DEPARTMENT OF SOCIAL DEVELOPMENT
DISABILITY PROGRAMME
CONCEPT PAPER

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VISION
A self reliant, socially empowered, mainstreamed disability sector

STRATEGIC GOAL
To have appropriate services that promotes an optimal life for people with disabilities

Executive Summary
The Disability Programme plays an essential role in the Department of Social Development 10 year Integrated Service Delivery Strategy. This concept paper describes the current realities that people with disability and their families are facing in the Western Cape. The strategy is therefore based on the assumptions that a community based, family environment is the best place for a person with disability and that strengthening people with disability, their families and the communities in which they live promotes the development of an optimal quality of life.

It further calls for the recognition that people with disabilities and their families are also experts in the field of disability, have resources and coping strategies. This needs to be recognized, affirmed, further developed and thus calls for intervention to strengthen and build on what is already available.

The strategy also requires a shift in emphasis from statutory intervention to the strengthening of people with disability, their families and communities through awareness and prevention, early intervention and accessible, integrated service delivery at a local level.

The programme intends to strengthen, support and enable the vulnerable to access their right to a quality life by shifting from Social Welfare to Social model. The new model focuses on abilities rather than disabilities and reinforces the principles of full participation, inclusion and acceptance of people with disability as part of mainstream society.

1. INTRODUCTION
The purpose of this programme is to enable the provision of appropriate services which promote optimal life for people with disability thus creating a safety net for the most vulnerable in our society. This is also particularly in line with the ANC Plan of Action which calls for the equalisation of opportunities, life long learning and economic opportunities for people with disabilities. This is important because persons with disabilities are still exposed to restrictive environments and barriers that continue to marginalise and exclude them from mainstream society and its social and economic activities. This creates barriers to accessing their fundamental human rights inclusive of basic needs such as shelter, health care, education, employment and ultimately optimal quality of life. They are stigmatised as being unable to function independently thus rendering them vulnerable to exclusion in the socio-economic arena.

It is also critical to note that disability does not only affect the disabled individuals but also the family and the immediate community hence the programme also seeks to create an enabling environment for the provision of appropriate support programmes for the families/ care givers as they are or should be the primary support systems. In many instances, often the immediate families carry the financial, medical, physical and emotional burden of care. There is a therefore, a great need for support programmes which will enhance the quality of life for people with disabilities and their families throughout the lifespan.

2. DEFINITION AND CONCEPTS

Disability- For purposes of this paper disability is defined as

“Disability means a moderate to severe limitation in a person’s ability to function or ability to perform daily life activities as a result of a physical, sensory, communication, intellectual or mental impairment”. Furthermore, when it comes to Social Services, we look at a person with disability in totality and not only his/her functioning capacity. The Social Model calls for an emphasis on abilities of People with Disabilities rather than their differences or disabilities. It further acknowledges the social context and needs of People with Disabilities and the impact that these have on their full participation, inclusion and acceptance as part of mainstream society and encourages broader systemic and attitude changes in society, promotes People with Disabilities themselves being part of transformation processes that impact on their lives.” (As approved by the National Cabinet)
Disability Mainstreaming
It is a strategy for making the concerns and experiences of people with disabilities an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that people with disabilities enjoy equal benefits and to eliminate the perpetuation of inequality. The ultimate goal is to achieve equality in respect of disability. In other words, mainstreaming disability is about ensuring that disability issues are incorporated into all policies, plans and programmes as part of the normal planning and budgeting processes.

Accessibility
The extent to which aspects of society can be equally, easily, safely and appropriately used or reached by people with disabilities. These aspects include buildings, facilities, constructed spaces, transport, information, equipment, services, activities, resources, utilities, language, communication and technology.

Barriers
Obstacles and impediments that prevent people from free movement, decision making, association and participation. They may be environmental (physical) or created by attitudes and systems

Exclusion
To be prevented by social systems from participating or benefiting, being shut out or left out because society is unable to accommodate different or special needs.

Inclusion
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

3. LEGISLATION AND INTERNATIONAL OBLIGATIONS
The programme derives its mandate from the following:-

South African Legislation
- Mental Health Act No 17 of 2002
- Social Assistance Act No.13 of 2004
- Non Profit Organisations Act No71of 1997
- Public Finance Management Act
Policies:
- Policy on Disability
- Minimum Standards on Residential Facilities for Persons with Disabilities
(Please refer to Departmental Strategy for other pieces of legislation)

National and International Instruments:-
- South African Disability Human Rights Charter
- Plan of Action on the African Decade for Disabled People
- Standard Rules on the Equalisation of Opportunities for People with Disabilities
- United Nations Convention on the Rights of Persons with Disabilities
- World Programme of Action Concerning Disabled Persons
- UN Declaration on the Rights of Disabled Persons

4. SITUATION ANALYSIS
- Prevalence of Disability

The Western Cape is home to approximately 186,850 people with disabilities (Census 2001). This translates to 4.1% of the total population with physical disability accounting for 28.8% followed by the visually impaired at 18.3% and the hearing impaired with 14.2%.

Community Survey 2007 however found the following:
- 7% (282,833) of the people of the Western Cape indicated that they had a disability.
- 3.54% (10,025 persons) of the population of the Western Cape reported that they had a physical disability.
- 1.22% (3,464 persons) had a hearing disability
- 1.11% (3,151 persons) reported a sight disability.
- Communication and intellectual disability were the least recorded at 0.2% (553) and 0, and 28% (786) respectively.
- A higher proportion of males between the ages of 10 and 59 are disabled. Most of them have a physical disability which they acquire mainly in their late teens or early twenties.

However, it should be borne in mind that statistics and information on the nature and occurrence of disability are scant and usually unreliable, for various reasons. For
instance, while a number of surveys have attempted to address the issue of disability in South Africa, there is little agreement between the findings. The definitions of disability and methods used to identify people with disabilities were not consistent through surveys.

**Different forms of disabilities**

- **Physical Disability** – Some examples of physical disabilities include:-
  - Cerebral palsy – resulting from damage to the brain (often during birth) that causes muscle inco-ordination
  - Quadriplegia – a substantial loss of function in all four limbs.
  - Paraplegia – a substantial loss of function in the lower part of the body.
  - Hemiplegia – a substantial loss of function on one side of the body (arm and leg), often due to a stroke or as a result of epilepsy.
  - Post-Polio Paralysis – weaknesses in some muscles, and under-development of some limbs.

Assistive devices are very important tools that are used by people with physical disabilities to overcome barriers, for example wheelchairs, callipers, special shoes, artificial limbs, adjustments to motor vehicles etc.

People with severe physical disabilities in addition often require assistance in the form of personal assistants to enable them to live independent lives.

- **Visual Disability** – the loss of eyesight. It may be total or partial

People with visual disability usually require much specialised spectacles, Braille or large prints and other equipment to assist them to compensate for their low vision.

- **Hearing Disability**

Hearing loss may be mild, severe or total. Hearing aids can assist people who are hard of hearing to communicate easier with the hearing world. Also, sign language interpreters are essential to break down communication barriers between the Deaf community and the hearing world.

- **Intellectual Disability**

People with intellectual disabilities find it difficult to learn and retain new information, and often to adapt to new situations. One example of intellectual disability is Down Syndrome. It is a genetic condition that is characterized typical features. It is caused by an abnormality in the genetic material. Although Down Syndrome, like other intellectual
disabilities, cannot be cured, children with Down Syndrome benefit immensely from appropriate early intervention. By receiving the correct educational and vocational services from a few months old, babies born with Down Syndrome can go on to lead productive and fulfilled adult lives.

- **Mental Disability**

Mental disabilities include cognitive, psychiatric and learning disabilities.

Particular attention needs to be given to the right of people with mental disabilities to advocate for their own rights, and not to always be ‘spoken for’.

- **Psychiatric Disability**

Enabling mechanisms include medication, counselling and peer support, family support and personal assistance to enable the person to live independently in the community.

- **Multiple Disabilities** – means having two or more of the disabilities e.g. Deaf- Blind

Access to assistive devices, specialised equipment, personal assistance, and interpreters/ interveners are essential enabling mechanisms to enable people with multiple disabilities to live independently and participate fully.

- **Epilepsy**

Seizures are usually controlled with medication

- **Albinism**

People with albinism often develop visual disabilities that impact on their levels of participation.

The most enabling mechanisms for people with albinism are:-

i) Positive attitudes from peers and communities.

ii) Assistive devices such as large prints, spectacles, specialised equipment and

iii) Protective clothing and medication such as cream that protect their skin against the sun.

- **Autism (Autistic Spectrum Disorder)**

It is a complex and variable developmental disability which occurs as a result of disordered brain development and function, altering the child’s quality of development in areas of communication, social interaction and imagination skills.
Autistic Spectrum Disorder is not curable, but it is treatable. Intensive team intervention and an individualized, specialized education plan must be implemented as early as possible, to ensure the child reaches his/her full potential in life.

**Sectors experiencing high levels of exclusion**

Particularly vulnerable to disability are the traditionally disadvantaged groups in South Africa, including: - women with disabilities, children with disabilities, people with severe intellectual or mental disabilities, youth with disabilities, people with disabilities living in remote rural areas, people with disabilities who have been displaced by violence and war, people with Acquired Immune Deficiency Syndrome and people with multi – disabilities. (INDS, 1997).

**CURRENT TRENDS**

- **Disability and Poverty**

  There is a strong relationship between disability and poverty. Poverty makes people more vulnerable to disability and disability reinforces and deepens poverty.

- **Disability and HIV/AIDS**

  There is a correlation between HIV/AIDS and poverty. Given the spread of the epidemic, there seems little doubt that there will be an increase of people who develop disabilities secondary to being HIV positive.

  Furthermore, people with disabilities are also at increased risk for every known risk factor for HIV/AIDS, yet they are still largely ignored in HIV prevention campaigns worldwide. (Groce, 2003, p1401). Inaccessibility of the information, example awareness based interventions that have a strong component of education and communication have also not looked at the needs of the Deaf and people with visual disabilities.

  To sum it up, although the impact of HIV/AIDS on people with disabilities has received less attention, there are efforts / initiatives taken by the Disability sector, e.g. Non Governmental Organisations and many Disabled People Organisations to develop responses to the epidemic.

- **Disability and substance abuse**

  There is not much documented information on the prevalence of substance abuse amongst people with disabilities, however, the prevalence of Fetal Alcohol Spectrum Disorder (FASD) in the wine growing regions in the Western Cape has been noted and it is a lifetime disability caused by mother drinking alcohol during pregnancy.
• **Disability and Gender**

Gender inequality still poses a challenge too. For instance, women with disabilities experience higher levels of discrimination and disadvantage than their male counterparts. (Elwan, 1999).

Few studies conducted also confirm that children and women with disabilities are at risk of sexual abuse. (Collins, 2001; Groce & Trasi, 2004)

• **Disability and Early Childhood Development (ECD)**

Currently services to children with disabilities are provided in isolation from mainstream services to children in general. They often suffer discrimination and stigmatisation and some people see disability as limiting the child’s ability to do anything at all and are seen as burden.

Children with disabilities who do not need special services should be naturally accepted in the mainstream such as ECD programmes and those in special services should be appropriately resourced.

This fusion of all these elements mentioned above calls for an integrated, collective approach to mainstream the needs of people with disabilities across all sectors of government as well as the DSD programmes in order to break down the barriers of exclusion and marginalization.

There is a need to create an enabling environment that allows people with disability to remain in their families and communities wherever possible.

It is also worth noting that there is a shift to some organisations starting to move away from specialisation in one particular disability towards offering programmes and services that are available to people with various disabilities. This is most evident in the rural areas and is based purely on the current lack of service providers and distances people have to travel to access services.

5. **STAKEHOLDER**

• The key recipients of our services are people with disabilities, their families and the communities in which they live who need easy access to appropriate information, support and services.
- To achieve the programme partners with a range of service providers across the province i.e. Non Governmental Organisations, Disabled Peoples Organisations etc. In order for them to implement high quality services the DSD provides the legislative framework, policies, funding and capacity building.
- Close liaison with other government departments, spheres of government, community structures is also crucial to ensure integrated service delivery as disability cuts across all sectors.
- The Business / Private sector is another important stakeholder as they provide funding, contracts, training and employment opportunities.
- Lastly, all DSD programmes need to contribute towards creating an enabling environment for people with disability and their families. District Offices and Facilities are critical to implementation of integrated, accessible services at a local level.

6. INTEGRATED SERVICE DELIVERY FRAMEWORK
   1. AWARENESS & PREVENTION (Inform & Educate)

Description
This is the most important aspect of social service delivery. Programmes are designed to create awareness of the rights and responsibilities and provide information about services which are available. It aims to strengthen self reliance
**Strategic Objective:**
People with disabilities, their families and care givers have access to information and services/resources available to support and strengthen them

<table>
<thead>
<tr>
<th>Measurable Objective</th>
<th>Performance Measure/Indicators</th>
<th>Assumptions</th>
<th>Annual Targets</th>
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<tbody>
<tr>
<td>To ensure the provision of information through awareness campaigns to raise awareness of the rights, responsibilities, attitudes and misconceptions about disability, abilities of people with disabilities and services/resources available and in all 16 District Offices by March 2017</td>
<td>Number of awareness campaigns</td>
<td>People with disabilities have assets and strengths that can be strengthened and developed.</td>
<td>2007/08 Year 1</td>
</tr>
<tr>
<td>To annually facilitate policy education and training workshops that promote prevention of disability and enable individuals and families to make timely, informed choices that can lead to positive behaviour change by March 2017</td>
<td>Number of training workshops</td>
<td>Some forms of disabilities are preventable when people are given appropriate information</td>
<td></td>
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</table>
Desired Outcomes

1) People with disabilities, families and care givers have access to information and the services / resources available to strengthen and support them.

Proposed Basket of Services

- Celebration of national and international days.
- Awareness and advocacy programmes (Conscientising and educating communities on rights, needs and abilities of people with disabilities, also addressing attitudes and misconceptions about disability)
- Awareness programmes, promoting prevention of disability
- Capacity building and empowerment programmes

Action Plans

- Create access to information about Acts and Policy affecting persons with disabilities
- Develop a data base of services available to persons with disabilities, their families and the NGO sector
- Make available up to date demographic information about persons with disabilities including their strengths and assets
- Facilitate the implementation of an Advocacy programme for rights of disabled
- Facilitate the implementation public education / disability awareness programmes to reduce prejudice and prevent discrimination in order to bring about societal changes in attitudes towards people with disabilities and challenge stereotypes.
- Facilitate the development and delivery of programmes that strengthen and develop life skills for people with disability and their families

2. EARLY INTERVENTION

Description

Services delivered at this level make use of developmental and therapeutic programmes to ensure that those who have been identified as being at risk are assisted before they require statutory services, more intensive intervention or placement in alternative care.

It’s services aimed at promoting and protecting the well being of people with disabilities/ families etc especially those in difficult circumstances. These services are designed to mitigate against the following: marginalization, exclusion, isolation and poverty.
**Strategic Objective:**
At risk individuals (people with disabilities, families/ care givers) are identified early and assisted before they require more intensive intervention or placement in alternative care

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<td>To ensure provision of developmental, community based and therapeutic programmes that support people with disabilities, families / care givers by March 2017</td>
<td>Number of services available/ offered at community level</td>
<td>A variety of appropriate support services for persons with disabilities, families / care givers needs to be accessible and integrated locally.</td>
<td>3740 people reached</td>
</tr>
<tr>
<td>Number of persons with disabilities /families or caregivers reached / accessing the services.</td>
<td></td>
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**Desired Outcomes**
- Services for people with disability and their families are coordinated, appropriate and accessible

**Proposed Basket of Services** (basket of supportive, protective & developmental services)
- Programmes promoting social integration
- Economic empowerment / skills development programmes
- Community-based rehabilitation programmes
- Day care services
- Provision of psycho-social support programmes
- Family support services: linking families to relevant services
- Therapeutic and support programmes: social work interventions: counseling and support services
- Development and strengthening to support groups, peer counseling and group therapy
- Support networks: people with disabilities/ parents/ families: Families to improve quality of care, strengthening coping skills, trauma debriefing, facilitating parenting skills training programmes etc
- Capacity building and empowerment programmes: empowerment programmes enhancing positive lifestyles, positive self-image, positive self perception, coping skills, life skills programmes etc
- Social protection programmes i.e against violence, abuse etc
- Strengthening of existing support groups
- Referrals

**Action Plans**

- Develop an early identification and referral system
- Facilitate the development and delivery of accessible counseling and rehabilitation
- Facilitate access to accredited training programmes that build life and work skills for people with disabilities
- Facilitate the development of programmes for people with disabilities, their families & caregivers

3. **STATUTORY/ RESIDENTIAL** (protecting and enforcing)

**Description**

At this level the individual is no longer able to function adequately in the community. Services are aimed at supporting and strengthening the individual and the family involved. The person with disability may have to be removed from his/her family and placed into alternative care. Alternative care should, wherever possible, be a temporary measure followed by aftercare services that enable the individual to return to the family or community.

**Strategic Objective**

Statutory and residential services provided to persons with disabilities promote adequate protection, care and support and adhere to principles of self representivity, exclusivity, equal opportunity and accessibility.
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<td>2007/08 Year 1</td>
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<tr>
<td>To ensure that services are appropriate and comply with the statutory requirements and minimum standards by March 2017</td>
<td>No of funded service providers in compliance with minimum standards. No of people with disabilities accessing the services Quarterly progress reports on adherence to prescripts</td>
<td>Compliance to minimum standards by all funded organisations</td>
<td>3740 people accessing service</td>
</tr>
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**Desired Outcomes**
- All service providers comply with the statutory requirements and minimum standards
- People with disabilities, especially children receive adequate protection, care and support

**Proposed Basket of Services**
- Alternative care placement: foster care placements
- Residential care (To comply with minimum standards on residential facilities)
- Capacity building, educational programmes
- Rehabilitation services
- Support services

**Action Plans**
- Develop indicators to ensure principles are met
- Monitor & evaluate service delivery ensuring compliance with legislation
- Ensure that all facilities and service providers are accredited and provide a quality service

4. **REINTEGRATION**

**Description**
Programmes and services at this level are aimed at reintegration in a way that enhances self reliance and optimal social functioning. This could include services aimed at improving family and community well being.
(Services aimed at reunification/maintaining level of reconnection – create and sustain opportunities)

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</table>
| **To ensure the provision of after care support services that promote reintegration by March 2017** | Number of services available/offered to people with disabilities and their families promoting reintegration.  
Number of people with disabilities accessing the services | A community based, family environment is the best place for a person with disability | **2007/08**  
Year 1  
2425 people | **2008/09**  
Year 2  
2500 | **2009/2010**  
Year 3  
3000 | **2010/2011**  
Year 4  
3500 | **2011/2012**  
Year 5  
3600 | **2012/2017**  
Year 10  
5000 |

**Desired Outcome**

- People with disabilities have appropriate family contact and remain part of the community: i.e. has access to appropriate accommodation, transport and a sustainable income.

**Proposed Basket of Services**

- Programmes promoting social integration
- Economic empowerment / skills development programmes
- Community-based rehabilitation programmes
- Provision of services that facilitate deinstitutionalization
- Day care services
- Respite care
- Support/ Assisted Living
- Protective workshops
- Family support services
- Therapeutic and support programmes
- Capacity building and empowerment programmes
- Social protection programmes i.e against violence, abuse etc
- Strengthening of existing support groups
- Facilitate access to support equipment and devices
Action Plans

- Facilitate the provision of a range of integrated services across government departments within communities inclusive of housing, transport, health care, education, sustainable livelihoods, rehabilitation and support services.

Assumptions

- A community based, family environment is the best place for a person with disability
- People with disabilities and their families have assets and strengths that can be developed
- Families need to be strengthened and supported to deal with the economic, physical and emotional impact of disability
- Communities have an important role to play in the protection and support of people with disabilities and their families
- When people with disability are at risk the state must intervene
- A variety of support and services for people with disability and their families needs to be accessible and integrated locally
- Strengthening people with disability, their families and the communities in which they live promotes the development of optimal quality of life

Conclusions

This paper outlines a strategy that creates a shift in emphasis from statutory intervention to awareness, prevention, early intervention and reintegration. Furthermore, it also outlines a shift from social welfare approach to social development which puts more emphasis on abilities rather than differences, reinforcing full participation, inclusion and acceptance of people with disabilities as part of mainstream society thus destigmatising disability, strengthening and supporting the vulnerable towards realisation of the ultimate goal of an optimal life. The programme also centres around a family and community based approach that promotes dignity and self worth.