of the Strategy and Implementation Plan implies:

- ✓ opportunities for people with disabilities throughout the full human cycle (from birth to old age) that allows for individual growth to the best of the ability of the person with a disability,
- ✓ reasonable accommodation that will enable people with disabilities (including people with mental disabilities) to be as self-reliant as possible,
- ✓ greater self-sufficiency and independence to the maximum extent possible, and less dependence,
- ✓ dignity and self-worth,
- ✓ self-representation and inclusive decision-making, and
- ✓ social integration focussing on the *abilities* of people with disabilities.

The mission of the DSD is *to ensure the provision of a comprehensive network of social development services that enables and empowers the vulnerable and those with special needs*.

People with disabilities are part and parcel of the mission of the Department which echoes vital disability mainstreaming aspects such as:

- ✓ integrated service delivery to meet the specific needs of people with disabilities,
- ✓ empowerment,
- ✓ equality with regards to needs and demands regardless of ability, and
- ✓ an enabling environment that supports the mainstreaming of the concerns of people with disabilities.

The following guiding principles underpin the Strategy and Implementation Plan.

- ✓ **Integrity** with reference to actions, values, methods, measures, principles, expectations, and outcomes when engaging with people with disabilities.
- ✓ **Cooperation and collaboration** through the establishment and maintenance of strong partnerships working together to achieve disability mainstreaming.
- ✓ **Accountability and responsibility** for decisions taken and actions implemented that impact on people with disabilities.

- ✓ *Caring, consideration and responsiveness* to the specific needs of specific disabilities (e.g. mental or intellectual disabilities, visual disabilities, hearing disabilities, physical disabilities etc.) and for those people with disabilities with increased vulnerability such as women, children, older people etc.
- ✓ *Dignity* regardless of the extent of disability and/or the kind(s) of disability experienced by a person.
- ✓ *Self-representation (“nothing about us without us”) and inclusive decision-making* by people with disabilities in processes and structures of decision-making (e.g. programme or project conceptualisation and design, consultation processes, participation in task teams etc.) on issues that affect them, and the right to choose/nominate someone (e.g. a family member or care giver) to represent them in situations where they cannot represent themselves.
- ✓ *Independence* to the maximum extent possible, for example, independent living. All assistance and support provided to people with disabilities must be with their full consent and inclusion (i.e. principle of self-representation), and the purpose and outcome thereof must be self-respect and self-sufficiency.
- ✓ *Accessibility* to give effect to the principles of full inclusion, equality and participation in mainstream society to the maximum extent possible for people with disabilities. The correlation between lack of access and exclusion must be acknowledged at all times, thereby highlighting the necessity of barrier free access and universal design to accommodate people with disabilities without negatively impacting on people without disabilities.
- ✓ *Social integration* based on the social model that focusses on the abilities of people with disabilities and on the environmental barriers that they experience so as to ensure their full inclusion and integration into society. It both addresses the need for integration of people with disabilities into mainstream society as well as the need for integrated service delivery that facilitates their full social inclusion.
- ✓ *Empowerment and support* of the resourcefulness of people with disabilities and their families by providing opportunities to use and build their own capacity and support networks, and by exposing them to challenges, activities and opportunities that promote their participation and development. In addition, to empower and support all role-players to provide appropriate developmental social services to people with disabilities.
- ✓ *Batho Pele, or “people first”* according to the eight government principles of consultation, service standard, information, openness and transparency, access, redress, courtesy and value for money.

CHAPTER 5

GOALS, OBJECTIVES, STRATEGIES

There are eight long-term goals that the Department would like to accomplish with the disability mainstreaming strategy:

1. To have an organisational environment that enables disability mainstreaming.
2. To have the required capacity to address the needs of people with disabilities.
3. To work towards a paradigm shift with regards to people with disabilities amongst the employees of the Department and the community at large.
4. To mainstream disability throughout the work of the Department via legislation, policies, strategies, frameworks, implementation plans, budgets, programmes, projects, monitoring and evaluation etc. that apply to service delivery practices.
5. To have optimal working alliances (e.g. inter-departmental, intra-departmental, inter-sectoral and inter-governmental networks and partnerships) with a view to improving the quality of life of people with disabilities as service users.
6. To ensure universal accessibility and reasonable accommodation (i.e. with reference to the physical environment, information and communication), as it relates to the Department, to people with disabilities as service users.
7. To empower people with disabilities in communities so as to increase their ability to become equal social development partners together with the Department (i.e. to make the mind shift from “recipients” to “active participants”).
8. To enable the prioritisation of disability as a social development concern by operationalizing the Strategy and Implementation Plan in the Department, the broader disability sector and other stakeholders.

Each of the goals has a number of measurable results (objectives), possible strategies to achieve them.

Goal 1:

To have an organisational / institutional environment that enables disability mainstreaming

Objective 1: Work towards ensuring the political will/ buy-in and commitment of (a) the Premier, (b) the Member of the Executive Committee (MEC), and (c) the Provincial Legislature's Standing Committee responsible for social development, for the mandate of the Department to give effect to disability mainstreaming , through:
(a) an awareness-raising and sensitisation programme, and
(b) an independent oversight "watchdog" body (see Goal 7, Objective 1).

Strategies:

- (a) Use the positive attitude of the current Premier towards disability concerns to advocate for:*
 - *the Premier's public support of disability concerns, i.e. by means of publicly signing a pledge, and*
 - *the public support of the MEC to address disability mainstreaming, i.e. by means of publicly signing a pledge.*
- (b) Raise the level of awareness of the Premier and MEC and sensitise them about disability and mainstreaming against the background of, inter alia,:*
 - *The Department's mandate to give effect to Provincial Strategic Goal 3 : "Increase wellness, safety and tackle social ills" and PSG2: "Improving education outcomes and opportunities for youth development".*
 - *The various national DSD documents related to disability.*
- (c) Support the establishment of an independent oversight "watchdog" body as a means to create open, continued dialogue between the disability sector and the Premier, MEC and Department so as to enable direct advocacy for disability mainstreaming.*

Objective 2: Work towards ensuring the **commitment of senior managers** in the Department to disability mainstreaming

Strategies:

- (a) *Raise the level of awareness of senior managers and sensitise them about disability and mainstreaming against the background of, inter alia,:*
 - *The Department's mandate to give effect to Provincial Strategic Goal 3 :“Increase wellness, safety and tackle social ills and PSG2: “Improving education outcomes and opportunities for youth development”.*
 - *The various national DSD documents, and*
- (b) *Build the technical skills of senior managers about disability and mainstreaming.*
- (c) *Advocate for senior managers to make a firm commitment to disability mainstreaming in the form of their Annual Performance Plans (APPs) and Key Performance Areas (KPAs).*
- (d) *Ensure that specific senior managers are responsible for disability mainstreaming within each programme of the Department.*

Objective 3: The Disability Programme enables the cultivation of self-identified **champions** for disability mainstreaming in the service delivery of the Department in the form of senior managers, other employees and from the disability sector and other stakeholders.

Strategies:

- (a) *Identify potential champions for disability mainstreaming.*
- (b) *Target the champions with regards to awareness-raising, sensitisation and skills development about disability and mainstreaming.*
- (c) *Focus advocacy on the champions to make a firm commitment to disability mainstreaming in their APPs and KPAs.*

Objective 4: Specific delivery on disability is increasingly a mandatory part of **APPs and KPAs** throughout the Department.

Strategies:

- (a) *Advocate for the inclusion of disability in all APPs and KPAs.*
- (b) *Assist with the development of appropriate measurable objectives and indicators to track progress via the monitoring of APPs and KPAs (e.g. a checklist of accountability against which disability mainstreaming can be measured throughout the entire Department).*

Objective 5: The Department has **organisational structures, mechanisms and processes** to:

- (a) **Drive the process** of disability mainstreaming (i.e. with reference to the role of the Disability Programme),
- (b) ensure that the concerns of people with disabilities are at the centre / in the main stream of **all planning and decision-making** processes, at **all** levels of planning with reference to service delivery and employment practices, with cognisance of the diverse nature of disability,

- (c) support **inter-departmental, intra-departmental, inter-sectoral, and inter-governmental collaboration**,
- (d) **monitor and evaluate** progress with disability mainstreaming with reference to service delivery (linked to APPS and KPAs) , and
- (e) ensure **information exchange** in order to support the practical implementation of disability mainstreaming.

Strategies:

- (a) *Evaluate the existing organisational structures, mechanisms and processes to be able to deliver on the above-mentioned aspects.*
- (b) *Determine the most optimal requirements to give effect to the aforementioned.*
- (c) *Where necessary, advocate for the establishment of new organisational structures, mechanisms and processes to deliver on the above-mentioned.*
- (d) *In the absence of immediately having the optimal requirements, investigate how partnerships and networks can strengthen the ability of the Department to give effect to the aforementioned.*

Objective 6: The **organisational culture** of the Department with reference to disability is addressed via an on-going awareness-raising and sensitisation programme

Strategies:

- (a) *Launch an on-going awareness-raising and sensitisation programme throughout all levels of the Department that, inter alia, uses:*
 - *peer support for people with disabilities in the Department,*
 - *the specialist training and existing awareness programmes of stakeholders in the disability sector,*
 - *the principle of self-representation,*
 - *South Africa's signing of the various international instruments related to disability,*
 - *social media (e.g. Facebook, Twitter, a website, a blog site etc.), and*
 - *local "celebrity ambassadors" to break down negative societal stereotypes and perceptions about persons with disabilities.*

Objective 7: The **resource allocation** (financial resources, human resources, service delivery infrastructure etc.) for (a) the Department, in general, and (b) the Disability Programme, specifically, to address disability concerns within the mandate of the Department is adequate, optimally utilized and realistically increased per annum.

Strategies:

- (a) *Investigate the option of shared resources with the disability sector and other stakeholders.*

(b) Implement sustainable programmes (measured according to criteria reflecting sustainability) to maximise resources instead of once-of events or short-term projects.

Objective 8: The Department has a **capacity building and skills development programme** related to disability and mainstreaming to address the capacity needs of:

- (a) the Disability Programme (linked to their on-going professional development and occupational specific skills development) so as to increase internal expertise,
- (b) key people in other programmes so as to support disability mainstreaming throughout the Department (see Goal 2, Objective 2)
- (c) senior managers (see Goal 1, Objective 2)
- (d) the agents of the Department (e.g. carers, voluntary workers, parents of children with disabilities, local disability forums etc.) (see Goal 2, Objective 3)
- (e) selection panels (see Goal 4, Objective 1)
- (f) all levels of the Department (see Goal 5, Objective 1)
- (g) training in the use of mainstreaming tools (see Goal 5, Objective 1)and
- (h) working with disaggregated data and statics (see Goal 5, Objective 2)

Strategies:

- (a) Determine the current and required skills levels of the various role-players that the capacity building and skills development programme should address (as outlined above).*
- (b) Design and implement a skills development programme to ensure internal expertise.*
- (c) Establish partnerships with external stakeholders to increase expertise.*
- (d) Establish a pool of disability and mainstreaming experts (including people with disabilities) to increase the expertise of the Department.*
- (e) Undertake and/or promote research in disability mainstreaming (see Goal 7, Objective 2).*

Objective 9: The Disability Programme increases their **formalised partnership agreements** aimed at enhancing the process of disability mainstreaming by 10% per annum.

Strategies:

- (a) Undertake a stakeholder analysis to determine potential partners for the Disability Programme.*
- (b) Purposely maintain existing partnerships and establish new partnerships.*

Objective 10: The Disability Programme will have a disability mainstreaming **network** in place that can strengthen (a) intra-departmental (b) inter-departmental, (c) inter-sectoral and (d) inter-governmental communication and information sharing.

Strategies:

- (a) Evaluate and improve existing networks to be able to deliver on disability mainstreaming.*
- (b) Where necessary, establish new networks to deliver on the above-mentioned.*

Objective 11: The **HRBA (Human Rights-Based Approach)** is implemented as one of the cornerstones for giving effect to disability mainstreaming in the Disability Programme and in the service delivery and employment practices of the Department.

Strategies:

- (a) Raise awareness on a senior-management level about the linkages between the mandate of the Department and the HRBS, with specific reference to the outline thereof in the national DSD, National Policy on the Provision of Social Development Services to People with Disabilities (2012).*
- (b) Advocate for the implementation of the HRBA by the Department.*
- (c) Use the linkages between the HRBA and the mandate of the Department and the Programme to strengthen the mainstreaming of disability concerns.*

Goal 2:

To have the required capacity to address the needs of people with disabilities with reference to external service delivery and internal employment practices.

Also addressed by:

- Goal 1, Objective 2 (capacity of senior managers)
- Goal 1, Objective 3 (capacity of champions)
- Goal 1, Objective 7 (data and statistics)
- Goal 1, Objective 8 (capacity building programme)
- Goal 1, Objective 8 (internal expertise)

Objective 1: The Department has a reliable **database of people with disabilities** as well as the required methodology to obtain and maintain up-to-date data and statistics on disability.

Strategies:

- (a) Form partnerships and work in networks that are focussed on data and statistics.*
- (b) Use the results of the data and statistics as the basis for determining the capacity required by the Department to address the needs of people with disabilities.*

Objective 2: On-going support is provided to all programmes of the Department with reference to the integration of disability concerns in their particular areas of service delivery (in accordance with national DSD policies).

Also addressed by:

- Goal 1, Objective 2 (identify senior managers responsible for each programme)
- Goal 1, Objective 7 (sustainable programmes)

Strategies:

- (a) Use the mainstreaming activities as outlined in the national DSD policies as the starting point for engagement around disability mainstreaming with the various programmes in the Department.*
- (b) Involve all stakeholders to provide support with the initiative.*

Objective 3: Focus on building the **capacity of the “agents” of the Department** that can play a vital role with regards to disability mainstreaming in communities, e.g. carers, voluntary workers, parents of children with disabilities, local disability forums etc.

Strategies:

- (a) Investigate how the specialised staff (e.g. advisory services) of stakeholder organisations, disability champions and the community at large can play a role in the provision of such capacity.*
- (b) Partner with stakeholders to jointly provide the required capacity.*
- (c) Investigate the possible use of learnerships and internships.*
- (d) Investigate the option of a train-the-trainer initiative.*

Objective 4: The Department will have a specific initiative to deal with the unique challenges of people with disabilities in **rural and semi-rural areas**.

Also addressed by:

- Goal 1, Objective 10 (addressing disability in an integrated manner)
- Goal 2, Objective 7 (basket of services / integrated service delivery)

Strategies:

- (a) Identify the unique needs of people with disabilities outside of the metropolitan areas.*
- (b) Partner with stakeholders to design a rural / semi-rural specific response.*
- (c) Investigate the options for CSI support.*

Objective 5: The Department has a **database of possible funders / donors** (e.g. private sector, CSI, international social development funding agencies, philanthropic organisations etc.), with an interest in disability and social development.

Strategies:

- (a) Undertake research and compile a database of possible funders / donors.*
- (b) Determine the most urgent needs for which resources are required based on the areas of interests of possible funders / donors.*
- (c) Partner with the disability sector and other stakeholders to present an integrated approach to funders / donors.*
- (d) Start the on-going process of approaching possible funders / donors with proposals.*

Objective 6: The Department works towards the provision of a “**basket of services**” (**integrated service delivery**) to people with disabilities so as to address their needs in a more integrated and coordinated manner.

Also addressed by:

- Goal 1, Objective 10 (addressing disability in an integrated manner)
- Goal 2, Objective 5 (integrated service delivery in rural and semi-rural areas)

Strategies:

- (a) Unpack the notion of a “basket of services” and determine what it will mean for people with disabilities in terms of available mainstream and specialised services (e.g. rehabilitation, protective workshops, residential care facilities, persons with intellectual disabilities), in view of the challenges and successes of previous initiatives with the approach.*
- (b) Research best-practice approaches and/or models to address the need for a “basket of services”.*
- (c) Align the initiative with the national DSD, National Policy on the Provision of Social Development Services to People with Disabilities (2012).*
- (d) Identify and approach the relevant other stakeholders that should be involved.*
- (e) Address the issues of (a) government red tape, (b) service delivery bottlenecks, and (c) how to address the service delivery needs of people with disabilities as a service delivery priority.*
- (f) Identify potential areas for joint planning with sister departments (and other stakeholders) and initiate such joint planning sessions.*

Objective 7: (a) All the staff of the Disability Programme, (b) the Department’s social workers and (c) the Department’s auxiliary social workers are able to use South African **sign language** (SASL) and/or Makaton (for children) well enough to communicate on their own with people who cannot hear.

Strategies:

- (a) Form partnerships with stakeholders to roll-out the required training.*
- (b) Investigate the option of donor funding and/or CSI for the project.*

Objective 8: The Department has the required **braille and audio translation equipment** in order to communicate on their own with people who cannot see.

Strategies:

- (a) Form partnerships to secure expertise in this regard.*
- (b) Investigate the option of donor funding and/or CSI support for the project.*
- (c) Make the equipment available to sister departments and other stakeholders on a “user pays” basis to recover the initial costs of purchasing the equipment.*

Goal 3:

To work towards a paradigm shift with regards to people with disabilities amongst the employees of the Department and the community at large.

Also addressed by:

- Goal 1, Objective 6 (organisational culture of the employees of the Department)

Objective 1: The attitudes and perceptions of the community, as clients of the Department, with reference to disability are addressed.

Strategies:

- (a) An on-going awareness-raising and sensitisation programme to target the broad community as clients of the Department through the use of:*
 - peer support for people with disabilities in the communities that the Department serves,*
 - the specialist training and existing awareness programmes that stakeholders in the disability sector can offer,*
 - the principle of self-representation as an awareness-raising methodology,*
 - the various community forums aimed at social development (e.g. local disability forums, local economic development forums, IDP forums etc. as partners in addressing the attitudes and perceptions of communities,*
 - the various special days to focus awareness, e.g. disability month, child protection month, community events etc.,*
 - social media (e.g. Facebook, Twitter, a website, a blog site etc.),*
 - faith-based organisations as an awareness-raising methodology, and*
 - local “celebrity ambassadors”.*

Goal 4:

To mainstream disability throughout the work of the Department via legislation, policies, strategies, frameworks, implementation plans, budgets, programmes, projects, monitoring and evaluation etc. that apply to service delivery and internal employment practices.

Objective 1: Disability is integrated into all existing and new **legislation, policies, strategies, frameworks, implementation plans, budgets, programmes, projects, monitoring and evaluation etc.** as it relates to service delivery and the employment practices of the Department.

Strategies:

- (a) Raise awareness about the importance of the inclusion of disability concerns in the above-mentioned.*
- (b) Use the disability champions for advocacy.*
- (c) Undertake an analysis to determine the extent of existing exclusion.*
- (d) Use the database of available mainstreaming tools to address the gaps identified in the audit.*
- (e) Use the various available platforms to discuss and address the identified gaps (e.g. the disability forums).*
- (f) Identify and use all applicable policies and legislation related to disability mainstreaming and integration.*

Objective 2: All **data and statistics** generated by the Department (as it relates to service delivery and the employment practices of the Department) are disaggregated according to disability (including different disabilities).

Strategies:

- (a) Raise awareness about the importance of disaggregated data and statistics.*
- (b) Design a template and guidelines to ensure disaggregated statistics that reflect disability.*
- (c) Form a partnership with Statistics South Africa to provide support and guidance.*

Objective 3: Maintain and strengthen the **specialised services** offered to people with disabilities that cannot be accommodated as part of mainstream service delivery, such as rehabilitation, protective workshops, residential care facilities, persons with intellectual disabilities etc.

Strategies:

- (a) Determine the full extent of specialised services that is required, but cannot be offered by mainstream service delivery.*
- (b) Investigate options for resource sharing to deal with the shortfall of specialised services.*
- (c) Focus on growing partnerships and networks that can specifically address the shortfall of specialised services.*

Goal 5:

To have optimal working alliances (e.g. inter-departmental, intra-departmental, inter-sectoral and inter-governmental networks and partnerships) with a view to improving the quality of life of people with disabilities as service users and as internal employees.

Also addressed by:

- Goal 1, Objective 5 (organisational structures, mechanisms and processes)
- Goal 1, Objective 9 (partnerships)
- Goal 1, Objective 11 (networking)

Objective 1: To have a **networking and partnership database** that can be drawn on to strengthen the capacity of the Department with regards to disability.

Strategies:

- (a) Develop a partnership and networking database.*
- (b) On an on-going basis, identify new partnership and networking needs and opportunities.*
- (c) Establish partnerships and networks as required and ensure on-going maintenance thereof.*
- (d) Use partnerships and networks to proactively work towards resource sharing to enhance service delivery.*

Goal 6:

To ensure universal accessibility and reasonable accommodation (i.e. with reference to the physical environment, transportation, information and communication), as it relates to the Department, to people with disabilities as service users and as employees of the Department (including mental disabilities).

Objective 1: Address **accessibility and reasonable accommodation** (inclusive of all forms of disability) as it relates to: (a) the ability of people with disabilities to access the services of the Department and (b) on the ability of the Department to give effect to its service delivery mandate with reference to people with disabilities.

Strategies:

- (a) Undertake an accessibility and reasonable accommodation analysis.*
- (b) Based on the results of the analysis, determine the most appropriate methodology to improve the situation.*
- (c) Advocate for accessibility and reasonable accommodation to receive priority attention with regards to resource allocation as part of the Department's annual budget.*
- (d) Use the disability champions to advocate for accessibility and reasonable accommodation.*
- (e) Use the independent oversight ("watchdog") body to monitor accessibility and reasonable accommodation (see Goal 8, Objective 1).*

Objective 2: The Department undertakes and/or promotes **research** focussed on affordable universally designed goods, services, equipment, facilities, and new technologies (including information and communications technologies, mobility aids, devices and assistive technologies).

Strategies:

- (a) Determine which research is a priority within the mandate of the Department.*
- (b) Form partnerships with stakeholders that can be supported to undertake the research.*
- (c) Try to secure funding from CSI, donor funding, philanthropic organisations etc. to undertake research.*

Goal 7:

To empower people with disabilities in communities so as to increase their ability to become equal social development partners together with the Department (i.e. to make the mind shift from “recipients” to “active participants”).

Objective 1: The Department will support the formation of an **independent oversight (“watchdog”) body**, external to the Department, to continuously monitor the service delivery of the Department with regards to disability mainstreaming.

Strategies:

- (a) Mandate the disability sector to facilitate the establishment of such a body.*
- (b) As and when requested by the disability sector, cooperate in the establishment and functioning of the body.*
- (c) Use the body as an advocacy and monitoring ally for the Department.*

Objective 2: The Department has an **empowerment programme** aimed at building the personal capacity of people with disabilities in communities to meaningfully participate in the Department’s *mainstream* programmes / projects.

Strategies:

- (a) Identify the programme / project process opportunities in the Department (e.g. design, planning, implementation, monitoring etc.) where people with disability should be included.*
- (b) Identify the capacity required by people with disabilities to meaningfully contribute to the identified programme / project process opportunities in the Department.*
- (c) Partner with role-players to jointly address the identified capacity gaps.*
- (d) Investigate the possible use of learnerships.*
- (e) Investigate the options for CSI support.*
- (f) Investigate the option of a train-the-trainer initiative.*
- (g) Focus specific attention on the full development, advancement and empowerment of women with disabilities who are often subject to multiple-discrimination.*

Objective 3: Test the idea of an **information / advice centre and/or call centre** for people with disabilities.

Strategies:

- (a) Ensure that the information / advice centre and/or call centre can deal with the specific information needs of people with hearing and sight disabilities.*
- (b) Partner with role-players to jointly establish the information / advice centre and/or call centre.*
- (c) Find a sponsor for the project in the private IT and/or communication sectors.*
- (d) Investigate the options for CSI support.*

Goal 8:

To enable the prioritisation of disability as a social development concern by operationalizing the Strategy and Implementation Plan in the Department, the broader disability sector and other stakeholders.

Objective 1: The Strategy and Implementation Plan is approved by the **Department's senior management.**

Strategies:

- (a) Finalise the Strategy and Implementation Plan and submit it for approval.*
- (b) Raise awareness about the Strategy and Implementation Plan throughout the Department.*
- (c) Advocate for the implementation of the Strategy and Implementation Plan as the guiding document for the Department with reference to disability concerns.*
- (d) Use the independent oversight ("watchdog") body to monitor the implementation of the Strategy and Implementation Plan externally by the disability sector (see Goal 8, Objective 1).*

Objective 2: There is stakeholder support for the Strategy and Implementation Plan.

Strategies:

- (a) Raise awareness about the Strategy and Implementation Plan throughout the broader disability sector.*
- (b) Actively build partnerships and networks to give effect to the Strategy and Implementation Plan.*
- (c) Monitor the involvement in the implementation of the Strategy and Implementation Plan by stakeholders and make adjustments with regards to partnerships and networks where necessary.*

Objective 3: The Strategy and Implementation Plan is aligned with the **human life cycle approach** so as to ensure implementation throughout the full human life cycle (from birth to end of life) by all sister departments in accordance with their mandates.

Also addressed by:

- Goal 1, Objective 10 (integration of disability amongst sister departments)
- Goal 6, Objective 1 (sustainable working alliances)
- Goal 9, Objective 2 (support of sister departments for the Strategy and Implementation Plan)

Strategies:

- (a) Promote an integrated work approach based on the life cycle approach.*

- (b) *Demonstrate clear linkages between the Strategy and Implementation Plan and the life cycle approach.*
- (c) *Demonstrate how the mandates of sister departments coincide and support disability mainstreaming via the life cycle approach.*

Objective 4: Ensure the **monitoring and evaluation** of the Strategy and Implementation Plan, and link it to: (a) the broader monitoring and evaluation system of the Department, (b) the monitoring and evaluation requirements of the national DSD¹, and (c) international instruments.²

Strategies:

- (a) *Once approved by the Department, initiate the process to link the monitoring and evaluation of the Strategy and Implementation Plan with the broader monitoring and evaluation system of the Department.*
- (b) *Take steps to align the Strategy and Implementation Plan with the monitoring and evaluation requirements of the national DSD.*
- (c) *Ensure that the broader disability sector is involved via the independent oversight (“watchdog”) body (see Goal 8, Objective).*

Objective 5: The Programme has a **communication plan** to communicate information concerning the Strategy and Implementation Plan to all stakeholders – internal to the Department and with reference to external stakeholders.

Strategies:

- (a) *Identify the specific information and communication needs of each of the stakeholders involved.*
- (b) *Design an appropriate communication plan.*
- (c) *Address the specific information and communication needs of each of the stakeholders in the communication plan.*
- (d) *Use the communication plan to direct on-going communication between the Programme and stakeholders.*

¹ Refer, for example, to the national DSD, *Disability Mainstreaming Implementation Toolkit. Final Version Disability Mainstreaming Toolkit* (2012), *Policy on Disability*, and *National Policy on the Provision of Social Development Services to People with Disabilities* (2012).

² For example: the UN *Convention on the Rights of Persons with Disabilities and Optional Protocol*.

CHAPTER 6

GLOSSARY OF TERMS

Accessibility

Accessibility is a broad term that refers to infrastructural access (i.e. the physical environment, including transportation), access to information and communication (including technologies and systems) and environmental access. It refers to ways to easily and safely approach, use and benefit from a physical building, facility or service, appropriately set to enhance participation in economic, social, cultural and political activities and to enjoy and exercise rights and responsibilities by all citizens. It applies to buildings, roads, transportation and other indoor and outdoor facilities, (including schools, housing, medical facilities and workplaces), information, communications and other services (including electronic services and emergency services) etc. It should enable persons with disabilities, on an equal basis with others, to live independently and participate fully in all aspects of life.

Advocate / Advocacy

Advocacy is a political process by an individual or group which aims to influence public policy and decisions about resource allocation within political, economic, and social systems and institutions. It includes media campaigns, public speaking, commissioning and publishing research etc. Lobbying is a specific form of advocacy where a direct approach is made to legislators on an important issue.

Agents of the Department

Agents of the Department refers to people and organisations that the DSD uses to give effect to their mandate with reference to people with disabilities, e.g. carers, voluntary workers, parents of children with disabilities, local disability forums etc.

Assistive devices

An assistive device is any device and/or ergonomic solution, capable of reducing the social effects or barriers experienced by people with disabilities. It refers to equipment, tools, products and consumables that support independent living, and are required to promote the integration and equalization of opportunities of persons with disabilities into all mainstream activities including activities of daily living and employment.

Awareness-raising and sensitisation

Consciousness-raising or awareness-raising is a form of political activism that became popular as a result of the 1960s women's movement in the United States. It takes the form of a group of people (e.g. the Disability Programme) attempting to focus the attention of a wider group of people (e.g. the rest of the Department) on some cause or condition (e.g. disability). It is often regarded as

the first step to changing how organisations handle an issue, and raising awareness is often the first activity of advocacy.

Basket of services

A “basket of services” refers broadly to an integrated, coordinated approach to the provision of service delivery that aims to prevent unnecessary duplication and working in “silos”.

Capacity / Capacity building

Capacity building is a conceptual approach to development that focuses on understanding the obstacles that inhibit people and organizations from realizing their developmental goals while enhancing the abilities that will allow them to achieve measurable and sustainable results. It refers to strengthening the skills, competencies and abilities of people and organisations.

Coaching (see also mentoring)

Coaching is a teaching, training or development process according to which an individual is supported while achieving a specific professional (or personal) result or goal.

Corporate Social Investment (CSI)

CSI refers to projects that are external to the normal business activities of a company and not directly for purposes of increasing company profit. Such projects have a strong developmental approach and utilise company resources to benefit and uplift communities. CSI is one of the sub-components of corporate social responsibility and aims to uplift communities in such a way that quality of life is generally improved and safeguarded.

Disability

Disability is an evolving concept and resulting from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. “Discrimination on the basis of disability” means any distinction, exclusion or restriction 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, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.

Disability champions

Disability champions are people in the Department (on all levels), as well as external stakeholders, that identify themselves with advocating for the rights of people with disabilities.

Disability mainstreaming

Disability mainstreaming is the integration of disability issues into an organization’s analysis, planning, performance, personnel, policy, monitoring and assessment. It is a broad strategy for making the concerns and experiences of children, men and women with disabilities (not excluding

parents of children with disabilities) an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres so that they all benefit equally and inequality is not perpetuated. Mainstreaming involves ensuring that disability perspectives and inclusion become central to *all* activities - policy development, research, advocacy/ dialogue, legislation, resource allocation, planning, implementation and monitoring of programmes and projects. The ultimate goal of disability mainstreaming is inclusion, so that persons with disabilities benefit on an equitable basis, and all socio-economic services are accessible to all persons with disabilities. In the context of a rights discourse and sustainable development, mainstreaming is about dignity, self-worth, autonomy and self-determination.

Empower / Empowerment

Economic empowerment refers to facilitating the active participation of people with disabilities who are able to be economically active in mainstream economic activities, including employment in decent jobs and/or ownership and partnerships in business initiatives. Economic activities refer to employment that are financially viable, lucrative and profitable and that render a person economically independent and able to provide for their own socio-economic needs. Empowerment must be directed at skills development to enhance accessing employment opportunities, promote sustainable livelihoods, support independence and self-sufficiency, and engender integration into mainstream society. Empowerment also refers to social or personal empowerment as it relates to issues pertaining to life and social skills, positive self-image and self-perception, positive inter-personal relations and communication, coping and parenting skills and understanding and comprehending relevant policies and available social services. Often, people with disabilities are more vulnerable than non-disabled people because of their disability when they become victims of crime, etc. Their needs in terms of victim empowerment include responding to their needs in respect of their disability.

Evaluation (see also monitoring)

Evaluation is the assessment of overall achievement. It refers to the assessment of programmes, projects and plans to see if it is achieving the desired impact. Examples of evaluation methodologies include surveys, case studies, observations, impact assessments, programme reviews etc.

External mainstreaming (see also internal mainstreaming)

External mainstreaming refers to disability mainstreaming in terms of the service delivery of the Department. It entails that *every* programme of the Department adapt their *core* service delivery to take the various considerations of people with disabilities into account. External disability mainstreaming implies adjustments to policies, programmes and projects aimed at providing services to people with disabilities to ensure that they not only benefit equally from these services, but are also able to fully participate in the implementation thereof and exercise their human rights as other members of society.

External stakeholders (see also internal stakeholders)

External stakeholders refer to stakeholders outside the Department that have an interest in the implementation of something (e.g. mainstreaming of disability). They may have a positive or negative influence on a process. Stakeholders are anyone who has an interest in a process, e.g. individuals and organizations that are actively involved, or whose interests may be affected as a result of the process. They may also exert influence over the process's objectives and outcomes. The project steering a process must identify the stakeholders, determine their requirements and expectations, and, to the extent possible, manage their influence in relation to the requirements to ensure a successful process.

Inter-departmental

Inter-departmental refers to actions between departments, for example, between DSD and one of the sister departments, or the national DSD.

Internal employment practices

Internal employment practices refer to workplace policies, programmes, practices and processes as it relates to the employees of the Department, and the DSD as an employer. It touches on the implementation of the Employment Equity Act, Skills Development Act and related employment legislation.

Inter-governmental

Inter-governmental refers to actions between the different spheres of government, i.e. national, provincial and local government.

Internal expertise

Internal expertise refers to expertise (i.e. extensive skills, knowledge or ability based on research, experience or occupation in a particular area such as mainstreaming and disability) that is present in the Department, for which the Department is not dependent on outside (external) expertise.

Internal mainstreaming (see also external mainstreaming)

Internal mainstreaming focuses on integrating disability concerns into workplace policies, programmes, practices and processes. It complements the implementation of the Employment Equity Act, Skills Development Act and related employment legislation. It should benefit unemployed people with disabilities who are looking for employment, and also officials with disabilities already employed by the Department. It requires the Department to implement measures to deal with the considerations of people with disabilities as employees.

International instruments

International instruments refer to the various international and regional declarations, protocols, conventions etc. that South Africa is a signatory to, and which is binding on the South African government as a member of the UN, the Commonwealth, the African Union or the Southern African Development Community (SADC).

Inter-sectoral

Inter-sectoral refers to, for example, coordination or liaison within a specific sector such as the disability sector.

Intra-departmental

Intra-departmental refers to actions within the DSD, e.g. between different programmes of the Department.

Human Rights-Based Approach (HRBA)

The HRBA refers to the provision of all human and socio-economic rights. It provides a set of performance standards against which governments and other actors can be held accountable. It reinforces commitment to, participation and mainstreaming of human rights as the central core in the formulation, implementation, review, monitoring and evaluation of all policies and programmes. The HRBA 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 people, with a specific emphasis on the needs of the most disadvantaged – such as people with disabilities. The approach is guided by a number of universally accepted human rights principles.

Mentoring (see also coaching)

Mentorship is a personal developmental relationship in which a more experienced or more knowledgeable person helps to guide a less experienced or less knowledgeable person.

Organisational culture

Organisational culture refers to the behaviour of people who are part of an organization (such as the DSD) and the meanings that they attach to their actions. It includes the Department's values, visions, norms, working language, systems, symbols, beliefs and habits. Organisational culture affects the way people and groups interact with each other.

Organisational structures, mechanisms and processes

Organisational structures, mechanisms and processes refer to the way in which the Department is organised to support day-to-day functioning with reference to communication, information sharing, coordination, integration, reporting, monitoring etc.

Monitoring

Monitoring is the routine assessment of on-going activities and progress which allows for timely adjustments to be made to ensure the desired outcomes. Examples of methodologies include exit interviews, site inspections/visits, review meetings, reviews of reports etc.

People with disabilities

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. People with disabilities refer to persons of any age group, sex or race who has a disability. It includes children with disabilities, women with disabilities, youth with disabilities, aged persons with disabilities and persons with disabilities that are infected or affected by HIV and AIDS.

Reasonable accommodation

Reasonable accommodation means necessary and appropriate modification and adjustments, not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

Self-representation

Self-representation or “nothing about us without us” is about people with disabilities voicing their own concerns, speaking for themselves. It implies inclusive decision-making on issues that affect people with disabilities, as well as the right to choose/nominate someone (e.g. a family member or care giver) to represent them in situations where they cannot represent themselves.

Sister departments

Sister departments refer to the other provincial and national government departments that the DSD has to work with.

Sustainable

Sustainable refers to a focus on building self-reliance and sufficiency, enhancing the skills of people with disabilities and thereby their chances of employment in terms of economic opportunities that may exist, and on improving their lives on a social and economic level. It implies supporting programmes that contribute to addressing poverty, promoting sustainable livelihoods, ensuring equity in the distribution of resources and gender balance in the consolidation of skills development in both rural and peri-urban areas.

Universal design


Universal design refers to 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 specialized design. It includes assistive devices and technologies for particular groups of persons with disabilities where these are needed.

RECOMMENDATION:

In terms of the above mentioned it is recommended that approval is granted for the Implementation of the Disability Mainstreaming Strategy 2015 – 2020.

~~Support/Not Supported~~
Comments:

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Chief Director: Social Welfare Services
Date: 26/9/16

~~Supported / Not Supported~~
Comments:

Subject to availability of budgets
and human resources. Would also
like to see issue of
referral pathways
and information
on available services
addressed.


.....
Head of Department Dr R MacDonald
Date: 2016-09-26

~~Approved/Not Approved~~
Comments:

concur with H.O.D. on the
above comments.


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MEC of Department of Social Development – Adv A Fritz
Date: 30/09/2016

REFERENCES

- *Compendium of International and Regional Instruments*, United Nations Enable. Online at <http://www.un.org/esa/socdev/enable/compendium.htm>
- Department of Provincial and Local Government. *Guidebook for Mainstreaming Equity Considerations in Local Government* (final draft), 2008
- Department of Provincial and Local Government. *Disability Framework for Local Government 2009 - 2014*
- Department of Public Works. *Disability Policy Guideline*
- Department of Social Development (national). *Disability Mainstreaming Implementation Toolkit. Final Version Disability Mainstreaming Toolkit*, 2012
- Department of Social Development (provincial). *Disability Mainstreaming Implementation Plan for the Western Cape Department of Social Development 2013*. (Assignment delivered as part of the mainstreaming training of the Unit for Human Rights Mainstreaming & Capacity Building, Stellenbosch University.)
- Department of Social Development (national). *National Policy on the Provision of Social Development Services to People with Disabilities*, 2012
- Department of Social Development (national). *Policy on Disability*.
- Miller, Carol & Albert, Bill. Disability Knowledge and Research. *Mainstreaming disability in development: Lessons from gender mainstreaming*, 2005. Online at http://r4d.dfid.gov.uk/PDF/Outputs/Disability/RedPov_gender.pdf
- Ngumba, J. W. National Council for Persons with Disabilities (Kenya). *Guidelines for Implementing the Performance Indicator on Mainstreaming Disability*, 2011. Online at www.knbs.or.ke/KNBSManuals/policiesandPresentations/DISABILITY_MAINSTREAMING_GUIDELINES2.ppt
- Norwegian Agency for Development Cooperation (NORAD). *Mainstreaming Disability in Development Cooperation*, Oslo, 27th to 29th March 2011. Online at <http://www.riglobal.org/wp-content/uploads/2011/06/Oslo-Seminar-on-Mainstreaming-Disability-in-Development.doc>
- *Overview of International Legal Frameworks for Disability Legislation*, United Nations Enable. Online at <http://www.un.org/esa/socdev/enable/disovlf.htm>
- United Nations *Convention on the Rights of Persons with Disabilities and Optional Protocol*

- United Nations Economic and Social Council, Commission for Social Development. *Mainstreaming disability in the development agenda*, 23 November 2007. Online at www.un.org/disabilities/documents/reports/e-cn5-2008-6.doc
- United Nations *Standard Rules on the Equalization of Opportunities for Persons with Disabilities*