WHITE PAPER ON THE RIGHTS OF PERSONS WITH DISABILITIES

women, youth &
persons with disabilities

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WHITE PAPER ON THE RIGHTS OF PERSONS WITH DISABILITIES

DEPARTMENT OF WOMEN, YOUTH AND PERSONS WITH DISABILITIES

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INTRODUCTION

The Department of Social Development developed this booklet to help all South Africans with disabilities to know and understand their rights and to explain what the government does to protect these rights.

Why is this booklet necessary?

Your rights are protected by international agreements and South African laws and policies. For example, the South African government approved the **United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)** and its Optional Protocol in 2007. This means that the government agreed to ensure that the rights of persons with disabilities would be respected and that persons with disabilities would be able to access their rights in South Africa.

After signing the UNCRPD, the government developed the **White Paper on the Rights of Persons with Disabilities (WPRPD) and the Implementation Matrix 2015 – 2030**, which were both approved by the South African Cabinet on 9 December 2015. These documents represent the policy of the government on all aspects of the rights of persons with disabilities. All laws and decisions of government that may affect the rights of people with disabilities will be based on the WPRPD.

Since many persons with disabilities experience inequality, discrimination and the violation of their rights every day, it is important that persons with disabilities know and understand what the WPRPD says. We hope this booklet will help you understand your rights as a person with a disability and to know how you can access these rights.

How to use this booklet

The 15 sections of this booklet provide the most important information contained in the WPRPD and its Implementation Matrix (which is the action plan). Sections 1 to 13 discuss different aspects of the WPRPD. Section 14 is a glossary that explains some of the terminology used in the WPRPD.
The glossary also contains a list of abbreviations and acronyms used.

Section 15 lists various disability organisations in South Africa, including their contact details.

SECTION 1: DISABILITY IS ABOUT HUMAN RIGHTS

What is disability?

Defining what disability is helps people to find an identity and a sense of belonging to a group. But definitions of disability have changed over time as people's views on disability changed.

Disability is shameful and must be hidden away **(traditional model)**	Disability must be pitied and protected **(charity model)**	Disability means there's something wrong that must be fixed **(medical model)**	Disability is a human rights issue that demands equality **(social model)**

While definitions of disability differ, they tend to agree about some things, such as:

- The person has an impairment (e.g. blindness or epileptic seizures).

- There are barriers that limit full and equal participation in different environments by people with disabilities (e.g. emotional, social and physical obstacles or people's perceptions, attitudes and views).

- The focus is on the abilities of the person (i.e. what the person can do).

- Some disabilities are permanent while others may be temporary or appear from time to time.

- Some disabilities are inherited and some may be caused by an accident.

- People decide whether or not to think of themselves as persons with disabilities.

Although it uses difficult language, the definition of the UN CRPD is most often accepted: "Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others."

This simply means that people who have impairments experience a disability of society outside themselves that keep them from doing things on an equal basis with people who do not have impairments.

How people view persons with disabilities

People have different views about disability based on their personal experiences and perceptions. Some opinions are good and some are bad; some are true and some are false.

When people's views on disability prevent people with disabilities from doing things they have a right to do, their views act as a barrier and must change. It is important that persons with disabilities must participate in any changes and transformation processes that will impact on their lives. This is known as self-representation.

Appropriate disability language

Words not only describe things but also show the values and attitudes of a community. Appropriate (or acceptable) language can be a powerful tool for change. But words that are not appropriate can lead to discrimination against, and the isolation of, a specific group. For example, describing people with disabilities with words like 'suffering from', 'sick', 'disadvantaged', 'needy', 'not capable' and not like 'us' makes them seem different and isolates them as people that must be treated differently.

The Promotion of Equality and Prevention of Unfair Discrimination Act (Act 4 of 2000, known as PEPUDA) says unfair discrimination based on disability, including the use of hate speech, is a crime.

How many people have disabilities in South Africa?

Although Statistics South Africa and disability organisations collect some information, very little information (statistics) is known about the number of South Africans with disabilities or about their quality of life. The government and the disability sector must urgently collect more data.

Available information shows that persons with disabilities:

are generally poor, while poor people are more at risk of becoming disabled;	are often denied their rights; and	face different levels of discrimination and exclusion (especially women, girls and older people).

The 2011 National Census showed that nearly 3,9 million South Africans (7.5% of the population) have an impairment. This number excludes children under four years old, persons in residential care and school boarding facilities and persons with psychosocial, neurological and/or emotional disabilities. If these groups were included, the figure would be much higher.

Types of disability

General health and functioning: **9.4%**	Remembering/ concentrating: **3.3%**	Hearing: **2.9%**	Walking/ climbing stairs: **2.6%**	Self-care: **2.0%**	Communication: **1.1%**

<u>**Persons with disabilities are poorer than other South Africans**</u>

In April 2015, the South African Social Security Agency (SASSA) stated that slightly more than 1 million people received disability grants, 127,000 children with disabilities received care dependency grants and 115,000 people received grants-in-aid. This means that a large group of South Africans with disabilities live on a very limited income.

Persons with disabilities could improve their financial situation through employment. However, the 2013/2014 annual report of the Commission for Employment Equity (CEE) showed that only 0.9% of economically active people in South Africa were persons with disabilities. Since at least 7.5% of the population have an impairment, this means that most persons with disabilities are unemployed. The high unemployment rate is particularly worrying as the number of persons with disabilities is likely to increase in coming years.

Education and training are often seen as the key to finding employment. But the 2011 Census showed persons with disabilities find it very difficult to access education. Approximately 500,000 children with disabilities in South Africa are not attending

school. Adults with disabilities similarly lack access to higher education institutions.

Which laws protect me as a person with a disability?

The South African Constitution protects the rights and dignity of all citizens, including persons with disabilities.

The vision of the WPRPD is "a free and just society inclusive of all persons with disabilities as equal citizens."

All policies and legislation affecting the lives of persons with disabilities must align with the WPRPD and the UNCRPD.

The National Development Plan 2030aims to create a country without poverty and with reduced inequality where the specific needs of persons with disabilities are integrated into all facets of planning.

A range of international and regional treaties and protocols, such as the UN Convention on the Rights of the Child, apply equally to persons with disabilities and support the WPRPD.

What are my rights as a person with a disability?

Political Rights	• Persons with disabilities have the same political rights as every other citizen (e.g. voting and being elected). • Voting procedures, facilities and materials must be appropriate, accessible and easy to understand and use. • Important actions include advocating for equal political rights for persons with disabilities and creating public awareness to ensure their full participation in public life.
Human Rights	• The South African Bill of Rights (Chapter 2 of our Constitution) protects and promotes all human rights and fundamental freedoms (including the rights of persons with disabilities). • A variety of laws and policies were created in South Africa to achieve equality, human dignity and the advancement of human rights and freedoms. This human rights approach is the framework for policies and programmes and empowers poor people to demand accountability (by the government). • Vulnerable communities (like persons with disabilities) must learn how to enforce their rights. • Mainstreaming involves participation, accountability, non-discrimination, empowerment and a specific link to human rights standards. • It is not possible to achieve all rights at the same time. Immediate rights are those that can be achieved in the short term while progressive realisation refers to the achievement of rights over a longer period of time.

Social Rights	• Social rights promote the building of socially cohesive communities, improving education and health outcomes and creating safer communities. • Social rights enable persons with disabilities to participate fully in society, including in education, healthcare, housing, transport, sport, recreation, culture, social development, food security and family life. • Persons with disabilities must be allowed to live in a barrier-free environment and participate fully in community life.
Health Rights	The healthcare system must be transformed to enable persons with disabilities to live longer, be healthier, live with dignity and contribute more to community and economic development. Actions include • Removing attitudinal, physical, communication and information barriers. • Providing skills to healthcare personnel to better serve persons with disabilities. • Reducing the cost of medical care. • Strengthening access to disability-specific health services.
Legal Rights	• People with disabilities have the right to equal legal protection and justice. • The judicial (legal) system must be strengthened to be more effective, efficient and accessible.

Economic Rights	• Economic rights include creating opportunities for all people to achieve economic and financial independence. This will allow them to live a dignified, productive and creative life and to reduce income inequalities.
	• Persons with disabilities must be involved as full participants, not only as beneficiaries, in creating, developing, implementing and monitoring economic policies and programmes.
	• All barriers to persons with disabilities accessing the mainstream economy must be eliminated.
	• Employers must provide reasonable working conditions (accommodation) for persons with disabilities (i.e. barrier-free access and implementation of universal design in the workplace).
	• Interventions for economic growth and development, including job creation, must include all persons with disabilities.
	• Economic development indicators and targets must include disability targets. For example, if the government sets a target of buying 75% of its needs from local producers and businesses, a portion of this should be allocated to businesses owned or managed by persons with disabilities.
Cultural Rights	• Most people see culture simply as the way they do things. However, culture is a broad concept and relates to issues such as language, cultural and artistic production, participation in cultural life, cultural heritage, intellectual property rights and the rights of minorities.
	• We have strong and emotional responses to any challenge to our culture because cultural values form part of our personal identities (who we are).

- History shows a strong link between power and culture where dominant groups tried to secure their power by denying the cultural rights of others.

- The UNCRPD (Article30) protects the cultural rights of persons with disabilities, including the right of Deaf persons to Deaf culture.

Applying the social model of disability

Disability is a human rights issue that demands equality **(social model)**

The model cuts across empowerment and equality and is built on three approaches:

Life cycle approach

Rights based approach

Disability mainstreaming approach

A rights-based approach

- This sets performance standards to measure the provision and protection of all rights.

- Human rights must be considered when drafting and implementing policies and programmes.

- Considering South Africa's history, understanding the relationship between social and economic rights, as well as having a special focus on the most disadvantaged groups, are important.

Disability mainstreaming

- Disability is central to all development initiatives and requires budget allocations.

- Mainstreaming addresses all aspects of disability (including the causes and effects) to ensure a long-term, holistic and more sustainable solution. Mainstreaming requires applying universal design.

- Mainstreaming fundamentally changes views and opinions about disability.

Life-cycle approach

- The life-cycle starts in pregnancy and continues throughout life.

- The approach focuses on ensuring equal access by all persons to integrated services, (including cooperation on service delivery) to holistically meet needs. Services at different stages of life must link seamlessly.

- People and their unique needs and circumstances must be central.

Pillars for mainstreaming

Rights
Focusing on economic, social, human and political rights (including universal design).

Empowerment
Ensuring access, equal treatment, inclusion, participation, accountability and efficiency.

Equality
Focusing on the right of persons with disabilities to equality of outcomes.

Results
Focusing on results and impact.

SECTION 2: WHAT DOES THE WPRPD WANT TO ACHIEVE?

Introduction

The vision of the WPRPD is to create a free and just society inclusive of all persons with disabilities as equal citizens. To achieve this, the WPRPD commits duty-bearers to realise the rights of persons with disabilities by:

Accelerating implementation of existing legislation advocating equality for persons with disabilities
Taking calculated action to uphold the rights of persons with disabilities as equal citizens
Removing discriminatory barriers to access and participation
Ensuring the inclusion of universal design in all programmes
Recognising the right of persons with disabilities to self-representation
Acknowledging that persons with disabilities are not all the same
Embedding the UN CRPD obligations in legislation, policy and service delivery

Progress will be measured through an annual report and an in-depth review of the impact of the WPRPD implementation every five years. The government foresees the WPRPD becoming a law in South Africa and will thus review gaps in existing legislation and develop new legislation.

What is the aim of the WPRPD?

The WPRPD is based on the social model of disability and focuses on abilities rather than disabilities. Thus, disability is seen as the barriers preventing persons with an impairment from participating equally in mainstream society rather than the impairment itself. In other words, disability does not belong to the person, but to society.

Updates the 1997 Integrated National Disability Strategy (INDS)
Integrates the UNCRPD and continental plans
Endorses disability mainstreaming
Guides operational procedures for disability mainstreaming
Guides policies, programmes, budgets and reporting
Sets norms and standards to remove discriminatory barriers
Broadly outlines responsibilities and accountabilities of stakeholders
Guides self-representation of persons with disabilities
Provides clarity on and guides the development of standard operating procedures
Guides the revision of legislation, policies, programmes, budgets and reporting systems
Provides a framework for a uniform and coordinated approach to disability mainstreaming
Provides a monitoring and evaluation framework for service delivery to persons with disabilities
Guides gender mainstreaming to benefit women and girls with disabilities
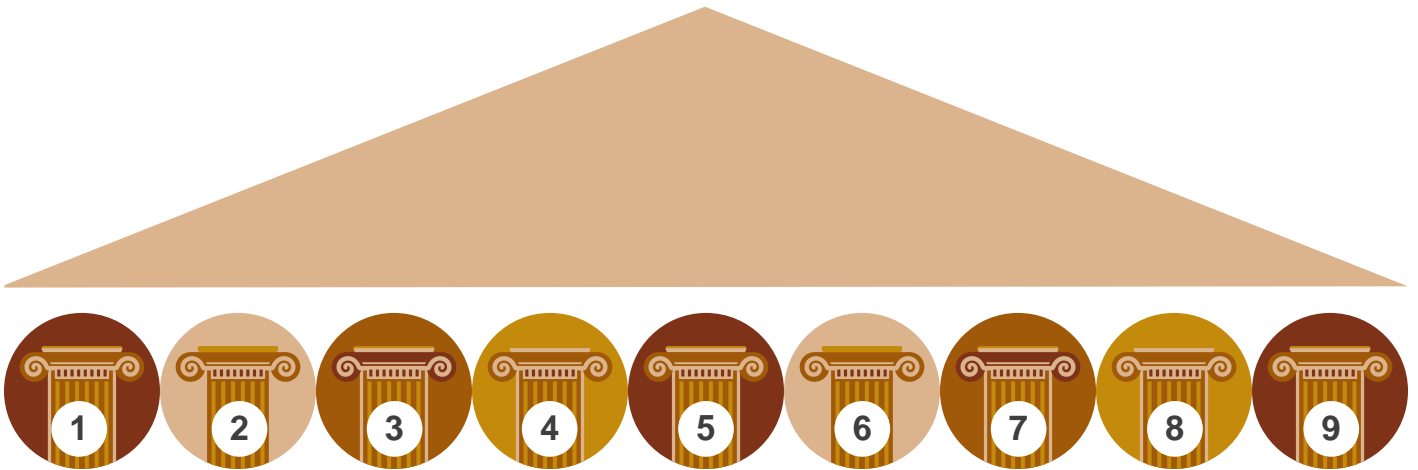
1. Removing barriers to access and participation

2. Protecting the rights of persons at risk of compounded margnalisation

3. Supporting sustainable integrated community life

4. Promoting and supporting the empowerment of children, women, youth and persons with disabilities

5. Reducing economic vulnerability and releasing human capital

6. Strengthening the representative voice of persons with disabilities

7. Building a disability-equitable state machinery

8. Promoting international cooperation

9. Monitoring and evaluation

The varied experiences of persons with disabilities form the basis of these pillars and are discussed in detail in this booklet.

Who does the WPRPD apply to?

Duty Bearers

Institutions responsible for overseeing government, state institutions, the judiciary, the private sector, the media, law and policy maker, public servants, front line staff, representatives of organisations of persons with disabilities (Including parents' organisations)and non-government organisations (NGO's)

Beneficiaries (rights holders)

Persons with disabilities and their families

Generic key principles and considerations

Respect for inherent human dignity and individual autonomy

This means (a) respecting the freedom of persons with disabilities to make their own choices and decisions; (b) respecting the independence and human dignity of persons with disabilities; (c) valuing the experiences and opinions of persons with disabilities; (d) allowing persons with disabilities to form and express their own opinions without fear of physical, psychological or emotional harm; and (e) respecting the rights of persons with disabilities to a private life that is subject to minimum interference.

Non-discrimination

This means (a) prohibiting acts; (b) taking steps to protect persons with disabilities against future discrimination and hidden discrimination; and (c) promoting equality.

Full and effective participation and inclusion in society

This means (a) ensuring consultation with and meaningful involvement by persons with disabilities in activities and support decision-making processes; (b) creating opportunities with persons with disabilities to voice opinions, influence and complain when participation is denied; and (c) providing accessible, barrier-free physical and social environment, as well as access to information and communication.

Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity

This means (a) respecting differences and diversity; and (b) accepting and appreciating persons with disabilities for who they are rather than pitying them or seeing them as a problem that needs to be fixed.

Equalisation of opportunities

This means that persons with disabilities are able to access and participate in all opportunities available to other people.

Accessibility

This means (a) enabling persona with disabilities to live independently and to participate fully in all aspects of life; and (b) dismantling barriers that hinder the effective enjoyment of all rights by persons with disabilities.

Equality between men and women

This means (a) expressing and recognising equitable rights for men and women on an equal footing; and (b) taking sustainable measures to ensure that women have the opportunity to exercise their rights.

Respect for the evolving capacities of children with disabilities and for their right to preserve their identities

This means (a) respecting the developing capabilities as a positive and enabling process supporting the child's maturing, autonomy and self-expression; (b) enabling their participation in supported decision-making processes that affect them, including their right to preserve their identities; and (c) respect for the sanctity of family, the right to family life, and the right to alternative care within the wider family in respect of the preservation of family for children with disabilities.

WPRPD vision and mission

VISION

South Africa – A free and just society inclusive of all persons with disabilities as equal citizens

MISSION

Inclusive and equitable socio-economic development

The WPRPD recognises existing efforts by government, the private sector and civil society and allows different departments to be flexible in their response to the specific characteristics, priorities and challenges of their areas of responsibility. However, there can only be one shared result – equal rights and responsibilities for persons with disabilities.

WPRPD outcomes

Implementation of the WPRPD should have the following results:

- Persons with disabilities have and enjoy their full political, human, social and economic rights the same way as all people in South Africa;

- All persons with disabilities participate fully and equally in mainstream social and economic life;

- Persons with disabilities have the right to live and work in safe and accessible environments without discrimination, harassment and oppression and can access protection and fair compensation when their rights are violated;

- Persons with disabilities have equitable access to lifelong learning, training and capacity building and are able to learn through technology-aided systems other than traditional methods of learning;

- South Africa provides persons with disabilities with services and interventions ensuring their economic security, decent jobs and general economic empowerment;

- Persons with disabilities represent themselves on issues affecting their lives, make decisions about such issues, have control over their lives and are able to exercise choice without being judged;

- All public and private transport is designed for universal access;

- An efficient, effective and developmental government delivers services equitably, reports on the equitable outcome of public expenditure and delivery and complies with international and national human rights obligations; and

- South Africa provides leadership, shares experiences and learns from the international community on accelerating the promotion and protection of the rights of persons with disabilities as equal citizens.

SECTION 3: WPRPD PILLAR 1 – REMOVING BARRIERS TO ACCESS AND PARTICIPATION

The first pillar of the WPRPD aims to remove barriers to access and participation experienced by persons with disabilities. This a shared responsibility of law and policy makers, service providers, regulatory bodies, the private sector and organisations of and for persons with disabilities.

Because accessibility is central to the right to human dignity, several articles of the UNCRPD relate to this, including article 9 (accessibility), 11 (situations of risk and humanitarian emergencies), 20 (personal mobility), 21 (freedom of expression and opinion and access to information) and 30 (participation in cultural life, recreation, leisure and sport).

Pillar 1 is based on six dimensions:

Changing attitudes and behaviour	Access to the built environment	Access to transport	Access to information	Universal access and design	Reasonable accommodation

Changing attitudes and behaviour

Harmful and negative attitudes and stereotypes about disability set persons with disabilities apart from mainstream social and economic life. Changing people's attitudes is a complex process and is one of the biggest challenges.

How does the WPRPD help?

The government must develop and implement a Disability Rights Awareness Plan to ensure the integration of persons with disabilities. This must be an ongoing campaign across all sectors of society. Implementation is the responsibility of all social partners and must be branded and targeted with themes to address negative attitudes and beliefs about disability. This will broaden society's understanding and knowledge about disability, environmental aspects and how attitudes influence behaviour. The campaigns must also deal with harmful traditional beliefs about disability.

The national government must develop and implement new disability terminology based on human rights. This must be introduced and included in all official South African languages, as well as South African Sign Language (SASL). It must also be included in all government policies and legislation, replacing outdated terminology.

"Being wheelchair-bound is a lot harder than having a disability."
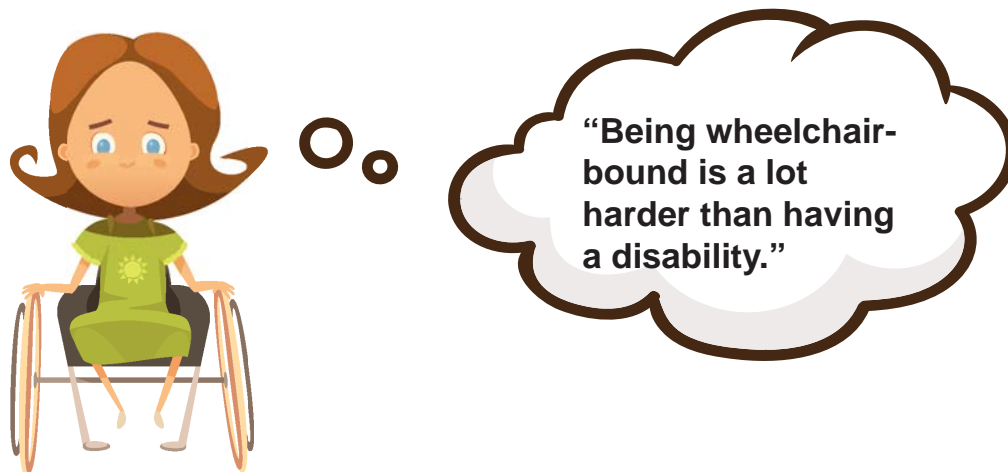
The government must integrate disability awareness into the learning plans (curricula) of all education and training programmes, including training in all forms of alternate communication. For example, SASL should be taught at schools, Braille should be available at schools, post-school education/training institutions and workplaces, and non-verbal hand gestures should be available to children.

How will children with disabilities be included in our sports programme?"

"We don't have to worry about that because there are no disabled children in our school."

Access to the built environment

The built environment includes all man-made surroundings such as buildings, parks and roads. South African legislation does not fully comply with international treaties or our Constitution because it does not enforce universal design. The National Building Regulations and Building Standards Act, 1977 and the National Guidelines for Accessibility are the current regulatory framework for accessibility to the built environment. This means that public buildings must meet the standards and measurements described in SANS 10400-S (published in 2011).

How does the WPRPD help?

The government must conduct universal design audits of all existing infrastructure. This will determine how far these comply with minimum norms and standards of the South African Bureau of Standards (SABS) regarding persons with disabilities. Disability access must include all public and private sector institutions and shared spaces. Quantified and costed plans will have to be developed to fix identified problems, with budget allocations to implement the plan.

Note: We refer to 'accessible' toilets, not to 'disabled' toilets.

DISABLED TOILETS ON THE FIRST FLOOR

The government must develop a financing plan to retrofit (fix) existing infrastructure. The plan must focus on raising the necessary funding to fix all public buildings and privately-owned buildings providing services to the public, to comply with the SABS minimum norms and standards.

NO RAMPS OR ACCESSIBLE TOILETS AT THE DEPARTMENT. PLEASE HELP. GOD BLESS

The WPRPD also requires the government to:

- Appoint and train infrastructure accessibility liaison officers to be deployed and/or appointed in all infrastructure development project management teams. These officers must provide advice for the development of built environment regulations and/or amendments to current legislation to ensure the inclusion of universal design and barrier-free access for persons with disabilities.

- Provide incentives (rewards) for universally designed barrier-free infrastructure and built environments. These must aim to transform the attitude of built environment professionals towards designing barrier-free and multi-sensory spaces and facilities.

- Operationalise a regulatory framework for accessibility in the built environment. This must be extended and integrated into land use management, town planning schemes and the overall design of landscapes, public open spaces and streets.

Access to transport

Inaccessible transport is a major barrier faced by persons with disabilities, particularly women and children with disabilities, who face additional risks. The

ability to move around freely is essential to ensure the rights of persons with disabilities.

The travel value chain describes the entire transport process and includes planning a trip (having relevant information available in an accessible format), getting to the access point (being able to use footpaths, roads, etc.), getting onto the chosen transport (including being able to transfer between different types of transport), making the journey, getting out of the chosen transport, getting to the destination and providing feedback on the trip (monitoring).

How does the WPRPD help?

Government must incorporate universal design and access concepts in all transport licenses and permits. All transport operators (public and private) must conduct audits to measure their compliance against the legislated minimum norms and standards. This should result in a quantified and costed plan to implement the findings of the audit, including the required budget allocations.

Access to information and communication

Affordable and accessible information and communication platforms and technology significantly improve the inclusion of persons with disabilities in all aspects of society. For example:

● Deaf persons use SASL as their first language and thus require training (especially Deaf children and their parents). They also need SASL interpreters, note-takers, captioning and sub-texting.
● Hearing-impaired people or those who lose their hearing later in life tend not to use SASL, but require lip readers, note-takers, loop systems, captioning and sub-texting.

- Persons with severe speech impairments (including non-speaking persons with autism) often need alternative and augmentative communication (AAC).

- Persons with visual and print impairments require information in accessible formats such as Braille, large print, audio and descriptions of graphs and pictures.

- People's literacy (reading ability) and understanding of English may differ widely which means that material should be made accessible.

Information and Communication Technologies (ICTs) such as the internet and mobile phones can be major sources of information for persons with disabilities. Television also provides information but often requires sub-titling, closed captioning or audio descriptions to ensure accessibility.

Costs for assistive technologies (ATs) can be high as persons with disabilities may need to pay for assessment, training and support services. Some persons with disabilities (e.g. persons with intellectual and/or psychosocial impairments) may not be able to use technology as they require human support or easy-to-read systems.

How does the WPRPD help?

Emergency and disaster management information must be accessible to persons with disabilities. This also applies to occupational health and safety procedures. All public and private institutions must promote access to new information and communications technologies and systems. This can be done through the design, development, production and distribution of accessible ICTs at an early stage to reduce the cost of making these accessible at a later stage.

All television programmes must have closed captioning (spoken words are shown in written text at the bottom of the screen) to make information available to persons with disabilities.

All electronic, broadcasting and print media must incorporate universal design principles and meet minimum norms and standards. The regulating government agencies must publish annual reports showing how well they comply.

The WPRPD requires costed plans for the promotion of SASL (including training of interpreters) and the continuous development, production and regulation of Braille standards. In both cases, the plans must have adequate budget allocations. Steps must also be taken to ensure access to print for persons with print disabilities, such as South Africa ratifying (signing) the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who are Blind, Visually Impaired or Otherwise Print Disabled.

Universal access and design

Universal access and design means creating an environment that can be accessed, understood and used, to the greatest extent possible, by all people regardless of their age, abilities or disabilities. It recognises that people are not all the same.

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Universal access
├── Direct access to improve accessibility
│       ├── Linked to universal design
│       ├── Direct adaptation to products, environments, services or systems
│       └── Using assistive devices and technology (e.g. wheelchairs and screen readers)
└── Indirect access
        └── An add-on assistive technology provides the user with full access
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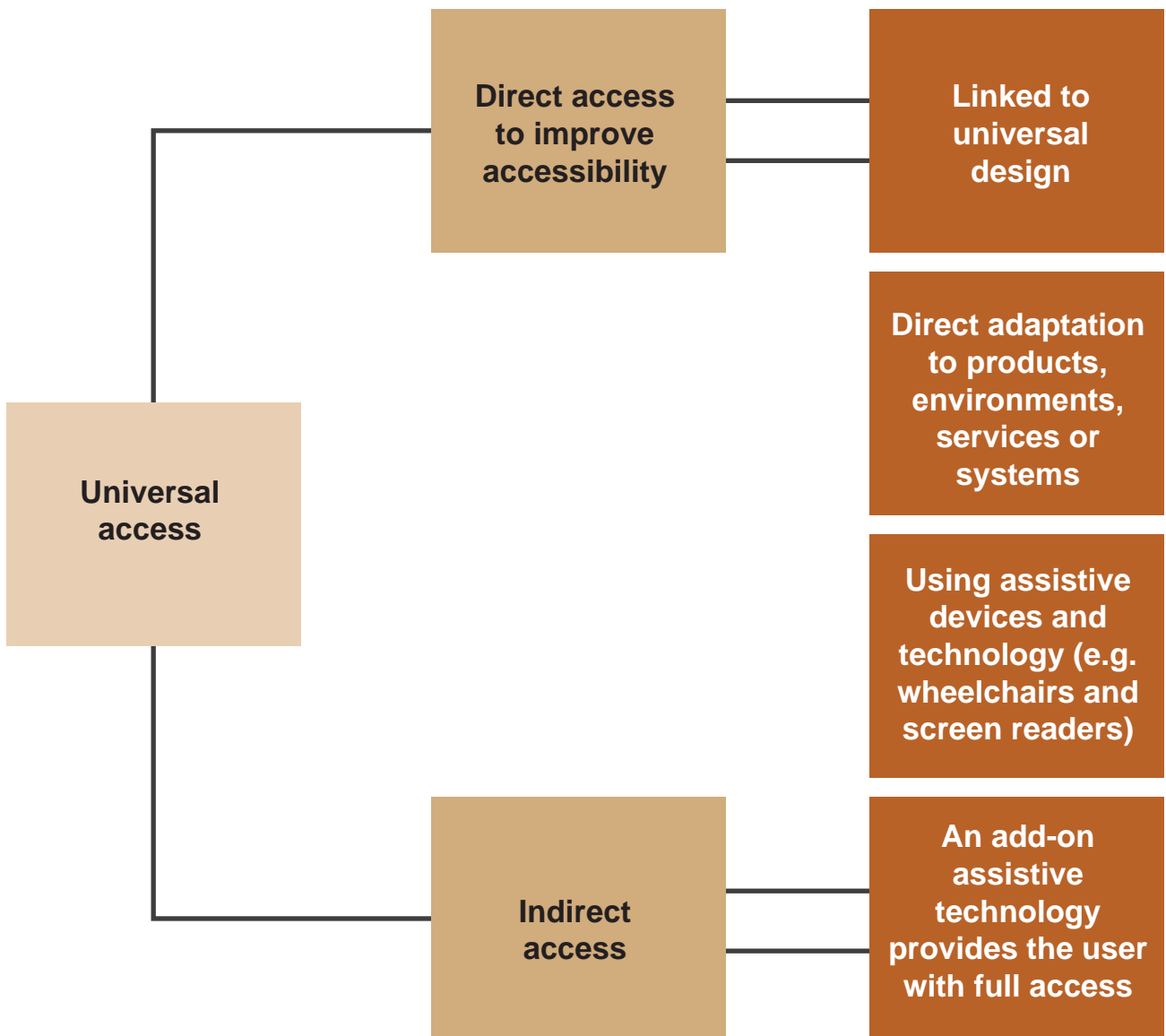
Universal accessibility makes society responsible for adjustments to accommodate an individual rather than the individual working around problems of accessibility. For example, universal design principles for learning include different ways of presenting information and engaging with learners.

The SABS is responsible for developing universal design access standards. These must reflect the key principles of universal design:

Equitable use	The design is useful and marketable to people with different disabilities.
Flexibility in use	The design accommodates a wide range of individual preferences and abilities.
Simple and intuitive	Using the design is easy to understand regardless of the user's experience, knowledge, language skills or current concentration level.
Perceptible information	The design communicates necessary information effectively to the user, regardless of surrounding conditions or the user's sensory abilities.
Tolerance for error	The design reduces dangers and the adverse consequences of accidental/ unintended actions.
Low physical effort	The design can be used efficiently, comfortably and with a minimum of tiredness.
Size and space for approach and use	Appropriate size and space is provided to approach, reach, operate and use regardless of the user's body size, posture or mobility.

All public and private sector institutions must develop and implement the minimum standards and guidelines of universal design. They must also monitor implementation, compliance with minimum standards and the use of guidelines. This applies to all facilities and services open/ provided to the public.

Education and training about universal access and design are required and will be achieved through:

- Tertiary education on universal design, i.e. modules at undergraduate and postgraduate levels on universal design access and disability equity.

- Training of decision makers and implementers focusing on universal design access, removing barriers experienced by persons with disabilities and reasonable accommodation support measures.

- Developing accredited universal design and access training courses accredited by the South African Qualifications Authority (SAQA). This must allow for differentiated accreditation for access advocates and professional categories. At least one course per year must also be included in the Continuous Professional Development (CPD) required by professional bodies.

How does the WPRPD help?

Service licenses must only be issued to providers offering fully accessible services to persons with disabilities and incorporating universal design access principles.

Reasonable accommodation measures

Reasonable accommodation ensures that persons with disabilities enjoy the same human rights and fundamental freedoms as all other citizens. Denying reasonable accommodation is recognised as a form of unfair discrimination in South African law.

Reasonable accommodation means a lot more than ramps, accessible toilets or audible traffic signals. It is usually specific to the individual and his/her impairment and may include:

	Making the physical environment accessible
	Providing access to information and communication
	Fixing stress factors in the environment
	Accommodating specific sensory requirements
	Improving independence and mobility of persons with disabilities
	Guaranteeing participation and supported decision-making
	Providing access and participation to quality education and work

Minimum norms and standards for reasonable accommodation must be developed and implemented to ensure equal access and participation.

All public and private institutions must ensure equitable access to and participation in programmes and services. This means that reasonable accommodation measures must be developed and published in service charters and standards.

SECTION 4: WPRPD PILLAR 2 – PROTECTING THE RIGHTS OF PERSONS AT RISK OF COMPOUNDED MARGINALISATION

What does compounded marginalisation mean?

The term 'marginalisation' means treating a person or group as insignificant or marginal (i.e. not the main or central focus). Some persons with disabilities are more marginalised than others. For example, women with disabilities are marginalised by their status as a person with a disability and for being women. Compounded marginalisation thus refers to the additional marginalisation experienced by people caused by linkages between race, disability, gender, socio-economic status and class. Age and geographic location could also cause compounded marginalisation. Children or older people are more marginalised than working-age persons and people in rural areas are marginalised than people in urban areas.

Several UNCRPD articles, especially articles 3, 6, 16 and 28, recognise that women and girls with disabilities are subjected to compounded discrimination. Articles 25 and 28 relate specifically to older persons with disabilities.

Four focal areas related to compounded marginalisation are highlighted in the WPRPD and its Implementation Matrix:

The right to life	Equal recognition before the law	Access to justice	Freedom from torture or cruel, inhuman and degrading treatment or punishment, exploitation, violence and abuse

The right to life

Although Section 11 of the South African Constitution guarantees the right to life, some persons with disabilities are particularly at risk and require specific protection:

- Older persons and children with disabilities subjected to cultural or regional beliefs linking disability to witchcraft or punishment.

- Persons with disabilities placed on waiting lists for urgent life- saving interventions, whose lives are viewed as less valuable.

- Persons with disabilities unable to access quality healthcare.

- Persons with disabilities in emergency and/or disaster situations.

- Persons with psychosocial disabilities unable to access appropriate healthcare services.

- Displaced persons with disabilities (e.g. refugees, asylum-seekers and migrants).

- Homeless persons with disabilities.

How does the WPRPD help?

A review must be conducted of all legislation, policies and programmes aimed at protecting life to include reasonable accommodation measures to prevent the loss of life. A monitoring system must be in place to track the loss of life due to insufficient protection measures in place for persons with disabilities.

Equal recognition before the law

It is a principle of international law that legislation must recognise all persons without limitations. This means that persons with disabilities have the same legal rights as any other person, which is often the key to ensuring other rights as well.

However, persons with psychosocial, intellectual and/or neurological disabilities are at risk of being denied this recognition because people believe they are not able to represent themselves. People who live in rural and/or poor communities and those who are homeless or displaced are less likely to have information about their rights or know how to exercise these rights.

How does the WPRPD help?
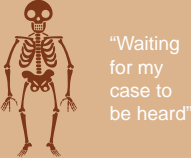
A review must be conducted of all legislation to ensure equal recognition before the law for persons with psychosocial and/or intellectual disabilities. This must include informing persons with disabilities about their rights and empowering them to access these rights.

Legislation must also be developed to ensure supported decision making.

"She won't be able to testify and if she does nobody will believe her. It's a waste of time."

Access to justice

If people are not able to access the justice system they are unlikely to be able to access any other rights. Access to justice includes different ways of resolving disputes, participating in social movement politics, democratic representation and the education of people to respect rights. Thus, people with disabilities and their families must understand their rights and what to do when these rights are violated. Also, mechanisms to resolve the violation of rights must be affordable and easy to access (even in rural communities). Persons with disabilities often experience barriers preventing them from using the justice system effectively. These barriers may include:

	Poverty
	The geographic location of institutions
	Physical inaccessibility
	A lack of knowledge about legal rights so that people don't know that their problem can be addressed by the law
	Inappropriate dispute resolution institutions and mechanisms
	Procedural hurdles
	Delays in the resolution of disputes

It is difficult for people with sensory, intellectual, neurological and/or psychosocial disabilities to access justice. This is often due to the nature of their disabilities and people's perceptions about them. They may feel overwhelmed, frightened or simply believe there is nothing they can do, especially if they find it difficult to communicate with people. The stress of being in a courtroom can also be a major barrier, particularly if legal professionals (e.g. police officers, attorneys and judges) do not have the necessary skills to accommodate people with disabilities.

This is especially true in sensitive cases such as sexual abuse or when children with disabilities are involved.

The WPRPD requires access to justice to be strengthened. This includes improving the enforcement of existing laws and improving access to courts, as well as access to relevant services to assist persons with disabilities to report the abuse of their rights. It is also important to strengthen the capacity to address disability issues of organisations created under Chapter 9 of the South African Constitution, i.e. the South African Human Rights Commission (SAHRC), the Gender Commission and the Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities. Civil society organisations (especially organisations representing persons with disabilities) should also be strengthened.

It is not enough to simply establish a system free of barriers to enable access to justice for persons with disabilities. Such access must be monitored and a national action plan developed to inform persons with disabilities and their families about their rights and how they can access them.

Freedom from torture or cruel, inhuman or degrading treatment or punishment, exploitation, violence and abuse

Torture is a serious violation of human rights and is also a frequent cause of disability. As was seen with the Life Esidimeni tragedy in 2016, people with disabilities are especially vulnerable when they have been separated from their families and society.

The removal of persons with severe psychosocial and intellectual disabilities from Life Healthcare Esidimeni to inappropriate residential facilities by the Gauteng Department of Health resulted in the negligent death of 144 people.

Other forms of torture and inhumane treatment of persons with disabilities:

	Medical experimentation and intrusive and irreversible medical treatments without their consent.
	People with disabilities are expected to change their thinking and behaviour to what others believe to be in their best interest.
	Women and girls with disabilities are particularly vulnerable to violence and abuse.
	Many people believe that conditions such as albinism and epilepsy are linked to witchcraft, curses or punishments.
	Many people with disabilities are victims of sexual exploitation and abuse and remain unable to access justice.
	Criminals use children with intellectual and communication disabilities because people won't believe their testimony in court.

The WPRPD requires:

Developing and implementing quality assurance programmes benchmarked against international best practice.

- Strengthening monitoring systems for all types of institutions and facilities for persons with disabilities.

- Developing measures to protect the mental health of persons with disabilities.

- Strengthening human rights monitoring mechanisms for older persons and others at risk in residential care.

- Developing strategies and plans to protect persons with disabilities at risk (e.g. refugees, displaced persons and prisoners).

SECTION 5: WPRPD PILLAR 3 – SUPPORTING SUSTAINABLE INTEGRATED COMMUNITY LIFE

Persons with disabilities have the same right as any other person to choose where to live. Independent living does not mean that people with disabilities want to live by themselves, but rather as part of their community.

The WPRPD highlights five areas to improve community living for persons with disabilities and their families:

- Building socially cohesive communities and neighbourhoods;
- Building and supporting families;
- Accessible human settlements/neighbourhoods;
- Access to community-based services supporting independent living; and
- Protection during situations of risk and disaster.

Building socially cohesive communities and neighbourhoods

A socially cohesive community and neighbourhood is one where persons with disabilities are recognised as equal citizens able to fully access the right to play, develop, work and learn in their own communities.

Some people with disabilities are more likely to be excluded and marginalised. These include persons with multiple disabilities and displaced persons (e.g. refugees, asylum-seekers and migrants). Every member of society should reject all forms of discrimination, exclusion and marginalisation to improve access to integrated community, sport and leisure facilities and other opportunities to build social cohesion.

How does the WPRPD help?

Persons with disabilities must be integrated into all initiatives focusing on social cohesion (reducing inequality, building a united South Africa, moral regeneration and universal access to services.

All social, economic, religious, cultural, sport and leisure facilities and programmes must be accessible to persons with disabilities with appropriate signage to inform persons with disabilities.

All residential facilities, day care and programmes targeting older persons must be accessible to older persons with disabilities.

OLD AGE HOME

"We really cannot accommodate you because we are not equipped to deal with epilepsy."

Subsidies and sponsorships for all sport and leisure development must include a disability mainstreaming component.

"I'm sorry, but we will simply not be able to compete in the championships because we don't have money to get there."

The WPRPD aims to protect vulnerable persons with disabilities (women, girls, boys and the LGBTQI+ community) so they can feel safe living in their communities.

Building and supporting families

Many people with disabilities miss out on family life because services (e.g. schools) are not available in their local community or because people still believe it is better to separate them from their families.

Disability does not only affect the individual, but also his/her family, friends and community. Parents and care-givers must often make difficult decisions to do what they think is in the "best interest" of the person with a disability. It is thus essential that they have access to relevant information and peer and parent support and empowerment programmes. This is available largely from disability service organisations and parents' organisations.

Because women are generally the caregivers to family members with disabilities they are often not able to work or realise their ambitions. They should be able to access empowerment services to develop alternative, sustainable sources of income, in addition to receiving a social grant (note: to qualify for a grant, there is a means test and a maximum limit on the amount of income a caregiver is allowed to have).

The benefits of family functions include:

Family function	Benefits for individual family members	Benefits to society
Membership and family formation	Provides a sense of belonging, personal and social identity, meaning and direction in life	Manages reproductive function and assures the continuation of the species
Economic support	Provides for basic needs (food, shelter and clothing) and other resources to enhance human development	Contributes to the healthy development of members who contribute to society (and who need fewer public resources)
Nurture, support and socialisation	Provides for the physical, psychological, social and spiritual development of children and adults Instils social values and norms	Prepares and socialises children for productive adult roles Supports adults to be productive members of society Controls antisocial behaviour and protects society from harm
Protection of vulnerable members	Provides care and support for young, ill, disabled or otherwise vulnerable members	Minimises public responsibility for the care of vulnerable, dependent individuals

The WPRPD requires the development of an integrated and multi-sectoral plan to reduce the responsibilities of families caring for and supporting persons with disabilities. This plan must include economic and non-economic support for households and communities. It must be standardised, expanded and fully subsidised when provided by civil society organisations. It is important that parents and caregivers

are aware of services such as parental counselling, peer support services, respite care services, and therapeutic, educational and economic programmes.

Accessible human settlements/ neighbourhoods

People with disabilities will only be able to make choices about their living arrangements if there are accessible and well-designed housing and neighbourhoods. This needs universal design to enable persons with disabilities to access the built environment, transport and information systems.

Statistics South Africa found that children with disabilities are more likely than other children to live in poor homes and communities without proper housing or access to water and sanitation, adding stress to their families.

The WPRPD requires all Integrated Development Plans (IDPs) to include supported community living plans:

How does the WPRPD help?

All transport systems must be designed or retrofitted to enable persons with disabilities to use the entire transport value chain without barriers.

Persons with disabilities and single parents with disabilities must have access to State-subsidised housing.

Universal design must be incorporated into all infrastructure and neighbourhood development grants and tax rebate programmes while smaller improvements must be prioritised for places where people with disabilities live.
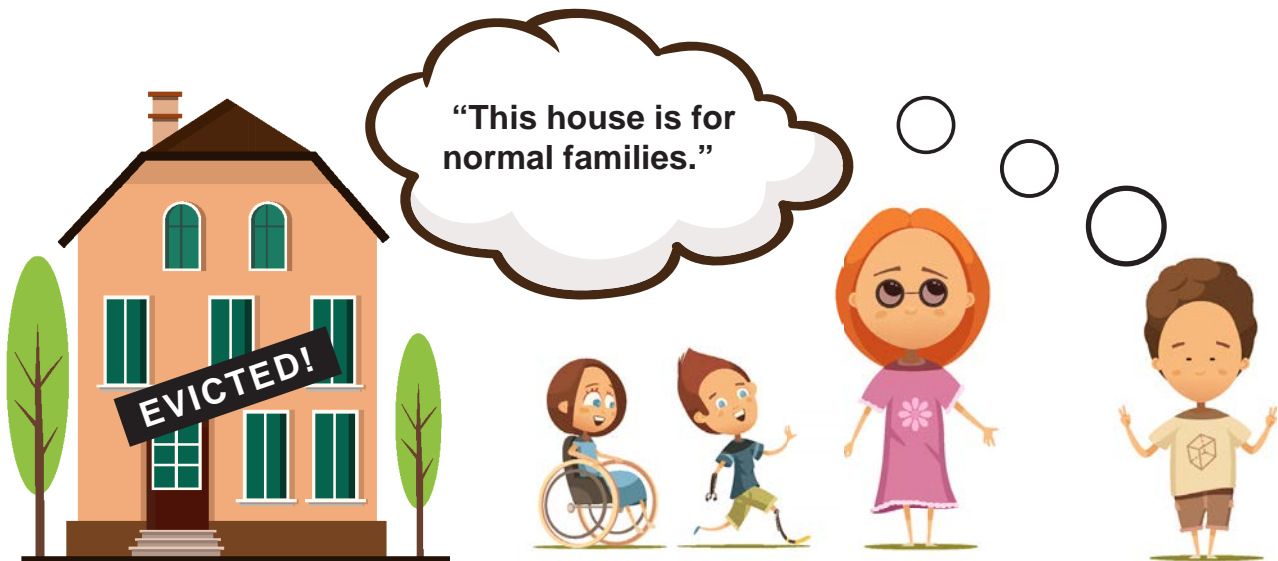
Access to community-based services supporting independent living

Persons with disabilities have the same right as any other persons to choose where they want to live and with whom. They must have the necessary support services (including personal assistance) to help them integrate into the community. Persons with disabilities living in rural and poor areas, as well as farms and traditional communities, find it more difficult to access basic and social services.

The WPRDP requires the development of a sustainable community-based system for personal assistance to support independent living for persons with disabilities in their own communities.

System requirements:

Person-centred	Self-directed	Maximise opportunities for independence	Maximise opportunities for participation in community life
Provide persons with disabilities with choice about their living arrangements	Be responsive to the needs of person with disabilities	Provide access to integrated community and home-based support services	Be subsidised

Protection during situations of risk and disaster

Persons with disabilities are more at risk in an emergency situation or disaster than others and their needs must be prioritised. This means that emergency and disaster management services must employ people with training in assisting persons with disabilities. It is important to remember that persons with disabilities and their families have unique knowledge and experience which should be included to reduce risks.

The WPRPD requires the revision of Disaster Management Plans to ensure that persons with disabilities needing assistance during evacuations have priority access to services. National and provincial disaster management centers must ensure that psychosocial support service personnel who are able to assist persons with disabilities can be deployed during disasters. Evacuation centers must be accessible. Municipal emergency services must establish reasonable accommodation support systems with trained emergency personnel to ensure equitable and immediate access for persons with disabilities to these services.

SECTION 6: WPRPD PILLAR 4 – PROMOTING AND SUPPORTING EMPOWERMENT OF PERSONS WITH DISABILITIES

The human rights approach to development aims to strengthen the capacity of duty-bearers while supporting the empowerment of rights-holders. Although participation is a key component, many people with disabilities face challenges, such as: cohesion (reducing inequality, building a united South Africa, moral regeneration and universal access to services.

- Poor articulation and alignment of various services
- Barriers that exclude them
- Lack of access to appropriate and timeous information and support
- Lack of access to essential services in rural areas
- Poor enforcement of existing enabling laws
- The high cost of disability preventing access to opportunities
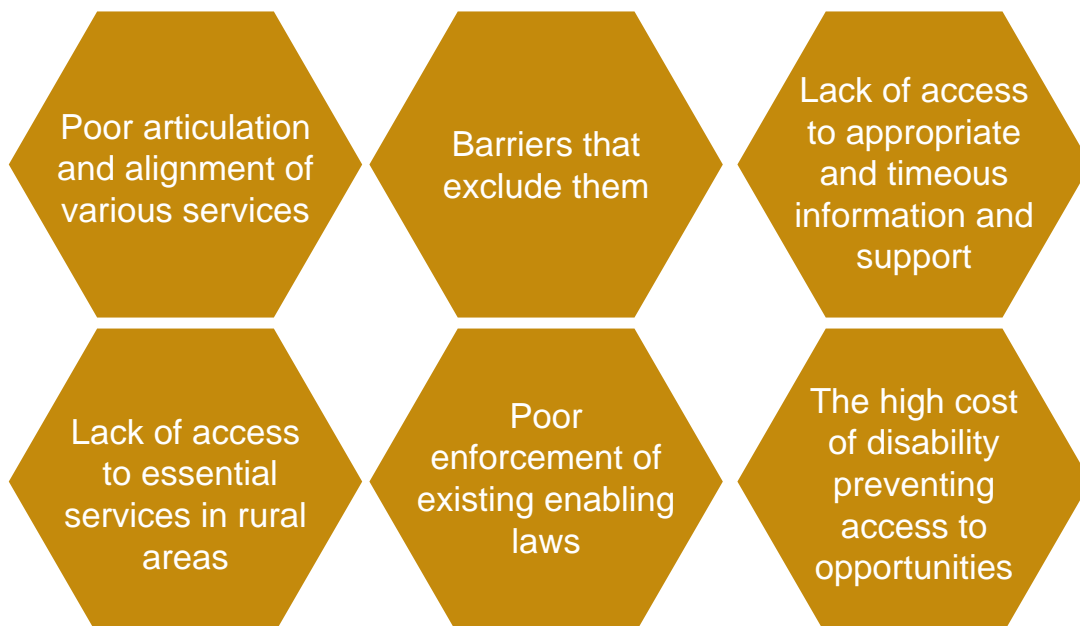
Persons with disabilities are dependant on others because of:

Social isolation	Unresponsive services and systems	Poverty	Abbuse
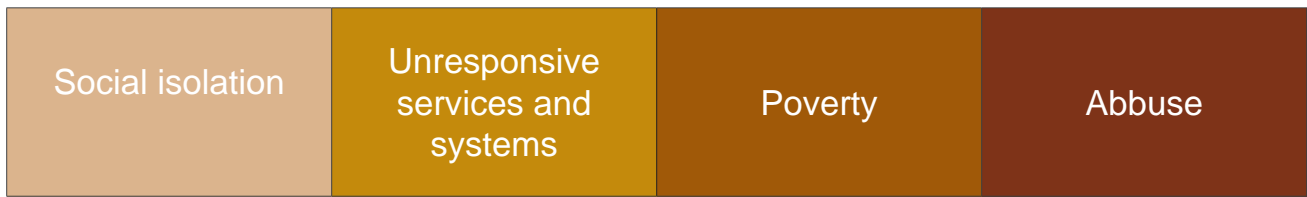
Processes that give people more control over aspects of their lives and dignified participation in the community support the empowerment of persons with disabilities.

The WPRPD identifies six areas that need attention to empower persons with disabilities:

- early childhood development;

- lifelong education and training;

- social integration support;

- access to healthcare and lifestyle support;

- supported decision making; and

- strengthening recourse mechanisms.

<u>Early Childhood Development (ECD)</u>

ECD services and programmes allow the prevention, early identification and timely assistance and support for children with disabilities. Among many reasons why children with disabilities should be included in ECD are:

Integrated learning opportunnities

Opportunities f or observational learning and interaction

Trend to engage in higher levels of play

Increased social contact

Changing attitudes about children with disabilities

Early identification and appropriate referrals

How does the WPRPD help?

Children with disabilities must have equitable access to ECD programmes and facilities (i.e. infrastructure, attitudes, equipment and activities).

"**This is why blind children should go to special schools. What am I supposed to give him to do while the other children colour in?**"

Disability-specific services must focus on individual needs and development to improve independence and social integration, as well as parent empowerment and support.

The WPRPD requires the development of a national integrated referral and tracking system to:

• Identify children at high risk/with developmental delays and/or disabilities through Road-to-Health health screening programmes and refer them to relevant accessible services;

• Register all children between the ages of 0-18 years on a centralised database;

- Ensure that children with disabilities on the database are assessed and have access to an individualized developmental support and treatment programme and social assistance benefits;

- Ensure that children with disabilities remain on this programme until the age of 18 years;

- Ensure that all children with disabilities are enrolled in appropriate ECD and compulsory education programmes; and

Ensure that parents receive timeous, appropriate and accessible information to enable them to take decisions in the best interest of their children.

Lifelong education and training

When children with disabilities are excluded from education they are usually also excluded from the benefits of development in general. Children with disabilities may be excluded within their family and community, at school level and even through national education policies.

Statistics show that children and adults with disabilities have less access to education than those without disabilities. Children with disabilities are traditionally sent to special schools away from their home environment.

To ensure lifelong and barrier-free learning for persons with disabilities there must be a focus on:

Reasonable accommodation to meet the needs of the individual	Appropriate support within the education system for effective education
Effective individualised support to maximise academic and social development aimed at full inclusion	Opportunities to learn life and social development skills for full and equal participation
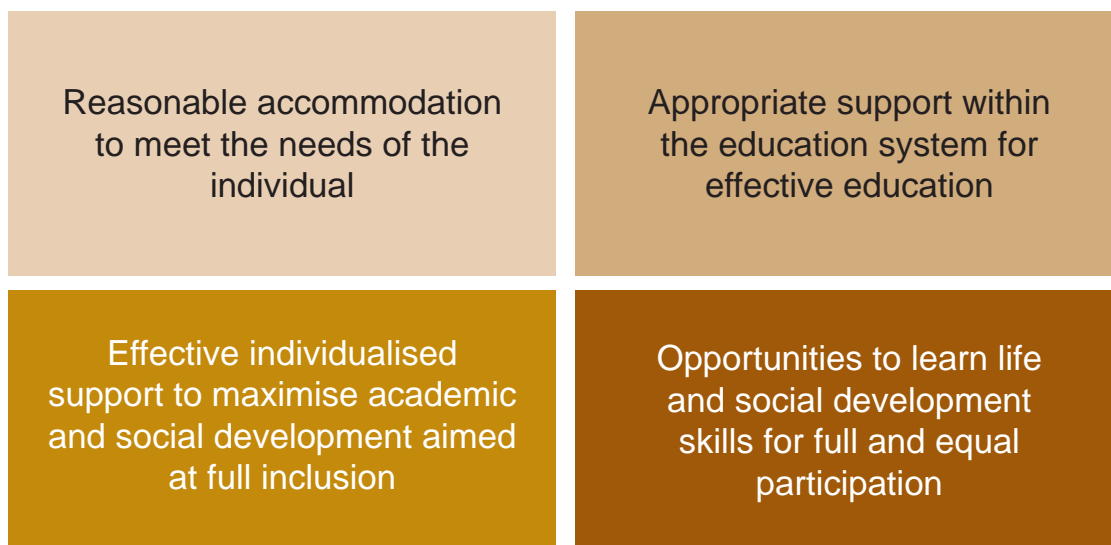
This will need specific measures

Facilitating learning appropriate communication (e.g. Braille), orientation and mobility and peer support and mentoring	Facilitating learning of South African Sign Language (SASL) and promoting the language identify of the Deaf community	Ensuring education in appropriate languages, modes and methods
Employing appropriatelly trained teaching and support staff	Ensuring access to general tertiary education, vocational training, adult education and lifelong learning without barriers	

How does the WPRPD help?

Education facilities must be accessible to persons with disabilities.

"What am I suppose to do with this?

Persons with disabilities must have timeous access to adequate support and reasonable accommodation measures at all public and private education and training facilities (including sport, recreational and peer support).

All children with disabilities of compulsory school-going age must be enrolled in a school. When a child with a disability is refused enrollment it should immediately be reported to the SAHRC. Children with severe to profound intellectual disabilities should also have access to schooling, education and stimulation programmes.

Training to create awareness about disability rights must be included in the curricula of all education and training programmes.

Social integration support

Some persons with disabilities are more at risk due to their impairment or the way other people see it. Persons with disabilities need a range of specific services to overcome these risks:

Screening, early identification and assessment to determine individualised support programmes	Specialised and community-based rehabilitation, habilitation and psychosocial support services
Assistive devices and technology support services	Peer and family counseling and empowerment support services

People who acquire disabilities later in life often find it difficult to access rehabilitation or habilitation services to help them integrate effectively into community life, work and education. In addition, services tend to be limited in rural areas while poverty also plays a major role as there is usually a cost (e.g. transport) attached to such services. Other concerns are the lack of information about services and poor referral systems within the health sector and with other areas (e.g. social security, education, employment and skills and social development). Funding of services (especially psychosocial services) are generally insufficient with many organisations having to make do without any government support.

Community-based peer and parent counseling and support programmes contribute enormously to the empowerment of persons with disabilities (including children and young people), especially when provided by people who are themselves disabled or parenting a child with a disability. Community-based residential and stimulation programmes, as well as income generation projects, also contribute to the empowerment of persons with disabilities.

How does the WPRPD help?

The government must establish integrated, multi-sectoral provincial rehabilitation and habilitation centers for screening, early identification and assessment to develop individual support programmes and meet social assistance needs. The centers should offer a variety of services to facilitate independent living and social integration (e.g. providing assistive devices and technology, counseling, psychosocial and vocational rehabilitation) and coordinate community-based personal assistance.
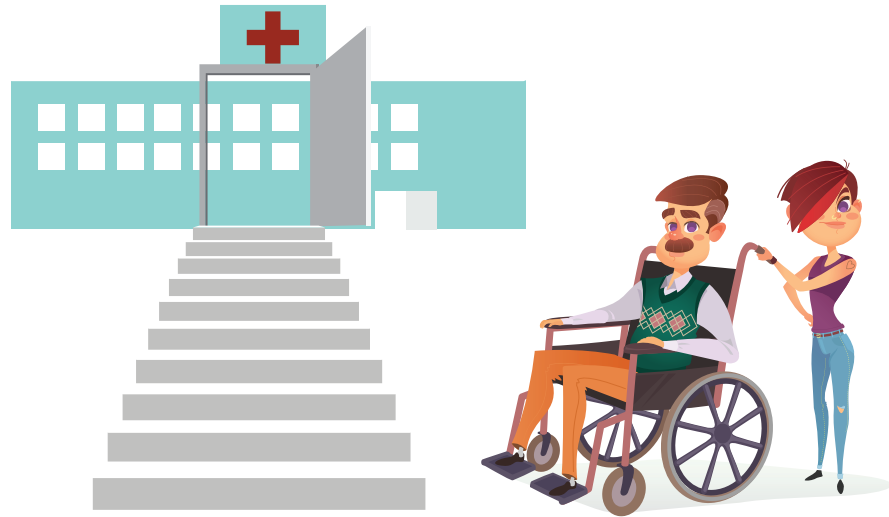
The government must subsidise peer support and empowerment programmes to ensure that these are available at the community level to strengthen the rights of persons with disabilities to self-representation and advocacy. Ideally, these programmes should be managed by parents' organisations or those representing persons with disabilities.

"How will my daughter learn Braille and who will fix her hearing aid?"

Government subsidies for disability-specific services must be in line with the actual cost, while organisations of persons with disabilities must be contracted to provide training as a central component.

"I don't think you can use Braille for mathematics or geography."
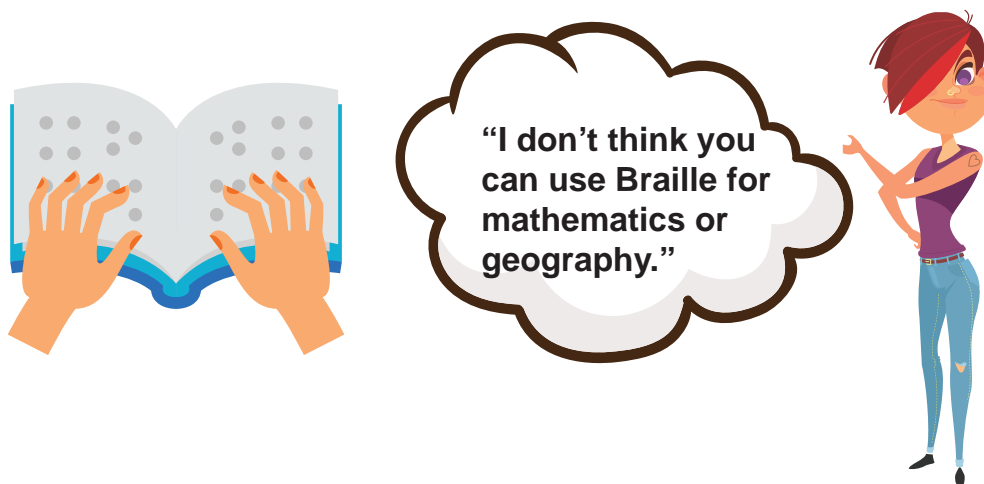
Access to healthcare and lifestyle support

People have a right to health services that promote and facilitate a healthy life. Besides physical access to healthcare, persons with disabilities are also disadvantaged by social factors which can impact negatively on their health. Affordability is often a problem because of costs such as transport and buying and maintaining assistive devices. Persons with disabilities are less likely than others to access victim empowerment support services and the broader justice system when subjected to gender-based violence and crime. They are similarly also more at risk of contracting HIV and could thus face double discrimination. Persons with disabilities have limited access to community sport and recreation which could contribute significantly to their general health status.

It is important that persons with disabilities not only have access to an effective and affordable healthcare system, but are treated with dignity and respect by healthcare workers.

How does the WPRPD help?

Persons with disabilities have the right to an integrated and holistic basket of accessible and affordable healthcare services at district and community levels, as well as higher levels of care.

"How must I pay for transport to the hospital?"
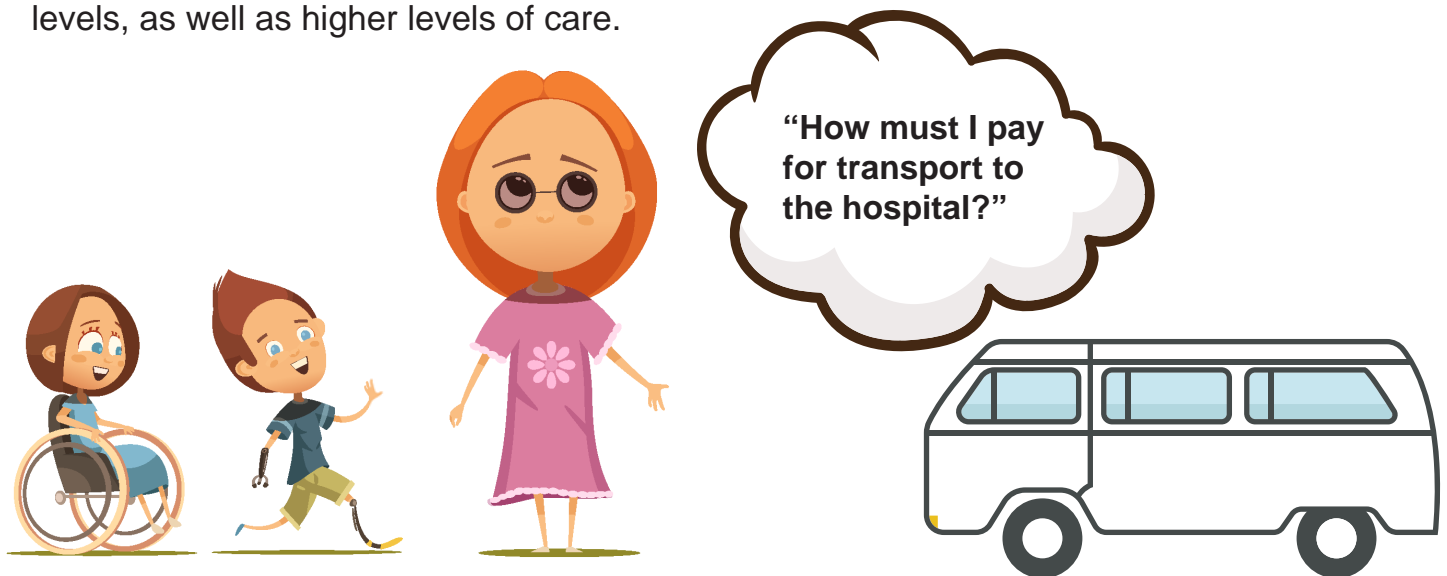
All persons with disabilities (especially women, girls and older people) must be able to access victim empowerment and recourse programmes when they are victims/ survivors of crime and violence.

All HIV/AIDS prevention and treatment programmes must be accessible, including family planning and sexuality/ sex education programmes.

The WPRPD aims to develop and implement a National Disability Services Quality Framework with a National Quality Assurance system supported by laws. This will establish minimum norms and standards for disability services.

Supported decision-making

People with disabilities (especially psychosocial, neurological and intellectual impairments) are often not allowed to make their own decisions. This takes away their control over their own lives and robs them of their human dignity. We need laws and policies to protect the right of every person with a disability to make his/her own decisions, unless there is very specific evidence that a person can't do so. In this way, we can ensure the legal capacity of persons with disabilities. Even when people are not able to make their own decisions, their rights must still be protected and their abilities regularly reviewed by an independent/ legal body to ensure that they are able to exercise their rights as soon as they can. People may also be able to make decisions with some help. This is known as supported decision making and protects people's rights. The WPRPD requires the development of such supported decision-making services.

Strengthening recourse mechanisms

The empowerment of people with disabilities and their families is built on two important values:

Knowledge	Access
What are the rights? What can be done when rights are violated? How can people access recourse mechanisms?	Recourse mechanisms must be affordable Recourse mechanisms must be easily accessible (even in rural areas)

Recourse mechanisms are arrangements that make it possible to enforce laws and develop new disability-specific laws. The WPRPD requires the development of a national action plan to inform and empower persons with disabilities about their rights and how to ensure that they can realise these rights.

SECTION 7: WPRPD PILLAR 5 – REDUCING ECONOMIC VULNERABILITY AND RELEASING HUMAN CAPITAL

Why are persons with disabilities generally poorer than other people?

Limited access to healthcare	Poor education opportunities	High unemployment	Negative attitudes towards persons with disabilities
Lack of reasonable accommodation	Lack of resources	Increased costs (healthcare, transport, assistive devices and personal assistance)	Functional limitations and the cost of accommodating these limitations
Higher risk of financial shocks (e.g. increase in the inflation rate)	Lack of financial reserves (limited or no savings)	Limited earning potential even when employed	Likelihood of living in poorly resourced rural areas with discriminatory traditional beliefs

Pillar 5 aims to reduce the economic vulnerability of persons with disabilities and their families and improve their economic self-reliance through four focal areas:

Disability, poverty, development and human rights	Access to decent work and work opportunities
Persons with disabilities as owners of the economy	Reducing the cost of disability for persons with disabilities and their families

Disability, poverty, development and human rights

The NDP is clear about the relationship between disability and poverty, stating that "disability and poverty operate in a vicious circle. Disability often leads to poverty and poverty, in turn, often results in disability".

Not only the persons with disabilities suffer in poverty but their family also and even the community, as they contribute little to the local economy.

Many people with disabilities rely totally on social grants for their monthly income and can sometimes access public employment programmes. Workers are also protected through unemployment insurance benefits and compensation for injury on duty. However, the private insurance industry often places limits on benefits or totally exclude persons with disabilities.

How does the WPRPD help?

Social assistance must reflect the cost of disability and be structured in a way that enables beneficiaries to move into decent work to sustain themselves and their families.

"I can't tell the officials that I've got a part-time job because they'll take away my grant and the job doesn't pay enough money to get new crutches."

Insurance benefits must be reviewed to remove discriminatory practices and allow persons with disabilities and their families to benefit.

The WPRPD seeks to expand the geographic reach of poverty reduction initiatives, focusing on seven areas:

Access to education	Support for caregivers of adults and children with disabilities	Accessible and affordable transport	Increasing household income through employment and work opportunities
Providing accessible transport to healthcare facilities	Affordable assistive devices and support (including access to information and communication technology)	Including persons with disabilities in the design of key developmental areas (e.g. housing and transport)	

Access to decent work and employment opportunities

Work is essential to any person for economic security and social inclusion. However, 'decent' work means much more than having a job. Such work contributes to physical and mental health, personal well-being and a sense of identity. It creates financial independence and raises living standards. These are some of the things that persons with disabilities are often unable to access because of negative attitudes towards them.

Parliament passed the Employment Equity Act in 1998 but this did not result in significant improvement in employment for persons with disabilities for whom unemployment remains high.

Employment opportunities for persons with disabilities include:

Sheltered work allows people to retain their social grants with low remuneration and limited government subsidies	Integrative enterprises are sheltered workshops paying open labour market wages
Supported employment is set in the open labour market and includes job coaching	The open labour market

To address high unemployment in the disability community, the WPRPD requires affirmative action targets aligned to the real disability population demographics. This should result in equality by 2030.

Employees must have access to affordable vocational rehabilitation, skills development, job retention and return-to-work programmes if they become disabled.

Persons with disabilities as owners of the economy

Several measures should be implemented to enable persons with disabilities to access opportunities aimed at owning the economy:

Ensuring that persons with disabilities are actively participating in key NDP economic sectors	Including persons with disabilities in the planning of infrastructure projects	Participating in all strategies to reduce the cost of living for low-income and working-class households	Reducing the cost of complying with business regulations for entrepreneurs with disabilities and their families
Creating a larger and more effective innovation system to allow access to skills development for entrepreneurs with disabilities	Strengthening support for entrepreneurs with disabilities	Expanding the skills based to achieve the current 4% target of the National Skills Development Strategy (increasing to 15% by 2030)	Strengthening financial services to reduce the cost and improve access for entrepreneurs with disabilities
Implementing public procurement practices to improve access for entrepreneurs with disabilities	Including entrepreneurs with disabilities in investment and foreign policy	Ensuring that all goods and services purchased by government complies with the principles of universal design and disability equity	

It is important to have specific targets to ensure progress. The WPRPD requires that 7% of all government and private purchasing under R30,000 be set aside for emerging small and medium businesses owned by persons with disabilities. Similarly, 7% of all economic opportunities must be allocated to businesses owned by persons with disabilities.

7%

This should include interventions to enable farmers with disabilities to access, own and work the land.

Starting a business offers opportunities to some persons with disabilities to become economically active and independent. The WPRPD recognises this and aims to strengthen access to and participation for persons with disabilities in programmes supporting small businesses. This must include strengthening support for entry-level SMEs through affirmative action targets and ensuring reasonable accommodation support.

Broad-Based Black Economic Empowerment (BBBEE) creates access and equal opportunities for economic empowerment for persons with disabilities. While persons with disabilities must be included in all BBBEE legislative and regulatory frameworks, the WPRPD specifically requires that persons with disabilities must have representation in all Sector Charters. In addition, amendments of BBBEE codes must allocate specific targets for persons with disabilities based on consultation with the disability sector.

The WPRPD also proposes affirmative action targets for women with disabilities:

50% of all affirmative action opportunities targeting persons with disabilities	7% of affirmative opportunities targeting the empowerment of women

Reducing the cost of disability for persons with disabilities and their families

Persons with disabilities face extraordinary costs related to their disability which other people do not have. This could include personal assistance services (e.g. sign language interpreters, attendant care, reader and note-taking services), assistive devices and technology, higher transport and higher healthcare.

Statistics South Africa found that one in four children with disabilities has lost one or both parents while only one in five among children without disabilities.

Taxpayers with disabilities (or with dependents with disabilities) enjoy a range of tax rebates:

Attendant care expenses (home, school, work)	Travel and other related expenses (including transport costs for learners in special schools)	Acquiring, insuring and maintaining assistive devices, artificial limbs and technology needed for daily activities
Service animals (e.g. guide-dogs)	Alterations or modifications to assets (e.g. adapting a home or vehicle)	
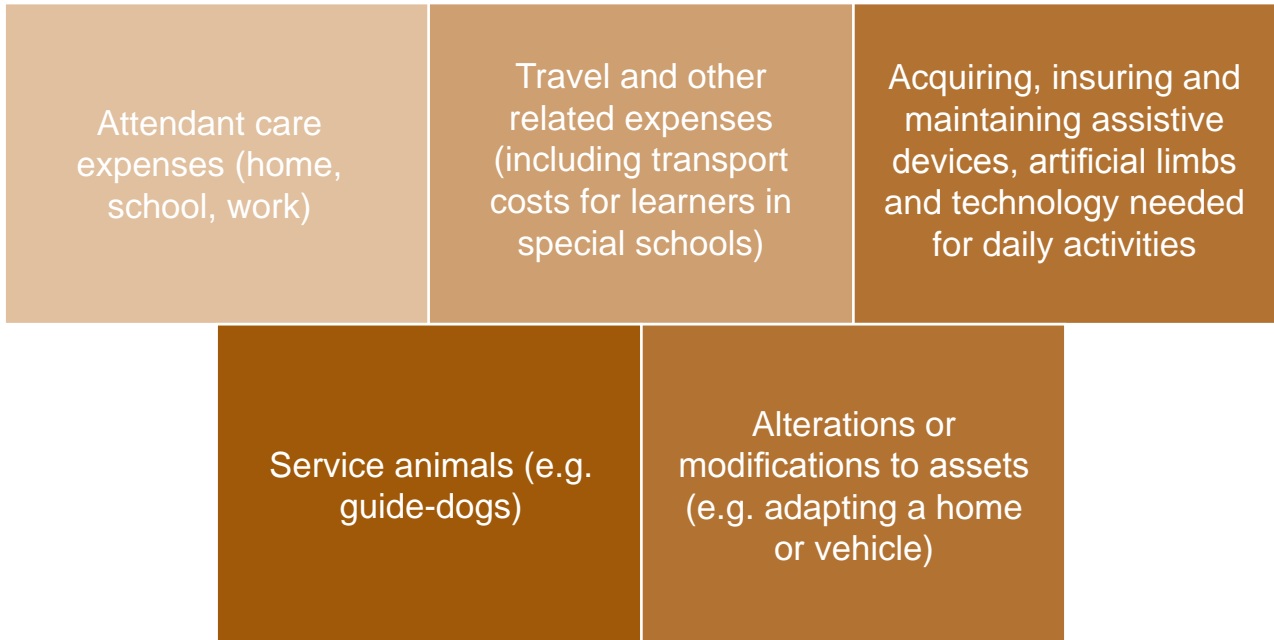
Because these rebates are linked to the tax bracket of the person rather than the actual expense of the disability-related cost a review of disability-related tax benefits is required.

The WPRPD also proposes measures to reduce disability-related costs for small businesses owned by persons with disabilities. This means that the adjudication of bids must exclude disability-related costs for reasonable accommodation measures required to run the business. In this way, the playing field is leveled.

SECTION 8: WPRPD PILLAR 6 – STRENGTHENING THE REPRESENTATIVE VOICE OF PERSONS WITH DISABILITIES

The sixth pillar of the WPRPD focuses on strengthening the representative voice of persons with disabilities through five focal areas:

Strengthening access and participation through self-representation	Recognition of representative organisations of persons with disabilities (including parents organisations)
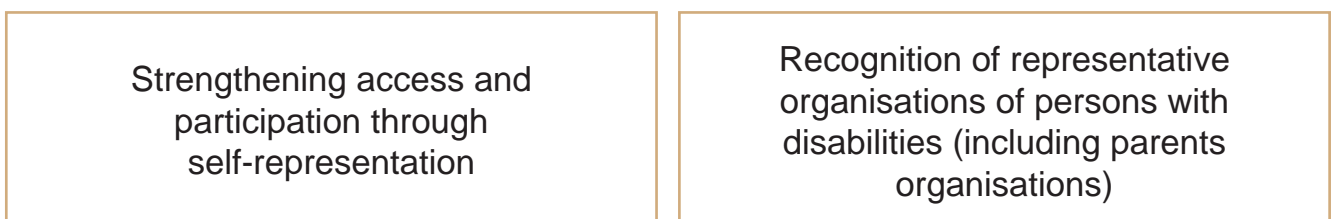
Strengthening the diversity and capacity of organisations of persons with disabilities and self-advocacy programmes	Public participation and consultation

Self-representation in public life

Strengthening access and participation through self-representation

Disabled People's Organisation (DPO's)	Disability Service Organisation (DSO's)
These are organisations of persons with disabilities. DPOs are controlled by persons with disabilities themselves. This means that most staff and board members are persons with disability. DPOs include organisations of parents of children with disabilities aiming to empower and grow self-advocacy.	These are organisations providing services and support to persons with disabilities. DSOs are not controlled by persons with disabilities themselves. Many DSOs facilitate self-advocacy groups for persons with disabilities finding it difficult to run and manage their own organisations independently. DSOs should guarantee an independent voice for persons with disabilities in advocacy matters (i.e. the right to express their views without interference. Persons with disabilities must represent themselves on the management structures of DSOs.

How does the WPRPD help?

Persons with disabilities must be included in all aspects of design, planning, implementation and monitoring of policies and programmes. This means that government institutions at all levels must consult DPO's.

Private service providers must be encouraged to involve DPOs in developing and assessing the accessibility of their services.

Recognition of representative organisations of persons with disabilities (including parents' organisations)

To represent other people means that you will need to obtain a mandate from them. Thus, a representative voice requires:

Membership management systems enabling the organisation to account for the constituency it represents	Empowerment programmes for members
Advocacy and monitoring programmes	Internal consultation and accountability mechanisms enabling the organisation to obtain mandates from members
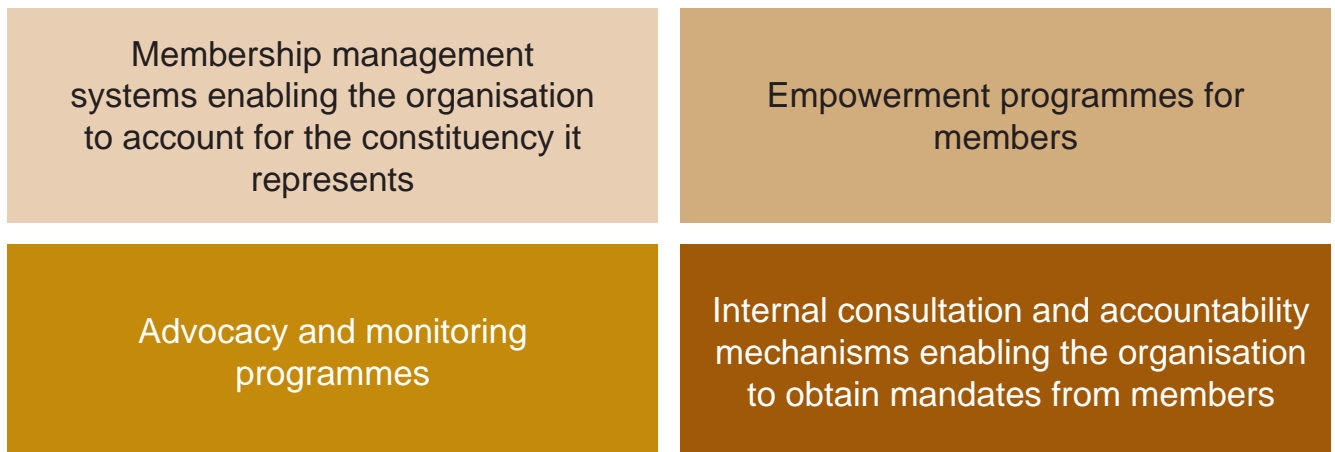
For an organisation to be recognised as representative it must have systems regulating self-representation during consultation to develop, implement, monitor and evaluate policies and programmes.

The WPRPD requires the development of minimum norms and standards for consultation with DPOs at all levels of government. DPOs must register with relevant rights coordinating bodies at national, provincial and local levels. Strengthening the diversity and capacity of DPOs and self-advocacy programmes

Because the WPRPD is based on the UNCRPD it requires the government to strengthen the representative voice of persons with disabilities by:

Making funding available for self-advocacy and participatory monitoring activities	Conducting rights-based advocacy and research at national, provincial and local levels
Participating in monitoring the implementation of the WPRPD, sector policies and programmes and establishing international treaties in South Africa	Monitoring the rights of persons with disabilities through an independent monitoring mechanism

Providing accessible consultative platforms and support for self-representation

Public participation and consultation

It is important to clearly understand the terminology used, particularly participation versus consultation and advocacy versus expertise:

Participation	Participation means access and full participation by persons with disabilities in community meetings and processes. This requires reasonable accommodation to enable people to present their viewpoints.
Consultation	Consultation is a more structured self-representation process. Persons with disabilities are given access to policy and programme development processes and can participate in monitoring and evaluation. This requires DPOs to apply for recognition with relevant institutions for consultation. The outcomes of such consultation are shared with management and governance structures.
Advocacy	Advocacy means advice on what is required.
Expertise	Expertise describes how things should be done.

The WPRPD also states that any costs incurred by DPOs in advocacy and monitoring activities initiatives by the government must be paid for by the relevant government department and not the organisation. Similarly, expertise should not be provided free of charge but purchased.

All public participation programmes must be fully accessible to persons with disabilities. This includes venues and reasonable accommodation to ensure access to information and communication.

Self-representation in public life

Persons with disabilities must have direct representation in legislative bodies and governance structures of public institutions whose mandates impact on their lives. This means that persons with disabilities must be able to stand for election as public representatives to ensure self-representation in line with the population demographics. This right must be guaranteed in law which means that current legislation and policies will have to be reviewed to ensure this.
Children with disabilities must also be enabled and supported to represent themselves.

SECTION 9: WPRPD PILLAR 7 – BUILDING A DISABILITY-EQUITABLE STATE MACHINERY

To be effective, the government must take the circumstances of people into account and focus on ensuring equal outcomes for all. This applies to the legislature and executive across all three spheres of government (national, provincial and local).

Disability must be mainstreamed across five focal areas:

Disability equitable planning, budgeting and service delivery	Disability equitable evidence informing policy and programme development (monitoring, evaluation, reporting, research, data and statistics)

Public procurement and regulation	Capacity building and training

Strengthening accountability
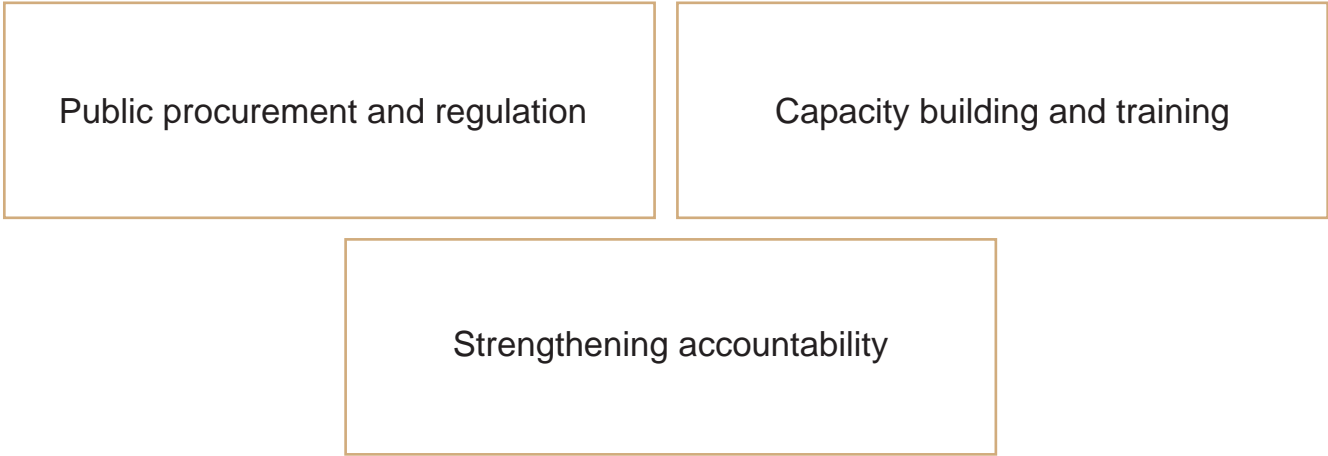
Disability equitable planning, budgeting and service delivery

Government plans and budgets must mainstream disability issues so that persons with disabilities have equal access to services and opportunities like all other people. To do this, disability issues must be mainstreamed in all planning processes, particularly:

Equality of outcomes	Universal design	The removal of barriers
Reasonable accommodation measures	Redress (correction)	A monitoring and evaluation system to measure the impact on the lives of persons with disabilities

A number of principles inform the coordination of services, budgeting and the allocation of resources:

Persons with disabilities have the right to participate equally with others in any activity and service intended for the general public	The principles of universal design and the provision of reasonable accommodation must inform all new and existing legislation, standards, policies, strategies, plans and budgets	Targeted programmes and services aimed at redressing and/or ensuring that the diverse needs of persons with disabilities are adequately met must be supported by effective planning, adequate allocation of human resources and sufficient financial investment
Persons with disabilities must be consulted on selecting appropriate reasonable accommodation measures, assistive technology and personal support	DPOs must be consulted throughout design, planning, implementation, monitoring and evaluation processes	

All public institutions must have a statement in their strategic plans committing them to disability equity and highlighting the relevant UNCRPD responsibilities. They must also include a funded Universal Design Access Plan in their annual performance plans and/or Integrated Development Plans. This means that these institutions must show how universal design principles are changing planning and design and what reasonable accommodation support measures are funded.

Organisational Universal Design Access Plans have many benefits and will ensure:

Equal access to services, programmes and events	Equal access to buildings and other facilities	Information in an accessible format
Equitable levels and quality of service	Equal opportunities to complain	Equal participation in public consultation

There is a need for a disability-equitable budgeting model to ensure the inclusion of equal outcomes for persons with disabilities. This means reprioritising existing budgets to include reasonable accommodation support and budgeting for disability-specific services. Income allocations must ensure that all infrastructure, technology and programme developments adhere to the principles of universal design.

All purchasing of goods and services must include minimum requirements for the inclusion of universal design principles. In addition, all service level agreements with the government must include a disability dimension contributing towards equitable outcomes for persons with disabilities.

All programmes in the public and private sectors targeting children must be reviewed to ensure equal access and participation for children with disabilities. Delivering services in deep rural and isolated communities often has additional costs. It is thus important that additional funds are allocated to initiatives aimed at providing immediate basic services, infrastructure and enabling environments for persons with disabilities.

Disability-equitable evidence informing policy and programme development

Evidence of the success of disability initiatives are found in a number of ways:

Monitoring and evaluation must include a disability dimension and self-representation by persons with disabilities	Evaluation feedback and improvement must include mechanisms to interpret and expand feedback
Research must link with national priorities and provide sound evidence for future policy and practice decisions	Disability data and statistics management must be used to develop policies and legislation to improve the lives of persons with disabilities and for monitoring and evaluation

Measuring disability issues is not easy, which contributes to the lack of reliable and accurate disability data in South Africa. Measuring disability in children is even more difficult than adults as children are still developing and growing. This means that their abilities are changing all the time. Measuring disability is essential if we are to identify appropriate strategies to improve the well-being of persons with disabilities and monitor changes over a period of time.

There are three types of disability-related data:

Impairment data (collecting information about the prevalence of disability)	Activity limitation data (collecting information about the capacity to perform daily activities such as mobility, communication, self-care and interpersonal relations)	Participation restriction data (collecting information about what people can do and what hinders them)
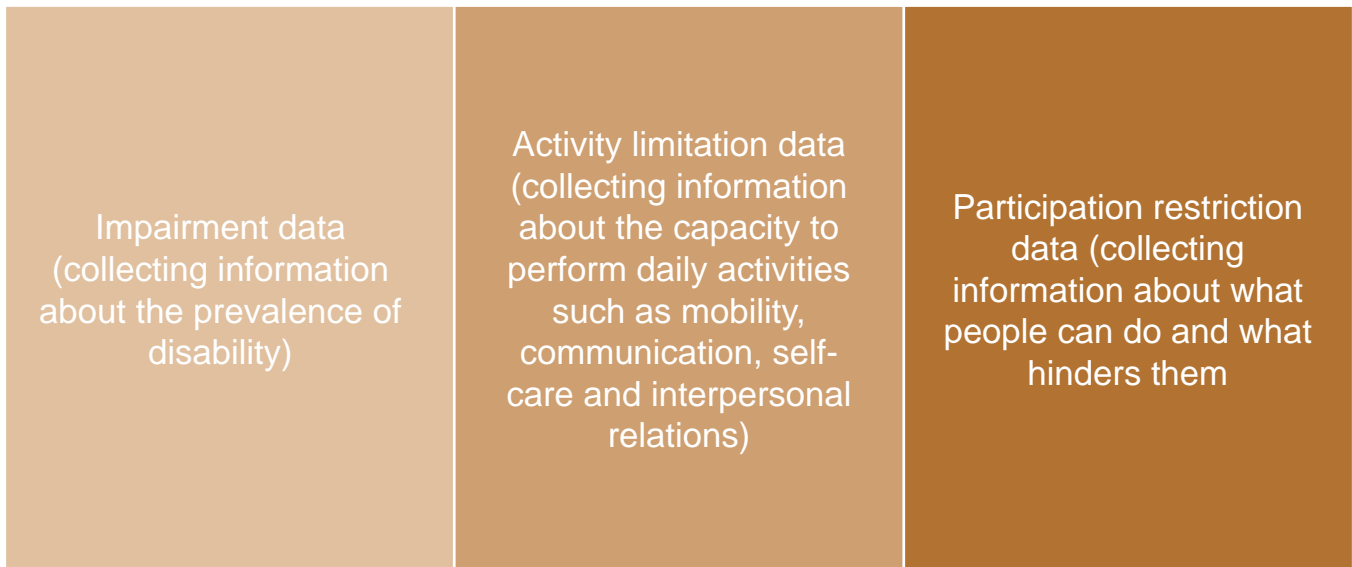
It is important to collect all three types of information. For example, impairment information only gives a partial picture of disability because the real experiences of people with disabilities differ. In addition, DPOs must be closely involved in collecting and analysing data which must be fully accessible to persons with disabilities.

The WPRPD proposes four actions:

Standardise and include disability information in relevant data and statistics in the public and private sectors	Develop and implement a national research agenda to ensure regular data collection
Strengthen reporting systems on ratified international treaties to include disability information	Disaggregate disability data to reflect gender statistics

Public procurement and regulation

Government purchasing can be an important transformation tool and must require compliance with the principles of universal design and disability equity. Persons with disabilities must benefit equally from social investment requirements attached to licenses (e.g. mining and telecommunications).

WPRPD proposes three actions:

All government purchasing must comply with the concept of universal design	Persons with disabilities must benefit equitably from the social investment requirements linked to licensing and regulations	All service level agreements with state-owned businesses (e.g. Eskom, Telkom, SAA) must include arrangements to benefit persons with disabilities

Capacity building and training

Equitable service delivery requires well-run and effective government departments with skilled and accountable staff, as well as good governance. The government must thus ensure the development of in-house capacity to mainstream disability matters. This means that the government and public institutions must develop understanding, knowledge and experience about disability mainstreaming (e.g. universal design and reasonable accommodation), the obligations described in international treaties and working with civil society. It is clear that a coordinated training programme is required across all levels and components of government. Disability rights mainstreaming must form part of all pre-graduate training, orientation and training of government officials with relevant disability courses accredited. Persons with disabilities must be empowered as trainers. It also means that employers in the private sector must ensure that all customers are served equitably.

This can be achieved in two ways:

Disability training for all staff	**Include disability training in all education materials and courses**

Strengthening accountability

Disability-equitable planning, budgeting, service delivery, monitoring and evaluation are the responsibility of government and not persons with disabilities. To avoid being guilty of intentional discrimination government must show that it:

Acknowledged that persons with disabilities experience marginalisation and exclusion (attitude)	Identified the barriers and sources of exclusion and marginalisation (baseline)	Identified the enablers to remove the barriers (intent)
Budgeted to remove the barriers (commitment)	Can report on results and impact of implementation (accountability)	Can demonstrate by taking actions that they are improving (responsibility)

Enforcing compliance with international treaties (e.g. the UNCRPD) and the South African Constitution will require strengthening disability rights mainstreaming in existing laws and developing new disability-specific laws.

The WPRPD requires:

Include disability outcomes in the performance contracts of senior managers of all government structures	Develop and implement new disability-specific laws based on a gap analysis	Review existing laws to ensure that these comply with UNCRPD obligations

SECTION 10: WPRPD PILLAR 8 – PROMOTING INTERNATIONAL COOPERATION

South Africa has adopted (ratified) most of the African and international human rights instruments related to economic, social, cultural, civil and political rights. This means that persons with disabilities enjoy the protection of these agreements, including asylum-seekers, refugees and displaced persons with disabilities while they are in South Africa and during their repatriation. South Africa is also a member of international bodies such as the World Health Organisation (WHO), the International Labour Organisation (ILO) and the World Intellectual Property Organisation (WIPO), while most DPOs and DSOs actively participate in their international and regional bodies.

The WPRPD requires three interventions:

Disability must be included in all international engagements and agreements while South Africans with disabilities must be trained and recruited for international work	Disability mainstreaming must be supported and participation strengthened in the Pan-African Parliament (PAP), African Union (AU), Southern African Development Community (SADC) and similar organisations	A national disability agenda on international cooperation and exchanging knowledge must be developed at 5 year intervals and implemented

SECTION 11: HOW WIL WE MONITOR WHETHER IMPLEMENTATION OF THE POLICY IS CHANGING THE LIVES OF PERSONS WITH DISABILITIES?

Defining monitoring and evaluation

People often think that monitoring and evaluation are the same things. This is not true even though these two concepts are often closely linked.

Monitoring	Monitoring involves collecting, analysing and reporting information about inputs, activities, outputs, outcomes and impacts, as well as external factors to support effective management of WPRPD implementation
Evaluations	Evaluations will measure relevance, efficiency, effectiveness, impact and sustainability to provide credible and useful information to guide decision-making to speed up WPRPD implementation

Monitoring and evaluation will include information about government performance, statistical and financial information, as well as the voices of South Africans.

Where does the information come from?

Information will come from three sources:

Tracking statistical data	This relates to tracking current and developing trends about the rights of persons with disabilities. Information will be drawn from existing sources (e.g. Statistics South Africa, the SA Human Rights Commission and research).
Programme Performance	This focuses on the interventions ensuring that outcomes are being met effectively and efficiently. This evidence will be largely quantitative with information sourced from government's existing performance monitoring frameworks.
Stakeholder feedback	This information is important to ensure quality services and empowering marginalised people.

The Disability Inequality Index (DII)

The NDP 2030 is guiding government actions. To realise the outcomes of the Plan, it is important to reduce the inequalities between persons with disabilities and persons without disabilities. This is only possible with the systematic and ongoing measurement of this inequality gap. This is what the DII was created for, but it also includes a gender measurement.

The Index provides a high-level quick scan of the level of inequality with the specific purpose of managing government performance more inclusively. The Index will be calculated and reviewed every year but does not replace any disability rights monitoring and evaluation. Although the DII is new, it functions within existing government frameworks and systems.

Key monitoring principles

Disability-disaggregation of all monitoring and evaluation information can be used to inform responsive planning, budgeting, implementation and reporting	The full participation of persons with disabilities in conceptualising, planning, developing, implementing and monitoring all government policies and programmes	Comparing levels of implementation over time through baseline (current) information and regular reports

Effective monitoring of equality requires comparing service delivery to persons with disabilities and persons without disabilities. In this way equality of rights can be ensured.

Monitoring and evaluation

Effective monitoring and evaluation needs many independent and objective views. As such it is best managed by a multi-disciplinary and multi-stakeholder team reporting to the national disability rights coordinating mechanism. This mechanism remains responsible for leading the process and ensuring monitoring and evaluation and establishing the coordination structures, mechanisms, processes and systems needed. The mechanism and the Department of Planning, Monitoring and Evaluation (DPME) will cooperate to ensure that information gathered informs planning and service delivery throughout government.

Reporting

The national disability rights coordinating mechanism will publish an annual report about progress on WPRPD implementation. South Africa must also report to the United Nations (UN) and African Union (AU) from time to time. In addition, the government will conduct an impact assessment involving various participants every four years to collect information for the national Medium Term Strategic Framework and international reports.

Enforcement mechanisms

When the rights of persons with disabilities are violated they can take action in a number of ways:

The South African Human Rights Commission (SAHRC) can investigate, report and secure appropriate restoration	The Public Protector can investigate complaints about government officials	The Public Service Commission can investigate complaints against public administration practices
Courts interpret and enforce economic and social rights	Other mechanisms such as the National Consumer Commission	Persons have direct access to the UN Committee on the Rights of Persons with disabilities in terms of the Optional Protocol

How will I be able to see the changes (outcomes and long-term indicators)?

The WPRPD contains outcome indicators to measure the impact of each of the eight pillars on the lives of persons with disabilities. Keeping information up to date will be the responsibility of the national disability rights coordinating mechanism in government in partnership with all relevant role-players. Changes in the lives of persons with disabilities will be tracked:

The full political, human, social and economic rights of persons with disabilities are recognised like all South Africans.

Complying with the obligations of international treaties	The percentage of public and private facilities showing social cohesion and offering disability sensitivity programmes	The percentage of post-school education and training courses including a compulsory module on universal design
The percentage of public and private transport complying with universal design principles	The percentage of new public and private buildings fully complying with laws ensuring access to the built environment	The percentage of existing public and private buildings changed to comply with the norms and standards governing access to the built environment
The percentage of websites complying with universal design principles	The percentage of television programmes providing closed captioning (sub-titles) and sign language interpretation	

All persons with disabilities participate fully and equally in mainstream social and economic life.

Complying with the obligations of international treaties	The percentage of emergency services with accessible call centers, especially for persons with hearing disabilities	The percentage of provincial and disaster management centers with operational plans to evacuate persons with disabilities needing assistance in times of crisis

The number of persons with disabilities denied their right to equality before the law	The number of cases reported by persons with disabilities and their families about the violation of their rights	The percentage of police stations and courts with full reasonable accommodation support
The percentage of victim empowerment services and facilities with full reasonable accommodation	The number of persons with disabilities who are arbitrarily detained and wrongfully convicted due to the lack of reasonable accommodation	The number of persons with disabilities subjected to torture or cruel, inhuman or degrading treatment or punishment, exploitation, violence and abuse

The rights of all persons with disabilities to live and work in safe and accessible environments without discrimination, harassment and persecution is upheld with appropriate recourse in cases of violation.

Complying with the obligations of international treaties	The percentage of persons with disabilities able to access assistive devices/technology and personal assistance timeously	The number of persons on waiting lists for assistive devices/ technology and personal assistance
The percentage of families with disabled members accessing support services	The percentage of areas where persons with disabilities can move about freely	

Persons with disabilities have equitable access to lifelong learning, training and capacity building and all other services and interventions.

Complying with the obligations of international treaties	The percentage of accessible registered Early Childhood Development (ECD) facilities welcoming children with disabilities	The percentage of accessible education facilities with reasonable accommodation in place
Increased enrollment and completion of students with disabilities in compulsory school and post-school education and training programmes	Increased number of rehabilitation facilities offering a full range of integrated rehabilitation and habilitation services	The percentage of accessible healthcare facilities with reasonable accommodation

The number of persons with intellectual, neurological and psychosocial disabilities accessing support to exercise their legal capacity

Persons with disabilities represent themselves on issues affecting their lives, make their own decisions, have control over their lives and are able to make choices

Complying with the obligations of international treaties	Unemployment and employment rates of persons with disabilities disaggregated by age and gender	Improvement in turnover of and number of businesses owned by persons with disabilities
The number of persons with disabilities participating in skills development programmes relevant to the job market	The number of persons with disabilities accessing employment support programmes	The percentage of persons with disabilities moving from social grants to employment/ self-employment

The number of taxpayers claiming disability tax rebates

An efficient, effective and development-orientated government delivering services equitably, reporting on the equitable outcome of public expenditure and delivery and complying with international and national human rights obligations.

Complying with the obligations of international treaties	The percentage of strategic and annual plans of public institutions that have mainstreamed disability obligations
The number of front line government officials trained to provide services for persons with disabilities	Accurate and reliable information on the provision of mainstreamed services to persons with disabilities

South Africa providing leadership, sharing experiences and learning from the international community to accelerate the promotion and protection of the rights of persons with disabilities as equal citizens.

Complying with the obligations of international treaties	Complying with the reporting and participation obligations of international treaties	The percentage of bilateral and multilateral international agreements containing a disability dimension

SECTION 12: RESPONSIBILITY FOR IMPLEMENTING THE WPRPD AT NATIONAL, PROVINCIAL AND LOCAL LEVEL
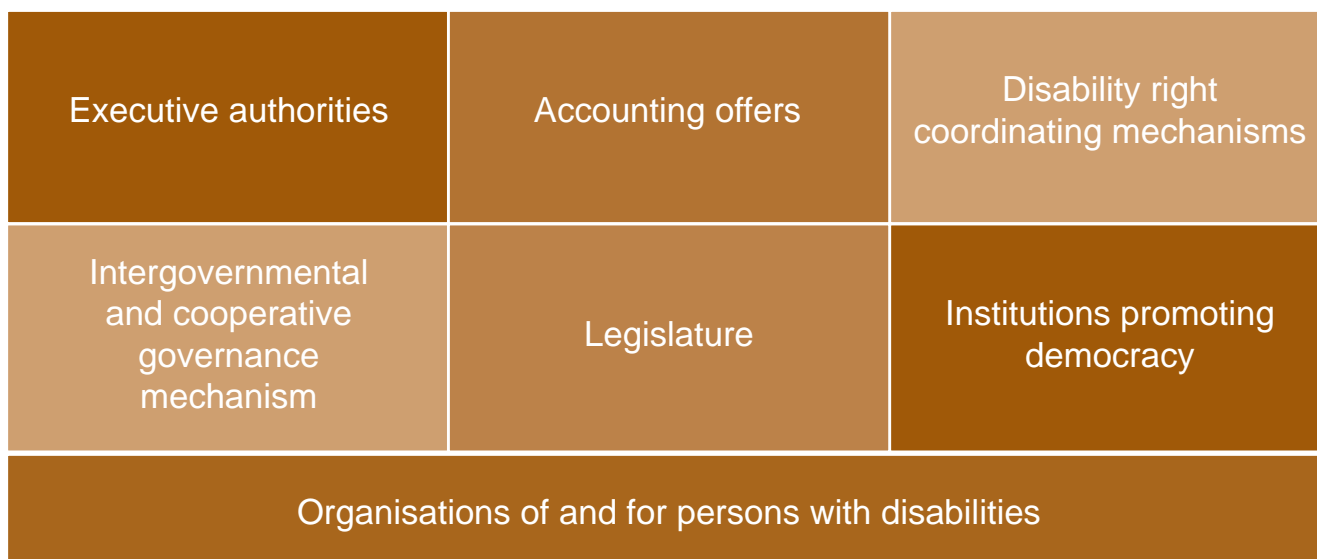
Who does what?

The WPRPD will only have an impact if different role-players understand their specific roles and take responsibility for these to implement the White Paper.

These role-players include:

Executive authorities	Accounting offers	Disability right coordinating mechanisms
Intergovernmental and cooperative governance mechanism	Legislature	Institutions promoting democracy
Organisations of and for persons with disabilities		

The roles, functions and responsibilities of each of these role-players are clearly described in the WPRPD:

- **Executive authorities** are disability rights champions and provide strategic and political leadership and oversight

- **Accounting officers** ensure administrative systems for effective WPRPD implementation and report on impact

- **Disability rights coordinating mechanisms** function at all levels of government, including interaction with disability organisations

- **Legislatures** provide oversight and host Disability Rights Parliaments/ Councils

- **Houses of Traditional Leaders** are custodians of traditional customs and champion disability rights in traditional communities (including traditional courts)

- **Institutions promoting democracy** have a monitoring role and include the SA Human Rights Commission, the Commission for the Promotion and

Protection of the Rights of Cultural, Religious and Linguistic Communities, the Commission for Gender Equality, the Auditor-General and the Electoral Commission

- **Disability Organisations** (DPOs and DSOs) have a central role in advancing and monitoring WPRPD implementation

- **Research and academic institutions** advance disability rights through research work and academic courses

-

- **The media and advertising industry** shapes the opinions and perceptions of the community

- **The religious sector** must embrace persons with disabilities as ordinary members of their congregations and provide reasonable accommodation for full participation by persons with disabilities

How will things work?

The WPRPD makes the following institutional arrangements:

All public institutions must have disability rights coordination mechanisms	Institutional capacity must be strengthened through disability-focused programs and mechanisms	Statistics South Africa must establish a Disability Statistic Advisory Group
The SABS must strengthen its universal design capacity in terms of standard settings	The Council for Scientific and Industrial Research (CSIR) must strengthen it's universal design research capacity	SAQA must strengthen it's capacity to develop a universal design national qualifications framework

SECTION 13: WHAT CAN I DO IF MY RIGHTS ARE VIOLATED

What does the violation of rights mean?

The violation of human rights occurs when the rights of people are abused, ignored or denied. All human beings inherently have rights which must be guaranteed. These include civil, political, cultural, social and economic rights. The WPRPD specifically deals with the rights of persons with disabilities and their families.

The Bill of Rights (Chapter 2 of the South African Constitution) guarantees the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom. It is very clear about equality (i.e. the full and equal enjoyment of all rights and freedoms) and warns about unfair discrimination (directly or indirectly) on the basis of "race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth".

The WPRPD defines discrimination on the basis of disability as "any distinction, exclusion or restriction of persons on the basis of disability, which has the

purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It encompasses all forms of unfair discrimination, whether direct or indirect, including denial of reasonable accommodation."

This long definition simply means that every person with a disability enjoys the same rights as South Africans without disabilities. If these rights are changed or denied in any way it is a violation of rights.

The violation of rights includes any actions or behaviour that negatively influences a person's human dignity, i.e. his/her sense of self-respect and self-worth, as well as physical and psychological well-being.

Segregation is a human rights violation that involves keeping a group of people (in this case people with disabilities) separate from others. It can be done through physical barriers (e.g. walls or fences), by using social pressures and laws (like the apartheid laws) or by treating them differently.

Segregation is linked with exclusion, which means socially isolating or marginalising an individual/ group based on discrimination. Excluded people are not allowed to fully participate in society with the same rights and privileges as others.

The opposite of segregation and exclusion is inclusion, which embraces the diversity of people regardless of race, gender, disability or any other differences.

How will I know when my rights have been violated?

Sometimes, the violation of human rights is direct and sometimes more subtle or indirect. In some cases, people might not even be sure that their rights have been violated:

Can you tell direct from indirect rights violation?

"You can't come in here. The game is only for normal people. We don't want people like you here."
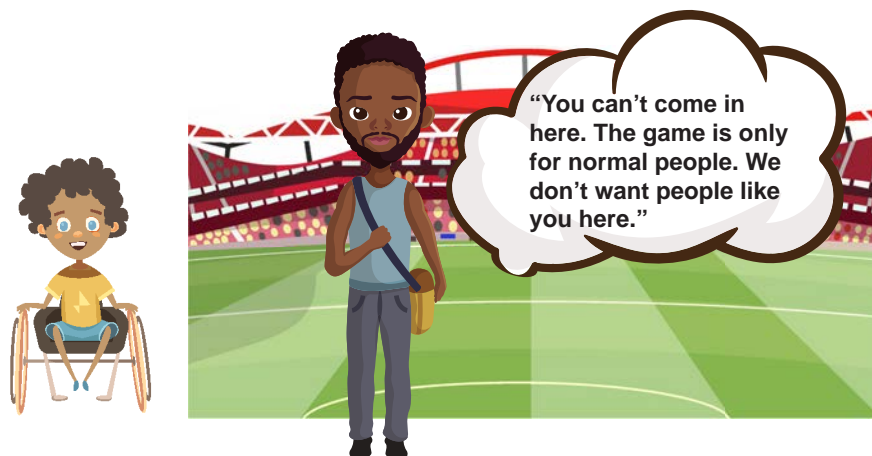
While physical barriers can exclude persons with disabilities, disablism is the real problem. The WPRPD defines disablism as "the negative attitudes, behaviours, practices and environmental factors which discriminate (intentionally or unintentionally) against disabled people and create barriers to their equal participation in mainstream society."

What can I do about such violations?

One of the main defenses against the violation of rights is the empowerment of people. According to the WPRPD "empowerment refers to processes, procedures and actions aimed at affording access, equal treatment, inclusion, participation, accountability and efficiencies. It is premised on encouraging and developing the skills for self-sufficiency, with a focus on eliminating the need for charity or welfare in individuals and groups. From a disability perspective, this means empowering or developing the skills and abilities of persons with disabilities and/or their caregivers to effectively communicate their socio-economic needs to others in society, advocate and lobby for these needs to be met, represent themselves and actively participate in all decision-making processes on matters that directly impact on their lives.

The empowerment of persons with disabilities and their families requires that:

They understand what their rights and entitlement are, know what to do when their rights are violated (recourse mechanism) and know how to access such mechanisms	Recourse mechanism are affordable and easily accessible (even in rural communities)

Recourse mechanisms include:

Strengthening enforcements of existing laws	Developing new disability-specific laws, service delivery and consumer complaint mechanisms and institutions	Institutions established under Chapter 9 of the South African Constitution (e.g. The SAHRC, CGE, Commission for Promotion, and Protection of the Rights of Cultural, Religious and Linguistic Communities)
NGO's, community-based organisations (CBO's) and faith-based organisations (FBO's)		Courts

The WPRPD requires the development of a national action plan to inform and empower persons with disabilities and their families about their rights. This plan should include what the rights are and how to get help when these are violated.

SECTION 14: GLOSSARY OF TERMS

Some of the words and phrases used in this booklet (and in disability rights discussions generally) may not be known to everybody and are explained below.

Augmentative and Alternative Communication (AAC) describes communication methods used to help people who have difficulty with speech or writing, such as pictures, gestures, sign language (SASL), visual aids or speech-output devices.

Advocacy is a political act or process of supporting a cause, idea or policy to influence an outcome or result.

Assistive devices are products, equipment or tools designed or adapted to enable persons with disabilities to participate in activities or actions, such as mobility aids (e.g. wheelchairs), communication aids (e.g. hearing aids and FM systems), sensory aids (e.g. white canes and noise-reducing headphones) and technology aids (e.g. screen readers and magnifiers).

Assistive technology is the term for all devices and services that help persons with disabilities to be more independent, e.g. loop systems and computer or electrical assistive devices.

Basic services include any device, product, equipment or tool designed or adapted to enable people with disabilities to participate in activities, tasks or actions.

Communication includes languages, text displays, Braille, tactile communication, large print, accessible multimedia, as well as written, audio, plain-language and lip-speaking services, speech reading services, whisper interpretation, note-taking services, and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology.

Community-based rehabilitation and habilitation (CBR) is a strategy to improve the quality of life of persons with disabilities through rehabilitation and habilitation, equalisation of opportunities, poverty reduction and social inclusion.

Disability is imposed by society when a person with a physical, psychosocial, intellectual, neurological and/or sensory impairment is denied access to full participation in all aspects of life. It is also when society fails to uphold the rights and specific needs of individuals with impairments. The three main types of barriers are social (e.g. high costs, lack of disability awareness and communication difficulties), psychological (e.g. fear for personal safety) and structural (infrastructure, operations and information).

Discrimination is any act or omission which directly or indirectly imposes burdens, obligations or disadvantages on people and/or withholds benefits, opportunities or advantages from people.

Disability discrimination means any distinction, exclusion or restriction of persons on the basis of disability. This includes all forms of unfair discrimination (direct or indirect) and denial of reasonable accommodation.

Disability mainstreaming means systematically integrating the priorities and requirements of persons with disabilities across all sectors and building them into new and existing legislation, standards, policies, strategies, their implementation, monitoring and evaluation.

Disabled People's Organisations (DPOs) are organisations of persons with disabilities. DPOs are controlled by persons with disabilities themselves.

Disability Service Organisations (DSOs) are run by service providers and/or community members and focus on delivering services to persons with disabilities. **Duty-bearers** are governments, national and local authorities, public officials and service providers.

Early Childhood Development (ECD) describes the cognitive, emotional, physical, mental, communicational, social and spiritual development of children from conception until they enter formal schooling (i.e. Grade R) or reach the age of eight years (in the case of children with developmental delays and/or disabilities whose entry into formal schooling is delayed).

Early childhood intervention describes a wide range of services offered to children at risk of developmental delays or who have disabilities, that includes support for their families.

Empowerment for persons with disabilities means developing the skills and abilities to participate fully and equally with others in society, including to represent themselves and protect their rights.

Enabling environments refers to the environments required for the socio-economic development of persons with disabilities, including physical and other infrastructure, built environments, cultures, laws, policies, information and communication technologies, as well as organisations.

Equality means the full and equal enjoyment of rights and freedoms described in the Constitution that ensure that people are treated fairly and equally.

Exclusion is the discriminatory act of socially isolating or marginalising individuals or groups by not allowing or enabling them to fully participate in society and enjoy equal rights and privileges.

Family means a group in society of people related by blood, affinity, adoption, foster care or the ties of marriage, civil union or cohabitation (living together).

Gender mainstreaming is the process of integrating the concerns and experiences of women, men, girls, boys and the LGBTI+ community into the design, implementation, monitoring and evaluation of policies and programmes in all sectors of life to ensure that they benefit equally.

Harassment is unwanted, ongoing or serious behaviour which demeans, humiliates or creates a hostile intimidating environment or is calculated to make people submit to others to avoid actual or threatened negative consequences.

Human dignity refers to an individual or group's sense of self-respect and self-worth, physical and psychological integrity and empowerment.

Impairment is a perceived or actual feature in the person's body or functioning that may result in limitation, loss of activity or restricted participation in society and life experiences.

Inclusion is a universal human right and aims at embracing the diversity of all people irrespective of race, gender, disability or any other differences. It is about equal access and opportunities and eliminating discrimination and intolerance.

Independence for persons with disabilities means enabling them to make their own choices, take responsibility for themselves and participate fully in society through the use of adequate support services, assistive devices and personal assistance.

Independent living is the ability of a person to live like anyone else, to make decisions about their lives and be free to pursue activities with the necessary support.

Information and Communication Technology (ICT) is any information and communication device or application and includes a wide range of technologies enabling access (e.g. radio, television, satellites, mobile phones, fixed lines, computers and network hardware and software).

Legal capacity is the ability to hold and exercise rights and responsibilities. The right to equality before the law means that every person inherently has legal capacity, including persons with psychosocial disabilities. Legal capacity must always be assumed unless there is evidence proving otherwise. In such cases, the person's circumstances must be taken into account (including the impact on his/her rights and interests) and any lessening of their rights must be effective for the shortest time possible.

Mental capacity refers to decision-making abilities, which differ from person to person.

LGBTQI+ stands for Lesbian, Gay, Bisexual, Trans-gender, Queer or Questioning, Intersex and others.

Lifespan approach starts at conception and examines how a person grows, develops and declines. This approach considers various aspects and contextualises these across the person's life.

National Disability Rights Coordinating Mechanism is the function of overall coordination of implementation and monitoring of the national disability rights agenda that is assigned by the President.

Neurological impairments are losses of bodily or mental functions caused by damage to the nervous system (e.g. caused by epilepsy, autism and Alzheimer's disease).

Organisations of Persons with Disabilities also known as Disabled Persons Organisations (or DPOs) are membership-based organisations that are managed and controlled by persons with disabilities. They focus on advocacy and self-representation. Organisations formed by parents of children with disabilities are also DPOs.

Personal assistance services are a range of services provided by one or more persons and/or service animals to assist a person with a disability to perform daily activities. The services increase the individual's control in life and remove elements of discrimination and segregation by providing for equal participation.

Persons with disabilities are people with perceived or actual physical, psychosocial, intellectual, neurological and/or sensory impairments who are not able to fully, effectively and equally participate in society because of attitudinal, communication, physical and information barriers.

Poverty is a severe lack of well-being caused by low income and the inability to acquire the basic requirements, goods and services necessary for survival with dignity, such as adequate levels of health and education, access to clean water and sanitation, adequate physical security, and the voice, capacity and opportunity to better one's life.

Psychosocial disabilities are conditions impacted by mental illness such as mood disorders (e.g. depression and bipolar) and anxiety disorders (e.g. post-traumatic stress disorder).

Reasonable Accommodation refers to necessary and appropriate changes and adjustments, as well as assistive devices and technology to ensure that persons

with disabilities are able to enjoy all human rights and fundamental freedoms on an equal basis with others.

Rehabilitation and habilitation is a process to enable persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychosocial and/or social functional levels. It provides them with the tools to reach a higher level of independence. Rehabilitation may include measures to restore functions or skills or compensate for the loss/ absence/ limitation of a function. Habilitation is the acquiring of a skill or ability the person didn't have.

Rights-holders: All human beings are inherently rights-holders who should enjoy universal human rights that must be guaranteed. For the purposes of the WPRPD, rights-holders are persons with disabilities and their families.

Self-reliance is the ability to depend on oneself to get things done and to meet one's own needs. It enables people to have confidence in exercising their own powers or judgment.

Self-representation means that people are able to speak for themselves about their own issues.

Sheltered employment programmes offer short to long-term employment to persons with disabilities who lack sufficient work and technical skills and productivity levels to work in the open labour market. These programmes focus on developing, facilitating and strengthening initiatives to enable people who require disability-specific vocational training to obtain gainful and sustainable work.

Social cohesion is the degree of social integration and inclusion in communities and society at large. It also describes the extent to which people come together (mutual solidarity).

Social and Life Skills Community Centers (protective workshops) provide safe, accessible and development-oriented environments where persons with severe disabilities are able to socialise, learn basic skills, engage in basic work and earn some income to supplement their social grants.

Social protection refers to policies and programmes to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks and enhancing their capacity to manage economic and social risks like unemployment, exclusion, sickness, disability and old age.

Social assistance is benefits paid by the government to bring incomes to the minimum legal levels.

Social security means public and private contributions of cash or in-kind benefits (or both) to persons who cannot earn money due to unemployment, age or disability and who qualify for State assistance.

Social services are a range of public services provided by government or private organisations that aim to create more effective organisations, build stronger communities and promote equity and opportunity.

Substitute versus supported decision making: Substitute decision making occurs where legal capacity is removed from a person and a substitute decision-maker appointed. This appointment can be made by someone other than the person concerned and can be done against his/her will. The substitute decision-maker will make decisions in the 'best interests' of the person concerned rather than according to his/her own will and preferences. Supported decision making focuses on enabling a person to act on his/her will and preferences. It must provide protection for all rights (including those related to autonomy) and rights related to freedom from abuse and ill-treatment.

Universal access means the removal of cultural, physical, social and other barriers preventing people with disabilities from entering, using or benefiting from systems in society that are available to others.

Universal design is the design of products, environments, programmes and services to be usable by all persons without needing adaptation or specialised design. It is the most important tool to achieve universal access.

White Paper: A White Paper is a comprehensive government statement of policy that may include principles, guidelines, recommendations and plans involved in an issue, and often describes planned changes to legislation that will be considered by Parliament.

ABBREVIATIONS AND ACRONYMS

NDP – National Development Plan

SABS – South African Bureau of Standards

SAHRC – South African Human Rights Commission

SAQA – South African Qualifications Authority

SASL – South African Sign Language

UNCRPD – United Nations Convention on the Rights of Persons with Disabilities

WPRPD – White Paper on the Rights of Persons with Disabilities

SECTION 15: LIST OF NATIONAL DISABILITY ORGANISATIONS

Introduction

The vision of the WPRPD is to create a free and just society inclusive of all persons with disabilities as equal citizens. To achieve this, the WPRPD commits duty-bearers to realise the rights of persons with disabilities by:

	The Association for Hearing Loss, Accessibility and Development (AHLAD) serves as a forum for the advancement of all persons with hearing loss to enable them to attain their maximum level of independence and integration into the community, as well as the prevention of deafness and hearing impairment in line with the UNCRPD. **T: 082 781 7715 | www.ahlad.org**
	The Albinism Society of SA (AASA) enhances the self-esteem of people with albinism, enables and supports parents to care properly for children with albinism and creates socially acceptable conditions for people with this genetic disorder. This is largely achieved through workshops and seminars. The Society also collects and disseminates information on albinism to the community. **T: 011 838 6529**
	Autism South Africa (A;SA) aims to achieve a society in which persons with Autism Spectrum Disorder (ASD) enjoy all the rights and opportunities to meet their needs and fulfil their potential (throughout their lives) as loved and valued members of their families and communities. **T: 011 489 9909 | www.aut2know.co.za**
	Blind SA promotes and facilitates the dignity and independence of blind and visually impaired South Africans. In addition to lobbying and advocacy, the organisation has four focal areas: employment, education, mobility and Braille services. **T: 011 839 1793 | www.blindsa.org.za**

Cheshire Homes change the way you see disability	Cheshire Homes SA provides residential accommodation to severely and permanently disabled adults and children, as well as independent living units. Outreach programmes provide services such as day care, respite care, community-based care, soup kitchens and crèche-type care. **T: 011 792 3510 | www.cheshirehomes.org.za**
DEAFBLIND SOUTH AFRICA	DeafBlind SA (DBSA) aims to break the isolation surrounding DeafBlind people and to promote better services for DeafBlind persons through lobbying. The organisation is also the mouthpiece of DeafBlind people in South Africa. Services include a lobbying forum for parents, role models for children, public education and awareness in line with the UNCRPD, as well as identifying and referring DeafBlind people to appropriate service providers. **T: 082 448 9455 (SMS only) | www.deafblindsa.co.za**
DeafSA DEAF FEDERATION OF SOUTH AFRICA	The Deaf Federation of South Africa (DeafSA) acts as the national research, information and community action organisation on behalf of ±1.5 million South Africans that are culturally and linguistically Deaf, hard of hearing and DeafBlind. The organisation is also the coordinating umbrella organisation facilitating services. **T: 011 482 1610 | www.deafsa.co.za**
DEMENTIASA managing alzheimer's and dementia care	Dementia South Africa assists families, communities and health professionals who have limited access to private healthcare to live with dementia or care for persons with dementia. The organisation places a premium on providing services in underdeveloped rural and peri-urban areas. **T: 0860 636 679 | www.dementiasa.org**
	The Disability Association of South African National Military Veterans (DASANMVE) represents the interest of persons with disabilities who served South Africa in a military capacity. **T: 071 984 8255**

	The Disabled Children's Action Group (DICAG) is a cross-disability non-racial national organisation of parents of children with disabilities. The organisation has mobilised more than 12,000 parents of children with disabilities. **T: 021 761 3531 | www.dicag.co.za**
	Disabled People South Africa (DPSA) ensures the development and integration of people with disabilities into all spheres of life and incorporates Disabled Youth South Africa (DYSA) and Disabled Women South Africa (DWSA). The organisation focuses on disability awareness, advocacy and lobbying. **T: 021 422 0357 | www.dpsa.org.za**
	Down Syndrome South Africa (DSSA) is the national umbrella body of all Down Syndrome associations in South Africa. The organisation is involved in advocacy and lobbying on the rights of persons with Down Syndrome and other intellectual disabilities, developing and distributing updated information, raising awareness and building capacity. DSSA also provides training on various aspects related to Down Syndrome and disability rights. **T: 0861 369 672 | www.downsyndrome.org.za**
	Epilepsy South Africa is the only national organisation serving the needs of persons with and affected by epilepsy. The organisation's focus is on advocacy and human rights, but also provides social development (including residential care), economic and entrepreneurial development and skills development. **T: 0860EPILEPSY | www.epilepsy.org.za**
	The Muscular Dystrophy Foundation of South Africa (MDSA) supports people affected by muscular dystrophy and their families by offering emotional support, information and referrals to genetic clinics. The organisation also makes provision for special equipment for members and create awareness with the medical fraternity and the general public. **T: 011 472 9703 | www.mdsa.org.za**

	The National Association of Persons with Cerebral Palsy (NAPCP) takes action to prevent the occurrence of cerebral palsy and enables persons with cerebral palsy to attain their maximum level of independence and integration into the community. These actions include medical, educational, vocational and social services, and facilities, as well as measures for the early detection and prompt and efficient treatment of persons who are or might become cerebral palsied. **T: 011 609 3252 | www.napcp.org.za**
	The National Council of and for Persons with Disabilities (NCPD) aims to enable, support and enhance the quality of life of persons with disabilities. The organisation achieves this through advocating and facilitating inclusion, access and economic empowerment, as well as changing attitudes through sensitisation and awareness programmes. **T: 011 452 2774 | www.facebook.com/disabilities.sa**
	The QuadPara Association of South Africa (QASA) is a coordinating, policy-making, governing and supporting organisation. The Association strives to prevent spinal cord injury, as well as protects and promotes the interests of persons with mobility impairments. **T: 031 767 0352/ 48 | www.qasa.co.za**
	The South African Disability Alliance (SADA) is an alliance of 20 national disability organisations offering a platform for sharing information, as well as advocating and lobbying on disability rights issues aligned to the UNCRPD. **E: secretary@sada.org.za**

	The South African Disability Development Trust (SADDT) aims to alleviate poverty and promote economic empowerment. **T: 011 326 3282 | www.saddt.org.za**
	The South African Federation for Mental Health (SAFMH) is the largest mental health organisation in South Africa. The focus areas of the organisation are the implementation of national awareness campaigns, empowerment of mental healthcare users and mental health organisations nationwide, advocating for the human rights of mental healthcare users and mental health research and information management. **T: 011 781 1852 | www.safmh.org.za**
	The South African National Council for the Blind (SANCB) facilitates a network of organisations collaborating towards the prevention of blindness and securing the full participation and inclusion of blind and partially sighted people in all aspects of South African society. Through a network of more than 100 member organisations, the Council serves, supports and facilitates the rehabilitation, community development training and education of South Africans with visual impairments. **T: 012 452 3811 | www.sancb.org.za**
	The South African National Deaf Association (SANDA) is an advocacy organisation promoting and advancing the rights of Deaf people at all levels of society. The organisation offers programmes in advocacy, awareness and public education, as well as Deaf education, skills development and scholarships, economic empowerment, ICT, Deaf women and Deaf youth development programmes and mainstreaming Deaf people in society. **T: 012 343 0661 | www.sanda.org.za**
	The Stroke Survivors Foundation (SSF) creates a national network providing post-discharge rehabilitation and support for stroke survivors, their families and caregivers. Services include support groups and practical advice on coping with the effects of a stroke and improving the quality of life of survivors and their families. **T: 012 343 0661 | www.strokesurvivors.org.za**

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