DISABILITY MAINSTREAMING RESOURCE KIT

FOR

THE FIRSTRAND FOUNDATION TERTIARY EDUCATION PROGRAMME (TEP) PARTNERS

DEVELOPED BY:

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
AT:	Assistive Technology
CBR	Community Based Rehabilitation Programme
CEE:	Commission for Employment Equity
DPO:	Disabled People's Organisation
DPSA:	Disable People South Africa
EAP:	Economically Active Population
FAO:	Food and Agriculture Organisation
FRF	First Rand Foundation
FSALP	Food Security and Agricultural Livelihoods Programme
HIV:	Human Immune Deficiency Virus
INDS:	Integrated National Disability Strategy
M & E:	Monitoring and Evaluation
NGO:	Non-Governmental Organisation
PPs:	Programme Partners
TEP	Tertiary Education Programmes
UN	United Nations
WPRPD	White Paper on the Rights of Persons with Disabilities

INTRODUCTION

This Resource Kit, developed by the FirstRand Foundation (FRF), is intended to assist and guide its Programme Partners (PPs) to mainstream disability at an organisational, policy and programme/project level. The multiple levels of mainstreaming mean that PP's will be including persons with disabilities both as programme implementers and as beneficiaries. This Kit is intended to be a permanent resource for FRF PP's. However, it is important to note that it reflects the policies, programme and approaches to addressing disability matters at the time of writing, i.e. May 2016.

THE FRF'S COMMITMENT TO MAINSTREAMING DISABILITY

The FRF's decision to support the mainstreaming of disability across its PPs is rooted in:

a) South Africa's progressive Constitution and policies that strongly advocates the inclusion of persons with disabilities in mainstream society and the honouring of their human, social, economic and political rights as equals with all other able-bodied persons;
b) Its belief that PPs can directly improve the socio-economic conditions and quality of lives of persons with disabilities; and
c) Its understanding of the link between their programmes, poverty and disability.

THE DESIGN OF THE KIT

The Resource Kit is designed to give you:

- A general understanding of disability including on the different types of disabilities, the specific needs of each type of disability, the different models to addressing disability issues, negative perceptions and attitudes towards persons with disabilities and how to address these, and interacting with persons with disabilities (PART ONE).
- A general understanding of what disability mainstreaming means and guide you on where, how and when you can mainstream disability/include persons with disabilities as beneficiaries of your projects (PART TWO).
- General guidelines on how you can mainstream disability/include persons with disabilities in your organisation (PART THREE).

- Specific ideas and best practice examples of disability mainstreaming in the Food Security and Agricultural Livelihoods (PART FOUR).
- Practical resources on the above (PART FIVE).

A distinguishing feature of this Resource Kit is the inclusion of lessons learnt from FRF's Programme Partners' (PPs) experiences of mainstreaming disability, as well as their views on the type of guidelines they need to mainstream effectively within their projects.

Based on the needs of the PPs, this Resource Kit focuses more on mainstreaming disability within projects. However, guidelines on mainstreaming within the organisations are included in the latter part of the Resource Kit. The Resource Kit also contains a number of more detailed information "resources" for those who want to develop a more in-depth knowledge of disability and the mainstreaming thereof. The "resources" include 'templates' and 'forms' that can be used for certain mainstreaming tasks.

The FRF is confident that this Resource Kit will enable the FRF and all its PPs to tangibly contribute to making the inclusion of persons with disabilities in mainstream society a reality and a norm!

Although this Resource Kit is primarily intended for the FRF's PPs, it could be useful for other role players and organisations involved in, and wanting to mainstream disability in community level developmental programmes and projects.

PART ONE

UNDERSTANDING DISABILITY

1.1 WHAT IS DISABILITY?

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.**

- There are various definitions of disability.
- All the definitions share certain common elements even if they emphasise or express these differently (see info table below).
- The current definition of disability has evolved over time, and reflects a more progressive view of disability than was the case in the past.
- The occurrence or presence of disability varies. In some instances, disabilities are present from birth and in other's they occur during a person's lifetime.
- Disabilities can be permanent, temporary or episodic.
- Understanding disability terminology and their meanings will deepen your knowledge of disability matters.

RESOURCE 1 IN PART 5 OF THIS RESOURCE KIT PROVIDES SOME OF THE DIFFERENT DISABILITY TERMINOLOGY AND THEIR MEANINGS. THIS WILL ENHANCE YOUR UNDERSTANDING OF DISABILITY.

The **common elements** in the various definitions of disability are:

- Physical, mental, intellectual or sensory impairments.
- Internal and external limitations or barriers to full and equal participation.
- Loss or lack of access to opportunities due to environmental barriers and/or negative perceptions and attitudes of society.

The **key message that emerges from all definitions is** that while we need to acknowledge the limitations of persons with disabilities, we MUST always focus on the abilities of the person and the extent to which we/society can create an environment that enables full expression of their abilities.

As expressed in a statement by the Food and Agriculture Organisation (FAO) of the United Nations (UN):

"DISABILITY IS NOT INABILITY!"

(FOA Working in Support of Persons with Disabilities, 2006)

1.2 TYPES/CATEGORIES OF DISABILITY

There are different types or categories of disability as well as different levels of impairment within a disability category. For example, the hearing impairment disability category includes persons who are totally deaf as well as persons with partial hearing abilities.

Each type of disability has its own special needs. It important to fully understand each type of disability and the special needs associated with each type. The following table shows the most common categories of disability in South Africa; how each is defined and what its key characteristics are. Statistics on the prevalence of the different types of disabilities in South Africa is contained in Resource 2 in Part 8 of this Kit.

Table 1: Types/Categories of Disabilities

CATEGORY OF DISABILITY	GENERAL DEFINITION	KEY CHARACTERISTICS
Physical Disability: **1. Paraplegia** **2. Quadriplegia** **3. Hemiplegia** **4. Celebral Palsy** **5. Post-Polio Paralysis**	Refers to conditions caused by damaged muscles, nerves, skin or bones that results in general weakness or long-lasting pain. There are at least 5 sub-categories of physical disabilities.	Mobility or ability to perform daily activities such as dressing, eating and bathing is impeded. 1. Substantial loss of function in the lower body 2. Substantial loss of function in all four limbs 3. Substantial loss of function on one side of the body (arm and leg), often due to a stroke 4. Damage to the brain that causes muscular un co-ordination 5. Weakness in some muscles and under-development of some limbs
Hearing Disability	Refers to the total or partial loss of hearing. It can be mild, severe or total	A person with a hearing disability often has difficulty learning spoken languages, hearing warning signals and following verbal instructions. Hearing loss can lead to behavioural problems due to frustration, and it is sometimes difficult for a person with a hearing disability to make friends.

Visual Disability	Visual Impairment refers to the total or partial loss of sight. Blind refers to total loss of sight	A person who is blind experiences difficulty moving around and knowing where things are, as well as doing certain daily activities such as writing, reading and following visual signs/commands.
Mental Disability: **1. Intellectual disability** **2. Psychiatric disability**	Refers to a range of conditions including cognitive, psychiatric and learning disabilities. An example of intellectual disability is Down's Syndrome. Epilepsy itself is not a disability. Rather, it is a disorder characterised by a sudden disturbance of the brain resulting in a seizure, which could result in a physical or mental disability.	A person with an intellectual disability has difficulty learning or retaining new information, and often struggles to adapt to new situations. People with a psychiatric or mental illness often experience difficulty perceiving or interpreting reality, coping with daily life, forming and maintaining relationships, and dealing with difficult feelings and fears. They often see and hear things that do not exist. Medication taken to reduce symptoms can cause other symptoms, which in turn may present themselves as further signs of mental illness.
Multiple Disability	Means having two or more disabilities. For example, having a physical and intellectual disability.	

1.3 UNDERSTANDING THE PAST AND PRESENT PERSPECTIVES OF DISABILITY IN SOUTH AFRICA

There is a vast difference in the way disability was perceived and addressed under apartheid rule in South Africa; and the way it is viewed under our democratic dispensation. It is important to understand these different perspectives because it provides the context of some of the challenges we currently experience with mainstreaming disability as well as the framework for

full and equal inclusion of persons with disabilities in the mainstream of social and economic life.

RESOURCE 2 IN PART 5 PROVIDES SOME BASIC DATA ON THE PREVALENCE OF DISABILITY IN SOUTH AFRICA, INCLUDING ON THE PREVALENCE OF DIFFERENT TYPES OF DISABILITIES.

1.3.1 DISABILITY UNDER APARTHIED RULE

Prior to 1994, the then apartheid government addressed disability as a social welfare and medical concern. The term used for this approach is the "medical model".

The focus of the medical model is on providing social grants and some very basic and rudimentary social services, such as rehabilitation services, to persons with disabilities. This means that persons with disabilities are assessed, and their position and status in society is defined by their medical condition and the limitations these conditions impose on their mobility and ability.

The medical model does not in any way acknowledge the human, social, political and economic rights of persons with disabilities, and it certainly does not advocate for full inclusion and integration of persons with disabilities into mainstream society. Nor does the model consider or acknowledge the abilities of persons with disabilities.

Apartheid was a system of governance that emphasized and legalised differences between the country's racial groups. The vast majority of black citizens, particularly women, children and youth were placed at the lowest rung of the socio-economic ladder, as were people living in rural areas. The Apartheid government's racial policies resulted in the existence of large-scale poverty, unemployment and general inequalities in the lives of the country's black citizens in general.

The racial policies found expression even in the services that were provided for persons with disabilities. Persons with disabilities from the white race group received far more, and better services than their black counterparts. The patriarchal nature of Apartheid South Africa compounded the situation for women with disabilities, again more so for black women with disabilities.

Thus the pervasive racial policies of the Apartheid era translated into a status quo that resulted in black persons with disabilities becoming one of the most marginalized sectors of our society - experiencing extreme levels of exclusion, prejudice, isolation and denial and/or lack of access to fundamental rights and services. South Africa's 2015 White Paper on the Rights of Persons with Disabilities addresses this legacy of Apartheid in respect of persons with disabilities.

1.3.2 DISABILITY UNDER DEMOCRATIC GOVERNANCE

Post 1994, the country's democratically elected government developed and has been implementing in earnest, a transformation agenda aimed at building a just and equitable society for all. It is an agenda that includes all previously marginalized and vulnerable groups of society such as persons with disabilities.

The Constitution of the Republic of South Africa (Act No 108 of 1996) protects the rights and dignity of persons with disabilities. The Constitution is further translated into several national policies and legislation that promotes and supports the full equalization of opportunities of persons with disabilities and their integration into society; within a social model and human rights policy framework.

The social model acknowledges the social context and needs of persons with disabilities and the impact that these have on their full participation, inclusion and acceptance as part of mainstream society. It focuses on the abilities of persons with disabilities rather than on their differences or disabilities. It also encourages broader systemic and attitude changes in society; promotes mainstreaming of disability and reinforces the importance of persons with disabilities themselves being part of transformation processes that impact on their lives. This latter principle is encapsulated in the slogan of Disabled People South Africa (DPSA), an organization of persons with disabilities that says: "Nothing about Us without Us".

The social model and approach is further detailed in the country's White Paper on the Rights of Persons with Disabilities (2015). The White Paper presents a Vision of "*South Africa – a free and just society inclusive of all persons with disabilities as equal citizens".* It provides key policy areas, identifies policy objectives and details recommendations, strategies, mechanisms and specific areas for action that should be implemented by all role-players, directly or indirectly involved in addressing issues of disability. Also, it outlines the responsibilities and accountabilities of the various stakeholders. The White Paper is a collaborative effort of all

spheres of government, institutions promoting democracy, civil society and disability organisations.

The advent of democracy in the country also saw the South African government being signatory to, and in many instances actively participating in the development, adoption, ratification and implementation of international and continent wide instruments that address disability within a social model framework. Some examples of such instruments are the World Programme of Action concerning Disabled Persons, the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities; the Disability Rights Charter of South Africa, the African Decade for Persons with Disabilities and the 2007 United Nations Convention on the Rights of Persons with Disabilities.

Over and above creating a conducive policy and legislative environment for applying a social model to addressing disability issues, government established institutions to ensure the integration of People with Disabilities into mainstream society, and their full and equal access to all social and economic opportunities and activities. Some examples of these institutions are the Department of Social Development, the South African Human Rights Commission, the Commission on Gender Equality; the Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities; Public Service Commission structures in Offices of Premiers and Disability Desks in local government structures. These structures are tasked with coordinating, facilitating, promoting, monitoring, evaluating and reporting on the provision of all fundamental rights to persons with disabilities as defined in the Constitution and related policies and legislation. These structures are further mandated to develop and implement any initiatives that are deemed necessary to mainstream disability in all government policies and programmes line function departments at all spheres of government.

RESOURCE 3 IN PART 5 PROVIDES MORE DETAILS ON THE VARIOUS MODELS OR PERSPECTIVES OF DISABILITY. THIS RESOURCE SHOWS HOW PERCEPTIONS OF DISABILITY INFLUENCE THE MODEL AND APPROACH TO ADDRESSING DISABILITY.

1.4 UNDERSTANDING THE DISCRIMINATION, STIGMA, NEGATIVE PERCEPTIONS AND NEGATIVE ATTITUDES ABOUT PERSONS WITH DISABILITIES

Our country has made much progress in its approach to dealing with disability within a social model framework and as a human rights and developmental issue. We have developed and implemented various policies and programmes that recognize and acknowledge persons with disabilities as equal citizens who should enjoy equal rights and responsibilities.

However persistent discrimination, stigma, negative perceptions and attitudes towards, and stereotyping of, persons with disabilities threatens to nullify the progressive approach we have adopted as a country. Negative perceptions and attitudes are the biggest barriers that prevent persons with disabilities from being included and participating equally in mainstream social and economic life.

Much of the stereotyping can be attributed to traditional misconceptions and assumptions based on superstition, myths and beliefs about disability from earlier less enlightened times. These continue to be inherent in our society because they are constantly reproduced when we treat persons with disabilities as a separate group rather than including them in mainstream society. In the same way that racist or sexist attitudes, whether implicit or explicit, are acquired through the 'normal' learning process, so too are negative assumptions about disability and persons with disabilities.

Persons with disabilities mention the following ten (10) commonly recurring negative stereotyping they experience:

- a person with a disability is pitiable and pathetic;
- is an object of curiosity or violence;

- sinister or evil;
- a super cripple;
- an atmosphere;
- laughable;
- her/his own worst enemy;
- a burden;
- non-sexual; and
- unable to participate in daily life.

The cumulative effect of discrimination, stigma, negative perceptions and attitudes is that persons with disabilities continue to be one of the most marginalized and vulnerable sectors of our society in that they are denied the basic human, social, economic and political rights accorded to all other "able-bodied' citizens.

In an organisational context, negative or un-informed perceptions and attitudes of staff and other programme team members and stakeholders can prevent persons with disabilities from being included in the organisation and its programmes and projects.

The diagram below shows the three related factors that drive negative perceptions and thus the exclusion of persons with disabilities.

Fear

- Parents, caregivers & persons with disabilities are fearful of others not treating them right/being exposed to accidents
- Therefore they are hidden /protected in households

Invisibility & Ignorance

- Not many persons with disabilities are seen active in the community
- Many people rarely interact with them.
- Their needs & priorities are not considered-generally ignored
- There is an assumption that they only need medical/corrective assistance

Stigma

- Disability viewed as divine punishment, curse etc.
- Cultural beliefs and traditional stories about disability, etc. e.g. witchcraft is used to explain having a disability/impairment.

Some common myths about persons with disabilities and the reality that dispels these myths are shown in the Table below.

Table 2: Myths about persons with disabilities

MYTH	REALITY
Persons with disabilities are inferior to "normal" people and their lives are very different.	We all have different abilities, talents, interests and personalities. Persons with disabilities like able-bodied people go to school, get married, work, have families, play, go shopping, eat out, travel, etc.
We need to feel sorry for persons with disabilities.	That's patronizing. Persons with disabilities don't need pity. They need access to opportunities.
Persons with disabilities are brave and courageous.	Adjusting to a disability requires adapting to a lifestyle, not bravery and courage.
It's not a good idea to hire persons with	Many studies show that employees with disabilities

disabilities. They have a higher turnover rate and they take sick days more often.	are often more productive, dependable and loyal than their co-workers without disabilities and that staff retention is higher among persons with disabilities.
You have to be careful when you're talking to a person with a disability, because they are easily offended if you use the wrong word.	You just need to be as polite and respectful as you would when speaking to anyone. If you're not sure what to say or do, it's okay to ask.
It is difficult serving customers with disabilities.	Customers with disabilities have the same preferences, perceptions, attitudes, habits, and needs as customers without disabilities, and they are looking for the same quality of products and services. Everyone, regardless of ability, deserves to be treated with the same dignity and respect.

1.5 ADDRESSING NEGATIVE PERCEPTIONS AND ATTITUDES ABOUT PERSONS WITH DISABILITIES

The most powerful tool for addressing the negative perceptions and attitudes about persons with disabilities is creating awareness of, and advocating for the rights of persons with disabilities.

A good place to start is to get all members of your organisation, or of a project/programme team to reflect on and share with each other their own awareness, knowledge and experience of disability. ***YOU CAN USE RESOURCE 4 IN PART 5 OF THIS RESOURCE KIT FOR THIS REFLECTION.*** The outcome of this reflection session will indicate whether you need to increase knowledge of disability issues amongst staff and/or project team members, prior to embarking on disability mainstreaming in order to ensure that, when embarked on, it is done successfully.

Each one of us can do something to address the negative perceptions of persons with disabilities. Some of the things we can do are:

- Interact properly with persons with disabilities that we meet/are around us.
- Promote attitude changes in society. To change attitudes, one must first understand where, how and why the attitude exists.
- Focus on changing behaviour and make it clear that discriminatory or disrespectful behavior and using derogatory language is unacceptable.
- Promote inclusion of persons with disabilities, and make every effort to do so yourself.
- Focus on the abilities of persons with disabilities and encourage others to do so.
- Create awareness of the rights and needs of persons with disabilities.
- Ensure that persons with disabilities are part of all projects aimed at improving the quality of their lives. The Disabled People of South Africa (DPSA) – an organisation of persons with disabilities has the following slogan "Nothing about us without us".
- Talk about/distribute positive information on disability matters.

- Provide examples of successful persons with disabilities.

1.6 INTERACTING WITH PERSONS WITH DISABILITIES

1.6.1 ALWAYS ENGAGE DIRECTLY/ 'ONE-ON-ONE'

Most of us are uneasy about interacting with persons with disabilities. Some of us interact within the framework of our understanding of disability. And some of us choose not to interact at all because we do not want to appear offensive or patronising, or because we are unable to transcend the negative perceptions and stigmas that we have learnt to associate with disability.

When you put aside all our fears, anxieties and misconceptions about interacting with persons with disabilities, and fully internalise and accept that persons with disabilities are no different from you – you will find that the 'principles' of interacting with persons with disabilities is not dissimilar from any other person you interact with.

Some of these 'principles' are:

- ✓ Always be courteous and respectful.
- ✓ Acknowledge that each person is an individual with her/his own way of interacting.
- ✓ Speak directly to the person, make eye contact (if this is culturally acceptable), and not to their family member, assistant or interpreter.
- ✓ Refer to the person by their name and not their disability when speaking to them or about them.
- ✓ Speak clearly in normal voice. There is no need to shout, speak quickly, swallow your word or speak like you are talking to a child.
- ✓ Always ask the person if they require assistance before you offer it, and do what the person asks and not what you think should be done.
- ✓ Be safety conscious, but don't limit the person's freedom. Move the obstacles, not the person.

The following table shows the various ways in which people should relate to and communicate with persons with disabilities according to the different types of disabilities.

Table 3: Guidelines for interacting with persons with different types of disabilities

TYPE OF DISABILITY	SUGGESTED INTERACTIONS
People with mobility impairments	• If you are walking with the person, don't walk too fast because you could end up leaving the person behind and don't walk so slowly that you end up behind! Walk at a pace that allows you to walk alongside the person and make sure you do not restrict their or your movement. • When standing next to or behind the person, do not lean on the person's wheelchair or mobility device. • You can assist the person by moving obstacles on the path out of the way. Do not move, or expect the person to move around the obstacle. • Always ask the person if they want to be assisted before you assist. If the person says yes, ask how she/he wants to be assisted and what you should do e.g. when helping a person using a wheelchair to get into a car.
People with hearing impairments	• Remember that the person does not hear what you hear. So if you are talking to the person and the phone rings or someone calls you and you decide to respond, explain to the person, through his or her interpreter or by using basic signs, what you are doing and excuse yourself properly. • Find out how the person likes to communicate e.g. speech, sign language, finger spelling, writing, gestures and body language. • If a sign language interpreter is present, make sure you still face, make eye contact with and address the person you are speaking to, and not the interpreter. • Make sure that the physical space you are communicating in is properly lit for a sign language interpreter to be seen and/or for lip-reading and has sufficient space to accommodate a sign language interpreter as well as yourself and the person you are communicating with. • If you are talking to a person who is lip-reading, some simple tips to remember are: o Get the person's attention before speaking – by calling her name, touching her arm or waving, look directly at the person and maintain eye contact. o Make sure that the person knows the topic of conversation: this is particularly important for lip-reading, as many words look very similar, and people with hearing impairments who read lips depend on context to pick out key words. o Speak slowly, clearly and use short sentences – but don't shout or exaggerate words, as this will make it much harder to lip-read and don't cover your mouth or put anything in it while talking. o Stand so that your face is clearly lit – not in shadow or in front of a

	bright light, as this makes it harder for the person to see your mouth. o Use gestures, body language and facial expressions to help get your message across. o If you aren't making yourself understood, repeat yourself once. If this doesn't work, try again using different words. o If this also doesn't work, write it down.
People with visual impairments	• Speak normally, clearly and directly to the person - not to her/his assistant or companions. • Remember that people with visual impairments may not necessarily see what you see so always explain what is going on e.g. tell the person when you arrive, sit and leave. • Always introduce yourself by name e.g. 'Hello Duma, it's Muzi'. • When you first speak to the person, a gentle touch on her/his arm lets her/him know that you are talking to her/him and a handshake helps orient her/him to where you are. • If you are in a group, explain who else is with you. Identify yourself each time you speak. • Use the person's name often, to make it clear when you are speaking to her/him. • Offer to describe the environment, especially if the person has not been to the place before. • Be specific when describing the environment/place. Do not say 'over there is a pond' or 'over here is a pond'. Instead say 'on your left is a pond' or 'immediately behind you is a pond' or 'in front of you is a pond'. Also describe any obstacles or hazards, and whether there are any children or animals around. • Do not leave the person alone in the centre of a room. Make sure she/he can touch a table, chair or wall to maintain orientation with her/his surroundings. • A visually impaired person may not describe things in the same way that you would because of their limited depth perception or inability to see shapes or shadows. Discuss the images she/he describes so that you can both understand each other. • When guiding a blind or visually impaired person: o Always ask the person if she/he would like assistance first and what help she/he needs. o Always speak first – never take someone's arm or hand without warning. o Offer your arm for the person to hold just above the elbow. This will allow her/him to walk slightly behind you, following you as you turn or step up or down. o Walk normally – not too slow and definitely not too fast. When you come to a turn, a step or an obstacle, pause and tell the person what is coming.

	○ Guide the person round chairs and through doorways, explaining what you are doing –she/he will be slightly to one side of you, so give more space as you go round obstacles. • Don't try to sit her/him down – just guide one hand to the back or arm of a chair, or to the edge of a table. • If a blind person has a guide dog, never pet or distract the dog when it is working.
People with learning difficulties	• Be sensitive to the person's individual needs and behaviour. Different people find different things difficult. • Find out each person's preferred way of communicating (how she/he likes to speak and be spoken to, how she/he likes to be touched or not). • Remember that sometimes people with learning difficulties may behave in unusual or surprising ways. So be sensitive to how you behave and how your actions might cause someone to react. Don't panic or respond aggressively. • People with learning difficulties may take more time to understand or respond to what they hear. Some may find it difficult to concentrate. It might be helpful to think about the ways you communicate with people who do not have the same first language as you, or who are illiterate. In general: ○ Speak normally and clearly. ○ Use simple, short words – if you have to think about what a word really means, don't use it. ○ Use real-life examples and words for real things – people with learning difficulties may find abstract concepts difficult. ○ Use short sentences and express one point at a time – people with learning difficulties may find it difficult to remember a list of different things. ○ Give the person time to take in what you have said and time to respond – don't rush into repeating yourself. ○ If you aren't making yourself understood, repeat yourself once. If this doesn't work, try again using different words. ○ Sometimes it helps to emphasise the most important words in a sentence. ○ Use more closed questions with clear options, rather than an open question with many possible answers. • If you are asking someone with learning difficulties to make a significant decision, it may be best to give her/him some time to think on her/his own or with her/his main caregiver.

(Source: Adapted from VSO handbook on Mainstreaming Disability)

You can always engage persons with disabilities directly on what would be appropriate and respectful interactions. They are usually more than willing to share information on how best you should interact with them.

1.6.2 ALWAYS USE APPROPRIATE DISABILITY LANGUAGE

"Language reflects the social context in which it is developed and used. It therefore reflects the values and attitudes of that context, and plays an important role in reinforcing values and attitudes that lead to discrimination and segregation of particular groups in society. Language can therefore be used as a powerful tool to facilitate change and bring about new values, attitudes and social integration…" [Source: DPSA Pocket Guide].

Language is probably the most critical element of interacting with persons with disabilities. As stated in the quote above, language (verbal and body language) expresses our views and attitudes towards people, situations, etc. Many of us inadvertently use negative or discriminatory language when talking or referring to persons with disabilities. In most instances we use the terminology we have either learnt or heard other people use and are not fully aware that it is offensive and inappropriate. Using appropriate language and terminology is an important part of supporting and facilitating inclusion of persons with disabilities in mainstream society. The Table below provides some examples of inappropriate terminology, explains the reasons it is offensive and suggests some appropriate language that can be used to replace the offensive terms.

Table 4: Examples of Inappropriate and appropriate Disability Terminology

Inappropriate Terminology	Reason	Appropriate Terminology
'handicapped', 'mentally different', 'physically inconvenienced', and 'physically challenged'	These terms can prompt negative images. You should not use condescending euphemisms to describe disabilities. They reinforce the idea that disabilities cannot be dealt with up front.	Person with a disability/persons with disabilities or impairments
"The disabled"	'Disabled' defines people as a problem group and denies individuality	'Disabled people' is acceptable to some persons with disabilities, but in South Africa (and in line with the UN Convention on the Rights of Persons with Disabilities), we

		prefer the term 'persons with disabilities'.
"Mental handicap"/mentally challenged/mentally retarded/brain damaged	These descriptions carry a stigma.	Person with an intellectual disability/person with a mental disability
"Deaf and dumb" /deaf mute	Being deaf has no relevance to the person's level of intelligence. Mute implies that the person cannot speak but many people with hearing disabilities are still able to speak.	Person has a hearing impairment/is deaf.
'Confined to a wheelchair' or 'wheelchair-bound'	Certain terminology suggests limitations. A wheelchair is not a tool of confinement it instead provides mobility.	A person who 'uses a wheelchair' / wheelchair user is preferable.
"Dwarf"/ "midget"	These words carry a negative stigma-avoid negative words.	Person of short statue.
"Disabled toilet"/ "disabled parking"/ "disabled seating"/ "special bathroom"	These facilities do not have disabilities and they are not special because they can be used by anyone.	Accessible toilet/parking/seating/seating for persons using wheelchairs

(source: adapted from OSDP Media Policy and Media Resource Kit & Quadpara Association of South Africa)

1.6.3 ALWAYS BE SENSITIVE TO ISSUES OF DISCLOSURE AND IDENTIFICATION OF DISABILITY STATUS

Some persons with disability are very reluctant to describe themselves as disabled because they see it as a negative label or fear being discriminated against. Here are some suggestions on how to deal with the situation:

- Do not force an individual with a disability to disclose her/his status.
- Remember that you cannot and should not share information about a person's disability unless you have their consent to do so.
- Undertaking high quality disability equality training as a group may make people feel more comfortable about such disclosures.

- If an individual's disability is not obvious or known, she/he may require documentation of the disability that explains their right to reasonable accommodation. This documentation can be a reasonable accommodation request supported by a brief doctor's report outlining the person's disability and explaining how the requested accommodation will enable him/her to perform functions he/she would not otherwise be able to perform. You are allowed to ask for a restricted amount of disability-related information if it relates to the accommodation request.
- If the disability is self-evident, then you must proactively engage with the person with the disability to establish and then provide whatever reasonable accommodation the person requires.

PART TWO

UNDERSTANDING DISABILITY MAINSTREAMING

2.1 UNDERSTANDING DISABILITY MAINSTREAMING

As in is the case with disability, there are various definitions of disability mainstreaming. However, the crux of all these definitions is that disability mainstreaming is an on-going process which is about promoting the inclusion of, and addressing the barriers that exclude, persons with disabilities from full and equal participation in all aspects of socio-economic life.

RESOURCE 5 IN PART 5 PROVIDES SOME DEFINITIONS OF DISABILITY MAINSTREAMING.

The simple definition provided above gives us a good sense of what disability mainstreaming involves and shows that it is different from developing and implementing a 'special project' that is especially and solely for persons with disabilities.

RESOURCE 6 IN PART 5 OUTLINES THE DIFFERENCES BETWEEN SPECIAL DISABILITY PROGRAMMES, DISABILITY MAINSTREAMING AND THE VALIDITY OF DISABILITY MAINSTREAMING.

Mainstreaming disability in community development policies and programmes entails ensuring that persons with disabilities benefit equally from these programmes, fully participate in the implementation thereof, and exercise and enjoy their human and socio-economic rights as other members of society do.

Worldwide statistical evidence shows that persons with disabilities are probably the most marginalised and vulnerable sector of our society, ranking amongst the poorest of the poor, with little or no access to all the rights and privileges accorded to the rest of society. There is a strong correlation between disability and poverty, as is explained in a number of international and national policy and legislative frameworks on disability.

South Africa's White Paper on the Rights of Persons with Disabilities (WPRPD) of 2015 explains that poor people face greater risks of impairments or disabilities leading to a higher number of persons with disabilities amongst the poorest of the poor. At the same time the occurrence of disability in a family often thrusts the already poor family into deeper depths of poverty which means that there is a higher number of families living in poverty as a result of disability.

The United Nations Convention on the Rights of Persons with Disabilities (2007) highlights the fact that "*the majority of persons with disabilities live in conditions of poverty, and in this regard*

recognizing the critical need to address the negative impact of poverty on persons with disabilities". It also recognises "*the valued existing and potential contributions made by persons with disabilities to the overall well-being and diversity of their communities, and that the promotion of the full enjoyment by persons with disabilities of their human rights and fundamental freedoms and of full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty".*

Poor persons with disabilities, like all other poor people, have limited or no income or means to purchase basic goods and services and generally live in under-developed areas with lack of sanitation, water, electricity, health services, etc.

Below is a description of what disability mainstreaming involves in a developmental context, such as the one the FRF's partners operate in.

Firstly, it involves ensuring that disability is at the centre of all development initiatives as a norm and undisputable principle. This means that you must always keep persons with disabilities in mind (both as implementers and beneficiaries) when conceptualising, developing and implementing your policies, programmes and projects. In other words, you need to make sure that whatever you are involved in addresses the special needs of persons with disabilities and enables them to actively participate in your project.

To mainstream disability effectively you need to:

- Address all direct and indirect aspects, as well as the causes and effects of disability. This helps to develop long term, holistic and sustainable policies, programmes and projects.
- Change mind-sets and work in a way that includes disability as a norm in all policies, programmes and budgets, rather than as an exception or something to be treated differently.

- Apply the concept of universal design. This means designing everything in an inclusive manner so that it can be used by a wide range of people including various categories of persons with disabilities; without having to be specially adapted for a particular individual.
- Move away from the familiar and be willing to embrace differences and change.
- Recognize the skills and abilities of persons with disabilities and value the role and contribution they can make as equal members of communities.
- Promote the equalization of opportunities for persons with disabilities by removing all barriers that impede access, and ensuring reasonable accommodation.
- Shift the focus from a needs based, soft issue or special case approach to a rights based approach (the social model).
- Focus on the environment around the disability and not on the disability itself.
- Consciously consider the impact of any plan or action on persons with disabilities.
- Ensure that disability is not addressed as a once-off disability activity/event, a "special project" or a "special case", something the organisation would do only if it has sufficient funds and not 'pushed' into programmes where it is not relevant.
- Include persons with disabilities in the conceptualisation, development and implementation of policies and projects.

2.2 UNDERSTANDING AND ADDRESSING BARRIERS TO DISABILITY MAINSTREAMING

There are many barriers to disability mainstreaming. Barriers are obstacles that make it difficult or sometimes impossible for persons with disabilities to do things most of us take for granted such as working in the garden, using public transport, attending a music concert, watching movies, attending school and university, etc.

None of the barriers are insurmountable – BUT - if they are not addressed they can scuttle any or all disability mainstreaming initiatives. It is therefore important to be fully aware of possible barriers to disability mainstreaming and the possible actions that you can take to avert and/or remove the barrier/s or challenge/s. Persons with disabilities and Disabled Peoples Organisations (DPOs) are an important resource for obtaining information on barriers to

disability mainstreaming and how to respond to the identified barriers. You should thus draw on them for information whenever you are stuck and unsure about how to respond to a particular situation.

When we think of barriers to accessibility, most of us think of physical barriers — like a person who uses a wheelchair not being able to enter a public building because there is no ramp. The fact is there are many kinds of barriers. Some are visible and many are invisible. Generally, the barriers to mainstreaming disability can be grouped into four main categories as shown in the following Table.

Table 5: Addressing Barriers to Disability Mainstreaming

TYPE OF BARRIER	DESCRIPTION & EXAMPLES	POSSIBLE RESPONSES
Organizational Barriers	These are an organization's policies, practices or procedures that discriminate against persons with disabilities **Example:** Low or lack of commitment and buy-in from programme managers to Mainstream Disability. A hiring process that is not open to persons with disabilities.	Disability mainstreaming to be included as a key result area in performance contracts of programme managers. Disability inclusive policies and strategies developed. Develop and adopt a formal statement of the organisation's commitment to mainstreaming disability. Set disability targets and quotas to be achieved.
Physical / Environmental Barriers	These are features of buildings or spaces that are inaccessible for persons with disabilities. **Examples:** High concrete platforms, steps, narrow entrances for a person	Construct ramps for wheelchair users, fit support rails, improve lighting in buildings etc.

	using a wheelchair or walker. Counters that are too high for a person of short stature. Poor lighting for people with low vision Telephones that are not equipped with telecommunications devices for people who are deaf or hard of hearing.	
Attitudes and Social Barriers	Negative stereotyping of persons with disabilities, social stigma and other forms of overt discrimination against persons with disabilities. **Examples:** limited participation of persons with disabilities Thinking that persons with disabilities are inferior Assuming that a person who has a speech impairment can't understand you	On-going consultation, sensitisation, advocacy campaigns and capacity building programme on the concept of disability and on accessibility issues Recognition of the rights and capabilities of persons with disabilities
Communication or information Barriers	Happens when a person cannot understand information because it is not provided in accessible formats and through a variety of channels. **Examples:** Print is too small to read Websites that cannot be accessed by people who cannot use a mouse Signs that are not clear or easily understood.	For written material use a large font size in a clear sans serif style such as Arial and use a good contrast for text and background, sign language interpreters, Braille, audio or electronic format to be considered.

2.2.1 ADAPTING BUILDINGS AND FACILITIES

The most important aspect to keep in mind when adapting buildings and facilities for persons with disabilities is providing barrier free access. Very simply, barrier free access means ensuring that the physical space or environment does not unduly hinder or obstruct movement, or inadvertently create a dependency on someone else to, for example moves something, for the person with the disability to be able to move around. Examples of adapting buildings and facilities are: widening corridors and pathways to accommodate a wheelchair and clear of obstacles to accommodate wheelchair users, persons using crutches and persons with sight impairments; visual signage and voice-over signage to accommodate persons with hearing impairments and those with sight impairments, building a permanent ramp or investing in a mobile ramp for wheelchair users, doing visual signage in sign language symbols, etc.

RESOURCE 7 IN PART 5 PROVIDES MORE DETAIL ON HOW SOME GENERIC BARRIERS CAN BE REMOVED/ADDRESSED. The resource contains some easy and quick adaptations that can be made to increase access; and others of a more long-term solution but that must be taken into account in future plans within the policy imperative and framework of disability mainstreaming.

2.2.2 USE OF ADAPTIVE TECHNIQUES, TECHNOLOGIES, TOOLS AND EQUIPMENT

Although some techniques, technologies, tools and equipment have to be specially developed for persons with certain disabilities; most can be used across all types of disabilities.

The following principles apply when adapting techniques, technologies, tools and equipment. These principles are that the adaptation/s must:

- ✓ Enable the participation of persons with disabilities
- ✓ Take into account safety and ability to perform tasks without danger, fatigue or discomfort.

- ✓ Respond to the specific abilities and limitations of the particular person or groups of persons that you doing the adaptation for.
- ✓ Take into account the fact / possibility that each person is different so do not assume that people with the same disability may not have the same abilities. This makes it imperative that you fully understand the disability and capability of each person you are engaging with.
- ✓ Take into account reliability and facilitating the ability to perform tasks.

It is also important to remember that:

- Technologies, tools and equipment should be adapted to people, and not the other way round.
- You can call on assistive technology professionals / DPOs to help you to:
  - determine your needs in terms of adaptive techniques, technologies, tools and equipment,
  - provide information about safety and equipment loans, and
  - develop solutions to respond to the needs identified.
- Persons with disabilities themselves will develop their own personal ways of accomplishing tasks. Engage honestly with them and let them take the lead in working through solutions to the task required.
- Although electrical equipment may facilitate certain tasks for persons with disabilities, electricity charges add to production costs and consequently, the sales price. Any equipment or machinery should be purchased after careful consideration.
- Some tools can be purchased or developed. Purchase of equipment should be kept to the absolute minimum. Instruments that are not needed regularly may be borrowed or rented. It is important to verify if a person with a disability can use the equipment.

2.3 GENERAL GUIDELINES FOR MAINSTREAMING DISABILITY

Some general guidelines for mainstreaming disability are:

- Acknowledge that disability mainstreaming is 'new' to your organization and an in-depth process that requires time and dedication, so - make steady progress with simple, cost-effective interventions and do not expect to change everything at once.

- Use the UN Convention on the Rights of Persons with Disabilities (2007) and/or other national frameworks as your frame of reference for setting your disability mainstreaming agenda and priorities.

- Identify points of entry for persons with disabilities in each project.

- Secure and facilitate the participation of persons with disabilities, as implementers and/or beneficiaries because this is essential for genuine empowerment, community change and to gain the valuable dimensions and input that persons with disabilities have to offer.

- Encourage all role-players to support and actively engage in your initiatives to mainstream disability.

- ✓ Persons with and without disabilities working alongside each other can often foster changes in attitudes and understanding about abilities, contributions and aspirations of people with a disability.

- ✓ Persons with disabilities are able to provide resources to the community that were previously unrecognised and unused. This can be of value when developing selected programmes for the community.
- ✓ Persons with disabilities have particular skills and experience that may benefit people who were previously able-bodied but who may have become injured and incapacitated - with rehabilitation and a return to normality at a later date.

- ✓ Ensure that advocacy, sensitisation and capacity building of staff and stakeholders is part of your disability mainstreaming interventions.

- ✓ Awareness of disability and its implications is the crucial first step in development programs becoming inclusive.

2.4 IDENTIFYING ENTRY POINTS FOR DISABILITY MAINSTREAMING

It is important to identify "entry points" for disability mainstreaming. Examples of entry points are capacity building of community members living with disabilities and the provision of adapted tools and equipment.

RESOURCE 8 IN PART 5 OF THIS RESOURCE KIT PROVIDES A TEMPLATE FOR IDENTIFYING ENTRY POINTS FOR DISABILITY MAINSTREAMING.

Identifying and developing entry points for inclusion of disability involves the following activities:

- ✓ When identifying an appropriate "entry point" consider which aspects of the programmes can be of particular relevance and importance to persons with disability.

- ✓ Using your current plans write down next to each item what you would do, i.e. your proposed interventions to include persons with disabilities or to respond to challenges experienced by persons with disabilities.

- ✓ Once you have written down all the things you would do, write down next to each possible intervention how it should be done, who should do it and what resources you will need. This will help you to identify who the main driver should be; where you need

co-operation and support of others and what type of resources you will need to implement this action.

- ✓ When listing the resources, you will need, remember to include resources that will facilitate participation of persons with disabilities such as a sign language interpreter or a temporary ramp for a wheelchair user.

- ✓ If you find that you have the same action for several issues; you must then look at how the action can be performed just once while still ensuring that all the issues are addressed.
- ✓ You may also identify multiple entry points.

- ✓ You must ensure that:
    - o those tasked with executing certain actions are given sufficient time, capacity and resources to do so.
    - o those responsible for overseeing the execution of mainstreaming actions by others have the relevant authority, discretion and decision-making powers.
    - o the team involved in implementation have an in-depth understanding of, and is fully conversant with the action plan/work plan.

The FOLLOWING RESOURCES ARE CONTAINED IN PART 9 TO ASSIST YOU WITH THE TASKS OF MAINSTREAMING DISABILITY:

- ***RESOURCE 9 – Key Steps of Disability Mainstreaming***
- ***RESOURCE 10 – Checklist for assessing Progress on Disability Mainstreaming***
- ***RESOURCE 11 – Checklist for assessing Current Status of Disability Mainstreaming***
- ***RESOURCE 12 – Template for listing needs and challenges of persons with disabilities***
- ***RESOURCE 13 – Template for Developing a Disability Mainstreaming Action Plan***
- ***RESOURCE 14 – Developing Disability Indicators, Monitoring and Evaluation***

It is important that you prioritise the activities / interventions that you will engage in. Below are the general processes that you should engage in when setting priorities.

- Create a comprehensive list of possible disability mainstreaming activities.
- Review each activity, discard or amend those that fall outside of the mandate or capability.
- Choose those activities that will make the maximum impact on disability for the smallest effort.
- Select activities that promise quick and visible results.
- Select activities that will reach a large number of persons with disabilities.
- Consider whether the activity would get necessary political, professional and administrative commitment.

RESOURCE 15 IN PART 5 PROVIDES GUIDELINES FOR CONVENING AND HOSTING TRAINING, MEETINGS AND EVENTS THAT ARE ACCESSIBLE TO PERSONS WITH DISABILITIES.

2.5 CO-ORDINATION AND CO-OPERATION AMONGST ROLE-PLAYERS FOR SUCCESSFUL DISABILITY MAINSTREAMING

Successful disability mainstreaming is dependent on co-ordination and co-operation between a number of role-players, especially persons with disabilities, their family members, DPOs and other organisations from all sectors of society that work with persons with disabilities.

RESOURCE 16 IN PART 5 OF THIS RESOURCE KIT EXPLAINS THE ROLES AND RESPONSIBILITIES OF VARIOUS ROLE-PLAYERS IN MAINSTREAMING DISABILITY.

It is thus very important to identify all the role-players that would be involved in your programme and to have a good understanding of each of their roles and responsibilities. This will enable you to know exactly what each role-player should be doing on their own and what they should be doing in collaboration with others.

Generally, even though each role player has a unique and specific role in comparison to every other role player, the various roles are often inter-related and inter-dependent. The differences in roles do not make a person or group's contribution any more important than others.

"Role" basically means having a part or a function. With roles come responsibilities. "Responsibilities" mean being accountable for and taking charge of specific actions that will help fulfil a particular role. The responsibilities that a person or group has is always based on their role.

RESOURCE 17 IN PART 5 PROVIDES A LIST OF POSSIBLE PARTNERS/STAKEHOLDERS THAT CAN ASSIST YOU WITH YOUR DISABILITY MAINSTREAMING.

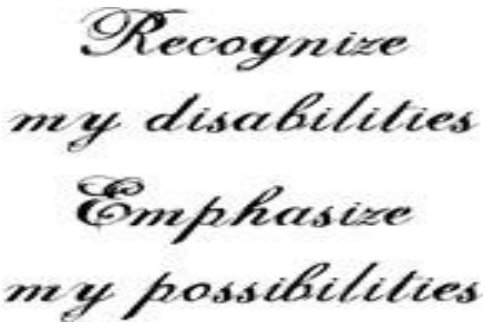
The list is not exhaustive, nor does it appear to be in any order of priority or importance. It is also important to remember that:

- The differences in roles do not make a person or group's contribution any more important than others.
- DPOs can assist in identifying collaboration partners, mobilising new partnerships and facilitating contact session with disability stakeholders to discuss their participation. Further they can be helpful in mobilising the media and funding institutions.
- Facilitating collaboration, co-ordination and integration at planning, implementation and monitoring levels with various role players is important to ensure a multi-disciplinary and multi-sectoral approach to the development and provision of social services.
- A key factor in building and maintaining the involvement of, and strong partnerships with role-players is ensuring that they are well informed on a regular basis of all relevant and important issues.

2.6 COMMUNITY APPROACHES TO INCLUDING PERSONS WITH DISABILITIES

Given the opportunity, persons with disabilities should find the FRF's PPs activities enriching and fulfilling in a number of ways. The following ideas for including persons with disabilities in the project areas can be considered:

- Establish the number of persons with disabilities, the type of disabilities that they have and the most common types of disabilities in the communities that you are operating in. This information can be gathered, for example, through meeting local persons with disabilities and DPOs, census data, household surveys, Community-Based Rehabilitation (CBR) programmes, etc.
- In the programme target area, ask community people to refer you to homes and areas where persons with disabilities may live or to centres of persons with disabilities.
- Determine local language for 'disability' and understand other words, phrases and symbols that may be used to represent disability. Some languages will only use disability to refer to a physical impairment and have other terms for sensory impairments and other disability types.
- Connect with religious leaders and/or local chiefs who may be aware of persons with disabilities in their communities and ask them to encourage persons with disabilities to come forth to participate in the programme.
- Make announcements through media such as local newspapers, local radio stations and posters indicating that persons with disabilities are invited to participate in the programme.
- Rehabilitation centres and public welfare offices should advice persons with disabilities and encourage them to participate.



2.7 SOME DISABILITY MAINSTREAMING ACTIVITIES AND PROPOSALS OF FRF PP'S.

All organisations that participated in this project, expressed their clear commitment to including persons with disabilities in their projects and have taken steps to begin mainstreaming disability into their organisations and programmes/projects, despite the barriers and challenges they face. The importance of adapting approaches, systems and processes to accommodate the special needs of persons with disabilities, and removing the environmental barriers that hinder full and active participation is confirmed by the adaptation made by the PPs.

In the case of the FRF's PPs the common barriers that most organisations have in respect of mainstreaming disability is physical obstacles/built environment that prevents or limits access to their programmes and projects and ensuring that the special needs of persons with disabilities are reasonably accommodated, including through the provision of assistive devices or adapted equipment.

ACAT, JAM SA and Abalimi already have persons with disabilities participating in their projects.

ACAT and Abalimi acknowledge, however, that the participation is limited and that it evolved 'naturally' rather than through any conscious and concerted disability mainstreaming on their part.

In the case of **JAM SA**, two disability centres have been adopted. The centres have each membership of between 30-45 persons with disabilities. Some persons with disabilities who are members of the centres have become lead farmers. Amongst the members at the Westrand disability centre are persons with limited mobility. One person without a disability has been hired to assist the persons with limited mobility to water their plants. Also, participants with disabilities are not expected to work at the same pace and are not carrying out similar tasks or the same workload. For example, there is a member who uses crutches has difficulty bending to work with a spade and plant seeds or seedlings so he is exempt from such tasks.

When one of **ACAT's** staff members became a wheelchair user, his role was changed from fieldwork to being a trainer, the organisation provided him with a car phone (this was before the time of cellular phones!), a wheelchair, adapted the toilets at the offices as well a room in the accommodation part of the centre for wheelchair accessibility. The room was fitted for with a shower seat and the teaching hall with a ramp.

Abalimi which has 2 fieldworkers and 2 volunteers with disabilities and have introduced the option for persons with disabilities that want to learn their deep trench food garden system, to bring along a family member or assistant to participate in the training as an observer. The observer is thus also trained and able to assist and work in the deep trench garden under the supervision of the person with the disability.

Two other innovative adaptations to include persons with disabilities is **ACAT's** raised gardens and **Abalimi's** and **JAM SA**'s container gardens which can be placed on any easily accessible surface at any easily accessible level.

All participating organisations were of the view that the barrier associated with stigmas and negative perceptions – of other community members and amongst the families of persons with disabilities – can best be addressed through awareness workshops, community outreach projects primarily with community members who are possible project beneficiaries and active participants, staff of the organisation and especially its fieldworkers. Additionally, fieldworkers and trainers in particular should be trained on how to interact with and include persons with varied disabilities in projects.

ACAT, JAM SA and ABALIMI mentioned sensitisation and building the capacity of their staff to understand disability and disability mainstreaming as a crucial first step. They emphasised the need for staff to be specifically trained on understanding:

- the different types of disabilities,
- the needs of each type of disability including assistive device needs,
- how to interact with persons with disabilities specific to the type of disability that the person lives with, and
- creating barrier free access that supports participation.

Abalimi expressed that while it is important for some staff to have an understanding of the policy framework that informs the approach to addressing disability, training on the framework will not be particularly useful especially for those staff working in the field/communities. The field trips with ACAT to some of their project beneficiaries confirmed Abalimi's view that training on a 'theoretical policy level" will not be as useful as practical training would be.

RESOURCE 18 IN PART 5 PROVIDES A LIST OF ACTIVITIES THAT YOU CAN UNDERTAKE TO START MAINSTREAMING DISABILITY WITHIN YOUR PROGRAMMES AND PROJECTS.

PART THREE

MAINSTREAMING DISABILITY WITHIN YOUR ORGANISATION

3.1 INCLUDING PERSONS WITH DISABILITIES WITHIN YOUR ORGANISATION

Mainstreaming disability within your organisation is often referred to as workplace mainstreaming or internal mainstreaming. It includes:

- Employing persons with disabilities.
- Securing support and commitment from all your staff to support disability mainstreaming.
- Ensuring that your organisation's culture, policies, operational processes and practices are inclusive, equitable and non-discriminatory and do not create barriers or reinforce negative effects on persons with disabilities.
- Making appropriate structural adjustments in the workplace to ensure that persons with disabilities can participate fully and move about unhindered in the organisation's physical work space, be safe and be comfortable.
- Creating an inclusive working environment where other employees treat persons with disabilities equitably, with dignity and respect.
- Ensuring that employed persons with disabilities are involved in organisational planning and decision-making processes.
- Sensitising staff to, and strengthening their abilities to integrate disability into their daily work and include employees with disabilities in teamwork.
- Take small steps, make steady progress with simple, cost effective adjustments.
- Identify a staff member that will drive disability mainstreaming and capacitate them.
- It is good practice to retain people who become disabled while working in your organisation, by giving them alternative work that will be more suited to their changed circumstances or disability.
- Listen to employees with disabilities – they're the experts in what they need. You should ask them what they need and how you can assist them, ask them for information on understanding disability issues and get them to test any special or assistive device or equipment before you purchase it.

See Section 2.4 of this Resource Kit on Interacting with Persons with different types of disabilities.

3.2 FOCUSED DISABILITY MAINSTREAMING CAPACITY

Organisation's whose core functions are areas other than disability, such as the FRF's Programme Partners, are advised to designate a current staff member, or appoint a new staff member, as a disability mainstreaming champion or focal point person. This will ensure they have the capacity to implement mainstreaming interventions. An appropriate title (such as Disability Mainstreaming Co-ordinator) for this specific role can be decided by the organisation. Below is an explanation of the role of the person.

The role is to develop, implement, facilitate and support disability mainstreaming within the organisation and at a programme level.

The person should report directly to the Director of the organisation to ensure that disability concerns are communicated directly to the head of the organisation, and be provided with enough time, resources and management support to fulfil the designated function. If the role is allocated to a current staff member, this 'new' role must be added to their job description and form part of their performance evaluation.

The main responsibilities should include:

- Identifying disability interventions that can be implemented by the organisation.
- Establishing strategic partnerships and networks with organisations from other sectors of society e.g. DPOs in respect of their roles and responsibilities.
- Assist and advise the Director of the organisation on raising the funds required for successful disability mainstreaming.
- Ensure that persons with disabilities are consulted and involved in all stages of a programme from conceptualisation to evaluation of impact.
- Co-ordinate the development and implementation of an organisational level and programme level disability mainstreaming strategy and plan.
- Develop and maintain a disability mainstreaming knowledge management system and database of resource organisations and information.

- Performing all tasks necessary for the organisation to mainstream disability within the organisation.

3.3 ACTIVITIES TO MAINSTREAM DISABILITY WITHIN ORGANISATIONS

Below is a list of activities that you can - with very little or no cost – immediately start undertaking to mainstream disability within your organisation.

- Develop an organisational inclusion/disability policy/strategy and implementation plan.
- Allocate roles and responsibilities for implementing the policy/strategy and plan.
- Include disability in future organisational strategic documents.
- Request a staff member with a disability or contract experts/DPOs to conduct accessibility audit of the workplace.
- Request staff to include disability in their work plans/action plans. The plans must take into account both the direct and indirect aspects of disability.
- Appoint one person who can serve as the champion/co-ordinator to ensure and monitor implementation of the policy/strategy and plan.
- Ensure that a disability point person has days dedicated within their position description to support disability within their organisation.
- Introduce human resources practices that create a disability-friendly and accessible environment.
- Revise your human resources strategy and plan to ensure that it addresses issues of disability and the employment of persons with disabilities in terms of their special

needs e.g. whether the organisation will make available any assistive devices required by employees with disabilities.

- Implement disability awareness-raising and other training initiatives. For example, organise sign language training for colleagues if one of the organisation's members has a hearing impairment.
- Organise consultation session with persons with disabilities, disabled people's organisations (DPOs) and other disability experts on the workplace needs of persons with disabilities.
- Invite local DPOs to give a talk to staff on disability especially to make sure that field staff understand disability.
- Include disability sensitisation content in induction programmes of new employees and all other relevant training programmes.
- Develop approaches to capture shared learning and good practice on inclusion of persons with disabilities, and mainstreaming disability in the workplace.
- Provide for any additional resources that may be required e.g. the employment of an assistant for staff with mobility or visual impairments.
- Provide access to physiotherapy and confidential support services for employees with disabilities.
- Draw on best practice organisational level disability mainstreaming from other organisations.
- Undertake a needs analysis within the organisation regarding disability-inclusive development practice.
- Develop resources such as 'guidance notes' and 'practice guides' related to disability
- Providing disabled members of staff with proper induction and support when first beginning work.

3.4 INCLUSIVE WORKPLACE RECRUITMENT AND SELECTION GUIDELINE

Develop and implement disability sensitive recruitment and selection procedures which will encourage applications from persons with disabilities. The procedures should enable persons with disabilities to apply for posts and be interviewed. The following points should be considered:

Recruitment:

- Ensure that recruitment and selection staff are aware of and sensitive to disability issues, and empowered to interact with persons with different types of disabilities.
- State in the advert that the organisation is keen to recruit persons with disabilities.
- Where reasonable and practical, advertisements should be circulated to organisations that represent persons with disabilities.
- Job adverts should be provided in different formats-electronic, print and audio.
- Application forms can also be in large print, braille, audio and electronic format.
- Inherent requirement detail should be included in advertisements so that applicants with disabilities can make informed decisions.
- The job advert should state that applicants who have disabilities should notify the organisation of their disability including the nature of the disability and whether any reasonable adjustments may be required to enable them to participate equally in the recruitment and selection process. Once the applicant has disclosed her/his disability, the organisation should ask the applicant if they require any reasonable adjustments or special requirements at the selection process. Do not make assumptions that the adjustments for one part of the process will be suitable for the next stage. Please check with the candidates first. For example, when a blind person is shortlisted, arrange for a volunteer to read the written exercise/questions to her/him and type out her/his answers and give her/him an extra hour to complete the exercise.

Interviews:

- All qualified persons with disabilities should be interviewed/considered for the job.

- Where necessary, use audio applications and other communication technologies.
- Interviewers should ask applicants to indicate how they would perform essential functions and whether reasonable accommodation would be required.
- The organisation should then confirm in writing with the candidate what reasonable adjustments have been put in place prior to the interview. All disclosures relating to a disability or any other type of personal information should be treated sensitively and the organisation should maintain confidentiality to the maximum extent possible.

Selection:

- Subject to reasonable accommodation, the same objective scoring/assessment system should be used for disabled and able-bodied applicants, with scores based solely on the answers given on competencies relating to the skills necessary for the organisation.
- Selection criteria may only be based on essential functions as non-essential functions may unfairly exclude persons with disabilities.
- Any personal information including disability status, should not be disclosed to the panel as part of the shortlisting process. Only if necessary, should the interview panel be informed if applicants have any access requirements or other reasonable adjustments necessary for that stage of the recruitment process. They should not be informed of the nature of the disability unless it is appropriate to do so, for example, for a candidate with a hearing impairment who has identified that they require the panel to be 'face on', speaking slowly and distinctly', having a copy of the questions in written format, or the need to have an interpreter present.

(Source: Adapted from Guide to employing people with disabilities, Hwseta, July 2012).

3.5 CONDUCTING QUICK PHYSICAL ACCESSIBILITY AUDITS

According to the National Building Regulations a building must provide accessible facilities for persons with disabilities. The minimum that should be provided for is in terms of ramps, bathrooms, doors, lifts and parking bays. The first thing to check is how easy it is to gain physical access to the offices and then to different essential areas. For starters organisations can do their rapid assessment of facilities using the following table.

Table 6: Accessibility of facilities

Key elements of accessible facilities	Some of the questions to consider
Ramps	Are there access ramps to all buildings?
Bathrooms	Is there enough space for a wheelchair to enter the toilet room/bathroom? Are there handles or grab bars, an emergency call bell and light/sound fire alarm?
Doors	Are the doors wide enough for easy access by people on wheelchairs and tricycles? Are fire exit doors accessible to persons with all types of disabilities?
Lifts	Are the offices on the ground level or are there steps or lift access? If there is any change of level, ramps will be required.
Parking bays	Are there designated parking bays for persons with disabilities? Are the accessible parking bays located near the entrance to the offices?

3.6 REASONABLE WORKPLACE ACCOMMODATION

Workplace accommodations are modifications to the job or work environment that enable a person with an activity limitation to participate fully in the work environment. Modifications within the organisation include things such as:

Table 7: Reasonable Workplace Accommodation

Area of modification	Suggested modifications
Hours of work/days	Adjusting working hours and leave Introduce flexible scheduling or reduced/part-time hours/frequent breaks
Work station	Re-organising work stations Handrail/ramps Special chair or back support Quiet workstation

Work arrangement	Job redesign Modified duties-e.g. re-assigning non-essential functions Self-paced workload Larger tasks can be divided into smaller ones
Human support/personal assistants	- Provide specialised supervision, training and support - Provide sign language interpreters for staff with hearing impairments especially during appraisals, performance reviews, staff training sessions and staff events. - Provide escorts/guides for staff with mobility or visual impairments. - Writers for staff who have difficulty writing especially during workshops. -Mentoring/on-the-job support for staff with learning difficulties, especially during induction period or when new responsibilities are introduced.
Accessible bathrooms	Convert at least one toilet to be accessible. Ensure that there is enough space for a wheelchair to enter the room, put grab bars or handles, emergency bell and light/sound fire alarm.
Other equipment and aids	Adapting equipment or acquiring new equipment including: -computer hardware and software -technical aids with voice input or speech recognition aids -voice synthesizer -computer screen magnifiers
Alternate methods of communication	-mobile phones to enable employees with hearing impairments to text -tape recorder, -verbal/written instructions depending on the persons' disability.
Transport	-Offer transport allowance/subsidy for employees with disabilities and their personal assistants.

Workplace modifications/adjustments made at ACAT and JAMSA offices

The following table presents the adaptations/modifications made at the centres (head office) of ACAT, JAM SA & ABALIMI to accommodate persons with disabilities. It should be noted that ACAT has employed one person with a mobility impairment who uses a wheelchair. JAM SA does not have a staff member that has a disability.

Table 8: Lessons on workplace adaptations made at ACAT and JAMSA

AREA OF MODIFICATION	ACAT	JAM SA
Work arrangements	Staff member with disabilities currently works more in the office than in the field. As a result he travels less compared to his colleagues. It is worth noting that he was injured in the field whilst in the employ of ACT.	No staff member with a disability. There are discussions within the organisation about moving to premises (including offices and accommodation for staff) that are more disability accessible.
Accessible bathrooms	Most of the bathrooms are accessible In some accommodation rooms there is a seat in the shower.	One toilet has been converted for use by wheel chair users. There are handrails in the bathroom, hand washing facilities and its wide enough for disabled persons on a wheelchair.
Other equipment and aids	As a field manager the staff member with a disability has a car phone and gets a phone allowance.	Not applicable
Alternate methods of communication	The staff member who is a wheelchair-user phones other	Not applicable

	staff members to come to him more frequently than going to them.	
Transport	The disabled staff member has a car that has been modified.	Not applicable
Other	The area around the offices is all paved. There is a ramp at the entrance of the teaching hall.	A ramp has been erected at the entrance of JAM Café used for meetings and workshops. The pathway and entrance of the auditorium is wide enough to allow persons with mobility impairments and those on wheelchairs to be able to access the auditorium. It was mentioned that should there be a meeting with a person with limited mobility, the meeting can be moved to the auditorium or to the JAM Cafe.

3.7 INCLUSIVE ORGANISATIONAL POLICIES

It is important to address wider policy barriers that exclude persons with disabilities from equal participation. There might be barriers at policy level that must be addressed for genuine inclusion. Otherwise mainstreaming will remain small-scale and unsustainable. Furthermore, there could be organisational policies that present unintentional barriers and adversely

influence the attitudes of staff to persons with disabilities in a timely and proportionate manner. Particular areas to highlight in a workplace policy on disability include:

- Recruitment and selection of staff, availability of human support,
- Minimum expectations, reasonable adjustments and assistance available for staff with disabilities e.g. time off in lieu, family responsibilities etc.
- Benefits for staff with disabilities: medical and family leave, transport allowance, medical aid etc.
- Roles of staff with disabilities in disability mainstreaming
- Try to avoid using abbreviations, technical jargon or terms. If you have to use what they mean and include a glossary of difficult words.
- Use lots of pictures-photographs, simple line drawings and simple diagrams
- Avoid writing long blocks of text in CAPITAL letters or italics-this will make it easier for people with low vision to read the document.

3.8 COSTING AND BUDGETING

It is actually significantly cheaper to include persons with disabilities in the organisation and in community programmes, than the long-term economic impact of exclusion. This is despite a common perception that the financial or other resources needed to ensure inclusion of persons with disabilities is very high. Examples of cost and budget items to be considered in disability mainstreaming within the organisation are:

- Braille printing cost of organisational documentation/e.g. training materials. There might be a need to print a few copies in braille.
- Sign language interpreter for meetings and training sessions
- Hiring accessible venue or movable ramps
- Staff and management training on disability
- Workplace adaptations permitting the recruitment of persons with disabilities (e.g. IT and accessible software, etc.)

- Professional fees for disability experts for example: training, technical advice on adaptations, developing inclusive policies, surveys linking disability and the Food Security and Agricultural Livelihood sector etc.
- Transport costs for persons with disabilities and/or for their personal assistant.

PART FOUR

MAINSTREAMING DISABILITY IN TERTIARY PROGRAMMES (TEP)

4.1 THE LINK BETWEEN TERTIARY EDUCATION, POVERTY AND DISABILITY

Almost all poverty studies show a strong correlation between levels of education and poverty status of people, and almost all data gained from household surveys show that people with higher levels of illiteracy experience higher levels of poverty. It is also common knowledge that all stages of education (ECD, Primary, Secondary and Tertiary) are intrinsically linked to the ability to participate in, and access employment, economic development, entrepreneurship, and other related income generation opportunities.

The economic status, in particular, of persons with disabilities is fundamentally tied to their level of and access to primary, secondary and tertiary education. In 2014, a Stats SA General Household Survey, indicates that of the total number of persons with disabilities aged 20 and older, 24.6% had no schooling at all, 25.7% had some primary education and 26.4% had some secondary education. Only 6.2% completed primary school and 11.7% completed Grade 12, and a very low 5.1% had completed their higher/tertiary education.

The Commission for Employment Equity's (CEE) 2014-15 Annual Report provides the following data on the employment of males with disabilities: 1.5% employed at top management level, 1.2% at senior management level, 0.9% at professionally qualified level and 0.7% at skilled technical level. The figures for women with disabilities in the same Annual Report stand at 0.5% for each of the 4 levels, i.e. top management, senior management, skilled professional and skilled technical levels. It is important to note that the CEE data is based on the employment equity reports submitted to the CEE and is not reflective of the employment status of the total number of persons with disabilities in South Africa.

It is clear from the education and employment statistics of Stats SA and the CEE that developing market related skills of persons with disabilities that will enable them to participate equally in the open labour market and any other job creation or economic development opportunity that exists remains an urgent need. It is also clear that interventions to date, from all sectors of society, are not having the intended or desired impact in improving the economic and/or employment status of persons with disabilities which as stated previously can be linked to the lack of skills amongst persons with disabilities resulting from their inadequate education levels.

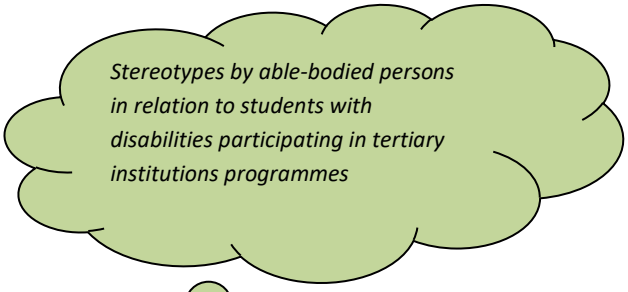
4.2 IMPROVING THE LIVES OF PERSONS WITH DISABILITIES THROUGH TERTIARY EDUCATION PROGRAMMES

It is evident from Section 4.1 above that access to mainstream tertiary education opportunities, which offers a wide range of open labour market related skills, knowledge and professions, will greatly enhance the lives of persons with disabilities, improve their socio-economic status, reduce their susceptibility to poverty and related injustices that result from a lack of education. The inclusion of learners with disabilities in mainstream tertiary institutions will also benefit the individual learner on an educational and personal growth level, as summarised below.

- Access to accessible materials and equipment for learning.
- Opportunity to participate in high quality transition programmes, from high school to tertiary and from tertiary to place of employment.
- Maximising chances of retention and progression within tertiary education.
- Enjoy advocacy and one-on-one learning/specialized support from Disability Unit (DU) staff, volunteers, note takers, career guidance etc.
- Assistance with registration, bursary and loan applications and interviews.
- Access to advice on teaching, assessment and learning methods for academic staff seeking advice on different aspects of disability.
- Opportunity to make friends.

4.3 MAINSTREAMING DISABILITY IN TERTIARY EDUCATION PROGRAMMES (TEP)

Persons with disabilities are generally excluded from tertiary institutions programmes due to stereotype thinking and attitudes about persons with disabilities.



- "Students with disabilities are incapable of completing their courses".
- "Students with disabilities want special treatment".

It is a reality that not all tertiary institutions are able to respond to all the impairments. The more established and larger DUs tend to provide services for most of the impairment needs, while the newer and smaller DUs tend to provide services primarily for students with **visual, hearing and mobility impairments**. This is usually a strategic decision based on the availability of the infrastructure, staff and funding for the DU.

4.3.1 THE HIGHER EDUCATION CONTEXT AND ITS IMPACT ON MAINSTREAMING DISABILITY

The higher education system in South Africa is one that has been moulded by various historic, social and political factors. Taking the degree of racial inequality that existed in the past, it is

not surprising that there has been a large focus over the last few years on increasing the participation of black students in the higher education system. Some attention has also been directed at the position of women. Parallel to equity issues, government embarked on a process of restructuring the institutional landscape by merging and consolidating different tertiary institutions into different institutions that currently exist in South Africa.

Within all of these developments and changes that have taken place over the last couple of years, limited attention has been placed on addressing issues of access, retention and participation of students with disabilities within the South African tertiary environment. This is notwithstanding the fact that they have been identified in various governmental policy documents as being historically disadvantaged and deserving of special attention. More and more tertiary institutions, however, now appear to be focussing on the mainstreaming and inclusion of students with disabilities. When faced with matters related to disability access and inclusion for students, tertiary institutions are asking themselves the following questions:

- Are we teaching sufficient numbers of students with disabilities?
- Are we retaining these students and preparing them for real job opportunities?
- Are we mindful and understanding of the needs and challenges when providing facilities and services to students?
- Is our faculty staff adequately represented by persons with disabilities?
- Are our facilities and buildings compliant with relevant access legislation and the Building Regulations?
- What are the risks arising from legislation such as the Employment Equity Act and other anti-discrimination acts?
- How far must we go in reasonably accommodating students with disabilities?
- Do we project a world class accessible image that will attract persons with disabilities as students, visitors, or potential staff?
- What is the business case for attracting more students with disabilities to our institution?

It is within this context that some tertiary institutions in South Africa have established so-called Disability Units (DUs) to offer specialised services to their students with disabilities in order to facilitate access and integration of these students. Not all Institutions currently have such Units. The manner in which they function and the effectiveness of their services, where they do exist, differ considerably from institution to institution.

4.3.2 KEY BARRIERS TO MAINSTREAMING DISABILITY IN TEP

- Unwillingness or reluctance by some students to disclose disability status.
- Stigma, discrimination, negative attitudes by faculty members and or able-bodied students that display negative attitudes towards students with disabilities. Some students with disabilities are demanding and insensitive to the feelings of others. They, to some extent believe the world owes them. With convincing and awareness raising staff and students are able to change their attitude and be supportive.
- Inexperience working with persons with disabilities.
- Lack of appropriate education and faculty training about disability issues.
- Lack of common definition of disability within the tertiary sector. Also different institutions have their own way of classifying students with disabilities.
- Lack of structural/physical and material accessibility.
- Current legislation does not create enforceable rights for students with disabilities.
- Inflexibility of programmes.
- Financial issues and issues with funding, resulting in lack of resources.
- Invisibility of disability.

(Source: Students with disabilities barriers survey, American Psychological Association, 2008, FRF interview participants)

4.3.3 INCLUDING PERSONS WITH DISABILITIES IN TEP

Students with disabilities and DU representatives from various South African tertiary institutions identified some areas of possible improvement (listed in no specific order) as summarised below:

Recommendations by Students:

- The physical location of DUs is often inaccessible or reachable with difficulty and this needs to be addressed. DUs should be more strategically placed within the institutions recognizing the role they play;
- Students with disabilities are not a homogenous group and should not be treated as such. Individual needs must be realized;
- It was felt that it is not the person that must change all the time and that a reactive approach is often followed. In some instances, the institution must also change and DUs must become more pro-actively involved in identifying and addressing issues;
- Staff resource needs must be addressed and appointments must be made on a permanent rather than a temporary basis;
- Better and more urgent attention must be paid to facility maintenance issues, for example, the fixing of lifts as a huge negative impact on students;
- Staff training and sensitisation must occur;
- Some DUs are part of committees and structures whilst others are still battling for their place within the respective institutions;
- Satellite campuses often do not cater for students with disabilities. This is influenced by the mergers of institutions as part of reorganizing the tertiary landscape. Multi-campus sites are influenced by different units that have been inherited, staffing structures and policies which need to be addressed;
- The need for Sign Language interpreters was expressed;
- The need for tutors and mentors was also expressed;
- Not all lecturers are responsive to the needs of students with disabilities and much education still needs to be done;
- Students expressed a need for Inclusive Sport activities and opportunities;

- General awareness raising programmes could be offered more often;
- It is suggested that an assessment of what is in place in different faculties is carried out.
- Services should reach across disability as per the international approach and institutions should not focus on some disabilities only;
- Specialist knowledge gained on different disabilities will prepare the institutions in general and DUs in particular to deal with issues arising in a more pro-active manner.

Recommendations by DU Representatives:

- The role of disability coordinators and other support functions need to be professionalised, profiled and appropriate competency requirements should be identified and developed;
- The Department of Higher Education and Training (DoHET), must explore appropriate funding mechanism and incentives to assist Higher Education Institutions (HEIs) in accommodating and integrating students with disabilities. For example, a "per capita" contribution for each student with a disability could be considered by the DoHET. Much could be learnt from the international experience in this regard where governments provide funding to students but also to institutions. Monetary incentives are awarded to HEIs who have attracted more students with disabilities, who have successfully enabled students in completing their degrees and/or who conducts research in the area of disability;
- A definition of 'disability' must be consulted on, developed and agreed to, in the sector. This will ensure consistent and fair treatment of students and provide a consistent basis against which to assess disability integration at the various institutions;
- The DUs should agree on the quality and standardised service offerings and delivery to be provided to students with disabilities and a service delivery model should be developed by role players. Individual organizations can customise this model when reviewing its current DU operations or when establishing a new unit;
- Future service offerings should address all types of disabilities. Psychosocial and emotional disabilities, for example, were an area identified for future research and guidance;
- HEIs should embark upon broader and more visible awareness campaigns. Currently much of the awareness raising is events-based whereas broader ongoing measures need to be implemented. DUs should re-energise their awareness and advocacy function. This also includes interventions for students with disabilities to instil in them a work ethic and a results and performance approach;
- Compulsory skills based training must be offered at HEIs for lecturers to ensure the implementation of universal design principles in teaching processes and methodologies.
- Provide continuing education on disability sensitivity.
- Provide resource information in the syllabus at the beginning of the year.
- Increase communication among students and faculties regarding accommodation options and resources.

(Source: Report of the FOTIM Project conducted 2009-2011, funded by the Ford Foundation)

4.3.4 MANAGING SELF-DISCLOSURE AND IDENTIFICATION

- Students with disabilities must typically self-identify their status to institutional authorities. Students must further self-identify their accommodation needs. Students are often unprepared to disclose their status or lack the understanding of how to access services on campus which impacts on their utilisation of services and ultimately their academic progression.

- Students for varying reasons choose not to self-disclose. Possible reasons could be that some students want to start afresh and do not want to carry the label of being disabled into their new tertiary environment. Others wait to disclose until they are experiencing academic problems.

- Students with disabilities may request a reasonable accommodation at any time during the application process or during their studies. It is in the student's best interest to request a reasonable accommodation before performance suffers or other problems occur.

- In some instances, students are made to feel that they do not belong in advanced degree programmes because they require special assistance. As a result, many students elect once again not to disclose their disability status.

- There is no obligation on a student to disclose her/his disability, and some students may prefer not to disclose a disability for various reasons. In general, it is in the student's best interests to disclose her/his disability so that tailored support can be provided and others will better understand how to make the environment more accessible for her/him. Therefore, you should encourage students to disclose a disability.

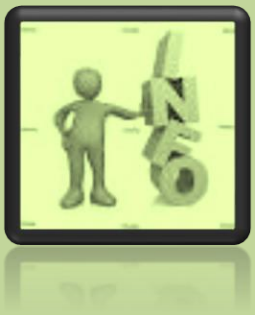
- Below are suggestions for encouraging disabled students to disclose a disability so that reasonable adjustments can be made:
  - Creating opportunities for disclosure at orientation of new students.
  - Making students aware of the support available, for example displaying information about DU services.
  - Encouraging students to attend disability awareness training.
  - Explaining that all disability information will be used only for the purposes of providing reasonable adjustments and for planning purposes.

- Explaining that university staff and students cannot unlawfully discriminate against a disabled staff-member as a result of their disclosure and the university will treat any complaints regarding discrimination in a serious manner.

Some students may not disclose their disability status when they apply to the university either because they do not see themselves as disabled or they fear that the information will adversely impact on the selection process. Also some students may acquire a disability after having started at university or a medical condition may deteriorate to a point of limiting the abilities of the student.

4.3.5 PREPARING DISABLED STUDENTS FOR EMPLOYMENT

Progression from tertiary education into employment is also reportedly challenging for students with disabilities. There is thus a need to have a programme that prepares students with disabilities for the workplace. Below are some examples of what some Disability Units generally offer as a service or project to prepare students for employment:



Transition to Employment Service

- Strong focus on student independence and encouragement to access technology that can be transferred to the workplace.

- Encouraging students to be proactive in explaining the benefits of AT to employers.
- Availability of high quality work experience to build confidence and independence and help overcome any misplaced concerns employers might have about disabilities in the workplace.
- Availability of aftercare or integrated (disability-aware) guidance support to provide advocacy and other supports that enhance progression into the workplace.

(Source: Pathways for Disabled Students to Tertiary Education and Employment, Case Studies from Ireland, November 2010).

Studietrust, an FRF PP**,** is an independent national bursary agency that has been in existence since 1974. They, amongst other programmes, offer a Winter seminar programme for all beneficiaries of bursaries. It is believed that these programmes do to some extent prepare students for successful transition from the university to the world of work. These programme focus on issues such as critical thinking, creativity, teamwork, communication, system thinking applied to business process, emotional intelligence, preparation of curriculum vitae(CV), interview skills etc. ***From their experience, no adaptations had to be made to the programme for students with disabilities to be able to fully participate as they have been able to fully participate without challenges.*** **Studietrust** interview participants believe that the inclusion of students with disabilities in the Winter programme makes them feel worthy and part of the community.

The **University of Free State (UFS) and the University of Western Cape (UWC),** also FRF PP's, currently does not have a transition programme specifically for students with disabilities. Students with disabilities at the UFS are referred to the careers office which teaches all students on how to develop CVs and conducts workshops on interviewing skills. A UFS Interview participant indicated that from feedback received from potential employers, it is important that the workshops run by the careers office should incorporate issues that that are specific to students with disabilities. For example, students with disabilities need to understand that they cannot make demands in job interviews and that instead they must focus on selling themselves.

4.3.6 FUNDING FOR THE INCLUSION OF STUDENTS WITH DISABILITIES IN TEP

The inclusion of students with disabilities has inherent costs which are not much but should be considered and budgeted for. Due to resource constraints, many universities and families of students with disabilities need financial assistance and/or incentives to be able to provide reasonable accommodation. Below are some examples of the types of expenses associated with
inclusion of students with disabilities in TEP.

- Stipends or payments for interpreters and note-takers, mentors.
- Cost of purchasing of accessible transport for use by students with disabilities.
- Providing assistive technology (e.g. computer software, low vision aids, communication tools) to support the teaching and participation of students with disabilities.
- Developing disability support units which serve as a centre of expertise in the educational needs of students with disabilities and provide expert support to a group of other schools that may not have this expertise.
- Providing additional support for students with disabilities to effective transition between stages of schooling and/or from school into further education, training or employment.

Currently different funding options exist, ranging from student bursaries to allocations made to students with disabilities. Additional funding can be allocated to institutions for disability related research conducted in areas such as content design and teaching methodologies. Where such research is published additional funding can also, for example, be secured from Government.

Studietrust primarily offers financial assistance in the form of grants and loans to needy qualifying students. They have full cost bursaries and partial bursaries (cover 50% of the total cost of studying per year and the rest is covered from alternative sources; students, NSFAS loan etc.). They also provide psychosocial support/mentor support (academic and counselling) to students on their programme (beneficiaries). Further, **Studietrust** pays for the purchase of some assistive devices such as eye glasses for some students who need eye glasses. They also pay for eye tests if a need is identified after eye screening is done. They however, do not pay for operations.

The **UWC Office for Students with Disabilities** also offers NIFSAS bursaries to students who meet the conditions set for awarding of bursaries. The bursary also enables the university to purchase and provide assistive devices, and a Laptop with Zoom Text and the JAWS Programme for bursary students living in the university residence. They have also invested in 2 Braille printing machines, DeckTalk, JAWS programme, Computers with Big Screens, Zoom Text, 4 portable loops, LAS Learning, Claro Reading Programme, Dragon Talk Programme and 4 scooters (2 small and 2 medium).

Some tips to be considered in addressing funding needs are:

- If the recommended accommodations incur resources that are not covered by the institutions, and if the student has financial difficulties to support the special accommodations recommended for her/his studies, the contact person should provide the information for a dedicated scholarship or financial assistance to students.
- The financial reward for disability integration should filter through to individual lecturing and/or DU staff who fulfil their mandate in this regard.
- The payment of a so-called student allowance to individuals to cover incidental needs and its linkage to available grants/student loans available requires investigation.

4.3.7 ATTRACTING, RETAINING AND SUPPORTING THE PROGESSION OF STUDENTS WITH DISABILITIES IN TEP

Some of the measures that can be implemented to attract, retain and support the progress of students with disabilities in TEP are:

- In-service training about the effects of specific disabilities in applied learning situations, and the measures that need to be taken by academic and other staff to manage the difficulties experienced by those with such conditions.

- Clear institution management policies about the responsibility of academic staff to provide lecture notes, overheads, etc., to students with disabilities.

- Mainstreaming disability accommodations throughout institutions so that it becomes the norm for lecturers, library staff and others to be enquiring about diverse needs and responsive to the changes in practice required.

- Clear national/grant-aid policies that do not disadvantage students who, because of their disability, avail of the option to conduct a full time course over an extended (e.g. two-year, part-time) period.

- Academics being encouraged and supported to acknowledge students' disabilities appropriately and to initiate the process for managing any support needs that arise in fulfilling course work requirements.

- Offering students a wide range of disability support in a sensitive but persistent (if necessary) and nuanced way.

- Use of system-wide tools like 'Blackboard' to ensure that all students, including those who choose not to disclose a disability, can access essential educational resources.

- Annual, rather than once-off, disability needs assessments, not just to identify support needs but also as a tool to progressively move students off supports that are not transferable into the workplace (if appropriate) and increase the use of transferable supports that increase their

independence.

- Well-lit, clearly-signposted lecture halls and removal of potential obstacles such as steps or slopes, and colour-differentiated areas within buildings.

(Source: 2010, Siobhan Phillips & Ann Clarke, Pathways for Disabled Students to Tertiary Education and Employment, National Office for Equity of Access to Higher Education of the Higher Education Authority (HEA), Department of Education and Skills).

4.3.8 DISABILITY INCLUSION LESSONS LEARNT BY FRF TEP PPs

University	Lessons Learnt
UFS	• There is generally lack of accessible public transport therefore the university procured an accessible kombi. Time allowing, students with disabilities are transported to other places e.g. shops as requested by the students. It is however important that transport to classes is prioritised. • Disability awareness initiatives are needed for the entire campus community. For example, some students use guide dogs (even though not common) and canes on campus and not all students are comfortable with the presence of the dog. In one instance, the USD staff had to run an awareness raising session on campus/residence about the role of the guide dog when it became clear that not all students in the residence were comfortable with the dog. • It is important to discuss the demands of the courses that students with disabilities want to register for as soon as they are accepted in the university prior to them registering so that they can be able to take informed decisions. Tutors and the USD should not persuade students to register for courses that students are not keen on simply because officials think that those course would be easier for her/him. She/he should be provided with information about the course of interest and be given an opportunity to explain how she/he thinks she/he would manage given her/his disability. • For exam purposes, it is better for students with disabilities not to be in the same room as other able-bodied students because of their accommodation needs. As a result, USD offices are a formal exam venue for students with disabilities. • It is important to establish partnerships or networks with others working in the disability sector, other institutions of higher education and with a community of

	persons with disabilities. This is of benefit in sourcing information and advice regarding services for students with disabilities, training and support systems. Through these networks, the unit is able to share information and to contribute to academic discussions regarding access and accommodation of students with disabilities.
UWC	• It is important to learn as much as you can about different types of disabilities, by engaging directly with the student, his/her family as well as organisations of disabled people. This will enable you to understand the specific needs of each type of disability but also to ensure that you tailor your services to the needs of each individual. • The support of university management is crucial for mainstreaming disability and providing accessible services to students with disabilities. Lecturers sometimes get impatient because of the extra work involved and if they are assisted with the 'extra workload" they are more co-operative. It would help if lecturers and faculties can be more proactive in contacting the Office for advice and support. • It would be good if he university could engage the services of an accessibility expert when it is designing new additions to its built environment and/or renovating existing ones. • Inclusivity for diversity should be part of the mission and value statements of the University. • Mainstreaming requires a champion, an advocacy person and someone who can do one-on-one engagements with students to understand their individual needs. • The Unit works closely with therapeutic services, academic support and leadership and leadership and responsibility units. • The office has instituted a registration policy. This means that students with disabilities must take it upon themselves to register with the Office so that the staff are aware of and can thus provide support services to them. The registration also helps the student qualify for a bursary and for special accommodation. Registered students are provided with a letter for lecturers informing the lecturer of the student's disability and their special needs. • The services offered include: - Establishing detailed exam and test procedures - Providing detailed letter to each lecturer on the student's abilities and needs - Informing the faculty to inform lecturers that they will have a student with a disability in their class - Development of a test/exam request form to set up a timetable - Sending the timetable to lecturers and faculty head a week before

	the student is due to write - Securing invigilators from the Exams department - Providing each invigilator with a list of the names and special needs of each student
Studietrust	• Funders should bear in mind that financial support to students with disabilities costs more (financially and emotionally) than supporting those without disabilities. It is important that full-scale support is provided. E.g. provision of devices, emotional support, medical costs support etc. • Not all parents are supportive of their children. Others put undue pressure on the child because they have unrealistic expectations. • Some students with disabilities do not disclose their disability status on their funding applications even though the question is put right in front on the application form. • Generally, there are few students with disabilities who are pursuing science programmes- e.g. engineering. Many students with disabilities are enrolled for BA degree. As such, selection criteria for bursary recipients should accommodate all students with disabilities not only those registered for science degrees.

4.4 ADAPTING TERTIARY EDUCATION PROGRAMMES

Tertiary Education Institutions must adapt their techniques and have specialist technologies, tools and equipment to support and facilitate easy studying of students with disabilities.

4.4.1 TEACHING TIPS FOR LECTURERS

- Lecturers must assess and adapt the teaching curriculum to suit the level of ability of the student/s and must report on the student's progress against the adapted curriculum.
- Lecturers should be trained in the use of assistive technology in the lecture room.
- Lecturers must develop specific, or modify existing. lesson plans to suit the needs of students with disabilities.
- School leadership teams can assist with strengthening lecturers' abilities to assist students with disabilities, including through collaborative teaching practices.
- Lecturers can engage para-professionals to strengthen their skills in supporting students with disabilities.

4.4.2 MEASURES TO INCLUDE STUDENTS WITH VISUAL IMPAIRMENTS

Meeting the need for lecture notes:

- Lecturers must make lecture notes, handouts and overheads available to the students well in advance of the lecture. This allows time for the notes to be recorded, enlarged, scanned into the students' computer or transcribed into Braille.
- Lecture notes must be available via email or on the internet so that the students can access them using screen reading or magnification software on their computer.
- TV and video/DVD are generally less problematic than might be expected, but students should be told when they are to be used. Some students may choose to have a note-taker and others will prefer to take their own notes on to a computer, or other equipment.
- Recording lectures can also be useful and staff should be prepared to accept such a request.

Providing a Consistent Physical Environment:

Blind or visually impaired students may develop mental schemas of how rooms are laid out which makes the environment easier for them to navigate. If lecturers intend to alter the layout of a room drastically then they must try to inform the student beforehand and offer them the opportunity to re-adjust to the new layout.

Accommodating Canes and/or Guide Dogs:

The best guide to the student conditions and how it affects her/him is the student herself/himself. Some visually impaired students may not appear any different from other students, others may use a cane and/ or a guide dog. Ensure that students using canes and/or guide dogs have barriers free access and sufficient access for free mobility and for the dog to walk and sit alongside the person.

Programme for orienting students on the institution's built environment:

Learning routes on campus, particularly at the start of the year, is a time-consuming task. An orientation programme to learn the institution routes can be of great assistance to those that need it.

Implementing a Volunteer/Buddy System

Students with a visual impairment will need to speak to staff/volunteers/buddies about the management of their course and dealing with difficulties such as:

- finding rooms
- finding people in a crowd

- recognizing people
- using pigeon holes
- finding and or reading information on notice boards

Provision of Assistive Devices
Some institutions lend disability students assistive devices or purchase these devices for them through a form of funding/bursary.

Remember the following about students with visual impairments:

- It may take longer for students with visual impairments to write down lecture notes and they may be unable to see PowerPoint slides or board work.
- Diagrams and new vocabulary can be problematic for students with visual impairments unless an oral description or additional clarification is given. Documentation given out in the lecture may not be accessible to the students.
- Not all visually impaired students have difficulties with orientation on campus, but if there are problems with this, anxiety caused by being lost in a new environment cannot be underestimated

(Source: Report of the FOTIM Project conducted 2009-2011, funded by the Ford Foundation; inputs from PPs interview participants)

4.4.3 MEASURES TO INCLUDE STUDENTS WITH MOBILITY IMPAIRMENTS

Computer needs and Equipment:
Adapted keyboards and LAN

Ramps for easy access:
On occasion it may still be necessary to make structural alterations to buildings to accommodate students´ needs - from installing ramps for wheelchair access to changing the height of benches and seating, or ensuring that toilets are adapted for ease of use.

Volunteers/Buddies:
To push the wheelchairs and perhaps assist with carrying books – this could be a useful and friendly gesture.

Personal Needs:
Staff and other students must recognise that those with mobility impairments may arrive late, or may need to leave discretely at points during teaching sessions to for example administer medication or visit the toilet etc.

Infrastructure Maintenance:
Staff and institution management must take into consideration the impact caused by infrastructure problems, for example, where a lift is broken and students cannot get to lecture halls.

Accessible parking close to buildings/lecture rooms:
Some students with mobility impairments may drive to the institution, and thus a building´s proximity to designated parking spaces may also need to be a consideration.

Accessible Transport:
Dedicated accessible bus that commutes all day long and rostered according to students' need.

Furniture Arrangement in Lecture Rooms:
Furniture should be arranged in a way that offers free mobility and does not create accessibility problems.

Location of Lecture Rooms:
Teaching sessions to be scheduled to take place at locations which are in close proximity to each other/either in buildings with lifts or on the ground floor of those without lifts.

Personal Emergency Evacuation Plan:
Alternative emergency evacuation procedures must be considered and be visibly displayed. A personal emergency evaluation plan should be formulated in consultation with safety services and the student, so as to ensure that she/he can exit the institution's buildings in a safe and timely manner in the event of an emergency.

(Source: Report of the FOTIM Project conducted 2009-2011, funded by the Ford Foundation; inputs from PPs interview participants)

4.4.4 MEASURES TO INCLUDE STUDENTS WITH HEARING IMPAIRMENTS

Digital Recorders:
These can be used by students with a substantial amount of residual hearing and are useful for keeping a record of lectures to be listened to at leisure afterwards and stored on their computers if they wish as sound files. The advantage of recording is that any words or sentences which are at first difficult to hear can be replayed several times, possibly using a neck loop and hearing aid or a set of lightweight headphones.

Note-takers:
It is impossible to lip-read a speaker or follow an interpreter while at the same time taking notes. Using a note-taker may be the only way the deaf student has of obtaining a permanent record of the lecture. Note-takers often sit next to their client in order that the notes can be referred to during the lecture. Professional note-takers should take down almost the whole lecture and will follow the instructions of the deaf student about what should be included or excluded.

Seating Arrangements:
A horseshoe arrangement can allow the deaf student to locate the speaker more quickly.

(Source: Report of the FOTIM Project conducted 2009-2011, funded by the Ford Foundation; inputs from PPs interview participants)

4.4.5 MEASURES IN RESPECT OF EXAMINATIONS

Extra Time:
The test should be a measure of their knowledge - not of the speed of their reading or writing, considering speed for reading, writing, processing etc.

Reading out questions by a responsible adult or a computer:

- Test should test the student's knowledge of subject matter and not ability to read.
- Extra time or reading aloud to oneself may be considered if a reader is not provided.

Transcripts:
For students with illegible handwriting or spelling problems but unable to use a word processor, a copy of the student's script is made after the exam by a staff/ tutor familiar with the student's handwriting. This facilitates the work of the marking staff.

Use of Scribe/ Recording to tape / speech recognition technology:

- Consider scribe/ recording-to-tape/ speech recognition technology if such advantage cannot be achieved by the use of word processor.
- Consider advantage of oral expression over handwritten expression, in terms of comprehensibility (due to spelling or written expression difficulties) and speed.

Supervised Rest Breaks:
Students with dyslexia can often suffer from fatigue in long tests because they require more efforts in processing information than most students. By giving rest breaks, their true ability in a subject can be shown.

Modified Papers:

- Papers need to be modified to become dyslexia-friendly.
- Ideally, the standard paper should suit all exam candidates with substantial comprehension difficulties, irrespective of the type of impairment).

Use of Coloured/Enlarged Paper:
Some students with dyslexia find the background colour of a text affects their ability to read as the white paper produces a glare. For example, off-white/grey colour may be better for some students.

Enlarged papers, bigger fonts and spacious presentation reduce the sense of crowdedness which may adversely affect the reading and comprehension ability for some students with dyslexia.

(Source: Support Services to Students with Specific Learning Disabilities (SLD) in Hong Kong Tertiary Institutions: Proposed Guidelines and Current Situation).

4.4.6 SPECIALIST TECHNOLOGIES, TOOLS AND EQUIPMENT FOR DIFFERENT TYPES OF DISABILITIES

Tertiary education institutions should have a range of specialist technologies, tools and equipment which support the study of students with disabilities. The following table lists some of the common specialist equipment for visual and hearing impairments.

Table 9: Specialist Equipment for visual and hearing impairments

Type of disability	Technology, tools and equipment
Students with visuals	• Zoom Ex can be used to create electronic books or other learning materials in the appropriate size and contrast • Zoomtext screen enlargement software and Zoomtext keyboard • A CCTV which magnifies text onto a screen. • JAWS screen reading software • Digital and tape recorders for loan • DAISY (digital accessible information system) software or a device that will play DAISY files allows students to listen to the audio version of materials, e.g. books, articles, bookmark etc. • Braille materials developed in some institutions or even procured from online stores. • Large print material
Students with hearing impairments	• **Sign language:** Not all persons with hearing impairments understand and use sign language. • **Radio microphone system:** This consists of a microphone given to the lecturer which transmits to a receiver worn by the student. It helps to eliminate problems of distance and background noise and so is ideal for lectures and to some lesser extent seminars. Lecturers should be aware that questions from the floor will not be heard, and so should be repeated before

an answer is given. In a seminar situation, the deaf student will either place the microphone in the centre of the table to pick up individual contributions, or, if the microphone is not sensitive enough, it will have to be passed around to whoever is speaking.

- **Induction loops:** To help eliminate the effects of distance and background noise, induction loops are used in conjunction with a microphone connected to an induction loop fitted around the perimeter of a room and sometimes with an existing amplifying system. The student is able to hear sound, picked up by the microphone, through her/his hearing aid within the loop.
- **Lipspeakers:** They are useful for those who do not use sign language but who find a tutor or lecturer difficult to lip-read. A lipspeaker repeats the words of the speaker without voice. They produce clearly the shape of words, the flow, rhythm and phrasing of natural speech and repeat the stress as used by the speaker. The lipspeaker also uses facial expression, natural gesture and fingerspelling (if requested) to aid the lipreader's understanding. Lipspeakers are used by people who use lip-reading extensively and who have a good command of the English language.
- **Audio talking books:** some materials are available through audio. These materials are sent out on digital cartridges that are played in special machines. These talking book players are available in some state libraries.

Braille text example

RESOURCE 19 IN PART 5 OF THIS KIT PROVIDES LESSONS LEARNT FROM HONG KONG UNIVERSITIES IN TERMS OF ASSESSING THE LEARNING DISABILITIES OF DYSLEXIA STUDENTS. RESOURCE 20 IN PART 5 OUTLINES DISABILITY SUPPORT SYSTEMS FOR STUDENTS WITH DISABILITIES.

4.5 BEST PRACTICE ADAPTATIONS FROM FRF TEP PP'S – UFS, UWC AND STUDIETRUST

UNIVERSITY OF FREE STATE	
Type of Disability	**Adaptations, Modifications, Equipment**
Visual impairment (partially sighted/totally blind students)	The university offers typing, basic computer, special orientation and mobility training for blind first year students, and re-training for senior students when necessary. Training programmes are implemented free of charge by the Free State Society for the Blind. The orientation training responds to individual needs in that it continues until the student is familiar with the campus and/or has made friends. There is a team that make copies of study materials and/or university-related material. These are provided on request free of charge. Material is also provided in different formats such as Braille, large print, e-text and audio depending on the need and choice of students with disabilities. The university has a computer lab with accessible computer stations making use of the latest assistive technology and software. These include: • Magnification software". It portrays whatever it is on the textbook on the screen and can even contrast the colours of a document. • "zoom text software". This software enlarges everything on the screen. • "Jaws" software and headphones are used for reading. Jaws is expensive and its licence is for 10-users. It is more challenging to change formats of some of the modules that have lots of symbols such as research methods into formats that jaws can read- the unit has to seek the support of tutors to be able to transcribe or change the format of such modules. Accessible internet and email facilities are provided for students with a range of disabilities.
Hearing impairments (Deaf and hard of hearing students)	The University is one of two universities in South Africa that has a sign language department and one of three universities that provides sign language interpreters. Sign language interpreting and other assistive measures such as note-taking is offered to deaf students. The interpreters are paid by the university and the service is used primarily for meetings with lecturers and tutors.

	Sign language is offered as a subject and is open to any student with an interest in learning sign language and has attracted able-bodied students. Some of the students on the course volunteer for / are offered practical experience by the centre Some students have hearing aid(s) and cochlear implants and still struggle after the implant. The best solution is to introduce a loop-system in the lecture venues. For example, there was a student who apparently became deaf at the age of 24yrs. This student could not lip read nor understand sign language when he joined the university. A USD assistant had to type in order to be able to communicate with the student. The assistant suggested that he registers for sign language as a subject. He did and learnt it on campus.
Students with physical impairments	Ramps were constructed in most parts of the university. There are lifts and some furniture is modified in new lecture halls. At least two fixed chairs have been removed to make space for wheelchairs and the tables were raised. In the case of older venues, loose tables have been put in the venues. The space that is created for wheelchair users is marked for use by wheel chair users. Making adjustments/modifications: For example, a student with physical disability (with no hands) insisted on studying IT. The student was accepted. He was asked how he thinks he would manage to carry out the activities of the course and to work in the IT sector. The student used his toes to type. A wooden board/stand was used to lower the keyboard for the student to be able to type. It was a challenge to convince staff that it was possible for the student to study IT. After lots of convincing he was accepted in the programme and he successfully completed the course and is currently employed in the IT sector. The University also has an adapted kombi which is used for transporting students with disabilities (in particular those with limited mobility/wheelchair users) to classes and for them to attend to their other errands e.g. going to the shops.
Learning impairments (e.g. Dyslexia, attention deficit disorder)	Example- A student with multiple disabilities insisted on studying accounting as he wanted to be a charted accountant. This was a challenge as everybody believed his disabilities would be a hindrance in the profession but also it would be impossible for him to complete the course. Advice was first sought from South African Institute of Chartered Accountants (SAICA) which is believed to be accommodating in terms of the needs of persons with disabilities. The student was then accepted in the course as was advised by SAICA. The student was hyper sensitive and as a result he struggled with noise in the classrooms as lecturers delivered the lessons. The student himself then decided to stop attending lecturers and recordings of lessons were made and he ended

	up having to study three times harder than other students. The University has also provided funding to sound proof some of the rooms-exam room and cubicles that are used for students with disabilities who preferred smaller venues. There are two chairs in a cubicle to be able to accommodate a student and her/his assistant.
For students with anxiety and panic disorders	They should be in smaller venues especially for exams and be made aware that the venue is safe. Allow for extra time during exams. Student should be allowed to take breaks as and when the need arises. If that happens during exams, the student should ask the invigilator to stop the clock and to turn it on again when they go back to complete the exam.
STUDIETRUST	
All types of Disabilities	They provide psychosocial support/mentor support (academic and counselling) to beneficiaries on their programme. No adaptations/modifications were made in any of their programmes as students with disabilities have been able to participate in their workshops as the main approach used to provide support.
UNIVERSITY OF WESTERN CAPE	
All types of Disabilities	The Office staff engages one-on-one with each student to ascertain what their specific needs are in terms of reasonable accommodation, assistive devices, specialist technologies and equipment and even their physical health. The staff also engages with different disabled people's organisations, such as the Athlone School for the Blind, to fully understand the needs of persons with disabilities and how these needs can be supported. The office space includes a small sick bay / rest room where students with disabilities experiencing fatigue are able to rest. One of the Offices of the Unit has been set-aside as an accessible exam venue for students with disabilities. If the student needs assistance at the time of writing the exams, the Office arranges for one staff member to sit with the student and assist in whatever way they require. The University provides students with a book allowance and food vouchers until their bursaries come through. Students with disabilities at the University have formed a Differently Abled Students Organisation (DASA). DASA is an active student body that has meetings with senior management to highlight their needs and organises recreational events such as golf and cricket games of able-bodied and disabled students. The organisation is also looking at

	the built environment of the University to advise on the physical barriers that need o be removed to increase access and mobility.
Sight Impairments	The first disabled student that the University had accepted was blind. This was about 12 years ago. After discussions with the student and the Athlone School for the Blind, on his needs, the University provided him with a Perkins braille machine and a tape recorder. Arrangements were also made for him to write his tests and exams in braille. The University provides two Braille printers, DeckTalk, Jaws Programme, Computers and Big Screens, Zoom Text and Merlin. Some students also have scribes to assist them. Blind students automatically get campus residence. The staff meets with the family and student beforehand to ascertain needs and levels of independence. This enables the office to inform the residences to reserve specific rooms for students with disabilities that suit their individual needs. The bursaries awarded to blind students includes the purchase of a laptop with zoom text and jaws for each student that lives in a campus residence. The Cape Town Society for the Blind does a two-week orientation for blind students. The orientation covers the residence and its surroundings, the way to the Office and to their classes. Exam papers are provided in braille or electronically. The University has an arrangement for students who need spectacles to get them at a reduced price.
Mobility Impairments	Students who use wheelchairs are accommodated in a separate accessible resident. A key challenge is that the ablution facilities in the university is not accessible and students have to use the facilities in a private residence. The University has plans to revamp one of the residences to include accessible ablution facilities. There is a lift to the Office for Students with Disabilities. The office staff helps the students to develop lecture timetables linked to the one accessible lecture room. If necessary the office arranges for lectures rooms to be swopped, especially for TUT groups. If the student's residence is far from the lecture room, the office informs the lecturer that the student may be late.

	The university also books out its scooters to persons with mobility impairments.
Intellectual Disabilities	The University provides LAS learning, a Claro Reading Programme and a Dragontalk programme.
Hearing Impairments	The University does not offer sign language interpretation but has four portable loops that can be taken to different venues. It also provides cochlear implants. The University plans to install permanent loops in the Hall, Library, auditorium and new life sciences buildings. Ten to 11 loops will also be fitted into the Office and residences.

UWC ASSISTIVE DEVICES AND EQUIPMENT

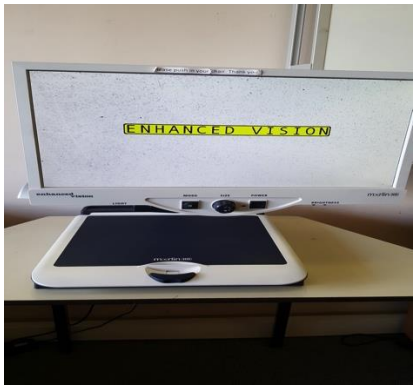
Zoom Text

Braille Printer

Scooter

Sick Bay/ Rest Room

Merlin



4.6 LESSONS LEARNT FROM INTERNATIONAL ORGANISATIONS

4.6.1 CASE STUDY OF A UNIVERSITY STUDENT WITH MULTIPLE DISABILITIES FROM IRELAND STUDYING PRIMARY DEGREE (ISCED 5A)

About the student:

Student 3 entered university as a mature student after being encouraged by his social worker in the National Learning Network who recognised his potential. He is a wheelchair user due to Cerebral Palsy and also has severe dyslexia and is unable to read or write. He has completed second year of his university degree. From age 11-15 he spent a lot of time at an institute abroad (for his physical disability). While there, he sat the equivalent of the Junior and Leaving Certificate, however they were not recognised in Ireland. He sat O-Level Leaving Certificate in Ireland but did not get the points he needed, as he did not have English or French. As a result, he did not gain admission to higher education through the central applications system and had to wait until he was 23 to enter as a mature student.

Schooling:

His school abroad, which he attended primarily because he was in treatment for his physical disability was described as '*great*'. He was back and forth to it every six months and while there he did tests with different educational psychologists [a number indicated that he is very bright]. In addition, he was very self-motivated and accessed any educational programmes he could, such as Open University courses. His experience of schools in Ireland was not positive. He was not diagnosed with dyslexia until his mother read an article about it and had him privately assessed. The school was described as poor in terms of accommodating his disabilities and he was left at the back of the room and told to stay quiet – there were reportedly no attempts made at enabling inclusion or facilitating his needs.

When the school received the educational psychologist's report this prompted the school to get in touch with the National Educational Psychological Service (NEPS), which then recommended the kinds

of supports he should have in school or for examinations including audio-tapes, a scribe and reader for examinations. The NEPS report was described as crucial in gaining access to supports at school and in changing the teachers' attitudes to him:
'They realised I had the intellect of a 25 year old but couldn't read or write'.
Looking back, he feels that the second level system was overly dependent on him being diagnosed by NEPS in order to get supports. He also wonders why the teachers did not question why he found it so hard to engage.
He described the Irish schools he attended as *'having met their legal obligations'*. The last school he attended was a special school and only provided classes up to junior certificate level. It had good physical accessibility, however. Student 3 wanted to do the Leaving Certificate but felt he had to fight for it. He became the first person in the school to complete the Leaving Certificate examinations. The school now provides leaving certificate education and further education courses. While this students" experience was negative, his persistence may have acted as a catalyst for improving the quality of educational provision to other students at this school.

University disability support services:

Student 3 needed support to participate in higher education. Access to transport (campus mini-bus) has been very important, not only in terms of physical access, but also because the bus driver is very friendly and has helped him to find his way around the city, which is not his home town, and where to get the best deals for clothes and food. Student 3 is living on Disability Allowance (a social welfare payment) so budgeting is critical and he struggles with this – *'lots of Pot Noodle and caffeine'*. In 2010 he moved to private accommodation so he is no longer eligible for the campus mini-bus but now has the confidence to use public transport.

Student 3 found the first three weeks at university really difficult, so much so that he had a number of panic attacks, and he considered dropping out. He went to the disability service to discuss his difficulties and was convinced to use available support. The disability service organised for each academic year to be split over two years so that he did not get overwhelmed – this made a huge difference and he is now considering doing a masters' degree when he finishes his undergraduate degree.

Student 3 described the support provided by the disability service as *'brilliant'*. It helped him with technology, accessing accommodation and provided educational assistants (EAs). EAs and note takers have been essential as his level of dyslexia is profound. The disability service encouraged him to look at software such as Read & Write and Dragon. He can use the disability service scanner to scan in books to his laptop and all the computers on campus have Read & Write.
Student 3 had been reluctant to use AT initially but has seen the benefits and is beginning to build up his AT skills:

The disability service scanning technology and software means that he is now able to cope with the paperwork and application forms.
Student 3 is hoping to progress into a Masters' course. In order to make this transition he needs to

pass his exams, which he is confident of doing. He needs ongoing support in the form of EAs and technology, which are in place.

„The disability service has been fantastic. Each student is treated with respect and as an individual and in a holistic way. I feel valued, welcomed (unlike at school) and this has motivated me to do well. I registered with them when I first came to university but felt I didn't need them – they kept chasing me down to come in and talk and I was really glad when I did as they helped me realise that I needed support and that this was ok'.

Examination and assessment:

- Student 3 is registered with the disability service and as such he is provided with his own exam room so that there are no distractions – he is easily distracted.
- He is also provided with an exam scribe and reader and an invigilator appointed by the disability service (usually all three roles are fulfilled by one person).
- He is allowed 10 minutes extra per exam in addition to comfort (toilet and cigarette) breaks as needed.
- Stickers are put on all of his work to identify that he has a disability (they do not indicate the type of disability) and he gets a spelling and grammar waiver.

Financial aid and challenges:

- Finances are an on-going challenge for Student 3. His local authority awarded him a student maintenance grant. However, because he splits his academic year across two years, his grant is also split, effectively halving the amount he has to live off each year.
- Financial issues are the greatest threat to his being able to progress through higher education. The financial strain he is under has affected his health. He cannot afford healthy, fresh food and his blood pressure has risen.
- He took up a part-time job to help with the bills but it was too distracting so he gave it up. He budgets very carefully and has not been afraid to go to charity for help.
- He has debts and they are growing. He is not entitled to rent allowance as he is a full-time student and he has to every year apply for a medical card.

Opportunities and Impact of support service:

Participation in higher education has enriched Student 3's life in many ways. The disability service made him aware of clubs and societies on campus and he has made many friends. He also got involved with campus radio in first year when he produced and presented a programme about disabilities. He has also become more active politically and campaigns on behalf of people with disabilities.

Student 3 believes that his participation in higher education has improved his employability, self-confidence and sense of self-efficacy. He now views himself as capable instead of disabled. Higher education has had the impact of helping him become more outgoing, with an established social network and a wide circle of friends.

He has been given opportunities to speak in public. For example, he gives talks to students and parents about coming to higher education with a disability. One of his support persons described him an inspiring speaker. He said that talking in public and to researchers has increased his confidence and reduced his panic attacks. It has also given him the confidence to ask questions and form his own opinions.

'Iam not at home on welfare watching TV. I am calmer, I feel networked and motivated'.

Transition into work:
In terms of making the transition into work, having done a number of interviews he recognises that he will need to be solution-focused with employers in terms helping them understand how AT works and its benefits. He hopes to use the job coaches that work with the disability/guidance service.

(Source: 2010, Siobhan Phillips & Ann Clarke, Pathways for Disabled Students to Tertiary Education and Employment, National Office for Equity of Access to Higher Education of the Higher Education Authority (HEA), Department of Education and Skills).

4.6.2 SUPPORT SERVICES PROVIDED AT THE UNIVERSITY COLLEGE CORK (UCC), UNIVERSITY OF DUBLIN, TRINITY COLLEGE (TCD) AND THE NATIONAL LEARNING NETWORK AND CITY OF DUBLIN (VEC).

Tertiary Institution	Support Services
University College Cork (UCC)	• Hosts an Assistive Technology (AT) Laboratory where students can access computers with specialist software as well as specialist devices such as Dictaphones, CCTV (magnification device), and portable note-taking devices. The Laboratory only accessible (by swipe card) to students who register with the laboratory. Students are encouraged to access technology that can be transferred for use in the workplace (e.g. lightweight IT devices rather than laptops). They are encouraged to show prospective employers how they can overcome perceived barriers with AT and to be solution-focused. • The work of the laboratory includes orientation programmes, needs assessments, identifying and sourcing appropriate technology and software, training students. • Throughout the campus, Read & Write software for students with dyslexia and Zoom Text for visually impaired students have been mainstreamed into the computer system so that it can be accessed anywhere on the campus. Jaws software is available on

	library computers. • Employs a qualified mobility trainer who trained with the Irish Guide Dogs Association. She provides one-to-one support to students in need of mobility training. This can involve helping students to become familiar with the use of a cane. Students are helped to get to know the campus by working out routes for them and walking them through these routes until they are confident, including accommodation to campus, lecture venues, support services and restaurants, for example. The objective is to help students become as independent as possible and as quickly as possible. • After students undergo a needs assessment with the disability service, a Learning and Educational Supports Needs (LENs) report is produced. The LENs identifies the specific educational support required by individual students at lectures and during course assessments, including the provision of overheads and lecture notes in advance. It also sets out the accommodations provided by the disability service at formal examinations. Examples of the supports provided by the disability service include access to assistive technology, enhanced library and photocopying services and access to note takers, interpreters and other learning support tutors. Exam support include extra time, rest breaks and technological aids as required. The information in the LENs report is copied to relevant academic staff, including the student's tutor, to ensure full awareness of the accommodation needs required.
University of Dublin, Trinity College (TCD)	Has three modern AT resource rooms called Assistive Technology Information Centres (ATIC). Two ATIC areas are on campus and a third facility is at the nearby hospital. The disability service also works closely with specialist support services/organisations for specific disabilities. Examples of low-level AT on offer includes ergonomic aids and adjustments to computer settings, read and write software and mind mapping. High level AT is also available at the centres and includes screen reading software, Dragon voice dictation software and Zoom text screen magnification software. Advanced scanning software is also available which allows common computer files (such as Word and RTF documents) to be read aloud and more sophisticated packages enable blind users to scan in documents and convert the scanned image into on screen text; from

	which they can have the text read out to them, add their own notes and save the modified file for later use.
The National Learning Network/CDVEC	Has been developing its AT service since 2003. Students' AT requirements are analysed as part of the needs assessment process. A low-tech AT toolkit (keyboard and ergonomic aids) is available for sampling prior to purchase, to minimize the level of abandonment. The service has recruited a part-time AT technical support worker who will train and support students in the use of more advanced AT and provide technical back up, if necessary. An AT guide for students and staff has been produced to "demystify" AT and raise awareness of the types of support available, which the service will source for students. A College Principals' manual and a study skills manual have also been produced. Central features of the disability service include: • An evaluation of students' support needs on first contact with the disability support service. • Sourcing appropriate and effective AT and training students in its application. • Organisation/provision of one-to-one learning support for students and training in study skills. • Organisation of specific professional supports such as note takers and interpreters. • Liaison with appropriate college authorities with regard to the negotiation of examination accommodations. • In-service training of academic staff on the nature of different disabilities and the appropriate supports, including AT.

DISABILITY SERVICE AWARENESS RAISING INITIATIVES

Tertiary Institution	Awareness Outreach Initiatives
University College Cork (UCC)	• The AT Laboratory is involved in outreach to second-level schools to make parents, students and Visiting Teachers aware of the pathways into UCC and the support that is available for students

	with a disability. • Higher education students with disabilities give presentations to second level students thinking of coming to college and to mature students. The UCC disability service is developing relationships with Visiting Teachers and with disability associations as a way of accessing potential students.
University of Dublin, Trinity College (TCD)	TCD disability service takes part in open days for prospective students. It has strong links with a number of schools in its immediate area that are disadvantaged and operates an access programme with those schools. TCD disability service is engaged in a number of projects with external support agencies addressing in particular developmental disabilities (e.g. ADHD and Asperger's Syndrome) and is involved with parents and schools as part of this work.
The National Learning Network/CDVEC	Disability service attends open days in the colleges for prospective students and attends relevant conferences (e.g. Irish Guidance Counsellors, Irish Computer Society teacher conferences) to highlight the support provided. It is planning to develop outreach links into Irish deaf schools. It links in with specialist and specific learning disability services and works in partnership when required. The disability service works with families of disabled students if appropriate and only if requested.

(Source: Pathways for Disabled Students to Tertiary Education and Employment, Case Studies from Ireland, November 2010).

PART FIVE: PRACTICAL RESOURCES

This section of the Resource Kit contains a number of resources that you can use to improve your understanding and knowledge of disability and to undertake the task of mainstreaming disability at an organisational or programme level.

Each resource is not an end in itself and you are free to modify and change it to suit your own organisational and/or programme context and needs.

RESOURCE 1

Disability Terminology and their Meanings

"Language reflects the social context in which it is developed and used. It therefore reflects the values and attitudes of that context, and plays an important role in reinforcing values and attitudes that lead to discrimination and segregation of particular groups in society. Language can therefore be used as a powerful resource to facilitate change and bring about new values, attitudes and social integration. Persons with disabilities are very vulnerable to the misuse of language and terminology where terminology has the effect of labelling persons with disabilities, stereotyping them, discriminating against them, and ultimately creating a culture of non-acceptance of diversity." [Source: DPSA Pocket Guide]

TERM	MEANING
All persons with disabilities	The term acknowledges the existence of, and encompasses the various types of disabilities and the various age groups of persons with disabilities regardless of race, gender, religion, sexual orientation, etc.
Assistive devices, technologies and other support for independent living	Assistive devices and technologies refer to equipment, resources, 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. Other support for independent living includes guide, care and social dogs;

	and sign language interpreters.
Accessibility	Accessibility refers to equitable access for persons with disabilities to all services, products and facilities on an equal basis with others. This includes access to the built environment, transportation, information, including information and communication technologies, live assistance and all other systems and facilities offered to the public.
Care	Care refers to holistically providing for people's physical, psychological and spiritual needs where they are unable to provide these for themselves. Care is an approach that improves quality of life through prevention and relief of suffering by means of early identification, assessment and treatment.
Care-giver	Any person who, in relation to persons with intellectual impairments (i.e. psychiatric and intellectual disabilities), takes responsibility for meeting the daily needs of, or is in substantial contact with persons with such disabilities.
Communication	Communication includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology.
Developmental Social Services	These are services that facilitate the development of human capacity and self-reliance within a caring and enabling socio-economic environment. It reflects an important paradigm shift from dependency to independence, dignity, self-reliance and acknowledgement of people's capacities and abilities through an enabling social and economic environment, with a long-term focus on

	broader and holistic development of people, communities and societies. Developmental social services automatically imply services that are holistic, integrated, accessible and sustainable in the long-term.
Disability Structures	Disability structures refer to all forms of organisations established with the purpose of ensuring service delivery to, and self-governance of persons with disabilities and their families within an integrated approach.
Discrimination on the basis of disability	Discrimination on the basis of disability refers to imposing any distinction, exclusion or restriction of persons on the basis of their disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, on all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. It encompasses all forms of unfair discrimination, whether direct or indirect, including denial of reasonable accommodation.
Economic Empowerment	A common perception of society in general and some persons with disabilities in particular, is that having a disability automatically bars such a person from actively participating in economic activities. Economic activities refer to all money-making or employment activities that are financially viable, lucrative and profitable and that render a person economically independent and able to provide for their own socio-economic needs. Economic empowerment refers to facilitating the active participation of those persons who are able to be economically active, in mainstream economic activities including employment in decent jobs and/or ownership and partnerships in business initiatives.
Vulnerable Groups	There are groups of persons with disabilities who are especially vulnerable: women, children, older

	persons living in rural areas, particularly in the under developed regions, displaced persons, persons who have epilepsy; the physically disabled; persons with multiple disabilities, deaf-blind and homeless persons. People with certain disabilities, such as the deaf, the blind and persons with intellectual impairments, are particularly vulnerable.
Habilitation and Rehabilitation	Habilitation refers to a variety of support services designed to increase a person's independence. The goals of this service include supporting a person to gain knowledge and skills, assisting in learning, socialization skills and appropriate behaviour as well as gaining and maintaining a quality life. This support may be in the home or community. Habilitation and rehabilitation services to persons with disabilities are usually provided by members of a multi-disciplinary team of professionals. Rehabilitation is a goal-orientated and time-limited process aimed at enabling a person with impairments to reach an optimum mental, physical and/or social functional level, thus providing the person with the RESOURCEs to change her/his own life. It involves measures (for example technical aids and other measures) intended to compensate for a loss of function or functional limitation and intended to facilitate social adjustment or readjustment.
Impairment	The term impairment can involve an anomaly, a defect, loss or a significant deviation in body structure or functioning. The impairment may be permanent or temporary, progressive or regressive. It can be physiological, intellectual, psychological or sensory in nature. An impairment which is associated with a cause does not imply illness or a disorder.
Inclusivity	Inclusivity refers to the right of persons with disabilities to participate fully in economic, social and

	cultural life and to have opportunities, experiences and access to facilities and services in a way that is equitable with those opportunities, experiences and access provided to all persons.
Inclusive Design	Inclusive Design refers to the design of products, information and environments that: * can be used by all persons, to the greatest extent possible; * are not necessarily more expensive; * are not necessarily designed exclusively for persons with disabilities; and * can serve a large variety of needs with minimum adaptation.
Independent Living	Independent Living is a process whereby a person recognizes and optimizes residual ability through the coordination of all available resources and the application of skills thereby contributing toward the independent functioning of the person within society. This process affords the individual an equal opportunity to function and participate optimally in all contexts in society and to live with dignity. The term independent living is used interchangeably with the terms supported living and/or assisted living. This Policy utilises the term independent living as being inclusive of supported living and assisted living. Independent living services to persons with disabilities are usually provided by members of a multi-disciplinary team of professionals.
Mainstreaming Disability	In the context of a rights discourse and sustainable development; mainstreaming is about dignity, self-worth, autonomy and self-determination. It is a strategy for making the concerns and experiences of persons 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 persons with disabilities benefit on an equitable basis; and all socio-economic services are accessible to all persons with disabilities.

Prevention	Primary prevention involves all strategies and measures to prevent the onset of diseases, injuries or conditions that can result in impairment and subsequent disability or activity limitation. Such measures include raising public awareness, health education, immunisation, maternal and child health services and promoting road and occupational safety. Secondary prevention refers to early identification and intervention on impairment, diseases, injuries, or conditions to prevent the development of disability or activity limitation. Tertiary prevention involves all management measures to maintain and where possible enhance functioning as well as preventing the impairment or condition from creating further disability. Such measures include rehabilitation, surgery and or the provision of assistive devices.
Protective Workshops	Protective workshops refer to an institution or organisation that provides rehabilitation services and "work" opportunities for persons with disabilities, who due to the environmental and / or social situation experience barriers in accessing the open labour market.
Reasonable Accommodation	Reasonable Accommodation refers to necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure persons with disabilities enjoy and exercise all human rights and fundamental freedoms
Reconstruction and Aftercare	Services at this level are aimed at reintegration and support to enhance self-reliance and optimal social functioning in preparation for discharge from the residential facility and after the discharge

	procedure. These services are provided within the context of the individual, family and the community.
Residential Care Facilities	It is a facility for the temporary or permanent care, protection, support, stimulation, skills development and rehabilitation of persons with disabilities, who due to their disability and social situation need care, (when the need cannot be met at home and in the community) within a safe, secure and stimulating environment of a home for persons with disabilities or in a Residential Care Facility.
Transformation re: delivery of services	The concept of transforming the delivery of services to persons with disabilities usually refers to implementing programmes that are responsive to the needs of persons with disabilities as expressed by themselves or their representative organisations. Persons with disabilities and/or their representative organisations should be involved in conceptualising, implementing, monitoring and evaluating the services they receive. Special attention should be paid to meeting the needs of, and delivering services to the most vulnerable sectors of children, youth, women and the aged with disabilities. An integrated and holistic package of services should be delivered. The services should promote and facilitate sustainability, independence, dignity and respect for human rights in general.
Universal Design	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, including assistive devices and technologies for particular groups of persons with disabilities where these are needed.

RESOURCE 2

Prevalence and Facts On Disability in South Africa

Generally, there is little statistical information and virtually no baseline data on the prevalence of disability and/or on the quality of life of persons with disabilities prior to 1994, and even for the first term of democratic governance in South Africa. Some basic data was collected after 1999 by different government departments in relation to their specific areas of work. For example, the Department of Social Development (DSD) has data related to the provision of disability grants and the Department of Labour has data related to the employment of persons with disabilities because of the Employment Equity reports that are submitted to them. Clearly, the centralised collection and dissemination of disability specific data and information is an area that must be prioritised, not only by government but by the disability sector as a whole. It is important that you bear in mind this context when working with the information provided below.

Statistics on Persons with Disabilities

General Info

According to STATS SA's 2011 General Housing Survey:

- Persons with disabilities make up 5.2% of South Africans aged 5 years and older
- 5.4% of the total number of persons with disabilities are women
- The highest rates of disability are in the Northern Cape (10.2%), North-West (7.7%) and the Free State (6.7%)

STATS SA's 2007 Community Survey shows that:

- 10.7% of the population receiving social grants, receive disability grants.
- Persons with disabilities are among the poorest of the poor, while people living in poverty are more at risk than others of acquiring a disability and are commonly denied their rights.
- Persons with disabilities face different levels of discrimination and exclusion–in particular, women and girls with disabilities may face double discrimination based on both disability and gender.
- Women and girls with disabilities, along with the elderly, are most vulnerable to poverty. They also face multiple layers of stigma and discrimination.

According to DSD's Strategic Plan (2010/11-2014/15):

- 1054 318 beneficiaries receive a permanent disability grant

- 234 149 beneficiaries receive the temporary disability grant
- 108 368 children with disabilities receive care dependency grants.
- The provinces (Eastern Cape, Northern Cape, Limpopo and Mpumalanga) with the lowest socio-economic indicators have the largest number of beneficiaries of disability grants as well as high unemployment rates and limited facilities for persons with disabilities.

Types of disability

According to the 2007 Community Survey of STATS SA, physical disability is reported the most common type (1.6%) of disability and communication as the least (0.2%). STATS SA's 2011 Census shows that the percentages of persons with disabilities that live with severe difficulties and cannot do anything at all in terms of their general health and functioning are very low, i.e.:

- Self-care 0.8%
- Remembering/concentrating 0.2%
- Hearing 0.2%
- Walking/climbing stairs 0.2%
- Communication 0.2%
- Hearing 0.1%

The same 2011 Census shows the following proportions of persons with disabilities who have some difficulties in terms of their general health and functioning:

- Seeing 9.4%
- Remembering/concentrating 3.3%
- Hearing 2.9%

- Walking/climbing stairs 2.6%
- Self-care 2.0%
- Communication 1.1%

Disability by Race Groups

The 2007 Community Survey of STATS SA provides the following breakdown of persons with disabilities by race group:

- Indian/Asian 4.6%
- Coloured 4.2%
- Black African 4.0%
- White 3.2%

Employment of Persons with Disabilities

According to 2013-2014: 14th Commission for Employment Equity Annual Report(CEE), (based on reports received from large employers):

- Only 0.9% (50 867 out of a total 5 593 326) of the country's Economically Active People (EAP) are persons with disabilities.
- White persons with disabilities are mostly represented in the private sector, NGOs, parastatals and national government.
- African persons with disabilities feature more prominently in government esp. provincial government and are fairly represented in NGOs. Indians are mostly represented in institutions of learning.
- Only 1.5% are in top management positions and 1.2% hold senior management posts.
- White representation is the highest amongst persons with disabilities at top management level in almost all provinces.
- No females with disabilities are found at top management level in Agriculture sector.
- 87.5% of the top managers are white males in Agriculture sector and 12.5% are African males.

- Of senior managers in Agriculture sector, 65.7% are white males and 11.4% are African males. There are no African female employees with disabilities at this level, with white females being mostly represented (8.6%).

RESOURCE 3

Different Models of Addressing Disability Issues

CHARITY MODEL	CHARACTERISTICS	EXAMPLES OF INTERACTIONS WITH PERSONS WITH DISABILITIES
People think that activities 'help' persons with disabilities who are considered 'helpless' and outside 'normal' society	• views disability as a problem inherent in the person • persons with disabilities: - are regarded as 'unfortunate',	"It must be very sad having a child and knowing that she will never be able to live on her own"

	'dependent', 'helpless', in need pity and charity and are usually given money or gifts, such as food or clothing - are assumed to be unable to contribute to society or support themselves - become long-term recipients of welfare and support - are viewed and kept as a separate group • Aid is provided by specialist organisations not mainstream development	"What a pity, this beautiful woman is and she will never be able to marry, have children or care for her family".

MEDICAL MODEL	**CHARACTERISTICS**	
People think that activities 'fix' persons with disabilities who are considered 'sick', so they can join 'normal' society.	• views disability as a problem inherent in the person • a traditional understanding of disability • focuses on a person's impairment as the obstacle • seeks to 'cure' or 'improve' individuals to 'fit' them into society • defines the person with a disability only as a patient with medical needs • segregates persons with disabilities from the mainstream • offers only medical help, carried out by specialists • expensive, tends to benefit	"Iam sure in a few years there will be a hearing aid available which will enable this child to hear better". "Perhaps there is some medicine or treatment which could improve his perception. He should try a psychiatrist".

	relatively few people.	
SOCIAL MODEL	**CHARACTERISTICS**	
Persons with disabilities should be integral part of society, and activities focus on inclusion.	• focuses on society, not persons with disabilities, as the problem • regards persons with disabilities as part of society, rather than	"It is a good idea for him to live with his brother so that he is surrounded by non-disabled people"

	separate • sees disability as the social consequence of impairment • three main barriers in society are attitudinal, environmental and institutional • activities focus on identifying and removing attitudinal, environmental and institutional barriers that block inclusion • persons with disabilities needs are the same as non-disabled people's – e.g. love, education, employment	"The community really should build ramps in front of public buildings, so that people like her can participate in social life". "We should all learn sign language so that we can communicate with this child and other hearing impaired people".
RIGHTS BASED MODEL	**CHARACTERISTICS**	

Society has to change to ensure that all people – including persons with disabilities – have equal opportunities to participate. 	• laws and policies need to ensure that barriers created by society are removed • support for equal access is a basic human right that any person can claim. • the two main elements of the rights-based approach are empowerment and accountability • empowerment refers to the participation of persons with disabilities as active stakeholders • accountability relates to the duty of public institutions and structures to implement these rights and to justify the quality and quantity of their implementation.	"When this child grows up, she will be able to go to university if she wants to". "Where does he want to live? Lets go and ask him!" "When she gets a job, her employer will have to build accessible rooms. This is her right!".

(Source: Adapted from Making Inclusion a Reality in Development Organisations, IDCC)

RESOURCE 4

Activity for Reflecting on perceptions and attitudes about persons with disabilities

1. Organise a focused session (meeting) specifically for this process.
2. Make sure that everyone who is attending the session, clearly and unambiguously understand the purpose of the session and what will be discussed.
3. Reassure participants that their views will not be judged nor isolate them from the rest of the team.
4. Start the session by getting each person to tell the group what they think the purpose of the meeting is and what the outcome will be.
5. If there is any confusion about the purpose and outcome, clarify and ensure that the whole group is on the same page before continuing. You can call on other participants to assist with explaining the purpose to those who do not understand it.
6. Listen carefully for any fears participants may be expressing in subtle ways and address the fears before continuing or as they come up during the session.
7. As a team, have a look at the checklist below, discuss the statements and tick either “Yes” or “No”.

Statement	Yes	No
There are certain things that persons with disabilities cannot do		
I use a different tone of voice when I speak with persons with disabilities		
I avoid persons with disabilities		
I assist persons with disabilities without asking them		
Persons with disabilities can't really work		
When persons with disabilities are accompanied by another person, I don't really know who to address.		

Check your responses to the above-statements against the comments on each of the statements provided in the table below:

Statement	Comment
There are certain things that persons with disabilities cannot do.	Persons with disabilities are experts on their impairment and assumptions about what they can and cannot do must be avoided
I use a different tone of voice when I speak with persons with disabilities.	By speaking in a normal tone of voice you are being sensible, as well as showing respect.

I avoid persons with disabilities.	Do not ignore them. When interacting with person with disabilities follow accepted etiquette and behaviour guidelines.
I assist persons with disabilities without asking them.	First ask how you can best offer assistance, and then wait for the offer to be accepted before actually helping. If you are helping a person with disabilities, always do what she/he asks you, not what you think is best.
Persons with disabilities can't really work.	Persons with disabilities enjoy working and find it fulfilling, just like other people. They also need to earn a living, just like other people.
When persons with disabilities are accompanied by another person, I don't really know who to address.	Don't talk to a disabled person through a third party unless it is necessary. For example, talk through a third party if the third party is a sign language interpreter for a deaf person.

RESOURCE 5

Definitions of Disability Mainstreaming

DSD National Policy on Disability	**Mainstreaming is the process of assessing the implications of any planned actions (i.e. policies, legislation and programmes) and budgeting for persons with disabilities. As such, the concerns and needs of persons with disabilities become integral to the design, implementation, monitoring and evaluation of the planned actions and budgeting.**
INDS	Mainstreaming is about ordinary services being designed and planned with the view that they will be used by persons with disabilities as well as able-bodied people.
UN Convention on the Rights of Persons with Disabilities	Mainstreaming is the process of assessing the implications for persons with disabilities of any planned action, including legislation, policies or programmes in any areas and at all levels. It is a strategy for making the concerns and experiences of persons with disabilities an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that persons with disabilities can benefit equally, and inequality is not perpetuated.
National Policy on Disability	Mainstreaming is about dignity, self-worth, autonomy and self-determination. It is a strategy for making the concerns and experiences of persons 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 persons with disabilities benefit on an equitable basis.

RESOURCE 6

DIFFERENCES BETWEEN SPECIAL DISABILITY PROGRAMMES AND DISABILITY MAINSTREAMING

It is important to remember that disability mainstreaming does not replace the need for targeted disability specific policies and programmes nor does it do away with the need for disability focal points or champions. Targeted policies and programmes can serve as a means or a stepping stone to achieving the end goal of disability mainstreaming. The only danger of targeted policies and programmes is that disability is seen as a separate issue and as the responsibility of only one or two people.

A special disability programme is only about disability, targets and is designed only for persons with disabilities and has a completely separate or dedicated budget. Disability mainstreaming, on the other hand, is about including persons with disabilities in all policies, programmes and budgets, as implementers and beneficiaries.

The following Table summarises the main differences between Special Disability Programmes and Disability Mainstreaming.

Table: Differences between Special Disability Programme and Disability Mainstreaming

DISABILITY SPECIAL PROGRAMMES	DISABILITY MAINSTREAMING
Only about disability.	About the service which equally includes the active participation of persons with disabilities.
Targets only persons with disabilities.	Targets public recipients including persons with disabilities.
Persons with disabilities do not get to engage with others in their communities as equals.	Ensures that persons with disabilities and their families get to engage with members of the community as equals.
Perpetuates the perception that persons with disabilities and their families are different and must be treated as such.	Persons with disabilities and their families are seen as being the same as everyone else, and should be treated as such.
Does not create awareness of disability amongst the general community/public.	Creates awareness amongst general public of the rights of persons with disabilities.
"Silo" implementation that makes provision of integrated and holistic services difficult.	Integrated and holistic services are provided to all including persons with disabilities.
Requires dedicated and additional resources (human, financial and technical RESOURCEs and documentation).	Can utilise existing resources.

RESOURCE 7

Guidelines for removing barriers to disability mainstreaming

The International Symbol of access that is used worldwide to direct persons with various disabilities towards accessible facilities and features is:

TYPE OF DISABILITY	BARRIER	SUGGESTED WAYS OF REMOVING BARRIERS AND INCREASING ACCESSIBILITY
Visual Impairments (slightly sighted/low vision, blind)	Visual accessibility	• Colour contrast in the environment, especially: - from and to particular facilities and areas and services e.g. ablution rooms and reception desks) - to highlight hazardous areas and objects

		- for fittings e.g. use different coloured soap dispensers and toilet roll holders, dark toilet seats on white fittings or dark tiles behind white wash hand basins - For switches e.g. use dark switch and socket plates for light backgrounds or vice versa - For access doors e.g. paint the door or the door frame in a colour that contrasts with the adjoining wall to facilitate its identification • Lighting. Minimise reflection with the use of non-reflective finishes and glasses. - reduce glare by the careful positioning luminaries out of the direct line of vision - Avoid glare from daylight by closing blinds or curtains. - Increase the level of ambient light - Change lighting levels gradually to enable adaptation of the eye • Presentations/Public Speaking/Speeches and using projectors and other devices for this. - If there are blind persons in the audience, explain what slide/picture/information you have on the screen/flip chart, etc. - Ideally you should print a braille copy, or different font size copies of the input prior to presenting it and make sure that the blind person has it when you start.

		- The size of letters and symbols depends on the reading distance and the degree of visual impairment of the reader. - Letters and symbols should contrast with the background to be clearly distinguishable. • Make completely glazed doors visible by use of a coloured band or marking strip. • Place overhanging signs at a minimum clear height of 2.10 m to allow safe passing of blind and visually impaired persons
Mobility Impairments	Vertical and horizontal Accessibility	• Construction of temporary and permanent ramps • Installation of lifts • Installation of handrails • Well lit staircases with handrails on both sides of the stairs • Door handles should be easy to grasp with one hand and fitted with an extra pull handle or a long string fixed to the normal door handle • Avoid revolving doors • Barrier free space of 1.50 m x 1.5 m is needed by wheelchair users • Tables, counters, etc. to be at a height convenient for wheelchair users • Floors should be slip resistant
Hearing Impairments	Sound accessibility	• Take into account acoustic factors, especially for deaf-blind persons • Ensure lighting does not cause shadows on peoples' faces making lip-reading or identification of the facial expressions difficult. • Ensure there is sufficient space for a sign language interpreter to be positioned facing

		the person/s with the hearing impairment/s. • Good signage to facilities and areas like rest rooms are particularly important for people with hearing impairments • Consider use of hearing enhancement systems

(Source: Adapted from RESOURCE on promoting access to the built environment guidelines, Cbm, 2008).

RESOURCE 8

Template for identification and development of entry points for disability mainstreaming in policies and programmes

POLICY / PROGRAMME	ENTRY POINT/THEME
EXAMPLE: Human Resources Policy	EXAMPLE: • Recruitment and selection processes • Provision of assistive devices
EXAMPLE: Training on establishing a home garden	EXAMPLE: • Identify and partner with a residential facility for persons with disabilities to

	train their residents on establishing a home/centre garden. • Identify and include persons with disabilities in the general training programme provided to all beneficiaries
•	•
•	•
•	•

RESOURCE 9

The Key Steps of Disability Mainstreaming

KEY STEP	WHAT AND WHY
Develop a disability mainstreaming goal	All organisations already have organisational goals, visions, missions, etc. These usually reflect the purpose and key functions of the organisation. In theory, these existing goals, visions and missions should be inclusive of persons with disabilities even if they are not specifically mentioned. However, disability mainstreaming is seldom, if ever, seen as a core function of an organisation and thus often falls by the way side.

	It is for this reason that organisations are encouraged to develop a specific disability mainstreaming goal. This goal does not replace the broader organisational goal and must not be confused as such. The disability mainstreaming goal focuses on what you aim to achieve in terms of full and equal inclusion of persons with disabilities within your organisation and its programmes. A disability mainstreaming goal will assist, amongst others, with: • Ensuring that disability remains on the organisation's development and transformation agenda • Securing in-depth commitment from all members of the organisation • Providing focus and direction for disability mainstreaming interventions • Serving as a basis for monitoring and evaluating achievement of outputs and impact
Conduct a Status Quo Analysis	"Status Quo" basically means the current status (position/standing/condition) of a thing or a situation. It is also known as an "as-is" picture which literally means a view of how things are at the current moment. A Status Quo Analysis will give you a very good understanding of how good or bad the situation is, where the problem areas are and what you have to focus your energy on, who you have to work with, etc. Conducting a Status Quo Analysis involves reflecting or reporting on the facts as they are, as well as analyzing (probing/scrutinizing/investigating) the causes, impact and meaning of the factual

	situation. A Status Quo Report provides the analysis in a narrative form and usually includes recommendations on how to positively change the current status quo. Implementation of the recommendations of the report will usually result in a changed status quo. A status quo analysis provides information that is necessary for effective planning and management.
Develop an action plan	An Action Plan is also known as a work plan or an implementation plan and is the RESOURCE you use to implement your disability mainstreaming interventions. The Plan essentially reflects: • what you will do • how you will do it • who will be involved • what resources you will need • who the general or specific beneficiaries will be e.g. small-scale entrepreneurs of women with disabilities in rural areas. • when it will be done, i.e. timeframes for implementation and/or completion or when you will implement the activities e.g. by March 2015; • what indicators/measures you will use to check that the actions achieve the desired impact.
Costing and Budgeting	This is the process of identifying, determining and providing for the financial resources you will require to implement your disability mainstreaming interventions contained in you Action Plan. Costing simply means working out the price (cost) of the resources you need to implement the

	activities in your plan. Resources include staffing, stationery, hiring a sign language interpreter, etc. A simple explanation of budgeting is that it is the process of allocating your financial resources to the various activities and outputs in your action plan. This information gives you a sense of the amount of money or budget you need to secure or allocate to implement your disability mainstreaming action plan. It will help you to decide whether your action plan is financially realistic and feasible, what additional financial resources you require, whether you should remove or join some activities to save on costs, etc.
Implementing	Involves carrying out and completing day-to-day activities and implementing the project /programme plan.
Evaluating	This is about assessing whether the desired outputs and impact have been achieved, and establishing if resources have been used efficiently and effectively. Review/Assessment/Evaluation reports enable you to see what you have achieved, what has worked, what has not worked, where the gaps are, etc. It is similar to a status quo report in that the information can be used to make positive changes to the design of the programme to increase and sustain its successes.

RESOURCE 10

Checklist for assessing Progress on Disability Mainstreaming

ACTIVITY	DONE	NOT DONE	IF NOT DONE, WHY	CORRECTIVE STEPS
Role Players Identified, and Roles and responsibilities clarified				
Disability Mainstreaming goal defined				
Status Quo Analysis completed				
Action Plan Developed				
Implementation begins				
Review begins				

RESOURCE 11

Checklist for assessing the current status of disability mainstreaming in PPs

AREA	YES	NO
Are persons with disabilities included in consultations, design and implementation of your programmes and projects?		
Are persons with disabilities included in community committees for your programmes and projects?		
Have persons with disabilities been identified to assist with training your staff/ fieldworkers and other beneficiaries of your projects to understand inclusion principles and practices in respect of your programmes and projects?		
Have awareness-raising activities about the rights and abilities of persons with disabilities been implemented?		
Is data being collected on persons with different types of disabilities for advocacy and program-monitoring purposes?		
Is there budget allocation to cover participation expenses and attendance time for consultations with persons with a disabilities and/or DPOs?		
Is there allocation of funds to cover costs of reasonable accommodation measures, assistive devices and other disability specific inclusion measures?		
Are training and assistive devices available to ensure that persons with disabilities can participate fully in your programmes and projects?		
Are there indicators in place which identify the percentage of persons with disabilities and their families that should be included in the target beneficiaries?		
Have organisational policies been checked and challenged for disability inclusion?		
Have local communities been surveyed to determine accurate numbers of persons with disabilities, including disability type, age and gender?		

Are DPOs actively engaged throughout all stages of your programmes and projects?		
Have access barriers for persons with disabilities been addressed?		
Have training opportunities been identified to skill persons with disabilities to facilitate their participation in your programmes and projects?		
Are persons with disabilities benefiting equally from the community programmes?		
Have the programmes focused on abilities and the contribution potential of persons with disabilities?		
Are persons with disabilities playing an active role in programme planning and evaluation?		
Are alternative communication options available based on individual requirements?		
Are persons with disabilities more visible and active in their community as a result of your programmes and projects?		

RESOURCE 12

Template for list of needs and challenges experienced by persons with disabilities

CATEGORY	NEED	CHALLENGE	PROPOSED SOLUTION
Hearing impairments	Decent work, food, accommodation	No skills, unemployed, cannot communicate with most people because of lack of knowledge of sign language	Train in subsistence gardening. Use sign language interpreter when training. Provide with initial start-up RESOURCEs, equipment and seed/seedlings

RESOURCE 13

Templates for Developing an Action Plan

"ENTRY POINT'	INTERVENTION
Capacity building of community members in organic food production methods	Include persons with disabilities as trainees
Provision of agricultural resources, equipment and seeds/seedlings	Provide to a minimum of 10 households that have a person with disability living with them.

"ENTRY POINT'	INTERVENTION	HOW (Activities)	WHO (role-players)	RESOURCES NEEDED
Capacity building of community members in organic food production methods	Include persons with disabilities as trainees	• Identify possible participants • Check what their specific needs are in a training situation • Book accessible venue • Translate training materials into accessible formats	• Programme manager • DPO's • Community members • Xxxxx • Xxxxx	• Braille printing • Sign language interpreter • Xxxxx • Xxxxx

		• Xxxxxxxx • Xxxxxxxx		

"ENTRY POINT'	INTERVENTION	HOW (Activities)	WHO (role-players)	RESOURCES NEEDED	TIME FRAME	OUTCOME
Capacity building of community members in organic food production methods	Include persons with disabilities as trainees	• Identify possible participants • Check what their specific needs are in a training situation • Book accessible venue • Translate training materials into accessible formats • Xxxxxxx	• Programme manager • DPO's • Community members • Xxxxx • Xxxxx	• Braille printing • Sign language interpreter • Xxxxx • Xxxxx	June 2014	• At least 10 persons with disabilities participate in training session • All trainees using the skills they gained

RESOURCE 14

DEVELOPING M & E and DISABILITY INDICATORS

What are indicators?

- Indicators are criteria or measures against which changes can be assessed (Imp-Act 2005).

What are disability indicators?

- These include measures of disability-related changes over time.
- It is important to have both qualitative and quantitative indicators. Indicators of inclusion are important, but cannot be a substitute for impact indicators.
- Qualitative indicators refer generally to the effect that the task or activity has. These mostly include people's experiences, opinions, attitudes and abilities, feelings etc. For example, 'increased visibility of independence and social functioning amongst Persons with disabilities that have been provided with assistive devices.
- Quantitative indicators refer to the quantifiable results, so they focus on issues that can be counted. For example, there are 100 young farmers with disabilities who are participating in the gardening project compared to 15 elders with disabilities.

How to Develop Disability related indicators

- It is important to ensure that the disability indicators are relevant to a particular context.

- Use images where there is poor literacy level.
- Have a long-term perspective because social change takes time.
- Persons with disabilities should take part in the identification and planning of performance measurement frameworks, in implementation and in the discussion of the findings.
- Require the collection of data that is disaggregated by disability and if possible by age and by socio-economic group.

Key questions to ask yourself when designing indicators:

- What change do you want to see? How will Persons with Disabilities affect the way they understand and experience these changes?
- Are there international and national disability indicators that could be used or adapted?
- Is there a baseline on the issue at hand?
- How will data be collected and analysed?

Why look at Disability and Indicators?

- What is measured is likely to be prioritized. Evidence gathered against indicators can help make the case that Disability should be taken seriously.
- Indicators backed with findings (e.g. statistics) can be used for advocacy and can help highlight key disability issues that should be considered.
- Disability indicators can be used to evaluate the outcomes of disability focused and mainstream interventions and policies.
- They provide information for adjusting programmes and activities so that they better achieve disability equality goals.

- They can also be used to measure disability mainstreaming within organisations.
- They can be used to assess the gaps between commitments on disability equality and what happens on the groun and therefore be used to hold policy makers accountable.

RESOURCE 15

Organising Disability-Inclusive Training, Meetings and Events

By making training, meetings and events disability inclusive all community members will be able to access venue spaces, instructions and presentations.

In the PPs, training is organised at the onset in order to learn more about the technical aspects and processes of gardening that will ensure success. This training should be readily available for persons with disabilities and able-bodied persons.

1. **Considerations for making the training, meetings and events disability inclusive**

- Mainly use hands-on techniques, videos, pictures taking into account the fact that many persons with disabilities hardly had an opportunity to go to school and can they can barely read or write, or are totally illiterate.
- Training participants must be made aware of their personal limitations and potentials; they must never allow other people to determine what they can and cannot do.

- It is the responsibility of the trainer to convince training participants that they **can do** anything and everything they set their minds to.
- Do not create separate events or meetings; rather, make regular consultations disability inclusive. Train persons with disabilities and without disabilities together.
- The use of a small-scale entrepreneur's experience can be very helpful and highly encouraging for training participants with disabilities or in community meetings. By listening to the experiences of others, participants will learn how to overcome some of the problems and be successful in improving their quality of life. For example, invite a disabled successful entrepreneur in agriculture to talk about his personal experience to interested participants.

A disabled successful entrepreneur in mushroom cultivation talks about his personal experience to interested trainees, (Source: FAO corporate documentary repository).

2. Providing comprehensive accessibility

Ensure that training, meetings and events venues are fully accessible. Where necessary, consider making simple adaptations to existing structures. See the following table for aspects that should be covered:

Inclusive practices for training, meetings and events

Inclusive Practice	Purpose
Selecting a venue: • Identify a location central for community members with disabilities. • Identify a venue that may already be used by people with a disability. • Ensure venue has ramp access, accessible toilets, hand rails, etc. • Where necessary, make adaptations such as temporary ramps. This can be done easily for just one or two steps.	• To reduce travel time. • To increase familiarity with venue and possible attendance rates. • To ensure minimum access requirement for persons with disabilities.
Seating arrangement • Provide option of front row seating for participants with disabilities (optional only – dependant on individual preference). • Ensure wide walkways between and around chairs with no obstructions	• To ensure participants using sign interpreters have unobstructed viewing. • To allow for participants with vision impairment to have potential follow the proceedings. • To enable ease of mobility for people in wheelchairs and with walking frames.

Transport arrangement • Ensure venue is close to public transport. • Organise accessible transportation to the venue for persons with disabilities with the advise/assistance of a local DPO if there are not suitable transport options available. • Consider reimbursing taxi costs • Provide information on the venue, details of how to get there, what support will be available, including reimbursement if applicable.	• To increase access to venue for persons with disabilities dependant on public transport. • To ensure persons with disabilities can access venue when public transport is not accessible.
Promotion of the event • Develop large size posters with good colour contrast. • Use a range of communication modes including print media, radio and community announcements to promote consultations. • Identify on promotional information that persons with disabilities are encouraged to attend.	• For people with vision impairments. • To enable people with different disabilities to access information. • To ensure persons with disabilities feel invited and welcomed to the consultation.
Reading/training material • Provide handouts in large print to all participants (size 16, 1.5 spacing, non gloss paper, black on white or high colour contrast, sans serif font such as Arial or Verdana). • Documentation and reference materials should be also	• For audience members that have difficulty taking notes or viewing overheads or have difficulty reading standard print such as those with a learning disability, intellectual disability,

available in electronic or/and alternative formats	physical disability or vision impairment.

(Source: adapted http://www.inclusive-development.org/cbmRESOURCEs/part3/1/Accessiblemeetingsorevents.pdf)

3. Issues and considerations to be addressed prior to training persons with disabilities

Considerations prior to training

1. To ensure that trainees do not abandon the course before its completion, it should be ascertained if they have left their home in the past, whether for re-education, training or work. This will show how they cope with being away from home.

2. Trainees who have never left their family should be trained closer to home rather than be sent to a distant training centre.

3. Trainees who have never undergone re-education are often incapable of taking care of themselves. This must always be considered when planning a training programme especially during budget preparation because offering re-education with skills

training will take more time. Ideally, the trainees should have undergone re-education. Trainees with multiple disabilities may need continuous assistance.

4. Some trainees may also have been over-protected by their families and not used to accomplishing certain tasks on their own. As a result, it may be quite difficult for them to overcome certain physical challenges and trying to do so may cause serious emotional confusion. They must have decided to attend the training because they truly want to learn new skills and not because family members have decided that it would be a good idea for the disabled person to learn new skills.

5. Many persons with disabilities above 60 years of age have never had the opportunity to learn new skills or to undergo professional reeducation or formal education. Learning at this stage may be difficult. This is why homogeneity within the group is important. For example, When trainees are both men and women, care must be taken that all women are not very young and men older. Different types of disabilities can also create different problems. For example, the needs of the visually impaired are different from those of the hearing impaired and the physically disabled.

6. Some trainees with multiple disabilities or with specific physical or mental disabilities may be incapable of systematic learning. For example, mentally-disabled persons may need additional attention. Although they may be capable of accomplishing specific tasks, especially repetitive actions, they may not necessarily be capable of analysis and decision-making. Other members of the group must understand the mental capabilities of their peers and can help during training by giving additional explanations and training.

7. Safety and security must be ensured for women attending mixed training courses. Appropriate facilities must be available for women trainees with disabilities to ensure their safety and privacy.

8. A resource person, ideally the trainer, should be available for follow-up action and troubleshooting. This will protect trainees from being overwhelmed with problems, which can often be solved easily.

4. Presenting in Audiences with Persons with Disabilities

Tips for presenting in audiences with persons with disabilities

1. Before you begin, make sure that everyone has the accommodations they need: Are the listening systems working? Is large print/Braille available? Can everyone see the interpreters?

2. Face the audience.

3. Keep your mouth and face free of obstructions such as hands, microphone, and papers.

4. If you tend to speak quickly or softly, please slow down and speak up. There is a short delay when using interpreters or captioners.

5. Use “people-first” language, e.g., “people with disabilities,” or “persons with disabilities”.
6. If someone who is speech-impaired is speaking, wait calmly for her/him to finish. Do not interrupt them. If you do not understand them, ask them to repeat their statement or question. If you still do not understand, restate what you did understand, and ask for more information.

7. If interpreters are being used, face the person using the interpreter, not the interpreter.

8. If someone has a personal attendant, address him or her, not the attendant.

9. Restate questions before answering.

RESOURCE 16

Roles and Responsibilities of Role-Players in Disability Mainstreaming

ROLE-PLAYER	ROLE AND RESPONSIBILITIES	ADDITIONAL ROLES AND RESPONSIBIITIES NOT IDENTIFIED IN THIS RESOURCE KIT
The Community	• Ensure that the FRF's PPs provides appropriate and relevant services to persons with disabilities. • Advise the FRF's PPs on the challenges and needs of persons with disabilities living in the community. • Assist the FRF's PPs with conceptualising; planning and developing appropriate solutions to the identified needs and challenges. It is critical to remember that the process of identifying and prioritising needs and challenges of persons with disabilities must be done in close consultation with persons with disabilities. • Organise and/or participate in public awareness and communication activities.	

	• Advocate for changes that will enhance social functioning and inclusion of persons with disabilities. • Assist persons with disabilities to access the services that the FRF's PPs offer.	
Parents/Family members and Other care-givers of persons with disabilities	• Encourage persons with disabilities to access the services and participate in the projects available to them. • Advise and assist other parents and care-givers to do the same. • Advise and assist the FRF's PPs with information on the specific needs, care requirements, abilities and potential of persons with disabilities. • Ensure that the FRF's PPs provides appropriate and relevant services to persons with disabilities. • Assist the FRF's PPs with conceptualising; planning and developing appropriate solutions to the identified needs and challenges. It is critical to remember that the process of identifying and prioritising needs and challenges of persons with disabilities must be done in close consultation with persons with disabilities. • Organise and/or participate in public awareness and communication activities. • Advocate for changes that will enhance social functioning and inclusion of persons with disabilities.	

Persons with disabilities and DPO's	• Ensure that they receive the services they require in a way that facilitates their full and equal inclusion and integration into society. • Understand the full social and economic rights that they must be accorded and ensure that these are provided. • Partner with the FRF's PPs to identify their needs and challenges. • Assist the FRF's PPs with conceptualising; planning and developing appropriate solutions to the identified needs and challenges. • Organise and/or participate in public awareness and communication activities. • Advocate for changes that will enhance social functioning and inclusion of persons with disabilities. • Participate in assessing the quality, relevance and impact of these services on improving the quality of the lives of persons with disabilities. • Assist each other to understand their rights and to advocate and lobby for the provision of these rights.	
FRF's PPs	• Ensure that persons with disabilities are included in all programmes as implementers and beneficiaries.	

	• Inform and advise persons with disabilities and their families of the programmes that they implement, and encourage their participation in them. • Promote inclusion and integration of persons with disabilities into the community. • Work closely with all other role-players from all sectors of society. • Develop and implement public awareness and promote communication activities. • Ensure ongoing improvement of their knowledge and understanding of the evolving disability issues. • Ensure inclusion of persons with all types of disabilities. • Develop and implement organisational and programme level disability mainstreaming strategies and plans. • Monitor, evaluate and report on disability mainstreaming within the organisation and in programmes. • Develop and implement any policies and guidelines required for successful disability mainstreaming. • Ensure appropriate and adequate allocation of resources (human and financial) for disability mainstreaming • Ensure that effective disability mainstreaming knowledge management systems; particularly research, data collection and processing systems are established and	

	maintained on a continuous basis.	
Other role-players from other sectors of society	• Development and implementation of capacity building programmes. • Providing technical and theoretical knowledge and expertise to assist with implementation. • Providing support services where applicable.	

RESOURCE 17

LIST OF POSSIBLE DISABILITY MAINSTREAMING PARTNERS

The following list provides examples of partners/stakeholders that can be contacted for future collaboration:

Type of stakeholder	Type of Support Offered	Organisation Name	Contact Details
NGO	Strengthening policy making capacity of government, DPOs and others	Secretariat of the African Decade of Persons with Disabilities	Mr AK Dube (CEO) akdube@africandecade.co.ze Mobile: 079 872 0325
NGO	Offers advice and assistance in addressing the needs of persons with disabilities	Association for and of Persons with Disabilities	Ms Ncediwe Ngwane Tel/fax: 047 535 0703/4 Email: ikrehab.admin@telkomsa.net
NGO	Assistive devices for purchase one stop (wheelchairs, walkers, adult	Association for persons with disabilities	Tel: 051 448 4211

	nappies etc.)		Email: danie@apdfreestate.co.za
Government Department	Provision of assistive Devices, Physiotherapists, Psychologists, occupational therapists etc.	Department of Health	Tel:012 395 8000 http://www.health.gov.za
Government Department	Provision of security, welfare & community development services Provision of legislation & policy guidelines on disability	Department of Social Development	Tel: 012 312 7500 http://www.dsd.gov.za
DPOs	Represents the interests of persons with disabilities Advocacy and lobby for the rights of persons with disabilities Provide information and services to their members	Different types of DPOs ranging from impairment specific to cross disability. E.g. DeafSA,	Mr Brono Druchen DeafSA national Director Tel: 011 482 1610(national office)
Disability Service	Some provide specialised services: e.g. rehabilitation services, fitting	NGOs, CBO, Faith Based Organisations, Private companies which services for	

Providers	prosthetics etc. Inclusive services: e.g. Livelihood, health services that are accessible to persons with disabilities Research, advocacy etc.	persons with disabilities The organisations are not necessarily created and led by persons with disabilities	
International Organisations & donors	Provide data and general guidance May also grant funds Promote disability inclusive development	World Health Organisation(WHO) World Bank, DfID, UNDP, UNAIDS, Finnish Cooperation etc.	WHO, Tel: 012 305 7709 (SA) Email: afwcozawr@who.int www.who.int/countries/zaf/en

For more national and provincial organisations, peruse the following:

- a directory of organisations and resources for persons with disabilities: http://www.unisa.ac.za/contents/management/arcswid/docs/Disability_directory_allsorts09.pdf
- Sign language interpreters: http:// www.saslinc.co.za
- Braille Services: http://www.blindsa.org.za
- SA Federation for Mental Health: http://www.safmh.org.za
- Autism South Africa: http://www.autismsouthafrica.org
- QuadPara Association of South Africa: http://www.qasa.co.za

- Epilepsy South Africa: http://epilepsy.org.za
- Deaf South Africa: http://deafsa.org.za

RESOURCE 18

LIST OF ACTIVITIES TO START MAINSTREAMING DISABILITY IN PROGRAMMES AND PROJECTS

- Identify and develop a database of the number of persons with disabilities and the type of disabilities that they have within the community who could directly or indirectly benefit from your community programmes and projects.
- Have continuous sensitisation sessions with communities about the value of inclusion of persons with disabilities in community programmes/projects.

- Raise awareness in the community of the opportunities available for persons with disabilities and the investment required to include them in community programmes.
- Organise consultation session with persons with disabilities, Disabled People's Organisations (DPOs) and other disability experts on including persons with disabilities in community programmes; and talk to community members on disability.
- Identify and list accessible venues that available in the local communities.
- Ensure that planned project consultations/report backs and general engagements with the community/beneficiaries are accessible to persons with disabilities.
- Review current programme strategy and where necessary revise the plan to ensure that it addresses issues of disability.
- Integrate a disability perspective into all phases of community programmes and projects. That is from conceptualisation, planning, implementation, monitoring and evaluation of programmes.
- Design and implement policies and programmes that have explicit disability equality objectives.
- Promote the rights of persons with disabilities as a cross-cutting theme in all programmes/projects and activities.
- Ensure that disability concerns and needs are appropriately considered, i.e. ensure the project document clearly states where and how disability will be included and addressed. For example, alternative agricultural processes that can accommodate persons with mobility impairments.

- Develop approaches to capture shared learning and good practice on inclusion of persons with disabilities, and mainstreaming disability in community programmes.
- Train trainers/support staff on how to train or support persons with disabilities.
- Train persons with disabilities to have the confidence to participate in community programmes and to play meaningful roles. They should be encouraged to make a contribution in their communities.
- Provide for any additional resources that may be required e.g. project documents to be printed in braille for persons with sight impairments.
- Recruit/train at least one project team member in sign language.
- Include a chapter on disability in the existing training manuals/modules.
- Strengthen political will and build commitment to mainstreaming, amongst all stakeholders and especially community members/beneficiaries.
- Provide assistive devices for persons with disabilities to be able to work in their gardens.
- Both persons with disabilities and able-bodied persons are to be provided with sufficient protective clothes and other apparatus – hard hats, steel-capped shoes, etc. to prevent personal injury.

- Provide or facilitate provision of accessible, reliable and affordable transport that can be used by persons with disabilities and able bodied persons on the programme as and when necessary. This will ensure improved access and better participation in project activities and demands. E.g. being able to attend training sessions and events.

RESOURCE 19

ASSESSING LEARNING DISABILITIES AMONG DYSLEXIA STUDENTS IN HONG KONG UNIVERSITIES

Conducting the Assessment:

- A diagnostic assessment report should be conducted by qualified professionals such as registered educational psychologists or registered clinical psychologists;
- Preferably, the assessment should be conducted no more than 5 years prior to the date it is presented;
- Clients' perceptions of her/his difficulties and motivation for assessment should be included;
- The assessment battery should include a diagnostic interview with following information:
    - Developmental history and related psychosocial data;
    - Family and social history;
    - Previous and relevant medical history;

- Past academic experiences and performance;
- Screening for the possibility of having any co-existing mood and behaviours;
- Neurological and/or personality disorders along with any history of medication and/or drug use;
- Presenting learning difficulties/problems and the effectiveness of any learning and coping strategies have been employed.

Various aspects to be covered in the psychoeducational assessment:

The assessment to be used is to include the following domains:
Cognitive Abilities
The assessment of the students' cognitive abilities is to rule out the possibility of intellectual disabilities. Moreover, the cognitive profile is useful for understanding the student's strength and weaknesses in different aspects of learning.

Reading
The assessment of reading ability has to include:

- Reading Accuracy;
- Reading Comprehension;
- Reading Speed;
- Spelling and Written Language;
- Accuracy and Analysis of Spelling Errors;
- Written Composition (assessment on speed, accuracy, and organization);

Information Processing Speed.

Assessment for students known to have dyslexia:
For students known to have dyslexia before university admission, it must be made sure that their last assessment was conducted within 5yrs of their request for accommodation. Otherwise, a review assessment by qualified professionals is required. The assessment is to include measures on the students' English literacy and processing speed.

Recommendations/adjustments for students with SLD

- The assessment report should include comprehensive recommendations for accommodations that are appropriate at the university/postsecondary educational setting and are with special attention to individual needs.
- A clear explanation of why each accommodation is recommended and how it alleviates the impact of the disability on the student being assessed should also be made.
- Specific recommendations for reduction of the impact of learning disability on academic performance as well as facilitate learning such as access to individualised support services, self-assistive equipment, materials, facilities etc. should be clearly stated on the report.

(Source: Support Services to Students with Specific Learning Disabilities (SLD) in Hong Kong Tertiary Institutions: Proposed Guidelines and Current Situation).

RESOURCE 20

SUPPORT SYSTEMS FOR STUDENTS WITH DISABILITIES

DISCLOSURE AND IDENTIFICATION

Prospective Students (before admission)	Admitted Students
• Pro-active outreach to prospective students • A platform to encourage students to contact the Institution if needed	• There should be a mechanism usually within the registration process to encourage /facilitate self-disclosure and early identification. • There should be a well-established referral system by various units to the Disability Office. • The Disability Office, as a frontline service provider, should enjoy high visibility to facilitate easy access by students.

ELIGIBILITY

There should be a policy to define who (type and severity of disabilities, etc.) is eligible to register for services provided by the

Disability Office.

REGISTRATION FOR DISABILITY SUPPORT SERVICES

- ***Form filling*** and provision of documentation on disability
- ***Issue of confidentiality*** and documentation of students' consent

Meeting with a staff from the Disability Office to:

- discuss and determine the list of accommodation and support that the student is eligible
- map out study plan

Verification and assessment:

- For documented disability, there should be a set of guidelines for documentation for the different types of disabilities (e.g. issuing authority, validity dates of report, description of disability, diagnosis and recommendation on accommodation.
- For non-documented disability, there should preferably be a list of local assessment providers to whom the applicants can turn to for assessment.
- The University has to decide who will pay for such assessment.

Accommodation

With complete documentation, the student and staff from Disability office should be able to agree on a list of accommodation that the student required to support his/her studies. The list can be reviewed periodically. But as this normally involves consent and

cooperation from the Faculty or other units in the Institution, the following issues may need to be addressed:

- How far will the Faculty be ready to accept the Disability Officer's recommendations for accommodation? This touches on the professional standing and recognition of the role of the Disability Office within the Institution's community. A small working group comprising of representatives from various units to assess individual cases may enhance recognition.
- What will happen if there is disagreement between the DO and the Faculty? Will there be an external party to resolve the dispute? This may be a good platform for setting up an external committee comprising experts from various professions as arbiter or to recommend accommodation for controversial cases. Such resources can also be shared amongst all member institutions.
- The Disability Office should have clear guideline on confidentiality i.e. how far should the details of the students be revealed to the Faculty/individual faculty members in the process of seeking accommodation.
- There should be a mechanism to obtain funds to acquire the accommodation in a timely manner.

AWARENESS

- Promote disability awareness on campus
- Resource support for Faculty staff e.g. guidelines on preparing teaching materials for students with disabilities; tips on how to communicate with persons with disabilities

RIGHTS AND ADVOCACY

There should be a body within the University to ensure compliance with equal opportunity and related legal ordinances. The body should also monitor and advise the University on issues such as free access, web accessibility.

HANDLING GRIEVANCES

There should be a set of grievance procedures to tackle complaints and grievances relating to equal opportunity. The procedures should be well publicized and easily accessible.

SUPPORT SERVICES

Admission of New Students
During the registration process, students who have registered their disabilities will be contacted and referral made to a disability office for follow up support. The Disability Office in many cases is a virtual office usually within student service.

Interview with New Students who have disabilities
The responsible/contact person in the Disability Office will interview the new students with disabilities. They should identify which type of disabilities the students have, such as physical, visual or learning disabilities. The disabled students are requested to submit the relevant and updated assessment report. During the interview, the responsible/contact person should discuss with the students about

their needs, and tell them what service/facilities could be provided by campus to support their university life. After the interview, the responsible/contact person should mobilize the campus resources in order to meet students' needs.

Study Aid	**Financial Aid**	**Counselling Service**	**Other Campus Facilities**
Identify their needs for learning and facilitate their study, for example: Enlarged version of handouts, notes and examination papers; Extra time for examination. If the above adjustments involved academic departments, the responsible/contact person should contact relevant faculty staff to explain the cases & recommended accommodations, with prior consent of the students.	If the recommended accommodations incur resources that are not covered by the institutions, and if the student have financial difficulties to support the special accommodations recommended for his/her study, the responsible/contact person should provide the information of dedicated scholarship or financial assistance to students.	The responsible/ contact person should introduce the counselling service to students with disabilities. With the student's consent, the responsible/ contact person should contact the student counselor for making a referral. The student counselor will follow up these students' adjustment.	The responsible/ contact person should identify other campus facilities which are suitable to facilitate students' adjustment, such as libraries, IT department, etc., and if necessary, contact these facilities to explain the cases and recommended accommodations, with prior consent of the students.