

OFFICE OF THE PREMIER

Western Cape



Integrated Provincial Disability Strategy (IPDS)

NOVEMBER 2002

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Office of the Premier
Western Cape

Acknowledgements

The Premier of the Western Cape wishes to acknowledge the contribution of all individuals, organizations and departments that contributed participated in the production of the IPDS. In particular he would like to acknowledge the following participants' in the development process:

- The then Department of Social Services for taking the lead in 1997 and making their services, facilities, resources and time available for facilitating, co-ordinating and processing the information in various draft formats. A special word of thanks to Kota van der Mescht and Henry Tebbutt who played a pivotal role in the facilitation, organization and completion of this process.
- The member organizations of the Western Cape Network on Disability namely: the Association for Physically Disabled; the Cape Mental Health Society; the Cerebral Palsy Association; DEAFSA, Western Cape; Disabled People South Africa; Ikamva Labantu; the Institute for the Promotion of Disabled Manpower; the Oasis Association; the Quadriplegic Association Western Cape; Epilepsy South Africa, Western Cape; the South African Foundation of Cheshire Homes; the Western Cape Council for the Blind; the Western Cape Forum for Intellectual Disability as well as other organizations such as the Community Law Centre and the Western Cape Disabled Sports Association for their critical and valued inputs as well as participation.
- The government officials, representing the then provincial Departments of Economic Affairs, Agriculture and Tourism; Environmental Affairs, Culture and Sports; Education; Health; Planning, Local Government and Housing as well as the regional offices of National Departments namely Justice, Labour and the S.A. Police Services that continuously provided inputs and feedback.
- The staff of the Directorate of Communication Services who assisted with certain translations and proofreading.
- All the organizations that kindly submitted photographs for use in the IPDS document; and
- All local government structures who assisted in making their staff and facilities available for consultative meetings.

'See Annexure A for the Western Cape Provincial Government's new 13 Departments and contact details.

T-oreword

The Integrated Provincial Disability Strategy (IPDS), as approved by Cabinet on 8 May 2002, is one of the most important documents ever published by the Provincial Government of the Western Cape. The result of an exhaustive process of consultation and refinement; it captures the commitment, of every Ministry, Department, and public servant in the Western Cape, to equalising opportunities for people with disabilities in our province.

For most South Africans the subject of disability is unfamiliar territory – vaguely uncomfortable and mostly perceived as someone else’s problem. The fact is, however, that one in every twenty people in our country has some kind of disability. There are estimated to be more than 145 000 people with disabilities in the Western Cape alone. The reality is that disability is a part of our daily life, and as Government it is our duty to ensure that the rights of people with disabilities are respected, supported and promoted.

It is no surprise that poverty and disability often go hand in hand – poverty aggravates the challenges of disability, and disability makes it that much more difficult to escape the poverty trap. Our objective must always be to treat disability not as a health and welfare issue, but rather as an issue of equal opportunity to contribute to society and be gainfully employed. We must bridge the gap between the disability sector and mainstream society by integrating issues of disability into private and public life.

Our overarching goal is to build a world class Province which cares for all its people in the Western Cape. It is absolutely necessary for all people, from all communities to feel included and empowered by their Provincial Government in order to achieve this. Lack of access is exclusion. Exclusion is just another word for discrimination and the violation of basic human rights. No community, no group, and no person must ever feel excluded or discriminated against in our Province.

The IPDS will play a key role in helping us to ensure that people with disabilities in the Western Cape are fully empowered to make the most of their personal potential. The finalisation of the IPDS has been a lengthy process but a very necessary one. I would like to thank every official, organisation and institution who has contributed to the strategy – but special thanks must be extended to the staff of the provincial Office on the Status of Disabled Persons, whose dedication and enthusiasm has helped to drive the process to completion.

Housing, transport, social services, education and almost every other conceivable function of government forms part of this strategy. Despite its comprehensive nature it really represents a beginning, not an end. The IPDS must remain a living and breathing document if it is to fulfil its purpose of ongoing empowerment.



Conferences like the recent ACCESS 2002, as well as continuing consultation and engagement with the disability sector, must enable us to assess the progress which we are making towards achieving these goals.

Ultimately our focus must be on changing approaches to disability. The sooner we can change the attitude from one of seeing the person in the wheelchair as the difficulty *to* one which views the inaccessible stairs or the inappropriate facilities as the problem, the sooner we can truly claim to be building the world class Province which cares for all its people.



Marthinus Van Schalkwyk
PREMIER OF THE WESTERN CAPE

Executive Summary

The Integrated Provincial Disability Strategy (IPDS) document is the result of a decision taken by government departments and non-governmental organisations during 1997 to develop a disability strategy for the Western Cape that relates to the White Paper on the Integrated National Disability Strategy. The decision to address disability issues from an intersectoral perspective was based on the notion that all government departments should commit themselves to establishing effective programmes which ensure the integration of disability issues into their line functions. The need for a comprehensive, well-organised service delivery system with regard to disability has further inspired a cooperative approach to this matter. By interfacing with the NGO (non-governmental organisation) sector the government departments demonstrate their viewpoint that policies and strategies should not be developed in isolation but in consultation with relevant stakeholders.

The document covers four areas, namely the context within which government departments should respond to disability; the prevalence of disability in the Western Cape; the current status of government's response to disability in the Province; and strategic objectives and related actions in response to challenges posed by the human rights and developmental approach to disability.

CONTEXTUALISATION

The principles, objectives and purpose of the document, discussed in Chapter One, are informed by international and national policy guidelines in respect of disability, based on a human rights and developmental approach. This approach focuses on key service delivery areas such as barrier-free access, education, economic empowerment, transport, rehabilitation, housing, sport, prevention and awareness-raising. Aside from health and welfare, these areas are crucial to ensure equal opportunities for persons with disabilities. Whereas disability was previously associated with health and welfare needs, a social model focusing on the afore mentioned social needs is endorsed and reflected in the mission of the strategy namely, "...to establish an appropriate supportive environment which will ensure equal opportunities for persons with disabilities.

PREVALENCE OF DISABILITY

Chapter Two analyses the prevalence and distribution of disability in the Western Cape in terms of geographical areas, age, population groups and type of disabilities, based on the 1996 census data. The analysis identifies specific vulnerable areas that need further investigation in the planning of services.

CURRENT STATUS

Chapter Three reflects the current status of the response to disability of different sectors within provincial and region-based national government departments. It

sets out ongoing services embedded in line functions, new policy developments and shortcomings.

STRATEGIC OBJECTIVES AND ACTIONS

Five strategies, namely awareness-raising and self-representation; prevention; enabling service delivery; information and research; and coordination, monitoring and evaluation are presented in Chapter Four. The strategies are based on the 11 strategic objectives reflecting the principles and philosophy of the social model. Actions planned by different sectors within government are linked to specific objectives in order to ensure that all areas pertaining to equal opportunities are covered. The fact that the bulk of the actions fall under the Strategy: Enabling Service Delivery, corresponds with the mission of the IPDS.

The IPDS document has been discussed in 15 workshops with stakeholders throughout the Province. Progress has been made in focusing on disability within the line functions of local governments. This process will be taken forward once the new local government structures are in place.

The establishment of the Provincial Office on the Status of Disabled Persons in July 1999 has given a specific impetus to the IPDS. It addressed the need for a coordinating and monitoring mechanism to ensure effective implementation and the establishment of links with the National Office on the Status of Disabled Persons.

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Introduction

The document supports the policy contained in the White Paper on the Integrated National Disability Strategy issued by the Office of the Deputy President in November 1997 and should be read as an extension thereof.

Disabled people's organisations have worked over the past decade to position disability as a human rights and developmental issue. This movement culminated in the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. These rules promote a social model in respect of disability, rather than a medical and welfare model, to address the needs of disabled persons. *Abilities* of disabled persons on the one hand, and *limitations* of society to address disability issues appropriately on the other hand, are central to the social model. Self-representation of people with disabilities is a key principle of the model.

The social model of disability focuses on the entire spectrum of social needs and advocates equal rights and responsibilities for disabled people. This implies that persons with disabilities should have equal opportunities to participate in society as well as the appropriate support to enable them to realise these expectations. The developmental needs of disabled persons should therefore be recognised and included in strategies that are aimed at the development and reconstruction of society.

The rights of persons with disabilities are protected by the Constitution of South Africa. This implies that government departments have a responsibility to ensure that steps are taken in each line function to enable persons with disabilities to access the same fundamental rights as other citizens. The White Paper on the Integrated National Disability Strategy has been compiled in line with the aforementioned approach to disability issues. The vision of this strategy is: *A society for all*. It implies that disability issues must be integrated in all government development strategies, planning and programmes. Disability is a complex issue. Services are provided by various disciplines and resources come from different sectors. Intersectoral planning and deployment of resources and services are required to ensure equal opportunities for all citizens.

The following key policy areas have been identified:

- prevention
- public education
- communication
- information and research
- barrier-free access
- education
- economic empowerment
- human resource development
- transport
- rehabilitation



- health care
- social welfare
- social security
- housing
- sport and recreation

Poor people face a greater risk of becoming disabled for a variety of reasons. Furthermore, the exclusion of disabled persons from employment in the open labour market leads to high levels of unemployment and dependence on social security benefits. In the Western Cape, high-risk groups of disabled people are the frail, the elderly, women and people in rural areas.

Chapter One: Focus and Scope of the IPDS

INTRODUCTION

The IPDS is based upon and should be read in conjunction with the following policies and guidelines that deal specifically with disability:

- The White Paper on the Integrated National Disability Strategy.
- The United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities.
- The World Programme of Action Concerning Disabled Persons.

The IPDS provides a mission and strategic framework to facilitate the purposeful integration of disability-related service delivery into line function responsibilities as well as the coordination and integration of programmes among government departments. Departments, including the Provincial Office on the Status of Disabled Persons, have to design detailed implementation plans linked to budgets and time-frames for each action in the IPDS.

PURPOSE OF THE IPDS

The purpose of the strategy is the application of the principles encompassed in the White Paper on the Integrated National Disability Strategy at provincial level. *The mission of the strategy is to establish an appropriate supportive environment which will ensure equal opportunities for persons with disabilities.* The following key factors are regarded as essential for the success of the strategy:

- The establishment of partnerships among disabled people's organisations, non-governmental service providers and government departments.
- The recognition of the characteristics, realities and resources of the Western Cape.
- The integration of disability issues into the line functions of government departments as well as a commitment on the part of government to address disability issues appropriately.
- An intersectoral approach in the planning and implementation of disability-related services and programmes.
- The allocation of funds to designated programmes.
- The implementation of appropriate services and programmes.
- The prioritisation of groups of disabled persons who are especially vulnerable.

PRINCIPLES OF THE IPDS

The following principles will underpin the provincial disability strategy:

- Persons with disabilities have the same rights and responsibilities as others.
- Persons with disabilities have the right to self-representation in processes and structures of decision-making that affect them. This includes people with mental disabilities or those representing them as their advocates.
- Disability and secondary complications of disabilities should be prevented in all sectors of society.
- Facilities, services and information enabling equal participation in the mainstream of society should be accessible to persons with disabilities.
- The family is promoted as a significant support system in meeting the needs of disabled persons.
- Independent living and the integration of disabled persons into the community should be enhanced.
- The need to provide specific interventions which meet the special needs of persons with various disabilities should be recognised, for example, interpreter services and training in sign language for the deaf.
- A human rights and developmental approach is required in order to address the needs of disabled persons as well as to integrate disability issues into line functions of all government departments. Dedicated budgets should be available to give effect to this approach.
- The multifaceted nature of disability requires intersectoral coordination between economic affairs, education, labour, local governments, transport, welfare, health, housing and sport and recreation.
- Resources and services available to meet the needs of disabled persons should be equitably distributed and deployed to eradicate the inequality and discrimination of the past.





STRATEGIC OBJECTIVES OF THE IPDS

The following strategic objectives will give effect to the aforementioned principles:

- Raise awareness of the rights of disabled persons and the causes and effects of disability
- Involve and support organisations in decision-making processes that affect persons with disabilities
- Provide programmes and services for disability prevention in collaboration with disabled persons
- Remove barriers that impede the participation of disabled persons in the mainstream of society
- Provide appropriate community-based support services to disabled persons, their families and care-givers
- Provide appropriate residential care to severely disabled persons
- Ensure that disability concerns are integrated into line functions of government departments
 - Reprioritise services and redistribute resources to ensure equity
- Establish a provincial information system with regard to disability
- Undertake and support research on disability and rehabilitation-related issues
- Establish mechanisms for coordination, collaboration and monitoring

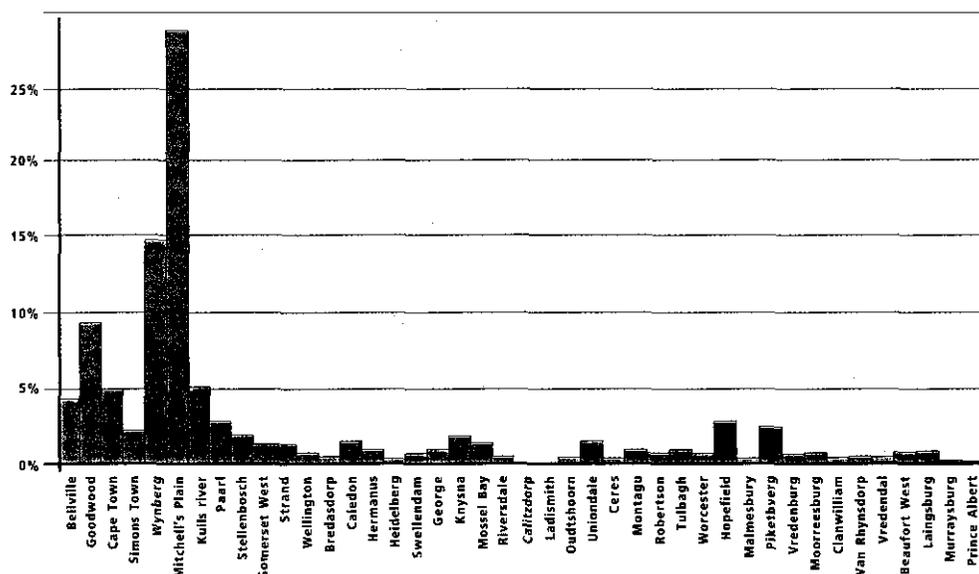
Chapter Two: Prevalence and Distribution of Disability in the Western Cape

According to the 1996 census, the prevalence rate for disability in the Western Cape is 3.7%, which is lower than the national average of **6.6%**. It correlates more or less with the findings (respectively **3.8%** and 5.9%) of a study done by the Community Agency for Social Enquiry (CASE)¹ on commission of the National Department of Health during 1997-1999. Prevalence and distribution regarding specific aspects will be discussed in the following paragraphs.

PREVALENCE AND DISTRIBUTION OF THE DISABLED POPULATION BY MAGISTERIAL DISTRICT

The following figure and tables give an indication of the prevalence of disability by magisterial district and the geographical distribution of people with disabilities.

Figure 1



¹ We also count! The extent of moderate and severe reported disability and the nature of the disability experienced in South Africa. Community Agency for Social Enquiry. October 1999

Table 1: Distribution of disability by magisterial district

MAGISTERIAL DISTRICT	TOTAL DISABLED POPULATION	
Beaufort West	1241	0.9
Bellville	6043	4.2
Bredasdorp	653	0.4
Caledon	1980	1.4
Calitzdorp	156	0.1
Cape Town	6904	4.8
Ceres	1285	0.9
Clanwilliam	725	0.5
George	3947	2.7
Goodwood	13152	14.7
Heidelberg	373	0.3
Hermanus	1205	0.8
Hopefield	37s	0.3
Knysna	2602	1.8
Kuils river	7015	4.8
Ladysmith	330	0.2
Laingsburg	172	0.1
Malmesbury	3545	2.4
Mitchell's Plain	41467	28.5
Montagu	1007	0.7
Moorreesburg	430	0.3
Mossel bay	1868	1.3
Murraysburg	203	0.1
Oudtshoon	2215	1.5
Paarl	3921	2.7
Piketberg	948	0.7
Prince Albert	110	0.1
Riversdale	651	0.4
Robertson	1091	0.8
Simons Town	3074	2.1
Somerset West	1754	1.2
Stellenbosch	2521	1.7
Strand	1535	1.1
Swellendam	920	0.6
Tulbagh	985	0.7
Uniondale	292	0.2
Van Rhynsdorp	418	0.3
Vredenburg	1119	0.8
Vredendal	1018	0.7
Wellington	910	0.6
Worcester	3856	2.7
Wynberg	21299	14.7
TOTAL	145315	100

Table 2 Prevalence of disability by magisterial district

MAGISTERIAL DISTRICT	TOTAL POPULATION	
Beaufort West	34490	3.6
Bellville	271253	2.2
Bredasdorp	24325	2.7
Caledon	79257	2.5
Calitzdorp	7154	2.2
Cape Town	176170	3.9
Ceres	50936	2.5
Clanwilliam	28206	2.6
George	111551	3.5
Goodwood	311728	4.2
Heidelberg	12167	3.1
Hermanus	29855	4
Hopefield	10065	3.7
Knysna	60100	4.3
Kuils river	251960	2.8
Ladysmith	13486	2.4
Laingsburg	5846	2.9
Malmesbury	119763	3
Mitchell's Plain	723871	5.7
Montagu	23176	4.3
Moorreesburg	13752	3.1
Mossel bay	57288	3.3
Murraysburg	5951	3.4
Oudtshoon	77893	2.8
Paarl	152210	2.6
Piketberg	38496	2.5
Prince Albert	9476	1.2
Riversdale	26141	2.5
Robertson	34188	3.2
Simons Town	75391	4.1
Somerset West	65080	2.7
Stellenbosch	78255	3.2
Strand	56123	2.7
Swellendam	33009	2.8
Tulbagh	30122	3.3
Uniondale	9364	3.1
Van Rhynsdorp	13982	3
Vredenburg	46560	2.4
Vredendal	30852	3.3
Wellington	44867	2
Worcester	132459	2.9
Wynberg	538718	4
TOTAL	3915536	3.7

Figure 1 and Table 1 indicate that 68% (98 954) of the disabled population live in the seven magisterial districts of the Cape Metropole. Table 2 shows that Mitchells Plain magisterial district has a significantly higher prevalence rate (5.7%) than the average rate (3.7%) of the Province. This could be an indication that the prevalence rate will most likely be higher in poverty-stricken urban areas. Districts that have a rate equal to or higher than the average rate of the Province are Wynberg (4.0%), Goodwood (4.2%), Simons Town (4.1%), Knysna (4.3%), Hermanus (4.0%), Montagu (4.3) and Hopefield (3.7%).

DISTRIBUTION OF THE DISABLED POPULATION BY AGE

Figure 2

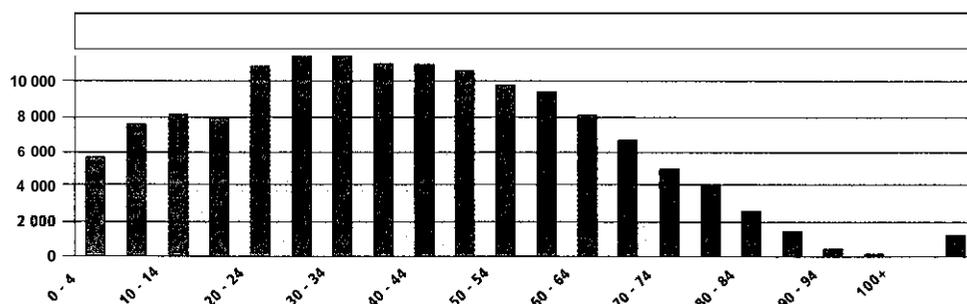
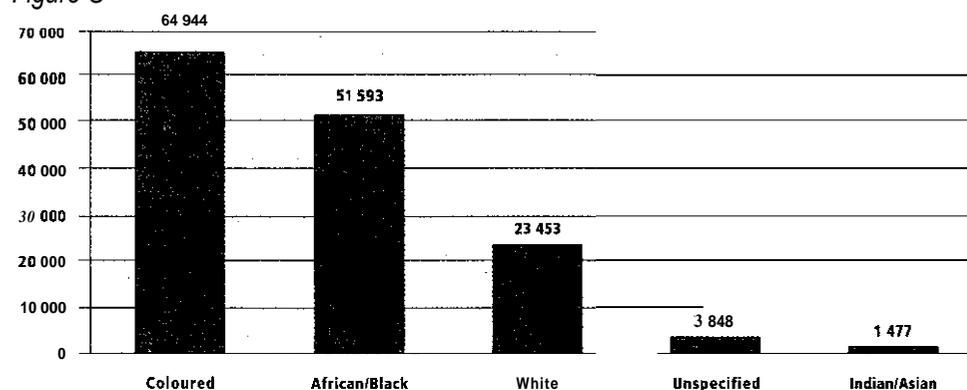


Figure 2 indicates that the age groups 25-29 and 30-34 represent the highest percentages, respectively 8.0% (11 566) and 8.2% (11 886) of disabled people in the Province. The distribution of the disabled population according to age is more or less similar to the age distribution (age pyramid) of the total population of the Province

DISTRIBUTION OF THE DISABLED POPULATION BY POPULATION GROUPS

Figure 3



The percentage (35.5%) of the African/Black group is significantly higher than the percentage (21.6%) of this group for the total population of the Province. The Coloured (44.7%) and White (16.1) groups, on the other hand, represent pro rata significantly lower percentages compared with the percentages of 56.0% and 21.4% for the total population. The picture in this figure 3 correlates with the conclusion in Table 2 that the prevalence of disability is likely to be higher in poverty-stricken areas. It also correlates with the findings of the CASE study that Africans/Blacks have a significantly higher disability prevalence rate, especially those living in urban areas. The highest number (64 944) of people with disabilities in the Western Cape Province are from the Coloured group, who are the dominant population group in the Province.

DISTRIBUTION OF DISABILITY BY TYPE IN THE WESTERN CAPE

Figure 4

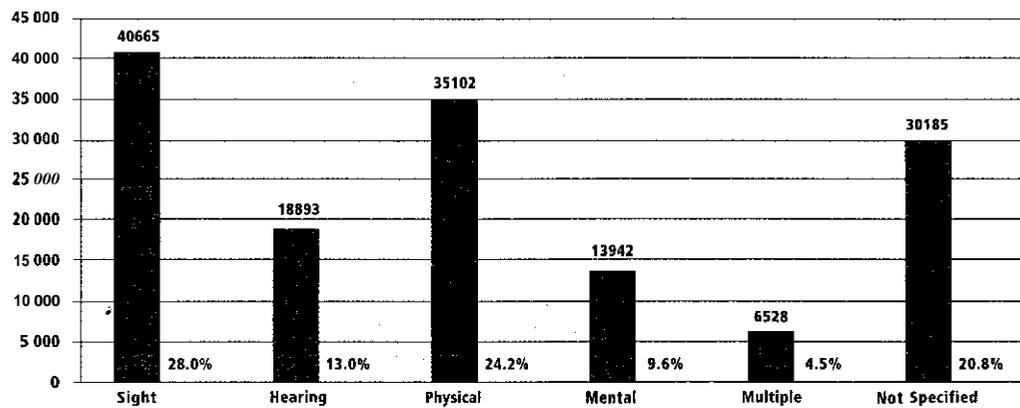


Figure 4 shows that visual impairment is the disability with the highest incidence in the Province, followed by physical disability. The distribution of disability in terms of types correlates with the pattern at national level. The findings of the CASE study similarly indicates that disabilities related to moving and seeing have the highest prevalence rate. Persons with multiple disabilities, who represent the most vulnerable group, form 4.5% of the disability population. A significant percentage (20.8% or 30 185) of persons with disabilities did not specify the nature of their disability.