

# TOOLS



A working group discusses how to consolidate the developed activity plan (KZN)



## TOOL 1

### EXAMPLE OF TERMS OF REFERENCE OF WORKING GROUP FOR IMPLEMENTING THE DEM APPROACH

#### 1 OBJECTIVES AND FUNCTIONS OF WORKING GROUP

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- To develop an activity plan and implement the planned activities for the empowerment of persons with disabilities and disability mainstreaming (DEM) in the implementation site
- To discuss technical and practical matters concerning activity implementation
- To review the achievements of the activity plan, and report to district DSD, district municipality and other key stakeholders
- To discuss solutions to major issues arising from or in connection with the activity implementation, and to respond with appropriate measures
- To discuss any other issues relevant to the smooth implementation of the planned activities.

#### 2 ROLES OF CHAIRPERSON

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The chairperson is elected by the working group. The roles and responsibilities of the chairperson are as follows:

- To manage the day-to-day activities of the working group
- To chair working group meetings and facilitate the activities of the working group
- To share information concerning activities within the working group
- To finalise minutes of meetings and report it to district DSD, district municipality and other key stakeholders.

The vice chairperson takes over responsibility as acting chairperson in the event that the chairperson requests it, with reasonable reasons.

#### 3 ROLES OF SUPERVISOR

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A provincial government official is in charge of the supervisor. The recommended supervisor is a provincial disability coordinator from provincial DSD. The roles and responsibilities of the supervisor are as follows:

- The supervisor advises and coordinates the working group members on the implementation of the planned activities
- Disputes or disagreements between working group members that arise in relation to the DEM activities should be referred to the supervisor by any member for resolution. The supervisor coordinates and provides advice to resolve these disputes.

## 4 MEMBERS

ROLE IN THE WORKING GROUP	NAME	POSITION/ ORGANISATION
Chairperson		e.g. Representative of persons with disabilities
Vice chairperson		
Secretary		
Supervisor		e.g. Provincial disability coordinator



The members may change if the need arises.



## TOOL 2

### FACILITATION GUIDE ON PEER COUNSELLOR TRAINING

#### 1 BACKGROUND

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Peer counselling is a strong and effective tool for empowerment of persons with disabilities. 'Peer' means a person who is of equal standing to another person, and has a similar background. Persons with disabilities listen and speak to the challenges and needs of one another.

Through peer counselling, persons with disabilities heal the pain from various social disadvantages so that they can recover self-reliance and rebuild human relationships. Peer counselling aims at empowering persons with disabilities to be independent, become part of community and participate in any and all social activities. Their empowerment both works to change the society and remove social disadvantages ultimately.

#### 2 OBJECTIVES OF THE TRAINING

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- To deepen understanding on the topics of peer counselling (e.g. nature of human beings, discharge of emotion, etc.)
- To learn how to conduct and facilitate peer counselling through practice.

#### 3 TARGET PARTICIPANTS

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- Potential leaders with disabilities in the implementation site
- The number of participants is recommended to be fewer than 15 persons per facilitator for well-managed training and for achieving the objectives.
- Since this is peer-to-peer support, **only persons with disabilities are able to participate.**
- **On the last day** of the training, **stakeholders such as government officials can participate** in the programme (see Day 4 of the following programme example).



## 4 RECOMMENDED ORGANISERS AND DEMARCATION

The organisers are drawn from district DSD and municipalities in collaboration with provincial DSD and the working group. The recommended demarcation is as follows:

- a) District DSD and municipalities in collaboration with provincial DSD and the working group
  - Nomination of participants with disabilities
  - Arrangement of accessible venue, transport for participants, and catering
  - Communication and coordination with peer counsellor
  - Dispatch of trainer(s) (in consultation with national DSD if need arises)
- b) Trainer(s)
  - Development of programme and materials
  - Facilitation of the training
  - Development and submission of report on the training to the organisers






## 5 PROGRAMME EXAMPLE

The length of training should be three or four days to achieve the training purposes.

An example of a four-day programme is as follows:

DAY 	TIME 	PROGRAMME 
DAY 1	09h30 – 09h45	Welcome and introductions
	09h45 – 10h00	Purpose of Peer Counsellor Training
	10h00 – 10h30	What is peer counselling?
	10h30 – 11h00	Relation building
	11h00 – 11h45	Peer counselling 1
	11h45 – 12h15	New and good
	12h15 – 13h15	Lunch
	13h15 – 14h15	Peer counselling 2
	14h15 – 15h15	Discharge of emotion
	15h15 – 15h30	Q & A

DAY 	TIME 	PROGRAMME 
DAY 2	09h30 – 10h00	Recap of Day 1 of the training
	10h00 – 11h00	Disability
	11h00 – 12h00	Nature of human beings
	12h00 – 12h45	Appreciation
	12h45 – 13h45	Lunch
	13h45 – 14h30	Good and learn
	14h30 – 15h15	Practice of peer counselling
	15h15 – 15h30	Q & A
DAY 3	09h30 – 10h00	Recap of Day 2 of the training
	10h00 – 12h30	Practice of peer counselling in community
	12h30 – 13h30	Lunch
	13h30 – 15h00	Practice of peer counselling in community
	15h00 – 15h15	Feedback from trainer
	15h15 – 15h30	Q & A
DAY 4	09h30 – 10h00	Brief explanation of peer counselling to government officials by participants
	10h00 – 12h00	Development of peer counselling activity plan
	12h00 – 12h30	Presentation of activity plan
	12h30 – 12h45	Evaluation of Peer Counsellor Training
	12h45 – 13h00	Way forward
	13h00 – 14h00	Lunch

## 6 TRAINING CONTENT

Peer counselling is a strong method for empowerment of persons with disabilities. Essentially, peer counselling for persons with disabilities should only be conducted for and by persons with disabilities because this is peer-to-peer support.

The training contains three main components: 1) Overview of peer counselling (Day 1–2); 2) Practice of peer counselling in community (Day 3); and 3) Brief explanation of peer counselling to stakeholders (Day 4).



### 6.1 Overview of peer counselling (DAYS 1–2)

The participants learn the objective, rules, how to facilitate peer counselling and important topics of peer counselling by trainers. The main topics to be explained and discussed are as follows:

- Peer counselling 1
- Peer counselling 2
- Discharge of emotion
- Disability
- Nature of human beings
- Appreciation, etc.

In the training, participants practise how to facilitate peer counselling – both group peer counselling and one-to-one peer counselling.

### 6.2 Practice of peer counselling in community (DAY 3)

The participants visit a village to conduct peer counselling for persons with disabilities in the community. This is a practice session for the participants.

The organiser should obtain the approval of key stakeholders such as community leaders before the practice of peer counselling in the community.

### 6.3 Brief explanation of peer counselling to stakeholders by participants (DAY 4)

This explanation aims to promote understanding and support from persons without disabilities, especially officials of DSD, district and local municipalities, and other stakeholders, for the long-term sustainability of peer counselling. The training participants explain what they have learned as well as giving an overview of peer counselling by referring to Tool 3: Presentation on Peer Counsellor Training, as follows:

### 6.3.1 What is peer counselling?

Peer counselling is the mutual support of persons with disabilities through sharing and listening. This is the short definition of peer counselling. The key point is that peer counselling is **mutual support** of persons with disabilities (not a provider and recipient relationship but an equal one). The method of peer counselling is sharing and listening.

### 6.3.2 Objective of peer counselling

The objective is to empower persons with disabilities. Through peer counselling, persons with disabilities heal the pains from various social disadvantages, recover self-reliance and rebuild human relationships.

### 6.3.3 Why peer counselling is important

Peer counselling is very important for persons with disabilities because it is where persons with disabilities gain their voice and sense of belonging. Peer counselling enables persons with disabilities to raise their voices freely and provides a place where they can feel at ease with friends and colleagues with a similar background.

### 6.3.4 Why only for persons with disabilities?

Since 'peer' means colleagues or persons who have a similar background, peer counselling is only for persons with disabilities: this is where they can share knowledge, experiences, challenges, and give emotional, social and practical support to one other on an equal basis.

### 6.3.5 Rules of peer counselling

- Divide time equally: Each participant is allocated the same amount of time, and they are free to use all their own time in the way they choose.
- Confidentiality: Do not talk with others about what the participants tell you in peer counselling.
- No denial, no criticism: Do not contradict or talk over participants when they speak their mind. Accept and receive their emotions.
- Do not give advice: We avoid giving advice because we don't want to take away anyone's ability to solve their own problems.

These are the basic rules for peer counselling. In addition, there might be a recommended rule that there be no smoking, no drinking alcohol or caffeine beverages during peer counselling.

### 6.3.6 Good practice of peer counselling at the site

A government official introduces good practice in peer counselling as an outcome of the collaboration between government officials and peer counsellors. For instance, the case of Limpopo province is shared as follows:

Peer Counsellor Training was conducted and 15 persons with disabilities were capacitated.  
Trained persons with disabilities conducted peer counselling in more than 20 villages.

Not only provincial and district DSD, but also municipalities assisted in arranging transport, venue and catering (when necessary).

*Note: It is recommended that this slide is explained by a government official in order to share the experience of positive collaboration between government and persons with disabilities.*

### 6.3.7 Expected roles of government and stakeholders

Peer counselling can be used to implement the White Paper on the Rights of Persons with Disabilities (WPRPD), especially Pillar 4 for promoting and supporting the empowerment of persons with disabilities.

In Limpopo, the provincial and district DSD secured the budget for peer counselling and conducted peer counselling. The activity was well received by senior management including the Head of Department (HOD) and Director.

*Note: This slide should be presented by a DSD official in order to get buy-in from government officials.*

## 7 AFTER THE TRAINING: PEER COUNSELLING BY TRAINED PERSONS WITH DISABILITIES

Trained persons with disabilities conduct peer counselling to promote the empowerment of persons with disabilities as well as improve their skills through practical activities. At least two trained peer counsellors facilitating peer counselling together is recommended so that they can assist each other.

The target participants are persons with disabilities in the community. It is recommended that the number of participants be fewer than 15 persons per peer counsellor for well-managed training and for achieving the objective. The length and content of the peer counselling session should be discussed and decided by the trained peer counsellor, DSD officials and community stakeholders. A minimum of 2–3 hours is needed, and training (or parts of the training) might be conducted several times if the need arises.



## 7.1 Expected organisers and demarcation

The organisers are district DSD and municipalities in collaboration with the working group. The recommended demarcation is as follows:

- a) District DSD and municipalities in collaboration with the working group
  - Nomination of participants with disabilities from community (through ward councillor, chief or traditional leader in the community)
  - Arrangement of accessible venues, transport for participants, and catering
  - Communication and coordination with trained peer counsellors.
- b) Trained peer counsellors
  - Development of programme and materials
  - Facilitation of peer counselling
  - Share of the outcomes of peer counselling with the organisers

## 7.2 Programme example (One-day peer counselling)

TIME 	PROGRAMME 
10h00 – 10h20	Welcome and introductions
10h20 – 10h30	Purpose of peer counselling
10h30 – 10h50	What is peer counselling?
10h50 – 11h20	Relation building
11h20 – 11h40	New and good
11h40 – 12h10	Nature of human beings
12h10 – 12h40	Discharge of emotion
12h40 – 13h30	Lunch
13h30 – 14h05	Peer counselling 1
14h05 – 14h35	Disability
14h35 – 15h05	Appreciation
15h05 – 15h25	Good and learn
15h25 – 15h30	Way forward and closing





## REFERENCES

This material and the content of the Peer Counsellor Training was designed based on the peer counsellor guidelines developed by the Human Care Association (Japan) and revised by Mr July Mathebula, peer counsellor.



Peer counselling is conducted for/by persons with disabilities in a village (Limpopo)



## TOOL 3

# Presentation on Peer Counsellor Training - Overview of peer counselling -

Building a Caring Society. Together.

[www.dsd.gov.za](http://www.dsd.gov.za)



This material and the content of the Peer Counsellor Training were designed based on the peer counsellor guidelines developed by the Human Care Association (Japan) and revised by Mr July Mathebula, peer counsellor.



## What is peer counselling?

Peer counselling is the **mutual support** of persons with disabilities through **sharing and listening**.



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# Objective of peer counselling

The objective is to **empower** persons with disabilities. Through peer counselling, persons with disabilities heal the pain from social disadvantage, recover self-reliance and rebuild human relationships.



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## Why peer counselling is important?

Peer counselling is very important for persons with disabilities since it is where persons with disabilities **gain their voices and a sense of belonging.**



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# Why only for persons with disabilities?

**‘Peer’ means a colleague or person who has a similar background.**

**Peer counselling is only for persons with disabilities where they can share knowledge, experiences, challenges, and emotionally, socially and practically support one another in an equal manner.**

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## Rules of peer counselling

- **Divide time equally:** Each participant is allocated equal time, and they are free to use all own time in the way they choose.
- **Confidentiality:** Do not talk with others about what the participants tell you in peer counselling.
- **No denial, no criticism:** Do not contradict the participants when they speak their mind. Accept and respect their emotions.
- **Do not give advice:** We avoid giving advice because we don’t want to take away the ability of people to solve their own problems.

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## Good practice of peer counselling in Limpopo

- Peer Counsellor Training was conducted and 15 persons with disabilities were capacitated.
- Trained persons with disabilities conducted peer counselling in more than 20 villages.
- Not only provincial and district DSD but also district and local municipalities assisted in arranging transport, venues and catering (when necessary).

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## Expected roles of governments and stakeholders

- Peer counselling can be used to **implement the White Paper on the Rights of Persons with Disabilities (WPRPD)**, especially Pillar 4 for promoting and supporting the empowerment of persons with disabilities.
- In Limpopo, the provincial and district DSD **secured a budget** for peer counselling and conducted peer counselling.
- The activity was well received by senior management including HOD and Director.

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## TOOL 4

### MATERIALS ON PEER COUNSELLOR TRAINING

#### 1 RELATION BUILDING

Form a circle and ask each participant to introduce themselves.

Participants should give their full name, the name they want to be called by, where they come from, their hobbies and interests, what they want to be understood about their impairment/disability. (2 minutes per person [p/p])

In pairs, introduce each other. After this, make a circle again, and then introduce your partner to others.

(30 minutes)



#### DO I KNOW YOU?

Relation building is ice-breaking for participants in that it is an opportunity for strangers to get to know one another. If you are conducting peer counselling with the same participants, you may be able to skip relation building. When you have a new member, however, it would be good to do relation building.

#### 2 NEW AND GOOD

New and good is done at the beginning of the course.

Despite the negative challenges in our own lives, we also have new good things happening in our lives (e.g. when my uncle bought me a pair of sneakers, it was a new thing, and a good thing is that today the sun is shining).

The facilitator tells participants about the timeframe.

Before you start the new and good session, you will set a time period (perhaps in the last week; or say, specific dates, from 1 June to 10 June).

Then ask the participants if they need time to think about what is new and good in their lives (1 minute).

Next, start new and good one by one (1 minute p/p).

(20 minutes)



## 3 PEER COUNSELLING 1

### 3.1 Purpose of peer counselling

The goal is for persons with disabilities to achieve living independently through peer counselling. We heal the pains from various social disadvantages, so that we can recover our self-reliance and rebuild our human relationships. 'Peer' means colleague or one who is on equal standing with another.

There are three objectives in peer counselling:

**3.1.1 Recovery of self-reliance:** We recognise what prevents us from realising our wants and needs (disability) and then we will be able to fully express our feelings in peer counselling (discharge of emotions). After full expression of our feelings, we re-evaluate ourselves (i.e. to regain our self-esteem).

**3.1.2 Rebuilding of human relationships:** We want to rebuild relations between ourselves as disabled persons and society in the community. To renew our self-image, we build an active relationship with the peer counsellor first; then we can eventually reconstruct relationships with other people. We need to be on the same ground as the other person (e.g. get out and make new friends).

**3.1.3 Social change:** We as persons with disabilities can go out in the community and change the way of thinking of other people in society. We need to prove to people that being friendly towards and supporting persons with disabilities is important for all human beings. In order to change how the community thinks of us, persons with disabilities need to come together and be with persons without disabilities (e.g. we need to go out as a group to make people aware that persons with disabilities need accessibility to move around).



#### TOPIC:

Choose one topic from the three objectives.



#### SESSION:

3–5 minutes p/p  
(45 minutes)

#### (TENSION BACK)



#### THINK AND LISTEN:

(explain first what this is)  
(1 minute p/p)



## THE TERMS USED IN PEER COUNSELLING

**Counsellor:** In general counselling, counsellors are persons who have received specific training for counselling work. However, in sessions of peer counselling, counsellors are in the role of persons who listen to clients attentively and assist clients' discharge of emotions.

**Client:** In general counselling, a person who receives specialised psychotherapy or counselling is called a client. In peer counselling, however, a client is the role of persons who speak about what they feel and think on various issues, including issues about their disabilities, living conditions and social welfare. Participants of peer counselling rotate their roles between counsellor and client in a session – participants who take the role of counsellor first would play the role of client next.

**Tension back:** When a client is deeply involved in their story, it is often the case that even when the counselling is over (after the story is over), the client is unable to get out of the world of the story. In such a case, a method is used in which a counsellor throws a completely different topic at the client. For example, "What are you making for this evening's meal?" or "What three countries begin with A?" The client returns to his/her normal self while answering the counsellor's questions. This is a method to return the state of the mind of the client to some sort of normal or original state.

**Think and listen:** Three or more people share time with one another and listen to the other's opinions based on a theme. In doing so, the listener is dedicated to listening to the speaker's story and does not enter into any questions, disputes, opinions, or refutation, and instead accepts the speaker's story.

## 3.2 Rules of peer counselling

- Equal allocation of time among participants
- Confidentiality
- No denial, no criticism
- Don't give advice

Possible additional basic rules: no smoking, no alcohol, and perhaps no caffeine.

Explain the rules of peer counselling.

**3.2.1 Divide time equally:** Be aware that the time is totally yours and share it equally between you.

**3.2.2 Confidentiality:** What your client tells you should stay with you. Do not talk with others about anything that is said or happens in peer counselling.

**3.2.3 No denial, no criticism:** We don't ever contradict the client or deny their time to speak their mind; we accept and receive the client's emotions.

**3.2.4 Don't give advice:** We avoid giving advice because we don't want to take away anyone's ability to solve their own problems.



### TOPIC:

Which of the rules would you like to talk about?



### SESSION:

3 minutes p/p

(TENSION BACK)



### THINK AND LISTEN:

(1 minute p/p)

## 4 PEER COUNSELLING 2

### 4.1 Role of the counsellor

**4.1.1 Listen attentively:** Be there for your participants emotionally and physically, and listen to your participants from the heart. Many persons with disabilities have little opportunity to be fully listened to by other people. Peer counselling with attentive listening better enables persons with disabilities to think about improving their own situation.

**4.1.2 Trust your client:** Trust clients 100 per cent. There are no right and wrong answers. Your participants can think, decide and determine their own thoughts and way of expressing themselves.

**4.1.3 Ask questions:** Assist clients to speak of their own feelings or their own mind. Ask questions to help them to speak their mind, and to show that you are interested in what they are saying (in other words, don't ask questions for own interest).

**4.1.4 Encourage clients to discharge their emotions:** Accept and receive clients' emotions by listening to all they say.

**4.1.5 Don't give advice:** We avoid giving advice because we don't want to take away clients' ability to solve their own problems.

**4.1.6 Don't get involved with your client's problems:** Try to avoid getting emotional and remember it's the client's time to talk, not the counsellor's time.

### 4.2 Role of the client

**4.2.1 Be aware the time is totally yours:** Use all your time freely and in any way you wish. Be aware too that the time and place is safe, your privacy is being protected by the counsellor.

**4.2.2 Stand back to recognise your problems:** Having problems does not mean there is something at fault with you because most can be solved.

**4.2.3 Discharge emotions freely:** By doing so, eventually you heal the wounds of the things that are on your mind.



#### TOPIC:

What is your expectation of this peer counselling session?



#### SESSION:

5 minutes p/p  
(30 minutes)

(TENSION BACK)



#### THINK AND LISTEN:

(1 minute p/p)



#### TOPIC:

Something you couldn't talk about to anybody



#### SESSION:

5 minutes p/p  
(30 minutes)

(TENSION BACK)



#### THINK AND LISTEN:

(1 minute p/p)

### 4.3 Reasons why peer counselling is conducted by persons with disabilities

**4.3.1 To be free from constraints:** Persons with disabilities feel more free to express themselves when they talk to other persons with disabilities.

**4.3.2 To be free from dependence:** There is no personal assistant or non-disabled person present. This helps you build confidence by seeing that you are not depending on anybody when you are in peer counselling.

**4.3.3 To understand that persons with disabilities can support one another:** By being there and helping one another.

## 5 DISCHARGE OF EMOTIONS

### 5.1 What comes to your mind when you hear the word 'emotion'?

Think and listen, one or two words each. (3 minutes total)

### 5.2 How do you express yourself when you feel sad?

Think and listen, one or two words each. (3 minutes total)



#### HOW DO I SAY HOW I FEEL?

There are many different types of emotion. There are many ways to express that emotion.

Emotion that happens in our mind can only come out or be expressed through our body.

In the wider community, however, it is not always easy for these kinds of emotions to be accepted. Society tends to prefer reason over emotion, containment over expression. However, humans are thinking and feeling beings and we can't live without emotions.

Why do we need to discharge our emotions?

By discharging emotions, we can heal the wounds of mind. When you feel sad, you can relieve pain in your mind by crying or speaking about your feelings of sadness with others. But if you can't do this, your pain of mind remains as a wound. And that wound of mind makes it difficult for you to move forward when you encounter a similar situation to the one that brought on your sadness. This is why we all need to learn how to discharge emotions.



#### (WARM UP) SAY:

Today we are going to talk about discharge of emotions.



#### TOPIC:

What you could not say even though you wanted to say it.



#### SESSION:

(5 minutes p/p)

(Don't forget to mention 'Tension back')



#### THINK AND LISTEN:

(1 minute p/p)



#### TOPIC:

When was your last joyous moment?



#### SESSION:

(3–5 minutes p/p, depending on time)



#### THINK AND LISTEN:

(1 minute p/p)



#### WRAP-UP:

Remind the participants about the topic, and maybe look at the explanation 'How do I say how I feel?' again.

## 6 NATURE OF HUMAN BEINGS

At residential facilities, clinics and hospitals, persons with disabilities are isolated and controlled. Even outside of these places, persons with disabilities are exposed to attitudes and words that undermine their confidence.

As a central premise of peer counselling, however, the nature of human being is considered as follows:

### 6.1 Human beings want to be loved and want to love:

Humans can't live alone because we need someone to love and, as human beings, we want to be loved (not only in the romantic sense, but in the sense of caring for someone and being cared for) by family, friends and other people we meet and interact with in life.

### 6.2 Human beings are full of intelligence:

Humans can choose and decide for themselves (this kind of intelligence is not about your results in an exam or your IQ score).

### 6.3 Human beings are full of creativity and talent:

Humans have the capacity to create something important (e.g. some people do mouth painting, modify their wheelchairs, play sports competitively).

### 6.4 Human beings are full of joy:

Persons with disabilities can have fun just like everyone else in the community. We have difficult experiences but we can still enjoy ourselves in our own way, such as going out, being with family and making friends.

### 6.5 Human beings are powerful:

Humans have the power to overcome difficult experiences (e.g. just being at peer counselling, a person feels more powerful).



#### (WARM UP) ASK:

What do you think about this word, human being?  
How do you think about it?



#### SESSION:

3 minutes p/p



#### TOPIC:

Which point about human beings impressed you most?



#### SESSION:

5 minutes p/p  
(talk about it in pairs)  
(30 minutes)

#### (TENSION BACK)



#### THINK AND LISTEN



#### WRAP-UP:

We are still human beings despite our disability, and we are capable of doing things the way we want to do them. Don't be afraid to mingle with non-disabled people because of your disability, go out and challenge the world.

## 7 DISABILITY

Persons with disabilities are used to thinking their impairment/disability is a negative thing. There are many reasons why you feel negative. There are different types of impairments/disabilities (e.g. para, quad, visual, hearing, albinism, etc.). Facing up to your problems and your impairment/disability makes it easier to think clearly.

Peer counselling looks into the following four points on impairment/disability:

### 7.1 For you, what is the meaning of impairment/disability?



#### TOPIC:

What do you think about your own impairment/disability?



#### SESSION:

5 minutes p/p



#### THINK AND LISTEN:

(circle) (1 minute p/p)

### 7.2 For your family, what does it mean to have a person with a disability as a member?

(i.e. what is your relationship with your family?)



#### SESSION: 5 minutes p/p



#### THINK AND LISTEN

### 7.3 For the community, what is the meaning of impairment/disability?

(e.g. persons with disabilities are working together now to change the way of thinking of the community and trying to make things easier. What do you want to change in the community?)



#### SESSION: 5 minutes p/p



#### THINK AND LISTEN

### 7.4 What is the status of persons with disabilities in history?

(e.g. can you think of persons with disabilities who have become a success in life; or how things have improved for persons with disabilities because of changing attitudes, or technological developments?)



#### SESSION: 1 minute p/p

Leave people with a positive feeling.



## 8 GOOD AND LEARN

Participants don't let what we have learned go to waste. That is why we do 'good and learn'.

This is not a time for evaluation. Participants do not say 'I did not do well' or 'I did not understand'. But they do say what was good for them and what they learned from today's peer counselling.



### SESSION:

1 minute p/p (depending on time available)



## 9 APPRECIATION

Persons with disabilities don't get praised often in our daily life. So we will have an opportunity to be appreciated by one another here.



### WHAT IT MEANS TO BE APPRECIATED

Appreciation is getting to know one another, to encourage one another, show love and support. This is so that we can feel we are important and valuable. We can regain our self-esteem and confidence.

Please take some care when you praise one another:

- Be careful not to compare disabilities, gender, past history, future prospects, age, and other persons, including yourself. Do not lecture or give advice.
- Don't be too modest or embarrassed. We should accept being appreciated and be able to appreciate ourselves. Everyone has something worth praising, so don't feel bad or shy when you are being praised: Feel you deserve your praise.

Make a circle and appreciate one another, one by one.

Decide who will be praised first. Then each participant praises that person (30 seconds p/p). After everyone has praised the person, that person says how they feel about being appreciated.

## SUPPORT MATERIALS FOR LEADERS WITH DISABILITIES

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### How to start a support group

#### Guideline

Support groups provide a useful forum for people to share their experiences, access information and increase understanding about a common problem.

#### What is the focus of the group?

You need to decide on a clear focus for the group. You will be more successful if you offer a group with a specific focus such as parents of children with learning difficulties or a rape survivor support group, as opposed to a more general group with an undefined focus.

Ask yourself:

- What is the problem?
- Who needs support?
- Who should attend?
- What would you like to achieve?

#### An accessible venue and appropriate time

Choose a venue that is central. If you cannot find a suitable public venue, you could decide to have your meetings at members' homes.

Choose a time that would suit most members.

#### Getting your group together

Once you have decided on a focus, you need to recruit members. Advertise in the local press, on social media, at a public clinic, library, community centre, or at places where new members of the group are likely to go.

#### Decide on the size of the support group

The size of a support group is important. If your group is too big, some members will never have the opportunity to contribute. Rather split the group into two or more manageable groups. If the group is too small, there is a chance that your group will dissolve due to absenteeism and dropping out.

#### Your first meeting

Use the first meeting to find out what people would like to gain from the group. Your group will be more successful if you take the issues they are concerned about into account.

#### Share the responsibility

Don't take on all the responsibility. You will soon feel overburdened. Elect a coordinator, treasurer and secretary. You could also decide to re-elect people every year. Apart from preventing burnout, sharing of responsibility will also give more people the chance to become involved in the group.

### Prevent drop out

Many support groups stop functioning due to lack of interest. Keep your members active and interested by having a range of activities or topics. Here are some suggestions:

- Invite guest speakers to some of your meetings.
- Follow up on your members' suggestions. People can easily become demotivated and feel undervalued if one member takes all decisions and responsibility for the group.
- Give your members a chance to suggest topics and organise meetings. Encourage participation by giving members the opportunity to share their own experiences and knowledge. Depending on the nature of the group, members could bring something they have made along or share tips on how they dealt with specific problems.
- Organise social events. This will give you a chance to get to know one another in a more relaxed atmosphere. You could also invite members of similar support groups.



### Create a safe place for feelings

Many people were taught that some feelings are acceptable and others are not. Some feelings are negative and others are positive, and that somehow we need to be rescued from our feelings, especially painful ones such as anger, sadness, hurt, fear, hopelessness, helplessness, and guilt. Many people have had their feelings shamed in their family of origin and have anxiety about risking sharing feelings in a group.

When the following basic principles about feelings are honoured, safety for feelings can be created in a relationship or a group:

- Feelings are neither right nor wrong, good nor bad. All feelings are allowable and do not require either a negative or positive judgement.
- Feelings are meant to be passing visitors, they are not meant to take up permanent residence in our minds.
- Telling someone they should or shouldn't feel something does not help them, but rather causes feelings to become distorted or blocked.
- Feelings can be released when they are heard with compassion, empathy, respect, and a lack of judgement. This is what unconditional presence means.



#### REFERENCE

This material and the content of the Peer Counsellor Training was designed based on the peer counsellor guidelines developed by the Human Care Association (Japan) and revised by Mr July Mathebula, peer counsellor.



## TOOL 5

# FACILITATION GUIDE ON DISABILITY AWARENESS FACILITATOR TRAINING

### 1 BACKGROUND

The disability awareness activity aims to promote the social model of disability. The social model of disability is a key perspective in advancing the empowerment of persons with disabilities and disability mainstreaming. The social model sees disability as a social construct, with disability arising not from individuals, but from a social environment where diversity is not respected.

Through disability awareness activities, people discover that disability is in society and not in the person, and that the solution to disability is social change that involves removing the barriers which hinder the participation of persons with disabilities in our society. This perspective is called the social model of disability.

*(Note: In contrast to the social model, the medical/individual model of disability emphasises the impairment that the person has. Responses and service delivery are designed to 'fix' the person, and generally separates them from the rest of society.)*

### 2 OBJECTIVES

- To deepen understanding of the social model of disability
- To learn how to facilitate disability awareness activities through practice.

### 3 TARGET PARTICIPANTS

- Potential leaders with disabilities in the implementation site
- The number of participants is recommended to be fewer than 15 persons for well-managed training and to better achieve the objectives.
- **On the last day** of the training, **stakeholders such as government officials participate** in the programme (see Day 3 of the following example).

### 4 RECOMMENDED ORGANISERS AND DEMARCATION

Organisers are drawn from district DSD and municipalities in collaboration with provincial DSD and the working group. The recommended demarcation is as follows:



- a) District DSD and municipalities in collaboration with provincial DSD and the working group
  - Nomination of participants with disabilities
  - Arrangement of accessible venue, transport for participants and catering
  - Communication and coordination with a trainer
  - Dispatch of a trainer(s) (consultation with national DSD if needs arise)

b) Trainer(s)

- Development of programme and materials
- Facilitation of the training
- Development and submission of report on the training to the organisers.

## 5 PROGRAMME EXAMPLE

The length of the workshop should be three days to achieve the training purposes. An example of the programme is as follows:

DAY 	TIME 	ITEM 
DAY 1	09:00–09:30	Welcome and introductions
	09:30–10:00	Purpose and background
	10:00–12:00	Demonstration of disability awareness activity by the trainer
	12:00–13:00	Lunch break
	13:00–14:30	How to conduct a disability awareness activity <ul style="list-style-type: none"> <li>• Detailed explanation of each exercise</li> </ul>
	14:30–15:30	Materials development
	15:30–16:00	Q & A
DAY 2	10:00–10:30	Recap of Day 1 of the workshop
	10:00–12:00	Practice of disability awareness activity by participants
	12:00–13:00	Lunch break
	13:00–15:30	Practice of disability awareness activity by participants
	15:30–16:00	Q & A
DAY 3	09:30–10:00	Recap of Day 2 of the workshop
	10:00–12:00	Demonstration of disability awareness activity by participants <ul style="list-style-type: none"> <li>• Government officials and other stakeholders participate in the activity</li> </ul>
	12:00–13:00	Development of new disability awareness activity plan
	13:00–	Way forward and closing



## 6 EQUIPMENT/MATERIALS REQUIRED

The following equipment and materials are required for Disability Awareness Facilitator Training:

- Paper and pens (for Exercises 1 and 2)
- Coloured Post-it notes (for Exercise 2)
- Scissors, sticky tape, coloured pens, big sheets paper and cardboard box(es) (for materials development in the training)
- Laptop, projector and screen (If it is difficult to provide a projector and laptop, hand-made materials could be used. See 7.2 Materials development on page 89.)

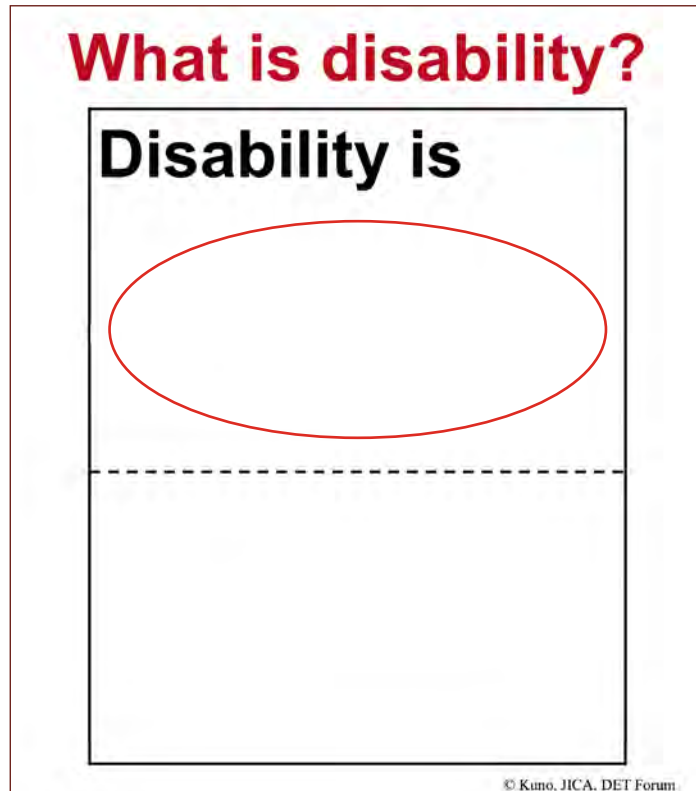
## 7 TRAINING CONTENT

The training has three main components: 1) Overview of disability awareness activity (Day 1); 2) Practice of disability awareness activity (Day 2); and 3) Demonstration of disability awareness activity (Day 3).

### 7.1 Overview of disability awareness activity (Day 1)

Participants experience disability awareness activity demonstrated by a trainer firstly. After that, participants learn about how to conduct a disability awareness activity including the facilitation points of the activities.

#### 7.1.1 EXERCISE 1: What is disability?



Participants write their own answer to the question: 'What is disability?' (i.e. their own explanation of disability) in the top half of the paper.

The answers are shared among the participants. There are no correct or wrong answers. (Keep the paper until the end of this exercise session; it will be used again later.)

*Tip for the facilitator: The facilitator asks participants to consider and write an answer to: 'What is the disability?' The answer should be 'disability is ...' NOT 'persons with disabilities are ...'*



### 7.1.2 EXERCISE 2: What is disability?/Where is disability?

The first slide shows only a boy using a wheelchair.



#### What is disability?

Participants discuss **what** the disability is in groups/as individuals, and share their answers.

#### Where is disability?

Next, the participants discuss **where** the disability is in groups/as individuals.



#### Location of disability

Each group or individual decides the location of disability, and takes a small piece of paper (like a Post-it note) and puts it on the location of disability, as shown in the illustration.

The second slide shows the same wheelchair user, but he is now in front of stairs. There is a shop window on his left. It is obvious that the entrance to the shop is at the top of the stairs.

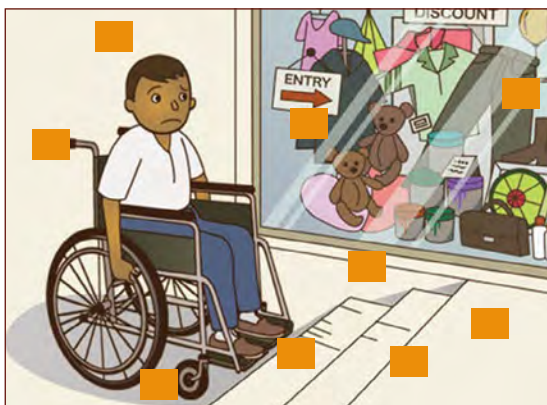


#### What is disability?

Participants discuss **what** the disability is in groups/as individuals, and share their answers.

#### Where is disability?

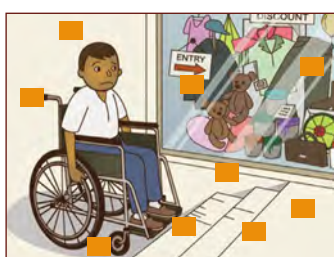
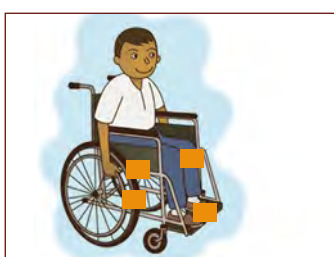
Next, the participants discuss **where** the disability is in groups/as individuals.



### Location of disability

Each group or individual decides the location of disability and puts a small piece of paper (like a Post-it note) to mark the location of disability as shown in the illustration in the slide.

*Tip for the facilitator:* The facilitator asks: 'What is the **problem?**' and 'Where is the **problem?**' if it is difficult for the participants to decide the location of disability.



Participants compare the first and the second slides, and recognise that their perspectives on disability have changed.

Participants should now understand disability from social model perspective through this exercise

*Tip for the facilitator:* The facilitator does not provide the answers. Be aware of the difference between the two questions 'what' and 'where'. Before the conclusion of this exercise, summarise the difference between the two illustrations. The key message is that disability is not in the person, but in society.

### 7.1.3 EXERCISE 3: What is disability?

## What is disability?

### Disability is

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Participants reconsider and rewrite their explanation of disability in the bottom half of the paper.

Participants now share their own explanations, and discuss the changes of explanation between what they wrote first and what they wrote second.

# Disability

results from the interaction between persons with impairments and **attitudinal and environmental barriers** that hinders their full and effective **participation** in society on an **equal** basis with others (UNCRPD)

12  
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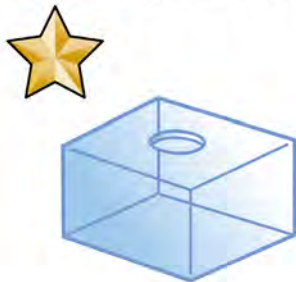
The UNCRPD recognises disability as an evolving concept and states that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”. This reflects the perspective of the social model of disability.



*Tip for the facilitator:* The facilitator shows the similarity between what participants have discovered and what the UN says. This will encourage and motivate participants when they realise the real meaning of ‘disability’.

## 7.1.4 EXERCISE 4: How do you solve?

### How do you solve?

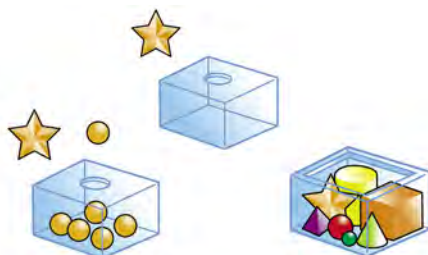


14  
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The first slide shows a star-shaped object and a box which has a hole that is smaller than the object.

Participants discuss in groups/as individuals how to put the star-shaped object into the box.

*Tip for the facilitator:* The facilitator explains the task: to put the star into the box although the star is bigger than the hole in the box. Do not use the terms ‘disability’ and ‘society’ at this stage.



15  
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The second slide shows two ways to resolve the situation: One is to adjust/change the star, e.g. by cutting up the star to put it into the box. The other is to adjust/change the box, e.g. by opening the hole/box to put the whole star into the box.

Participants understand that the star represents a person with disability and the box represents their community/environment; they discuss how they want to resolve the situation.

Participants will agree that the community should be changed to accept persons with disabilities. In addition, it should be highlighted that if the community is changed, various shapes of objects will be accommodated, as shown in the illustration.

*Tip for the facilitator:* The facilitator elicits the following points:

- Both solutions can complete the task but the result is different.
- Which would you like to change, the person with disability or society/environment?
- Which result would you like to create: only one shape can be accommodated; or various types of shapes can be accommodated?
- The key message is to change society, not to change persons with disabilities.

### 7.1.5 EXERCISE 5: Listen to the voices of persons with disabilities

#### Why does it happen?



**Listen to/ask for users' voices!**

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The picture in the slide shows a woman using a wheelchair, trying to go up a ramp but not being able to do so.

#### What is the problem/Why does it happen?

Participants analyse what the problem is and why it is happening. They could answer any of the following: 'The problem is the ramp that is too steep', 'Wheelchair users were not considered when the ramp was made', 'If wheelchair users were involved in designing the ramp, they could show the appropriate gradient to use'.

Participants start to understand that the involvement of persons with disabilities is important.

*Tip for the facilitator: The facilitator asks participants, 'Why does this happen?' and 'Why is the ramp too steep?' The key message is when you change anything in the environment, you should listen to the voices of persons with disabilities.*

### 7.1.6 Conclusion

#### Disability is



Participants now understand the social model. The social model says disability arises from a social environment where diversity is not respected.

They also recognise two key points in developing an activity plan: i.e. Change society; and Listen to the voices of persons with disabilities.

#### Overall tips for the facilitator:

- *Participatory: Facilitation is important (do not provide answers, but encourage participants to think and speak, i.e. 'discover' their own answers).*
- *Include your personal story in relating important messages.*
- *You are not teaching, instead you also learn from the audience.*

#### Two Key Points

**1. Change society  
(not person with disability)**

**2. Listen to the voices of  
persons with disabilities**

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## 7.2 Materials development (Day 1)

Group and/or individual work is conducted in this disability awareness activity. The organisers should prepare the materials and equipment for the activity such as paper, pens, coloured Post-it notes, as well as a projector and laptop.



[Photo 1] Hand-drawn picture for Exercise 1: Where is disability?



[Photo 2] Hand-made box and star for Exercise 4: How do you solve?

If it is difficult to provide a projector and laptop, you could use hand-made materials such as hand-drawn pictures and a box instead of using PowerPoint slides [Photos 1 and 2].

In the training, participants create the following hand-made materials during the session for materials development on Day 1:

- Hand-drawn pictures showing a boy using a wheelchair in front of stairs: Exercise 1 (What is disability?/Where is disability?)
- Hand-made star and box: Exercise 4 (How do you solve?)
- Hand-drawn pictures showing a woman using a wheelchair trying to go up a steep ramp: Exercise 5 (Listen to the voices of persons with disabilities)

Participants are recommended to divide into small groups to develop one or two materials from the above-mentioned materials in groups.



## 7.3 Practice of disability awareness activity by participants (Day 2)

Participants practise how to facilitate disability awareness activity. Participants divide into two to four groups so that all participants have experience in the practice of presentation and facilitation. In the practice session: firstly, five persons facilitate the exercises from 1 to 5 in order. After that, another five persons facilitate the exercises from 1 to 5, and so on.

## 7.4 Demonstration of disability awareness activity by participants (Day 3)

Participants conduct the disability awareness activity for government officials and other stakeholders. This is a practice session for the training participants. In addition, this session aims to promote understanding and support from officials of DSD, municipalities and other stakeholders, for long-term sustainability of disability awareness activities.

## 8 AFTER THE TRAINING: FURTHER DISABILITY AWARENESS ACTIVITIES BY TRAINED PERSONS WITH DISABILITIES

The trained persons with disabilities can now conduct disability awareness activities to promote the social model of disability, as well as to improve their skills through practical activities. It is recommended that several trained facilitators together as a team facilitate further disability awareness activities to assist one another.

The participants are expected to be community people and representatives from any organisations in the implementation site, such as public institutions, schools, taxi associations, NGOs, and private companies. The length and content of the disability awareness activities should be discussed and decided by the facilitators and stakeholders. A minimum of two hours is needed.

### Organisers

The organisers are drawn from district DSD and municipalities, in collaboration with the working group. The recommended demarcation of responsibilities is as follows:

- a) District DSD and municipalities in collaboration with the working group:
  - Obtain buy-in from key stakeholders to conduct the activities
  - Arrange accessible venue, transport for participants, and catering
  - Communication and coordination with trained facilitators.
- b) Facilitators (trained persons with disabilities)
  - Development of programme and materials
  - Facilitation of disability awareness activity
  - Sharing of the outcomes of disability awareness activities with the organisers.

### Programme example

The following programme shows an example of a three-hour session.

TIME 	PROGRAMME 
10h00–10h20	Welcome and introductions
10h20–10h30	Purpose of today's activities
10h30–10h50	Exercise 1: What is disability?
10h50–11h30	Exercise 2: What is disability? / Where is disability?
11h30–11h50	Exercise 3: What is disability?
11h50–12h20	Exercise 4: How do you solve?
12h20–12h40	Exercise 5: Listen to the voices of persons with disabilities
12h40–13h00	Conclusion and Q & A



## REFERENCES

The content and PowerPoint slides for the disability awareness activities were designed based on Disability Equality Training (DET) guidelines whose methods, materials and content used in the project were developed by JICA and Dr Kenji Kuno, a representative of DET Forum (<http://detforum.com/>).

Kuno, Kenji. 2012. *Doing Disability Equality Training*. Kuala Lumpur: MPH Publishing. (DET Manual No. 6) <http://detforum.com/intl/wp-content/uploads/2009/03/Doing-Disability-Equality-Training.pdf>



A person with disabilities practises conducting a disability awareness activity (Limpopo)



## TOOL 6

### PRESENTATION ON DISABILITY AWARENESS ACTIVITY

# Disability Awareness Activity

Building a Caring Society. Together.

[www.dsd.gov.za](http://www.dsd.gov.za)



The content and PowerPoint slides for the disability awareness activities were designed based on Disability Equality Training (DET) guidelines whose methods, materials and content used in the project were developed by JICA and Dr Kenji Kuno, a representative of DET Forum (<http://detforum.com/>).



## After the training:

**We take action to make our community/environment inclusive and accessible!**



# Exercise 1



3

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## What is disability?

**Disability is**

4

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# Exercise 2

5

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## What is disability?



## Where is disability?

6

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# What is disability?



## Where is disability?

7

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8

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# Exercise 3

9

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## What is disability?



## Where is disability?

10

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# What is disability?

**Disability is**



11

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## Disability

**results from the interaction between persons with impairments and **attitudinal** and **environmental barriers** that hinders their full and effective **participation** in society on an **equal** basis with others (UNCRPD)**

12

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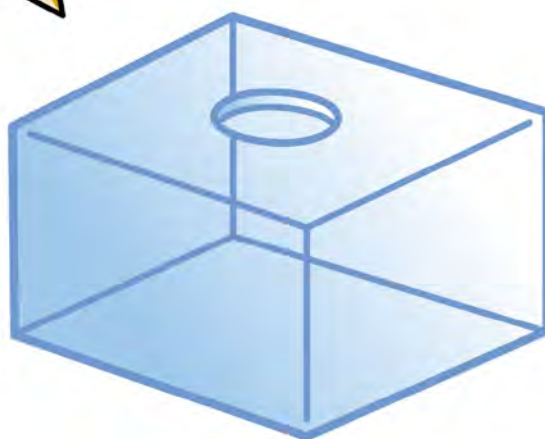


# Exercise 4

13

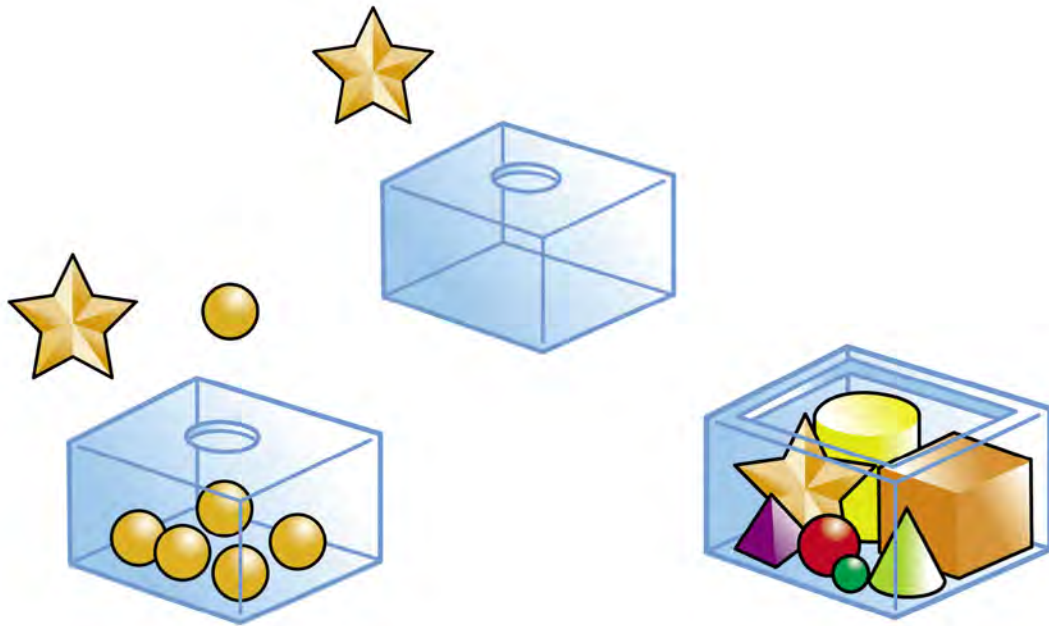
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## How do you solve?



14

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**Change person with  
disability**

**Change society**  
**Open box solution**

15

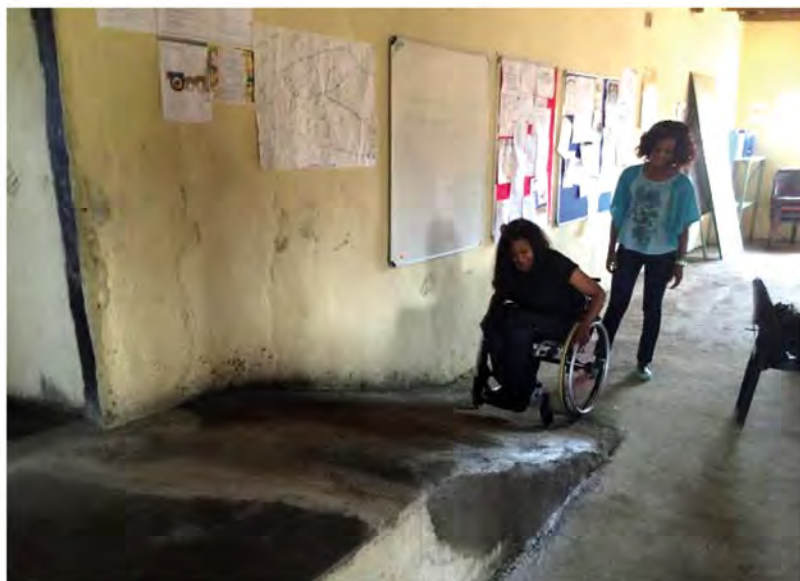
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# Exercise 5

16

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## Why does it happen?



**Listen to/ask for users' voices!**

17

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## Conclusion

18

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# Disability is



19

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## Two Key Points

- 1. Change society  
(not person with disability)**
- 2. Listen to the voices of  
persons with disabilities**

20

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**Nothing about us,  
without us!**

**We will change  
society!**

21



Persons with disabilities raise awareness on disability at a high school (Limpopo)



## TOOL 7

### QUESTIONNAIRE FORM FOR BASELINE SURVEY

#### INFORMED CONSENT

We are here to conduct a baseline survey to deepen our understanding of barriers to participation of persons with disabilities. The outcome of the survey will be used for planning and implementing activities on the empowerment of persons with disabilities and disability mainstreaming. All information provided by you in this questionnaire will be used under standards of strict confidentiality and without any mention of your name.

We would like to ask you some questions about your needs and challenges as a person with disability in your community. You have been randomly selected to participate in this survey.

This questionnaire will probably take about 20 minutes. This questionnaire is voluntary with informed consent and has no risk for you or your family. You can refuse to answer any questions. Also, you can choose not to continue answering questions in the questionnaire at any time.

It is important for you to understand that you will not receive any financial benefit from answering the questionnaire. However, persons with disabilities in South Africa will benefit from your participation because the survey results will be used for developing activity plans to promote empowerment of persons with disabilities and disability mainstreaming

I understand the terms of the informed consent and I agree to participate in this survey.

Name of Respondent: \_\_\_\_\_

*(this will not be shown in any report on survey results)*

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Please tick ☒ the answer that reflects your experience, or write your answer/comments in the space provided.

SECTION A: IDENTIFICATION AND BACKGROUND INFORMATION		
A1	Address: (Only the name of municipality, ward and village)	Municipality: Ward: Village:
A2	Contact telephone number	
A3	Gender	1. <input type="checkbox"/> Female 2. <input type="checkbox"/> Male
A4	Age	(       ) years
A5	Current status	1. <input type="checkbox"/> Student, specify (       ) 2. <input type="checkbox"/> Working, specify occupation (       ) 3. <input type="checkbox"/> Stay at home, specify (       ) 4. <input type="checkbox"/> Other, specify (       )
A6	What is your impairment/ disability? (Multiple answers allowed)	1. <input type="checkbox"/> Visual 2. <input type="checkbox"/> Hearing 3. <input type="checkbox"/> Physical 4. <input type="checkbox"/> Intellectual/psychosocial 5. <input type="checkbox"/> Other, specify (       )



SECTION B: ACCESSIBILITY		
<b>Relevance to the WPRPD: Pillar 1 – Removing Barriers to Access and Participation</b> <b>Focus Area: Access to the built environment</b>		
B1	What facilities do you want to improve accessibility? (Multiple answers allowed)	1. <input type="checkbox"/> Housing (e.g. own, relative's, friend's, neighbour's) 2. <input type="checkbox"/> Healthcare facilities (e.g. clinic, hospital, rehabilitation centre) 3. <input type="checkbox"/> Education facilities (e.g. school, college, university) 4. <input type="checkbox"/> Workplaces 5. <input type="checkbox"/> Markets and shops 6. <input type="checkbox"/> Public/community facilities (e.g. local government offices, church/mosque/temple, community centre) 7. <input type="checkbox"/> Other, specify (       )
<b>Relevance to the WPRPD: Pillar 1 – Removing Barriers to Access and Participation</b> <b>Focus Area: Access to transport</b>		
B2	What difficulties do you experience with modes of transport? (Multiple answers allowed)	1. <input type="checkbox"/> Public transport far away from my home 2. <input type="checkbox"/> Difficulty in getting on board 3. <input type="checkbox"/> Difficulty in getting information about appropriate transport 4. <input type="checkbox"/> Negative attitude of drivers, staff or passengers 5. <input type="checkbox"/> Other, specify (       )
<b>Relevance to the WPRPD: Pillar 1 – Removing Barriers to Access and Participation</b> <b>Focus Area: Access to information and communication</b>		
B3	What difficulties do you experience in accessing information and communication in relation to your impairment and disability?	Specify (e.g. no Braille service/sign language, etc.)

## SECTION C: HEALTH

Relevance to the WPRPD: Pillar 4 – Promoting and Supporting Empowerment of Persons with Disabilities  
Focus Area: Access to healthcare and lifestyle support

C1	What difficulties do you experience with healthcare? (Multiple answers allowed)	1. <input type="checkbox"/> Healthcare facilities far away from my home 2. <input type="checkbox"/> Building is not accessible 3. <input type="checkbox"/> Healthcare provider's skills were not adequate to meet my needs on impairment and disability 4. <input type="checkbox"/> Difficulty in getting information about appropriate healthcare 5. <input type="checkbox"/> Negative attitude of healthcare providers 6. <input type="checkbox"/> Other, specify ( )
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## SECTION D: EDUCATION

Relevance to the WPRPD: Pillar 4 – Promoting and Supporting Empowerment of Persons with Disabilities  
Focus Area: Early childhood development/Lifelong education and training

D1	What difficulties do you experience in education? (Multiple answers allowed)	1. <input type="checkbox"/> Education facilities far away from my home 2. <input type="checkbox"/> Building is not accessible 3. <input type="checkbox"/> Textbooks and materials are not accessible 4. <input type="checkbox"/> Teachers' teaching skills were inadequate to meet my needs on impairment and disability 5. <input type="checkbox"/> Difficulty in getting information about appropriate education 6. <input type="checkbox"/> Negative attitude of teachers or classmates 7. <input type="checkbox"/> Other, specify ( )
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## SECTION E: LIVELIHOOD

Relevance to the WPRPD: Pillar 5 – Reducing Economic Vulnerability and Releasing Human Capital  
Focus Area: Access to decent work and work opportunities

E1	What difficulties do you experience in employment and at work? (Multiple answers allowed)	1. <input type="checkbox"/> Workplace far away from my home 2. <input type="checkbox"/> Building is not accessible 3. <input type="checkbox"/> Documents and equipment are not accessible 4. <input type="checkbox"/> Difficulty in communication with colleagues or customers 5. <input type="checkbox"/> Negative attitude of colleagues or customers 6. <input type="checkbox"/> Never been employed 7. <input type="checkbox"/> Other, specify ( )
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Relevance to the WPRPD: Pillar 5 – Reducing Economic Vulnerability and Releasing Human Capital  
Focus Area: Disability, poverty, development and human rights

E2	What difficulties do you experience with the disability grant? (Multiple answers allowed)	1. <input type="checkbox"/> Grant office far away from my home 2. <input type="checkbox"/> Building is not accessible 3. <input type="checkbox"/> Documents are not accessible 4. <input type="checkbox"/> Difficulty in getting information on disability grant 5. <input type="checkbox"/> Negative attitude of staff 6. <input type="checkbox"/> Never received disability grant 7. <input type="checkbox"/> Other, specify ( )
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## SECTION F: SOCIAL

**Relevance to the WPRPD: Pillar 3 – Supporting Sustainable Integrated Community Life**  
**Focus Area: Building socially cohesive communities and neighborhoods**

<b>F1</b>	How often do you go out?	1. <input type="checkbox"/> Every day 2. <input type="checkbox"/> At least once a week 3. <input type="checkbox"/> At least once a month 4. <input type="checkbox"/> Rarely 5. <input type="checkbox"/> Do not go out
<b>F2</b>	Do you get to participate in artistic, cultural, religious, recreational, leisure and sports activities?	1. <input type="checkbox"/> Not at all 2. <input type="checkbox"/> A little 3. <input type="checkbox"/> Moderately 4. <input type="checkbox"/> Mostly 5. <input type="checkbox"/> Completely
<b>F3</b>	What difficulties do you experience in participating in any of the activities mentioned in F2? (Multiple answers allowed)	1. <input type="checkbox"/> Activity place far away from my home 2. <input type="checkbox"/> Activity place is not accessible 3. <input type="checkbox"/> Difficulty in getting information about the activities 4. <input type="checkbox"/> Negative attitude of others 5. <input type="checkbox"/> Other, specify ( )
<b>F4</b>	Do you get to influence the way your community is run?	1. <input type="checkbox"/> Not at all 2. <input type="checkbox"/> A little 3. <input type="checkbox"/> Moderately 4. <input type="checkbox"/> Quite influential 5. <input type="checkbox"/> Strongly influential

**Relevance to the WPRPD: Pillar 2 – Protecting the Rights of Persons at risk of Compounded Marginalisation**  
**Focus Area: Equal recognition before the law**

<b>F5</b>	Do you know the rights of persons with disabilities?	1. <input type="checkbox"/> Not at all 2. <input type="checkbox"/> A little 3. <input type="checkbox"/> Moderately 4. <input type="checkbox"/> Well 5. <input type="checkbox"/> Very well
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## SECTION G: EMPOWERMENT

### Relevance to the WPRPD: Pillar 4 – Promoting and Supporting Empowerment of Persons with Disabilities Focus Area: Supported decision-making

<b>G1</b>	Do you feel that other people respect you? For example, do you feel that others value you as a person?	<input type="checkbox"/> Not at all <input type="checkbox"/> Seldom <input type="checkbox"/> Moderately <input type="checkbox"/> Often <input type="checkbox"/> Completely
<b>G2</b>	Do you get to make your own decisions about your personal relationships, such as friends and family?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Mostly <input type="checkbox"/> Completely
<b>G3</b>	How much control do you have in making decisions that affect your everyday activities?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Mostly <input type="checkbox"/> Completely
<b>G4</b>	Are you confident about persuading other people in promoting the rights of persons with disabilities?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Regularly <input type="checkbox"/> All the time

### Relevance to the WPRPD: Pillar 6 – Strengthening the Representative Voice of Persons with Disabilities Focus Area: Strengthening access and participation through self-representation

<b>G6</b>	Which disability organisations do you belong to? (Multiple answers allowed)	<input type="checkbox"/> Self-Help Group of persons with disabilities <input type="checkbox"/> Disabled People's Organisation (DPO) <input type="checkbox"/> Disability forum <input type="checkbox"/> Do not belong to any <input type="checkbox"/> Other, specify ( )
<b>G7</b>	What difficulties do you experience in participating in disability organisations? (Multiple answers allowed)	<input type="checkbox"/> Place of activity far away from my home <input type="checkbox"/> Place of activity is not accessible <input type="checkbox"/> Difficulty in getting information on the activities <input type="checkbox"/> Negative attitude of the members of organisations <input type="checkbox"/> Other, specify ( )



## SECTION H: OTHERS

H1	What is the <b>biggest challenge</b> for you in relation to your impairment and disability?	
H2	If you have any other comments on or concerns about disability, please describe here.	

End of questionnaire. Thank you for your cooperation.



A DSD official talks with people in the community (Eastern Cape)



## TOOL 8

### EXAMPLE OF REPORT ON RESULTS OF THE BASELINE SURVEY

Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Organisation and position: \_\_\_\_\_

Implementation site (name of local municipality and district): \_\_\_\_\_

#### 1. Number of questionnaire respondents

		NUMBER OF ANSWERS	PERCENTAGE
1	Number of women who answered	23 people	55%
2	Number of men who answered	19 people	45%
3	Total number of respondents to the questionnaire	42 people	(100%)

#### 2. Age

Average age of respondents	36 years
----------------------------	----------

#### 3. Current status

		NUMBER OF ANSWERS	PERCENTAGE
1	Student	4 answers	10%
2	Working	7 answers	17%
3	Stay at home	28 answers	67%
4	Other	3 answers	7%
5	Total number of answers (1+2+3+4)	42 answers	(100%)

#### 4. Number and percentage of each impairment

		NUMBER OF ANSWERS	PERCENTAGE
1	Persons with visual impairment	4 answers	10%
2	Persons with hearing impairment	2 answers	5%
3	Persons with physical impairment	29 answers	69%
4	Persons with intellectual/psychosocial impairment	4 answers	10%
5	Persons with other impairments	3 answers	7%
6	<b>Total number of answers (1+2+3+4+5)</b>	<b>42 answers</b>	<b>(100%)</b>



#### 5. Presenting the challenges derived from the questionnaire survey

- The survey results indicate that participants experience challenges with infrastructure especially in the workplace. This indicates that the developed structures are not disability friendly which results in limited employment opportunities for persons with disabilities in the working sector.
- Transport is also identified as one of the challenges since available transport modes and systems are not disability friendly. Transport modes are also far away from where people are based which makes it difficult for persons with disabilities to access them.
- Those members with visual impairments experience challenges with accessing information as it often presented in small print or unreadable formats.
- In respect of education, persons with disabilities expressed the challenges of negative attitudes from teachers which can result in them not accessing education as they should be.
- The factors described above contribute to a majority of participants being unemployed, and never having been employed.
- Persons with disabilities experience challenges with getting to SASSA offices which are far away from where they live.
- There is little or minimal community consultation with persons with disabilities as the survey indicated that they have little community participation.
- However, although consultation needs to be strengthened, persons with disabilities know their rights very well and still get respect from the community.
- The survey also indicates that persons with disabilities have full control in their own decision-making as they are empowered.
- 50 per cent of the participants indicated that they are involved socially every day.



## TOOL 9

### FACILITATION GUIDE ON DEM INTRODUCTORY WORKSHOP: TO DEVELOP AN ACTIVITY PLAN

#### 1 OBJECTIVES

---

- To understand the empowerment of persons with disabilities and disability mainstreaming (DEM) approach and begin activities using the DEM approach
- To understand disability based on the social model perspective
- To develop an activity plan to address barriers faced by persons with disabilities.

#### 2 TARGET PARTICIPANTS

---

DEM working group members from the implementation site are the intended participants.

#### 3 ORGANISERS

---

Organisers are drawn from district DSD and municipalities in collaboration with provincial DSD and the working group. Roles of the organisers are as follows:

- Arrange accessible venue, transport for participants, and catering
- Communicate and coordinate with the working group members, and invite them as the participants
- Develop a programme and materials
- Facilitate the training
- Develop a training report and share it with the stakeholders.

#### 4 FACILITATORS

---




Facilitators are drawn from provincial and district DSD officials (in consultation with national DSD if the need arises).

## 5 EQUIPMENT AND MATERIALS REQUIRED

The following equipment and materials are required for DEM introductory workshop

- Large sheets of paper and pens (for development of activity plans by groups)
- Paper and coloured Post-it notes (for disability awareness activity)
- Laptop, projector and screen

## 6 PROGRAMME EXAMPLE

DAY 	TIME 	ITEM 
DAY 1	10:00–10:20	Welcome and introductions
	10:20–12:00	Overview and concept of the DEM approach <ul style="list-style-type: none"> <li>• Three fundamental principles</li> <li>• Implementation steps</li> <li>• Social model of disability (recap of disability awareness activity)</li> <li>• DEM activity examples</li> </ul>
	12:00–13:00	Lunch break
	13:00–13:30	Report on results of the baseline survey
	13:30–14:00	Presentation on the activity plan template
	14:00–15:30	Identification of strong barriers to participation of persons with disabilities in the implementation site
	15:00–16:00	Development of activity plans
DAY 2	10:00–10:15	Recap of Day 1 of the workshop
	10:15–12:00	Development of activity plans (continue from where we left off yesterday)
	12:00–13:00	Lunch break
	13:00–14:00	Presentation of activity plans
	14:00–15:00	Consolidation and finalisation of activity plan
	15:00–15:30	Confirm next activity with concrete timeframe
	15:30–	Way forward and closing





## 7 PROGRAMME CONTENT

The programme has three main components: 1) Overview of the DEM approach; 2) Understanding of the social model of disability; and 3) Development of an activity plan based on results of the baseline survey.

### 7.1 Overview and concept of the DEM approach

The facilitator (provincial/district DSD official) explains and gives an outline of the DEM approach such as the background, concept, implementation steps and activity examples, as well as the relevant policy framework. In addition, the facilitator explains the social model of disability which is a key perspective in promoting the DEM approach.

The DEM approach was developed by DSD and JICA through a technical cooperation project, 'Promotion of Empowerment of Persons with Disabilities and Disability Mainstreaming (2016–2020)'. The DEM project was implemented at four study sites:

**SITE 1** Collins Chabane municipality, Vhembe district, Limpopo province

**SITE 2** Maluti-a-Phofung municipality, Thabo Mofutsanyana district, Free State province

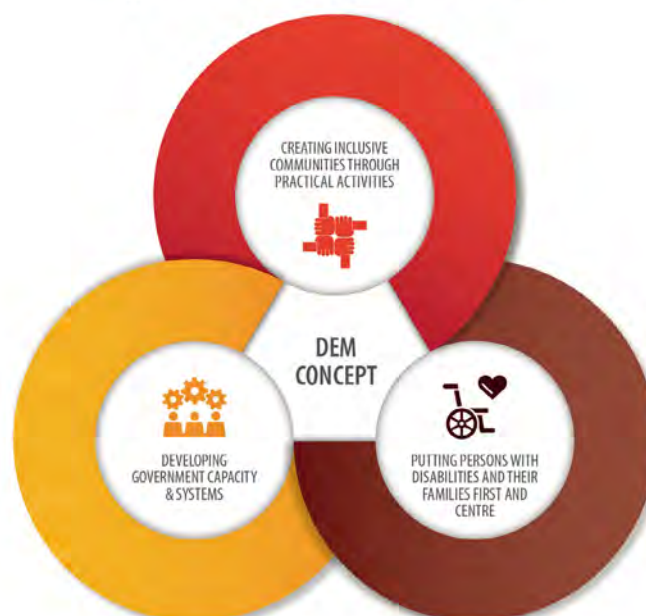
**SITE 3** Nyandeni municipality, OR Tambo district, Eastern Cape province

**SITE 4** Mandeni municipality, iLembe district, KwaZulu-Natal Province.

The DEM approach is a way to empower persons with disabilities and create a platform for persons with disabilities, government, municipalities and other key stakeholders, in order to realise the participation of persons with disabilities in mainstreaming at district and local level.

#### 7.1.1 Concept of the DEM approach

### Concept of Empowerment of Persons with Disabilities and Disability Mainstreaming (DEM) approach



2

The concept behind the DEM approach rests on three fundamental principles that make up this unique approach to empowering persons with disabilities and mainstreaming disability:

- Putting persons with disabilities and their families first and centre
- Developing government capacity and systems
- Creating an inclusive community through practical activities.

### **PRINCIPLE 1: Putting persons with disabilities and their families first and centre**

One of the major challenges that persons with disabilities face is a lack of self-representation and exclusion from education, training and employment. It follows then that in any programme that aims to empower persons with disabilities and promote disability mainstreaming, persons with disabilities and their families must be the main actors. The DEM approach puts persons with disabilities and their families first and centre, in line with the principle, 'Nothing about us, without us'. Building on this foundation, activities for the empowerment of persons with disabilities and their families should be implemented first.



### **PRINCIPLE 2: Developing government capacity and systems**

The United Nations (UN) defines mainstreaming as the process of assessing the implications for persons with disabilities of any planned action, including legislation, policies or programmes, in any area and at all levels. Thus it is essential to capacitate government officials to mainstream disability in any and all government policies and programmes, and to create sustainable systems for disability mainstreaming. The DEM approach aims to develop the capacity, mindset, and skills of government officials, and to establish sustainable systems of government to underpin activities on empowerment of persons with disabilities and disability mainstreaming.

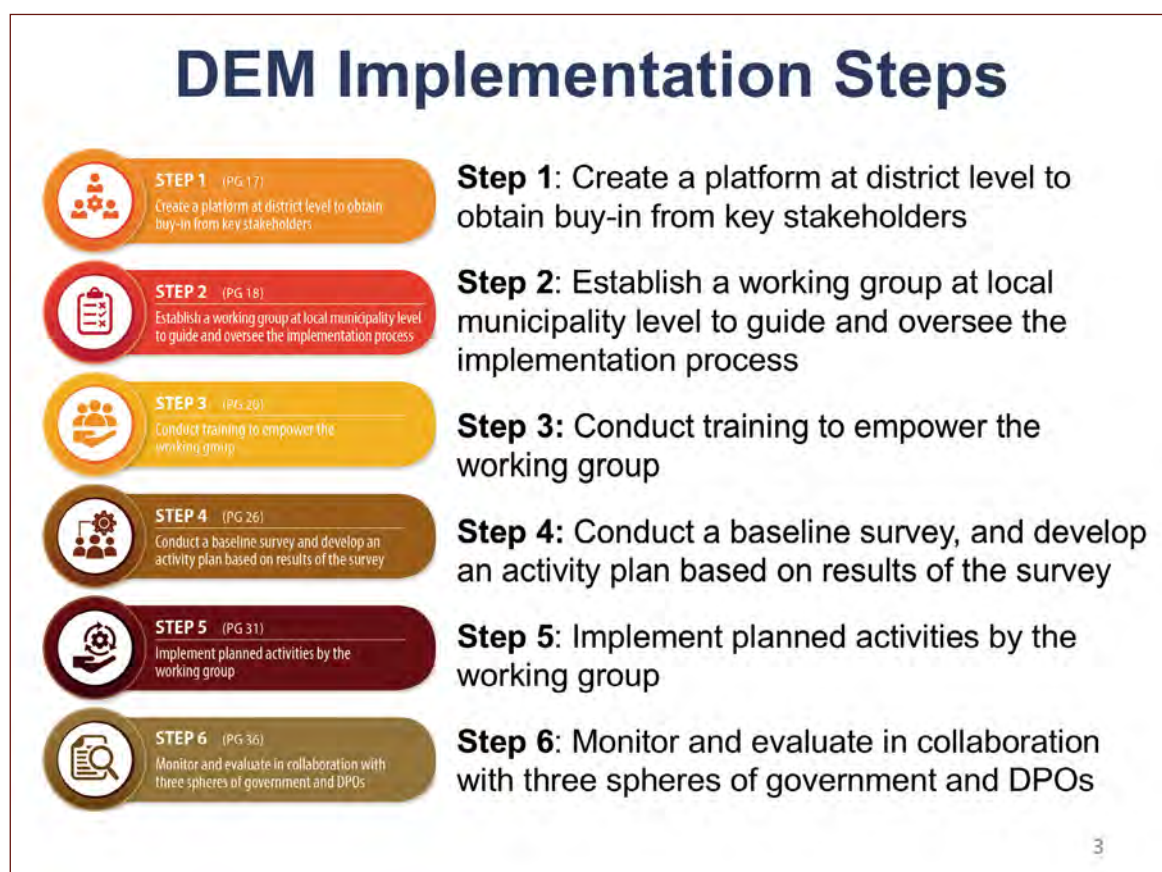
### **PRINCIPLE 3: Creating an inclusive community through practical activities**

The DEM approach places value on community-based activities which pay attention to the lives of persons with disabilities especially concerning their participation in all aspects of community life. This is because a sectoral, top-down approach would not be sufficient or appropriate for the full participation of persons with disabilities.

In the DEM approach, the barriers faced by persons with disabilities need to be brought out, and these barriers should be addressed by persons with disabilities and other stakeholders in their communities. To this end, barriers are identified through a baseline survey which is conducted in their communities. Then training for persons with disabilities and stakeholders is conducted to capacitate them to address the identified barriers. The training is not just theoretical but always features a hands-on, practical component where participants learn through applied activities.

The DEM approach is versatile enough to be adapted to different environments and circumstances at any level, area and sector.

### 7.1.2 DEM Implementation steps



The implementation flow of the DEM approach can be described in six steps. An important reminder is that at every step of this process, persons with disabilities and their families should be placed first and centre, and be active members of all discussions and activities.

The DEM implementation steps are as follows:

- STEP 1** Create a platform at district level to obtain buy-in from key stakeholders
- STEP 2** Establish a working group at local municipality level to guide and oversee the implementation process
- STEP 3** Conduct training to empower the working group
- STEP 4** Conduct a baseline survey, and develop an activity plan based on results of the survey
- STEP 5** Implement planned activities by the working group
- STEP 6** Monitor and evaluate in collaboration with three spheres of government and DPOs, following which the working group members continue the discussion and activities based on the results of monitoring and evaluation.

### 7.1.3 DEM activity examples

Activities will be implemented based on the activity plan to address barriers faced by persons with disabilities. A number of people bring up problems regarding lack of awareness, accessibility and empowerment. To address these problems, three activities are shown as examples: peer counselling, disability awareness activity and access audit.

## Peer counselling

### Activities example: Peer counselling



**Objective:** Persons with disabilities listen to one another and share challenges and experiences to enhance their self-confidence, self-esteem and self-representation.

Peer counselling is one of main activities for the empowerment of persons with disabilities. Persons with disabilities listen to one another as peers and share challenges and experiences to enhance their self-confidence, self-esteem and self-representation.

To start peer counselling, firstly Peer Counsellor Training is conducted for three days essentially for persons with disabilities who have the potential to become peer counsellors.

## Disability awareness activities

### Activities example: Disability awareness activity



**Objective:**  
Promote understanding of the social model of disability.

**Social model:**  
Environment (society) makes a person disabled.  
Disability is NOT within a person.

The social model of disability is a key perspective to promote disability mainstreaming. The social model recognises that 'the environment makes a person disabled'. That is why we need to promote disability mainstreaming.

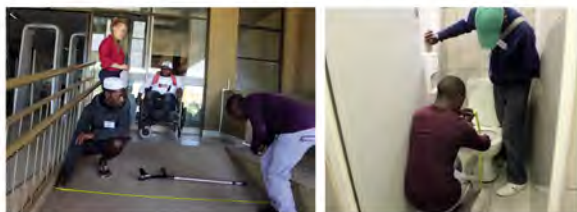
Persons with disabilities facilitate the disability awareness activity. In the activity, facilitators with disabilities share their experiences of disability from the social

model perspective, such as experience of discrimination. The participants discover what disability is from the social model perspective through dialogue with facilitators with disabilities.

Disability Awareness Facilitator Training is conducted for three days essentially for persons with disabilities who have the potential to become the facilitators.

## Access audit

### Activities example: Access audit



**Objective:**  
To examine the accessibility and 'usability' of facilities and services.

Accessibility deals not only with physical barriers but also informational and attitudinal barriers.

An access audit examines the accessibility and usability of facilities and services (for various barriers such as physical, information, communication and attitudinal barriers).

An access audit is led by access auditors who have received training in access auditing over three days.

Persons with various types of impairments are recommended to be the auditors so

that they can audit accessibility from the perspectives of users of facilities and services.

Access Auditor Training is conducted for three days essentially for persons with disabilities and relevant stakeholders who have the potential to become the access auditors.





### Other activities for mainstreaming

For disability mainstreaming, disability perspective should be considered in existing programmes so that persons with disabilities can participate in the existing community programmes such as Community Work Programme (CWP), learnerships, Extended Public Work Programme (EPWP), etc.

Cooperation with municipal stakeholders such as councillors and community programme officials is encouraged since they work closely with communities. In addition, collaboration with existing events and networks such as the Disability Forum in municipalities is also effective and efficient towards promoting the DEM approach in communities (For further examples of the activities, refer to Step 5: Implement planned activities in Part 3, and Part 5: Good practice case studies).

#### 7.1.4 Social model of disability (recap of disability awareness activity)

The DEM approach is based on the social model of disability, which is a key perspective to promote empowerment of persons with disabilities and disability mainstreaming. The social model sees disability as a social construct, with disability arising not from individuals, but from a social environment where diversity is not respected. Therefore, the approach looks at ways of removing barriers that restrict the life choices of persons with disabilities.



The working group should participate in disability awareness activity before the DEM introductory workshop to understand social model of disability. Disability awareness activity is conducted by trained working group members with disabilities.

(For content and presentation of disability awareness activity, refer to Tool 5: Facilitation guide on Disability Awareness Facilitator Training, and Tool 6: Presentation on disability awareness activity.)

### 7.2 Report on results of the baseline survey

This session aims at achieving a common understanding of the current status, needs and barriers of persons with disabilities in the implementation site in order to develop activity plans. The participants become aware of several strong barriers identified to be addressed through the results of the baseline survey.

The report should be presented by a person who has analysed the results of the baseline survey. It might be a district disability coordinator or area social workers. An example of the report is presented in Tool 8.



### 7.3 Presentation on the activity plan template

The participants utilise a template to develop an activity plan. The template is helpful in implementing the project confidently and smoothly. It is recommended that this template is combined with a monitoring template. The proposed template items are:

- Objective
- Planned activities
- Targets
- Timeframe
- Costing or budget items
- Responsible persons
- Progress (populate when monitoring is conducted)
- Reason for deviation (populate when monitoring is conducted)
- Corrective action (populate after monitoring is conducted.)

**TOOL 11**

ACTIVITY PLAN AND MONITORING TEMPLATE

Project site (province, district, local municipality):

Date:

Problem statement:

Objective:

PLANNED ACTIVITIES	TARGETS	TIMEFRAME	COSTING OR BUDGET ITEMS	RESPONSIBLE PERSONS	PROGRESS	REASON FOR DEVIATION	CORRECTIVE ACTION

The activity and monitoring template are attached as Tool 11.

The **objectives** should be stated specifically, concretely and realistically to address the identified barriers. Two examples are shown as follows:

Example 1:

	BAD EXAMPLE	GOOD EXAMPLE
OBJECTIVE	Disability forum has improved.	The forum members with disabilities are empowered to advocate for their rights and represent others with disabilities in community.

Example 2:

	BAD EXAMPLE	GOOD EXAMPLE
OBJECTIVE	The attitude of taxi drivers changed.	The taxi drivers understand the rights and needs of persons with disabilities. The drivers welcome and support any persons with disabilities when they use the taxi.

**Activities** should be specific, realistic and achievable, and undertaken towards accomplishing the objectives. They should be broken down into smaller activities in a chronological sequence, and composed of three parts, i.e. preparation; implementation and follow-up; monitoring and evaluation.

The **timeframe** and **costing/budget** should be carefully considered for feasibility and cost effectiveness. Also, appropriate budget allocation and demarcation of the budget among stakeholders should be clarified and considered.

#### **7.4 Identification of strong barriers to participation of persons with disabilities in the implementation site, and development and consolidation of activity plans**

The facilitator enables the session to go forward so that the participants identify strong barriers and needs of persons with disabilities in the implementation site based on the results of the baseline survey.

The participants develop activity plans to address those identified barriers. In order for all participants to be actively involved in the development of the activity plan, participants are recommended to divide into small groups (fewer than eight people in the group taking into consideration a balance of persons with and without disabilities). Then in the session on presentation of activity plans, developed activity plans by each small group are shared with all participants. Lastly, the facilitator invites all participants to discuss, consolidate and finalise the activity plan. Before closing the workshop, the next actions, along with a concrete time schedule, should be confirmed by the participants (an example of the developed activity plan is attached as Tool 12).



This working group develops an activity plan in a group to improve accessibility of information (Limpopo)



## REFERENCES

Department of Social Development, RSA. 2012. Disability Mainstreaming Implementation Toolkit.

Department of Social Development, RSA. 2015. White Paper on the Rights of Persons with Disabilities. <https://www.gov.za/documents/white-paper-rights-persons-disabilities-official-publication-and-gazetting-white-paper>

Kuno, K. 2012. *Doing Disability Equality Training*. Kuala Lumpur: MPH Publishing (DET Manual No. 6). <http://detforum.com/intl/wp-content/uploads/2009/03/Doing-Disability-Equality-Training.pdf>



Persons with disabilities and government officials develop an activity plan together (Limpopo)





## TOOL 10

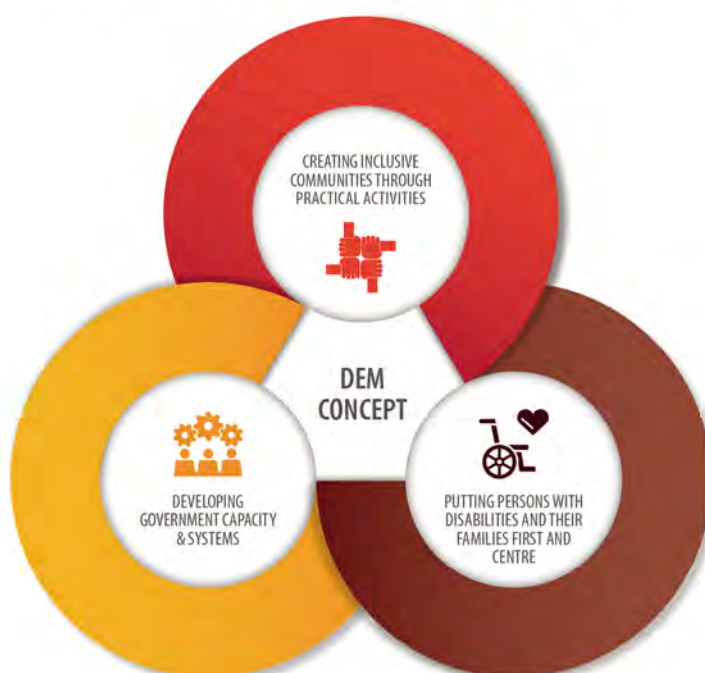
# DEM Introductory Workshop

Building a Caring Society. Together.

[www.dsd.gov.za](http://www.dsd.gov.za)



## Concept of Empowerment of Persons with Disabilities and Disability Mainstreaming (DEM) approach



2

# DEM Implementation Steps

**STEP 1** (PG 17)  
Create a platform at district level to obtain buy-in from key stakeholders

**Step 1:** Create a platform at district level to obtain buy-in from key stakeholders

**STEP 2** (PG 18)  
Establish a working group at local municipality level to guide and oversee the implementation process

**Step 2:** Establish a working group at local municipality level to guide and oversee the implementation process

**STEP 3** (PG 20)  
Conduct training to empower the working group

**Step 3:** Conduct training to empower the working group

**STEP 4** (PG 26)  
Conduct a baseline survey and develop an activity plan based on results of the survey

**Step 4:** Conduct a baseline survey, and develop an activity plan based on results of the survey

**STEP 5** (PG 31)  
Implement planned activities by the working group

**Step 5:** Implement planned activities by the working group

**STEP 6** (PG 36)  
Monitor and evaluate in collaboration with three spheres of government and DPOs

**Step 6:** Monitor and evaluate in collaboration with three spheres of government and DPOs



3

## Activities example: Peer counselling



**Objective:** Persons with disabilities listen to one another and share challenges and experiences to enhance their self-confidence, self-esteem and self-representation.

4



## Activities example: **Disability awareness activity**



### **Objective:**

Promote understanding of the social model of disability.

### **Social model:**

Environment (society) makes a person disabled.

Disability is NOT within a person.

5

## Activities example: **Access audit**



### **Objective:**

To examine the accessibility and 'usability' of facilities and services.

Accessibility deals not only with physical barriers but also informational and attitudinal barriers.

6

# Social Model of Disability

## - Disability Awareness Activity -



Refer to Tools 5 and 6

7

Source for graphic: © Kuno, JICA, DET Forum



## Report on results of the baseline survey

### - Questionnaire survey -

SECTION A: IDENTIFICATION AND BACKGROUND INFORMATION		
A1	Address: (Only the name of municipality, ward and village)	Municipality: Ward: Village:
A2	Contact telephone number	
A3	Gender	1. <input type="checkbox"/> Female 2. <input type="checkbox"/> Male
A4	Age	( ) years
A5	Current status	1. <input type="checkbox"/> Student, specify ( ) 2. <input type="checkbox"/> Working, specify occupation ( ) 3. <input type="checkbox"/> Stay at home, specify ( ) 4. <input type="checkbox"/> Other, specify ( )
A6	What is your impairment/ disability? (Multiple answers allowed)	1. <input type="checkbox"/> Visual 2. <input type="checkbox"/> Hearing 3. <input type="checkbox"/> Physical 4. <input type="checkbox"/> Intellectual/psychosocial 5. <input type="checkbox"/> Other, specify ( )
SECTION B: ACCESSIBILITY		
Relevance to the WPRPD: Pillar 1 – Removing Barriers to Access and Participation Focus Area: Access to the built environment		
B1	What facilities do you want to improve accessibility? (Multiple answers allowed)	1. <input type="checkbox"/> Housing (e.g. own, relative's, friend's, neighbour's) 2. <input type="checkbox"/> Healthcare facilities (e.g. clinic, hospital, rehabilitation centre) 3. <input type="checkbox"/> Education facilities (e.g. school, college, university) 4. <input type="checkbox"/> Workplaces 5. <input type="checkbox"/> Markets and shops 6. <input type="checkbox"/> Public/community facilities (e.g. local government offices, church/mosque/temple, community centre) 7. <input type="checkbox"/> Other, specify ( )

8



## (Example) Results from the questionnaire survey

### Respondents

32 persons with disabilities in xx villages took part in questionnaire survey.

**Gender:** 19 females and 13 males

**Average age:** 36 years

**Current status:** 77% of respondents said they stay at home; 5% of respondents are students

<b>Impairments:</b> Physical	70% (23)
Visual	20% (6)
Intellectual/Psychosocial	7% (2)
Hearing	3% (1)
Others	0% (0)

9

## (Example) Strong barriers based on the results of the questionnaire survey

1. Participants experience challenges with **infrastructure** especially in **public/community facilities**.
2. **Transport** is also identified as one of the challenges as the transport mode and system are not disability friendly.
3. Those members with visual impairments experience challenges with **accessing information** as it is written in small type.
4. In respect of education, participants expressed challenges of **teachers having inadequate skills** to meet their needs on impairment.

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# Activity plan and monitoring template

**TOOL 11**

**ACTIVITY PLAN AND MONITORING TEMPLATE**

Project site (province, district, local municipality): \_\_\_\_\_

Date: \_\_\_\_\_

Problem statement: \_\_\_\_\_

Objective: \_\_\_\_\_

PLANNED ACTIVITIES	TARGETS	TIMEFRAME	COSTING OR BUDGET ITEMS	RESPONSIBLE PERSONS	PROGRESS	REASON FOR DEVIATION	CORRECTIVE ACTION

11

## Activity Plan Example

**Names of group members:** \_\_\_\_\_

**Problem statement:** People with disabilities are unable to access health services

**Objective:** To strengthen working relations between working group (WG) and Department of Health (DOH)

	Planned activities	Target	Timeframe	Costing/ Budget	Responsible persons
1	Meeting with DOH to get buy-in on the activity plan	DOH managers, Managers of health facilities	xx Aug 2020	Transport	Ms xx, DOH Mr xx, DSD
2	Peer Counsellor Training	WG members with disabilities	xx Aug 2020	Transport Catering	Mr xx, DSD
3	Peer counselling for persons with disabilities in xx hospital	Persons with disabilities in XX hospital	xx Sep 2020	Transport	Ms xx, DOH Mr xx, DSD
4	Access Auditor Training	WG	xx Sep 2020	Transport Catering	Ms xx, DSD Mr xx, DPS
5	Access audit in xx hospital	Staff in XX hospital	xx Sep 2020	Transport	Ms xx, DOH Mr xx, DPW
6	Report on the outcomes of activities	DSD, DOG, Municipalities	xx Sep 2020	None	Mr xx, WG
7	Follow-up and monitoring monthly	Persons with disabilities and staff in XX hospital	xx Sep 2020	Transport	Ms xx, WG

12



## Tips for development of an activity plan

### Objective:

- Brief statement of the goal to be achieved
- Aims to address the identified barriers based on results of the baseline survey

### Activities:

- Should be specific, realistic and achievable, and undertaken towards accomplishing the objectives
- Should be broken down into smaller activities in a chronological sequence, and composed of three parts (i.e. preparation, implementation, monitoring)

### Timeframe and costing/budget:

- Should be carefully considered with feasibility and cost-effectiveness
- Appropriate budget allocation and demarcation of the budget among stakeholders should be clarified and considered.

13

## Development and consolidation of activity plans

1. **Identify strong barriers** and needs based on the results of the baseline survey
2. **Develop activity plans** to address the identified barriers
3. **Divide into small groups** so all participants could be actively involved
4. Developed activity plans from each small group are **shared with all participants**
5. All participants discuss, **consolidate and finalise** the activity plan.

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Persons with disabilities and government officials assess accessibility at a SASSA office (Free State)



## TOOL 11

### ACTIVITY PLAN AND MONITORING TEMPLATE

Project site (province, district, local municipality):

Date:

Problem statement:

Objective:

PLANNED ACTIVITIES	TARGETS	TIMEFRAME	COSTING OR BUDGET ITEMS



RESPONSIBLE PERSONS	PROGRESS	REASON FOR DEVIATION	CORRECTIVE ACTION



## TOOL 12

### EXAMPLE OF A DEVELOPED ACTIVITY PLAN

Project site (province, district, local municipality):

Date:

Problem statement: People with disabilities are unable to access health services

Objective: To strengthen working relations between the working group (WG) and Department of Health (DOH)

PLANNED ACTIVITIES	TARGETS	TIMEFRAME	COSTING OR BUDGET ITEMS	
Community dialogues: Compiling of report on outcomes of the dialogues	Community members Community leaders	xx Jul	Transport	
Meeting with DOH, management for the introduction of the WG	DOH managers Board members Managers of health facilities	xx Aug	Transport	
Disability Awareness Facilitator Training	WG members with disabilities		Transport Catering	
Disability awareness workshop for health workers in xx hospital	Persons with disabilities and health workers in xx hospital	xx Jul	Transport	
Access Auditor Training	WG		Transport Catering	
Access audit in xx hospital	Managers of health facilities		Transport	
Peer Counsellor Training	WG members with disabilities		Transport Catering	
Peer counselling for persons with disabilities in xx hospital	Persons with disabilities in ward 1, 2, 3	xx Jul	Transport Catering	
Report on the outcomes of activities	WG, DOH, DSD Stakeholders in xx hospital	xx Aug	Telephone	
Follow up and monitoring monthly	Staff in xx hospital	Aug–Nov	Transport	
Develop a new activity plan based on the results of baseline survey	WG	Aug–Nov	Transport	
Continue the planned activities	xx community	Nov	Transport	



	RESPONSIBLE PERSONS	PROGRESS	REASON FOR DEVIATION	CORRECTIVE ACTION
	Ms xx, DOH Mr xx, DSD			
	Ms xx, DOH Mr xx, DSD			
	Mr xx, DSD			
	Ms xx, DOH Mr xx, DSD			
	Ms xx, DSD Mr xx, DPS			
	Ms xx, DOH Mr xx, DPW			
	Ms xx, DSD Mr xx, WG			
	Ms xx, DOH Mr xx, DSD			
	Mr xx, WG			
	Mr xx, DSD Mr xx, WG			
	Ms xx, WG			
	WG			





## TOOL 13

### FACILITATION GUIDE ON ACCESS AUDITOR TRAINING

#### 1 BACKGROUND

---

An access audit examines the accessibility and 'usability' of facilities and services for various barriers such as physical, information, communication and attitudinal barriers. The access audit identifies barriers and considers the means of eliminating or mitigating them. The access audit is led by access auditors who are specially trained in the training programme. Persons with various types of impairment are recommended to become auditors so that they can audit accessibility from the varied perspectives of users of facilities and services.

#### 2 OBJECTIVES OF THE TRAINING

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- To understand the requirements of the legislative framework of South Africa, such as the White Paper on the Rights of Persons with Disabilities (WPRPD), and Part S of the South African National Standards (SANS) 10400
- To understand accessibility of facilities and services for persons with disabilities
- To obtain knowledge and skills to conduct access audits through practice.

#### 3 TARGET PARTICIPANTS

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- Potential leaders with various types of impairment in the implementation site
- Stakeholders such as officials of DSD, Department of Public Works, and municipalities
- The number of participants is recommended to be fewer than 30 persons for well-managed training and achieving the objectives.

#### 4 RECOMMENDED ORGANISERS AND DEMARCATION

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The organisers are drawn from district DSD and municipalities in collaboration with provincial DSD and the working group. The recommended demarcation is as follows:

- a) District DSD and municipalities in collaboration with provincial DSD and the working group
  - Nomination of participants
  - Arrangement of accessible venue, transport for participants, and catering.
  - Communication and coordination with a trainer
  - Dispatch of trainer(s) (in consultation with national DSD if needs arises)

b) Trainer(s)

- Development of programme and materials
- Facilitation of the training
- Development and submission of report on the training to the organisers

## 5 EQUIPMENT AND MATERIALS REQUIRED




The following equipment and materials are required for Access Auditor Training:




- Paper and pens
- Measuring tape
- Checklist, simplified ramp gradient finder, and template of recommendation report (refer to 7.7 Access Audit on page 149)
- Laptop, projector and screen

## 6 PROGRAMME EXAMPLE

The length of workshop should be three days to achieve the training purposes. An example of a programme for three days is as follows:



DAY 	TIME 	ITEM 
DAY 1	09:00–09:30	Welcome and introductions
	09:30–10:00	Purpose and background
	10:00–10:30	WPRPD and accessibility <ul style="list-style-type: none"><li>• Outline of six focus areas of accessibility</li></ul>
	10:30–12:00	Six focus areas of accessibility (part 1) <ul style="list-style-type: none"><li>• Changing attitudes and behaviour</li><li>• Universal access and design</li><li>• Reasonable accommodation</li></ul>
	12:00–13:00	Lunch break
	13:00–15:30	Six focus areas of accessibility (part 2) <ul style="list-style-type: none"><li>• Access to information and communication</li><li>• Access to transport</li><li>• Access to the built environment</li></ul>
	15:30–16:00	Q & A

DAY 	TIME 	ITEM 
DAY 2	09:30–10:00	Recap of Day 1 of the workshop
	09:30–11:00	What is an access audit? • Access audit checklist • Develop recommendation report
	11:00–13:00	Access audit practice at a training venue • Utilising a checklist and recommendation report template
	13:00–14:00	Lunch break
	14:00–15:00	Presentation of the findings of access audit to responsible persons of a training venue
	15:30–16:00	Preparation for access audit practice on Day 3 • Confirm access audit members, access audit route and points
	15:30–16:30	Q & A
DAY 3	09:00–09:30	Recap of Day 2 of the workshop
	09:30–11:30	Access audit practice at public institutions (e.g. municipality, SASSA)
	11:30–12:00	Presentation of findings of access audit to responsible persons
	12:00–13:00	Development of next access audit plan
	13:00–	Way forward and closing

## 7 TRAINING CONTENT

The programme content is aligned with the WPRPD and SANS 10400. The programme has the following components:

- Why does accessibility need to be improved? (Legislative framework)
- Six focus areas of accessibility in the WPRPD:
  - Changing attitudes and behaviour
  - Access to the built environment
  - Access to transport
  - Access to information and communication
  - Universal design and access
  - Reasonable accommodation measures
- Overview of access audit
- Access audit practice.

## 7.1 Why does accessibility need to be improved? (Legislative framework)

The WPRPD is built on nine strategic pillars for realising the rights of persons with disabilities:

- Strategic Pillar 1: Removing Barriers to Access and Participation
- Strategic Pillar 2: Protecting the Rights of Persons at Risk of Compounded Marginalisation
- Strategic Pillar 3: Supporting Sustainable Integrated Community Life
- Strategic Pillar 4: Promoting and Supporting the Empowerment of Children, Women, Youth and Persons with Disabilities
- Strategic Pillar 5: Reducing Economic Vulnerability and Releasing Human Capital
- Strategic Pillar 6: Strengthening the Representative Voice of Persons with Disabilities
- Strategic Pillar 7: Building a Disability Equitable State Machinery
- Strategic Pillar 8: Promoting International Co-operation
- Strategic Pillar 9: Monitoring and Evaluation.

Pillar 1 of the WPRPD is specified as 'Removing Barriers to Access and Participation'. Pillar 1 also states: "Accessibility lies at the heart of the right to human dignity – being able to live as an equal resident in one's community, being accorded respect for your personal space, having the right to equal opportunities and negotiating one's life unhindered by man-made barriers".

The WPRPD highlights the six dimensions that have to be addressed in order to remove barriers to access and participation: Changing attitudes and behaviour; Access to the built environment; Access to transport; Access to information and communication; Universal design and access; and Reasonable accommodation measures.



## 7.2 Focus areas of accessibility in the WPRPD: Changing attitudes and behaviour

Anything wrong here?



(Source for the slide: DET Forum)

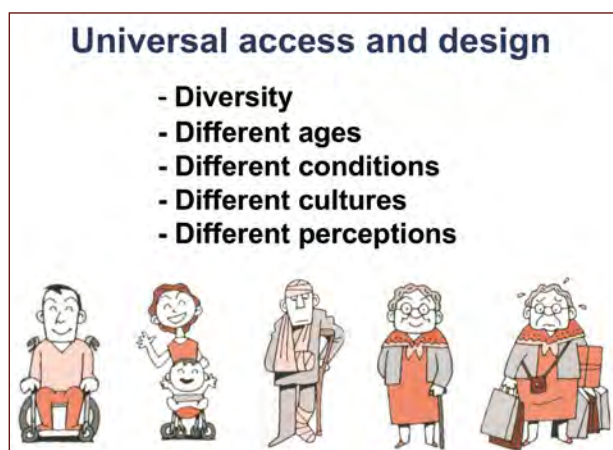
The slide shows a woman using a wheelchair and her personal assistant who are visiting a shop and being helped by a salesperson. The wheelchair user is indicating to the salesperson a shirt that she wants. But the salesperson ignores her and addresses her personal assistant, "So, what is her size?"

A facilitator asks participants, "Anything wrong here?" In answering this question, participants will realise how attitudinal and behavioural barriers are present in the lives of persons with disabilities.

The WPRPD says: "Harmful and negative attitudes and stereotypes associated with disability continue to segregate persons with disabilities from mainstream social and economic life".

UNCRPD recognises that "disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others".

### 7.3 Focus areas of accessibility in the WPRPD: Universal design and access



(Source for graphic: Kenichiro Miyairi & Yoshie Yokoo. 2007. Book of Universal Design.)

Universal design means the design of products, environments, programmes and services to be usable to the greatest extent possible by everyone. The WPRPD specifies that “Universal access is the ability of users to have equal opportunity and access to services, products, systems and environments; regardless of their social and/or economic situation, religious or cultural background, gender or functional limitation”.

#### How to solve the problem?


The slide shows a challenging situation, i.e. a boy using a wheelchair enrolls at a primary school in his community. He cannot participate in class activities because his class is located on the second floor.

*The facilitator asks the participants how to solve the problem.*

**How to solve the problem?**

A boy using wheelchair enrolls at a primary school in his community.  
He cannot participate in class activities because his class is located on the second floor.

**As a community or a principal, what can we do to solve this problem?**



**How to solve the problem?**

- Refuse to enrol the boy at the school
- Suggest a special school, without consultation with the boy and his family

No equal basis with others/No freedom of choice  
**Attitudinal Barriers**

- Install a ramp at the school
- Change the classroom to the ground floor

**Reasonable Accommodation**

- Install a lift at the school
- All classrooms are located on the ground floor (= horizontal building design)

**Universal Design**

There are several options for solutions as follows:

**Option 1:** Refuse to enrol the boy at the school.

**Option 2:** Suggest a special school without consultation with the boy and his family.

**Option 3:** Install a wheelchair-accessible ramp at the school.

**Option 4:** Change the classroom to the ground floor.

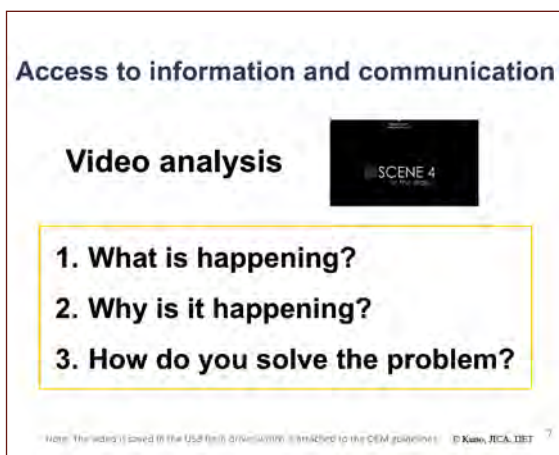
**Option 5:** Install a lift at the school.

**Option 6:** Locate all classrooms on the ground floor (horizontal building design).

Options 1 and 2 are not on an equal basis with others, and give no freedom of choice: This is an example of attitudinal barriers. Options 3 and 4 represent the provision of reasonable accommodation. Options 5 and 6 show universal design solutions.



## 7.4 Focus areas of accessibility in the WRPD: Access to information and communication



(Source for the video: DET Forum)

### Video analysis

Participants watch several scenes in a short video which show persons with various types of impairment having trouble with access to information and communication. They face challenges with participating in getting information and access to communication.

Participants discuss and share their answers on **what** is happening, **why** it happens, and **how** to resolve the situation.

After the presentations, the participants watch another video which shows how to resolve each situation.

(The video is saved in the USB flash drive which is attached to the DEM guidelines.)



**Deaf persons:** Often require access to South African Sign Language (SASL) as their first language. They may also require access to SASL interpreters, as well as note-takers, captioning and texting to facilitate access to information and communication.

**Persons with hearing impairments and/or those who acquire deafness later in life:** They might never have utilised SASL as their language of choice. They may require access to lip readers, note-takers, loop systems, captioning and texting for access to information and communication.



### EFFECTIVE COMMUNICATION WITH PERSONS WITH HEARING IMPAIRMENTS

- Get the person's attention by moving into their line of vision or giving a small wave
- Make sure that the person sees you before you begin the conversation (establish eye contact)
- Ask how you can communicate with the person (sign language, note-taking, cellphone text, etc.)
- Speak clearly so the person can see and read your lips.

### Persons with visual impairments

Text to be made available in alternative formats such as **Braille, large print, descriptions of graphs and pictures, as well as in audio format**



WPRPD (2015) 9

**Persons with visual impairments:** They often require that text be made available in alternative formats such as Braille, large print, descriptions of graphs and pictures, as well as in audio format.

Braille is a tactile script used by blind people to read and write by feeling raised bumps.

*(Note: Not all persons with visual impairments use Braille.)*



### EFFECTIVE COMMUNICATION WITH PERSONS WITH VISUAL IMPAIRMENTS

- When approaching a person, speak to them so that they know someone is approaching
- Identify yourself to be recognised, e.g. 'It's Bonita', or 'My name is Micah'
- Ask how you can help by saying, 'How can I assist you?' or 'May I offer you an arm?'
- Prepare Braille documents or soft data but if not available, read out the information.

### Persons with speech impairments

- Ask the person again **clearly and gently** when you cannot understand them. (Avoid pretending you understand)
- Use **alternative and augmentative communication** to communicate and access information.

WPRPD (2015)



10

**Persons with speech impairments:** Various factors can cause speech difficulties and language problems. Therefore do not assume that because a person has a speech difficulty, they have a learning difficulty or an intellectual impairment. For effective communication, you can ask the person again clearly and gently when you cannot understand them. Avoid pretending you understand.

Persons with speech impairments often require alternative and augmentative communication to communicate and access information.



### EFFECTIVE COMMUNICATION WITH PERSONS WITH SPEECH IMPAIRMENTS

- Patience is important, so show this in your voice and tone
- Do not correct the person or finish their sentences
- Ask one question at a time
- If you don't understand the person, ask them to repeat what they have just said
- Ensure that you know what they have said by repeating what you understand, and ask if this is correct.

## Persons with intellectual impairments

Need **human support to meet their needs** and required tailored and innovative information and communication interventions and support services, such as easy-to-read materials.

WPRPD (2015)



Picture card



Photo



Gesture

**Persons with intellectual impairments:** Persons with intellectual disabilities require human support to meet their needs. They also need tailored and innovative information and communication interventions and support services such as easy-to-read materials.

Communication boards or picture cards are panels or signs with symbols or pictures that are used to facilitate communication. The communication board is one means of non-

verbal communication. Adults and children communicate using the board by pointing at the symbols and pictures.



### EFFECTIVE COMMUNICATION WITH PERSONS WITH INTELLECTUAL IMPAIRMENTS

- Communicate with the person as if they are any other person
- Don't hold any prejudices about what you think they will or won't understand
- A patient attitude is important
- Use simple words and keep your conversation clear and straightforward
- If necessary, use various communication methods such as gestures or pictures.



## 7.5 Focus areas of accessibility in the WPRPD: Access to transport

The WPRPD emphasises that “inaccessible public and private systems across the travel value chain are a major barrier to the right to equality for persons with disabilities. Adequate, efficient, safe and accessible transport is required to support productivity and assist South Africans to access basic services, especially in impoverished and rural communities. The ability to move around the community underpins all aspects of life for persons with disabilities to access the general enjoyment of rights including learning and employment”.



### TIPS FOR PERSONS WITH DISABILITIES TO CHANGE ATTITUDE AND BEHAVIOUR OF TAXI DRIVERS

- Communicate with the driver and express yourself clearly
- Explain what kind of support you need
- Create a good relationship with drivers (don't complain or make demands but instead appreciate their support)
- If it is difficult to change attitudes and behaviour, consult with officials of the Department of Transport and the taxi association (e.g. Southern African National Taxi Council [SANTACO]) as a working group.

## Voice of persons with disabilities

(Watch a video)



Note: The video is saved in the USB flash drives which is attached to the DEM guidelines.

13

## WATCH A VIDEO CLIP:

### Voice of persons with disabilities

In the video (3 minutes), a wheelchair-user shares his experience of building good relationships with taxi drivers and improving his access to taxis as a means of transport.

*(The video is saved on the USB flash drives which are attached to the DEM guidelines)*

The WPRPD describes how all transport-related licences and permits for all modes of transport must include universal access and design requirements.

The WPRPD also stipulates the importance of an access audit. It says that all public and private transport operators must conduct operational, staff and managerial audits of existing infrastructure, fleet and programmes against legislated minimum norms and standards. A quantified and costed plan must be developed to implement the outcomes of the access audit. Implementation of the plan must be budgeted for.

## Wheelchair-accessible van (with a ramp or powered lift)



## 7.6 Focus areas of accessibility in the WPRPD: Access to the built environment



### South African National Standards (SANS) 10400-S

The National Building Regulations and Building Standards Act, 1977, as well as the National Guidelines for Accessibility currently constitute the regulatory framework for accessibility to the built environment. For any building used by the public to conform to the requirements of the National Building Regulations, its facilities must meet the standards and measurements contained in the SANS 10400-S document published in 2011.

SANS 10400-S is the part of SANS 10400 that provides deemed-to-satisfy requirements for compliance with part S (Facilities for Persons with Disabilities) of the National Building Regulations.



## Requirements: SANS 10400-S

- General
- Signage
- Parking
- External and internal circulation
- Floor or ground surfaces
- Doorways, doors and door handles
- Changes in level
- Ramps
- Stairways
- Handrails
- Lifts
- Toilet facilities
- Auditoriums, grandstands and halls
- Controls, switches and power points
- Warning signals
- Lighting

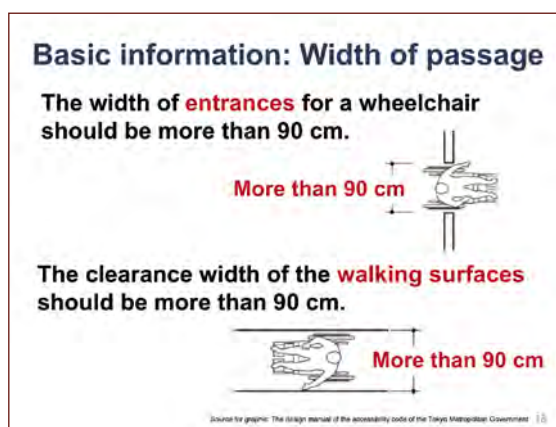
There are 16 specified requirements in the SANS 10400-S.

Some requirements are highlighted in the training, including signage, parking, external and internal circulation, ramps, stairways, handrails and toilet facilities.

## Minimum mobility space for wheelchair

The minimum mobility space is: length 120 cm and width 90 cm. Therefore the width of entrances and walking surfaces should be more than 90 cm.

*(Note: Space allowances in this part should accommodate the use of self-propelled wheelchairs. The minimum dimensions might need to be increased to accommodate the full range of different types of wheelchair.)*



Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government

## Signage

- Well located to be easily visible
- Adequate size and type of font to be read easily
- Contrasting light and dark colours
- Clear information



## Signage

Facilities that are included in a building specifically for use by persons with disabilities, such as wheelchair-accessible parking spaces, wheelchair-accessible toilets, and platform or stair lifts, should be indicated by the appropriate signage.

The signage should be:

- Well located to be easily visible
- Adequate size and type of font to be read easily
- Contrasting light and dark colours
- Clear information.

## Accessible signage for persons with visual impairments

### Accessible signage for persons with visual impairment

To enable persons with low vision to read location signage next to doors or directional signage on walls, the signs should be placed at a height between 1.4 – 1.7 m above finished floor level.

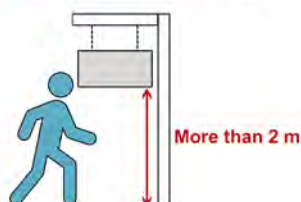


Signs should be in clear, visible and tactile format to ensure that persons with visual impairments are also fully informed.

To enable persons with low vision to read location signage adjacent to doors or directional signage on walls, the signs should be placed at a height of between 1.4–1.7 m above finished floor level.

### Accessible signage for persons with visual impairment

Hanging signs must have a clearance of more than 2 m above the trafficable surface.



Hanging signs should have a clearance of more than 2 m above the trafficable surface

### Accessible signage for persons with low vision

#### Enlarge letters

A → A

#### Brightness and contrast

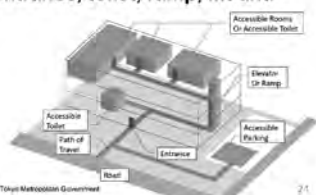
A A

- Raised letters and symbols, in contrasting light and dark colours, on identification or location signs, assist those persons with low vision
- The height of the lettering should not be less than 50 mm.

## External and internal circulation

### External and internal circulation

- At least one accessible route should be provided from accessible parking spaces and public streets to the building entrance, and to the facilities inside the building.
- Accessible routes should be considered among the road, parking, entrance, toilet, ramp, lift and rooms.



Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government

- At least one accessible route should be provided from accessible parking spaces and public streets to the building entrance which they serve, and to the facilities inside the building
- Accessible routes should also be considered among the road, parking, entrance, toilet, ramp, lift and rooms
- The clear width of the walking surfaces should not be less than 90 cm and should not be reduced or obstructed by protruding objects.

## External and internal circulation



### EXAMPLE: a route from parking to an entrance of a hotel

There is no step-free access at the entrance even though the sign indicates that it is wheelchair accessible.

## Obstructions in the path of travel

### External and internal circulation: Obstructions in the path of travel

Wall-mounted fire extinguishers, hose reels, telephones, litter bins and any other wall-mounted fittings should:

- be designed to be **seen easily**
- be shielded or recessed to **prevent injuries**.



- Windows and doors should not open across a walkway, corridor, stair or ramp. Doorstops must be so positioned that any door will open to its maximum, to ensure that it will not create a hazard.
- Wall-mounted fire extinguishers, hose reels, telephones, litter bins and any other wall-mounted fittings should:
  - be designed to be easily seen
  - be shielded or recessed to prevent injuries.



## Parking

### Parking

#### Accessible parking spaces:

- Length: Not less than **4.5 – 5 m**
- Width: Not less than **3.5 m**
- Located within 50 m** of an accessible entrance



- For employee parking, at least one parking space should be accessible for persons with disabilities
- Any parking space provided for vehicles used by persons with disabilities should be clearly demarcated as being intended for the use of persons with disabilities only
- Any parking space provided for vehicles used by persons with disabilities should be located within 50 m of an accessible entrance
- Accessible parking spaces: Length must not be less than 4.5–5 m; and width not less than 3.5 m.



**EXAMPLE:** The parking space shown in the picture is not accessible for wheelchair users. The facilitator asks the participants whether the parking is accessible for wheelchair users, and facilitates the participants' responses to the following points:



The parking is not accessible for the following reasons:

- There is an accessible parking space near the entrance but there is a step to enter the entrance
- The accessible entrance is located far away (more than 50 m) from the parking space (to the left and not seen in the picture)
- The width of parking space is not enough space (less than 3.5 m).

## Ramp



Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government

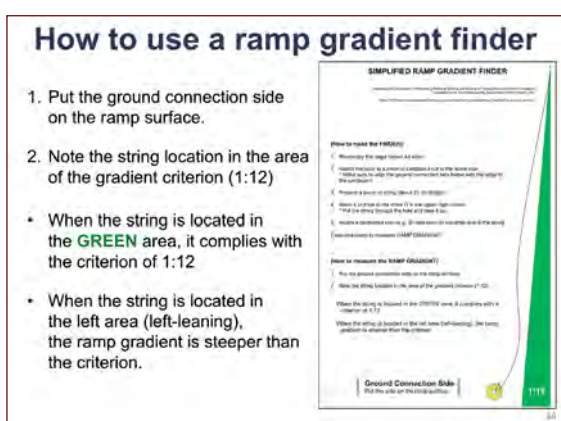
Any ramp or series of ramps should provide a safe, comfortable and convenient route for wheelchair users. Any ramp provided in terms of this part of SANS 10400 must:

- Have a gradient, measured along the centre line, that is not steeper than 1:12
- Have a clear, trafficable surface not less than 1.1 m wide
- Have a surface which is stable, firm and slip-resistant
- Have a landing at the top and bottom of each ramp of not less than 1.2 m in length and a width not less than that of the ramp
- Have a handrail on both sides of the ramp.

## Using a ramp gradient finder

A ramp gradient finder is used to find out whether a ramp has the appropriate gradient that is not steeper than 1:12. The finder can be made simply by yourself with paper, cardboard, string, a coin, etc.

For instructions on how to make and use the ramp gradient finder, refer to Tool 15: Materials for access audit.

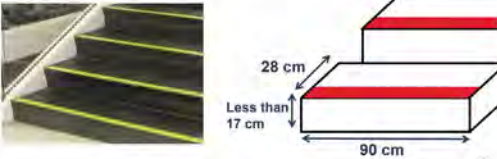




## Stairways

**Stairways**

- Must be have **handrails on both sides** of the stairway
- **Contrast:** The edges of the treads must be delineated by a contrasting colour, i.e. different from the colour of the remainder of the treads.
- Length: More than 90 cm
- Height: Less than 17 cm
- Width: More than 28cm




The diagram shows a side view of a stair step with a red line indicating the tread edge. Dimensions are labeled: 28 cm for the width of the tread, 'Less than 17 cm' for the height of the riser, and 90 cm for the length of the tread. A photograph to the left shows a real-world example of a stairway with yellow safety lines on the treads.

- The width of any stairway, measured to an enclosing wall or balustrade, should be at least 90 cm
- The riser of each tread step should be the same height and must not exceed 17 cm
- A stairway should be equipped with handrails on both sides of the stairway.

## Handrails

**Handrail**

- Handrail provided on both sides
- Height: Top of a handrail from the surface of a ramp should be in range 90 cm to 1 m



The photograph shows a wooden staircase with a dark metal handrail. A red vertical line with arrows at the top and bottom indicates the height from the top of the stairs to the top of the handrail, labeled '0.9 m - 1 m'.

- The height to the top of a handrail from the nosing of the tread of the stairs or from the surface of a ramp should be in the range 90 cm to 1 m, and must remain consistent along the length.



## Wheelchair-accessible toilets

**Is this toilet accessible for wheelchair users?**



The photograph shows a small, narrow toilet room with white tiled walls and floor. A white toilet is in the center. A wooden door is on the left, slightly ajar. The room appears cramped and lacks the necessary space and door swing for wheelchair access.

In any building with facilities for persons with disabilities, there should be one or more toilets or unisex toilet facilities suitable for use by wheelchair users.

**Example: The toilet shown in the picture is not accessible for wheelchair users.**

*The facilitator asks the participants whether the parking is accessible for wheelchair users, and facilitates the participants' responses to the following points:*

The door does not open outwards, and there is not enough space in the compartment for wheelchair users. A wheelchair user cannot close the door after he/she enters the compartment.

### Wheelchair-accessible toilet: Door

- Should open outwards
- Have a clear opening of more than 90 cm



Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government 39

Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government

The doors into accessible toilets should open outwards and have a clearance opening of 90 cm.

### Wheelchair-accessible toilet: Space

Minimum wall-to-wall dimensions of the toilet should be more than 1.8 m x 1.8 m.



Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government 40

Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government

The minimum finished wall-to-wall dimensions of the compartment should be not less than 1.8 m x 1.8 m so a wheelchair can turn through 360°.

To enable transfer from a wheelchair to the toilet seat, there must be sufficient space next to the toilet bowl.



Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government

The top surface of the seat of the toilet should not be less than 48 cm or more than 50 cm above the floor level.

*The facilitator asks the participants why this particular height is needed.*

*Answer: It is needed for a wheelchair user to transfer smoothly to or from the seat.*

### Wheelchair-accessible toilet: Grab rails


- Suitable grab rails should be fixed to the side wall and the rear wall.
- The height of the grab rail is 74 cm (between the grab rail and floor level).
- The centre line of the toilet should be in the range 45–50 cm from the nearside wall.



A distance of not less than 45 cm and not more than 50 cm should be provided between the centre line of the toilet and the nearside wall of the toilet compartment. Suitable grab rails should be fixed to the side wall and the rear wall. The height of the grab rail is 74 cm (between the grab rail and floor level).

## 7.7 Access audit

**MATERIALS ON ACCESS AUDITOR TRAINING:**  
**ACCESS AUDIT CHECKLIST**

**TOOL 15-2**

The checklist was developed by the DSD/JICA project for the purpose of monitoring accessibility and usability of facilities, based mainly on the South African National Standards (SANS) 10400, the Building Regulations.

---

Name of facility: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location of facility: \_\_\_\_\_ Municipality: \_\_\_\_\_








Ward: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_

Representative name of the access audit team: \_\_\_\_\_

Places of access audit: \_\_\_\_\_

e.g. parking, entrance of the building, toilets, meeting room, etc.

---

QUESTIONS	GUIDE	YES	NO
<b>1 EXTERNAL CIRCULATION (from street to an entrance of the building)</b>			
1.1 Is the footway width more than 90 cm?		<input type="checkbox"/>	<input type="checkbox"/>
1.2 Does the route have step-free access?		<input type="checkbox"/>	<input type="checkbox"/>
1.3 Is the route clear of hazardous objects so that persons with visual impairment avoid injuring themselves, and can move easily?		<input type="checkbox"/>	<input type="checkbox"/>
<b>2 PARKING</b>			
2.1 Is there accessible parking? Size: More than 4.5 m length x 3.5 m width		<input type="checkbox"/>	<input type="checkbox"/>
2.2 Is the parking space clearly marked with both on-road symbols and vertical signs, and easy to find?		<input type="checkbox"/>	<input type="checkbox"/>
2.3 Is the parking located within 50 m of an accessible entrance?		<input type="checkbox"/>	<input type="checkbox"/>
2.4 Is there a step-free and safe route to the entrance of the building from the parking area?		<input type="checkbox"/>	<input type="checkbox"/>

### Checklist for an access audit

A checklist is a helpful tool for an access audit. Access auditors use the list to check items/facilities when they conduct the access audit. The content of the checklist is provided in Tool 15: Materials for access audit.



### What is an access audit all about?

- Examining the accessibility and 'usability' of facilities and services
- Identifying barriers and considering means of eliminating or mitigating them
- Deals not only with physical barriers but also information, legislative and attitudinal barriers.

### Access audit for whom?

- Considers accessibility and usability for persons with various types of impairment
- This consideration contributes to making facilities and services more usable by all members of society including pregnant women, older persons and children, etc.

### Access audit by whom?

Conducted as a team consisting of:

- Persons with various types of impairment (Audit from the perspective of users)
- Architects and civil engineers (Audit from the perspective of specialist)
- Government officials (e.g. DSD, Public Works) (Audit from the perspective of government)
- Stakeholders of venue/services of access audit (Audit from the perspective of owner/manager).



The implementation flow of the access audit is shown in the following seven steps:

**STEP 1: Identify needs**

- What facilities and services need an access audit?
- What are the problems?
- Why have the problems happened?

**STEP 2: Obtain approval**

- Communicate with the management of facilities/services to obtain approval for the access audit
- Invite DSD/municipal officials responsible for disability to the meeting with the facilities/services management.

**STEP 3: Establish access audit team**

- Persons with different types of impairment
- Architects and civil engineers
- Government officials (e.g. DSD, Public Works)
- Stakeholders of venue/services of access audit.



#### STEP 4: Develop access audit plan

- Set a shared goal/objective
- Decide on focus areas of the access audit
- Design route/order and time schedule
- Allocate roles for each member (e.g. coordinator of the stakeholders, recorder, timekeeper, responsible for preparation of equipment, etc.)
- Prepare necessary equipment (e.g. checklist, pens, tape measure, simplified ramp gradient finder, SANS documents, etc.)

#### STEP 5: Conduct access audit

Conduct access audit with the checklist based on the access audit plan. The roles of the members are:

- Person with various types of impairment: Explain and demonstrate difficulties as users
- Architects and civil engineers: Explain the differences between the current situation and regulations/desirable situation as specialists (e.g. civil engineers compare the current situation with SANS)
- Government officials (e.g. DSD, Public Works): Analyse gaps between the current situations and existing policy on accessibility as government officials
- Stakeholders of venue/services of access audit: Observe access audit and take action to improve accessibility as owners.



#### STEP 6: Make a recommendation report

**Step 6: Develop a recommendation report**

ACCESS AUDIT REPORT TEMPLATE

Name: \_\_\_\_\_ Audit date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Audit team member's name: \_\_\_\_\_

Source: <https://www.sans.gov.za/>

NO.	AREA OF FACILITIES/SERVICES	CURRENT SITUATION (PROBLEMS)	RECOMMENDATIONS	PRIORITY	COST
1					
2					
3					
4					
5					
6					

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- Areas of facilities and services
- Current situation (problems)
- Recommendations
- Priority (High/Medium/Low)
- Cost (High/Medium/Low)

- Make an easy-to-understand and useful report (e.g. attach recommended design with actual measurements, etc.)
- Make the report so that owners will want to improve accessibility (use polite language to encourage owners to take action)
- Submit the report to appropriate persons (e.g. owners, Public Works, municipality, etc.)

#### STEP 7: Monitoring and follow-up

- Monitoring and follow-up are recommended to be conducted within one month after submission of the report
- Monitor the progress and analyse the challenges and needs, if it has not progressed
- Take necessary actions to solve the challenges.



### TIPS FOR A GOOD ACCESS AUDIT

- Deal with attitudinal and information barriers as well as physical barriers
- Consider not only your own impairment but also various other types of impairment
- Don't be a complainer; instead be a supporter to improve facilities/services (always use polite language, work in a spirit of helping to solve a problem)
- Know the basic information on the legislative framework
- Involve persons in charge of facilities/services, from the planning to the monitoring stages
- Continually monitor and follow up to improve accessibility (an access audit is not a one-time activity).

#### Access audit practice

The participants visit buildings to conduct a practical access audit (it is recommended that the buildings are public facilities near the training venue).

*Note: The training organiser needs to arrange a venue for the access audit.*

For the access audit, the following preparation is needed:

- Design a route and order
- Decide on focus areas of the access audit
- Design a time schedule
- Allocate roles for each member, such people in charge of the checklist, time management, measurement, simplified ramp gradient finder and recommendation report.

## 8 AFTER THE TRAINING: ACCESS AUDIT BY THE TRAINED ACCESS AUDITORS

The trained persons with disabilities conduct an access audit to investigate the accessibility of facilities and services at the implementation site, as well as improving their skills through practical activities. The participants in the access audit examine the accessibility and usability of facilities and services. After the access audit, they develop a recommendation report to improve facilities and services based on the results of the access audit.

It is recommended that several trained auditors conduct the access audit together as a team to assist one another. It is suggested that the team is made up of persons with various types of impairment, a civil engineer, officials of the Department of Public Works and DSD, and persons in charge of facilities and services. It is important to involve the owners/managers of facilities and services not only because they will have to give permission, but because they will be involved in any future plan to improve those facilities.

The target participants are any organisations at the implementation site such as public institutions, schools, taxi associations, shopping mall management and private companies. The length and content of the access audit should be discussed and determined by trained access auditors, the DEM working group and community stakeholders. It needs a minimum of half a day.



## REFERENCES

Department of Social Development, RSA. 2015. White Paper on the Rights of Persons with Disabilities. <https://www.gov.za/documents/white-paper-rights-persons-disabilities-official-publication-and-gazetting-white-paper>

Disability Equality Training (DET) Forum. <http://www.detforum.com/>

DET Training Video. <https://www.youtube.com/watch?v=IBlfzAL07p0>

<https://www.youtube.com/watch?v=hpLrk03PCbY>

Kuno, K. 2012. *Doing Disability Equality Training: A handbook for trainers*. Kuala Lumpur, MPH Publishing. (DET Manual No. 6). <http://detforum.com/intl/wp-content/uploads/2009/03/Doing-Disability-Equality-Training.pdf>

Miyairi, K. & Yokoo, Y. 2007. *Book of Universal Design*. Japan: Nikkan Kogyo Shimbun Ltd.

QuadPara Association South Africa (QASA). n.d. Sawubona Disability. <https://qasa.co.za/sawubona-disability/>

South African Bureau of Standards (SABS). 2011. South Africa National Standards (SANS) 10400-S. [https://www.sabs.co.za/Sectors-and-Services/Services/Access/access\\_sp.asp](https://www.sabs.co.za/Sectors-and-Services/Services/Access/access_sp.asp)

Tokyo Metropolitan Government. 2020. The design manual of the accessibility code of the Tokyo Metropolitan Government . <https://www.fukushihoken.metro.tokyo.lg.jp/kiban/machizukuri/manual.html>



Persons with disabilities explain the necessary length for the ramp should be installed (Limpopo)



## TOOL 14

# Access Auditor Training

Building a Caring Society. Together.

[www.dsd.gov.za](http://www.dsd.gov.za)



The PowerPoint slides for the Access Auditor Training were designed with reference to WPRPD, SANS 10400-S, Disability Equality Training Video, Sawubona Disability and the design manual of the accessibility code of Tokyo Metropolitan government.



## White Paper on the Rights of Persons with Disabilities

### Pillar 1: Removing Barriers to Access and Participation

#### Six focus areas of accessibility

1. Changing attitudes and behaviour
2. Access to the built environment
3. Access to transport
4. Access to information and communication
5. Universal access and design
6. Reasonable accommodation



# Anything Wrong?



© DET Forum 3



## Universal access and design

- Diversity
- Different ages
- Different conditions
- Different cultures
- Different perceptions



Source for graphic: Kenichiro Miyairi & Yoshie Yokoo. 2007. *Book of Universal Design*. 4

## How to solve the problem?

A boy using wheelchair enrolls at a primary school in his community.

He cannot participate in class activities because his class is located on the second floor.

**As a community or a principal, what can we do to solve this problem?**



5

## How to solve the problem?

- Refuse to enrol the boy at the school
  - Suggest a special school, without consultation with the boy and his family
- No equal basis with others/No freedom of choice  
**Attitudinal Barriers**

- Install a ramp at the school
  - Change the classroom to the ground floor
- Reasonable Accommodation**

- Install a lift at the school
  - All classrooms are located on the ground floor (= horizontal building design)
- Universal Design**

6



# Access to information and communication

## Video analysis



1. What is happening?
2. Why is it happening?
3. How do you solve the problem?

Note: The video is saved in the USB flash drives which is attached to the DEM guidelines. © Kuno, JICA, DET 7



## Persons with hearing impairments

### Deaf persons

- South African Sign Language (SASL) is their **first language**
- SASL is one of the **official languages** of South Africa

### Persons with hearing impairments and/or those who become deaf later in life:

- Might require access to **lip readers, note-takers and texting** because they have never used SASL.



8

## Persons with visual impairments

Text to be made available in alternative formats such as **Braille, large print, descriptions of graphs and pictures, as well as in audio format**



WPRPD (2015)

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## Persons with speech impairments

- Ask the person again **clearly and gently** when you cannot understand them. (Avoid pretending you understand)
- Use **alternative and augmentative communication** to communicate and access information.

WPRPD (2015)



10



## Persons with intellectual impairments

Need **human support to meet their needs** and required tailored and innovative information and communication interventions and support services, such as easy-to-read materials.

WPRPD (2015)



Picture card



Photo



Gesture

11



## Access to transport

### Tips for changing attitudes and behaviour

- Communicate with driver and express yourself
- Explain what kind of support you need
- Create a good relationship with drivers (don't complain or make demands but appreciate their support)



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# Voice of persons with disabilities

(Watch a video)



Note: The video is saved in the USB flash drives which is attached to the DEM guidelines.

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## Wheelchair-accessible van (with a ramp or powered lift)



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# Access to the built environment

**South African National Standards (SANS) 10400-S :**  
The application of the National Building Regulations document, published in 2011.

## **SANS 10400-S:**

The application of the National Building Regulations Part S:

**Facilities for persons with disabilities**



15

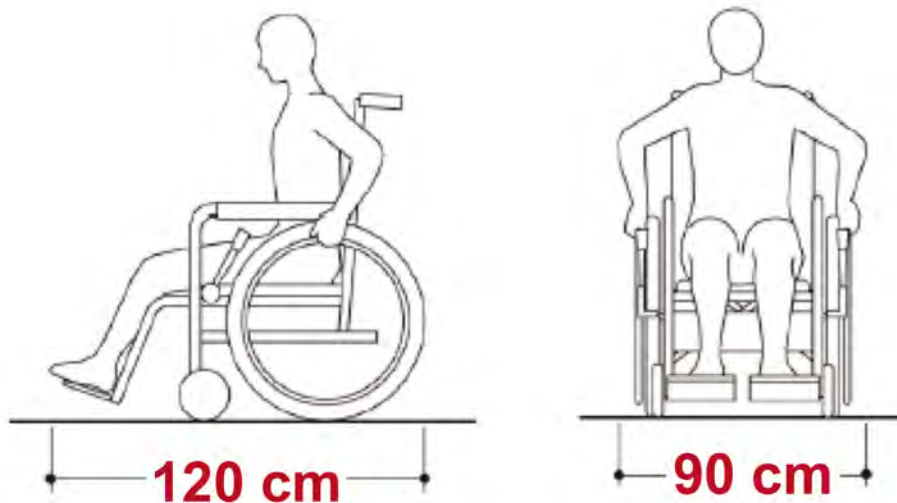


## Requirements: SANS 10400-S

- **General**
- **Signage**
- **Parking**
- **External and internal circulation**
- **Floor or ground surfaces**
- **Doorways, doors and door handles**
- **Changes in level**
- **Ramps**
- **Stairways**
- **Handrails**
- **Lifts**
- **Toilet facilities**
- **Auditoriums, grandstands and halls**
- **Controls, switches and power points**
- **Warning signals**
- **Lighting**

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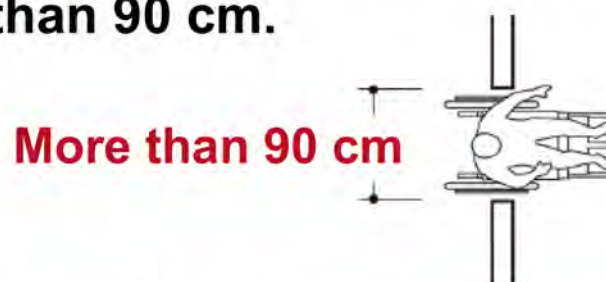
## Minimum mobility space for wheelchair



Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government 17

## Basic information: Width of passage

The width of **entrances** for a wheelchair should be more than 90 cm.



The clearance width of the **walking surfaces** should be more than 90 cm.



Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government 18



## Minimum mobility space of wheelchair

**Remember! More than 90 cm wide**



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## Signage

- Well located to be easily visible
- Adequate size and type of font to be read easily
- Contrasting light and dark colours
- Clear information



20

## Accessible signage for persons with visual impairment

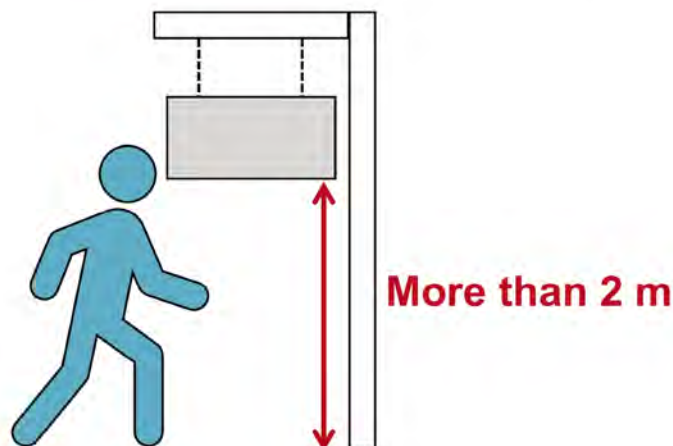
To enable persons with low vision to read location signage next to doors or directional **signage on walls**, the signs should be placed at a height between **1.4 – 1.7 m** above finished floor level.



21

## Accessible signage for persons with visual impairment

**Hanging signs** must have a clearance of more than **2 m above** the trafficable surface.



22

## Accessible signage for persons with low vision

### Enlarge letters

A → A

### Brightness and contrast

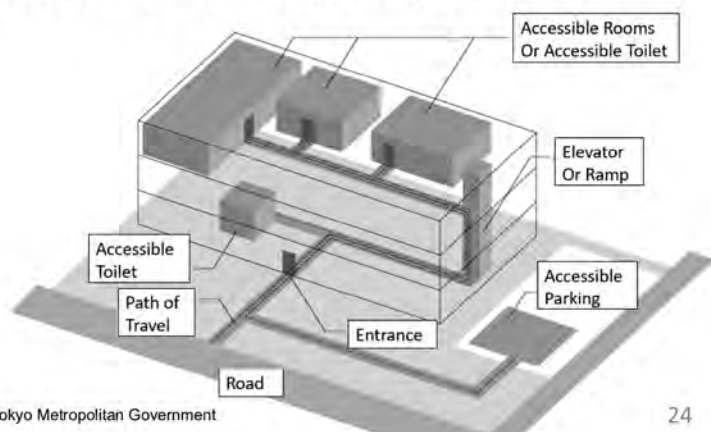
A A

23



## External and internal circulation

- **At least one accessible route** should be provided from accessible parking spaces and public streets to the building entrance, and to the facilities inside the building.
- Accessible routes should be considered among the road, parking, entrance, toilet, ramp, lift and rooms.



Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government

24



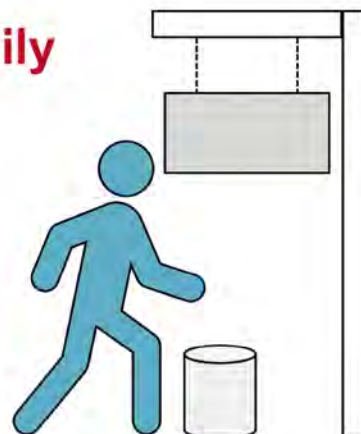
## External and internal circulation



## External and internal circulation: Obstructions in the path of travel

Wall-mounted fire extinguishers, hose reels, telephones, litter bins and any other wall-mounted fittings should:

- a) be designed to be **seen easily**
- b) be shielded or recessed to **prevent injuries**.



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# Parking

## Accessible parking spaces:

- Length: Not less than **4.5 – 5 m**
- Width: Not less than **3.5 m**
- **Located within 50 m** of an accessible entrance



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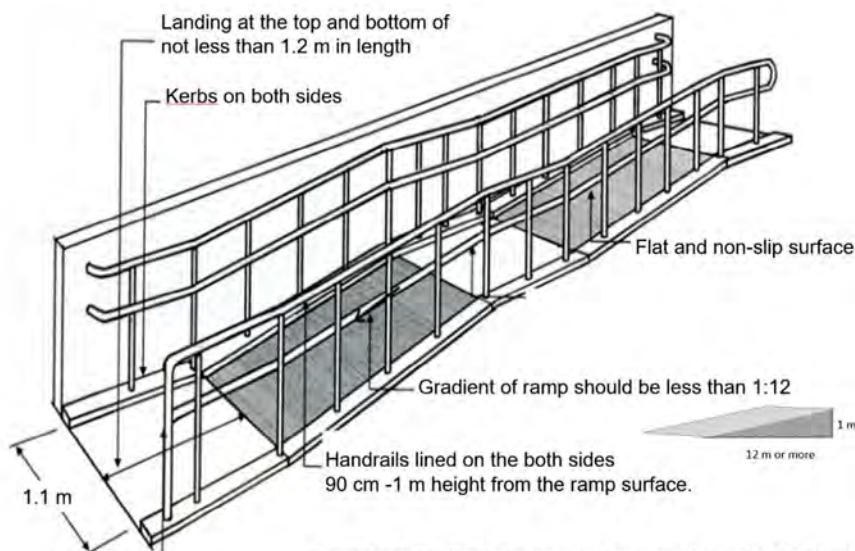
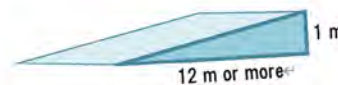
## Is the parking accessible?



28

## Ramp

- **Gradient:** Not steeper than **1:12**
- **Surface:** Must be **stable, firm and slip-resistant**



Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government 29

## Ramp

- **Wide:** More than **1.1 m**
- **Must have handrails on both sides** of the ramp. The height is top of a handrail from the surface of a ramp should be in range 90 cm to 1 m.

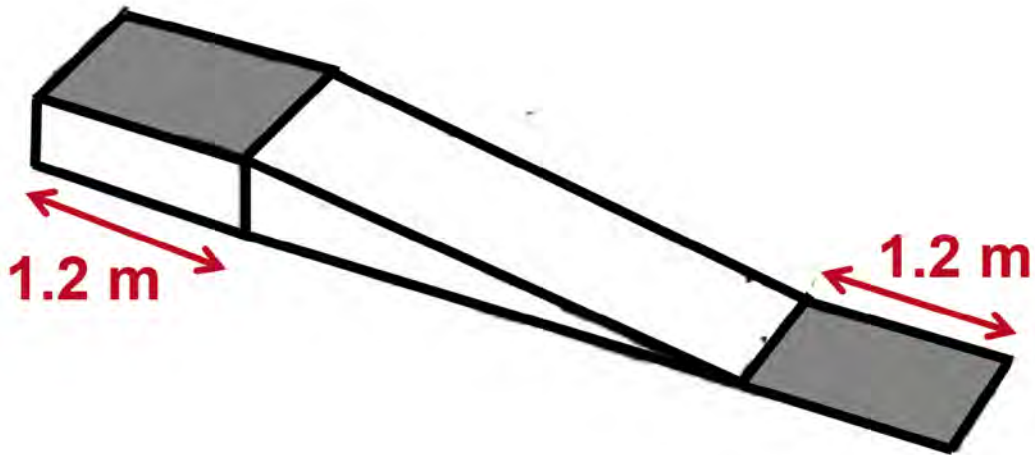


30



# Ramp

**Landing at the top and bottom:**  
More than **1.2 m** in length



31



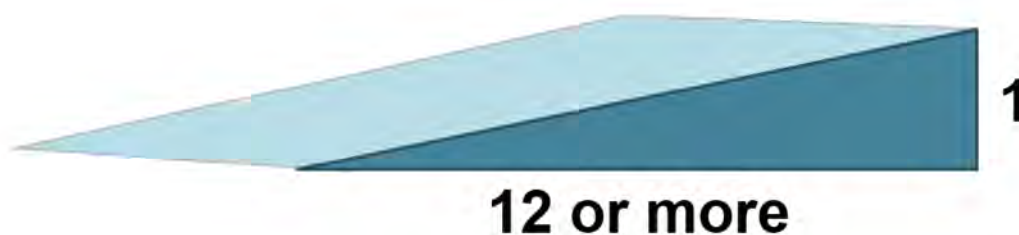
## Is the ramp accessible?



32

# Importance of gradient

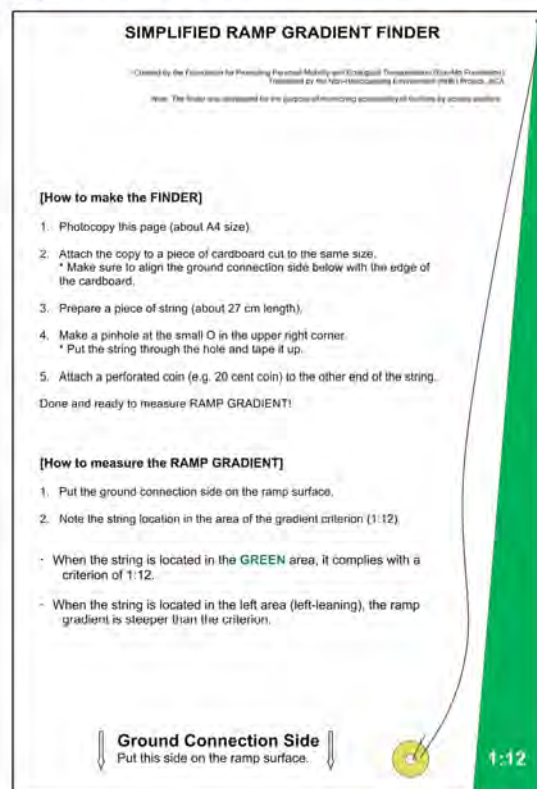
**Remember! Not steeper than 1:12**



33

## How to use a ramp gradient finder

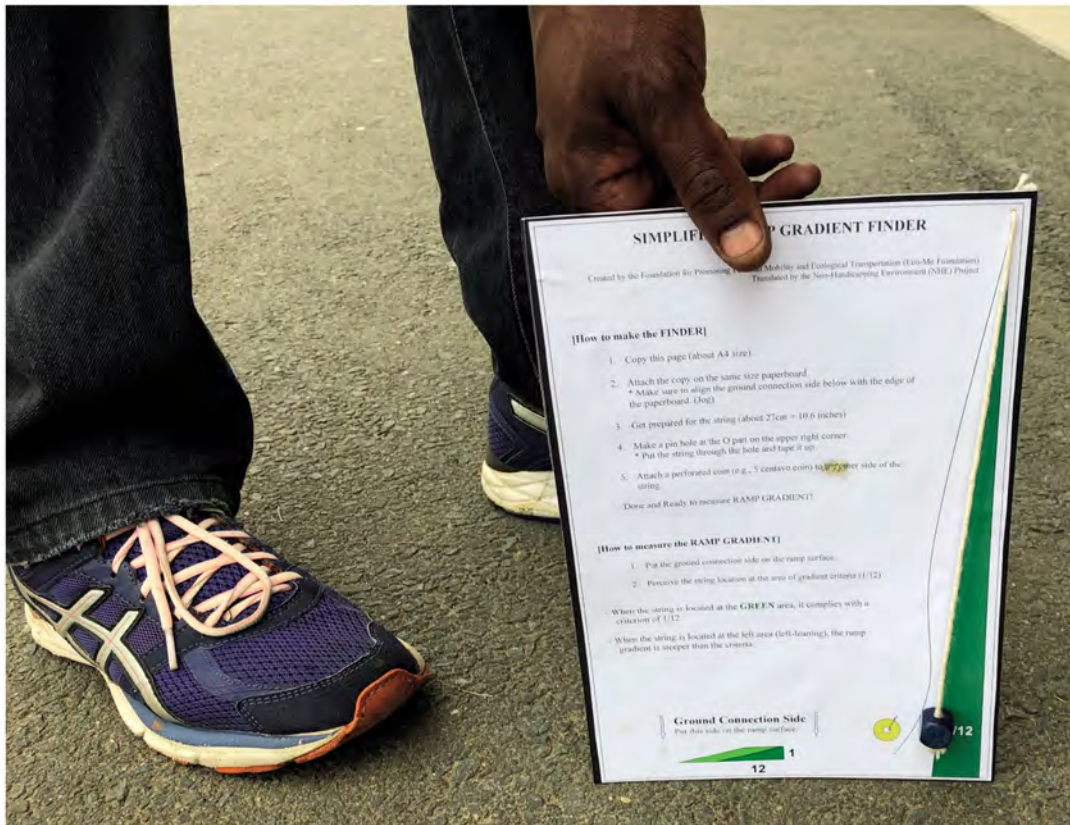
1. Put the ground connection side on the ramp surface.
  2. Note the string location in the area of the gradient criterion (1:12)
- When the string is located in the **GREEN** area, it complies with the criterion of 1:12
  - When the string is located in the left area (left-leaning), the ramp gradient is steeper than the criterion.



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# Ramp Gradient Finder

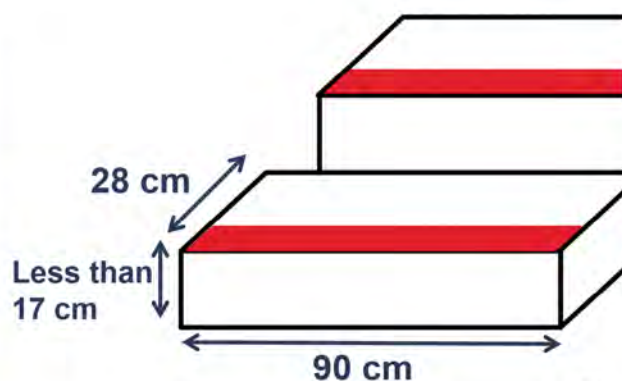


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## Stairways

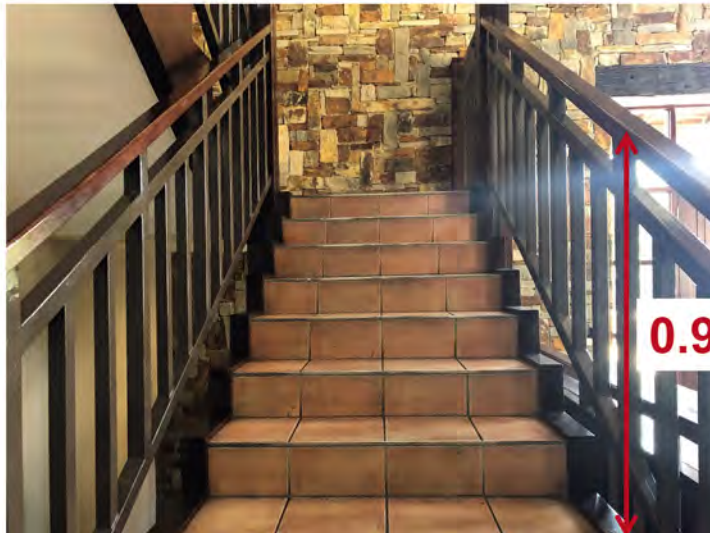
- Must be have **handrails on both sides** of the stairway
- **Contrast:** The edges of the treads must be delineated by a contrasting colour, i.e. different from the colour of the remainder of the treads.
- **Length:** More than 90 cm
- **Height:** Less than 17 cm
- **Width:** More than 28cm



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## Handrail

- Handrail provided on both sides
- Height: Top of a handrail from the surface of a ramp should be in range 90 cm to 1 m



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**Is this toilet accessible for wheelchair users?**



38



## Wheelchair-accessible toilet: Door

- Should open outwards
- Have a clear opening of more than 90 cm

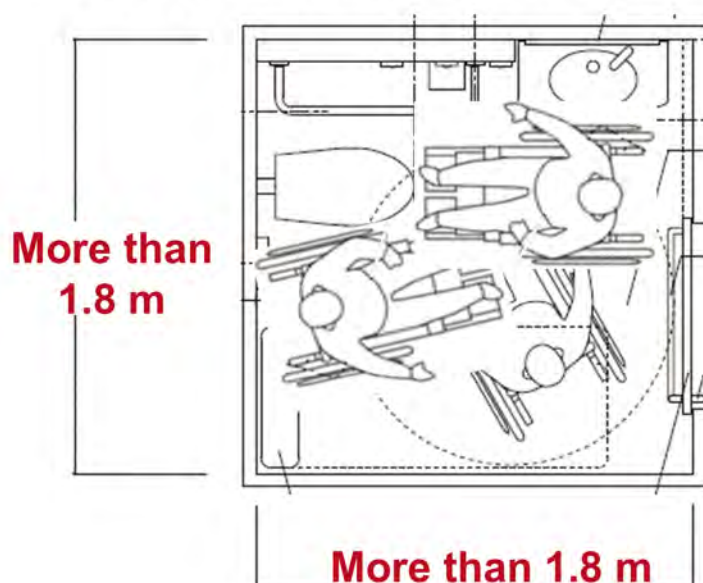


Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government 39



## Wheelchair-accessible toilet: Space

Minimum wall-to-wall dimensions of the toilet should be more than 1.8 m x 1.8 m.



Check whether the toilet compartment has enough space for maneuvering

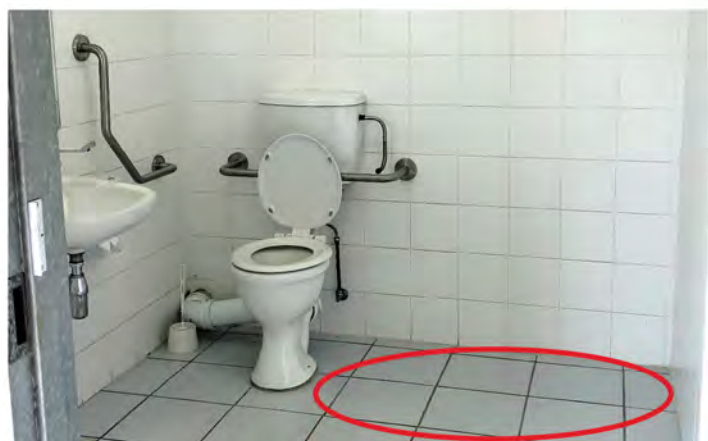
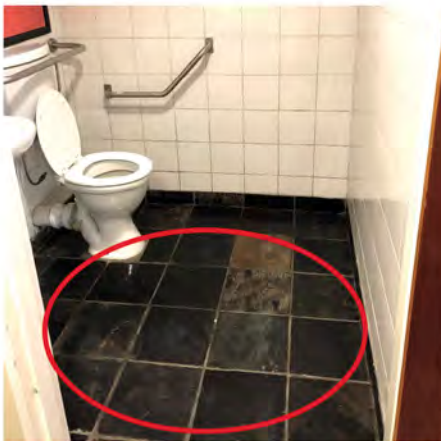


Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government

40

## Wheelchair-accessible toilet: Space

To enable transfer from a wheelchair to the toilet seat, there must be sufficient space next to the toilet bowl.



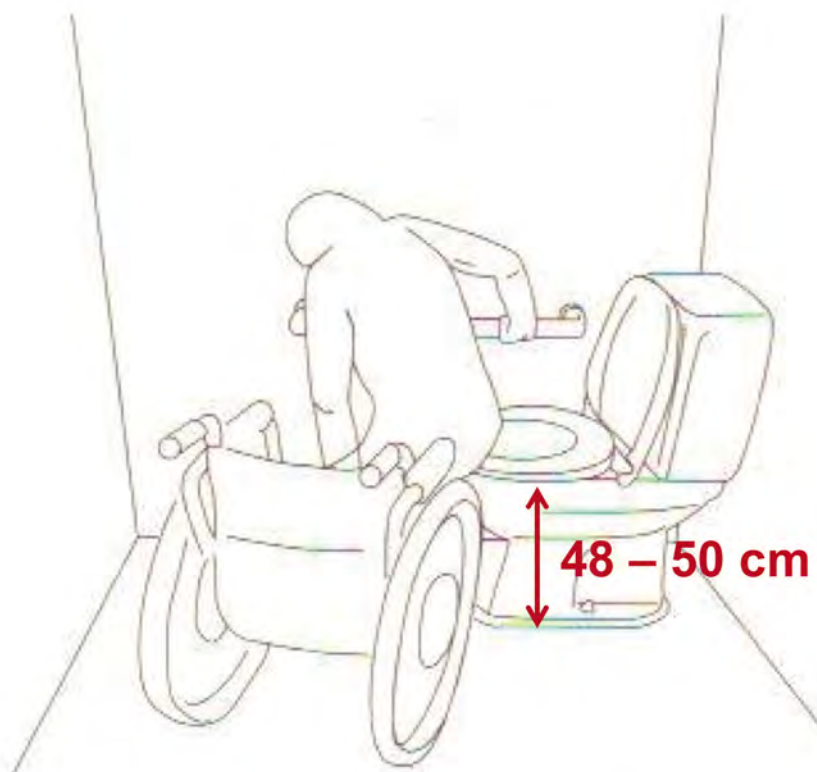
## Wheelchair-accessible toilet: Height of toilet seat

Top surface of the toilet seat should be in the range 48 – 50 cm from floor level.



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Source for graphic: The design manual of the accessibility code of the Tokyo Metropolitan Government 43



## Wheelchair-accessible toilet: Grab rails

- Suitable grab rails should be fixed to the side wall and the rear wall.
- The height of the grab rail is 74 cm (between the grab rail and floor level).
- The centre line of the toilet should be in the range 45–50 cm from the nearside wall.



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# Checklist for Access Audit

**MATERIALS ON ACCESS AUDITOR TRAINING:**  
**ACCESS AUDIT CHECKLIST**

**TOOL 15-2**

The checklist was developed by the DSD/IICA project for the purpose of monitoring accessibility and usability of facilities, based mainly on the South African National Standards (SANS) 10400, the Building Regulations.

Name of facility: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of facility: \_\_\_\_\_ Municipality: \_\_\_\_\_

Ward: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_

Representative name of the access audit team: \_\_\_\_\_

Places of access audit: \_\_\_\_\_  
e.g. parking, entrance of the building, toilets, meeting room, etc.

QUESTIONS	GUIDE	YES	NO
<b>1 EXTERNAL CIRCULATION</b> (from street to an entrance of the building)			
1.1 Is the footway width more than 90 cm?		<input type="checkbox"/>	<input type="checkbox"/>
1.2 Does the route have step-free access?		<input type="checkbox"/>	<input type="checkbox"/>
1.3 Is the route clear of hazardous objects so that persons with visual impairment avoid injuring themselves, and can move easily?		<input type="checkbox"/>	<input type="checkbox"/>
<b>2 PARKING</b>			
2.1 Is there accessible parking? Size: More than 4.5 m length x 3.5 m width		<input type="checkbox"/>	<input type="checkbox"/>
2.2 Is the parking space clearly marked with both on-road symbols and vertical signs, and easy to find?		<input type="checkbox"/>	<input type="checkbox"/>
2.3 Is the parking located within 50 m of an accessible entrance?		<input type="checkbox"/>	<input type="checkbox"/>
2.4 Is there a step-free and safe route to the entrance of the building from the parking area?		<input type="checkbox"/>	<input type="checkbox"/>

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## Remember!

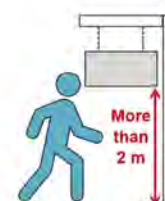
- **Minimum mobility space of wheelchair:**  
90 cm width



- **Signage:** Contrasting light and dark colours to see clearly



- **Hanging signs:** Have a clearance of more than 2 m above the trafficable surface.



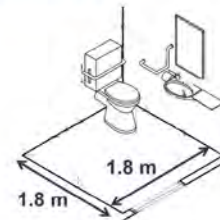
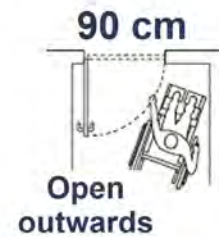
- **Ramp gradient:** Not steeper than 1:12



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## Remember!

- **Toilet door:** Open outwards
- **Toilet space:** 1.8 m x 1.8 m
- **Height of toilet seat:** 48–50 cm from the floor level



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## What is an access audit?

- Examining the accessibility and ‘usability’ of facilities and services
- Identifying barriers and considering means of eliminating or mitigating them
- Deals not only with **physical barriers** but also **information, legislative and attitudinal barriers**



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# Access audit for whom?

- Considers accessibility and usability for persons **with various types of impairment**.
- This consideration contributes to making facilities and services more usable **for all members of society**, including pregnant women, older persons, children, etc.



Source for graphic: Kenichiro Miyairi & Yoshie Yokoo. 2007. *Book of Universal Design*.

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# Access audit by whom?

Conducted as a team consisting of:

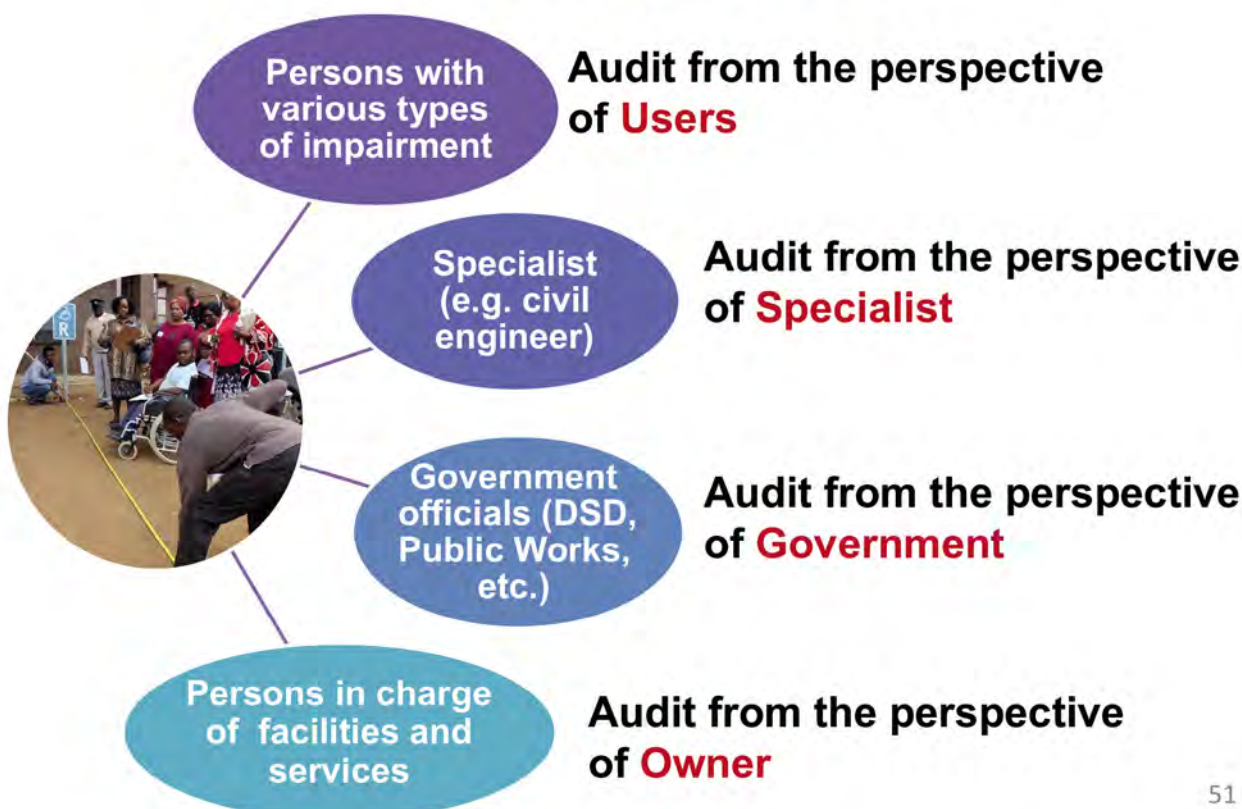
- Persons with various types of impairment
- Specialists like architects and civil engineers
- Government officials (e.g. DSD, Public Works)
- Stakeholders of facilities/services of the access audit



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# Access audit team



51

## Seven steps for the access audit



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## **Step 1: Identify needs**

- **What facilities and services need an access audit?**
- **What are the problems?**
- **Why have the problems happened?**

53

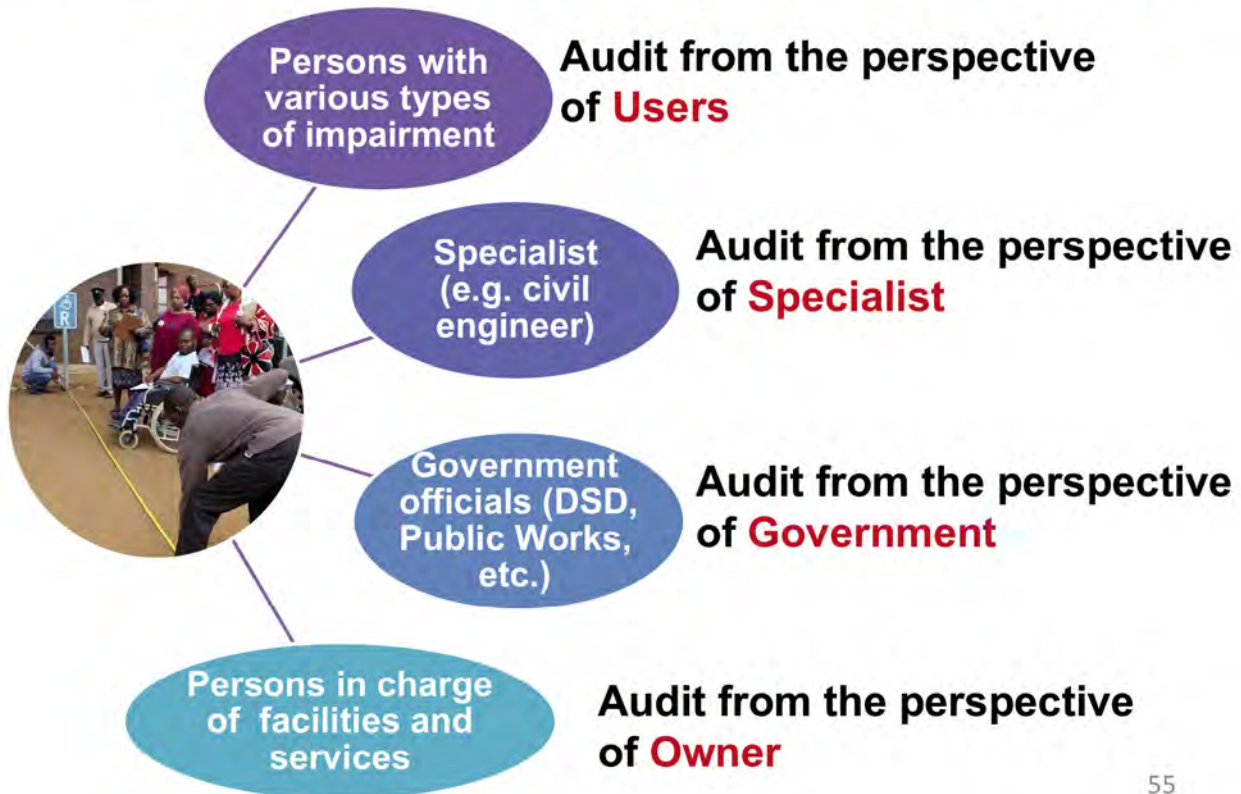
## **Step 2: Obtain approval**

- **Communicate with the management of facilities/services to get approval for the access audit**
- **Invite DSD/municipal officials responsible for disability to the meeting with the facilities/services management**

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## Step3: Establish access audit team



## Step 4: Develop access audit plan

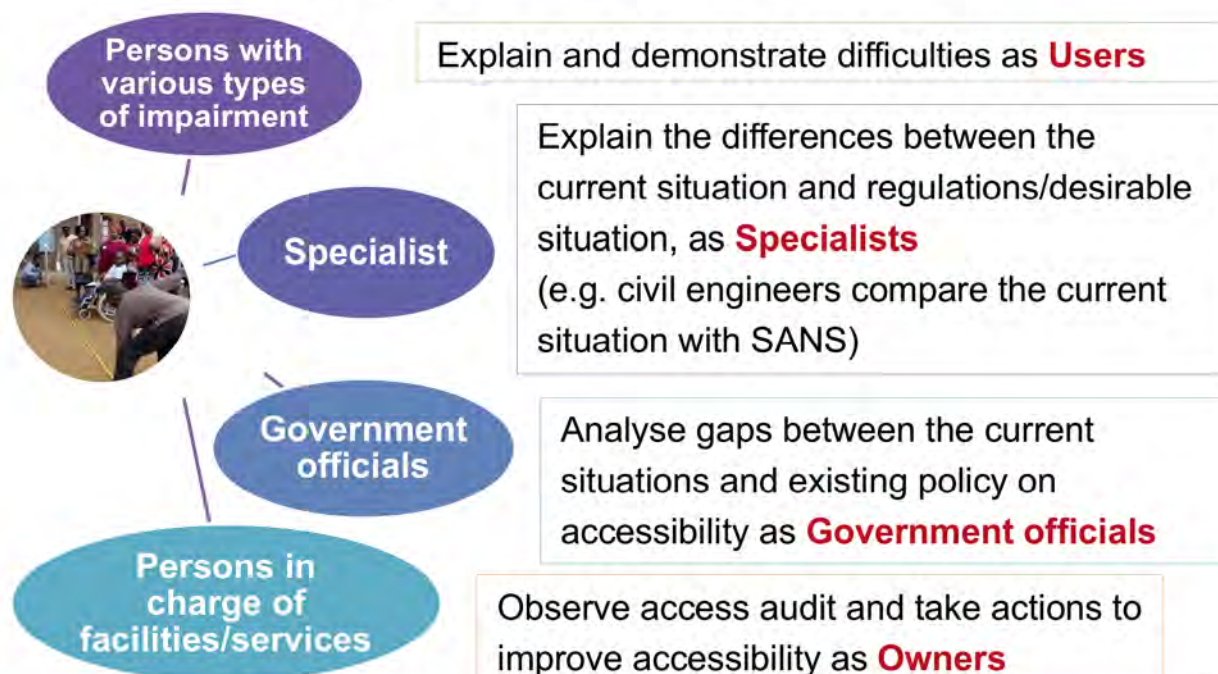
- **Set a shared goal/objective**
- **Decide on focus areas of the access audit**
- **Design route/order and time schedule**
- **Allocate roles for each member**  
(e.g. coordinator among stakeholders, recorder, timekeeper, preparation equipment, etc.)
- **Prepare necessary equipment**  
(e.g. checklist, pens, tape measure, simplified ramp gradient finder, SANS documents, etc.)

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## Step 5: Conduct access audit

Conduct access audit with the checklist.

The roles of the members are:



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## Step 5: Conduct access audit

### Checklist for access audit

**MATERIALS ON ACCESS AUDITOR TRAINING: ACCESS AUDIT CHECKLIST** **TOOL 15-2**

The checklist was developed by the DSD/ICA project for the purpose of monitoring accessibility and usability of facilities, based mainly on the South African National Standards (SANS) 10400, the Building Regulations.

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Location of facility: \_\_\_\_\_ Municipality: \_\_\_\_\_

Ward: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_

Representative name of the access audit team: \_\_\_\_\_

Places of access audit: \_\_\_\_\_  
e.g. parking, entrance of the building, toilets, meeting room, etc.

QUESTIONS	GUIDE	YES	NO
<b>1 EXTERNAL CIRCULATION</b> (from street to an entrance of the building)			
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1.3 Is the route clear of hazardous objects so that persons with visual impairment avoid injuring themselves, and can move easily?		<input type="checkbox"/>	<input type="checkbox"/>
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2.1 Is there accessible parking? Size: More than 4.5 m length x 3.5 m width		<input type="checkbox"/>	<input type="checkbox"/>
2.2 Is the parking space clearly marked with both on-road symbols and vertical signs, and easy to find?		<input type="checkbox"/>	<input type="checkbox"/>
2.3 Is the parking located within 50 m of an accessible entrance?		<input type="checkbox"/>	<input type="checkbox"/>
2.4 Is there a step-free and safe route to the entrance of the building from the parking area?		<input type="checkbox"/>	<input type="checkbox"/>

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## Step 6: Develop a recommendation report

ACCESS AUDIT REPORT TEMPLATE

Place: \_\_\_\_\_ Audit date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Audit team member's name: \_\_\_\_\_

H/M/L: High/Medium/Low

NO.	AREA OF FACILITIES/SERVICES	CURRENT SITUATION (PROBLEMS)	RECOMMENDATIONS	PRIORITY COST	
				H/M/L	H/M/L
1					
2					
3					
4					
5					
6					

- Areas of facilities and services
- Current situation (problems)
- Recommendations
- Priority (High/Medium/Low)
- Cost (High/Medium/Low)



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## Step 6: Develop a recommendation report

### Example of a report

No.	Area of facilities/services	Current situation (problems)	Recommendations	Priorty	Cost
				H/M/L	H/M/L
1	Footways from street to the entrance of the building	Litter bins fell over and all the trash spilled out.	Keep the route clear of hazardous objects so that persons with visual impairments avoid injuring themselves.	H	L
2	Parking	There is no accessible parking.	Provide accessible parking spaces (size: 4.5 m x 3.5 m) located within 50 m of the entrance.	M	M
3	Entrance	There is no step-free access at the entrance.	Install an appropriate ramp based on SANS	H	M
4	Reception	There are no staff or information counter to support visitors and users.	Prepare staff and an information counter with good signage.	H	M
5	Toilets	There is no wheelchair-accessible toilet.	Provide a wheelchair-accessible toilet based on SANS	H	H

60

## Step 7: Monitoring and follow-up

- Monitoring and follow-up are recommended to be conducted **within one month** after submission of the report
- Monitor progress and **analyse the challenges and needs** if it has not progressed
- **Take necessary action** to solve the challenges



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## Tips for a good access audit

- Deal with **attitudinal and information barriers** as well as physical barriers
- Consider not only your own impairment but also **various other types of impairment**
- Don't be a complainer; instead be **a supporter** to improve facilities/services (always use polite language)
- Know **the basic information on the legislative framework**
- **Involve persons in charge of facilities/services** from the planning to the monitoring stages
- **Continually monitor and follow up** to improve accessibility (an access audit is not a one-time activity)

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# Access audit practice

## Preparation for access audit

- Design a route/order
- Decide on focus areas of the access audit
- Design a time schedule
- Allocate roles for each member

Checklist

Time management

Measurement

Simplified ramp gradient finder

Recommendation report

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## Focus areas of the access audit

**MATERIALS ON ACCESS AUDITOR TRAINING: ACCESS AUDIT CHECKLIST** **TOOL 15-2**

The checklist was developed by the DSD/JICA project for the purpose of monitoring accessibility and usability of facilities, based mainly on the South African National Standards (SANS) 10400, the Building Regulations.

Name of facility: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of facility:  
Ward: \_\_\_\_\_ Municipality: \_\_\_\_\_  
District: \_\_\_\_\_ Province: \_\_\_\_\_

Representative name of the access audit team: \_\_\_\_\_

Places of access audit:  
e.g. parking, entrance of the building, toilets, meeting room, etc.

### Places of the access audit (example):

Parking → Entrance of the building →

Toilets → Meeting room

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## TOOL 15-1

### MATERIALS ON ACCESS AUDITOR TRAINING: SIMPLIFIED RAMP GRADIENT FINDER

#### SIMPLIFIED RAMP GRADIENT FINDER

Created by the Foundation for Promoting Personal Mobility and Ecological Transportation (Eco-Mo Foundation)  
Translated by the Non-Handicapping Environment (NHE) Project, JICA

Note: The finder was developed for the purpose of monitoring accessibility of facilities by access auditors.

##### [How to make the FINDER]

1. Photocopy this page (about A4 size).
2. Attach the copy to a piece of cardboard cut to the same size.  
\* Make sure to align the ground connection side below with the edge of the cardboard.
3. Prepare a piece of string (about 27 cm length).
4. Make a pinhole at the small O in the upper right corner.  
\* Put the string through the hole and tape it up.
5. Attach a perforated coin (e.g. 20 cent coin) to the other end of the string.

Done and ready to measure RAMP GRADIENT!

##### [How to measure the RAMP GRADIENT]

1. Put the ground connection side on the ramp surface.
  2. Note the string location in the area of the gradient criterion (1:12).
- When the string is located in the **GREEN** area, it complies with a criterion of 1:12.
  - When the string is located in the left area (left-leaning), the ramp gradient is steeper than the criterion.



**Ground Connection Side**

Put this side on the ramp surface.



**1:12**



# MATERIALS ON ACCESS AUDITOR TRAINING: ACCESS AUDIT CHECKLIST



## TOOL 15-2

The checklist was developed by the DSD/JICA project for the purpose of monitoring accessibility and usability of facilities, based mainly on the South African National Standards (SANS) 10400, the Building Regulations.

Name of facility: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Location of facility:

Ward: \_\_\_\_\_

Municipality: \_\_\_\_\_

District: \_\_\_\_\_




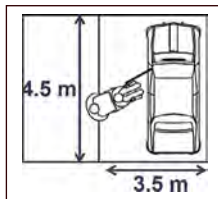

Province: \_\_\_\_\_

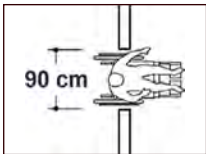

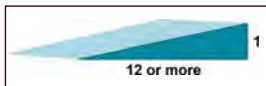
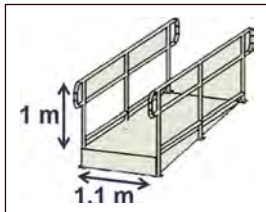
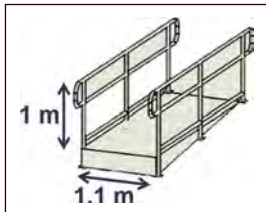
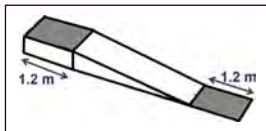
Representative name of the access audit team: \_\_\_\_\_







### Places of access audit:

e.g. parking, entrance of the building, toilets, meeting room, etc.

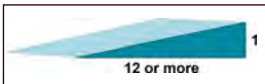
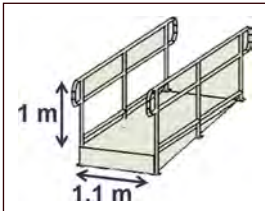
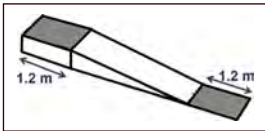


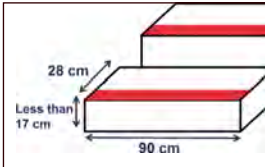


QUESTIONS	GUIDE	YES	NO
<b>1 EXTERNAL CIRCULATION (from street to an entrance of the building)</b>			
1.1 Is the footway width more than 90 cm?		<input type="checkbox"/>	<input type="checkbox"/>
1.2 Does the route have step-free access?		<input type="checkbox"/>	<input type="checkbox"/>
1.3 Is the route clear of hazardous objects so that persons with visual impairment avoid injuring themselves, and can move easily?		<input type="checkbox"/>	<input type="checkbox"/>
<b>2 PARKING</b>			
2.1 Is there accessible parking? Size: More than 4.5 m length x 3.5 m width		<input type="checkbox"/>	<input type="checkbox"/>
2.2 Is the parking space clearly marked with both on-road symbols and vertical signs, and easy to find?		<input type="checkbox"/>	<input type="checkbox"/>
2.3 Is the parking located within 50 m of an accessible entrance?		<input type="checkbox"/>	<input type="checkbox"/>
2.4 Is there a step-free and safe route to the entrance of the building from the parking area?		<input type="checkbox"/>	<input type="checkbox"/>


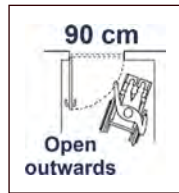

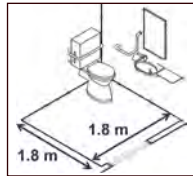
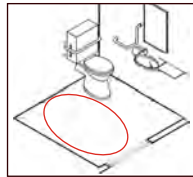
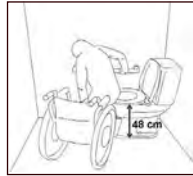
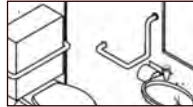
QUESTIONS		GUIDE	YES	NO
<b>3 ENTRANCE</b>				
3.1	Is the entrance easy to identify with good signage and visual contrast?		<input type="checkbox"/>	<input type="checkbox"/>
3.2	Is the width of the entrance (and the entrance door) more than 90 cm?		<input type="checkbox"/>	<input type="checkbox"/>
3.3	If there is a door, is the door handle easy to operate and reach at a suitable height (1 m from the floor)?		<input type="checkbox"/>	<input type="checkbox"/>
3.4	Is there step-free access?		<input type="checkbox"/>	<input type="checkbox"/>
<p>If there is a ramp, answer the following questions from 3.5 to 3.9.            If there is no ramp, please go to the question 3.10.</p>				
3.5	Is the ramp gradient no steeper than 1:12 ?		<input type="checkbox"/>	<input type="checkbox"/>
3.6	Is the ramp width more than 1.1 m?		<input type="checkbox"/>	<input type="checkbox"/>
3.7	Are there handrails on both sides at a suitable height (0.9 m–1 m) and easy to grip?		<input type="checkbox"/>	<input type="checkbox"/>
3.8	Is the ramp surface slip-resistant?		<input type="checkbox"/>	<input type="checkbox"/>
3.9	Are the ramp landing areas more than 1.2 m in length?		<input type="checkbox"/>	<input type="checkbox"/>
<p>If the facility is difficult to get into for persons with disabilities, what assistance is provided?            Answer the following questions:</p>				
3.10	Is there an alternative accessible entrance?		<input type="checkbox"/>	<input type="checkbox"/>
3.11	Are there staff present to offer assistance?		<input type="checkbox"/>	<input type="checkbox"/>
3.12	Other (specify: _____ )			

QUESTIONS		GUIDE	YES	NO
<b>4 RECEPTION/SERVICE COUNTER</b>				
4.1	Is there good signage to identify the reception/service counter from the entrance?	 	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Are there staff to offer assistance to persons with disabilities?			
4.3	Are there staff to provide various communication ways for persons with hearing impairment if the person requests it? Example: Sign language, writing and clear speech (for lip readers)			
4.4	Are there services for persons with visual impairment to obtain the necessary information if the person requests it? Example: Braille documents and reading documents aloud			
4.5	Do staff talk gently, simply and repeat things for persons who have difficulties with communication, such as persons with intellectual impairment?		<input type="checkbox"/>	<input type="checkbox"/>
4.6	Are staff trained in how to assist persons with various types of impairment?		<input type="checkbox"/>	<input type="checkbox"/>
<b>5 SIGNAGE (internal)</b>				
5.1	Is the signage clear and simple, and: <ul style="list-style-type: none"> <li>Well located to see easily</li> <li>Contrasting light and dark colours</li> <li>Clear information</li> <li>Adequate size and type of font to be read easily?</li> </ul>	 	<input type="checkbox"/>	<input type="checkbox"/>
<b>6 INTERNAL CIRCULATION (from entrance to each room)</b>				
6.1	Is the route clear of hazardous objects so that persons with visual impairment avoid injuring themselves, and can move easily?		<input type="checkbox"/>	<input type="checkbox"/>
6.2	Are there corridors or aisles with widths of more than 90 cm so that wheelchair users, walker- or crutches users can move easily along the aisles?		<input type="checkbox"/>	<input type="checkbox"/>
6.3	Is there step-free access to the different levels via a ramp or lift?		<input type="checkbox"/>	<input type="checkbox"/>

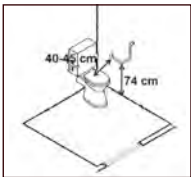


QUESTIONS	GUIDE	YES	NO
If there is a ramp, answer the following questions:			
6.4 Is the ramp gradient not steeper than 1:12?		<input type="checkbox"/>	<input type="checkbox"/>
6.5 Is the ramp width more than 1.1 m?		<input type="checkbox"/>	<input type="checkbox"/>
6.6 Is the ramp surface slip-resistant?		<input type="checkbox"/>	<input type="checkbox"/>
6.7 Are there handrails on both sides at a suitable height (0.9–1 m) that are easy to grip?		<input type="checkbox"/>	<input type="checkbox"/>
6.8 Are the ramp landing areas more than 1.2 m in length?		<input type="checkbox"/>	<input type="checkbox"/>
If there is a lift, answer the following questions:			
6.9 Is there clear signage that makes it easy to locate?		<input type="checkbox"/>	<input type="checkbox"/>
6.10 Is the lift maintained and managed well?		<input type="checkbox"/>	<input type="checkbox"/>
6.11 Can the lift be operated easily by persons with various types of impairment?		<input type="checkbox"/>	<input type="checkbox"/>
<b>7 STAIRWAYS</b>			
7.1 Are there handrails on both sides at a suitable height (0.9 m–1 m), and easy to grip?		<input type="checkbox"/>	<input type="checkbox"/>
7.2 Are there slip-resistant edges to each step?		<input type="checkbox"/>	<input type="checkbox"/>
7.3 Are the edges of the treads delineated by a contrasting colour, different from the colour of the remainder of the tread?		<input type="checkbox"/>	<input type="checkbox"/>
7.4 Is the length of each step more than 90 cm?		<input type="checkbox"/>	<input type="checkbox"/>
7.5 Is the width of each step more than 28 cm?		<input type="checkbox"/>	<input type="checkbox"/>
7.6 Is the height of each step less than 17 cm?		<input type="checkbox"/>	<input type="checkbox"/>



QUESTIONS		GUIDE	YES	NO
<b>8 TOILETS</b>				
8.1	Is there a wheelchair-accessible toilet?		<input type="checkbox"/>	<input type="checkbox"/>
If there is no wheelchair accessible toilet, answer the following questions on the general toilet:				
8.2	Is there good signage to find where the toilet is located?		<input type="checkbox"/>	<input type="checkbox"/>
8.3	Are there step-free accessible routes to get to the toilets from the different levels?		<input type="checkbox"/>	<input type="checkbox"/>
8.4	Does the toilet have an outward-opening door?		<input type="checkbox"/>	<input type="checkbox"/>
8.5	Does the door into the toilet have a clearance opening of more than 90 cm?		<input type="checkbox"/>	<input type="checkbox"/>
8.6	Is the door handle of the toilet easy to operate and reach at a suitable height (1 m from the floor)?		<input type="checkbox"/>	<input type="checkbox"/>
8.7	Are the wall-to-wall dimensions of the toilet more than 1.8 m x 1.8 m?		<input type="checkbox"/>	<input type="checkbox"/>
8.8	Is there enough space next to the toilet bowl to transfer from a wheelchair to the toilet seat?		<input type="checkbox"/>	<input type="checkbox"/>
8.9	Is the height of the toilet seat in the range from 48 cm to 50 cm (between the top of the toilet seat and the floor level)?		<input type="checkbox"/>	<input type="checkbox"/>
8.10	Is a grab rail provided on the wall side of the toilet?		<input type="checkbox"/>	<input type="checkbox"/>



QUESTIONS	GUIDE	YES	NO
If there is a grab rail, answer the following questions:			
8.11 Is the height of the grab rail 74 cm (between the grab rail and the floor level)?		<input type="checkbox"/>	<input type="checkbox"/>
8.12 Is the distance of the grab rail location in a range from 40 cm – 45 cm (between the centre line of the toilet and the grab rail)?		<input type="checkbox"/>	<input type="checkbox"/>

#### Other findings, recommendations, remarks

# MATERIALS ON ACCESS AUDITOR TRAINING: ACCESS AUDIT REPORT TEMPLATE



## TOOL 15-3

### ACCESS AUDIT REPORT

Place: \_\_\_\_\_

Audit date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Audit team member's name: \_\_\_\_\_

H/M/L: High/Medium/Low

NO.	AREA OF FACILITIES/SERVICES	CURRENT SITUATION (PROBLEMS)	RECOMMENDATIONS	PRIORITY	COST
				H/M/L	H/M/L
1	e.g. Footways from street to the entrance of the building	Litter bins fell over and all the trash spilled out.	Make the route clear of hazardous objects so that persons with visual impairments avoid injuring themselves.	H	L
2	e.g. Parking	There is no staff and information counter to support persons.	Provide a staff and information counter with good signage.	M	M
3	e.g. Entrance	There is no step-free access in the entrance.	Install an appropriate ramp based on SANS	H	M
4	e.g. Toilets	There is no wheelchair-accessible toilet.	Make a wheelchair-accessible toilet based on SANS	H	H
5					
6					







Design and layout: Ink Design Publishing Solutions  
[www.inkdesign.co.za](http://www.inkdesign.co.za)

Printing: XXXX

Enquiries: Chief Directorate Communication

134 Pretorius Street Pretoria, Gauteng South Africa

Department of Social Development Private Bag X901  
Pretoria, Gauteng Republic of South Africa, 0001

Tel: +27 12 312 7653

Fax: +27 12 312 7988

Toll Free Number: 0800 60 1011

Website: [www.dsd.gov.za](http://www.dsd.gov.za)

