

# **DISABILITY MAINSTREAMING RESOURCE KIT**

**FOR**

## **THE FIRSTRAND FOUNDATION PROGRAMME PARTNERS**

**DEVELOPED BY  
UKUBA MANAGEMENT CC  
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## **LIST OF ABBREVIATIONS AND ACRONYMS**

AIDS:	Acquired Immune Deficiency
AT:	Assistive Technology
CEE:	Commission for Employment Equity
DHET:	Department of Higher Education and Training
DPO:	Disabled People's Organisation
DPSA:	Disable People South Africa
DSD:	Department of Social Development
DU:	Disability Units
EAP:	Economically Active Population
ECCD:	Early Childhood Care and Development
FAO:	Food and Agriculture Organisation
HEIs:	Higher Education Institutions
HIV:	Human Immune Deficiency Virus
INDS:	Integrated National Disability Strategy
LESN:	Learning and Educational Support Needs



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FSALP	Food Security and Agricultural Livelihoods Programme
M & E:	Monitoring and Evaluation
NGO:	Non-Governmental Organisation
PPs:	Programme Partners
SAHRC:	South African Human Rights Commission
SLD:	Specific Learning Disabilities
TEP:	Tertiary Education Programme
UFS :	University of Free State
UN :	United Nations
UWC :	University of Western Cape

# 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 in your organization and as beneficiaries of your projects. (PART TWO).

- ◆ Specific ideas and best practice examples of disability mainstreaming in the following five (5) sector focus areas that the FRF's PP's operate in:
  - Food Security and Agricultural Livelihoods (PART THREE),
  - Early Childhood Development (PART FOUR),
  - Tertiary Educations (PART FIVE),
  - Arts and Culture (PART SIX), and
  - Environment (PART SEVEN).
- ◆ Practical resources on the above (PART EIGHT).

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. A list of PPs that provided information on their experiences and ideas for consideration is attached to this Resource Kit as Annexure A.

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 8 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 is 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
<b>Physical Disability:</b> 1. Paraplegia 2. Quadriplegia 3. Hemiplegia 4. Cerebral 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
<b>Hearing Disability</b>	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.

<b>Visual Disability</b>	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.
<b>Mental Disability:</b> <b>1. Intellectual disability</b> <b>2. Psychiatric disability</b>	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.
<b>Multiple Disability</b>	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

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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 8 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 8 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:

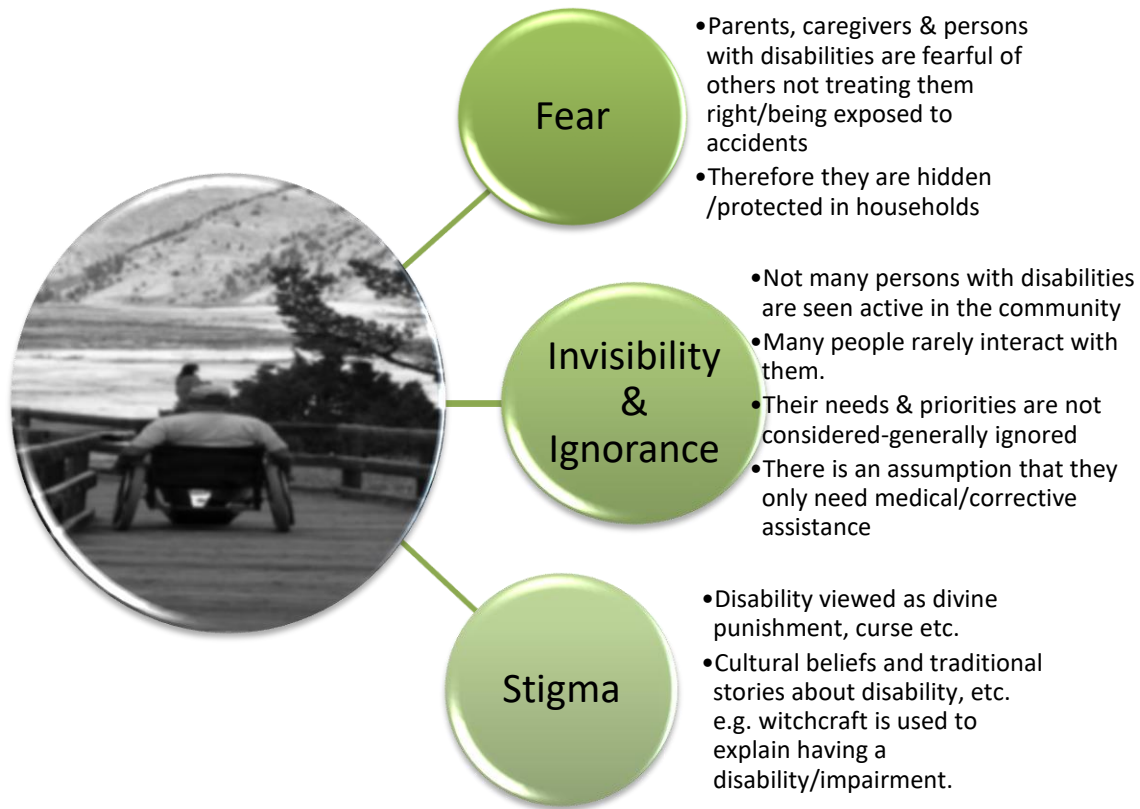
- a person with a disability is pitiable and pathetic;
- is an object of curiosity or violence;

- 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.



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.

<p>It's not a good idea to hire persons with disabilities. They have a higher turnover rate and they take sick days more often.</p>	<p>Many studies show that employees with disabilities are often more productive, dependable and loyal than their co-workers without disabilities and that staff retention is higher among persons with disabilities.</p>
<p>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.</p>	<p>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.</p>
<p>It is difficult serving customers with disabilities.</p>	<p>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.</p> <p>Everyone, regardless of ability, deserves to be treated with the same dignity and respect.</p>

## **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 8 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	<ul style="list-style-type: none"> <li>• 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.</li> <li>• When standing next to or behind the person, do not lean on the person’s wheelchair or mobility device.</li> <li>• 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.</li> <li>• 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.</li> </ul>

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<b>People with hearing impairments</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Find out how the person likes to communicate e.g. speech, sign language, finger spelling, writing, gestures and body language.</li> <li>• 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.</li> <li>• 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.</li> <li>• If you are talking to a person who is lip-reading, some simple tips to remember are:             <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ Use gestures, body language and facial expressions to help get your message across.</li> <li>○ If you aren’t making yourself understood, repeat yourself once. If this doesn’t work, try again using different words.</li> <li>○ If this also doesn’t work, write it down.</li> </ul> </li> </ul>
<b>People with visual impairments</b>	<ul style="list-style-type: none"> <li>• Speak normally, clearly and directly to the person - not to her/his assistant or companions.</li> <li>• 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.</li> <li>• Always introduce yourself by name e.g. ‘Hello Duma, it’s Muzi’.</li> <li>• 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.</li> <li>• If you are in a group, explain who else is with you. Identify yourself each time</li> </ul>

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	<p>you speak.</p> <ul style="list-style-type: none"> <li>• Use the person’s name often, to make it clear when you are speaking to her/him.</li> <li>• Offer to describe the environment, especially if the person has not been to the place before.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• When guiding a blind or visually impaired person:             <ul style="list-style-type: none"> <li>○ Always ask the person if she/he would like assistance first and what help she/he needs.</li> <li>○ Always speak first – never take someone’s arm or hand without warning.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> </ul> </li> <li>• 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.</li> <li>• If a blind person has a guide dog, never pet or distract the dog when it is working.</li> </ul>
<p><b>People with learning difficulties</b></p>	<ul style="list-style-type: none"> <li>• Be sensitive to the person’s individual needs and behaviour. Different people find different things difficult.</li> <li>• 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).</li> <li>• 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.</li> <li>• 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</li> </ul>

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**

<b>Inappropriate Terminology</b>	<b>Reason</b>	<b>Appropriate Terminology</b>
<b>‘handicapped’, ‘mentally different’, ‘physically inconvenienced’, and ‘physically challenged’</b>	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
<b>“The disabled”</b>	‘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’.
<b>“Mental handicap”/mentally challenged/mentally retarded/brain damaged</b>	These descriptions carry a stigma.	Person with an intellectual disability/person with a mental disability
<b>“Deaf and dumb” /deaf mute</b>	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.
<b>‘Confined to a wheelchair’ or</b>	Certain terminology suggests	A person who ‘uses a wheelchair’ /

<b>'wheelchair-bound'</b>	limitations. A wheelchair is not a tool of confinement it instead provides mobility.	wheelchair user is preferable.
<b>"Dwarf"/ "midget"</b>	These words carry a negative stigma-avoid negative words.	Person of short stature.
<b>"Disabled toilet"/ "disabled parking"/ "disabled seating"/ "special bathroom"</b>	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 8 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 8 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
<p><b>Organizational Barriers</b></p>	<p>These are an organization’s policies, practices or procedures that discriminate against persons with disabilities</p> <p><b>Example:</b> Low or lack of commitment and buy-in from programme managers to Mainstream Disability.</p> <p>A hiring process that is not open to persons with disabilities.</p>	<p>Disability mainstreaming to be included as a key result area in performance contracts of programme managers.</p> <p>Disability inclusive policies and strategies developed.</p> <p>Develop and adopt a formal statement of the organisation’s commitment to mainstreaming disability.</p> <p>Set disability targets and quotas to be achieved.</p>

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<p><b>Physical / Environmental Barriers</b></p>	<p>These are features of buildings or spaces that are inaccessible for persons with disabilities.</p> <p><b>Examples:</b> High concrete platforms, steps, narrow entrances for a person using a wheelchair or walker.</p> <p>Counters that are too high for a person of short stature.</p> <p>Poor lighting for people with low vision</p> <p>Telephones that are not equipped with telecommunications devices for people who are deaf or hard of hearing.</p>	<p>Construct ramps for wheelchair users, fit support rails, improve lighting in buildings etc.</p>
<p><b>Attitudes and Social Barriers</b></p>	<p>Negative stereotyping of persons with disabilities, social stigma and other forms of overt discrimination against persons with disabilities.</p> <p><b>Examples:</b> limited participation of persons with disabilities</p> <p>Thinking that persons with disabilities are inferior</p> <p>Assuming that a person who has a speech impairment can't understand you</p>	<p>On-going consultation, sensitisation, advocacy campaigns and capacity building programme on the concept of disability and on accessibility issues</p> <p>Recognition of the rights and capabilities of persons with disabilities</p>
<p><b>Communication or information Barriers</b></p>	<p>Happens when a person cannot understand information because it is not provided in accessible formats and through a variety of channels.</p> <p><b>Examples:</b> Print is too small to read</p> <p>Websites that cannot be accessed by</p>	<p>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.</p>

people who cannot use a mouse

Signs that are not clear or easily understood.

### 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 move 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 8 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 8 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:
  - those tasked with executing certain actions are given sufficient time, capacity and resources to do so.
  - those responsible for overseeing the execution of mainstreaming actions by others have the relevant authority, discretion and decision-making powers.
  - 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 8 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 8 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 8 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 8 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 PP 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 advise persons with disabilities and encourage them to participate.

*Recognize  
my disabilities  
Emphasize  
my possibilities*

## 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

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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.

**BirdLife South Africa**, an FRF PP, researched the accessibility of bird hides in Gauteng. It was found that most hides are structurally inaccessible to persons with disabilities, especially for wheelchair users and visually impaired persons. As a result, most wheelchair users and visually impaired persons are not able to enjoy birdwatching, take photographs of birds and attend educational classes about the environment. The report also provided guidelines on how to construct universally accessible bird hides and boardwalks. Subsequently an accessible hide was constructed at Moreletakloof Nature Reserve in Pretoria.

**ACAT, JAM SA, Delta Centre, Delta Environmental Centre (Delta Centre), Tshepang Educare, Magnet, the UWC Office for Students with Disabilities, Abalimi** and **SANCCOB** 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. **Magnet's** experience is similar. The organisation which offers educational development and training in physical theatre (a combination of dance and drama) and creates and shows South African Products and inspirational performance events. The organisation accepted an Albino participant in their 2-year training programme without viewing him as a person with a disability. The participant had poor eyesight. Magnet adapted to meet his needs, and accommodated his sight impairment by making sure that the tasks provided in writing was also given orally and that he was with written documentation in the large font size that he could read easily.

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.

In the case of **SANCCOB**, learners with special needs account for more than half of their early year development environmental education projects. The clean-up of beach programmes have been adapted to take into account to the needs of participants who are wheel-chair users or who use crutches by choosing beaches that have ramps and/or paved/solid walkways. Prior to designing and implementing a project, the Education Manager meets the teachers and principals of the school of learners with special needs to understand what types of disabilities participating learners have and what their specific needs are. An innovative adaptation has been made to the bird watching guide used for some projects. The Guide has a picture of the bird and includes a phonetic spelling as well as sign language pics and braille print of the content.

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.

**The UWC's Office for Students with Disabilities** have innovated a number of inclusive adaptations to enable learners with disabilities to participate in lectures and write exams for their tertiary education qualifications. One such adaptation is printing test and exam papers in Braille for learners who are blind. Other adaptations include setting up one room as an accessible exam centre, facilitating students writing their exams on computers where they can

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use Merlin to enlarge and zoom in on text, allowing students to use scribes for doing calculations and providing each lecturer with a detailed letter outlining the specific needs of whichever learner with a disability is attending their classes.

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 8 PROVIDES A LIST OF ACTIVITIES THAT YOU CAN UNDERTAKE TO START MAINSTREAMING DISABILITY WITHIN YOUR PROGRAMMES AND PROJECTS.***

**PARTS THREE TO SEVEN OF THIS RESOURCE KIT WHICH PROVIDES MORE BEST PRACTICE INFORMATION OF DISABILITY MAINSTREAMING ACTIONS UNDERTAKEN IN FIVE SECTORS THAT FRF PP'S PARTICIPATE IN,**



# **PART THREE**

## **MAINSTREAMING DISABILITY IN FOOD SECURITY AND AGRICULTURAL LIVELIHOODS PROGRAMMES**

### 3.1 THE LINK BETWEEN FOOD SECURITY, AGRICULTURAL LIVELIHOODS, POVERTY AND DISABILITY

Food insecurity, poverty and hunger is common amongst persons with disabilities and their families. Undoubtedly, Food Security and Agricultural Livelihood Programmes provide an opportunity to meet the nutritional needs of persons with disabilities and improve their access to agricultural produce and productivity. Chapter 2 (Bill of Rights), Section 27 of the South African Constitution addresses the issues of health care, food, water and social security. It states that *“everyone has the right to have access to sufficient food and water” and that “the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights”*.

Very simply, the term Agricultural Livelihoods means making a living from or surviving on agricultural produce and activities. It includes having the skills, capacity, ability, assets and resources required to make a living from agriculture activities. The Mission statement of South Africa’s White Paper on Agriculture (1995) sets the stage for inclusion of persons with disabilities in food security and agricultural livelihoods programmes. It states *“Ensure equitable access to agriculture and promote the contribution of agriculture to the development of all communities, society at large and the national economy, in order to enhance income, food security, employment and quality of life in a sustainable manner”*.

The term Food Security simply means that sufficient quantities of food are consistently available at national and household level; people have enough resources to obtain/access the food they need; the food is nutritious and safe; and the available food is provided and distributed equitably. The Integrated Food Security Strategy for South Africa, 2002 defines food security as *“physical, social and economic access to sufficient, safe and nutritious food by all South Africans at all times to meet their dietary and food preferences for an active and healthy life”*. The World Food Summit of 1996 defined Food Security as including all people having access to sufficient, safe and nutritious food - at all times - to enable them to live active and healthy lives.

The FRF's PPs can significantly contribute to realising the rights of persons with disabilities to food security and agricultural livelihoods - and thereby contribute to improving the overall quality of their lives and ensuring their inclusion in mainstream society as equal citizens!

## **3.2 IMPROVING THE LIVES OF PERSONS WITH DISABILITIES THROUGH FOOD SECURITY AND AGRICULTURAL LIVELIHOOD PROJECTS**

The aim of this section is to provide information which will enable PPs to learn from best practice of Mainstreaming Disability in Food Security and Agricultural Livelihood programmes. Information, tools and equipment to ensure disability mainstreaming in Food Security and Agricultural Livelihood programmes is presented. Examples of good practices currently applied in other projects around the world are included. Tips and guidelines presented in this section may need to be adapted to your context.

In addition to understanding disability and the concept of mainstreaming disability, it is important that we all understand the various benefits that participation in food security and agricultural livelihood projects can bring to the lives of persons with disabilities. This understanding will also help you to identify where and how you can include persons with disabilities in your projects. Some of the benefits are described below.



- They benefit both in improving motor skills and in reducing stress.
- They get a hands-on connection with the natural environment and life cycle by gardening. Twenty minutes of watering and tending plants produces visible calm.
- By blending gardening and nutritional education, participants begin engaging in

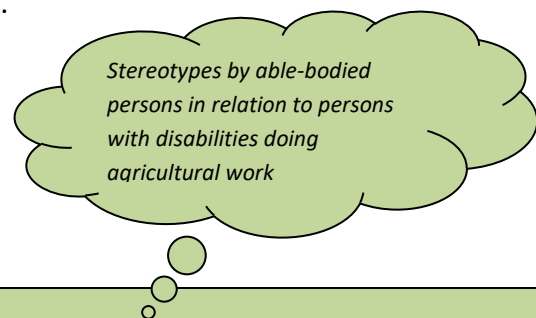
healthier behaviour, becoming more active, minimising nutrition related disabilities and improving their dietary practices.

- Group gardening activities promote social interaction in communities. Changes in outlook take place as participants wonder what will come up next week, or what will they plant next year. Looking ahead to the future is extremely important in fostering a healthy, positive, mental state especially for persons with disabilities.
- Some persons with disabilities feel a reversal of dependency when they see that they can function independently, and actually garden for themselves. This can bring about a tremendous improvement in feelings of self-esteem.
- It provides income generation and maximises employment opportunities for some persons with disabilities.
- Boosts food production by, and for, persons with disabilities and their families.

*RESOURCE 19 IN PART 8 IS A CASE STUDY OF A WOMAN WITH A DISABILITY THAT BECOMES A SUCCESSFUL FARMER AND IS CONTRIBUTING TO THE SOCIAL AND ECONOMIC LIFE OF THE COMMUNITY.*

### 3.3 MAINSTREAMING DISABILITY IN FOOD SECURITY AND AGRICULTURAL LIVELIHOOD PROJECTS

As mentioned above in this Resource Kit, stereotype thinking and attitudes about persons with disabilities and what they can and cannot do is one of the main reasons that they are excluded from mainstream activities including agricultural work.



- “Persons with disabilities are incapable of doing agricultural work”.
- “They are physically or mentally unable to undertake farming activities”.
- “Those with physical and visual impairments are unable to move around the field”.
- “Those with hearing and learning impairments are incapable of learning agricultural techniques because of communication challenges”.

Below are some of the ways in which persons with disabilities can be included in the Food Security and Agricultural Livelihoods sector:



You can:

- Support small scale farmers or subsistence gardeners that are living with disabilities and who are responsible for the food security of their households.
- Train persons with disabilities and their families in subsistence, small-scale and large-scale farming.
- Train persons with disabilities and their families in organic food production methods.
- Adapt and improve existing, and develop new agricultural production technologies, tools and processes to meet the special needs and requirements of persons with disabilities.
- Introduce projects that will improve income generating and employment opportunities for persons with disabilities in food security and agricultural livelihood sectors. For example, train and engage persons with disabilities in organic farming and in establishing agricultural and agro-processing enterprises and co-operatives.
- Advocate to ensure that persons with disabilities are included in peer savings programmes or self-help groups.
- Provide persons with disabilities with entrepreneurship training.



- All persons with disabilities participating on the programme should be on it by choice.
- The programme must take into consideration local activities of persons with disabilities.
- There can be major gaps in the learning capabilities and strength of participants. It may be helpful if few persons with disabilities come from the same district/community. They will be able to help each other so that after training, upon return to their home, they may eventually work together. If members of the group help each other, the group will learn more and will be happier.
- Trainers must be aware that there must be flexibility in terms of the schedule of persons with disabilities working on their gardens.
- Depending on the type of disability, some persons with disabilities might need special guidance and direction.
- To showcase the work of persons with disabilities so that others can be motivated. For example, do have opening ceremonies and closing ceremonies, open-day events for persons with disabilities to sell their produce.

### 3.4 ADAPTING FOOD GARDENING PROJECTS

Some of the adaptations required to include persons with disabilities in food gardening projects, either at community level or individual home gardens are very low-cost, easy to design and quick to implement. These 'adapted' gardens can also be 'used' by able-bodied persons. Examples of some low-cost food gardening options that enable participation of persons with disabilities are described below.

### 3.4.1 WAIST HIGH SACK AND OTHER CONTAINER GARDENS

Sack gardens



Gardening in waist high sack and other containers is ideal for the gardener who needs to sit or who has mobility limitations. See the following picture of a woman tending tomatoes in a high round planter while sitting on a small lightweight portable seat with push handles to aid in standing. The containers can be made from recycled or cheap material such as old bath tub, metal drum, plastic buckets etc. If necessary, the containers can be placed on a slightly elevated surface so that the person can sit as upright as possible.



Gardeners who find sitting for long periods of time difficult may find hanging container plants ideal. The gardener is able to stand comfortably while completing gardening tasks. It is also appropriate for the gardener who chooses to spend less time and energy on garden

maintenance. For added safety, use containers stable enough to support the standing gardener, especially those who use assistive devices like walkers or canes. If the container is leaned upon it should not tip.

### **3.4.2 RAISED BED GARDENS**

Some of the garden beds in a community garden centre and in household gardens could be raised beds to ensure active participation of persons on wheelchairs or with mobility impairments or even those who prefer sitting down. Building a raised bed is not difficult and not expensive, depending on the design that one wants. However, it does involve physical activities so if constructed by a person with severe physical limitations, the person will need assistance. The picture below shows the construction of a raised bed garden.



**ACAT's raised bed gardens**





### 3.4.3 MAKING HOUSEHOLD GARDENING ACCESSIBLE TO PERSONS WITH DISABILITIES



- Ensure that garden beds are placed near the house for quick accessibility.
- Place garden beds near a driveway/walking path to decrease the distance needed to bring supplies such as plants and soil to the garden area.
- Garden tools and containers should be kept within easy reach.
- Place garden beds close to an available water source.

(source: adapted gardening for life handbook: <http://pubs.wsu.edu>)

### 3.4.4 MAKING COMMUNITY GARDENING ACCESSIBLE TO PERSONS WITH DISABILITIES



- Place garden beds near a driveway/walking path to decrease the distance needed to bring supplies such as plants and soil to the garden area.
- Garden beds should be placed on a flat surface which can be easily accessed by persons with mobility impairments.
- Garden tools and containers should be kept within easy reach. The door to the tool shed should be wide enough for persons on wheelchairs to be able to access.
- One can use a garden cart, wheelbarrow or bucket to carry tools.
- Ensure enough sitting areas at regular intervals around the garden.
- Build a few raised beds for persons on wheelchairs.
- Garden paths should be paved and the space between some garden beds should be large enough to accommodate two wheelchairs. Avoid using grass and other soft materials for pathways as they are difficult for wheel chair wheels to roll on. Hard surfaces make negotiating paths easier for those with canes or walkers.
- Keep paths clean and free of standing water.
- Scrub surfaces periodically to remove build-up of algae and moss, which can make paths slippery.
- Choose well balanced and lightweight tools to help prevent stresses and strains in one's hands and arms.

(source: adapted gardening for life handbook: <http://pubs.wsu.edu>)

### 3.4.5 GARDENING TIPS FOR PEOPLE WITH SIGHT IMPAIRMENTS



- For gardeners with visual limitations, working safely in the garden is the first priority.
- Before planting, have an experienced, sighted gardener check the garden for any poisonous or dangerous plants or weeds.
- Use plants with contrast in foliage to add interest and beauty to the garden.
- Assistance from a sighted friend is helpful to detect diseases and pests in the garden.
- Paths and paved areas should be smooth, level, firm, and as straight as possible. Path edging should be distinct.
- Raised beds, containers, and vertical elements such as low walls and fences make plants easier to tend, harvest, and enjoy.
- Arrange plants in beds in groups of 3-5 to make plant location easy.
- Plant vegetable crops in straight rows. Any plant that does not grow along this line can be considered a weed and pulled.
- Plants can be identified using labellers with large print or Braille.
- Use plants that appeal to the other senses.
- Wearing a garden apron, garden vest, or tool belt will keep the hands free and avoid accidental misplacement of tools.
- When filling a watering can, a person with sight impairment can insert the fingers inside the top of the can to feel the appropriate water level.
- Visually impaired people can sometimes find it difficult to find their way back to where they were in the garden. One idea is to use a small radio and leave it on while working. A washing line can also provide a point of reference in the garden and can be used as a guide to help one know where you she/he is.
- When digging larger areas, some visually impaired gardeners find right-angle guides invaluable. These are home-made guides that can be laid on the ground and pegged to give one a set area to dig, fork or rake.
- To level the soil after digging one can either work close to the ground with a hand rake and feeling as one goes, or standing using a long-handled rake and working within a right angle guide mentioned above.

(source: adapted gardening for life handbook: <http://pubs.wsu.edu>)



### 3.4.6 GARDENING TIPS FOR WHEELCHAIRS USERS/PERSONS WHO NEED TO SIT



- Design garden beds at a convenient level to sit and work instead of bending to reach beds.
- Garden in containers such as plastic buckets that can be moved easily and allow the gardener easier access for maintenance. It can be near the house and it can have handles for lifting.
- Consider building raised garden beds as they will decrease stress to the back and prevent overuse of joints.
- Warm up exercises and working for short periods should be encouraged to avoid strain.
- Have seats that are stable for sitting down. The seat should be moved regularly to minimise fatigue.

- Gardeners should wear suitable shoes and clothing to protect feet and lower legs when using tools at ground level.
- Use roll-a-wheel while pushing the chair to measure distances.
- For those who are more comfortable sitting:
  - use sturdy stools on wheels for sitting while doing garden tasks in either regular beds or raised beds.
  - a lightweight chair that can be moved around the garden easily can be very helpful.
- To minimize walking and bending, wear a vest or apron to carry around hand tools.

(Source: adapted gardening for life handbook: <http://pubs.wsu.edu>)

### 3.4.7 ADAPTING TECHNIQUES, TECHNOLOGIES, TOOLS AND EQUIPMENT

Persons with disabilities are not always able to work in conventional fashion as a result of their disability, but they are quick to adapt when required. The technologies used for production systems involved in food security and agricultural livelihood sector should at least match the capabilities of persons with common disabilities in a particular community. The underlying principle is one of addressing the abilities, needs and preferences of the participant concerned and – where practical – using technology to satisfy these needs. Some considerations to be made include, but are not limited to:

#### 3.4.7.1 SEEDING MADE EASY

**Seed tape strips** are a good alternative to manual seeding. They allow the gardener to plant rows of seeds easily and accurately. The gardener can make her/his PVC pipe with a “V” cut in the end to feed seed through when planting at ground level. Bending and kneeling is avoided.

**Standing Seed Planner** is another alternative to manual seeding. The gardener can construct this planting device that allows her/him to plant seeds without bending. The slanted end can be used to draw a furrow. Drop seeds at regular intervals through funnel to provide the seed spacing. To cover furrow, turn pipe over and drag along soil.

### Picture of a standing seed planter



It is simple to make and is cost effective. Measure length to user's waist while standing, Cut PVC to this length at sharp angle and then attach small funnel at other end, securing with duct tape.

### 3.4.7.2 WATERING MADE EASY

There are a number of watering systems that can be chosen for easier watering of gardens. It is important to choose a watering system that is easier to manage. CBM International, for example, developed a **modified bucket for a blind participant**. The woman could fill this with well water, and it would then automatically tip into a basin, which would then pour into a channel and be distributed throughout a garden.

For easier watering use **coiled hoses that stretch or lightweight hoses and watering extensions** that bring water to the container or bed. Hose supports can be purchased or easily constructed by for example fastening a length of broom handle to the end of a garden hose. To make sure water does not splash all over cover front top with plastic to make a sprinkler.

**A drip system and an overhead irrigation system** are also options that could make watering easier for persons with disabilities.

#### Drip irrigation system



#### Overhead irrigation system



### 3.4.7.3 HIGH TECH AUTOMATED SOLUTIONS

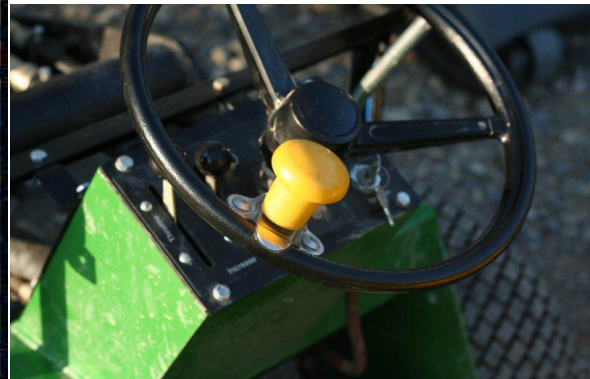
Automated solutions make work easier for persons with disabilities. Electronics, centralized controls, hydraulics, monitoring systems, and computerization are all opening the door to the use of assistive technology.

For example, a motorized lift or additional stairs can be used to get into a tractor. Once on the driver's seat, modified hydraulic controls and a tri-pin steering knob can be used to operate the tractor. Additional or improved steps and handholds improve safety when entering and exiting the tractor.

**Additional stairs**



**Tri-pin steering knob**



**Electronic and telecommunications technology** can connect persons with disabilities to information sources outside their immediate locales. With a personal computer, basic equipment and a telephone line, one can access many sources of information and services, and can even "talk" to other computer users. The use of cellphone makes it possible to get assistance for those out in the field. A bell or whistle can be used to call for assistance in the garden if an injury occurs. Some cellphones have hands free microphones and voice-activated dialing which could come in handy for people with sight impairments.

### 3.4.7.4 OTHER ADAPTED TOOLS AND EQUIPMENT

There are lots of specialised gardening tools and equipment available to gardeners to help them reduce effort, maximise abilities, and encourage independence while working in the garden. The goal is to protect muscles and joints from fatigue and injury and find the best match for the

garden tasks being done. Gardening tools and equipment should be carefully chosen for persons with disabilities. It is important to choose a tool that is the right weight and length for a person with disabilities. Certain tools and devices can also be adapted to a person's physical disability. For example, hand tools can be modified to fit special-needs hands. Below are some suggested adaptations and modifications of tools and equipment and alternate ways of doing things that could be applied by the FRF's PPs partners.

- **Peta long reach Easi-Grip hand tools**

These long but light steel tools have soft grip handles that are at right angles to the tool head. This allows the wrist and hand to be held in a neutral position which reduces strain.

**Peta long reach easi-grip hand tools**



**T-handle long reach trowel and fork**



- **A fist grip and arm support** can be fitted to a rake to help lift it and is useful if one uses one hand.

**Fist grip and arm support**



**Children's rake**





- Consider some very good **children's rakes** and other tools which are shorter in length to use sitting down. They reduce strain.

**Small cultivating Tool**



**Easy grip hand Tool**



**light weight border fork**



**Examples of tools for wheel chair users of people who prefer to sit while gardening when sitting**

**Short handled broom**



**Long-handle dustpan & brush**



**small hand rake**



- Procure extendable or adjustable handles and lightweight tools/children's size garden tools. E.g. long handled trowel/cultivating tools/fork etc.
- Long-handles dustpan and brush can take less effort to use and can mean less bending.
- Child's version broom is ideal if one is sitting down or if one needs a shorter length.

- Light and easy to handle rake, has different length handles and its ideal if one is sitting or if one stands to garden.
- The garden gripper is a long-handled grabbing tool for picking up small amounts of hard-to-reach debris in the garden. It is used with one hand.
- Install some type of drip irrigation system rather than pulling heavy hoses or filling lots of buckets with water.
- **Examples of tools for persons with visual impairments**

**Garden gloves**



**Garden combi-system**



**Kneeler stool**



- Light weight garden gloves are thin and light to wear but tough and will protect hands.
- Knee pads with straps around ones legs are a good way to protect ones knees.
- Gardena combi-system-set of interchangeable heads and handles. The securing system means they can be changed using one hand.
- Kneeler stools have convenient height, wide footprint, padded mat and large grab handles making this stool very useful for sitting on or kneeling especially for those with limited range of motion.
- If the person has limited vision, then purchase or paint tool handles with bright colours for easier identification and to contrast with the soil and be easier to spot. Or you can paint the handles white.

- Select tools that are durable, lightweight, and easy-to-use.
- Drip irrigation systems and soaker hoses in the garden are very efficient and keep pathways from becoming wet and slippery. An automatic timer can be set to turn on and shut off the water supply.
- To prune small shrubs, use one-handed pruning shears or a limb saw to remove the branch.
- To prune plants with thorns, gloves that have a hole for the lower tip of the index finger should be worn. This allows the gardener to carefully run the index finger along the stem or branch to locate thorns and avoid scratches.
- Most visually impaired gardeners like to work close to the soil and often use short handled tools. There is a whole range of ‘multi-change’ tools with snap on interchangeable heads. Chose a handle length that’s right for you - 30cm is popular.
- **Talking/digital tape measure** can be used by persons with visual impairments to take measurements.

### **3.5 BEST PRACTICE ADAPTATIONS MADE BY FRF’S FOOD SECURITY AND AGRICULTURAL PROGRAMME PARTNERS – ACAT, JAM SA and ABALIMI**

*Table 6: Adaptations/modifications at ACAT, JAM SA & ABALIMI*

<b>ACAT</b>	<b>JAM SA</b>	<b>ABALIMI</b>
<ul style="list-style-type: none"> <li>• Some hip high raised bed gardens are made at the centre.</li> <li>• Drip watering system</li> </ul>	<ul style="list-style-type: none"> <li>• Some sack gardens made at some centres</li> <li>• Some paths are wide for wheelchair access at the</li> </ul>	<ul style="list-style-type: none"> <li>• Community garden centres are all located on flat ground to enable</li> </ul>

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<p>is used at some gardens.</p> <ul style="list-style-type: none"> <li>• Accommodation at training centre has a room that has been adapted for wheelchair users</li> <li>• An adaptation of the sack garden to create a tower garden with levels that people need</li> <li>• Wheelchair accessible toilets at the head office and training centre</li> <li>• Ramp in the training room and between the various offices at the head office</li> <li>• Trained a person with visual impairments to use different lengths of sticks to measure the space between plants and between rows.</li> </ul>	<p>West Rand centre.</p> <ul style="list-style-type: none"> <li>• Developed a funding proposal for construction of raised bed gardens.</li> <li>• Want to raise funds to pave garden pathways.</li> </ul>	<p>access</p> <ul style="list-style-type: none"> <li>• Wants to raise funds to pave the garden spaces</li> <li>• Training a family member or assistant of the person with disability as well as the person with the disability on deep trench gardening. This enables the person with the disability to supervise and oversee the gardening and do the tasks that are within her/his abilities</li> </ul>
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### **3.6 LESSONS TO BE LEARNT FROM A MUSHROOM CULTIVATION PROJECT FOR PERSONS WITH DISABILITIES IN THAILAND IN RURAL AREAS**

The main objective of the project was for rural persons with disabilities to reach economic self-reliance as entrepreneurs through income generation. Further the project was to show their capabilities, allowing them to re-integrate their community and be active members of society. Although persons with disabilities are capable of accomplishing all tasks involved in mushroom cultivation, certain adaptations and strategies needed to be developed.



**Approach:**

- Participants were trained and the training was in three parts; (1) the training was to support participants to develop greater confidence and to overcome mental and physical barriers to achieving their goals. Through these sessions trainees get to know more about themselves and to learn about others and their disabilities. (2) Training was in mushroom cultivation, processing, marketing and waste management, and (3) in enterprise development for setting up and managing an enterprise, including basic bookkeeping.
- Interest-free loans are available for persons with disabilities who wish to start their own business.
- Several training sessions prepared trainers in their development of adapted training programs and tools to be used with rural disabled.
- Trainers further needed assistance in adapting training, developing new innovative approaches in training and in the selection of trainees.
- Trainers interviewed candidates at home, verifying that; candidates had family support, community support and access to land for the set-up of a mushroom house following training; were highly motivated in learning about mushroom cultivation and were able, committed and ready to leave home to learn about mushroom cultivation for a period of 2 months.

**Adaptations/modifications made:**

- Aisles inside mushroom houses allow movement and work.
- Height of mushroom racks allow people sitting on wheelchairs or unable to stand to access to highest level.

- A water trench around the mushroom house limits the entry of ants and other bugs, and allows wheelchairs to enter without difficulty. (This trench is to be cleaned at least twice a month).
- Pasteurization chamber must be built lower than standard, for easy access by people in wheelchair and those unable to stand.
- Certain tasks require physical and mental abilities and therefore special strategies and techniques had to be developed to cater for specific disabilities. For example, the preparation of mushroom bags requires the use of two hands. However, feet can substitute a missing hand, which allows a trainee to accomplish the task perfectly. Repetition of movement and special techniques are required and this is the focus of training.

Outcomes:

- 151 trainees successfully completed the training and established their own mushroom farms.
- 14yrs later- the quality of life for all participants has improved, and the perception of their family and community members has changed. Many have married, have children, and have developed income-generating activities that allow them to sustain themselves and their family with pride and dignity. Others have actually become physically stronger.
- Trainees-turned-entrepreneurs have shown that they are capable of learning and doing. They have self-confidence, are self-reliant and live independent lives taking care of themselves and their family. Several became trainers of their peers and are now leaders of community organisations and are actively involved with agriculture groups.
- As successful entrepreneurs, persons with disabilities are recognised as full economic participants in society and are fully included within their family and community.
- Increased employment opportunities.
- According to an evaluation that was done 4yrs after the project, more than 70% of the trainees established their mushroom houses successfully and now show profitability.
- Five trainees of the first group now work as trainers, using their own experience as a basis for demonstrating various techniques and assist nondisabled trainers in developing strategies that can be used in mushroom cultivation.
- Some trainees have started training people and replicating their success in mushroom cultivation within their community.

- Several participants have become trainers themselves, whether at the training centre or within their family and community.
- Other participants have been requested by schools to teach adolescents or women's groups about mushroom cultivation.
- All trainees have already transferred their know-how to family members who not only support them but also have found mushroom to be a major source of household income.

Operational recommendations:

- There must be careful and strict selection of participants. They need to show or commit to willingness to learn and to work along with the programme to ensure sustainability and replicability of the programme.
- The provision of start-up kits is also important to facilitate the initial stages of entrepreneurial activities.
- Mushroom cultivation offers a wide range of activities that can be suited for people with various needs, interests and capabilities. Moreover, it involves repetitive activities that can be easily learnt by mentally disabled people
- Selecting the product/project for enterprise development should be in accordance with local demand, climate condition and start-up costs.
- A team of experts on the business and disability should be called upon for advice during the various stages of the project.
- Although some theory is necessary, hands-on experience and practice remain the best learning method.
- Although incapable of making detailed business plans and keeping detailed accounts, successful project trainees can keep basic records of sales and income, and know how much profit they are making. Participants with mental disabilities are also capable of basic bookkeeping and developing marketing strategies.

(Source: Mushroom production training for disabled people: A progress report)

# PART FOUR

## MAINSTREAMING DISABILITY IN EARLY CHILDHOOD DEVELOPMENT PROGRAMMES



## 4.1 THE LINK BETWEEN EARLY CHILDHOOD DEVELOPMENT, POVERTY AND DISABILITY

Children with disabilities remain invisible to the mainstream population and education structures. Despite legislation, policy and grants to integrate disabled children into the mainstream, most of them are still excluded from early childhood care and development programmes.

Children with disabilities and their families are confronted by barriers including: *inadequate legislation and policies, negative attitudes, inadequate services, and lack of accessible environments*. If children with developmental difficulties or disabilities and their families are not provided with timely and appropriate early intervention, support and protection, their difficulties can become more severe—often leading to lifetime consequences, *increased poverty and profound exclusion*.<sup>1</sup> In order to properly fight poverty among the most marginalised groups, inclusion of children with disabilities in early childhood development is vital.

## 4.2. IMPROVING THE LIVES OF CHILDREN WITH DISABILITIES THROUGH EARLY CHILDHOOD DEVELOPMENT PROGRAMMES

Early Childhood Development (ECD) refers to the period from prenatal development to eight years of age. It is the most crucial stage of any child's life, and early development provides the foundation necessary for their life-long learning and can influence outcomes across the entire course of an individual's life. ECD can also prevent potential delays in development and disabilities. As such ECD is an ideal opportunity and space for providing early interventions which can help children with disabilities reach their full potential.

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<sup>1</sup> "Early childhood development and disability: discussion paper; WHO, 2012"

***RESOURCE 20 IN PART 8 PROVIDES EARLY CHILDHOOD DEVELOPMENT TERMS AND THEIR DEFINITIONS***

It is important for the practitioners, parents, health professionals, teachers, baby sitters to work together, to understand child developmental stages and be able to monitor development and growth so as to **detect early any developmental delays or disabilities**. Screening for potential developmental delays in children allows for early treatment and supportive services.

Generally, children should be checked regularly to detect any developmental delays or disabilities. Where children do not have access to health practitioners, home visits are recommended.

The **Wits Centre for Deaf Studies** has a home early intervention programme called HI HOPES. HI HOPES aims to foster the empowerment of the family in their home environment through early intervention framework of care, support, information regarding different communication and schooling options and partnership to allow the baby to reach her/his full potential. On the programme there is a team of professionals and some of them are deaf, with competencies in education, audiology, speech therapy, sign language, psychology etc. They also have trained parent advisors, deaf mentors who inform parents about a whole range of issues including about the deaf culture and sign language. The results of the intervention include parents accepting the situation they are in and giving love to the child by focusing on the growth and development of the child, empowerment of the child, appreciation of the support and help that they receive family members and strangers, taking deaf and hard-of-hearing children to school, use of sign language in some families, improved academic performance, decision-making, perseverance, etc.

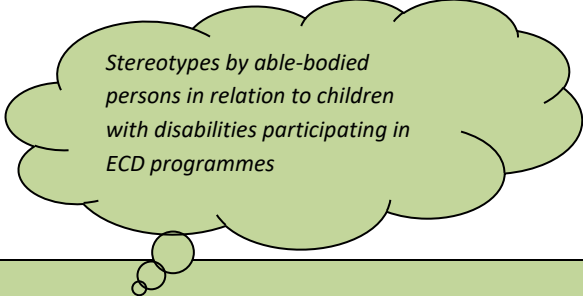
Once concerns about a child's development are noted, she/he should be provided with proper support. Relevant centres should be contacted and arrangements for the child to start preschool should be made.

***RESOURCE 21 IN PART 8 PROVIDES A LIST OF DEVELOPMENT DISABILITIES THAT PARENTS AND PRACTITIONERS SHOULD LOOK OUT FOR AND UNDERSTAND.***

*RESOURCE 22 IN PART 8 IS A BRUNEI DARUSSALAM CASE STUDY ON EARLY DETECTION AND EARLY INTERVENTION FOR INFANTS AND YOUNG CHILDREN WITH DISABILITIES.*

## 4.3 MAINSTREAMING DISABILITY IN ECD PROJECTS

Children with disabilities are generally excluded from early childhood development programmes due to stereotype thinking and attitudes about persons with disabilities.



*Stereotypes by able-bodied persons in relation to children with disabilities participating in ECD programmes*

- “Children with disabilities should stay at home and not go to school as they cannot learn anything”.
- “Children with disabilities have challenging behaviours”.
- “All children with disabilities require one-on-one care”.
- “Children with disabilities cannot function in a regular classroom. They belong in a special education environment”.

Mainstreaming disability in the context of ECD programmes, is the practice of educating children with special needs in regular classes during specific time periods based on their skills. This means regular education classes are combined with Special Education classes. In short, it is about adapting the mainstream class to accommodate the needs of disabled children. It is not about creating a classroom specially for disabled children. As the same time, it is important to note that some children with disabilities may struggle to cope in a mainstream class.

The following Table summarises some of the advantages and disadvantages of including children with disabilities in mainstream ECD programmes and services. Although the Table shows more disadvantages than advantages, it is important to remember that the disadvantages are essentially barriers to inclusion that can be address through policy,

adaptation, reasonable accommodation and other such interventions. Addressing these barriers and developing adaptations is detailed in the following sub-sections of this part of the Resource Kit.

**Table 7: Advantages and Disadvantages of including children with disabilities in mainstream ECD programmes and services**

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> <li>• Children with disabilities who are in mainstream programmes should also spend time in a resource room where they can receive more individualized attention from teachers.</li> <li>• By using both the regular classroom and individualized time in special education classes, pupils with disabilities are exposed to other pupils (able-bodied) but get the attention they need for their specific challenges. Thus benefiting all children, both with and without disabilities.</li> <li>• Including disabled children in mainstream classrooms improves academic achievement, self-esteem and social skills.</li> </ul>	<ul style="list-style-type: none"> <li>• More vulnerable to developmental risks.</li> <li>• Often overlooked in mainstream programmes and services designed to ensure child development.</li> <li>• Teachers do not have training on working with children on a number of different disabilities. They therefore do not tailor their teaching to the specific needs of each child.</li> <li>• Teachers do not always have the time to provide the attention each child needs.</li> <li>• There is generally little support of children with disabilities apart from their regular class teachers primarily because usually staff members are not specifically trained to help the disabled child to adjust to the classroom and to give individual support to a child with special needs.</li> <li>• The disabled child may be expected to keep up with most of what is being taught and not allowed to learn just a minimum of the content being taught.</li> <li>• Children with disabilities do not receive the specific support required to meet their rights and needs.</li> </ul>

(Source: adapted from <http://education.cu-portland.edu/blog/special-ed/mainstreaming-special-education-in-the-classroom/>)

### 4.3.1 KEY PRINCIPLES OF INCLUSION IN ECD PROJECTS

The inclusion of children with disabilities in ECD programmes and services must be underpinned by the key principles listed below.



1. **Access**—removing physical barriers, providing a wide range of activities, and making necessary adaptations to create optimal development and learning for individual children;
2. **Participation**—using a range of instructional and intervention approaches to promote engagement in play and learning activities, and a sense of belonging for every child;
3. **Support**—creating an infrastructure of systems-level supports for implementing high-quality inclusion.

(Source: The Joint Position Statement (2009) of the Division for Early Childhood (DEC) & the National Association for the Education of Young Children (NAEYC)).

These above-stated principles should be utilised collectively to identify high quality ECD programmes and services. Below are some questions to ask about early childhood classrooms to test inclusivity readiness. The questions are designed to assess how well a classroom can support children with disabilities.

- Can children with disabilities easily access any classroom independently?
- Is there enough and relevant material and equipment that children can access independently?

- Does the space arrangement encourage interaction among peers?
- Does the classroom have variety of recommended toys, material and equipment to meet special needs?
- Are parents involved in the education of the children?

**RESOURCE 23 IN PART 8 LISTS 10 ISSUES TO LOOK FOR TO ENSURE QUALITY INCLUSION IN ECD PROJECTS.**

**RESOURCE 24 IN PART 8 LISTS AND EXPLAINS THE CRITICAL ELEMENTS FOR MAINSTREAMING DISABILITY IN ECD PROJECTS.**



- ✓ Children with disabilities do not need to be “ready” for enrolment in inclusive programmes, but programmes need to be ready for children with special needs.
- ✓ Children with disabilities can be effectively educated in inclusive programmes that use specialized instruction.
- ✓ Contrary to popular belief, inclusion is not more expensive than separate instruction.
- ✓ Most children with disabilities can participate in an ECD programmes without one-to-one assistance. Children with disabilities may require some assistance at times just as any other child may need assistance (such as when eating or toileting).
- ✓ Just because a child has a disability does not necessarily mean the child has behaviour problems. Just like any other child, some children with a disability may also have some challenging behaviours.
- ✓ Some of the disabilities are easily recognized, but others are not as obvious. Children with a disability should not be judged by their diagnosis.

(Source: Adapted from Early childhood inclusion for all children in Louisiana: Department of Education)

### 4.3.2 KEY BARRIERS TO MAINSTREAMING DISABILITY IN ECD

The main barriers to accessing education for children with disabilities outlined by PenReach, Wits Centre for Deaf Studies and Tshepang Educare are outlined below. This list also includes common barriers listed in the relevant literature as referenced.



- Insufficient policies addressing mainstreaming disability of Early Childhood Care and Development (ECCD). Also, failure in proper implementation of policies.
- Lack of proper mainstreaming plans.
- Lack of proper training and expertise for practitioners and teachers in ECCD.
- Practitioners and teachers' poor or limited understanding of disability.
- Shortages of proper financing models. Lack of financial resources to buy equipment needed for children with varied needs.
- Accessibility of environments (buildings, transport, safety and security in centres etc.).
- Unavailability of proper equipment and learning tools for children with special needs in mainstream.
- Lack of community awareness about the need for mainstreaming.
- Poor understanding by families and communities about disability mainstreaming in ECCD.
- Lack of parents' participation in the inclusion of their child in mainstream school.
- Lack or limited parent's knowledge and understanding of disability and what to do when they are aware of a child with special needs, as well as referrals.
- Lack of proper assessment tools and early detection tools.
- Mainstream ECCD being ill equipped to handle different types of disability.
- Lack of continuity through use of volunteers.
- Overcrowded classrooms thus restricting the teachers' ability to give sufficient attention to children with disabilities.

- Children in a class with varied and multiple disabilities makes it difficult for the teacher to give attention to all of them.
- Negative attitudes and behaviour of management/staff/other children/parents.
- The payment of fees and the purchase of supplies is a challenge faced by most children with disabilities.

(Source: Adapted from Department of Social Development/Department of Women, Children and People with Disabilities/UNICEF (2012; input from FRF ECD Programme Partners; UNESCO Bangkok Project, Case Studies on the Inclusion of Children with Disabilities)

### **4.3.3 FRF PP's PRACTICES TO INCLUDE CHILDREN WITH DISABILITIES IN THEIR PROJECTS**

As stated above the FRF drew on the experiences and practices of three of its ECD PP's, namely: PenReach, Wits Centre for Deaf Studies and Tshepang Educare to develop this Resource Kit. The following Table summarises their interventions in the some of the key elements of ECD, i.e. delivering family- base practice, addressing attitudes and beliefs and dealing with resource needs.

**Table 8: Examples of Best Practices in FRF ECD Programme Partner's**

Key Element	Penreach, Wits Centre & Tshepang Educare
<b>Delivering family-based practice</b>	<p><b>PenReach:</b></p> <ul style="list-style-type: none"> <li>• Trained practitioners, to go out to communities, train families, perform health screenings, perform milestone assessment, conduct household profiling to check for any children with disabilities, and facilitate their inclusion into the mainstream schools.</li> </ul> <p><b>Tshepang:</b></p> <ul style="list-style-type: none"> <li>• They have field workers who go out daily to engage with communities and with the families, to help identify children with disabilities as well as educate the parents. They refer children to nearest child care centres and assist some to get care from their home environment.</li> </ul> <p><b>Wits Centre:</b></p> <ul style="list-style-type: none"> <li>• They have a home-based family-centred outreach programme</li> </ul>



	<p>for families of deaf and hard-of-hearing infants and toddlers. The programme focuses on informing, equipping and supporting families on their journey towards effectively meeting the needs of their unique child. For instance, covering issues such as how to deal with a child with a disability, various hearing aids and various communication approaches used by deaf persons, routine-based skills about disability using modelling for parents and caregivers. They also amongst others, help the parent get their child into the preschool.</p>
<p><b>Attitudes and Beliefs</b></p>	<p><b>PenReach:</b></p> <ul style="list-style-type: none"> <li>• Conducts disability mainstreaming workshops for teachers in early development childhood centres and preschools, practitioners and parents in communities.</li> <li>• They annually train ECD teachers on issues of inclusivity and how to work with disabled children.</li> </ul> <p><b>Tshepang:</b></p> <ul style="list-style-type: none"> <li>• They addressing negative attitudes and beliefs by advocating for and encouraging people to bring their disabled children to school.</li> </ul> <p><b>Wits Centre</b></p> <ul style="list-style-type: none"> <li>• The family intervention services are open to the participation of the family and the community. Through the home visits and participation in the programme, the attitudes of the immediate family and in some instances extended family as well as community people do change.</li> <li>• Deaf awareness campaign: is celebrated annually in September. The celebration creates an opportunity to raise awareness of deaf person’s needs, challenges and achievements. Holds deaf awareness movie festival and deaf awareness poster competition. There is media coverage (radio, TV and press).</li> </ul>
<p><b>Resources</b></p>	<p><b>Wits Centre:</b></p> <ul style="list-style-type: none"> <li>• Inclusive resources for example using soft toy (deaf teddy bear)</li> <li>• With HI HOPE programme (family intervention) they use things around the house as opposed to special toys. They provide materials such as handouts.</li> </ul>

*“... I have first-hand experience that careful home-based intervention really makes a difference and gives the child and family the best possible start”.*

*Bianca Birdsey- Hi Hopes  
The Centre for Deaf Studies – Wits University*

## 4.4 ADAPTING ECD PROGRAMMES

One of the main challenges in integrating disabled children in Early Childhood Development (ECD) education and/or centres is insufficient or a complete lack of skills and knowledge of teachers to engage with and respond to the specific needs of children with disabilities. Parts 1, 2 and 8 of this Resource Kit provide generic guidelines on how to engage with people with different types of disabilities and general principles when looking at adapting techniques, technologies, tools and equipment.

This part of the Kit contains adaptations specific to the children with disabilities in an early childhood development environment. You will find that that some of the adaptations do not require any financial resources while others are low-cost, easy to design and quick to implement. The adaptations made for children with disabilities can also be used for and by able-bodied children with disabilities in mainstream ECD environment.

#### 4.4.1 TEACHING TIPS FOR CHILDREN WITH INTELLECTUAL DISABILITIES



- Break down assignments or requests into small steps. For example, instead of asking someone to get ready for a prayer you might break the task into the smaller steps of folding arms, bowing head, and closing eyes. Be prepared to use repetition in teaching.
- Select an opportunity for children with intellectual disabilities to participate in the lesson. Examples might be selecting the music, holding a picture, telling a story, answering questions, and so forth.
- Use teaching ideas such as role playing, object lessons, and other visual aids to illustrate difficult concepts. Break difficult concepts down into simple ones.
- Communicate using simple phrases, and repeat important ideas.
- Look for opportunities for children to work in small groups.
- Establish a consistent classroom routine where children feel comfortable participating.
- Be positive; smile.
- Teachers should make an effort to understand each individual's situation and needs.

## 4.4.2 TEACHING TIPS FOR CHILDREN WITH AUTISM



### 1. Communication

- Prepare a quiet environment where there are few distractions.
- Keep instruction short and simple. To get a child's attention who has autism, get down on the same level and say her/his name.
- Provide order and structure to help the person feel less anxious and more comfortable. Have a consistent class or activity routine.
- Make a class schedule out of pictures or drawings (for example, song, story or lesson, activity, and prayer). Point to each picture as you progress through the schedule.
- Use pictures, objects, photos, and videos when teaching. People with autism are generally visual children. Photographs and drawings can be used to show people with multiple disabilities. If you use photographs or drawings, remember:
  - they should be attractive and simple, but not too childish nor patronising;
  - the best drawings are often the simplest;
- Understand that if people with autism become fixed on an idea or question, it is unlikely that they will disengage until their question is answered and they feel satisfied.
- Be flexible; your schedule must be able to be adapted to the needs of the person with autism.

### 2. Social Interaction

- Learn what the learner does well (such as putting together puzzles or singing), and find ways to help the person use those skills in the classroom.
- Select appropriate activities that include interaction with classmates. Use these activities to promote making friends and taking turns.
- Consider a “buddy system” where a classmate assists the person with autism, when needed.

### 3. Behaviour

- Regularly teach clear, simple rules that the child can achieve.
- When inappropriate behaviour occurs, repeat the rule. Then encourage the student to engage

in another activity.

- Praise the specific behaviour whenever the person does something well, such as, “Good job folding your arms, Boipelo.”
- Ignore small disruptions and consistently praise appropriate behaviour and improvement.
- Ask family members about unusual or inappropriate behaviour. Parents can help you understand what the child is trying to communicate and how you can respond in a helpful way.
- Provide frequent interaction and activity. It is unrealistic to expect a person with autism to sit for long periods and listen attentively. Don’t expect too much too soon. Patience, consistency, and caring will eventually bring progress.
- Consider visiting the school of a young child with autism. Doing so could help you learn about the child’s abilities and effective ways to interact with her/him. You will need to ask permission from the parents and school authorities before visiting.
- Do not be discouraged if the child wants to sit and watch and not interact.
- Know that there will be good and bad days that may happen without warning. A good day does not mean that everything is fixed, nor does a bad day mean that all is lost.

### **4.4.3 TEACHING TIPS FOR CHILDREN WITH LEARNING DISABILITIES**



- Focus on correct answers and behaviours. Acknowledge and commend the child’s efforts.
- Encourage each child to be involved, and focus on his or her abilities.
- Build confidence by providing support and appropriate opportunities to serve.
- Present well-prepared lessons in a variety of formats, including print, audio, and visual resources.
- Provide an environment where class members are comfortable asking questions about things they don’t understand.

- Outline the class schedule and order of events for the class time.
- Help the child feel comfortable participating in class. Give plenty of time to prepare responses, and ask the child to volunteer when ready. Offer to help the child to respond before class.
- A “read-along” technique using recorded materials may help individuals who have difficulty reading.
- Teach by sharing experiences and feelings. Learning is easier when people become emotionally involved.
- Minimize distractions.
- Redirect the child’s attention when behaviour is inappropriate. For example, hold up an object or picture that will remind the child of what she/he should be doing.
- When appropriate, include movement, such as an activity, as part of the lesson.
- Strive to understand the child’s learning style and how the child best expresses what she/he knows. Play to the child’s strengths.
- Treat the child as intelligent. She/he is intelligent.
- Make accommodations as natural as possible so that you do not single an individual out in front of hers/his peers.
- Teachers should be trained on diagnosing learning disabilities.

#### **4.4.4 TEACHING TIPS FOR CHILDREN WITH HEARING IMPAIRMENTS**



- Consult with the child and the family to assess needs and determine what resources are available. Be sensitive that her/his reading and writing abilities may be different from her/his ability to communicate with sign language.
- Consult with the individual, the family, or the caregiver to determine how she/he communicates, how she/he learns best, and what assistance is needed in order for her/him to participate and learn. This information will help in deciding how to best meet the learner’s

needs.

- Assistance for individuals who are hard of hearing or deaf may include:
  - Hearing devices
  - Microphones
  - FM systems
  - Closed, open, or real-time captioning
  - The use of sign language and interpreters if the individual knows sign
- Find ways to communicate. Write words or draw pictures on paper.
- Look directly at the learner and speak normally. If she/he does not understand a word, repeat the word or use another word that means the same thing. Do not speak louder.
- Find ways to present information visually. For example, use pictures, a projector, posters, or a whiteboard. Individuals with hearing loss often rely on visual means as a way to learn.
- Introduce and explain vocabulary. Review new words and information frequently.
- If necessary, check if you have a classroom with amplification systems and listening devices.
- Discover how the family or caregiver communicates with the individual.

#### **4.4.5 TEACHING TIPS FOR CHILDREN WITH SIGHT IMPAIRMENTS**



- Make sure that documents are in large prints or audio format.
- Consider using a larger text size for those who have limited vision.
- Find out what additional resources may be available through regional libraries for the blind.
- Describe pictures and visual aids.
- Read what is written on the board. Explain what is happening during videos.

#### **4.4.6 TEACHING TIPS FOR CHILDREN WITH MEMORY LOSS**



- A quiet, safe, and organized space will help the learner remain calm.
- Store dangerous objects out of reach. Eliminate or secure items that are potentially unsafe.
- Give structure by using written lists or pictures to help with completion of routine tasks. Consider labelling items.
- Provide a wholesome and stimulating daily schedule that might include music, recorded stories, personal conversation, exercise, games, arts, crafts, and outings.
- When behaviour is inappropriate, do not threaten, challenge, or confront the individual but rather redirect the person's attention to other objects of importance or beauty.
- Speak softly with concern for what has aroused the improper behaviour. Find what is lost, discover what was forgotten, resolve the dispute, and respond to any distrust.
- Encourage physical exercise and positive participation in activities to decrease fear of being with other people. Provide appropriate opportunities for the learner to help others. Find a balance between caring and being cared for.
- Help the individual engage in activities that promote physical movement or intellectual activity. Simple tasks can restore confidence.
- Use pictures to remember life's good experiences. Pictures can also assist in recalling names of classmates.



#### 4.4.7 TEACHING TIPS FOR CHILDREN WITH MENTAL ILLNESS



- Treat the person with understanding and compassion.
- Include the learner in class activities. Consult with the learner's, family members, and others who know the her/him well to identify limitations as well as strengths.
- Do not argue with delusional ideas or pursue topics that increase agitation. Be aware that stress can make the illness worse.
- Some mental illnesses reduce energy and motivation. Recognize that it may be hard for a learner with mental illness to participate in some of the activities.
- Focus on strengths. Design activities that are within learner' abilities so they can feel success. If her/his speech or behaviour is inappropriate in class, ignore them.

#### 4.4.8 TEACHING TIPS FOR CHILDREN WITH PHYSICAL DISABILITIES



- Always try to see beyond the disability. Talk to children with a physical disability just like you would talk to other able-bodied children. Having a physical disability does not mean that an individual has an intellectual or hearing disability.
- Adapt situations to help children maintain self-respect. Avoid situations that may embarrass or frighten a learner with a physical disability.
- Remember that participation in a classroom is important to all. Children with physical disabilities can contribute as well as others.

#### 4.4.9 TEACHING TIPS FOR CHILDREN WITH SPEECH AND LANGUAGE DISORDERS



- Treat the learner with respect. Do not be afraid to ask him or her to repeat a word or sentence. Be patient; do not supply words or finish thoughts for her or her.

- Look for facial, hand, or other responses. Speech is not the only form of communication.
- Do not urge a learner who stutters to slow down or start over. This tends to make the stuttering worse.
- Provide appropriate ways for the learner to participate in class. For example, a learner with a speech disorder can participate in a musical presentation using a musical instrument, even a bell and colouring.
- Be willing to work at communicating. In some cases, this may mean learning basic sign language or being aware of special communication devices for individuals who are nonverbal. If appropriate, become familiar with devices, systems, and programmes which have been developed to assist.
- Strive to understand what the learner is saying by focusing on *what* she/he says rather than *how* she/he is saying it.
- Be attentive when speaking with a learner or listening to learner with a communication disorder. Make eye contact.
- Prepare ahead for lessons.
- Be patient and respectful when someone with a communication disorder contributes in class. Give her/him time to respond. Through your example, help the class realize that she/he is an intelligent person who can share valuable insight and ideas.
- Find a way to communicate with the learner. Use language boards or symbols to communicate. Speak with parents or the caregiver about the best ways to communicate with a non-verbal child.

#### **4.4.10 ADAPTING THE ECD CURRICULAR**



- **Lesson format** - The format of a lesson may be altered to meet the needs of a child by including more opportunities for whole class discussions, games, role playing, activity-based lessons, experiential lessons, demonstrations, and/or thematic lesson organization.

- **Instructional groupings or arrangements** – For any given activity there are a number of instructional arrangements from which to choose: large groups, small groups, cooperative learning groups, peer partners, one-to-one instruction, and/or independent tasks.
- **Teaching strategies** - A change in teaching strategies can influence a child's ability to participate. For example, include: addition of visual information, use of concrete materials/examples, sequencing learning tasks from easy to hard, repeated opportunities to practice skills, changes in the schedule of reinforcement, elaboration or shaping of responses, verbal prompts and/or direct physical assistance.
- **Curricular goals and learning outcomes** - To match the needs of a child within the context of an activity, it may be appropriate to individualize the learning objectives. This can often be accomplished using the same activities and materials. If children are working on a classification concept by sorting blocks, a child with a disability could participate in the same activity but focus of reaching, grasping, and releasing skills.
- **Adaptations to the method for responding** - Sometimes children may understand a concept yet need an adaptation in the way they demonstrate that knowledge. Use of augmentative communication systems, eye gaze, and demonstrations may better allow a child to demonstrate her/his skills.
- **Environmental conditions** - The environmental arrangement is an important aspect of any early childhood setting. Changes in lighting, noise level, visual and auditory input, physical arrangement of the room or equipment, and accessibility of materials are important considerations.
- **Modification of instructional materials** - It is sometimes necessary to physically adapt instructional or play materials to facilitate a child's participation. Materials can be physically adapted by increasing: stability, ease of handling (adding handles, making materials larger), accessibility (developing a hand splint to hold materials, attaching an elastic cord or string to objects so they can be easily moved or retrieved), visual clarity or distinctiveness (adding contrast or specialized lighting), or size.
- **Level of personal assistance** - A child's need for assistance may range from periodic spot checks to close continuous supervision. Assistance may vary from day to day and be provided by adults or peers.

- **An alternative activity** - This curricular adaptation should be used as a last choice when the above conditions cannot be used to meet a child's needs.

(Source: Centre for disease and Prevention: CDC, <http://www.cdc.gov/>)



- ✓ Seek ways to help children with disabilities feel loved, accepted, and included. For example, search for and consider their needs and the needs of their families.
- ✓ Create a supportive environment free from teasing or mocking. Consult with family or caregivers. If some teasing occurs, kindly clarify that such will not be tolerated.
- ✓ Seek to understand each child's needs with sensitivity and compassion before offering to help. Foster a relationship of trust.
- ✓ Help all staff members in an ECD centre to understand each child's disabilities and their needs. This will help staff members gain greater compassion, understanding, and inspiration on how to support those with disabilities and their loved ones.
- ✓ Allow staff members and children with disabilities to be as independent as possible.
- ✓ Providing all members with information about disabilities will help them understand disabilities and their impact on individuals and families. The more others understand, the more likely they will be to include individuals with a disability. Seek and discuss ideas to promote understanding of disabilities within the programme. This can be done in staff meetings.
- ✓ Consider how adapting or supplementing regular programmes may help meet the needs of members with disabilities.
- ✓ To the extent possible, eliminate barriers that keep members with disabilities away from centre meetings and activities thus minimising their full participation. For

example, ensure that there is easy access by installing handrails, audio-visual equipment, and special parking accommodations.

- ✓ It is best practice for all ECD centres mainstreaming disability to have an assessment tool, both for the programme and for the children. Every assessment is a tool or process for answering specific questions about various aspects of children’s knowledge, skills, behaviour, personality and specific needs.

**RESOURCE 25 IN PART 8 EXPLAINS DIFFERENT TYPES OF ASSESSMENTS AND HOW TO CHOOSE AN ASSESSMENT TOOL.**

## **4.5 BEST PRACTICE ADAPTATIONS FROM FRF EARLY CHILDHOOD DEVELOPMENT PP’S – PENREACH AND WITS CENTRE**

<b>PENREACH</b>	<b>Wits Centre</b>
<ul style="list-style-type: none"> <li>• Puppet shows –to sensitise children about disabilities and create an awareness</li> <li>• Bigger Wall charts that are more visible</li> <li>• Sitting arrangements have been changed to accommodate the disabled and also to ensure maximum integration with all kids</li> <li>• In the classroom they use games that can accommodate all children</li> <li>• Made changes to the physical environment and in particular included ramps for easy access of wheelchairs, the flooring is not slippery to allow for a good grip.</li> <li>• Employed an occupational therapist.</li> <li>• There are assistants for practitioners to</li> </ul>	<p>Character signs and posters with words and sign language have been used.</p>

help with children with disabilities during lessons.

- Seating arrangement –designed in such a way that there is easy movement.
- Inclusive toys or resources are in place to cater for children with disabilities. e.g. soft toys as a safety precaution, low accessible swings for children to be able to get on and off easily, accessible slides etc.

## 4.6 LESSONS LEARNT FROM INTERNATIONAL PRACTICES

### 4.6.1 THE RIGHT TO EDUCATION IN ASIA-BANGLADESH, INDIA AND PAKISTAN

Leonard Cheshire Disability (LCD), International Department had a project on awareness-raising and sensitisation among all stakeholders in South Asia on the rights of children with disabilities, with a focus on the right to education. In particular, focusing on the need for the inclusion of disabled children in mainstream schools. The project was aimed at promoting socio-economic empowerment of persons with disabilities and mainstreaming disability within Bangladesh, India and Pakistan communities.



#### **Background to the project and to the selected practice:**

The vast majority of children with disabilities in India, Pakistan and Bangladesh have no access to education. There are no clear guidelines relating to the implementation of inclusive education (IE) in any of these three countries. Curriculum and assessment procedures are generally centrally

controlled and this makes it very difficult to achieve the flexibility needed for implementing IE in schools and classrooms. Also, there are systemic issues that make quality education for children with disabilities difficult to sustain.

**Overall objectives of the project/programme:**

The overall purpose of this project was to promote socioeconomic empowerment, primary education and access to basic rehabilitation services through the removal of attitudinal, social, institutional, environmental, economic and legal barriers towards inclusion and sustainable livelihoods of children in the communities.

A major focus of the project was to sensitize stakeholders to the need for the inclusion of disabled children in mainstream schools. This was to be achieved through increased access to **mainstream pre-school** and primary education and higher completion rates for children with disabilities in targeted communities.

**Primary Project Beneficiaries:** Children with disabilities and their families; adults with disabilities.  
**Secondary beneficiaries** include teachers in mainstream schools and district education officers.

**Process/strategy used to implement the mainstreaming:**

- The process identified children with disabilities in the project areas and brought together family members with development workers.
- Project staff ensured that schools, including management committees, other children and teachers were sensitive to the needs of children with disabilities
- Trained 3,074 teachers in how to accommodate /mainstream children with disability into their classes.
- Organised Preparatory classes for children with disabilities prior to enrolment into mainstream schools.
- Designed an effective home-based education system for areas where the terrain makes it hard for children with high support needs to get to school.

To complement this holistic approach, the project also:

- Worked closely with ECCD and schools to make them accessible and with government officials to ensure that children with disabilities received their government entitlements / grants.
- Undertook advocacy and policy work.
- Adopted a strategy for the formation of inclusive child-to-child clubs for children with disabilities along with their non-disabled peers to ensure meaningful inclusion.

**Offered Services included:**

- Home-based rehabilitation,



- Surgery (where appropriate) and counselling.
- Improving school accessibility and facilitated the enrolment and attendance of children with disabilities.

**Achieved Outputs:**

- The practice achieved results in the areas of awareness-raising, access to mainstream ECCD and schools.
- The project had a significant impact on changing attitudes towards disabled children’s rights to education—there are now more children with disabilities in local ECCD centres and primary schools in all three countries. Overall, the project identified 3,784 children with disabilities in the project areas in the three countries through outreach and awareness-raising activities. Of those, 83 per cent went on to benefit from some level of educational provision.
- Over 2,700 children were successfully enrolled in their local primary schools, some were given pre-school places and around 1,000 were supported through home schooling;
- 419 children with disabilities made the transition from primary to secondary education.

**Meeting Criteria for best Practices:**

The project followed a comprehensive intervention methodology and ensured that all strategies were sustainable.

**Financial and human resources:** The project was administered through the LCD Regional Office in India and dedicated project staff in all the project locations.

**Lessons learned:**

- Monitoring of disability and collection of disaggregated information on service provision is very important but is rarely available.
- Collaboration between different government ministries is needed to deliver comprehensive services and bring about systemic changes in Mainstreaming.
- As inclusive education is still an emerging concept, its definition varies across the region, and there are no accepted guidelines. Investment in and availability of technical experts to support implementation is critical to outcomes.

(Source: United Nations; Best Practices for Including Persons with Disabilities in all Aspects of Development Efforts).

## 4.6.2 FIRST STEPS CENTRE-BASED AND COMMUNITY OUTREACH PROGRAMME IN NASHVILLE

First Steps, Inc. is a private, non-profit organisation funded in part by the Tennessee Department of Education in Nashville. **First Steps Centre** (The Centre) works closely with the Tennessee's Early Intervention System (TEIS), who refers children with needs to them. They also get recommendations from paediatricians or social service agencies, or by word of mouth from other families.



### Background:

- The Centre was established over 50 years ago to educate and care for children with special needs and medical conditions alongside their typically developing peers in inclusive environment.
- They serve more than 600 children each year through their centre-based and outreach programmes.
- The Tennessee department of education –provides legislation, partly funds the Centre and provides other services like information, referrals and community outreach. The centre also relies on funding from the community. They have an online shop, holds wine tasting and other fundraising events. They also have a wish list request from communities who can offer goods instead of money

### Centre-Based Approach:

- The Centre creates an inclusive learning environment by ensuring that children with disabilities share the classroom with typically developing children and ensures individualized designed, flexible instructions, based on their particular needs. They use developmental

assessments tools to achieve this, more importantly they ensure low teacher/student ratios.

- The Centre ensures that all persons with disabilities are catered for by offering child-specific care related to health and medical conditions including on-site nursing and therapy. Pediatric therapy is part of their integrated, team approach that coordinates therapy in their comprehensive on-site programmes and greater convenience for parents. Having these professionals on site-helps reduce the stress on parents and teachers to be travelling to therapy.
- Teachers received specialised training to be able to deal with special needs children.
- They offer different therapies on-site to ensure inclusivity, these includes:
  - Speech-Language
  - AAC/Alternative ad augmentation communication
  - Hearing Loss, Apraxia
  - Physical Therapy
  - Speech Therapy
  - Occupational Therapy
  - Feeding Therapy
  - Sensory Processing

**Partnerships:**

- Parents are a very important partner in the development and education of their children. If parents are not involved, children cannot develop fully and the efforts of the ECCD may be in vain, thus it is important for parents to be integrated into the system of ECD.
- The Centre has also set up a parent Connection Committee which comprises of parents who work directly with them to ensure their programmes meet the needs of families and of the community.

**Community Outreach Approach:**

Caring for a child with disabilities can be overwhelming for parents. First Steps runs Community Outreach Program which provides services and supports families with children from birth up-to three years old who have a diagnosis or are at risk of experiencing developmental delay.

- They have an online Portal for Parents, work with social development centres and do home visits where there is a need.
- The Centre has developed an **Individualized Family Service Plan (IFSP)** to help families cope

with child development.

- For children 30 months and older, their developmental therapists partner with **TEIS and the local educational agency** to assist families through the transition process from early intervention services to the school system.
- Furthermore, the Centre provides bi-lingual and multicultural developmental therapists for families who do not speak English, they also bring translators during therapy family visits.

(Source: United Nations; Best Practices for Including Persons with Disabilities in all Aspects of Development Efforts).

### IMAGES OF CHILDREN WITH DISABILITIES IN MAINSTREAM ECD PROGRAMMES



### ASSISTIVE DEVICES FOR CHILDREN WITH DISABILITIES



# PART FIVE

## MAINSTREAMING DISABILITY IN TERTIARY PROGRAMMES

## 5.1 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) is 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.

## 5.2 IMPROVING THE LIVES OF PERSONS WITH DISABILITIES THROUGH TERTIARY EDUCATION PROGRAMMES

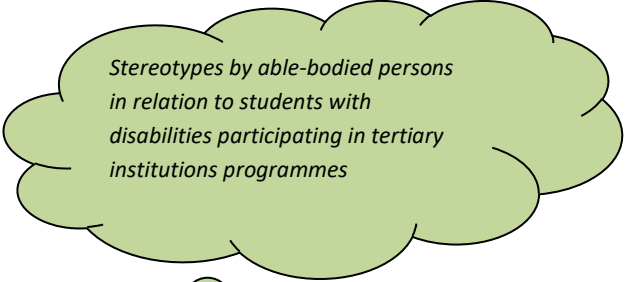
It is evident from Section 5.1 above that access to mainstream tertiary education opportunities, which offers a wide range of open labour market related skills, knowledge and professions, will greatly enhance the lives of persons with disabilities, improve their socio-economic status, reduce their susceptibility 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.



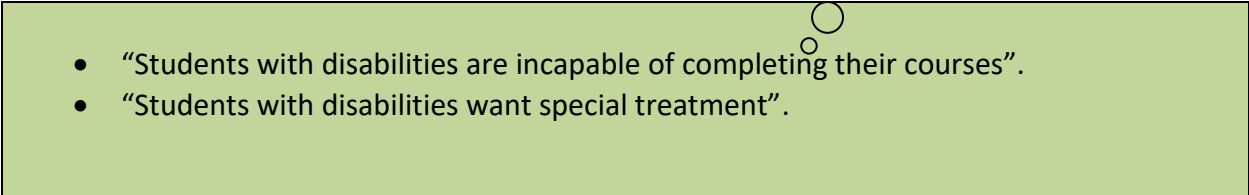
- Access to accessible materials and equipment for learning.
- Opportunity to participate in high quality transition programmes, from high school to tertiary and from tertiary to place of employment.
- Maximising chances of retention and progression within tertiary education.
- Enjoy advocacy and one-on-one learning/specialized support from DU- disability unit 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.

## 5.3 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.



*Stereotypes by able-bodied persons  
in relation to students with  
disabilities participating in tertiary  
institutions programmes*

- 
- “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.

### 5.3.1 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, are now seemingly 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.

### **5.3.2 KEY BARRIERS TO MAINSTREAMING DISABILITY IN TEP**



- Unwillingness or reluctance by some students to disclose disability status.
- Stigma, discrimination, negative attitudes by faculty and or able-bodied students that display negative attitudes for 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 thus resulting in lack of resources.
- Invisibility of disability.

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

### 5.3.3 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 inherited different units, 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;
- An assessment of the different Faculties on what is in place is suggested;
- Services should reach across disability as per the international approach and institutions should not focus on some disabilities only;
- Gained specialist knowledge on different disabilities will prepare the institution 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)

### **5.3.4 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 anyway 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 duty 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.

### 5.3.5 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 being 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. 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 go and make demands in job interviews and that instead they must focus on selling themselves.

### 5.3.6 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.
- Purchase of accessible transport costs 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 are 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.

### **5.3.7 ATTRACTING, RETAINING AND SUPPORTING THE PROGRESSION 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.

**FIRSTRAND FOUNDATION  
DISABILITY MAINSTREAMING RESOURCE KIT**

(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).

### 5.3.8 DISABILITY INCLUSION LESSONS LEARNT BY FRF TEP PPs

University	Lessons Learnt
<b>UFS</b>	<ul style="list-style-type: none"> <li>• There is generally lack of accessible public transport hence 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.</li> <li>• 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.</li> <li>• 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 will manage given her/his disability.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<b>UWC</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>• The support of university management is crucial for mainstreaming disability and providing accessible services to students with disabilities. Lecturers sometimes gets 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.</li> <li>• 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.</li> <li>• Inclusivity for diversity should be part of the mission and value statements of the University.</li> <li>• Mainstreaming requires a champion, an advocacy person and someone who can do one-on-one engagements with students to understand their individual needs.</li> <li>• The Unit works closely with therapeutic services, academic support and leadership and leadership and responsibility units.</li> <li>• 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.</li> <li>• The services offered include:             <ul style="list-style-type: none"> <li>- Establishing detailed exam and test procedures</li> <li>- Providing detailed letter to each lecturer on the student’s abilities and needs</li> <li>- Informing the faculty to inform lecturers that they will have a student with a disability in their class</li> <li>- Development of a test/exam request form to set up a timetable</li> <li>- Sending the timetable to lecturers and faculty head a week before the student is due to write</li> <li>- Securing invigilators from the Exams department</li> <li>- Providing each invigilator with a list of the names and special needs of each student</li> </ul> </li> </ul>
<b>Studietrust</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Not all parents are supportive of their children. Others put undue pressure on the child because they have unrealistic expectations.</li> <li>• Some students with disabilities do not disclose their disability status on their funding</li> </ul>

- 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.

## 5.4 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.

### 5.4.1 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.

### 5.4.2 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 a student using canes and/or guide dogs have barriers free 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)

### 5.4.3 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 lecturing 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)

## 5.4.4 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)

## 5.4.5 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,

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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 the 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).*

## 5.4.6 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 8: Specialist Equipment for visual and hearing impairments*

Type of disability	Technology, tools and equipment
<b>Students with visual s</b>	<ul style="list-style-type: none"> <li>• Zoom Ex can be used to create electronic books or other learning materials in the appropriate size and contrast</li> <li>• Zoomtext screen enlargement software and Zoomtext keyboard</li> <li>• A CCTV which magnifies text onto a screen.</li> <li>• JAWS screen reading software</li> <li>• Digital and tape recorders for loan</li> <li>• 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.</li> <li>• Braille materials developed in some institutions or even procured from online stores.</li> <li>• Large print material</li> </ul>
<b>Students with hearing impairments</b>	<ul style="list-style-type: none"> <li>• <b>Sign language:</b> Not all persons with hearing impairments understand and use sign language.</li> <li>• <b>Radio microphone system:</b> 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.</li> <li>• <b>Induction loops:</b> 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</li> </ul>

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 26 IN PART 8 OF THIS KIT PROVIDES LESSONS LEARNT FROM HONG KONG UNIVERSITIES IN TERMS OF ASSESSING THE LEARNING DISABILITIES OF DYSLEXIA STUDENTS.**

**RESOURCE 27 IN PART 6 OUTLINES DISABILITY SUPPORT SYSTEMS FOR STUDENTS WITH DISABILITIES.**

## **5.5 BEST PRACTICE ADAPTATIONS FROM FRF TEP PP'S – UFS, UWC AND STUDIETRUST**

<b>UNIVERSITY OF FREE STATE</b>	
<b>Type of Disability</b>	<b>Adaptations, Modifications, Equipment</b>
Visual impairment (partially sighted/totally blind students)	<p>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.</p> <p>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.</p> <p>The university has a computer lab with accessible computer stations making use of the latest assistive technology and software. These include:</p> <ul style="list-style-type: none"> <li>• “Magnification software”. It portrays whatever it is on the textbook on the screen and can even contrast the colours of a document.</li> <li>• “zoom text software”. This software enlarges everything on the screen.</li> <li>• “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.</li> </ul> <p>Accessible internet and email facilities are provided for students with a range of disabilities.</p>
Hearing impairments (Deaf and hard of hearing students)	<p>The University is one of 2 universities in South Africa that has a sign language department and one of 3 universities that provides sign language interpreters. Sign language interpreting and other assistive measures such as note-taking is offered to deaf students. for deaf students. The interpreters are paid by the university and the service is used primarily for meetings with lecturers and tutors.</p>

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	<p>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</p> <p>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.</p>
<p>Students with physical impairments</p>	<p>Ramps were constructed in most parts of the university. There are lifts and some furniture is modified in new lecture halls. At least 2 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.</p> <p>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.</p> <p>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.</p>
<p>Learning impairments (e.g. Dyslexia, attention deficit disorder)</p>	<p>Example- A student with multiple disabilities insisted on studying accounting as he wanted to be a chartered 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</p>

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	<p>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.</p>
For students with anxiety and panic disorders	<p>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.</p>
<b>STUDIETRUST</b>	
All types of Disabilities	<p>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.</p>
<b>UNIVERSITY OF WESTERN CAPE</b>	
All types of Disabilities	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The University provides students with a book allowance and food vouchers until their bursaries come through.</p> <p>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 to be</p>



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	<p>removed to increase access and mobility.</p>
<p>Sight Impairments</p>	<p>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.</p> <p>The University provides 2 Braille printers, DeckTalk, Jaws Programme, Computers and Big Screens, Zoom Text and Merlin.</p> <p>Some students are also assisted with scribes.</p> <p>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 responds to their individual needs.</p> <p>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.</p> <p>The Cape Town Society for the Blind does a 2-week orientation of blind students. The orientation covers the residence and its surroundings, the way to the Office and to their classes.</p> <p>Exam papers are provided in braille or electronically.</p> <p>The University has an arranged for students need spectacles to get this at a reduced price.</p>
<p>Mobility Impairments</p>	<p>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.</p> <p>There is a lift to the Office for Students with Disabilities.</p> <p>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 swapped, especially for TUT groups.</p> <p>If the student's residence is far from the lecture room, the office informs the lecturer that the student may be late.</p>

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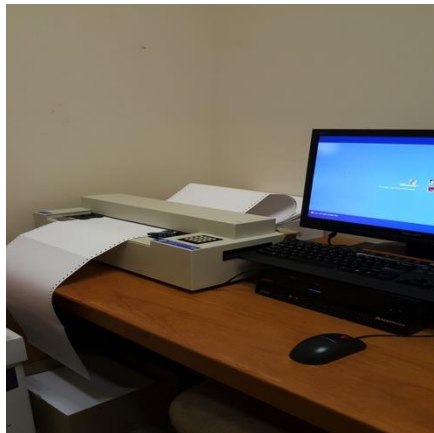
	The university also books out its scooters to persons with mobility impairments.
Intellectual Disabilities	The University provides LAS learning, a Claro Reading Programme and a Dragontalk programme.
Hearing Impairments	The University does not offer sign language interpretation but has 4 portable loops 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



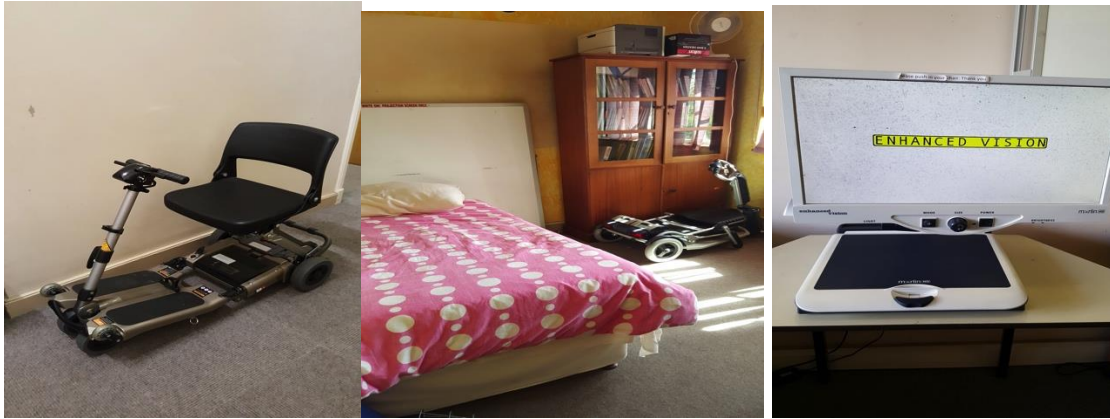
Braille Printer



Scooter

Sick Bay/ Rest Room

Merlin



## 5.6 LESSONS EARNT FROM INTERNATIONAL ORGANISATIONS

### 5.6.1 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 th-Ole 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 place, 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.

*'I am 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).

## 5.6.2 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

<b>University College Cork (UCC)</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The work of the laboratory includes orientation programmes, needs assessments, identifying and sourcing appropriate technology and software, training students.</li> <li>• Throughout the campus, Read &amp; 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.</li> <li>• 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.</li> <li>• After students conduct 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</li> </ul>
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	<p>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.</p>
<p><b>University of Dublin, Trinity College (TCD)</b></p>	<p>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.</p>
<p><b>The National Learning Network/CDVEC</b></p>	<p>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:</p> <ul style="list-style-type: none"> <li>• An evaluation of students' support needs on first contact with the disability support service.</li> <li>• Sourcing appropriate and effective AT and training students in its application.</li> </ul>



	<ul style="list-style-type: none"> <li>• Organisation/provision of one-to-one learning support for students and training in study skills.</li> <li>• Organisation of specific professional supports such as note takers and interpreters.</li> <li>• Liaison with appropriate college authorities with regard to the negotiation of examination accommodations.</li> <li>• In-service training of academic staff on the nature of different disabilities and the appropriate supports, including AT.</li> </ul>
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## DISABILITY SERVICE AWARENESS RAISING INITIATIVES

Tertiary Institution	Awareness Outreach Initiatives
<b>University College Cork (UCC)</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<b>University of Dublin, Trinity College (TCD)</b>	<p>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.</p> <p>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.</p>
<b>The National Learning Network/CDVEC</b>	<p>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</p>

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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 SIX

## MAINSTREAMING DISABILITY IN CREATIVE ART PROGRAMMES

### 6.1 THE LINK BETWEEN CREATIVES ARTS, POVERTY AND DISABILITY.

The daily lives of people with disabilities can be very challenging at the best of times, and the lives of poor persons with disabilities even more so. People with disabilities steeped in poverty have virtually no escape from the daily grind of the challenges they face and no social or economic activities to help them find relief from their situations. Poor people with disabilities are also often unable to access opportunities to that allow for self-expression and creativity.

As already explained in Parts One and Two of this Resource Kit, the challenging experiences and lack of access to opportunities to social and economic life, including in the Creative Arts sector, is aggravated by social taboos, stigmas and negative perceptions about the abilities of persons with disabilities. The general lack of knowledge of the external conditions and restrictions imposed by society compounds the difficulties already experienced by persons with disabilities as a result of impairments, by unnecessarily isolating and excluding these them from full participation in society.

Ensuring access to Creative Arts can benefit people with disabilities, and especially poor people with disabilities in many ways – from developing skills to express their creativity and talents to leading to jobs in the across the value chain of the creative arts sectors.

The Creative Arts Sector is recognised as one of the key job drivers in South Africa’s New Growth Path (2010) economic policy framework. The economic development role of this sector is further elaborated on in the National Department of Arts and Culture’s (DAC) Mzansi Golden Economy strategy and its Revised White Paper on Arts, Culture and Heritage (2013). The 2013 Revised White Paper indicates that the Creative Arts sector can create direct and in-direct jobs through, amongst others Creative Arts focused tourism, Creative Arts related support services e.g. sound technicians; stage managers etc. and promoting and supporting local manufacture and procurement of crafts.

## **6.2 IMPROVING THE LIVES OF PERSONS WITH DISABILITIES THROUGH CREATIVE ART PROGRAMMES**

It is evident from Section 6.1 active involvement in and access to Creative Arts opportunities will greatly enhance the socio-economic lives and status of persons with disabilities. The inclusion of persons with disabilities in this sector has many other benefits, as summarised below.



- Mental and physical health benefits.
- Increase in strength, co-ordination and concentration.
- Serves as a means of therapy.
- Can be used as a tool to educate communities about disabling conditions
- Can be used as a tool for creating awareness about the rights and abilities of persons with disabilities.
- Raises the visibility and profile of persons with disabilities.
- Widens opportunities for persons with disabilities to experience and recognise their own creative, expressive abilities and to develop a sense of equality with peers through the projects.
- Change attitudes to arts and disability and towards persons with disabilities.
- Provides creative opportunities for persons with disabilities in particular for those with intellectual disabilities.
- Develops confidence, self-esteem, social and communication skills.
- Make friends and become more involved in local communities.
- Social capital built through access to and participation in the arts.
- Provides opportunities to develop effective means of self-expression which can provide a boost to self-confidence as well as developing skills such as abstract thinking, problem solving and imagination.
- Economic participation opportunities and access for persons with disabilities.
- Discovery of personal strengths through participation in creative arts activities.

***Neil Marcus, a writer and poet who lives with a neurological movement disorder called dystonia, once said: "Disability is not a brave struggle or 'courage in the face of adversity.' Disability is an art. It's an ingenious way to live."***

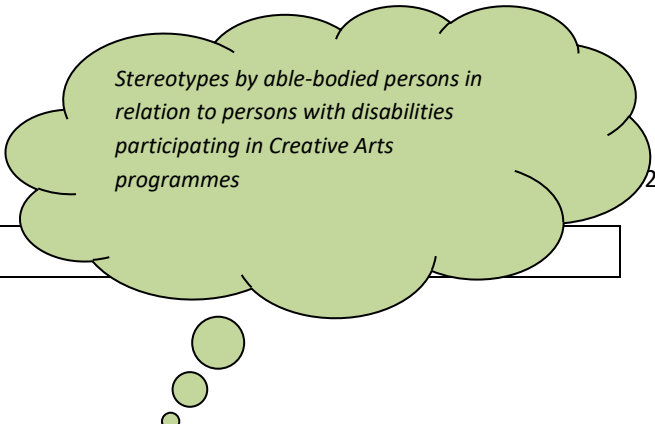
Artistic performances can unleash the hidden artistic skills of persons with disabilities to the wider public. The performance events empower the participants by giving them the possibility to participate actively within the social and artistic life. The performances such as festivals and concerts bring people together, create bonds and connections and challenge stereotypes and discriminations that still persist within the society. Moreover, these events give rise to a creative space of debate and exchange of opinions between persons with disabilities and the wider public, and provide these groups with networking opportunities.

Although work for disabled performers is very slowly increasing, it is mainly in disability-specific product. Most mainstream directors (e.g. those responsible for casting pieces) have yet to embrace the talent available. Many disabled artistic performers aspire to work in mainstream art centres such as theatre. Others working within the disability arts sector would welcome the chance to work with new performers, directors and writers which work in the mainstream would bring. It is hoped that the next decade will see the acceptance of disabled performers in mainstream work.

Besides getting involved in creating arts or working in the creative arts sector, consideration needs to be made to include persons with disabilities in the broader community when it comes to enjoying the creative arts as entertainment and socialising. Usually access is always a problem for persons with disabilities.

## 6.3 MAINSTREAMING IN CREATIVE ARTS PROGRAMMES

Persons with disabilities are generally excluded from creative arts programmes due to stereotype thinking and attitudes about persons with disabilities. Their participation in creative arts programmes can contribute to challenging stereotypical perspectives.



*Stereotypes by able-bodied persons in relation to persons with disabilities participating in Creative Arts programmes*

- “Persons with disabilities are incapable of becoming professional artists due to lack of talent and creative skills”.
- “I applied to go to a School of Speech and Drama but I was turned down. They suggested I would be better applying to a ‘special disabled’ drama school”.
- “She/he cannot be on stage because people will focus on the wheelchair and not her/his performance”.
- “Taking children with disabilities to theatre is not an option because they have many physical needs, in terms of medical and mobility”.
- “Mpho cannot see, so there is no point in him participating in creative arts programmes”

Generally, persons with disabilities participation in the Creative Arts sector can be at the level of ‘Creative practice’ and ‘Support role in arts related activities’. Examples of Creative Practice include; performing/digital/visual artist; photographer, actor; musician, poet, theatre technician, creative writer, exhibition manager, artistic director, designer etc. Support Role in arts-related activities could entail; mentor, teacher, dance tutor, arts worker, archivist, arts administrator, operations manager, marketing, gallery officer, front of house, customer service, usher, advisor, public relations etc.



- Creative arts include drama or theater, music, film, creative writing, graphic design, photography and visual arts.
- There are many ways in which disability and art can intersect. Developing and encouraging inclusive arts does not necessarily require artistic policy change - no one

wants specific arts organisations to change their unique focus - but it does need recognition of artistic opportunities, which can be created by working with disabled people.

- Including persons with disabilities in the sector is about:
  - engaging with the broader cultural debate around disability.
  - a process of supporting disabled people's participation in the arts, across all art forms. It is often used to refer to community-based (rather than professional) arts practice.
  - involving disabled and able-bodied people as equals within projects, programmes or companies.
  - ensuring that all aspects of an organisation are open to persons with disabilities, although it is sometimes used to refer to companies where only the performing teams are persons with disabilities and able-bodied people.

### **6.3.1 KEY BARRIERS TO MAINSTREAMING DISABILITY IN TEP**

Below is some of the common challenges/barriers that hinders the inclusion of persons with disabilities in the Creative Arts sector.



- Lack of accessible transportation to and from arts venues.
- Unfriendly timing and scheduling for events/performances.
- Lack of understanding or limited knowledge of disability as well as lack of training or preparation for working with persons with disabilities.
- Lack of sufficient time for planning, preparation and delivery in order for all children to enjoy a learning experience.



- Lack of understanding of the benefits of creative arts for persons with disabilities.
- Parents, members of the public and teachers undermining the ability of persons with disabilities to learn creative arts genres (e.g. music).
- Lack of confidence/knowledge/experience.
- Lack of or limited funding.
- Potential artists are only encouraged to consider segregated courses aimed at persons with disabilities.
- Most persons with disabilities are being denied creative inspiration, as many arts events, galleries, exhibitions etc., are inaccessible.
- There are only few persons with disabilities who are positive role models in the creative industries.
- Persons with disability are often asked to carry out training on disability related issues even if they are not trained on training others. In many cases, the work is expected to be voluntary. Disabled artists need work experience so take up the offers.
- Many galleries, performance and exhibition spaces are not currently accessible to disabled artists and they are therefore not able to benefit from gaining valuable work placements and experience and this also means there are very few opportunities to show their work to the wider community.
- Many venues are physically inaccessible and lack alternative forms of communication for those with hearing, vision or learning limitations.
- Lack or limited literature written by persons with disabilities themselves.

(Source: <http://www.replaytheatreco.org/perch/resources/final-report.>; input from interview participants)

### **6.3.2 INCLUDING PERSONS WITH DISABILITIES IN CREATIVE ARTS PROGRAMMES**



- Create awareness using mentors, role models and case studies about artists with

disabilities/persons with disabilities that are active in the creative arts sector. Many artists are inspired by seeing or hearing other artists work.

- Implement graduate recruitment programmes, internships, residencies and apprenticeships for artists with disabilities.
- Conduct disability awareness training and education for arts employers.
- Offer government incentives to promote arts employment for persons with disabilities.
- Provide information and resources, such as arts career guides.
- Use Disability Employment Services to attract personnel.
- Organise a national conference about different art forms and disability.
- Organise creative arts workshops with persons with disabilities.
- Organise theatre tours in special schools.
- Constantly educate the parents and teachers about how the participation in the various creative art forms can improve any child's well-being.

### 6.3.3 CONDUCTING ASSESSMENT IN CREATIVE ARTS PROGRAMMES

There has been considerable debate about 'quality' and disability arts activity. One view is that the quality of disability arts activity and production is set by the disability arts movement and that therefore, the assessment and evaluation of the work produced can only be carried out by those from within that movement - or by those who are used to seeing the work of disabled artists. On the other hand, it has also been argued that there are basic criteria of technical quality that are common to all arts practices of a given art form. Below are some tips for conducting assessments.



- In most cases, technical merit can be assessed by able-bodied people who have specific art form experience, as long as they are able to 'see' the work of the disabled artist, not just the disability.
- The main aim is to assess the artistic value of the work. Neither pity the artist nor

patronise her/him. Disabled artists aspire to being accredited for their craft not because a person with a disability produced it, but because it is an expression of their creativity, skill, hard work and commitment.

- Allow time for rest breaks and extra time as and when the need arises.

## 6.4 ADAPTING CREATIVE ART PROGRAMMES

Creative Art Institutions must adapt their techniques and have specialist technologies, tools and equipment to support and facilitate inclusion of persons with disabilities.

### 6.4.1 USING VARIED MATERIALS

Varied materials can be used to allow all individuals to participate. For example, visual art workshops can use smell, colour, texture and sound to bring together children to create their own artwork - bringing their imaginations to life. These workshops could take place in classrooms, galleries, art centres with schools and families. See pic below.



## **6.4.2 USING PRACTICAL ACTIVITIES**

These activities can include drama and actor training exercises. For many arts practitioners, and particularly for emerging artists who do not have the same level of experience to fall back on, working with persons with disabilities can seem daunting especially if they are unfamiliar with disability, or don't know how and where to access support. Use drama and actor training exercises in a very practical way to highlight some of the issues that surround working with difference. Some examples of activities to encourage inclusivity are provided below.

- Ask members of your organisation / creative arts training session to place themselves on an imaginary globe according to where they were born. Then they should move to holiday destinations and different places where they experienced significant events. They will be illustrating the diversity and validity of their stories as each explains their journey.
- Specially designed projects have a different approach to working with persons with disabilities because they are designed to focus on individual requirements, needs and abilities. This is very different to many arts practitioners' experience of skills and capacity development, and can raise questions of working practices, communicating, planning and delivering projects in a mainstream environment. A good starting point is to get information on the services and context of the special projects. Then invite the participants from the special project to be members of your 'project/session' for at least one day in which you introduce a range of inclusive drama exercises. Exercises could include creating human graphs; working in groups and retelling the same story as your own; creating stories.
- It is easy to become overwhelmed by the individual needs when working with a group of persons with disabilities, and lose sight of the creative work of the group. How is it possible to adapt work for individual needs, and still produce a high quality experience for the group as a whole? Create work that challenges attitudes and how we view the world. This places the participant at the centre of the drama, with a focus on unlocking primal emotions and becoming more self-aware. Exercises could include exploring the world of the 'Forest Person'; creating 'persons' in pairs to approach the Forest Person; and using a storyboard to overcome a problem creatively.



### 6.4.3 SPECIALIST CREATIVE ARTS TECHNOLOGIES, TOOLS AND EQUIPMENT

**Skoog** - the Skoog is a robust, tactile and colourful cube which responds to a wide range of touch

pressure and handling to enable musicians to play with a high degree of expression and sensitivity. Each different colour button can be separately programmed from a vast sound sample bank to give the player access to almost any instrument or sound.



**Soundbeam** - This instrument (illustrated below) was designed to enable people with limited motor control or movement to play music expressively. The Soundbeam uses sensor technology to translate movement into sound. For example, a musical scale can be played by a hand moving away from or towards the sensor. It offers the player a range of different instrumental

sounds and combined with switches makes it possible for people to play music together.



**Brainfingers** – It can give a voice to people who are non-verbal or who have limited expressive language, and may be appropriate for individuals with severe and multiple disabilities. It transforms brain and body electrical potentials from the forehead into hands-free computer controls which can be customized to each individual's needs. Controls most AAC software, educational software and video games. A headband fitted with sensors detects electrical signals from facial muscles, eye movements, and brainwaves. Software converts forehead signals into computer controls or "Brainfingers." Controls are tailored to the individual's needs and can range from a simple left mouse click to a complex combination of cursor control, mouse buttons and keyboard keys.



**Images of other assistive equipment, tools and devices used in the creative arts sector.**

Multiple amputee Lisa Bufano performing on her signature orange Queen Anne table legs.



A Grabber is a stick that allows one to draw graphs and move objectives using one's mouth



**6.4.4 ADAPTATIONS FROM FRF CREATIVE ARTS PP'S – HILLBROW THEATRE, DURBAN MUSIC SCHOOL AND MAGNET**

INSTITUTION	ADAPTATIONS
Hillbrow Theatre	The Hillbrow Theatre has adapted some parts of their curriculum to accommodate the limited attention span of some of their beneficiaries with disabilities. They have also introduced more practical activities such as drawings to tell stories, as opposed to theoretical workshops. Equipment wise, they use blunt needles for doing craft instead of sharp needles which assists people with sight impairments to participate in the craft activities.
Magnet Theatre	Magnet Theatre made the following adaptations to include a participant with a sight impairment: They read out the tasks to him that would have normally been provided as written tasks and printed documentation for him in a large font size.

	<p>When the organisation picked up that some of the youth in their Clanwilliam community project were suffering from foetal alcohol syndrome (FAS) and thus were having difficulty with settling down and adjusting to the programme, they responded by adjusting their methods and engagement with such kids. For example, they started off with the setting up systems that were not punitive against the child or children but that supported them. So a fieldworker would take the child aside and work with him/her one on one. They then developed a “tree system” where one fieldworker or trainee would then work with 3 to 4 quieter kids.</p>
<p>Durban Music School</p>	<p>The Durban School of Music has introduced the teaching method of reading out instructions and music notes and clapping out the rhythm beats for their beneficiaries with visual impairments.</p>



## 6.5 BETS PRATICE LESSONS FROM FRF CREATIVE ARTS PP'S

The **Durban Music school (Music School)** has been in existence since 2000 to fill a gap in music education, particularly for the disadvantaged and vulnerable, like orphans and HIV positive children. The Music School teaches both practical and theoretical parts of music. It also has adult learners and some of them are being trained to become tutors/teachers. Since 2010, the Music School works has partnered with **The Open Air School**, which is a school for persons with disabilities. Open Air School was the first school of its kind in South Africa to cater specifically for the education and rehabilitation of physically disabled children. The Music School has also approached other organisations for example, Society for the Blind, to in one or another work in partnership with.

Amongst others, the Music School has an outreach programme and organises big street festivals. The outreach programme is at the Open Air School, and they teach 120 learners with disabilities at the school 4 times a week. Through the outreach programmes they have inspired many children with the love of music and thirst for this knowledge. They are able to provide an opportunity to children, who would otherwise not be able to study music. The festivals provide a platform for competent children with disabilities to perform for the public thus building their confidence and boosting their self-esteem levels. In so doing, the communities are also exposed to disability so that full inclusivity can be achieved.

The Music School does not have specific policies for inclusion or mainstreaming of disability. Children are treated the same as such inclusion happens without any concerted effort. Also, no special equipment's have been procured and or significant adaptations have been made to include children with disabilities. They believe that every individual is capable to learn playing some musical instrument. For example, Children with visual impairments cannot read music. So they are given oral instructions when learning music and are able to cope and master the skill like other able-bodied children. It is mentioned that there are many children on instruments at the Open Air School and a lot of the children have made good progress on their instruments and on knowledge about music in general. They have started a big violin project with 16 children taking lessons to play the violin. See below illustration of children playing handheld music instruments in fully accessible facilities. Therefore, they also take part in international music examinations and performances



The **Hillbrow Theatre** (formerly the Andre Huguenot Theatre) started in the 70s. They offer after-school performance arts training programmes to children and youth who live and or attend schools in Hillbrow and the inner city of Johannesburg. Since its inception, they have had few persons with disabilities on their programme. Nonetheless, they learned some lessons through working in partnership with organisations such as House of Hope and Islam clinic of mental disabilities that have persons with disabilities. Here is a list of some of the lessons learned:

- Persons with disabilities should be encouraged to participate and be given an opportunity to participate in artistic performances. Their participation can promote dialogue about disability, transform negative attitudes towards disabled artists and challenge perceptions.
- There is a need to tell stories of professional artists with disabilities. This will encourage other persons with disabilities to be involved and to benefit from participation in creative arts activities.
- People generally have limited levels of knowledge on disability.
- It is important for staff to have an understanding of disability and how to deal with persons with disabilities in order to be patient and to provide one-on-one support that might at times be necessary.
- There is a need to always have a closer relationship with families especially of children with disabilities so that families can be able to support their children. The organisation

does for example, invite a parent to attend sessions with her/his child. At times the teachers may have to phone the parents to check if the child arrived home safely.

- In a class, competent children with disabilities can be good role models and coaches of their peers (including able-bodied children) who are struggling to master the skill.

The **Magnet Theatre**, an independent organisations is 29 years old. It has also been operating as an Education Trust since 1995. The organisation offers educational development and training in physical theatre which is a combination of dance and drama; and creates and shows South African Products and inspirational performance events.

**MAGNET’S PROJECTS**

Early Years Project	Received a grant to establish a small youth company to produce 3 performance pieces for the 0-7 age group. Project ran from March 2015 to Dec 2015
Full-time Training and Job Creation	2-year full time training programme for youth who cannot go to university. Classes in play, imagination, physical theatre, voice, dance, singing, improvisation and play making. Organised visits to theatre. Run from 9 to 16h30. Placed in work shadow in various aspects of the theatre
Community arts development – Culture Gangs	Support programme for existing drama groups. 8 groups a year. 250 youth. Monthly skills workshops, theatre visits. Year-end community showcase. Career guidance and assistance with accessing further education opportunities
Community Arts Development – Cederberg Municipality	Establish youth drama groups. Assist arts and culture teachers in junior and high schools. Sustained intervention at Bosasa complex – a facility for youth at risk and awaiting trial prisoners
Clanwilliam Arts Project	Week long arts residency with youth. Includes archeology, education, art and drama. 700 learners. In September

**APPROACH TO INCLUSION OF PERSONS WITH DISABILITIES**

- The Underlying principle and philosophy of the organisation is inclusion at all levels so

they have never really focused on or thought about doing special programmes for persons with disabilities.

- The focus of the organisation is on developing talent and as such they do not look at the physical ability or disability of people but the talent they have.
- Physical theatre is very focused on the body and participants are encouraged and supported to do as much as their body allows them and no more. So it can work for persons with disabilities.
- Magnet did have a participant, Siphonathi Mayekiso, in the 2-year training that had Albinism and resulting poor eyesight. Neither the organisation nor any of the other participants viewed Siphonathi as disabled and thus everyone adapted to needs with ease. Siphonathi Mayekiso now works as a technician in sound and lighting when the organisation's regular technician is not available. He also is a dancer with an organisation that works with people with disabilities.
- The Clanwilliam Project has large numbers of youth suffering from foetal alcohol syndrome. The effects of FAS include mental retardation, malformations of the skeletal system and major organ systems (specifically the heart and brain), inhibited growth, central nervous system complications, poor motor skills, mortality, and difficulty with learning, memory, social interaction, attention span, problem solving, etc. Again Magnet responded to this 'organically' by adjusting their methods and engagement with such kids.

#### **CHALLENGES AND LESSONS LEARNT**

- The organisation does not go out and seek participants as such. So they do not go and look for categories of people.
- They adjust their methodologies to the pace of the individual because the focus is on developing individual talent.
- They engage with and develop methods to address obstacles faced by participants as a process.
- Magnet's staff, fieldworkers and trainers are all trained graduates in drama so the skills of adapting, innovating and improvising is an inherent skill that they use when working with participants regardless of their ability or disability status.
- Only 'criteria' for participating in physical theatre is to be healthy so if the person with the disability is healthy they can do physical theatre. The same with non-disabled people.

- Some awareness raising with fieldworkers on types of disabilities and engaging with persons with disabilities could be useful.

## 6.6 LESSONS LEARNT FROM INTERNATIONAL ORGANISATIONS

### 6.6.1 ADELAIDE FESTIVAL CENTRE

The Adelaide Festival Centre project was done to give attention to issues of access for all. Money was allocated to renovate the Centre and when the new-look Centre opened, it included much-improved access for everyone including persons with disabilities. In creating access, the Centre developed and implemented a Disability Action Plan. The Centre's approach to access is based on three main principles:

- Universal access
- Staff training and development
- Working with the community.

The first stage of the plan involved wide-ranging consultation with disability groups and the general public.

**Specific changes made by the Adelaide Festival Centre to improve access include:**



- Additional lifts and ramps
- Unisex toilets in three different locations
- Improved lighting
- More accessible parking spaces that can be pre-booked,
- And more drop-off points in both the car park and at main entrances
- Wheelchair-accessible spaces in their playhouse, both levels of the space theatre and her majesty's theatre, plus an entire row in the festival theatre
- Hearing augmentation loops in large areas of each theatre venue
- Audio description at selected performances for people with visual impairments
- Familiarisation sessions to explore the set and meet the actors on stage also provided by the state theatre company prior to selected performance
- Guide dogs welcomed at all Adelaide Festival Centres performances
- Companion tickets for people who are accompanied by a companion, and arrangements for companions to be seated next to people using wheelchairs
- Daily access reports based on information collected at ticket booking points, informing front-of-house staff of special requirements or mobility restrictions prior to each performance
- The formation of, and regular consultation with, the patrons reference group
- Disability awareness training for all staff
- Venue-hirers made aware of their responsibilities under the disability discrimination act; all contracts include equity requirements regarding seating and pricing of tickets
- Regular events like the cabaret festival featuring performers with disabilities
- Wheelchairs available for loan
- Signage in braille provided at an appropriate height for people using wheelchairs
- Teletypewriter phone in the foyer for people with hearing impairments.

(Source: Making the journey, 2002)

## 6.6.2 BRINGING THEATRE ALIVE FOR CHILDREN – REPLAY THEATRE COMPANY

Replay Theatre Company (Replay) has been dedicated to the provision of arts-based activities and theatre for young people with disabilities since 1992, and seeks to encourage the creativity of young persons with disabilities, to increase the repertoire of professional theatre performance and arts work for the sector, and to broaden and revise the skills of those with specialised experience of working in a disability context. Replay specializes in designing and delivering professional arts projects that use theatre and drama to explore issues relevant to children and young people.

### Best practices that Replay has created for children with disabilities to access high quality art-professional theatre experience



#### Approach:

- The company uses story-telling and educational theatre.
- Replay brings theatre into special schools and accessible theatres. They conduct workshops with students, carers and families. They transform spaces into theatres for a day to give many of Northern Ireland's children and young people their first opportunity to experience live theatre. They for example use specifically designed tents as a barrier-free (visual and oral distractions) space for theatre. They have also used a hammock that gently rocked as the soothing bedtime story unfolded.
- Their shows involve intensive interaction: building a one-on-one relationship between the actor and an audience member.
- Uses a sensory approach that engages with the audience's awareness of touch and smell and taste for stimulating the audience, particularly those children with limited vision and hearing function. For example; ***if they cannot see the elaborate feathered costume, they could touch it, run the feathers along their skin. They could also experiment with lights attached to their***

*fingers and bright projections. For auditory signals they explore signals such as bells, bass vibrations, and rainsticks. Relaxing scents such as lavender and ylang-ylang could also be used.*

- Performances are not tailored specifically to individual audience member's needs. They do not ask for a list of the children's conditions and how that might affect their perception of the performance. Too much information places limitations on the audience. **Actors have to work in the moment!!!!** They totally purposefully disregard [the children's] condition, so that they would be a bit more open-minded about what children might be able to experience". Let the audience be the creative team. They can tell what works for them or what does not work.

**Benefits:**

- Sensory experience and magical environments have had a transformative effect upon his pupils.
- All the children in a school that they have taken theatre to get an opportunity to experience theatre regardless of need or disability.
- Work is performed in a safe place for pupils, where they can ensure the children have the required medical and the necessary staffing support.
- Life time memories for children as for some of the audience members the performance is the first experience of art that they will have had in their lives.

(Source: <http://www.replaytheatreco.org/perch/resources/final-report.>)

### 6.6.3 DRAKE MUSIC SCOTLAND PROJECT, EDINBURGH

Drake Music Scotland is Scotland's national centre of expertise in inclusive music. It is a place where ground-breaking new music featuring skilled musicians and composers with disabilities is created. The main objective of the project is creating opportunities for children and adults with varied disabilities to learn, compose and perform music independently. They specialise in inclusive music technology and specialist teaching methods.





**Approach:**

- Working in special and mainstream schools across Scotland delivering a range of projects supporting pupils to learn to play musical instruments, participate in creative music making and perform.
- Delivering a year round timetable of group and one-to-one tuition sessions from their fully accessible and equipped studio.
- Commissioning creative projects and partnerships with key music and arts organisations designed to showcase the work of performers and composers with disabilities.
- Providing a range of training and practical opportunities in inclusive music technologies and methods for teachers and musicians of all abilities and levels.

**Adaptations/modifications made:**

- The launch of Scotland's first digital orchestra in April 2016. The digital orchestra is a new ensemble of musicians who perform exclusively on electronic instruments.
- Technologies which can be played by movement of the hand, jaw clicks and even brainwaves.

**Actual and Expected Outcomes:**

- Changes in attitudes and challenges perceptions about disabled musicians are challenged.
- It is envisaged that the new digital orchestra and other technologies will enable young musicians with disabilities to take part in music tuition, composition and performance.

(Source: [www.drakemusicscotland.co.uk](http://www.drakemusicscotland.co.uk))

## 6.6.4 PILBARA COMMUNITY ARTS DEVELOPMENT PROGRAMME (AUSTRALIA) IN RURAL AREAS

The Pilbara community arts development programme is a multi-faceted arts development programme creating new opportunities for improving health, wellbeing and economic

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independence for the remote indigenous communities, including persons with disabilities in the Pilbara by creating Grass baskets. The programme helps participants, who are women, to make grass baskets, which provides the possibility of extra income for them. It further extends the diversity and creative design aspects of basket-making by including information on arts markets and copyright law.



**Disabled participants:**

The project included women with disabilities that are acquired through injury, women with intellectual disabilities and mental illness,

**Project Approach and Activities:**

- workshops in specific arts activities as well as in arts management and promotion for 4 – 5 weeks are conducted.
- Workshop activities include painting, dance, music and song writing, basketry, printmaking, textiles, oral history and book-making, arts law and copyright, arts business, marketing and promotion, community-based arts archiving and recordkeeping, and arts space management training.
- DADAA WA provides exhibition opportunities through its FREIGHT Gallery in Fremantle, and assists with promotion and marketing of products made by participants.

**Outcomes:**

- Northern Exposure’s work has led to the development of employment and income-generating activities.
- It has also encouraged the involvement of people with disabilities, addressed issues concerning the inclusion of persons with disabilities in community activities and through this enabled significant developments in community wellbeing.
- There has been a reduction in the shame of intellectual disability and mental illness. For one

young man who experiences mental illness, Northern Exposure was the first programme he had ever participated in.



(Source: Northern Exposure, Adapted from A community Project - Working with the whole community, Making the journey, 2002).

# **PART SEVEN**

## **MAINSTREAMING DISABILITY IN ENVIRONMENT PROGRAMMES**

## 7.1 THE LINK BETWEEN ENVIRONMENTAL ISSUES, POVERTY AND DISABILITY.

Changes to the environment, climate and continued degradation of natural resources affects the well-being, health and general security of all people in that increase the risk of disease and poor-health and result in inadequate drinking water and food security, loss of livelihoods, migration, violence and conflict. Environmental degradation also exacerbates conditions of poverty and thereby the poverty status of people.

This means that the persons with disabilities, who are already counted amongst the poorest of the poor, are even more vulnerable to the adverse effects of environmental changes and degradation. The problems experienced by persons with disabilities on a day to day basis gets much worse if, for example, there is a natural disaster or they do not have access to sufficient healthy food. It is also important to note that such changes can also cause an increase in the incidence and prevalence of serious health problems that can lead to lasting impairments.

Thus, globally, Disabled Peoples Organisations (DPOs) are advocating for the inclusion of persons with disabilities in all initiatives aimed at ensuring environmentally sustainable development practices. The environmental sector is also an important contributor to job creation and economic development, more so with the increased global focus on 'green' practices, technologies and approaches. There is no reason for persons with disabilities to be excluded from accessing these opportunities, and as can be seen below, governments and society as a whole are beginning to actively include persons with disabilities in their environmental programmes as part of poverty reduction interventions.



South Africa's **Department of Environmental Affairs (and Tourism, then)** has been implementing programmes aimed at conserving natural assets and protecting the environment. Over the years, the programme has evolved and changed names from Poverty Relief Programme to Social

Responsibility Programme and it is now called the Environmental Protection and Infrastructure Programmes (EPIP). The main goal of the programme is to alleviate poverty through a number of interventions that are implemented in communities, to uplift households especially those headed by women while empowering beneficiaries to participate in the mainstream economy in a manner that addresses the environmental management challenges facing the country. The intended beneficiaries of the programme are South Africans from most impoverished communities. Mainly these are people living in the rural and peri-urban areas especially women, youth and people with disabilities. Hence the criteria for the employment in the EPIP projects emphasises that, there should be 55% women; 60% youth (from 16 to 35 years of age); and 2% persons with disabilities. The Programme focus areas include Greening and Open Space Management, People & Parks, Working for Land, Working for the Coast, Working on Waste, Wildlife Economy and Youth Environmental Service.

## 7.2 IMPROVING THE LIVES OF PERSONS WITH DISABILITIES THROUGH ENVIRONMENT PROGRAMMES

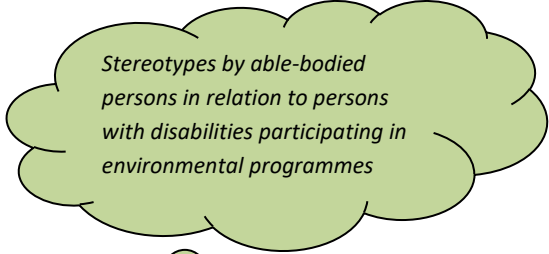


- Employment opportunities
- Income and education opportunities while also actively contributing to environmental conservation.
- Participation in environmental sector opportunities like able-bodied persons gives persons with disabilities confidence.
- Provides an opportunity to participate in physical activities.
- Creates awareness of, and promotes well-being and good physical and mental health through exposure to natural environments, achievement, enjoyment and social contact.

- Environmental programmes may help address many of the growing health challenges including increasing rates of chronic and non-communicable diseases and the rising costs of health care.

## 7.3 MAINSTREAMING IN ENVIRONMENTAL PROGRAMMES

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



*Stereotypes by able-bodied persons in relation to persons with disabilities participating in environmental programmes*

- “Persons with disabilities cannot work in the fields”.
- “Persons with disabilities cannot be trained in conservation management because of the nature of the practical side of the courses”.
- “It is not safe for persons with disabilities to be involved in environmental sector programmes”.

Persons with disabilities like able-bodied individuals should have access to opportunities in the environmental sector. Obviously issues of safety and type of disability that the person has should be considered for the various roles such as those listed below.



**ROLES:**

- A game ranger
- Wild life photographer
- Hunters and Anglers
- Bird guide
- Driver (to transport beneficiaries)
- Conservation and countryside managers
- Foresters, arboriculturists and tree surgeons
- Quarrying managers and geologists
- Marketing of environment sector related activities and events
- Office based work-e.g. policy analyst
- Environmental monitors
- Environmental conservation analyst
- Environmental health and waste management professionals
- Trainer/educationist etc.

### 7.3.1 KEY BARRIERS TO MAINSTREAMING DISABILITY IN ENVIRONMENTAL SECTOR PROGRAMMES



- Attitudes and discrimination against persons with disabilities.
- Limited knowledge and understanding of disability by programme implementers, staff and the communities.



- Most facilities such as museums, natural parks, bird hides and boardwalks are inaccessible for persons with disabilities.
- Facilities catering for the disabled are far apart and take some travel to get to.

(Source: FRF interview participants)

### **7.3.2 EXAMPLES OF PROJECTS INCLUDING PERSONS WITH DISABILITIES IN ENVIRONMENTAL PROGRAMMES**

**The Green Able** is a Kwazulu-Natal based organization that works to bring previously disadvantaged persons with physical disabilities closer to work and educational opportunities. This organization seeks to change the lives of disabled persons by providing them with income and education opportunities while also actively contributing to environmental conservation. They are working with beneficiaries from around the Durban area and have established that few services and opportunities exist for persons with disabilities to participate equally in society. For example, by diverting and recycling empty and damaged printer cartridges, there is an opportunity for Green Able to create employment through the recycling process as well as reduce carbon dioxide emissions entering the environment. The organisation uses an incubation model, divided into social, economic and environment project activities, to run its programme that is recruiting previously disadvantaged persons with disabilities to process and recycle damaged printer cartridges. While incubated with the organization, beneficiaries (including persons with disabilities) are: integrated into a workplace; gain work experience; receive life skills and adult and education training (AET) as well as learnerships. Also, beneficiaries are awarded funded scholarships (learnerships) and are also provided with financial support intended to assist both the beneficiaries and their families. There have been positive outcomes from the programme including some beneficiaries being promoted to full-time employment at Green Office's production and collections departments, typically, beneficiaries are with the organisation for three to five years and they exit the programme with a minimum of a matric qualification before assisting them to find employment primarily in their client network. Furthermore, Green Able identifies persons with disabilities who show an entrepreneurial spirit and encourages them to establish home-based cartridge collection businesses. Green Able also works in partnership with other organisations such as QuadPara Association of South Africa (QASA) and USE IT.

**The Lake Naivasha Disabled Environmental Group (LNDEG)** is an organization in Kenya of volunteer members with disabilities that work to clean and improve the environment around Naivasha. The group is involved in many projects including making and selling briquettes

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(cooking fuel) made from paper, cardboard, plant waste, and charcoal dust, rubbish collection, rubbish incineration. These 29 group members work to overcome the stigma of disability and better their communities on top of taking care of their own families. They do not do this because they have to, but they take time in addition to their other jobs and families to support their communities. The purpose of this programme is to address workplace barriers and to change attitudes from exclusion to inclusion of persons with disabilities on the job. The presence of persons with disabilities in the workplace itself can change attitudes in that workplace. It is believed that the outcome of a changed employer attitude toward disability potentially improves chances of promotion and advancement for people with disabilities.

For members to be able to devote their time and effort to this group and its efforts, they requested the public or community involvement to assist by looking for people who would support their work by buying/donating several assistive devices or mobility aides to increase their mobility. They requested tricycles, wheel chairs, and artificial legs to allow the members to move around more freely and accomplish more with less pain. They would be more independent and able to carry important things with them without worrying about a walking stick. Basically these devices would make daily life easier and work faster. Investing in these helps not only these individuals but their families and the greater community.

**SANParks** is generally regarded as one of the natural parks that embraces disability as it has an accessible natural environment that is accessible to everyone. As an example, of one of the events that have been hosted, children with disabilities were taken to the **Kruger National Park**, Skukuza in December 2003. Skukuza was selected as a venue with the infrastructure and staff to offer a diverse group of persons with varied disabilities a memorable experience. Of the 26 children who participated, their disabilities included partial and complete blindness, deafness, severe learning disability, intellectual and physical disabilities. The children travelled down with educators from their schools, who ensured their well-being, but also helped to inform the staff on how to interact with persons with disabilities.

The first organised activity was a game drive. The game guides soon realized that the audience was a little different and things had to be communicated to certain participants in sign language or for the visually impaired with great care and description. They rose to the occasion superbly and would stop for animals or plants that the blind and others could hear, smell and even feel. When the vehicles returned, the participants were abuzz from the animals they could hear and hold. The participants were then taken on a tour of some of the camps historic sites. It took much longer than allocated for the tour before they all assembled in a central place. A reason

for this was that everything had to be translated into universal sign-language and sign-language English (2 different languages) and thus things took 3 times as long. This was an amazing insight for the Kruger staff hosting such an event - something they had never considered. There was a visit to the holding bomas, where disease free buffalo and 2 habituated white rhino (themselves both 'disabled') could be encountered up close. The guide gave the children wonderful insight into the processes behind keeping animals in bomas, but the real highlight was when everyone could pat the two rhino. For the blind and the intellectually impaired in particular this was an awesome experience to enable them to visualize the size and strength of the animal. A blind girl – was indignant but amused when the rhino swatted her with its tail. The smells of the boma also had a resonant impact on the visually impaired participants. Some of the planned events had to be cancelled because of the lack of time. Staff were given an opportunity to participate in a diversity challenge. The game involves taking influential able-bodied adults and pairing them off with children with disabilities. All the participants then undertake a series of environmentally orientated exercises. The able-bodied participants are also required to experience simulated disability such as sitting in wheelchairs, being blind-folded or wearing industrial earmuffs and had to make their way down to the children were participating in art exercises. Hosting such a challenge in Kruger gave the staff the opportunity to be exposed to such an enlightening and humbling insight into the world of those less fortunate than most of us. To start off staff were given an inspirational briefing from educators with experience in interacting with persons with disabilities. Time constraints meant that the intended script had to be abandoned a little, but the message was still conveyed and the result was one of breaking down barriers, creating awareness and celebrating adversity.

**The Moreleta Kloof Nature Reserve** that is one of the reserves that is owned by the City of Tshwane and managed and operated by the department of Nature Conservation of the Tshwane City Council has a project referred to as Moreleta Kloof Discovery and Sensory trail development project. The project is to develop a 2 Kilometre long discovery and sensory walking trail inside the Moreleta Kloof Nature Reserve in the Eastern Suburbs of Pretoria. The Directors decided to develop an easily accessible route inside the Kloof that will allow persons with disabilities the opportunity to experience nature closer in an area situated almost in the centre of Tshwane. Two wheelchair users were asked to get involved in the planning and support of the wheelchair trail.

## 7.4 ADAPTING ENVIRONMENT PROGRAMMES

### 7.4.1 ADAPTATIONS MADE BY FRF ENVIRONMENTAL SECTOR PPS

BIRDLIFE SA	DELTA ENVIRONMENT CENTRE	SANCCOB
No significant changes were required to accommodate persons with disabilities	<ul style="list-style-type: none"> <li>• More hand-on practical activities were introduced as opposed to worksheets.</li> <li>• Wheelchair access and braille information boards have been erected in the sensory garden along the sensory trail.</li> <li>• Assistants write answers for participants that cannot write.</li> <li>• Training participants carry out most of the activities in groups made up of people with different abilities so that group members can be able to support each other.</li> </ul>	<ul style="list-style-type: none"> <li>• The clean-up of beach programmes have been adapted to take into account to the needs of participants who are wheel-chair users or who use crutches by choosing beaches that have ramps and/or paved/solid walkways.</li> <li>• An innovative adaptation has been made to the bird watching guide used for some projects. The Guide has a picture of the bird and includes a phonetic spelling as well as sign language pics and braille print of the content.</li> </ul>

## 7.5 BEST PRACTICE LESSONS FROM FRF ENVIRONMENT PP'S

**BirdLife South Africa (BirdLife)** is our country's only dedicated bird conservation organisation. It implements conservation action, advocacy and monitoring of each of the birds and their habitats. In 2011, BirdLife assumed responsibility for managing a project which provides fishing

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industries with bird scaring lines or tori line<sup>2</sup> at an affordable cost, while at the same time providing upliftment and employment to individuals in a fairly impoverished community. The lines are constructed by a community within the impoverished area of Ocean View, the Ocean View Association for Persons with Disabilities (OVAPD). This association provides persons with disabilities from in and around the local community with a place where they can interact, learn skills and possibly make a small income.

**Delta Environment Centre (Delta)** is a Johannesburg based independent non-profit company that focuses on environmental education, training and consultation. Through innovative education and training programmes, Delta aims to enable people to improve their environment by promoting the management and sustainable use of all resources. They also run experiential, curriculum-based programmes for learners from Grades 1 to 12. The municipality assisted in recruiting young persons with disabilities in North-West to participate in Youth Environmental Service, part of the Expanded Public Works Programme (EPWP). The programme focused on waste management and food gardens. Some of the beneficiaries were at the end of the training placed in employment whilst others registered co-operatives. It was a criterion of the programme that young persons with disabilities should be included as beneficiaries of the programme. Outdoor classroom is used for training as it is accessible. Different communication platforms or formats were used to advertise the initiative. These included written adverts on newspapers and announcements on community radio stations. The education officers learnt the importance of checking with co-ordinators prior to the training the types of disabilities that the participants have as well as their special needs.

**SANCCOB** is a non-governmental organisation in the Western Cape Province. Its core function is the provision of rehabilitation and overall care services for the African Penguin and other sea birds. The organisation also conducts research which focuses on the conservation of seabirds in the wild and caring for them during their rehabilitation process, and implements education programmes targeting and teaching children about marine heritage as well as caring for and rehabilitating sea birds.

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<sup>2</sup> These lines are flown behind vessels over the area where the birds are most likely to dive for the bait and get hooked (longline vessels) or alongside the cables that hold the net in the water (trawl vessels). These bird scaring lines are used in fisheries worldwide and have reduced seabird bycatch in some fisheries by between 90 and 99% (e.g. South African hake trawl fishery).

The organisation's inclusion of persons with disabilities occurs mainly in its Education Programme which consists of Early Childhood Development, and Environmental Education Projects. Learners with special needs account for more than half of the participants in these projects. When working with participants with Autism or Downs Syndrome, the organisation makes sure that it identifies each individual participant's needs. This means it does not apply a 'one size fits all' approach to its participants even if all in the group have Autism. Prior to engaging the participants in a project, the organisation meets with the teachers and principals of the participating special needs school to find out what disabilities the participants have and what their special needs are in relation to their type/s of disability.

SANCOBB's education department offers two types of projects for children with disabilities. One is for learners with a specific type of disability for example hearing impairments, or sight impairments or intellectual impairments. The other is for learners with different types of disabilities in one group. The organisation has developed its own resources for its work with learners that have hearing impairments. This resource is a bird guide book adapted to include pictures and names of the birds in phonetic spelling (for people with intellectual disabilities), in braille and with sign language pictures. The adapted Guide can also be used by able-bodied learners. (See pic at the end of this sub-section for a mock-up of the guidebook). This innovation is a good example of the organisation implementing the principle of universal design which is key to mainstreaming persons with disabilities. See below for a page of the adapted guide book.

One of the projects that the organisation implements is the African Penguins Awareness Day where they release penguins back to their natural environment in the form of a festival. For this Day, they create an activity in which all kids from schools that participate in their projects, can participate.

When assessing if learning has taken place in their environmental education projects, they focus on noting and reporting on change in behaviour rather than retention of knowledge. For example, all the kids have to colour in a penguin at the beginning of the session. These first colourings are usually 'incorrect'. At the end of the session, they are given the same colouring page but this time they tend to use the correct colours to colour in. They have also developed a "rubbish" test. For this test, they place a bin in the room and scatter some litter on the floor. They check at the end of the lesson if anyone has picked up the litter and placed it in the bin.

For students with intellectual disabilities, they provide a 'canvas' of pictures of birds in 6 parts to colour in. The parts are numbered so the students have to colour in by number. This helps them to learn colours and numbers. For children with intellectual disabilities who learn by touch and taste, the organisation has a person dressed up as a penguin and does a practice run with the children showing which parts of the penguin they can touch and what is not allowed. They are then only taken to meet the real penguin after this practice session. They also give the 'over touchy' students something, such as penguin teddy or a feather, to hold in their hands during the session.

The organisation develops and maintains a portfolio on each child with their name, age, disability, when their impairment started, what their special needs are, and other such relevant information. Each SANCOBB person involved in the education project is expected to be familiar with the portfolio of each child so that they can support the child properly and appropriately.

SANCOBB highlights the following lessons it has learnt:

- There is a great lack of environmental education programmes for persons with disabilities.
- It is important to make adaptations and adjustments that can address the needs of more than one type of disability
- The adapted tools and materials should be such that able-bodied participants can also use this. This also ensures acceptance of diversity amongst the participants because they are all using the same material and tools even if they are using it differently.
- Know what resources you must work with.
- Don't just rely on the ability of persons with disabilities to write and draw.
- Understand the limitations and strengths of each person and build on their strengths.
- Focus your intervention on the outcome you want to achieve.
- Participate in special needs training sessions when these are available.
- Read up on how learners, think, perceive and retain knowledge – both able-bodied and disabled students.
- It is important to remember that retention of information will differ for each type of disability.
- Make activities as practical and innovative as possible, and that appeals to and can be completed by all.
- List barriers in a classroom/ project venue and work out how you will address these.

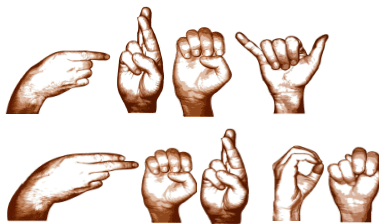
- Reflect on your own concerns, limitations and strengths in respect of working with persons with disabilities.
- Check with assistants what they are comfortable with and what their level of understanding is of disability in general and different types of disability in particular.
- Induct assistants for each group.
- Brace the child for the situation they are going into. For example, tell them you are going to meet and observe a penguin but you are not allowed to touch it.
- Understand that there are different cultural approaches to environmental issues so don't force your ideas.

## Grey Heron



Say: “Grey Hair-in”

Sign:





## 7.6 LESSONS EARNT FROM INTERNATIONAL ORGANISATIONS

### 7.6.1 PROGRAMME FOR HUNTERS AND ANGLERS WITH DISABILITIES IN NEW YORK

The department of conservation in New York offers a programme that enables disabled Hunters and Anglers to receive a big game licence. The Programme for Hunters and Anglers with disabilities is designed to accommodate persons who have a permanent mobility disability of the lower limbs, or who are permanently, legally blind and wish to enter the big game licence draw process. They hold a licence that is issued by the Minister.

**Disabled Hunters** who receive a big game licence, shall, in the case of a permanently, legally blind person; and may, in the case of a permanently mobility impaired person; designate at any one time only one designated shooter to shoot and retrieve the type and sex of big game animal named on the disabled hunter's licence, provided that:

- the disabled hunter remains in sight of designated hunter;
- the designated shooter possesses the disabled hunter's big game licence and tags;
- A person designated to shoot on behalf of a disabled hunter need not keep the disabled hunter in sight when in pursuit of an animal that has been injured by the licence holder or designated hunter;
- A designated hunter may be designated by not more than one disabled hunter per season.

All first time hunters or those hunters who have not previously completed a recognized hunter training requirement including persons defined within the disabled hunter regulations must, prior to becoming eligible to enter the big game licence draw, complete the provincial Firearm Safety/Hunter Education Programme. A resident who is permanently legally blind who, upon presentation of medical proof certifying she/he is legally blind, will be exempt from the standard testing requirements that require vision to perform in the Firearm Safety/Hunter Education Programme. A permanently legally blind hunter who completes the Firearm Safety/Hunter Education Programme may apply for and receive a big game licence but is not entitled, for the purpose of hunting, to possess or use a firearm.

A designated hunter means a person who has completed a recognised hunter training course. Disabled hunter's licence, does not include a person who is prohibited from the courts to possess a firearm or hold a game licence, and while in possession of his/her own valid Outdoor Identification Card, is designated by a disabled hunter to shoot and retrieve the big game animal of the kind and sex named on the disabled hunter's licence.

**Disabled Angler** means a person who is (i) permanently legally blind, or (ii) permanently mobility impaired, and who holds an inland fishery licence, river specific inland fishery licence or a family inland fishery licence. A disabled angler may specify one designated angler to angle and retain the species set out in the disabled angler's licence, in the area permitted and within the bag limits set by law.

A designated angler shall (a) keep within 100 metres of the disabled angler, except when in pursuit of a fish that has been hooked for the disabled angler; (b) possess the licence and tags of the disabled angler while angling for that disabled angler; and (c) immediately affix and lock a tag to a salmon caught for the disabled angler in the manner described in subsection 6(3) of the Wild Life Regulations (i.e. through the gills and mouth of the salmon so that it cannot be removed). Where a designated angler retains and tags a salmon, the disabled angler shall immediately take possession of and retain the salmon.

There are two ways that persons are identified in the field as disabled Anglers. Persons who are currently registered with the Wildlife Division as "Disabled Hunters" have received an Outdoor Identification Card (OIC) with the capability code "D" or "DN" on the card, indicating disabled are identified as disabled Anglers. Persons who are currently in possession of this card need not register again for the disabled angler programme. Possession of their OIC card is sufficient for them to designate an angler to angle on their behalf.

Picture of disabled Hunters and Anglers



# PART EIGHT

## MAINSTREAMING DISABILITY WITHIN YOUR ORGANISATION

## 8.1 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.***

## 8.2 FOCUSED DISABILITY MAINSTREAMING CAPACITY

Organisations 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.

## 8.3 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.

## 8.4 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.

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- 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).

## **8.5 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 9: Accessibility of facilities*

<b>Key elements of accessible facilities</b>	<b>Some of the questions to consider</b>
<b>Ramps</b>	Are there access ramps to all buildings?
<b>Bathrooms</b>	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?
<b>Doors</b>	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?
<b>Lifts</b>	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.
<b>Parking bays</b>	Are there designated parking bays for persons with disabilities? Are the accessible parking bays located near the entrance to the offices?

## 8.6 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 10: Reasonable Workplace Accommodation*

<b>Area of modification</b>	<b>Suggested modifications</b>
<b>Hours of work/days</b>	Adjusting working hours and leave Introduce flexible scheduling or reduced/part-time hours/frequent breaks

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<b>Work station</b>	Re-organising work stations Handrail/ramps Special chair or back support Quiet workstation
<b>Work arrangement</b>	Job redesign Modified duties-e.g. re-assigning non-essential functions Self-paced workload Larger tasks can be divided into smaller ones
<b>Human support/personal assistants</b>	<ul style="list-style-type: none"> <li>- Provide specialised supervision, training and support</li> <li>- Provide sign language interpreters for staff with hearing impairments especially during appraisals, performance reviews, staff training sessions and staff events.</li> <li>- Provide escorts/guides for staff with mobility or visual impairments.</li> <li>- Writers for staff who have difficulty writing especially during workshops.</li> <li>-Mentoring/on-the-job support for staff with learning difficulties, especially during induction period or when new responsibilities are introduced.</li> </ul>
<b>Accessible bathrooms</b>	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.
<b>Other equipment and aids</b>	Adapting equipment or acquiring new equipment including: <ul style="list-style-type: none"> <li>-computer hardware and software</li> <li>-technical aids with voice input or speech recognition aids</li> <li>-voice synthesizer</li> <li>-computer screen magnifiers</li> </ul>
<b>Alternate methods of communication</b>	<ul style="list-style-type: none"> <li>-mobile phones to enable employees with hearing impairments to text</li> <li>-tape recorder,</li> <li>-verbal/written instructions depending on the persons' disability.</li> </ul>
<b>Transport</b>	-Offer transport allowance/subsidy for employees with

	disabilities and their personal assistants.
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### **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 11: Lessons on workplace adaptations made at ACAT and JAMSA*

AREA OF MODIFICATION	ACAT	JAM SA
<b>Work arrangements</b>	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.
<b>Accessible bathrooms</b>	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.
<b>Other equipment and aids</b>	As a field manager the staff member with a disability has a car phone and gets a phone allowance.	Not applicable

<b>Alternate methods of communication</b>	The staff member who is a wheelchair-user phones other staff members to come to him more frequently than going to them.	Not applicable
<b>Transport</b>	The disabled staff member has a car that has been modified.	Not applicable
<b>Other</b>	<p>The area around the offices is all paved.</p> <p>There is a ramp at the entrance of the teaching hall.</p>	<p>A ramp has been erected at the entrance of JAM Café used for meetings and workshops.</p> <p>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.</p>

## 8.7 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.

## **8.8 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 & management training on disability
- Workplace adaptations permitting the recruitment of persons with disabilities (e.g. IT and accessible software, etc.)

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- 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 assistants

## PART NINE: 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]*

<b>TERM</b>	<b>MEANING</b>
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

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	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

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	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

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	intellectual impairments, are particularly vulnerable.
Habilitation and Rehabilitation	<p>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.</p> <p>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.</p>
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	<p>Inclusive Design refers to the design of products, information and environments that:</p> <p>* can be used by all persons, to the greatest extent possible;</p>

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	<ul style="list-style-type: none"> <li>* are not necessarily more expensive;</li> <li>* are not necessarily designed exclusively for persons with disabilities; and</li> <li>* can serve a large variety of needs with minimum adaptation.</li> </ul>
Independent Living	<p>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.</p>
Mainstreaming Disability	<p>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.</p>
Prevention	<p>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</p>

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	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.

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<p>Transformation re: delivery of services</p>	<p>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.</p>
<p>Universal Design</p>	<p>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.</p>



## 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



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- 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%

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- 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):

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- 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
<p>People think that activities ‘help’ persons with disabilities who are considered ‘helpless’ and outside ‘normal’ society</p>	<ul style="list-style-type: none"> <li>• views disability as a problem inherent in the person</li> <li>• persons with disabilities:                             <ul style="list-style-type: none"> <li>- are regarded as ‘unfortunate’, ‘dependent’, ‘helpless’, in need pity and charity and are usually given money or gifts, such as food or clothing</li> <li>- are assumed to be</li> </ul> </li> </ul>	<p>“It must be very sad having a child and knowing that she will never be able to live on her own”</p> <p>“What a pity, this beautiful woman is and she will never be able to marry, have children or care for her family”.</p>

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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

<b>MEDICAL MODEL</b>	<b>CHARACTERISTICS</b>
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**People think that activities 'fix' persons with disabilities who are considered 'sick', so they can join**

- views disability as a problem inherent in the person
- a traditional understanding of

"I am sure in a few years there will be a hearing aid available which will enable





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- 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.

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”.

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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.

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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.

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*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
<b>Visual Impairments (slightly sighted/low vision, blind)</b>	Visual accessibility	<ul style="list-style-type: none"> <li>• Colour contrast in the environment, especially:                             <ul style="list-style-type: none"> <li>- from and to particular facilities and areas and services e.g. ablution rooms and reception desks)</li> </ul> </li> </ul>

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- 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



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		<p>has it when you start.</p> <ul style="list-style-type: none"> <li>- The size of letters and symbols depends on the reading distance and the degree of visual impairment of the reader.</li> <li>- Letters and symbols should contrast with the background to be clearly distinguishable.</li> </ul> <ul style="list-style-type: none"> <li>• Make completely glazed doors visible by use of a coloured band or marking strip.</li> <li>• Place overhanging signs at a minimum clear height of 2.10 m to allow safe passing of blind and visually impaired persons</li> </ul>
<b>Mobility Impairments</b>	Vertical and horizontal Accessibility	<ul style="list-style-type: none"> <li>• Construction of temporary and permanent ramps</li> <li>• Installation of lifts</li> <li>• Installation of handrails</li> <li>• Well lit staircases with handrails on both sides of the stairs</li> <li>• 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</li> <li>• Avoid revolving doors</li> <li>• Barrier free space of 1.50 m x 1.5 m is needed by wheelchair users</li> <li>• Tables, counters, etc. to be at a height convenient for wheelchair users</li> <li>• Floors should be slip resistant</li> </ul>
<b>Hearing Impairments</b>	Sound accessibility	<ul style="list-style-type: none"> <li>• Take into account acoustic factors, especially for deaf-blind persons</li> <li>• Ensure lighting does not cause shadows on peoples' faces making lip-reading or identification of the facial expressions difficult.</li> </ul>

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- 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**

<b>POLICY / PROGRAMME</b>	<b>ENTRY POINT/THEME</b>
EXAMPLE: Human Resources Policy	EXAMPLE: <ul style="list-style-type: none"> <li>• Recruitment and selection processes</li> <li>• Provision of assistive devices</li> </ul>
EXAMPLE: Training on establishing a home garden	EXAMPLE: <ul style="list-style-type: none"> <li>• Identify and partner with a residential facility for persons with disabilities to train their residents on establishing a home/centre garden.</li> <li>• Identify and include persons with disabilities in the general training programme provided to all beneficiaries</li> </ul>
•	•
•	•
•	•



## RESOURCE 9

### The Key Steps of Disability Mainstreaming

KEY STEP	WHAT AND WHY
Develop a disability mainstreaming goal	<p>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.</p> <p>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.</p> <p>A disability mainstreaming goal will assist, amongst others, with:</p> <ul style="list-style-type: none"> <li>• Ensuring that disability remains on the organisation’s development and transformation agenda</li> <li>• Securing in-depth commitment from all members of the organisation</li> </ul>

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	<ul style="list-style-type: none"> <li>• Providing focus and direction for disability mainstreaming interventions</li> <li>• Serving as a basis for monitoring and evaluating achievement of outputs and impact</li> </ul>
<p>Conduct a Status Quo Analysis</p>	<p>“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.</p> <p>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.</p> <p>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.</p>
<p>Develop an action plan</p>	<p>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.</p> <p>The Plan essentially reflects:</p> <ul style="list-style-type: none"> <li>• what you will do</li> </ul>

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	<ul style="list-style-type: none"> <li>• how you will do it</li> <li>• who will be involved</li> <li>• what resources you will need</li> <li>• who the general or specific beneficiaries will be e.g. small-scale entrepreneurs of women with disabilities in rural areas.</li> <li>• 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;</li> <li>• what indicators/measures you will use to check that the actions achieve the desired impact.</li> </ul>
<p>Costing and Budgeting</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

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Implementing	Involves carrying out and completing day-to-day activities and implementing the project /programme plan.
Evaluating	<p>This is about assessing whether the desired outputs and impact have been achieved, and establishing if resources have been used efficiently and effectively.</p> <p>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.</p>



## **RESOURCE 10**

### **Checklist for assessing Progress on Disability Mainstreaming**

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





## **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?		

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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**

<b>CATEGORY</b>	<b>NEED</b>	<b>CHALLENGE</b>	<b>PROPOSED SOLUTION</b>
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	<ul style="list-style-type: none"> <li>• Identify possible participants</li> <li>• Check what their specific needs are in a training situation</li> <li>• Book accessible venue</li> <li>• Translate training materials into accessible formats</li> </ul>	<ul style="list-style-type: none"> <li>• Programme manager</li> <li>• DPO’s</li> <li>• Community members</li> <li>• Xxxxx</li> <li>• Xxxxx</li> </ul>	<ul style="list-style-type: none"> <li>• Braille printing</li> <li>• Sign language interpreter</li> <li>• Xxxxx</li> <li>• Xxxxx</li> </ul>

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		<ul style="list-style-type: none"> <li>• XXXXXXXX</li> <li>• XXXXXXXX</li> </ul>		

“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	<ul style="list-style-type: none"> <li>• Identify possible participants</li> <li>• Check what their specific needs are in a training situation</li> <li>• Book accessible venue</li> <li>• Translate training materials into accessible formats</li> <li>• XXXXXXXX</li> </ul>	<ul style="list-style-type: none"> <li>• Programme manager</li> <li>• DPO’s</li> <li>• Community members</li> <li>• XXXXX</li> <li>• XXXXX</li> </ul>	<ul style="list-style-type: none"> <li>• Braille printing</li> <li>• Sign language interpreter</li> <li>• XXXXX</li> <li>• XXXXX</li> </ul>	June 2014	<ul style="list-style-type: none"> <li>• At least 10 persons with disabilities participate in training session</li> <li>• All trainees using the skills they gained</li> </ul>



## 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 ground 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.



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- 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
<p>Selecting a venue:</p> <ul style="list-style-type: none"> <li>• Identify a location central for community members with disabilities.</li> <li>• Identify a venue that may already be used by people with a disability.</li> <li>• Ensure venue has ramp access, accessible toilets, hand rails, etc.</li> <li>• Where necessary, make adaptations such as temporary ramps. This can be done easily for just one or two steps.</li> </ul>	<ul style="list-style-type: none"> <li>• To reduce travel time.</li> <li>• To increase familiarity with venue and possible attendance rates.</li> <li>• To ensure minimum access requirement for persons with disabilities.</li> </ul>
<p>Seating arrangement</p> <ul style="list-style-type: none"> <li>• Provide option of front row seating for participants with disabilities (optional only – dependant on individual preference).</li> <li>• Ensure wide walkways between and around chairs with no</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure participants using sign interpreters have unobstructed viewing.</li> <li>• To allow for participants with vision impairment to have potential follow the proceedings.</li> <li>• To enable ease of mobility for people in wheelchairs and</li> </ul>

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obstructions	with walking frames.
<p>Transport arrangement</p> <ul style="list-style-type: none"> <li>• Ensure venue is close to public transport.</li> <li>• 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.</li> <li>• Consider reimbursing taxi costs</li> <li>• Provide information on the venue, details of how to get there, what support will be available, including reimbursement if applicable.</li> </ul>	<ul style="list-style-type: none"> <li>• To increase access to venue for persons with disabilities dependant on public transport.</li> <li>• To ensure persons with disabilities can access venue when public transport is not accessible.</li> </ul>
<p>Promotion of the event</p> <ul style="list-style-type: none"> <li>• Develop large size posters with good colour contrast.</li> <li>• Use a range of communication modes including print media, radio and community announcements to promote consultations.</li> <li>• Identify on promotional information that persons with disabilities are encouraged to attend.</li> </ul>	<ul style="list-style-type: none"> <li>• For people with vision impairments.</li> <li>• To enable people with different disabilities to access information.</li> <li>• To ensure persons with disabilities feel invited and welcomed to the consultation.</li> </ul>
<p>Reading/training material</p> <ul style="list-style-type: none"> <li>• Provide handouts in large print to all participants (size 16, 1.5 spacing, non gloss paper, black on white or high colour</li> </ul>	<ul style="list-style-type: none"> <li>• For audience members that have difficulty taking notes or viewing overheads or have difficulty reading standard print</li> </ul>

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contrast, sans serif font such as Arial or Verdana).

- Documentation and reference materials should be also available in electronic or/and alternative formats

such as those with a learning disability, intellectual disability, 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.

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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.

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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**

<b>ROLE-PLAYER</b>	<b>ROLE AND RESPONSIBILITIES</b>	<b>ADDITIONAL ROLES AND RESPONSIBILITIES NOT IDENTIFIED IN THIS RESOURCE KIT</b>
<b>The Community</b>	<ul style="list-style-type: none"> <li>• Ensure that the FRF's PPs provides appropriate and relevant services to persons with disabilities.</li> <li>• Advise the FRF's PPs on the challenges and needs of persons with disabilities living in the community.</li> <li>• 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.</li> <li>• Organise and/or participate in public awareness and communication activities.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• Advocate for changes that will enhance social functioning and inclusion of persons with disabilities.</li> <li>• Assist persons with disabilities to access the services that the FRF's PPs offer.</li> </ul>	
<p><b>Parents/Family members and Other care-givers of persons with disabilities</b></p>	<ul style="list-style-type: none"> <li>• Encourage persons with disabilities to access the services and participate in the projects available to them.</li> <li>• Advise and assist other parents and care-givers to do the same.</li> <li>• Advise and assist the FRF's PPs with information on the specific needs, care requirements, abilities and potential of persons with disabilities.</li> <li>• Ensure that the FRF's PPs provides appropriate and relevant services to persons with disabilities.</li> <li>• 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.</li> <li>• Organise and/or participate in public awareness and communication activities.</li> <li>• Advocate for changes that will enhance social functioning and inclusion of persons with disabilities.</li> </ul>	

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<p><b>Persons with disabilities and DPO's</b></p>	<ul style="list-style-type: none"> <li>• Ensure that they receive the services they require in a way that facilitates their full and equal inclusion and integration into society.</li> <li>• Understand the full social and economic rights that they must be accorded and ensure that these are provided.</li> <li>• Partner with the FRF's PPs to identify their needs and challenges.</li> <li>• Assist the FRF's PPs with conceptualising; planning and developing appropriate solutions to the identified needs and challenges.</li> <li>• Organise and/or participate in public awareness and communication activities.</li> <li>• Advocate for changes that will enhance social functioning and inclusion of persons with disabilities.</li> <li>• Participate in assessing the quality, relevance and impact of these services on improving the quality of the lives of persons with disabilities.</li> <li>• Assist each other to understand their rights and to advocate and lobby for the provision of these rights.</li> </ul>	
<p><b>FRF's PPs</b></p>	<ul style="list-style-type: none"> <li>• Ensure that persons with disabilities are included in all programmes as implementers and beneficiaries.</li> </ul>	

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- 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

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	maintained on a continuous basis.	
<b>Other role-players from other sectors of society</b>	<ul style="list-style-type: none"> <li>• Development and implementation of capacity building programmes.</li> <li>• Providing technical and theoretical knowledge and expertise to assist with implementation.</li> <li>• Providing support services where applicable.</li> </ul>	



## **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
<b>NGO</b>	Strengthening policy making capacity of government, DPOs and others	Secretariat of the African Decade of Persons with Disabilities	Mr AK Dube (CEO) <a href="mailto:akdube@africandecade.co.za">akdube@africandecade.co.za</a> Mobile: 079 872 0325
<b>NGO</b>	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: <a href="mailto:ikrehab.admin@telkomsa.net">ikrehab.admin@telkomsa.net</a>
<b>NGO</b>	Assistive devices for purchase one stop (wheelchairs, walkers, adult	Association for persons with disabilities	Tel: 051 448 4211

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	nappies etc.)		Email: danie@apdfreestate.co.za
<b>Government Department</b>	Provision of assistive Devices, Physiotherapists, Psychologists, occupational therapists etc.	Department of Health	Tel:012 395 8000 <a href="http://www.health.gov.za">http://www.health.gov.za</a>
<b>Government Department</b>	Provision of security, welfare & community development services  Provision of legislation & policy guidelines on disability	Department of Social Development	Tel: 012 312 7500 <a href="http://www.dsd.gov.za">http://www.dsd.gov.za</a>
<b>DPOs</b>	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)
<b>Disability Service</b>	Some provide specialised services: e.g. rehabilitation services, fitting	NGOs, CBO, Faith Based Organisations, Private companies which services for	

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

**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](http://www.unisa.ac.za/contents/management/arcswid/docs/Disability_directory_allsorts09.pdf)
- Sign language interpreters: [http:// www.saslinc.co.za](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.

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- 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.

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- 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

### Case Study of a woman with a disability who has become a successful farmer

***Case Study: Deaf and mute villager with no schooling becomes a successful farmer***

Deaf and mute and with no education, Mosidi Mkhine was turned down by employers. Yet, the 25-year-old villager of Makotopong in Limpopo Province, is now a successfully self-employed farmer with a regular annual income of R40 000. Her strong determination to break out of her world of silence and reach out to others enabled him to make full use of all her human faculties to radically transform her life.

As a child, she could not attend school because of her disability. She never learnt sign language. For her living, she could only find irregular work. She dreamt every day about having her own enterprise which would let her stay close to her family. Looking for business opportunities, she decided to follow his neighbour's successful example in cultivating corn and animal rearing. She obtained hands-on experience at her neighbour's farm and learned a lot by herself.

When she felt she had enough experience, she requested a loan from the Disability Fund of the Department of Social Development to set up her own enterprise for which she was given an interest-free credit of R20 000. Within one year, she was earning enough to expand her farm enterprise. After just two years, she began earning a regular annual income which is more

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than twice her previous yearly earnings.

She has been able to repay the family's debts. Today, Ms Mkhine is free of all debt, has access to food, ample income, owns a motorcycle and is a self-employed entrepreneur. She is able to take care of herself and her family, which makes her very proud. She is widely accepted within the community as a successful farmer and entrepreneur. She helps the poor and readily shares her business expertise with others. She is viewed independent and a community player and not as a beggar.

(Source: Adapted from Steele, 2006)



## RESOURCE 20

### EARLY CHILDHOOD DEVELOPMENT TERMS

#### **Early Childhood:**

Early childhood spans the pre-natal period to eight years of age (1). It is the most intensive period of brain development throughout the lifespan and therefore is the most critical stage of human development. While genetic factors play a role in shaping children's development, evidence indicates that the environment has a major influence during early childhood

#### **Developmental Delay:**

Developmental delay refers to children who experience significant variation in the achievement of expected milestones for their actual or adjusted age (8,15). Developmental delays are measured using validated developmental assessments (22) and may be mild, moderate or severe

#### Early Childhood Development Terms

#### **Early Childhood Development:**

Early childhood development (ECD)<sup>1</sup> is a generic term that refers to a child's cognitive, social, emotional and physical development. The same term is often used to describe a range of programmes which have the ultimate goal of improving young children's capacity to develop and learn and which may occur at many different levels such as child, family and community, and across different sectors such as health, education, and social protection

#### **Early Childhood Intervention:**

Early childhood intervention (ECI) programmes are designed to support young children who are at risk of developmental delay, or young children who have been identified as having developmental delays or disabilities.

Source: *Early Childhood Development and Disability, discussion paper for WHO and UNICEF 2012*



## RESOURCE 21

### DEVELOPMENT DISABILITIES THAT PARENTS AND EARLY CHILDHOOD DEVELOPMENT PRACTITIONERS MUST LOOK OUT AND UNDERSTAND

1. **Attention Deficit / Hyperactivity Disorder** - People with ADHD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active. Although ADHD cannot be cured, it can be successfully managed and some symptoms may improve as the child ages.
2. **Autism spectrum disorder:** (ASD) is a group of developmental disabilities that can cause significant social, communication and behavioral challenges. CDC is committed to continuing to provide essential data on ASD, search for factors that put children at risk for ASD and possible causes, and develop resources that help identify children with ASD as early as possible.
3. **Cerebral Palsy:** Cerebral palsy (CP) is a group of disorders that affect a person's ability to move and maintain balance and posture. CP is the most common motor disability in childhood.
4. **Fetal Alcohol Spectrum Disorders :** Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy.

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5. **Fragile X Syndrome:** Fragile X syndrome (FXS) is the most common known cause of inherited intellectual disability.
6. **Hearing Loss:** Hearing loss can affect a child’s ability to develop communication, language, and social skills. The earlier children with hearing loss start getting services, the more likely they are to reach their full potential.
7. **Intellectual Disability :** Intellectual disability, also known as mental retardation, is a term used when there are limits to a person’s ability to learn at an expected level and function in daily life. Levels of intellectual disability vary greatly in children – from a very slight problem to a very severe problem
8. **Kernicterus :** Severe jaundice that is not treated can cause brain damage.
9. **Muscular Dystrophy:** Muscular dystrophies are a group of genetic disorders that result in muscle weakness over time. Each type of muscular dystrophy is different from the others. It is important to get help as early as possible. Muscular dystrophy has no cure, but acting early may help an individual with muscular dystrophy get the services and treatments he or she needs to lead a full life
10. **Tourette Syndrome:** Tourette Syndrome (TS) causes people to have “tics”. Tics are sudden twitches, movements, or sounds that people do repeatedly. People who have tics cannot stop their body from doing these things.
11. **Vision Impairment :** inability to see, partially or complete Blindness.





## RESOURCE 22

# BRUNEI DARUSSALEM CASE STUDY OF EARLY DETECTION AND INTERVENTION

The Ministry of Health has been the provider of early-childhood care for infants and young children, both through their 15 nationwide maternal and child health clinics, and, since 1999, through the CDC in Bandar. Children can begin at the Child Development Centre (CDC) just after birth and stay until they reach school age, though some continue visits even after they have entered school. The CDC employs several occupational, physical and speech therapists, some of whom have also attended early childhood development courses.

All have studied their specialties overseas. The three occupational therapists, three early development therapists (EDP) and two physical therapists are full-time, and the three psychologists and two speech therapists are part-time. There is also one teacher for hearing-impaired children. Each specialist sees approximately 30-40 children a week, the EDPs see 40-50 children a week. Speech therapists can have up to 70 sessions a week.

The CDC, located in several former houses belonging to the MOH in Bandar, provides a support group work as well as individual counselling depending on the kind of disability. Their assessments in the mornings and afternoons are for different forms of treatment and therapy including hearing, speech, and learning and early development programmes. The children who attend may have been born premature, and if so, this high-risk group is monitored to the age of five. Other children may suffer from severe disabilities, such as down's syndrome, or have other genetic or

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birth defects. A large percentage have speech delays and other developmental delays are also common. Parents have been made aware of autism lately by a new NGO in the community and many have brought children for assessment of this condition as well. Children are generally referred from the maternal and health clinics, though other doctors can also inform their patients of the centre. The centre works primarily as an open house in the afternoons. Parents often stay during the afternoons to help their children learn new skills. The CDC is the main centre in the country so children are welcome from all areas. About 90 per cent tend to come from the surrounding area of the capital city, Bandar Seri Begawan. There were up to 15-20 new cases a month and the overall caseload was approximately 600 children. Some children are also referred to the Pusat Ehsan Centre for further training and individual coursework. They are later referred back to the SEU for assessment, when they are of school age.

Three other non-governmental centres also cater to the early intervention needs of Brunei children: SMARTER, Pusat Ehsan, and KACA. KACA works with children from birth to six years of age. Formed in 1986, originally the centre went out into the community to identify and assist children with disabilities. Now the needs are greater and the centre has the backing of CDC or MOH clinics throughout the country. The current centre was opened in 1992 to serve children with special needs, such as children with down's syndrome, cerebral palsy, hearing disorders and autism.

The services are free of charge. Facilities include physiotherapy, occupational therapy, psychological assessment and assistance, educational assistance, speech and language therapy and a therapy playgroup. A retired MOH employee, trained in the United Kingdom in special education in the 1980s, who has also worked with the MOCYS and the MOE, was in charge of the centre. Plans for the future include more clinics with orthopaedic surgeons, as well as continued work with autistic children in conjunction with SMARTER, the parents' association for autistic children. KACA has added another centre in Tutong district as well.

Brunei has prenatal check-ups and all children are seen at birth by senior paediatricians and given regular check-ups after birth, at two months, six months, one year and five years. Any high-risk children and premature babies are given a battery of tests, including sight and hearing tests, and are watched more closely for signs of any delays. All other children, even if not given a complete hearing test at a young age, will have a simple check-up for sight and hearing. More and more children attend the CDC. One paediatrician said, the medical skills of local doctors allow more children to survive, even if they are very premature, but many are disabled.



## **RESOURCE 23**

# **10 ISSUES TO LOOK FOR IN ECD CENTRES TO ENSURE QUALITY INCLUSION**

Philosophy/mission	<ol style="list-style-type: none"> <li>1. <b>Does your program have a philosophy/mission for inclusive practices?</b> <ul style="list-style-type: none"> <li>• The atmosphere is welcoming, respectful, and accepting of children with special needs and their families.</li> <li>• A mission statement is visible and reflects the value of all children and the involvement of families.</li> <li>• The programme provides a natural environment with typical peers in which both groups are learning together.</li> </ul> </li>   <li>2. <b>Do administrators and staff have an inclusive attitude and spirit?</b></li> </ol>
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<p>Attitude and spirit of staff</p>	<ul style="list-style-type: none"> <li>• People-first language is used, emphasizing the person, not the label, and what the child has, not what the child is (example: “Grant has Autism” not “Grant’s Autistic”; “Zodwa receives special education services” not “She is special ed”).</li> <li>• Teachers include children in conversations, answer questions as they come up, and give simple and direct responses.</li> <li>• Staff and administrators advocate for inclusion by educating parents of able-bodied children that all children benefit from inclusion and all will learn the value of accepting differences as well as their own uniqueness.</li> </ul>
<p>System for family involvement</p>	<p><b>3. Do you have a consistent and ongoing system for family involvement?</b></p> <ul style="list-style-type: none"> <li>• Parent participation is encouraged.</li> <li>• Teachers communicate with families daily/weekly through notebooks, e-mail or phone etc. They comment on strengths as well as expectations.</li> <li>• Parent/teacher conferences are scheduled at least once a year and are also available upon request.</li> <li>• The programme has an open door policy: Parents are able to visit the school and classroom at any time.</li> </ul>
<p>Team planning</p>	<p><b>4. Is team planning incorporated into the research-based curriculum?</b></p> <ul style="list-style-type: none"> <li>• Curriculum follows the same criteria found in quality programmes for children with typical development. Classroom teams plan together on how to adapt the curriculum to meet the needs of the child being included.</li> <li>• Daily schedule has a balance of structured activities, hands-on learning, and daily outdoor time. Classroom staff are trained on how to follow-up with therapists’ recommendations throughout the daily routine.</li> <li>• Schedules are posted, and there are opportunities for large group, small group, and individual time. Individual children may need a choice board or several repetitions of a skill to be successful.</li> <li>• Team planning/problem-solving meetings are ongoing.</li> </ul>

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Communication with others	<p><b>5. Do you collaborate and communicate with agencies and other community partners?</b></p> <ul style="list-style-type: none"> <li>• Communication (formal and informal), is consistently maintained between community agencies and programme reps.</li> <li>• The programme collaborates with community services and organizations for additional adult support, such as park districts for assistance with summer recreation programmes.</li> <li>• The programme provides field trips/experiences in the community, which are important for learning about the world and providing families with ideas of where to take their child.</li> </ul>
Service delivery integrated into service delivery	<p><b>6. Are you integrating service delivery into the daily schedule?</b></p> <ul style="list-style-type: none"> <li>• Services are integrated into the classroom. Therapists embed the goals into the daily schedule and incorporate typical peers in the activities.</li> <li>• Classroom teams follow-up with the goals designed by the therapists.</li> <li>• There are enough materials for a variety of planned activities.</li> </ul>
Individualized Education Programme (IE)	<p><b>7. Does the Individualized Education Programme (IEP) drive instruction?</b></p> <ul style="list-style-type: none"> <li>• IEP goals and objective updates are shared with parents and everyone who works with the child at least three times a year.</li> <li>• Functional goals are written and are age-appropriate.</li> <li>• Lack of toilet training does not keep a child from being accepted into a programme. Toilet training is</li> </ul>

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	<p>provided if it is part of a child’s IEP.</p> <ul style="list-style-type: none"> <li>• Activities should be child-centred and teacher-directed. The child’s goals should be embedded into activities that she/he enjoys. The teacher may need to direct or set-up a situation for intentional teaching of the skill, but it is done in the context of an engaging activity for the child, as well as including typical peers in the activity for maximum enjoyment and learning.</li> </ul>
Ongoing system for staff development	<p><b>8. Is there a consistent and ongoing system for staff development?</b></p> <ul style="list-style-type: none"> <li>• Scheduled planning time for staff to specifically plan for individualized instruction.</li> <li>• Training provided to all staff, as well as follow-up consultation with classroom teams and individual teachers.</li> </ul>
Tools and strategies for addressing disability & inclusion	<p><b>9. Do the teachers have tools and strategies for addressing issues of disability and inclusion?</b></p> <ul style="list-style-type: none"> <li>• Teachers introduce disability awareness using children’s books, puppets, dolls, and pictures before a child with special needs starts in the programme.</li> <li>• Teachers let all children explore equipment used by children with special needs.</li> <li>• Children are paired as “buddies,” giving them an organized way to get to know each other. The child with special needs should have a chance to be a helper in the buddy relationship, not only a recipient of assistance.</li> </ul>
Comprehensive system for programme	<p><b>10. Is there a comprehensive system for evaluating the effectiveness of the programme?</b></p> <ul style="list-style-type: none"> <li>• Evaluations by parents and staff should be analyzed yearly.</li> <li>• Training for staff and parents should come from their choices.</li> </ul>

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evaluation	<ul style="list-style-type: none"> <li>• Evaluation of community perceptions of inclusion should be conducted and used as a basis for awareness-raising and education.</li> <li>• Evaluation of the communication approach with the school district should be conducted and a collaborative relationship encouraged for the district to assist with resources and supports while the child is in the typical environment with peers.</li> </ul>
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*(Source: website of the Institute on Community Integration, University of Minnesota <http://www.ici.umn.edu/products/impact/221/5.htm>).*



## **RESOURCE 24**

# **CRITICAL ELEMENTS FOR MAINSTREAMING DISABILITY IN ECD PROJECTS**

ELEMENT	EXPLANATION
Policy	<p>In the policy, you should clearly state:</p> <ul style="list-style-type: none"> <li>• Eligibility criteria.</li> <li>• Description of programme activities.</li> <li>• Discipline/guidance</li> <li>• Confidentiality</li> <li>• Parent and/or guardian responsibilities</li> <li>• Medication administration</li> </ul>

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	<ul style="list-style-type: none"> <li>• Emergency management</li> <li>• Parent involvement policies</li> </ul> <p><i>A clear policy will help families evaluate if the programme will be a good match for their child.</i></p>
Individualized instruction <sup>3</sup>	<p>To ensure the plan is suitable for each child, you must ensure:</p> <ul style="list-style-type: none"> <li>• Active engagement in intensive instruction for at least 25 hours a week, throughout the year</li> <li>• Repeated, planned teaching and learning activities.</li> <li>• Systematically planned developmentally appropriate functional activities.</li> <li>• Evidence-based practices.</li> <li>• Ongoing evaluation of a child’s progress, with revisions to instructional programming as needed</li> <li>• Specialized instruction in natural environments, with typically developing peers</li> <li>• Small group and 1:1 programming</li> <li>• Low student/teacher ratio</li> <li>• Meeting each child’s specific need- teachers can even undertake house visits in the course of their duties.</li> </ul>
Delivering family-centred practice	<p>Family-centred practice is critical to ensuring that children are given support in line with their needs. In delivering family centred practices,</p> <ul style="list-style-type: none"> <li>• It is important for practitioners to develop a close working relationship with the parents and families of the children.</li> <li>• Recognize and understand the diversity of family needs and priorities, and focus on working with the child and their family in their own environments and contexts to build strengths and address individual stressors.</li> <li>• Develop an understanding of the everyday experiences and family routines that take place in order to build</li> </ul>

<sup>3</sup> Best Practices in Early Childhood, Gina Easterly, PhD, CCC-SLP: The National Research Council 2001”



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	<p>successful strategies for individual families.<sup>4</sup></p> <ul style="list-style-type: none"> <li>• Strategies and routines must be developed in line with families’ goals and child’s aspirations, not to a one-size fits all model for all children. Families and professionals should work together to develop environment fit for the child.</li> <li>• Families should be capacitated to be able to get involved with the children programme. They should be supported to build their capacity to optimise their child’s development to enable the child to meaningfully participate in their environment.</li> <li>• Practitioners undertake activities such as <b>home visits</b>, one-on-one sessions with caregivers, and with children to identify how the home learning environment can be enhanced, and how best to build capacity of family to care for the child and to support effective family functioning.</li> </ul>
Addressing Attitudes and Beliefs	<p>It is important to build awareness at community levels. Attitudes and beliefs are a big hindrance to successful mainstreaming and inclusion at ECCD. The following strategies are suggested to help with building positive attitudes:</p> <ul style="list-style-type: none"> <li>• Educate local programme administrators about the benefits of preschool inclusion.</li> <li>• Provide user-friendly materials on the benefits and laws related to inclusion.</li> <li>• Inform and train communities about children with disabilities and the possibilities that exist for educating them.</li> <li>• Train the whole school community in particular classroom teachers and school leaders for the change. DPOs and NGOs can through advocacy campaigns be able to influence families and community and persuade families to send their children to school.</li> </ul>
Financial and Human Resources	<ul style="list-style-type: none"> <li>• Integrate and blend funding streams from different programmes.</li> <li>• Increase collaboration among programmes serving young children.</li> </ul>

<sup>4</sup> Bernheimer, L., & Weisner, T., ‘Ecocultural Theory as a Context for the Individual Family Service Plan’, Journal of Early Intervention, 2007.

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	<ul style="list-style-type: none"> <li>• Redistribute resources among consultative programmes and separated services.</li> <li>• Raise public awareness of the benefits of preschool inclusion in an effort to increase the potential resources available.</li> <li>• Well-trained and qualified teachers engaged in outreach to support parent involvement and to conduct regular assessment of programme implementation and children’s development.</li> <li>• Ideally teachers should possess ECD and special education qualifications.</li> </ul>
<p>Inclusive and Accessible Curriculum</p>	<ul style="list-style-type: none"> <li>• Systematic curriculum in which children are recognised and treated as active learners who learn best from activities that they plan.</li> <li>• Child development activities using standard preschool curricula focusing on communication skills after 3yrs. Also literacy curriculum and a specific learning model in other subject areas.</li> <li>• Using a variety of activities, including individualised and interactive learning, small group activities and frequent teacher feedback.</li> <li>• Classrooms should be rich in materials and can include items from the homes of children enrolled in each classroom.</li> </ul>



## RESOURCE 25

# ECD CENTRE ASSESSMENT TOOL FOR INCLUSION OF CHILDREN WITH DISABILITIES

### TYPES OF ASSESSMENTS:

- **Developmental screening assessments** are used to identify specific children who should receive further attention.
- **Diagnostic assessments** include assessments that are used by psychologists or therapists (such as speech and language therapists) or content specialists (such as reading teachers) to determine if there is a delay or disability
- **Readiness assessments** provide information on the specific knowledge or skills that a child needs to learn something new. For example, we might assess a child's ability to use a computer mouse
- **Achievement assessments** tell us what a child has learned and accomplished.

## **CHOOSING AN ASSESSMENT TOOL**

Consider the role that the assessment will take in your programme when you are assessing the compatibility of assessment tools or systems<sup>5</sup>. Some questions you should ask are:

- *Who will use the assessment data?*
- *How formal does the assessment data need to be?*
- *How much information do parents really want?*
- *How much information do school and community leaders want?*
- *What is required for your funding agencies or organizations?*

Once you have a clear understanding of the role of assessment in your unique programme, you can take the following steps to design or select a system:

- *Step 1: Define the knowledge, skills, and dispositions (attitudes toward learning) that you want to foster in your programme. These may be specified by your funding agency or regulatory policies.*
- *Step 2: Think how children will learn the knowledge, skills, and attitudes through the opportunities you create by providing an enriched environment and learning experiences, with interesting and challenging materials and plenty of time for learning.*

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<sup>5</sup> Ohio Early Learning Content Standards

- Step 3: Consider how much time and effort you need to devote to the assessment and reporting process.



## RESOURCE 26

# 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 27

## ***SUPPORT SYSTEMS FOR STUDENTS WITH DISABILITIES***

### **DISCLOSURE AND IDENTIFICATION**

<u>Prospective Students (before admission)</u>	<u>Admitted Students</u>
<ul style="list-style-type: none"><li>• Pro-active outreach to prospective students</li><li>• A platform to encourage students to contact the Institution if needed</li></ul>	<ul style="list-style-type: none"><li>• There should be a mechanism usually within the registration process to encourage /facilitate self-disclosure and early identification.</li><li>• There should be a well-established referral system by various units to the Disability Office.</li><li>• The Disability Office, as a frontline service provider, should enjoy high visibility to facilitate easy access by students.</li></ul>

### **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:

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- 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

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responsible/contact person should mobilize the campus resources in order to meet students' needs.



<p><b>Study Aid</b> 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 &amp; recommended accommodations, with prior consent of the students.</p>	<p><b>Financial Aid</b> 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.</p>	<p><b>Counselling Service</b> 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.</p>	<p><b>Other Campus Facilities</b> 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.</p>
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