MODULE 3:

heaids

A HANDBOOK FOR LECTURERS TEACHING NCV LEVEL 2-4

Integrating Disability Awareness into the Life Orientation Curriculum at TVET Colleges

higher education & training
Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

UNIVERSITIES SOUTH AFRICA

south african SACPO organisation
College Principals

FOREWORD

FOREWORD BY DR RAMNEEK AHLUWALIA, CHIEF EXECUTIVE OFFICER OF HEAIDS

Since 2013 HEAIDS (supported by the National Skills Fund) has been developing the knowledge and teaching skills of TVET Life Orientation lecturers in the field of HIV prevention, Sexual Reproductive Health and Rights (SRHRs) and the various social drivers of the epidemic.

Building on the success of this work and being acutely aware of the role that the life orientation lecturers can play in transmitting critical knowledge to our students, HEAIDS was able to leverage its long standing relationship with the German Development Cooperation (GIZ) to further support the development of LO lecturers in the areas of Sexual Reproductive Health and Rights, Gender Diversity and Disability. These focal areas were specifically selected in light of the continued marginalisation of the LGBTQI community and people living with disabilities both in our institutions and society at large. Our vision is to ensure that students become social change agents in their families, communities and places of work.

I am especially pleased that through this resource "A HANDBOOK FOR TVET LECTURERS TEACHING NCV LEVEL 2-4" and the further development of our TVET LO lecturers in these areas, we will again use the teaching and learning space as a platform to enable our students to engage these issues critically and constructively and thus shape their behaviour, relationships and broader spaces that they live in.

I wish to thank the HEAIDS and GIZ team and the various technical consultants that worked tirelessly in making my vision a reality and I look forward to the next phase of the work that will commence 2019 when we will develop and capacitate LO lecturers to ensure that the time they spend with students are impactful. Curriculum transformation and responsiveness are our tools to changing the society that we live in for better!!!

Dr Ramneek Ahluwalia
Chief Executive Officer
HEAIDS (Higher Education and Training Health Wellness & Development Centre)

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
CDC	Centre for Disease Control and Prevention
CHW	Community Health Worker
DNA	Deoxyribonucleic Acid
DOTS	Directly Observed Treatment Short Course
DR TB	Drug Resistant TB
DVA	Domestic Violence Act
DV	Domestic Violence
ECG	Electrocardiogram
FDC	Fixed Dose Combination
GBV	Gender-Based Violence
HBV	Hepatitis B
HPV	Human Papillomavirus
HSV-2	Herpes
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence

LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
LRA	Labour Relations Act
MCP	Multiple Concurrent Partners
OI	Opportunistic Infection
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PEP	Post-exposure Prophylaxis
PTSD	Post-Traumatic Stress Disorder
PrEP	Pre-exposure Prophylaxis
SIV	Simian Immunodeficiency Virus
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SV	Sexual Violence
TB	Tuberculosis
TC	Testicular Cancer
TOP	Termination of Pregnancy
USAID	The United States Agency for International Development
WHO	World Health Organization

MODULE 3:
DISABILITY AWARENESS

INTRODUCTION TO AND OVERVIEW OF DISABILITY AWARENESS

Students with disability are an integral part of all institutions of higher learning. Their learning opportunities and the services available to them need to be assured in the same way they are for other students.

Knowledge about disability, as well as disability awareness training for staff members of and lecturers at higher education and training institutions, is an integral element to ensure lecturers have the confidence to transform the teaching and learning environment of higher education and training into an inclusive space.

The module is a key support resource that aims to increase awareness of issues relating to students with a disability. While the module on disability awareness focuses primarily on students with disability, the development of more inclusive practices will benefit all students. The module encourages exploration of work practices and urges the reader to create a more inclusive learning environment.

This module is not designed to be read all at once. You can dip in and out of the information and look up the sections that are most relevant to your work. There are activities to assist with testing your own learning and development.

SUMMARY OF LESSONS

LESSON ONE: WHAT IS DISABILITY?

This lesson will give an overview of the models of disability and look at some of the international definitions as explained in terms of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the International Classification of Functioning (ICF) and nationally in the Strategic Policy Framework on Disability for the Post-School Education and Training System 2018.

LESSON TWO: DISABILITY AWARENESS

This lesson looks at myths and facts and the impact of language and terminology as it relates to disability. It further looks at stereotypes, behaviour and attitudes. The lesson also offers an activity that helps participants to reflect on their own behaviour.

LESSON THREE: DISABILITY RIGHTS

This lesson focuses on discrimination in the context of disability and how legislation supports students with disability.

LESSON FOUR: DISABILITY AND ITS IMPACTS

This lesson elaborates on the many different types of disability. Some are obvious, and others are not so obvious. Different disabilities will impact a person's involvement in study or work in different ways.

LESSON FIVE: INCLUSIVE TEACHING AND ACCESSIBLE LEARNING

Education should be accessible and inclusive to all. All barriers should be removed, be they physical, tutorial, material, attitudinal or otherwise. While this topic cannot detail all possible teaching and training situations, it provides lecturers with ideas for practical inclusive strategies that can be applied readily in the teaching and learning environment.

> **"THE ONLY DISABILITY IN LIFE IS A BAD ATTITUDE."**
>
> **-SCOTT HAMILTON**
> **(RETIRED OLYMPIC GOLD MEDALLIST, CANCER SURVIVOR, SPECIAL OLYMPICS GLOBAL AMBASSADOR)-**

OVERALL OBJECTIVES OF THE MODULE

This module seeks to:

- Provide Life Orientation lecturers with an understanding of disability
- Enhance their knowledge about the diversity of disabilities
- Provide Life Orientation lecturers with an understanding of the inclusion of persons with disability
- Sensitise Life Orientation lecturers to the situation of students with disability so that they are empowered and able to create an inclusive learning environment

MODULE CONTENT

By the end of this module Life Orientation lecturers will:

- Understand relevant terms and concepts pertaining to disability
- Be aware of stigma and discrimination within the context of disability
- Be aware of the impacts of disability
- Be aware of inclusive teaching methods
- Be able to teach aspects of disability that relate to the Life Orientation curriculum

STRUCTURE OF LESSONS

Each lesson will have the following information:

SUBJECT OUTCOME:	Overall intention of the lesson
BACKGROUND AND MOTIVATION:	Reason for the lesson to be included in the module and its relevance to the core module content
LEARNING OUTCOMES:	What students are expected to know upon conclusion of the lesson
LESSON CONTENT:	A description/summary of what will be covered in the lesson
TIME/DURATION OF LESSON:	The expected duration/time required for the lesson
MATERIAL REQUIRED FOR THE LESSON:	Material (equipment/resources) needed to execute the lesson effectively
PREPARATION FOR THE LESSON:	Suggestions to lecturers on how to prepare adequately to teach/facilitate the lesson to achieve the required outcomes
ACTIVITIES AND TASKS:	A list/summary of suggested activities for optimal learning/teaching
METHODOLOGY:	A brief description of the proposed teaching methodology
NOTE TO LECTURERS:	Alerts or guidelines to lecturers on sensitivities/emotive content to be aware of and suggestions on how to manage these

MODULE ACTIVITIES

- → Activity 1 – Test Your Disability Knowledge
- → Activity 2 – Assessing Your Disability Knowledge
- → Activity 3 – Appropriate Language
- → Activity 4 – Reflecting on Behaviour
- → Activity 5 – Reflecting on Behaviour (Alternative)
- → Activity 6 – Play It Right!
- → Activity 7 – Discrimination
- → Activity 8 – Direct or Indirect Discrimination?
- → Activity 9 – Experiencing Disability
- → Activity 10 – The (Un)Supported Student
- → Activity 11 – Inclusive Teaching
- → Activity 12 – Inclusive Teaching: Condom Use

ABBREVIATIONS USED IN THIS MODULE

ADHD	Attention Deficit Hyperactivity Disorder
ART	Antiretroviral Therapy
BBBEE	Broad-Based Black Economic Empowerment
DHET	Department of Higher Education and Training
DOJCD	Department of Justice and Constitutional Development
DRU	Disability Rights Unit
DU	Disability Unit
EEA	Employment Equity Act
HEDSA	Higher And Further Education Disability Services Association
HEI	Higher Educational Institution
HEMIS	Higher Education Management Information System
ICF	International Classification of Functioning
INDS	Integrated National Development Strategy (1997)
LO	Life Orientation
NSP	The National Strategic Plan on HIV, TB and STIs: 2017-2022
PEPUDA	Promotion of Equality and Prevention of Unfair Discrimination Amendment
PPP	Power Point Presentation
PSET	Post-School Education and Training System
SANAC	South African National AIDS Council
SASL	South African Sign Language
TVETMIS	Technical and Vocational Education and Training Management Information System
UNCRPD/ CRPD:	United Nations Convention on the Rights of Persons with Disabilities
WG	Washington Group on Disability Statistics
WHO	World Health Organisation
WPRPD	White Paper on the Rights of People with Disabilities (2016)

LESSON ONE: WHAT IS DISABILITY?

SUBJECT OUTCOME

To enhance the understanding of what disability is and get an introduction to disability in South Africa

BACKGROUND AND MOTIVATION

Disability is a fundamental facet of human diversity and students with disability are an integral part of all institutions of higher learning. Learning opportunities and the services available to them need to be assured in the same way they are for other students.

This lesson will give an overview of the *models of disability* and look at some of the international definitions as explained in terms of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the International Classification of Functioning (ICF) and nationally in the Strategic Policy Framework on Disability for the Post-School Education and Training System 2018.

LEARNING OUTCOMES

- To be able to explain what disability is
- To understand the difference between the medical and the social model of disability
- To have a basic understanding of the different types of disability
- To know some first facts and figures about disability in South Africa

LESSON CONTENT

→ Definition of disability
→ Standardisation of classification of disability
→ Prevalence of disability in South Africa

TIME ALLOCATION

90 minutes

MATERIAL NEEDED FOR THE LESSON

→ If possible, a computer or laptop
→ PowerPoint presentation (handouts of PowerPoint if multimedia not available)
→ Prepare questions for Activity 1 and 2

PREPARATION FOR THE LESSON

To prepare, lecturers should:

→ Read and comprehend Lesson One of the module on disability
→ Familiarise themselves with Activity 1 and 2
→ Prepare the materials for Activities 1 and 2 of Lesson One

ACTIVITIES AND TASKS

- Test your disability knowledge
- Assessing your disability knowledge

METHODS

- Game/Quiz

NOTE TO LECTURERS

Start the lesson with Activity 1 to assess the knowledge of learners.
After the activity continue with the input (PPP) / presentation of the content.
End the lesson with Activity 2. This is one way to evaluate the knowledge that learners have acquired from the lesson.

Lesson One and the activities can be used to address the following learning outcomes and could be used when teaching:

Level 3, Topic 4: Citizenship
Subject outcome 4.1: Identify ways to oppose human rights violation and abuse in terms of the Constitution and Bill of Rights
Learning outcomes:
The student should be able to:
4.1.1. Describe the concepts 'diversity' and 'culture' and provide examples
4.1.2. Explain the benefits of respecting diversity in the workplace and give examples

Disability is a fundamental facet of human diversity and can therefore be addressed as an aspect of the concept of diversity. Further, persons with disability contribute to diversity at the workplace and students should therefore be provided with information to understand disability.

THE IMPORTANCE OF UNDERSTANDING DISABILITY

INTRODUCTION

Defining the term 'disabled' or 'disability' has proved to be a contentious issue. This is due to the fact that there are differing interpretations of disability and differing views of what categories fall under the umbrella of disability.

- There are many different types of disability. Some are obvious, and some are hidden. Some people may have more than one disability. Different disabilities will impact a person's involvement in study or work in different ways. People who have the same type of disability will not experience their disability in the same way. It is important to remember that every person with a disability is an individual who will have their own specific experiences and disability-related needs.

This section will give an overview of the models of disability and look at some of the international definitions as explained in terms of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the International Classification of Functioning (ICF) and nationally in the Strategic Policy Framework on Disability for the Post-School Education and Training (PSET) System 2018

Source: ARRC

ACTIVITY 1: TEST YOUR DISABILITY KNOWLEDGE

30 SECONDS

30 Seconds board game format – test your disability knowledge

Plan around 5 minutes for the activity.
Test your disability awareness through a 30 Seconds game format.
Tell the class you are playing a game similar to 30 Seconds.

The lecturer divides the class into groups.
(4-5 groups)
Tell the class that each group will have 30 seconds to answer your questions about disability. Explain that each correct answer earns the group one point. Explain that the group with the most points wins the game.
While one group is answering the questions, the other groups are responsible for counting their points.

Use a stopwatch (on your smartphone) to take the time.

The lecturer describes a word/person/disability/organisation, etc. and groups/ teams must try and get the most correct answers within 3 to 5 minutes.

NOTE TO LECTURERS

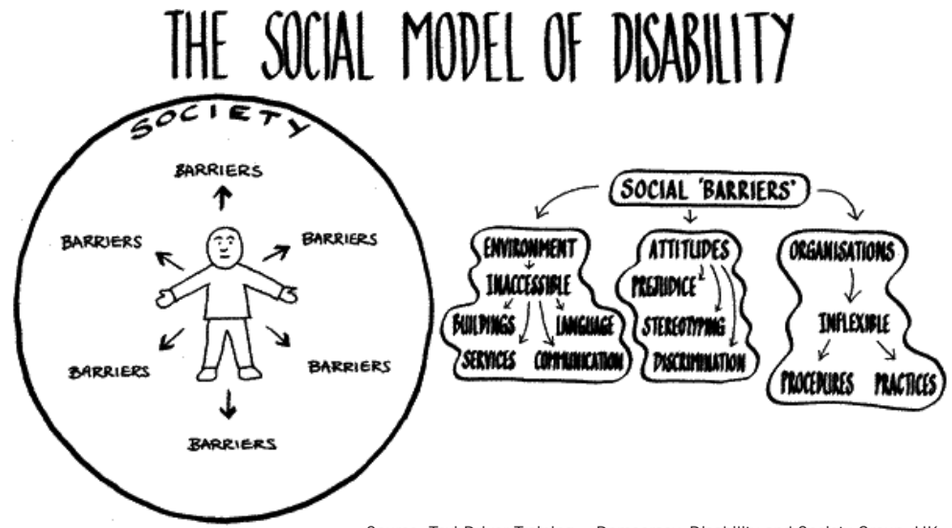
Questions/topics for the game are provided on the USB stick.

WHAT IS DISABILITY?

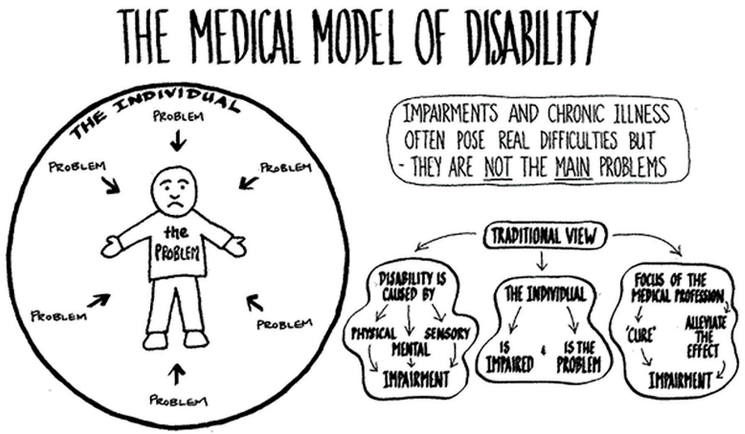
MODELS OF DISABILITY

Different models are used to explain disability. The early understanding of disability focused on impairment and equated disability with a deficiency in the individual. This limiting medical definition influenced measures that resulted in policies and practices that excluded persons with disability from mainstream society for decades (medical model).

The social model focuses on the abilities of persons with disability rather than on their inabilities. It assesses the impact that the socioeconomic environment has on the full participation, inclusion and acceptance of persons with disability as part of mainstream society. The social model emphasises the need for broader systemic and attitudinal changes in society; the provision of accessible services and activities; and the mainstreaming of disability to ensure full inclusion of persons with disability as equals. The model further dictates that persons with disability must actively participate in transformation processes that impact on their lives.



Source: Taxi Driver Training -- Democracy, Disability and Society Group, UK, http://ddsg.org.uk/taxi/medical-model.html



The social model does not exclude the presence of impairment and acknowledges the need for medical intervention, but the emphasis is on how society, through inaccessible environments and facilities, excludes persons with disability.

DEFINING DISABILITY

Disability is a complex and evolving concept, and defining it must take into account the following reality:

→ Current definitions of disability have evolved over time, and reflect a more progressive view of disability than was the case in the past.

→ To date there is no single definition of disability that has achieved international consensus.

→ There are various definitions of disability. However, all the rights-based definitions share certain common elements, even if they emphasise or word them differently. Common elements include:

- The presence of impairment;
- Internal and external limitations or barriers which hinder full and equal participation;
- A focus on the abilities of the person with a disability; and
- Loss of or lack of access to opportunities due to environmental barriers and/or the negative perceptions and attitudes of society.

→ Disabilities can be permanent, temporary or episodic.

Disability, therefore, results from the interaction between persons with impairments and attitudinal and environmental barriers. It is important to note that persons with disability should be defined within the context of defining the beneficiary group for purposes such as affirmative action, protection against discrimination, service delivery, reasonable accommodation support measures and social security.

It therefore requires a degree of self-definition, where the individual determines whether he/she is disabled or not, based on environmental factors and contexts.

The Strategic Policy Framework on Disability for the Post-School Education and Training System recommends a working definition of disability in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Persons with disability include those who have physical, psychosocial, cognitive, neurological and/or sensory impairments.

This definition of disability is very broad and covers both long-term and short-term issues. Due to its breadth, almost anyone could claim they have a disability. However, it is how a disability affects an individual and their participation in everyday life that ultimately may disable them.

UNCRPD	Recognises disability as an evolving concept – "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", "disability results from an interaction between a non-inclusive society and individuals"
International Classification of Functioning (ICF)	"...an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)"

Central to this definition of disability is the relationship between the individual (with a health condition) and environmental factors (physical, social and attitudinal). It is the interaction of the person's health characteristics and their contextual factors (environment, personal) that produces disability. If a person with a given health condition lives in an environment characterised by barriers at every level their performance will be restricted; but if a person lives in a facilitating environment this will serve to increase their performance

STANDARDISING A CLASSIFICATION MODEL FOR DISABILITY FOR THE POST-SCHOOL EDUCATION AND TRAINING SECTOR

The Strategic Policy Framework on Disability for the PSET System emphasises that "institutions of higher education and training should be adequately capacitated to address and report on all different categories of disabilities, including the areas of disability not always catered for or supported: learning disabilities, psychosocial disabilities, Deaf students (as in Capital D, meaning they require South African Sign Language interpretation) deaf – as in able to lip read, as well as communication disabilities (e.g. stuttering).

Using the correct codes to identify and track students with disability who enrol, in order to put in place the necessary support, is of vital importance. Yet, with the current Higher Education Management Information System (HEMIS) coding system in use, it is very difficult to obtain proper information and to make the necessary provision and reach the correct conclusions. The debate around the HEMIS categories and the disjunction between the categories used in the HEMIS and Technical and Vocational Education and Training Management Information System (TVETMIS) emphasises the importance of standardised workable codes. In standardising the coding, categorisation and reporting of impairments, the evaluation and service delivery across the PSET system will improve.

This work has culminated in a document containing a proposed categorisation of impairment types which has been welcomed by the various Disability Rights Units (DRUs) at universities and continued consultation is taking place between the Higher and Further Education Disability Services Association (HEDSA) and the DHET to consider ways to implement this disability coding framework. In arriving at this, the principles of the UNCRPD and the Washington Group questions, were considered.

The PSET system (including HEMIS and TVETMIS) will standardise on, adopt and implement a common classification framework to identify and support students and staff with disability and to capture disability related statistics within the PSET sector."[1]

Unfortunately, no common classification framework for the South African PSET sector has been finalised to date. One example for a framework is the codification framework provided on the next page. HEDSA developed it on the foundation of Washington Group categories. It is a useful tool, as it categorises disabilities and gives a brief description of disabilities and gives a first idea about the diversity of disabilities.

[1]Department of Higher Education and Training (2018): Strategic Policy Framework on Disability for the Post-School Education and Training System (p.51-52)

CODE	WASHINGTON GROUP	CATEGORY OF DISABILITY	DESCRIPTION OF DISABILITY
1	Sensory Disability	Blind	No functional vision
2	Sensory Disability	Partially-sighted	Functional vision with limitations that may be reduced through the use of electronic or manual low-vision devices (Vision cannot be fully corrected though the use of prescription lenses)
3	Sensory Disability	Deaf (Capital D)	Little or no hearing: generally makes use of South African Sign Language and typically subscribes to Deaf Culture
4	Sensory Disability	deaf (lower case d)	Little or no hearing; does not make use of sign language as a medium of communication; makes use of various means of communication such as speech, speech reading/cochlear implants or a combination of these; aligns with impairment/disability in the hearing world
5	Sensory Disability	Hearing impaired/Hard of hearing/Deafened	None, little or some hearing; generally makes use of appropriate hearing technology, e.g. cochlear implants, hearing aids and other assistive listening/living devices and typically uses verbal communication
6	Sensory Disability	Deaf-blind	No functional vision and no hearing
7	Specific Learning/Developmental Disability	Neurodevelopmental Disabilities	Intellectual disabilities, communication disabilities, language and speech disability (e.g. stuttering), autism spectrum disorder, attention deficit/hyperactivity disorder (ADHD), specific learning disabilities
8	Psychosocial/Psychiatric Disabilities	Psychosocial Disability	Such as depression, schizophrenia
9	Physical Disability	Physical Disability	Loss of a limb or makes use of crutches, wheelchair user, person with cerebral palsy
10	Physical Disability	Chronic Illness	A long-standing medical condition/illness that affects daily functioning, such as chronic heart condition, chronic diabetes, cancer
11	Any disability not mentioned above	Give details	Any disability not mentioned above
12	Physical Disability of Temporary Nature	Temporary Disability: disability of no longer than six months' duration	Physical disability of temporary nature

LET'S HAVE A CLOSER LOOK…

SENSORY DISABILITIES

HEARING IMPAIRMENTS include everything from not being able to hear certain sounds to being totally deaf. In most cases, a hearing loss does not simply mean that sounds are not loud enough. It usually means that sounds are garbled or unclear. A hearing aid may make speech louder, but usually will not make speech clearer.

SPECIFIC LEARNING/DEVELOPMENTAL DISABILITY

Intellectual disabilities: When a person has an intellectual disability, it means that they learn slower. Because they learn more slowly, they do not learn as much as other people might. There are over 200 known causes of intellectual disability. About one third of the time, no one knows what caused it. Not everyone with an intellectual disability is alike. One person can have mild problems while another may have severe problems. A person with an intellectual disability may have difficulty understanding what other people say or mean; may have difficulty saying what they mean or how they feel; may have difficulty understanding social cues (for example, if you turn away they may not know that this means you do not want to talk to them); may have difficulty learning and concentrating; may have to do things many more times than average before they learn it; may act younger than their age; may not understand when someone is making fun of them; may find it hard to read or write; may not understand when someone tells them to do something wrong.

Specific learning disabilities: There are many different kinds of learning disabilities and they can range from mild to severe problems. Dyslexia can cause a person to see letters switched around when they read (seeing "bule" instead of "blue", for example).

COMMUNICATION DISABILITIES

Language and speech disability (e.g. stuttering): Communication disorders are disabilities that keep a person from being able to speak or make their speech understood. This can be caused by many different disabilities or injuries. Some people who have difficulty speaking may use sign language, gestures or small pictures they carry with them.

AUTISM SPECTRUM DISORDER

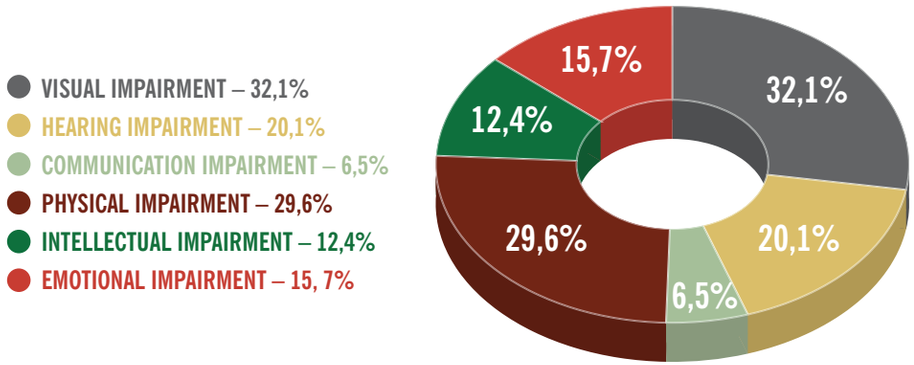
Autism is a developmental disability that usually appears during the first three years of life. The cause is unknown. It affects how a person's brain works, but not all persons with autism are affected the same way. When a person has autism, they may have problems letting you know what they want; thinking; understanding what other people say or want; ignoring sounds; ignoring things or people that are moving; ignoring lights; being touched; understanding social rules; showing affection; controlling their feelings; knowing how to play with other kids; and dealing with changes. Autism is a "spectrum disorder." That means that not everyone with autism has all the problems. One person may have three of the problems listed while another person has only one. Some persons with autism struggle to learn. Other persons with autism are very smart and can do complicated math when they are three years old. Some persons with autism have trouble being touched while others like to hug. Many persons with autism like to do things in the same order all the time and have things arranged the same way. This helps them stay calm. Other persons with autism have a very hard time ignoring noises, especially if they are upset or in a new situation. They may try to calm themselves by rocking, moaning, talking loudly or even screaming. The moaning, talking or screaming helps them drown out the other noises so they can calm down. They may also try to go under a desk or in a small, dark place where they feel safer.

PREVALENCE OF DISABILITY IN SOUTH AFRICA

There is no statistically reliable, up-to-date data on the prevalence of disability or the various types of disability in South Africa. This is due, on the one hand, to the fact that there generally is little data available on the living conditions of persons with disability, and on the other hand, to the fact that so far no universally valid definition of disability and its various types has been established throughout South Africa or internationally. Disabilities can have an episodic, temporary or permanent character. There also is a lack of consistent method for data collection.

Nevertheless, Statistics South Africa's report released in 2014, based on Census 2011, indicates a general prevalence of disability of 7.5% among the South African population. At 8.3%, the female population is significantly more affected than the male population at 6.5%.

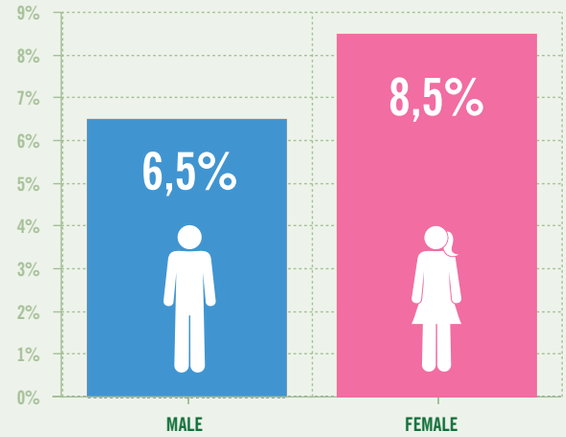
During the 2001 Census of the total percentage of persons with disability, the following was recorded:



Source: Statistics South Africa

IN 2011, DISABILITY PREVALENCE FOR SOUTH AFRICA WAS

2,9 MILLION
PEOPLE OUT OF A TOTAL POPULATION OF 51,8 MILLION



DISABILITY PREVALENCE BY SEX

Source: Statistics South Africa

With increasing age, the probability of being affected by a disability rises. More than half of those over 85 year old were found to have a disability. In terms of geographic distribution, it has been found that there is a relatively large number of persons with disability who live in the provinces of the Free State, the Northern Cape, the North West and the Eastern Cape. This could be related to the fact that, especially in these provinces, many people work in the hazardous mining industry and other perilous industries.

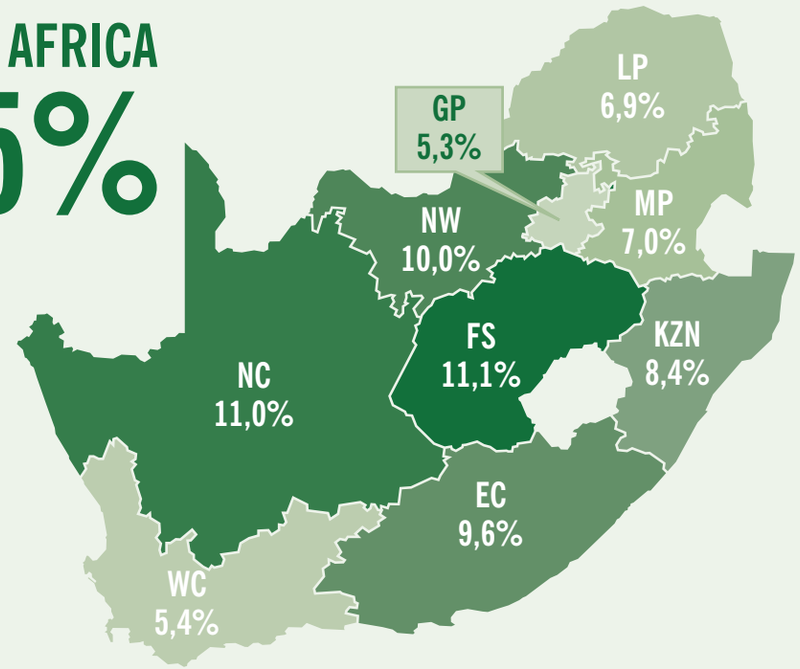
The report also found that persons with disability have significantly less access to education and employment opportunities and often are prevented from exercising fundamental social, political and economic rights.

However, in the report only disabilities in the six functional domains were investigated, namely restrictions on seeing, hearing, communicating, remembering/concentrating, walking and self-care. Children younger than five years, persons with psychosocial, neurological and/or emotional disabilities and persons with disability living in residential care and school boarding facilities were not included in these calculations at all.

The report found that children with disability are much less likely to go to school or receive general education compared to children without disability, and that the majority of persons aged 20 to 24, who have a severe functional disability, do not receive any tertiary education.

2,9 MILLION
OF THE TOTAL POPULATION OF 51,8 MILLION PEOPLE REPORTED HAVING A DISABILITY IN CENSUS 2011

SOUTH AFRICA
7,5%



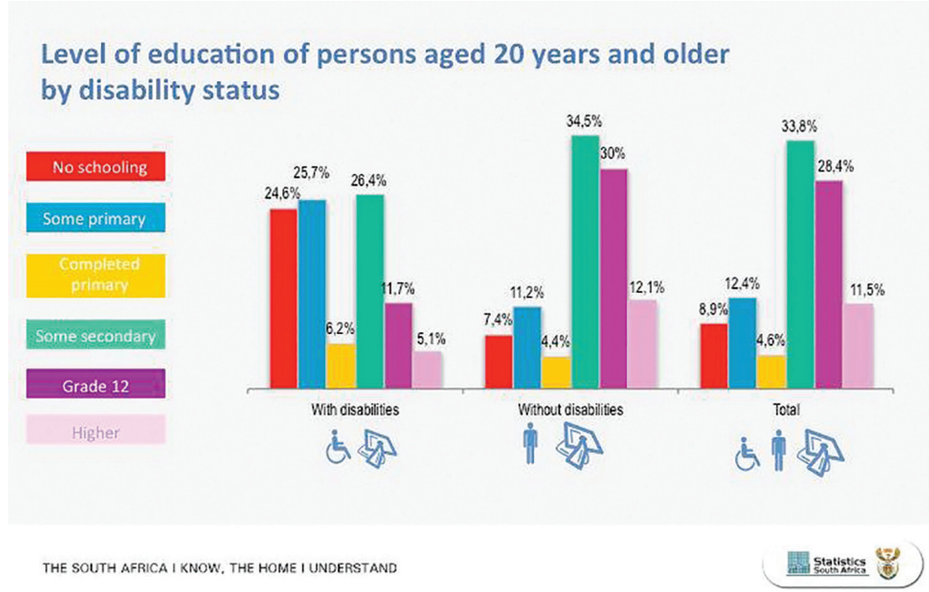
Source: Statistics South Africa

Students with disability are also often not included in the statistical data. Due to the fear of stigma and discrimination, or the fact that the college could say it is unable to provide adequate accommodation for them, they do not state their disability during the application process or later. However, this means that the colleges do not have knowledge about the special requirements for these students and therefore cannot make separate resources available or request these resources from the responsible department.

In comparison, the World Report on Disability, which was published in 2011 by the World Health Organization (WHO) and the World Bank, estimated that about 15% of the world's population is living with a disability. The report also mentioned a correlation between poverty and the prevalence of disability and states that in low income countries the population is more affected by disability than the population in high income countries. Above all, women, older people and children from poorer households are particularly affected.

The report emphasises the role of the environment in the lives of persons with disability and notes that there are many external factors and influences that can either be helpful or restrictive. Barriers that restrict the freedom and autonomy of persons with disability include inadequate policies and standards, bias and negative attitudes, lack of support services, low financial resources, lack of accessibility, lack of involvement of persons with disability in decision-making and lack of data which could be statistically evaluated.

All of these constraining factors lead to poorer health, lower education and less economic involvement of persons with disability, which in turn results in increased dependency on the environment and the state and exclusion from society.



ACTIVITY 2: ASSESSING YOUR DISABILITY KNOWLEDGE

Repeat activity 1 to assess what your students have learned.

LESSON TWO: DISABILITY AWARENESS

SUBJECT OUTCOME

To have a better understanding of how your style of communication, as well as your attitude and behaviour, can build trust

BACKGROUND AND MOTIVATION

Lecturers will come into contact with people of many cultures, ages and abilities and the Strategic Policy Framework on Disability for the PSET Systems emphasises the importance of inclusive teaching. Lecturers may need to adapt their skills accordingly to provide the required support. Disability has always been a mythical phenomenon, and being confronted by the reality of dealing with people with diverse physical and sensory impairments may present a daunting task for the less aware and unprepared. This topic focuses on myths and facts and seeks to bring you to the simplicity of disability, whilst highlighting its diverse needs. The section then looks at some of the *misconceptions around various disabilities* and lastly, the impact of *language, terminology and behaviour* as it relates to disability.

LEARNING OUTCOMES

- To have a clearer understanding of myths and facts about disability as well as stereotyping
- To have knowledge of different types of disability and interaction with environment
- To have basic tips for interacting with student services

LESSON CONTENT

→ Appropriate and politically correct language and terminology
→ Inappropriate and appropriate behaviour
→ Disability myths and facts
→ Reflecting on own behaviour

TIME ALLOCATION

90 minutes

MATERIAL NEEDED FOR THE LESSON

→ Multimedia, laptop
→ PowerPoint Presentation (handouts of PowerPoint if multimedia not available)
→ Copies of the handout on appropriate language (Activity 3) (and if necessary, copies of the handout for Alternative Activity 5)

PREPARATION FOR THE LESSON

To prepare, lecturers should:

→ Read and comprehend Lesson Two of the module on disability
→ Read any other relevant material
→ Familiarise themselves with the activities of the chapter
→ Prepare material for the lesson (handout) (Activity 3) (and if necessary, handout for Alternative Activity 5)

ACTIVITIES AND TASKS

- Appropriate language
- Reflecting on behaviour
- Reflecting on behaviour (alternative)
- Play it right

METHODS

- Exploratory and fact finding
- Forum theatre for self-reflection
- Self-reflection
- Card game

NOTE TO LECTURERS

Start the lesson with Activity 3 to evaluate the current level of knowledge.
Continue with the presentation of the content of Lesson Two.
End the lesson with Activity 4 (or Alternative Activity 5).

Lesson Two and its activities can be used to address the following learning outcomes and could be used when teaching:

Level 3,Topic 4: Citizenship
Subject outcome 4.1: Identify ways to oppose human rights violation and abuse in terms of the Constitution and Bill of Rights
Learning outcomes:
The student should be able to:
4.1.3. Describe the concepts 'discrimination', 'racism', 'prejudice' and 'stereotyping'

It is important to:

- Understand your environment and the culture of the people you are to relate to.
- Be aware of any personal feelings of "unease" at relating to students with disability.
- Be aware of your environment and how it may impact on your interaction with someone with a disability.
- Pay attention to your style of communication.

ACTIVITY 3: APPROPRIATE LANGUAGE

TIME ALLOCATION

10 minutes

→ Review existing knowledge to start the topic of stereotyping and appropriate language and behaviour. What is the terminology used to describe persons with disability?

→ Make copies of the handout and let students fill it in individually.

Do you know the appropriate terms to use in place of the offensive terms listed below?	
✗ AVOID	✓ APPROPRIATE
THE DISABLED	
VICTIM OF; SUFFERING FROM; CRIPPLED BY	
WHEELCHAIR BOUND	
INVALID	
MENTAL HANDICAP; RETARDATION	
DISABLED TOILET	
LAME; HANDICAPPED	
SPASTIC	
THE BLIND	
THE DEAF	
MUTE; DUMB	
SPECIAL NEEDS	

Handout for printing available on USB

STEREOTYPING – LANGUAGE, TERMINOLOGY, BEHAVIOUR AND ATTITUDE

STEREOTYPING

A stereotype is a generalised and relatively fixed image of a person or persons belonging to a particular group. This image is formed by isolating or exaggerating certain features (physical, intellectual, cultural, occupational, etc.) that seem to characterise the group. Stereotypes are discriminatory in that they take away a person's individuality. Portraying persons with disability as helpless, mindless, suffering beings deserving the sympathy and attention of the non-disabled is one of many powerful stereotypes that lead to discriminatory treatment of persons with disability.

LANGUAGE AND TERMINOLOGY

The words we use about people influence our attitudes and the attitudes of others towards those people. Words create images. Sometimes they create myths. This certainly is the case in the disability field, which abounds with labels that stem from ignorance and suspicion.

Words change, both in meaning and use. For example, the term cripple (from the old English crypel, meaning one who can only creep, or whose body and limbs are contorted) was once in common and respectable use. It appeared in the name of a national organisation, the Cripple Care Association. Today its use for a person with a disability is unacceptable.

Stereotypes expressed through words such as victim, sufferer, and confined to a wheelchair – each conveying a negative connotation – also are being relegated to the cliché heap. Language is a major vehicle for expressing prejudice and/or discrimination.

Some of the main forms of discriminatory language include:

DEPERSONALISING OR IMPERSONAL BEHAVIOUR	Often persons with disability are referred to collectively as the disabled, the handicapped, the mentally retarded, the blind, the deaf, or the paraplegics, spastics, epileptics, etc. These terms depersonalise people by equating them with their disability. Such impersonal references to persons with disability should be avoided.
INTERNATIONAL CLASSIFICATION OF FUNCTIONING (ICF)	The discriminatory nature of derogatory labels used to describe members of minority groups often is obvious. However, in the case of persons with disability, labels such as 'cripple', 'deaf and dumb', or 'retarded' still are commonly used and should be avoided.
IMPOSED LABELLING	A characteristic often shared by minority groups is a lack of power to define themselves – the names and labels by which they are known, whether derogatory or not, have been imposed on them. Imposed labelling may be inaccurate and may also be alienating for the groups it supposedly describes. Language is not fixed and static, but constantly evolving and changing as society's attitudes and practices change. Be aware of the development of new forms of expression that seek to describe our diverse society in non-discriminatory ways.

Your language should reflect a positive, straightforward and sensitive approach to persons with disability. The use of derogatory words that focus only on one aspect of a person can be rude and offensive. For instance, the term 'disabled people', which still often is used, defines people as 'disabled' first and 'people' second. The preferred term 'a person with disability' recognises that the disability is only one characteristic of the person and avoids objectification.

The following terms have also fallen into disuse and should be avoided:

- HANDICAPPED
- RETARDED
- ABLE-BODIED
- PHYSICALLY CHALLENGED
- DIFFERENTLY ABLED
- VICTIM
- SUFFERER
- WHEELCHAIR-BOUND

Source: ARRC

REMEMBER:
person first; disability second

BEHAVIOUR AND ATTITUDE

Along with appropriate language is the issue of appropriate behaviour. Everyone wants to feel welcome and important, and receive good service and respect. There are some obvious behaviours and actions that readily can be identified as inappropriate, but sometimes even with the best intentions, our behaviour can be perceived as patronising, stereotypical, or offensive. The following are some common concerns that persons with disability have identified:

✗ INAPPROPRIATE BEHAVIOUR	✓ APPROPRIATE BEHAVIOUR
Talking down; assuming people are stupid or ignoring them altogether	Acknowledging people as equal human beings
Assuming people want or need charity	Respecting people: assume they are in control of their lives and can make decisions and do not need pity
Using emphasised or loud speech	Speak normally: same lip movements, pitch and volume; a little slower for persons with a hearing impairment
Making little eye contact or staring	Do not stare, it is rude; rather treat people as you would want to be treated
Allowing too little or too much personal space	Allowing the same, not greater or less personal space – wheelchairs should be considered part of the person
Doing everything for people, treating them as children or victims	Being perceptive about problems but not making assumptions and not taking charge
Assuming you know what people need without asking	Asking first “Is there any way I can help?"
Not allowing enough time for communication	Allowing enough time for communication

GENERAL COMMUNICATION STRATEGIES

- Be friendly, smile and make eye contact with a person with a disability.
- Speak directly to the person with the disability rather than talking to them through their companion.
- Ask if any assistance is required. Persons with disability have quite different capabilities and like to be as independent as possible.
- Provide up-to-date and accurate information when asked about accessible facilities such as accommodation, different learning facilities and toilets.
- Encourage better communication between staff and students by making sure all areas specifically designed for student information and complaints are accessible to persons with disability.
- Be flexible; if the system does not fit the requirements of a person with disability, adapt the system to meet individual needs.

ATTITUDE

The first step in teaching students with disability seems obvious: treat them as students. They are motivated to attend institutions of higher learning for the same reasons as other students and they bring with them the same range of intelligence and skills. In addition, their life experiences may bring unique and creative ideas into the classroom and help to change their peers' perceptions. Revising our perceptions and attitudes is the first step in accommodating students who present, learn or perform in ways that are different from others. It is vital to remember that their similarities with others are much more important: we are dealing, firstly and foremostly, with students.

It is important to maintain a positive attitude towards students with disability. Key features of a positive attitude include:

- TREATING ALL PEOPLE AS EQUALS
- FOCUSING ON WHAT PEOPLE CAN DO
- RECOGNISING INDIVIDUALITY
- CONSULTING WITH THE PERSON DIRECTLY ABOUT ISSUES THAT AFFECT THEM
- FOSTERING PARTICIPATING AND INCLUSION
- USING INFORMATION FREE FROM BIAS
- RESPECTING RIGHTS AND CONFIDENTIALITY
- PROVIDING ACCESS TO SERVICES
- DISPLAYING ATTITUDES AND ACTIONS THAT RECOGNISE PERSONS WITH DISABILITY ARE IN CHARGE OF THEIR OWN LIVES, AND HAVE ABILITIES AND RIGHTS

MYTHS AND FACTS

It perhaps is easier to imagine, and therefore understand, the potential physical barriers for someone with an obvious physical disability than it is to imagine and understand, for instance, the barriers someone with a mental health condition may experience. This difficulty is often compounded by myths and long-held prejudicial attitudes about disability. Attitudes towards persons with disability are often based on misinformation and assumption. Reviewing our perceptions and attitudes is the first step to including all students.

The section below looks at common myths about disability:

MYTH	Persons with disability are inferior	FACT	Because a person may be impaired in one of life's major functions, some people believe that the individual is a "second-class citizen". However, most persons with disability have skills that make the impairment irrelevant.
MYTH	Persons with disability should be pitied	FACT	People feel sorry for the person with a disability, which tends to lead to patronising attitudes. Persons with disability generally do not want pity and charity, just equal opportunity to make their own way and live independently.
MYTH	Persons with disability are brave or special (hero worship)	FACT	People consider someone with a disability who lives independently or pursues studies to be brave or "special" for overcoming a disability. Most persons with disability do not want accolades for performing day-to-day tasks. The disability is there, and the person has simply learned to adapt by using his or her skills and knowledge.
MYTH	Persons with disability are not capable	FACT	Persons with disability often are dismissed as incapable of accomplishing a task without the opportunity to display their skills. In fact, persons with quadriplegia can drive cars and have children. Some persons who are blind can tell time on a watch and visit museums. Persons who are deaf can play baseball and enjoy music. Persons with developmental disabilities can be creative and maintain a strong work ethic.

MYTH Persons with disability are certain 'types'	**FACT** People form positive and negative generalisations about disabilities. For example, many believe that all persons who are blind are great musicians or have a keener sense of smell and hearing, that all persons who use wheelchairs are docile or compete in paralympic sports (or the Paralympics), that all persons with developmental disabilities are innocent and sweet-natured, or that all persons with disability are sad and bitter. Aside from diminishing the individual and his or her abilities, such prejudice can set too high or too low a standard for individuals who are merely human.
MYTH Persons with disability are more comfortable with "their own kind"	**FACT** In the past, grouping persons with disability in separate schools and institutions reinforced this misconception. Today, many persons with disability take advantage of new opportunities to join mainstream society.
MYTH Curious children should never ask people about their disabilities	**FACT** Many children have a natural, uninhibited curiosity and may ask questions that some adults consider embarrassing. But scolding curious children may make them think having a disability is "wrong" or "bad". Most persons with disability will not mind answering a child's questions.
MYTH The lives of persons with disability are totally different from the lives of persons without disability	**FACT** Persons with disability go to school, get married, work, have families, do laundry, grocery shop, laugh, cry, pay taxes, get angry, have prejudices, vote, plan and dream like everyone else.
MYTH Non-disabled people are obligated to "take care" of persons with disability	**FACT** Anyone may offer assistance, but most persons with disability prefer to be responsible for themselves.
MYTH Persons with disability always need help	**FACT** Many persons with disability are independent and capable of giving help. If you would like to help someone with a disability, ask whether he or she needs it before you act.

DISABILITY SPECIFIC

MYTH All persons who use wheelchairs are chronically ill or sickly	**FACT** The association between wheelchair use and illness may have evolved through hospitals using wheelchairs to transport sick people. A person may use a wheelchair for a variety of reasons, none of which may have anything to do with lingering illness.
MYTH All persons with hearing disabilities can read lips	**FACT** Lip-reading skills vary among people who use them and are never entirely reliable.
MYTH Persons who are blind acquire a “sixth sense”	**FACT** Although most persons who are blind develop their remaining senses more fully, they do not have a “sixth sense”.

SEXUALITY

MYTH Most persons with disability cannot have sexual relationships	**FACT** Anyone can have a sexual relationship by adapting the sexual activity. Persons with disability can have children naturally or through adoption. Persons with disability, like other people, are sexual beings.
MYTH Persons with disability are at little or no risk for STIs	**FACT** Persons with disability are sexually active and need to have access to sexuality education, sexual-reproductive health services and judicial protection. Research has shown that individuals with disability have equal or greater exposure to all known risk factors for STIs (homosexuality and bisexuality appear to occur at the same rate among individuals with disability as among the non-disabled; individuals with disability are as likely as non-disabled people to use drugs and alcohol; men and women with disability are even more likely to be victims of violence or rape).

EDUCATION

MYTH Students with disability are too time-consuming and their needs are too difficult to cater for in a university, institution or training environment	**FACT** Students with disability are highly motivated to attend tertiary education and training and overcome any barriers they may encounter. They are usually very well organised and experienced in finding solutions to problems that may initially appear daunting to staff.
MYTH Science, medical, technological, business and applied science courses are not suitable for students with disability	**FACT** This statement stems from preconceived ideas about people's capabilities, accommodating their course needs and future employment options. Students with disability have the same right as others to aim for careers consistent with their goals, interests and abilities and should not be denied opportunities because of such preconceptions.

NOTE

Too often, individuals with disability have not been included in HIV prevention and AIDS outreach efforts because it is assumed that they are not sexually active and at little or no risk for STIs.

Frequently, persons with disabilities report that they are told to go home by clinical staff who assure them that persons with disability "cannot get AIDS". Where AIDS medications are scarce and where services and support for individuals with HIV or AIDS are limited, individuals with pre-existing disabilities report being placed last on the list of those entitled to care.

It can at times be difficult to discuss the needs of a student with a disability while remaining non-disclosive. This can lead to some misconceptions about the extent of the student's difficulties and the avenues for 'solving the problem'. Here are some common responses from teaching staff:

LECTURER'S PERCEPTIONS AND ATTITUDES DETERMINE RESPONSES		
SITUATION	**RESPONSE**	**REALITY**
A student with severe social anxiety is not able to undertake a class presentation	"Most students are nervous about talking in front of the class. I suggest that with a little practice at home beforehand he'll get through it OK."	A disability such as this cannot be rectified through task practice.
A student with a speech impairment is unable to lead a class discussion during a tutorial	"It's important that she undertakes this task as it is a skill all graduates will need in the workplace."	Not all graduates will undertake the same career path. Some may choose a job where this will not be needed.
A student with a reading and writing disorder requires extensive examination adjustments – extra time, a computer, use of dictionary and thesaurus, and reader	"I don't think the student needs any such adjustments – they are very active and articulate in class and it's clear that they are capable."	The disability affects the student's reading and writing skills, not their participation, enthusiasm and ability to discuss the concepts being taught.
A student with attention deficit disorder who experiences severe distractibility needs to be seated in a separate room when undertaking exams	"I don't have the time to book a separate room and supervisor, so I will seat the student at the back of the room where it will be less distracting."	The exam environment hasn't changed and would still be extremely distracting.
A student with chronic fatigue syndrome who is unable to sustain mental and physical energy for prolonged periods, needs breaks during her exam or to undertake an alternative assessment	"I don't understand why this student cannot do the exam like everyone else – I see her in class every week and she does not look sick."	A lot of the students registered with Disability Services may not look 'sick' – it is how their disability impacts on them in certain situations that needs to be addressed.

ACTIVITY 4: REFLECTING ON BEHAVIOUR

The activity under this section will address how educators and learners interact with persons with disability in general.

TIME ALLOCATION

75 minutes

INSTRUCTIONS FOR THE FLOW OF THE ACTIVITIES

Using a theatre pedagogy method.

Give the instructions about the flow of the activity and then divide the class into groups of five or six (5 minutes).

The groups should firstly discuss occasions when their members interacted with persons with disability and these interactions showed prejudice or discriminatory behaviour (or where they witnessed such an interaction) (5 minutes).

Next, the groups choose one of the scenarios and the groups will have to think of a way to act out this scenario in a short play (2-3 minutes). Additionally, the groups will be asked to come up with a way how this situation could have been handled better / could have been improved and think of a way to act it out as a short play (2-3 minutes) (10 minutes).

The groups will be asked to act out the first scenario of the situation that really happened / they witnessed. At the end of the "performance", they ask the audience how the situation could have been improved and take suggestions. They then act out their solution (5-10 min).
Each group should take their turn.

To round up the session the large group discusses the solutions, how realistic they were and what it takes to adopt a better way to interact with persons/students with disability (5 minutes).

You could use the following guiding questions for the group discussion:

1. How do I interact with students with disability (body language and speech)? How can I improve my interaction and communication?
2. How will students with disability interact with me?
3. What are the considerations I need to make about my environment?

NOTE TO LECTURERS

If you want to shorten the activity you could make the groups bigger to have a smaller number of groups and have fewer performances.

This activity can be used to discuss all social issues, where people should act differently to achieve societal change.

OR

ACTIVITY 5: REFLECTING ON BEHAVIOUR

Review your interactions with others and ask yourself the following questions:

TIME ALLOCATION

75 minutes

1. How do I interact with students (body language and speech)?

   _____

   _____

2. How can I improve?

   _____

   _____

3. How will students need to interact with me?

   _____

   _____

4. What are the considerations I need to make about my environment?

   _____

   _____

NOTE TO LECTURERS

You will find a template of this handout on the USB stick and you can check your answers in the Activity Solutions section at the end of the module.

ACTIVITY 6: PLAY IT RIGHT!

Review your interactions with others and ask yourself the following questions:

TIME ALLOCATION

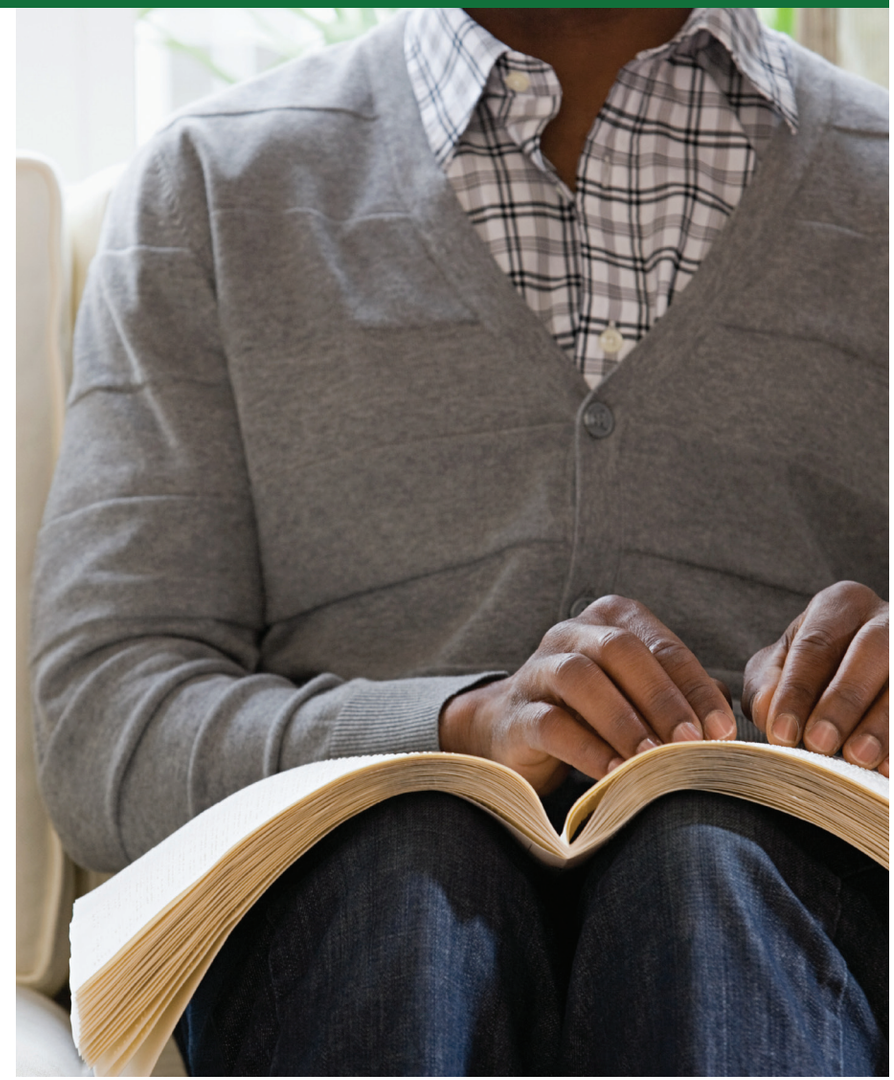
15 minutes

COMMON ETIQUETTE SCENARIOS CARD GAME[2]

- → You have scenarios in the solution section that you can use to make a set of cards. You need to print out a set of these cards ensuring that the appropriate solution to each of the scenarios is on the back of the correct card.
- → Pass the cards out with the scenario face up.
- → Remind people not to turn their cards over.
- → Ask the first person to read out their scenario and invite members of the group to offer up solutions.
- → When the correct answer is achieved or the group has run out of steam, ask the individual to turn the card over.

NOTE TO LECTURERS

The scenarios and answers for the card game can be found in the solution section. You can make your own cards using the scenarios and answers provided in the solutions section and on the USB.



[2]Adapted from: London Museum Development Volunteer Training Bank: Disability Awareness Exercises, https://www.museumoflondon.org.uk/application/files/7614/6486/9680/disability-awareness-exercises.pdf

LESSON THREE: DISABILITY RIGHTS

SUBJECT OUTCOME

To have a better understanding of the laws that support persons and students with disability and of the College's legislative obligations

BACKGROUND AND MOTIVATION

Protecting and promoting the human rights of persons with disability is an underlying principle in all the articles of the Convention on the Rights of Persons with Disabilities. Article 4 commits state parties to ensure and promote the full realisation of all human rights and the fundamental freedom for all persons with disability without discrimination of any kind, on the basis of disability, and to protect all persons against the violation of their human rights. The Strategic Policy Framework on Disability in the PSET System adopts this human rights approach.

LEARNING OUTCOMES

- To understand what discrimination is in the context of disability
- To understand how legislation supports persons and students with disability: South African and international

LESSON CONTENT

→ National and international disability legislation and policies
→ Disability discrimination
→ Direct and indirect discrimination

TIME ALLOCATION

90 minutes

MATERIAL NEEDED FOR THE LESSON

→ Multimedia, laptop
→ PowerPoint Presentation (handouts of PowerPoint if multimedia not available)
→ Copies of the summarised UN Convention on the Rights of Persons with Disabilities (UNCRPD)
→ Chart paper; koki pens
→ Copies of handout for Activity 8

PREPARATION FOR THE LESSON

To prepare, lecturers should:
→ Read and comprehend Lesson Three of the module on disability
→ Familiarise themselves with the activities of the lesson
→ Prepare materials

ACTIVITIES AND TASKS

- Discrimination
- Direct or indirect discrimination

METHODS

- Group discussion
- Exploration and fact finding

NOTE TO LECTURERS

Introduce students to the content of the lesson.
Hand out copies of the summarised UN Convention on the Rights of Persons with Disabilities (UNCRPD) and go through the contents of the UNCRPD with students. Let students do Activity 7
Give the input about legislation.
Give the input about discrimination.
Use Activity 8 to discuss practical examples of direct and indirect discrimination.

Lesson Three and its activities can be used to address the following learning outcomes and could be used when teaching:

Level 2,Topic 4: Citizenship
Subject outcome 4.1: Explain human rights and responsibilities

Learning outcomes:
The student should be able to:
4.1.1 Identify appropriate responsibilities with each human right as stated in the South African Bill of Rights

Level 3,Topic 4: Citizenship
Subject outcome 4.1: Identify ways to oppose human rights violation and abuse in terms of the Constitution and Bill of Rights

Learning outcomes:
The student should be able to:
4.1.3 Describe the concepts ‘discrimination’, ‘racism’, ‘prejudice’ and ‘stereotyping’

INTRODUCTION

An erroneous perception exists among some HEIs that current legislation does not create enforceable rights for student with disability. Very few SA institutions have started to understand and/or put measures in place to ensure integrated learning and education methodologies and processes. Disability Units or Disability Rights Units (DUs and DRUs) must move beyond the built environment, technology and assistive devices to interrogate the learning and teaching methodologies at their institutions. Any future service delivery model developed by role players for DUs/DRUs needs to be built on the premise of human rights, universal access design and consumerism approaches. This section will focus on discrimination in the context of disability and how legislation supports student with disability.

ACTIVITY 7: DISCRIMINATION

Divide the class into small groups and have each group develop its own definition of discrimination. At this point, they should not have seen the definition in the glossary. Remind them to think about the points raised in the Constitution. Link this to the UNCRPD.

TIME ALLOCATION

15 minutes

Ask them to consider questions such as:

1. What are stereotyping and prejudice and what are the differences between these concepts and the concept of discrimination?
2. What does “fairness” mean?
3. What is the effect of discrimination on a person?

Next have students discuss in their groups some specific ways that discrimination can occur against a person with disability. Have them record their ideas on chart paper. Each group then presents their definition to the class. When all groups have presented, identify those ideas that are common and use them to develop a shared definition of the term. Compare their definition to the one in the glossary.

With this exercise, the charts show that many, many people are subjected to different types of discrimination. Based on the lists generated, how does the information answer this question: How are the rights of students with disability adhered to within the setting of this institution?

LEGISLATION

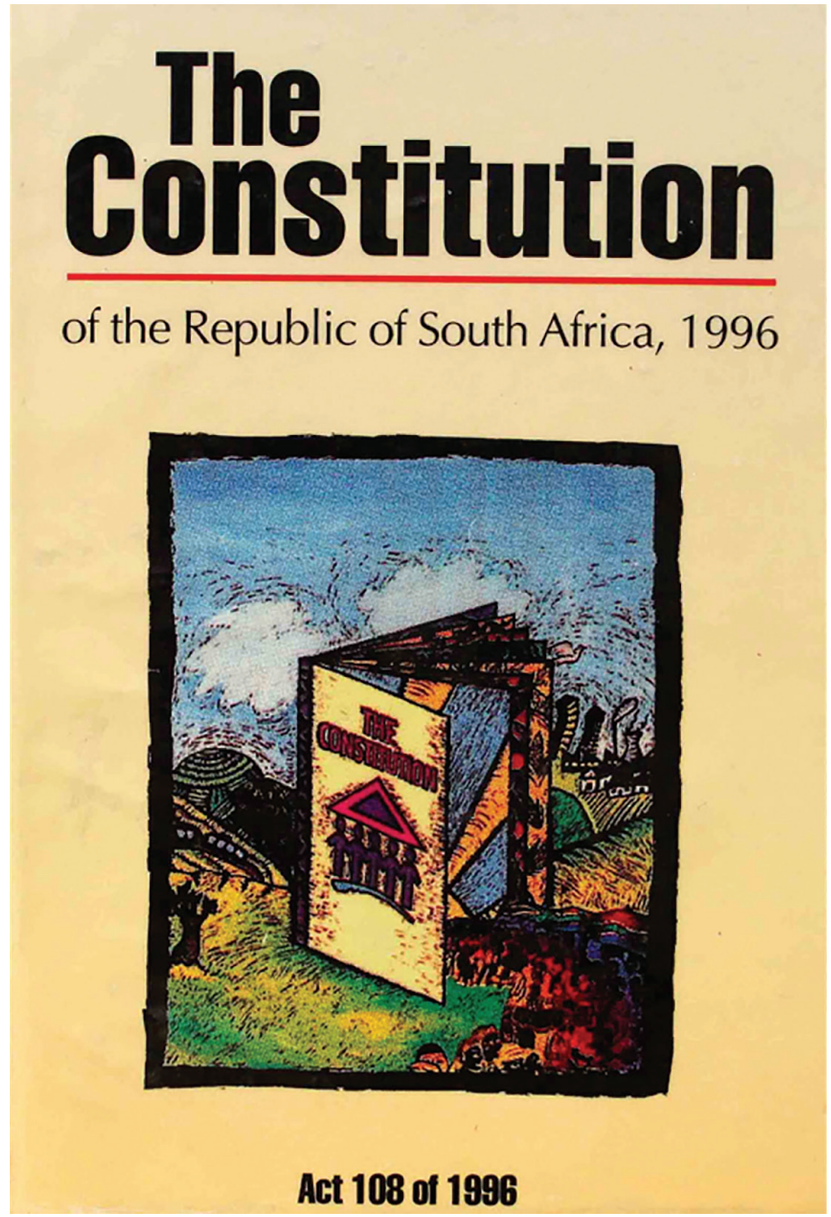
A quick chronological overview:

The 1997 Integrated National Disability Strategy (INDS) white paper set out a variety of government policy positions on disability.

South Africa is a party to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) as well as the Optional Protocol to the Convention on the Rights of Persons with Disabilities, signed on 30 March 2007 and ratified on 30 November 2007.

From 2009 to 2014 a Ministry and Department of Women, Children and Persons with Disabilities existed. When the Ministry and Department were abolished in 2014, responsibility for matters relating to disability passed to the Department of Social Development.

The Department of Social Development's 2015 White Paper on the Rights of Persons with Disabilities updated and supplemented the 1997 INDS by integrating the provisions of the UNCRPD and its Optional Protocol.



SOUTH AFRICAN LEGAL AND POLICY FRAMEWORK

Section 9 of the Constitution prohibits unfair discrimination on the basis of disability. Discrimination on this ground is presumed to be unfair unless it has been shown to be otherwise. Section 9 of the Constitution further allows for positive measures to be taken to promote the achievement of equality for categories of persons previously disadvantaged by unfair discrimination, which includes persons with disability.

CHAPTER 2 OF THE SOUTH AFRICAN CONSTITUTION BILL OF RIGHTS

(3) The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

(4) No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination.

Various statutes aim to give effect to the constitutional right to equality, the most prominent of which are the Promotion of Equality and Prevention of Unfair Discrimination Amendment (PEPUDA) and the Employment Equity Act, 55 of 1998 (EEA).

PEPUDA is the national legislation mandated by section 9(4) of the Constitution, and thus enjoys special constitutional status. Significantly, the Act recognises the need to address systemic discrimination and specifically aims at the 'eradication of social and economic inequalities'.

Section 9 of PEPUDA prohibits unfair discrimination on the grounds of disability, including:

a. Denying or removing from any person who has a disability, any supporting or enabling facility necessary for their functioning in society
b. Contravening the code of practice or regulations of the South African Bureau of Standards that govern environmental accessibility

c. Failing to eliminate obstacles that unfairly limit or restrict persons with disability from enjoying equal opportunities or failing to take steps to reasonably accommodate the needs of such persons

Following a review of PEPUDA, numerous suggestions were made for its improvement. The Promotion of Equality and Prevention of Unfair Discrimination Amendment Bill is, at the time of writing, being drafted by the Department of Justice and Constitutional Development (DOJCD).

Another important Act is the Employment Equity Act. The EEA was passed in order to promote equal opportunity and fair treatment in employment through the elimination of unfair discrimination. The EEA promotes substantive equality through the implementation of affirmative action to ensure redress and equitable representation in the workforce.

The Broad-Based Black Economic Empowerment Act, 53 of 2003 (BBBEEA) and the Broad-Based Black Economic Empowerment Amendment Act, 55 of 2013, are reflections of the EEA and provide practical legislative definitions and policies to realise substantive equality.

In terms of the applicable policy framework, the Department of Social Development launched the White Paper on the Rights of Persons with Disabilities (WPRPD) in 2016. It provides clarity on various issues including the development of standard operating procedures for mainstreaming disability; it sets out the norms and standards in terms of which discriminatory barriers should be removed; and it broadly outlines stakeholder responsibilities.

Strategic Policy Framework on Disability for the Post-School Education and Training System

In the first half of 2018 the Department of Higher Education and Training finalised the Strategic Policy Framework on Disability for the Post-School Education and Training System. The South African Government saw the need to develop the policy framework to make institutions of higher education and training inclusive. The policy framework "is necessary to guide the improvement of access to and success at PSET institutions and programmes [including in private institutions] for persons with disability". The strategic policy framework aims to create "an enabling and empowering environment across the PSET system. This includes, but is not limited to setting norms and standards for the inclusion of students and staff with disability in all aspects of university, college and skills development life, including academic studies, culture, social life, sport and accommodation".

The National Strategic Plan on HIV, TB and STIs: 2017-2022

The National Strategic Plan (NSP) 2017 – 2022 is the country's fourth master plan that outlines how the country will respond to the prevention and treatment of HIV and AIDS, TB and STIs over the next five years. It seeks to improve on the achievements of the last Plan (NSP 2012 – 2016), which massively scaled up South Africa's anti-retroviral treatment (ART) programme and reduced the mother-to-child transmission rate to just 1.5%.

As a lecturer involved in Life Orientation, you need to be aware of this strategic plan. We especially draw your attention to the fact that in the original NSP, persons with disability were to a large extent excluded from the proposed action plan.

This has now been corrected to some extent by the disability sector representatives to the Civil Society Forum of the South African National AIDS Council (SANAC). Persons with disability were identified as a vulnerable population for HIV and STIs. Vulnerable populations are much more affected than the general population and need special attention.

Further, they often are highly marginalised, which diminishes their access to health information and deters them from seeking services. This violates the Sexual Reproductive Health Rights of persons with disability. HIV-positive persons with disability often face the double stigma of disability and HIV.

INTERNATIONAL AND REGIONAL LEGAL FRAMEWORK

South Africa ratified the UNCRPD and its Optional Protocol without any reservations in 2007 and it subsequently entered into force on 3 May 2008. The UNCRPD sets out a broad range of rights – ranging from civil and political rights to social, economic and cultural rights – of persons with disability in an effort to enhance the lives of this group.

Although the African Charter on Human and Peoples' Rights does not exclusively deal with disability, it addresses the rights of persons with disability in article 18(4), which provides that the aged and people with disability have the right to 'special measures of protection' in keeping with their physical or moral needs. In February 2016, the African Commission on Human and Peoples' Rights adopted the Draft African Protocol on the Rights of Persons with disabilities, which aims to address continued exclusion, harmful practices, and discrimination affecting those with disability, especially women, children, and the elderly.

REASONABLE ACCOMMODATION

Closely related to affirmative action, and especially significant in relation to disability, is the concept of reasonable accommodation. The UNCRPD defines reasonable accommodation as 'necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disability the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms'. In terms of PEPUDA and the CRPD, failure to reasonably accommodate vulnerable groups amounts to unfair discrimination on the grounds of disability.

Reasonable accommodation is further defined in the EEA as "any modification or adjustment to a job or to the working environment that will enable a person from a designated group to have access to or participate or advance in employment". As explained by former Chief Justice Langa:

"At its core is the notion that sometimes the community, whether it is the State, an employer or a school, must take positive measures and possibly incur additional hardship or expense in order to allow all people to participate and enjoy all their rights equally. It ensures that we do not relegate people to the margins of society because they do not or cannot conform to certain social norms."[4]

[4]MEC for Education: Kwazulu-Natal and Others v Pillay 2008 (1) SA 474 (CC) par. 73.

WHAT IS DISCRIMINATION?

Discrimination incorporates the unjust or prejudicial treatment of different categories of people. Discrimination occurs when a person is or people are treated less favourably than other members of the community.

Discrimination is unfair and can be against the law. Discrimination can be quite obvious, but it can occur in less obvious and subtle ways too. It is unlawful to discriminate against people because of their personal characteristics or because they belong to a certain group. Equal opportunity is a positive way of describing the absence of discrimination. People are provided with equal opportunity if they are not discriminated against because of irrelevant characteristics.

DISABILITY DISCRIMINATION

Disability discrimination is the unfair treatment of people because of their disability.

Changing community attitudes is vital in eliminating discrimination. The rising number of persons with disability and the transition of persons with disability into the community have helped to increase the understanding and acceptance of people with different needs.

This is reflected in legislation that helps to protect the rights of all persons with disability to participate in all aspects of community life. The national Constitution's chapter two, "Bill of Rights", explicitly prohibits unfair discrimination against people on the basis of disability or health status.

TYPES OF DISCRIMINATION

Discrimination can be direct or indirect.

Direct discrimination occurs when someone is treated unfairly and is disadvantaged because of a personal characteristic or behaviour that is protected under South African law. Direct discrimination occurs when a person or group is harassed or excluded because of a personal characteristic, or treated less favourably than another person in the same or similar circumstances.

Indirect discrimination occurs when treating everyone the same way disadvantages someone because of a personal characteristic. It occurs where a rule, work practice or decision is made that applies to all people equally and appears to be non-discriminatory, but which in practice substantially reduces the chances of a particular person or group of people from complying with it.

Indirect discrimination appears to be equal treatment but is unfair on certain people because of a particular personal characteristic. This is sometimes called systemic discrimination.

For indirect discrimination to be unlawful, it must also be unreasonable. Examples of indirect discrimination: A recruitment or promotion based on seniority or length of service may indirectly discriminate against women applicants, because women are more likely to have taken career breaks to accommodate family responsibilities. Selection criteria requiring a specific number of years of previous experience also may constitute indirect age discrimination.

ACTIVITY 8: DIRECT OR INDIRECT DISCRIMINATION?

TIME ALLOCATION

15 minutes

INSTRUCTIONS FOR FLOW OF ACTIVITY

In groups of five or six determine whether the action in the worksheet below is direct or indirect discrimination. After 10 minutes bring all groups together, briefly discuss why they have selected direct or indirect discrimination and highlight other forms of indirect discrimination persons with disability could face.

Check your answers in the Activity Solutions section at the end of the module.

ACTION	EXAMPLE	DIRECT OR INDIRECT DISCRIMINATION?
Refusing or discouraging a student's enrolment	1. Saying: "There are no places left" when there are still vacancies 2. Saying: "We already have a lot of students with learning difficulties and our resources are stretched"	1. 2.
Setting terms or conditions on which the institution is prepared to admit the student	3. Saying to a student: "We will need a volunteer to provide you with extra help – do you know of anyone?" 4. Saying: "If we get funding, you can come here"	3. 4.
Denying or limiting a student's access to opportunities available	5. Discouraging enrolment in language courses (for example, English or Xhosa) as the student has limited verbal skills (such as cerebral palsy) 6. Telling the student that they cannot go on an excursion or field trip as the destination is not accessible	5. 6.
Suspending and/or excluding a student whose disability affects their understanding of the behaviour policy	7. Suspending and/or excluding a student for infringing the standard school behaviour guidelines or policy	7.

LESSON FOUR: DISABILITIES AND THEIR IMPACTS

SUBJECT OUTCOME

To have a better awareness of the types of disabilities and the impacts to be able to develop teaching strategies for students with disability

BACKGROUND AND MOTIVATION

It is important to remember that some conditions impact or cause impairment in a different part of the body; for example, cerebral palsy is a neurological condition that can cause physical impairment; diabetes is a medical condition that can cause cognitive impairment. It is the impact of the condition and not the condition itself of which we need to gain a better awareness. This knowledge is important to make your teaching more inclusive which is in accordance with the Strategic Policy Framework.

LEARNING OUTCOMES

- To have a better awareness of the different types of disabilities
- To have a better awareness of impacts that some students may have or experience due to their disability
- To have the ability to develop strategies to accommodate the student

LESSON CONTENT

→ Signs that may indicated difficulty
→ Impacts of disabilities on learning
→ Required adjustments and support for different disabilities
→ Experiencing disabilities
→ Supporting students with disability

TIME ALLOCATION

90 minutes

MATERIAL NEEDED FOR THE LESSON

→ Multimedia, laptop
→ PowerPoint Presentation (handouts of PowerPoint if multimedia not available)
→ Printed Activities 9 and 10
→ Chart paper; koki pens

PREPARATION FOR THE LESSON

To prepare, lecturers should:

→ Read and comprehend Lesson Four
→ Familiarise themselves with Activities 9 and 10
→ Prepare the materials for the lesson

ACTIVITIES AND TASKS

- Experiencing disability
- The (un)supported student

METHODS

- Reflection and introspection
- Planning
- Group and partner exercise
- Learning through experience

NOTE TO LECTURERS

Start the lesson with Activity 9 and hand out instructions for each disability that you want to include in the activity.
Discuss some selected disabilities, their impacts and adjustments with the students.
Do Activity 10.

Activity 9, especially disabilities such as learning disabilities or disabilities on the autism spectrum, can demonstrate how the brain of a person with these specific conditions may work and what kind of challenges this can pose to learning in a non-accommodating learning environment. This speaks to the following LO topic:

Level 2, Topic 2: Learning Skills
Subject outcome 2.1: Explain how the brain works during the learning process

Learning outcomes:
The student should be able to:
2.1.1 Give a basic description of how the brain works when we learn

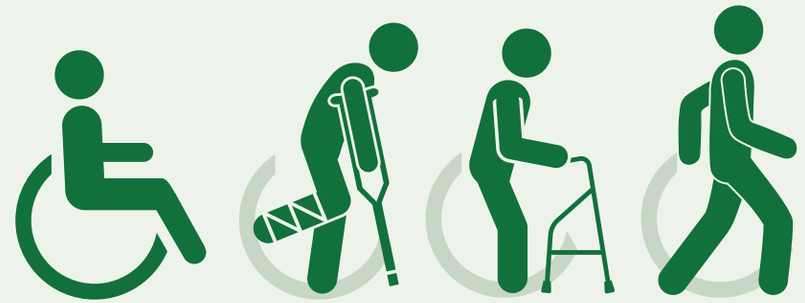
Activity 10, as well as the content of the chapter, addresses issues that are relevant for the following LO topic:

Level 3, Topic 2: Learning Skills
Subject outcome 2.1: Develop a study method

Learning outcomes:
The student should be able to:
2.1.2 Describe different learning styles
Range of learning styles: visual, auditory, tactile, kinaesthetic, taste and smell
2.1.3 Identify own learning style and preferences and describe how they impact on the way you learn
2.1.4 Develop study techniques based on own learning style and preferences
Range of study techniques, for example: SQ3R method or similar, making summaries, drawing mind maps, drawing comparative tables, drawing flow charts, moving around while learning, reciting information aloud, working in silence, working while listening to music.

INTRODUCTION

There are many different types of disability. Some are obvious and others are not so obvious. Some people may have more than one disability. Different disabilities will impact a person's involvement in study or work in different ways. People who have the same type of disability will not experience their disability in the same way. It is important to remember that every person with a disability is an individual who will have their own specific experiences and disability-related needs as they interact with the environment.



ACTIVITY 9: EXPERIENCING DISABILITY

TIME ALLOCATION

15 minutes

(for each of the activities under Activity 9)

(You can either let the whole class do one of the activities or let different groups in the class do different activities at the same time.)

These activities will help students understand different disabilities and what challenges they might present for learning. Keep in mind that two people can have the same disability and still be very different. You may also have students who have some of the disabilities described here, but are not at all similar to what is described. That is not uncommon. The activities below focus on autism, communication disorders, hearing impairments and learning disabilities.

Note:

We suggest using these activities to talk about disabilities in a general way and build understanding. Many of the activities can be used to explain more than one disability. The activity for "Autism", for example, could also be used to illustrate attention deficit/hyperactivity disorder (ADHD). The problems with being unable to concentrate are similar. People with cerebral palsy might be using a wheelchair or have problems with their hands as described under "Physical disabilities" and also have problems speaking clearly as described under "Communication disorders".

ACTIVITY 9A: AUTISM

This activity is designed to show how persons with autism are bothered by things most people do not notice. Persons with autism are often extra sensitive to noise, movement and even things such as background noises most of us do not notice. Remember, not everyone with autism has these problems.

MATERIALS NEEDED

- → Card or piece of paper
- → Book or any piece of writing

INSTRUCTIONS

Divide the class into groups of five. Explain that they will each have a job to do. Go over their jobs and tell them they will start when you give the signal. One student in each group will play the part of someone with autism. The other four people each have different jobs:

Person #1 – You will play the part of a person with autism. Your job is to try and listen to what Person #5 is reading to you so you can take a test on the material. Try to ignore everyone else.
Person #2 – Stand behind the student playing the part of someone with autism. Rub the edge of an index card (or piece of cardboard) against the back of their neck. You do not need to rub hard, but keep doing it over and over.
Person #3 – Grab a book (any book will do), lean close to Person #1 and read in a loud voice the entire time.
Person #4 – Pat Person #1 on the head and shoulder the entire time.
Person #5 – Using a normal voice, read a paragraph to Person #1; then ask them questions about what you read. Do NOT try to drown out the other noises.

Have all the students in the group take a turn being Person #1 before you discuss it.

ASK THE STUDENTS

1. How did it feel to be having so much commotion going on?
2. Did it make them want to scream or get away?
3. Were they able to concentrate on the paragraph being read?
4. What might have helped?

ACTIVITY 9B: COMMUNICATION DISABILITIES

Communication disorders are disabilities that keep a person from being able to speak or make their speech understood. This can be caused by many different disabilities or injuries.

INSTRUCTIONS – DIFFERENT WORDS

If you have students in your class who speak a different language, have them stand in front of the class and say one sentence in their language. Have the class try to guess what was said. If you have more than one student who speaks the same foreign language, have them carry on a short conversation. Then have the class try to decide what was said.

1. Discuss how it feels to not be able to understand something.
2. How quickly did the class give up?
3. What are some other ways they could have tried to communicate?
4. How is this similar to persons with disability who can talk but are hard to understand?

INSTRUCTIONS – NO WORDS

Write a simple sentence on a piece of paper, for example, “The cat sat on a hot tin roof”. Show this sentence to one student. The student must let the rest of the class know the sentence without writing, speaking or using any letters of the alphabet (like charades).

Discuss:

1. Was it difficult to communicate using this method?
2. What would have helped? How can we communicate with someone who cannot talk back?
3. How can we help them communicate?

If you want to give more students a chance to try this activity, here are some suggested sentences:

- I feel funny.
- I want a Coke.
- I lost my homework.
- My parents are getting a divorce.
- My foot hurts.

ACTIVITY 9C: HEARING IMPAIRMENTS

Hearing impairments include everything from not being able to hear certain sounds to being totally deaf. In most cases, a hearing loss does not simply mean that sounds are not loud enough. It usually means that sounds are garbled or unclear. A hearing aid may make speech louder, but usually will not make speech clearer.

MATERIALS NEEDED

→ Lists with words and sentences
→ Pen and paper

TIME ALLOCATION

Allow 15 minutes for the exercise in pairs, then have everyone return to the main group.

INSTRUCTIONS

Do not let your partner see this page! Read the following list of words – moving your mouth but making NO sounds and without moving your hands. Say each word only once. After each word, give your partner time to write down the word. Word list: ship, Jim, chimp, punk, mud, bun, jeer, cheer, jib, chip

Now your partner will do the same for you but with a different list of words (this could be their own made up list). Write down what you think was said.

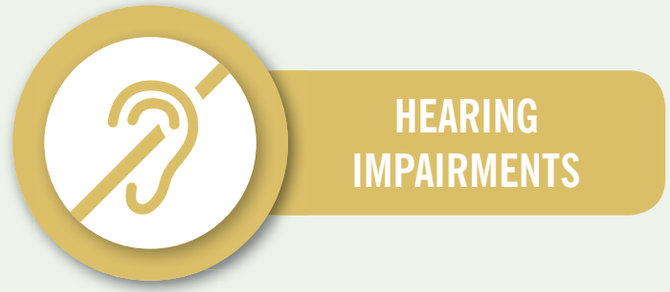
Next, read the sentences below to your partner. Move your mouth but make NO sounds and do not move your hands. Say each sentence only once. Give your partner time to write each one down.

Sentences:

1. Would you like tea or coffee?
2. Do you take sugar?
3. Here's the milk for your cereal.
4. Would you like more toast?

Now your partner will do the same for you with different sentences (this could be their own sentences). Write down what you think was said.

Second round: This time tell your partner (really talking) that you will read sentences about breakfast. Now silently (moving your mouth but making NO sounds) read the sentences, again. This time you can use your hands if you want. Give your partner time to write down.



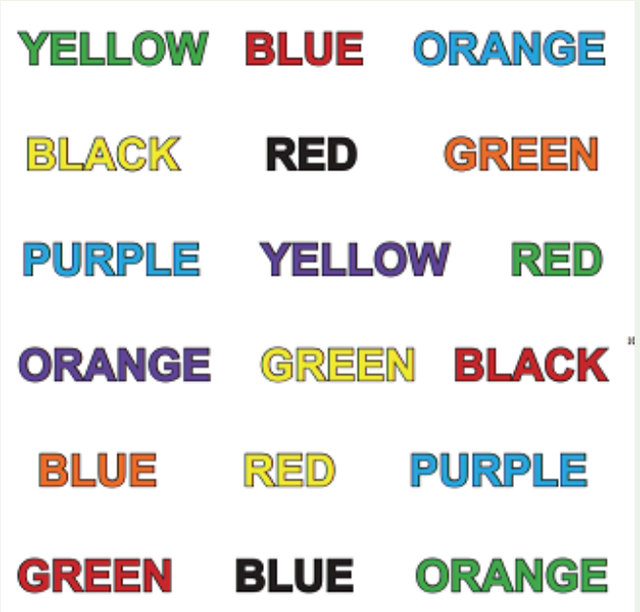
ACTIVITY 9D: LEARNING DISABILITIES

There are many different kinds of learning disabilities and they can range from mild to severe problems. This activity gives a general idea what it is like to have to struggle against what your brain may be telling you.
Dyslexia can cause a person to see letters switched around when they read (seeing “bule” instead of “blue”, for example).

SAY WHAT?

MATERIALS NEEDED

PPT slide/projector or colour printout of the paper



INSTRUCTIONS

Using a PowerPoint slide, have the class read it out loud. They must read the COLOUR the word is written in, not the word itself. Afterward, discuss how your brain wants to read the actual word. Even when you can make yourself do it correctly, you have to read much slower than normal. This is an example of how difficult it is for students with learning disabilities to get through the day. Their brain understands what needs to be done, but they have to struggle to make it come out right. Not being able to do this activity correctly does not mean you are not smart. It just means that your brain wants to do something different.

ACTIVITY 9D: LEARNING DISABILITIES

BACKWARDS

MATERIALS NEEDED
Pieces of paper with sentences written backwards

INSTRUCTIONS
Write a number of different sentences backwards on a piece of paper. Giving students very little time, ask different students to read them correctly. Keep interrupting the student by urging them to hurry or tell them, “This should be easy for you”.

Example:
“ehTkcalb tac tas no ehttoh nit foor”
“The black cat sat on the hot tin roof.”

Discuss:
1. What were the difficulties faced in deciphering the sentence?
2. Did being told to hurry help or make it harder?
3. What would have helped?

DIFFICULTY UNDERSTANDING

MATERIALS NEEDED
Piece of paper with abstract shape, pencil and blank piece of paper

INSTRUCTIONS
Have two students sit back to back. Give one student a paper with an abstract shape on it. Without seeing each other, s/he must explain to the other student how to draw the shape. Give the second student a pencil and piece of paper. S/he must draw the shape following the first student’s directions. What were the problems? What would have helped?

DISABILITIES, THEIR IMPACTS AND ADJUSTMENTS

Disclaimer: The following information about disabilities is not definitive and is only intended to serve as an introduction to your learning.

VISION IMPAIRMENTS

What is vision impairment?

Vision impairment refers to some degree of sight loss. It includes any diagnosed condition of the eye or visual system. This can include a range of difficulties up to and including complete sight loss. A person may be born with a vision impairment, or acquire it through an accident, disease or the ageing process.

Types of vision impairment

Vision impairment may mean a person has some degree of vision. This could include loss of central vision that makes it difficult to focus on faces, print or fine detail. The person's vision may be blurred, patchy, wobbly or distorted.

- **Totally blind** refers to a condition whereby a person has no vision at all.
- **Legally blind** refers to a condition whereby a person has acuity of less than 6/60 in the better-seeing eye (i.e. cannot see at six metres what someone with normal vision can see at 60 metres). With regard to visual fields, it is if your better-seeing eye has a field of vision less than 20 degrees in diameter (normal vision is 180 degrees). If you are legally blind, you may still have some useful vision. Being classified as legally blind enables individuals to qualify for certain government benefits.
- **Low vision** refers to a severe vision loss in distance and near vision.
- **Colour blindness** is a condition that means a person can only see some colours, or see them differently to other people. The most common colours that persons with colour blindness have difficulty with are greens, yellows, oranges and reds.

HEARING IMPAIRMENTS

What is a hearing impairment?

A hearing impairment can range from mild hearing loss to profound deafness. Persons with hearing impairments may use hearing aids, cues from lip-reading, sign language, or a combination thereof to assist with communication.

Many persons with impaired hearing experience a delay between hearing or reading information, processing it, and responding. So, for many students it is not just a case of better communication or having appropriate access to course material, but how much time they are given to process this information.

Types of hearing impairments

- **Conductive hearing loss** is caused by blockage or damage in the outer and/or middle ear. A conductive hearing loss leads to a loss of loudness and can often be improved by medical or surgical treatment.
- **Sensorineural hearing loss** is caused by damage to, or malfunction of, the cochlea (sensory part) or the hearing nerve (neural part). Sensorineural hearing loss leads to a loss of loudness as well as a lack of clarity. The quantity and the quality of sound are affected and sometimes may limit the benefit of a hearing aid.
- **Mixed hearing loss** results when there is a problem in both the conductive pathway (in the outer or middle ear) and in the nerve pathway (the inner ear). An example of a mixed hearing loss is a conductive loss due to a middle-ear infection combined with a sensorineural loss due to damage associated with ageing.

A note on sign language

It is important to understand that sign language is not equivalent to English. It is a visual, spatial language with its own syntax and grammatical structure. People who communicate predominantly through sign language consider it their first language, and English (or other language) as their second. As such, students who sign may experience similar learning difficulties to students from non-English speaking backgrounds.

VISION IMPAIRMENT

OBSERVE

SIGNS INDICATING DIFFICULTY

A student may show the following signs that a vision impairment exists. A student may:

- not look directly at you or the board
- ask you to repeat what you just said
- ask whether the information you are teaching is available online or in written form
- ask for copies of lecture notes before the lecture
- ask to record your lectures
- ask for more time to complete assessment work
- not participate fully in class
- squint or blink rapidly
- hold written material very close to their face
- use a white cane or be accompanied by a guide dog
- be late to classes
- be unable to read printed material and access visual aids
- not take notes

CONSIDER

IMPACTS

A student with a vision impairment may experience some of the following impacts on their studies. A student may:

- have difficulties following along in classes, managing study materials, taking notes, and completing exams in expected timeframes
- have significant gaps in their lecture notes leading to poor understanding of the material and poor preparation for exams
- have the need to 'redo' their classes in their own time (reviewing other students' notes or recordings), adding substantially to their study requirements and reducing the time they have available to undertake assessment work
- fall behind in class while awaiting subject material to be reproduced in alternative formats
- use assistive technology to manage reading material, which adds substantially to the time it takes to review the material
- experience headaches, eyestrain, sensitivity to light, and sensitivity to screen glare that may disrupt their ability to study efficiently and complete exams in expected timeframes
- feel isolated and have limited social contact, leading to reduced interest in their studies
- constantly worrry that there is information they are not getting
- take longer to read through study materials and have difficulty meeting deadlines
- have difficulties navigating the campus, leading to injuries, and arriving late to classes or lectures

ACT

ADJUSTMENTS AND SUPPORT

Student support could include

- lecture support – notetaking, loan of recording device
- assistive technology
- alternative formatting of materials
- captioning of audio-visual material

Teaching strategies for academic staff

- record lectures
- provide electronic material in advance
- provide advance notice of class schedule and/or room changes
- provide syllabi and reading lists as early as possible
- read aloud lecture material from whiteboards, handouts, and any graphical information
- recap key discussion points
- one-on-one assistance as required
- remember that guide dogs have 'access all areas'

Recommended adjustments

- assessment adjustments; extensions of time
- permission to submit written assessments in softcopy only
- alternative formatting of online quizzes

Examination adjustments

- additional time
- use of assistive technology
- exam paper in alternative format
- scribe and reader

Working with someone who is vision impaired:
Be aware that someone who is vision impaired may not have the same awareness of their environment that you do and may need some guidance about their surroundings, such as providing concise directions and instructions, pointing out the location of furniture in the room, ensuring that they know where the exit is, pointing out potential hazards, and orientation to new environments.

HEARING IMPAIRMENTS

OBSERVE

SIGNS INDICATING DIFFICULTY

A student may show some of the following signs that a hearing impairment exists. A student may:

- not be taking notes
- be watching your face intensely
- not react as expected to other noise in the room
- ask you to repeat what you just said
- seem to lean closer to a speaker
- request to record your lectures
- ask you to put detailed notes online
- ask you to wear an additional microphone (FM system)
- not participate fully in class
- have altered speech patterns
- ask for more time to complete assessment work
- be wearing hearing aids
- use a sign interpreter

Be aware that someone who has a hearing impairment may not have the same awareness of their environment that you do; they may need some direct guidance, such as ensuring they are aware of any emergency alarms and understand what they need to do in the event of an evacuation.

CONSIDER

IMPACTS

A student with a hearing impairment may experience some of the following impacts on their studies. A student may:

- have decreased access to information, leading to gaps in their knowledge
- have difficulty following along in lectures and classes, and will need to 'redo' their lectures in their own time (reviewing other's notes or recordings), adding substantially to their study requirements and reducing the time they have available to undertake assessment work
- miss important details leading to misunderstandings about deadlines, concepts, and learning outcomes
- have difficulty with speech, reading and writing skills given the close relationship between language development and hearing
- have difficulty communicating and participating in class
- struggle to perform in an environment where essential information is delivered verbally
- take longer to read through study materials and have difficulty meeting deadlines (information-processing delay)
- have difficulty working within groups
- experience anxiety about performing in front of others that may affect participation
- worry constantly that there is information that they have missed
- feel isolated and have limited social contact leading to reduced interest in their studies

ACT

ADJUSTMENTS AND SUPPORT

College support could include

- lecture support – notetaking, loan of recording device
- communication aids – FM systems, hearing loops, live remote captioning, interpreting
- captioning of audio-visual material

Teaching strategies for academic staff

- record lectures
- provide handouts electronically in advance
- use microphones when available
- do not walk around the room when speaking, always look forward
- control classroom discussion – ask students to raise their hand before speaking; one person to speak at a time; repeat questions asked before answering
- when students are required to undertake group work, educate group members about strategies for effective communication
- avoid putting a student on the spot by targeting them for questions or reading aloud in classes (unless the student has indicated their willingness to participate, for example, raised their hand)

Recommended adjustments

- assessment adjustments/ extensions of time
- alternatives to group work
- alternatives to presenting to the class

Examination adjustments

- adjustments/ additional time
- seating at the front with direct instruction from the supervisor
- alternatives to oral / viva voce exams
- transcripts or captioning of audio-visual material used in exams

LEARNING DISABILITIES

What is a learning disability?

A learning disability is neurologically based and may interfere with the acquisition and development of listening, speaking, reading, writing, reasoning and/or mathematical skills. It affects the manner in which people process and/or express information.

A learning disability may be characterised by a marked discrepancy between intellectual potential and academic achievement resulting from difficulties with processing information. It has a significant effect on learning but is not an indicator of intelligence.

Diagnosing a learning disability

Diagnosing a learning disability is a lengthy process that requires hours of neuropsychological testing. This testing can also highlight associated issues that may require further testing and treatment. Individuals with a learning disability are often required to repeat testing at intervals throughout their childhood and adolescence as the person's strengths and weaknesses may change, as their environment and exposure to learning strategies also change.

LEARNING DISABILITY	CHARACTERISTICS	ASSOCIATED DIFFICULTIES
Dyslexia	This is the most commonly recognised name for a learning disorder typically characterised by difficulty in learning to read words, letters and other symbols. However, it is now considered more of an umbrella term for learning disorders relating to reading and writing, with a more descriptive diagnosis being provided.	
Reading disorder	Below average reading skills; poor recognition of written words; poor comprehension of what has been read	Slow reading speed; simple spelling and grammar mistakes; poor comprehension; difficulty reading aloud
Disorder of written expression	Below average writing skills; difficulty transferring thoughts into written form	Poor or illegible handwriting; poor written expression; simple spelling and grammar mistakes
Dyspraxia (oral, verbal and motor)	Difficulty with fine motor skills; difficulty of the body with undertaking a required action	Difficulty with physical coordination, hand-to-eye coordination, balance and manual dexterity; difficulty planning and executing non-speech sounds, speech sounds, and physical actions
Dyscalculia	Difficulty with mathematics skills; difficulty understanding the meaning of numbers; inability to apply mathematical principles	Difficulty judging time and speed, distance and proportions; difficulty understanding time and using money; lacking effective counting strategies; inability to undertake simple mathematical processes; confusion over printed symbols and signs
Dysgraphia	Poor handwriting skills, slow and laborious writing; inconsistent handwriting; ineffective pen grip or posture; difficulty organising thoughts on paper	Difficulty expressing thoughts in writing, spelling, organising ideas and composition; inability to produce handwritten work
Developmental dysphasia	Inability to acquire normal expression and comprehension of language	Difficulty understanding spoken language and poor reading comprehension
Dysphonetic or auditory dyslexia	Inability to distinguish individual letter sounds within words	Difficulty understanding verbal instructions or directions; slow to respond in conversations; speech problems; poor spelling
Auditory processing disorder	Poor recognition, discrimination, separation, grouping, localisation, or ordering of speech sounds	Poor listening skills; difficulty remembering information presented orally; difficulty following directions given orally; reduced information processing speed; language difficulties; difficulty with reading, comprehension, spelling and vocabulary
Visual processing disorder	Difficulty interpreting visual information	Difficulty undertaking visual tasks such as reading and writing; difficulty interpreting symbols such as in mathematics, charts, and pictures
Non-specific learning disability	Delays in reading, writing, spelling, maths, or memory that do not strictly meet the criteria for a specific learning disability	
Learning disorder not otherwise specified	Mild deficits in two or three areas (reading, writing, maths) that individually fall short of diagnostic criteria, but together can be considered a significant impairment	

There are many other subsets of learning disabilities, and there is much discussion regarding the defining and diagnosis of learning disabilities. Some aspects of learning disabilities cross over with other disorders such as autism spectrum disorders and attention deficit disorders.

LEARNING DISABILITIES

OBSERVE

SIGNS INDICATING DIFFICULTY

A student may show some of the following signs of a learning disability and may be experiencing difficulty. A student may:

- not be taking notes
- not look at the board or screen
- avoid talking, reading or writing in front of peers
- appear frustrated and confused when given information
- not be able to read aloud with confidence, or may avoid requests to do so
- not seem able to produce written work in expected timeframes
- indicate difficulty finding information online
- submit work that does not seem to have been checked for spelling or grammatical errors
- submit work where parts of words and sentences are missing
- submit work of a lesser quality than expected
- ask you to clarify details already provided
- ask you to review their work before submission
- ask to submit work in another format, such as a presentation instead of a written piece
- produce illegible exam answers
- have difficulty communicating by e-mail

CONSIDER

IMPACTS

A student with a learning disorder may experience some of the following impacts on their studies. A student may:

- be unable to manage reading requirements and come to class underprepare
- have difficulty comprehending and processing complex information, which may conflict with their academic ability, leading to frustration and enrolment withdrawal
- experience cognitive fatigue due to the increased effort of trying to manage reading materials and written requirement
- produce illegible exam answers and risk not passing
- demonstrate a severe difficulty grasping mathematical concepts, calculations and reasoning
- exhibit heightened anxiety levels in test or performance situations
- have difficulty reading and copying the information on a screen or board and therefore have gaps in their notetaking and understanding of the lecture material, leading to poor preparation for exams
- avoid attending classes in which they may be expected to read aloud or refer to written information to demonstrate appropriate participation
- be unable to complete exams in expected timeframes and risk not passing
- not be able to produce written work that clearly demonstrates their understanding of the material and concepts and therefore receive a grade that does not reflect their true academic ability
- misinterpret directions or instructions and miss key deadlines or submission requirements

ACT

ADJUSTMENTS AND SUPPORT

College support could include

- lecture support – notetaking, loan of recording device
- assistive technology
- alternative formatting of materials and exams
- academic adjustments – assignments and exams

Teaching strategies for academic staff

- record lectures
- provide detailed lecture notes to supplement notetaking
- consider a multi-sensory approach and offer a variety of instructional modes
- provide an opportunity for one-on-one discussion to review course material and answer questions
- provide explicit feedback regarding performance
- repeat, emphasise and summarise the main points

PHYSICAL DISABILITIES

What is a physical disability?

Physical or mobility impairments can range from the loss of fine motor coordination (that is, in the hands) to partial or total paralysis. Physical disabilities can affect a person's physical functioning, mobility, dexterity or stamina. Sometimes a physical disability is the result of another type of disability, such as neurological or medical.

Types of physical disabilities

These include:

- paralysis – partial or total, characterised by muscular paralysis, sensory loss, nervous system damage, and loss of function (for example, paraplegia, quadriplegia)
- congenital malformations – abnormalities of the structure of a body part
- degenerative diseases – degeneration of muscles and joints leading to reduced function or loss of function (for example, arthritis, muscular dystrophy)
- movement disorders – damage to the motor control area of the brain, affecting muscle tone and voluntary movement (for example, cerebral palsy)
- spinal cord injuries – traumatic injury to the spinal cord resulting in fractured or dislocated vertebrae and nervous system impairment; impairment will depend on the site of injury
- neurological or nervous system conditions – impaired signals from the brain to the body resulting in involuntary movements or poor physical responses
- physical injuries – injuries to joints, limbs or muscles resulting in impairment or loss of function; pain can be a significant factor here
- amputation – loss of a limb or digit resulting in impaired function or loss of function

Many of these conditions are also neurological impairments. For the purpose of developing your awareness regarding physical disabilities, in this section we will focus on the impacts of the physical disability alone.

Source: ARRC

PHYSICAL DISABILITIES

OBSERVE

SIGNS INDICATING DIFFICULTY

A student may show some of the following signs that a physical disability exists and may be experiencing difficulty. A student may:

- arrive late to a class or lecture
- not take notes
- ask for more time to complete work
- have an obvious impairment or use assistive equipment
- be unable to stay seated for the length of a lecture or class
- seem tired and distracted during class
- be unable to attend class due to poor access (for example, stairs)

CONSIDER

IMPACTS

A student with a physical disability may experience some of the following impacts on their studies. A student may:

- need to alternate between sitting and standing during lectures or classes; this may lead to gaps in their notetaking and understanding of the lecture material
- be unable to write or type lecture notes at all so will not have revision material for assignments and exams
- miss the beginning of class when there is limited time to move between classes and may miss important information
- need a wheelchair or crutches or a walking aid and may be unable to attend class if there is no lift access
- experience high levels of physical fatigue that may impact on concentration
- experience frequent absences from class due to hospitalisations, rehabilitation and/or treatment programs
- be unable to type or write for prolonged periods, which may lead to gaps in their notetaking and understanding of the lecture material
- be unable to write or type and require additional time to produce written work with assistive technology
- have difficulty retrieving books in the library, photocopying, and lifting objects in labs or out on placement
- have difficulty communicating appropriately if they are unable to raise their hand owing to paralysis
- experience high levels of pain that may impact on concentration
- experience social isolation due to being 'different'

ACT

ADJUSTMENTS AND SUPPORT

College support could include

- recommendations for timetable adjustments (due to building accessibility)
- recommendations for accessible study spaces
- ergonomic furniture and specialised equipment
- lecture support – notetaking, loan of recording device
- assistive technology
- academic adjustments – assignments and exams

Teaching strategies for academic staff

- record lectures
- provide detailed lecture notes to supplement notetaking
- provide electronic material
- consider accessibility of rooms
- consider storage needs for specialised equipment
- provide a classroom layout free from obstructions
- be aware that students may need to manage their condition by alternating between sitting and standing, moving about the room, and leaving the room periodically
- provide direct assistance in the lab
- consider physical hazards in the field

PSYCHOLOGICAL AND PSYCHIATRIC CONDITIONS

What are psychological and psychiatric conditions?

Psychological and psychiatric conditions (mental health conditions) are hidden disabilities. They comprise a varied group of conditions that substantially affect how a person feels, thinks, behaves and interacts with other people. Mental health conditions can impair a person's ability to think, feel and behave in a manner that allows optimum functioning in day-to-day life. Mental health conditions may range in type and degree from relatively minor to severe illness that requires on-going medical treatment.

With the right support, most people recover well from a mental health condition and the first episode may be the only one they ever experience. For others, however, these conditions can interfere with their everyday functioning in the long term or episodically.

According to the only representative study conducted so far in South Africa, 30.3% of adults will have suffered from some form of mental disorder in a lifetime. In the twelve months covered by the study around one in six adults – or 16.5% – suffered from common mental disorders. A quarter of these cases were classified as serious, which represents about four out of every hundred South Africans. The study was not exhaustive as it did not include children and young people, and excluded disorders that were not deemed common.[3]

There are many misconceptions about mental illness and these can make it difficult for an individual experiencing mental illness to reach out for help and receive the support and consideration that anyone experiencing ill health would expect. The portrayal of mental health in the media is not kind; often only the extreme version of an individual with mental illness is represented, giving the public a picture of violent and scary people who should be avoided. In addition, there are many who feel that some mental health conditions do not exist, making it even more difficult for an individual to seek support.

The main mental health diagnoses include:

- anxiety disorder
- bipolar disorder
- borderline personality disorder
- depression
- eating disorders
- obsessive-compulsive disorder
- post-traumatic stress disorder
- psychosis
- schizophrenia

[3]https://africacheck.org/reports/do-a-third-of-south-africans-really-suffer-from-mental-illnesses/

PSYCHOLOGICAL AND PSYCHIATRIC CONDITIONS

OBSERVE

SIGNS INDICATING DIFFICULTY

A student may show some of the following signs that a mental health condition exists and may be experiencing difficulty. A student may:

- demonstrate difficulties with concentration – difficulty keeping up in class
- have irregular attendance
- have difficulty communicating effectively and participating in classroom discussion and group activities
- appear panicky or anxious in specific situations (exams, presentations)
- not display expected facial expressions and body language
- consistently seem unprepared for class
- consistently miss activities at specific times of day
- demonstrate reduced organisational and time-management skills
- consistently submit work after deadlines
- submit many special consideration applications

SYMPTOMS

A student with a mental health condition may experience some of the following symptoms (this is not a definitive list):

- cognitive impairments – concentration, attention, focus, memory retention, information processing speed, thought processes, motivation, perception, confusion, paranoia, fluctuating moods, executive functioning (organisation, planning, prioritisation, time management)
- behaviours – withdrawal, avoidance, procrastination, impulsiveness, rituals, anti-social behaviour, lack of confidence, fear, phobic behaviour, inappropriate responses
- stress reactions – panic attacks, avoidance, aggression, obsessive behaviours, rituals
- disrupted sleep and fatigue

CONSIDER

IMPACTS

A student with a mental health condition may experience some of the following impacts on their studies (this is not a definitive list). A student may:

- lose time – to symptoms, medical appointments, hospitalisations, periods of illness; ritualistic behaviour, medication side effects, the effect of cognitive impairment
- have difficulty meeting deadlines
- appear inconsistent in their application to their work
- have difficulty undertaking specific types of assessments (presentations, exams)
- have difficulty undertaking more than one task at a time
- have difficulty responding appropriately to stressful situations
- have difficulty getting involved in specific types of activities
- have difficulty processing lots of information in large blocks

ACT

ADJUSTMENTS AND SUPPORT

College support could include:

- lecture support – notetaking, loan of recording device
- assistive technology
- academic adjustments – assignments and exams

Academic staff could:

- record lectures
- provide an opportunity for one-on-one discussion to review course material and check understanding
- repeat, emphasise and summarise main points
- a student with a mental health condition may not be comfortable disclosing the specifics of their disability; if the student does disclose, be willing to discuss how the disability affects the student academically and what accommodations would be helpful

AUTISM SPECTRUM DISORDERS

What is an autism spectrum disorder?
Autism spectrum disorders are lifelong developmental disabilities. 'Spectrum' is the term used to encompass the range and severity of the difficulties people with this disorder experience. This condition affects people in many different ways and in varying degrees.

Autism spectrum disorders are determined by impairments in:

- social interaction (social skills and relationships)
- communication
- restricted and repetitive interests and behaviours
- sensory responses

Individuals with autism spectrum disorder can also have intellectual and learning difficulties.

Types of autism spectrum disorders

- autistic disorder
- atypical autism
- Asperger Syndrome
- childhood disintegrative disorder
- pervasive developmental disorder

Causes of autism spectrum disorders

The exact cause of this disorder is unknown and is still under investigation. However, research suggests it may be a mixture of genetic and environmental factors that may cause an abnormality in brain development and function. Research in this area is growing.

ASPERGER SYNDROME

In the college environment, the most common form of autism spectrum disorder is Asperger Syndrome.

Asperger Syndrome is a high-functioning form of autism. It is a lifelong disability that affects how a person makes sense of the world, processes information and relates to other people. While there are similarities with autism, individuals with Asperger Syndrome may have fewer problems with spoken language and are often of average, or above average, intelligence. This is a complex condition that commonly exists in conjunction with specific learning disorders, such as dyslexia, dyspraxia and other conditions, such as attention deficit hyperactive disorder and epilepsy. Anxiety and depression are also common.

The three main areas of difficulty for individuals with Asperger Syndrome are:

- social communication
- social interaction
- social imagination

Persons with Asperger Syndrome may also exhibit:

- a love of routines
- special interests
- sensory difficulties

Common characteristics of an individual with Asperger Syndrome:

- difficulties with reciprocal social interactions and communication
- conversation can be as difficult as understanding a foreign language
- difficulty understanding gestures, tone of voice and facial expressions
- difficulty choosing appropriate topics of conversation and knowing when to begin and end a conversation
- can use a variety of complex words and may not fully understand what they mean
- difficulty understanding jokes, metaphors and sarcasm
- takes literal meanings from statements
- can have difficulty making and maintaining friendships
- difficulty understanding 'social rules' and may say inappropriate things
- can find others confusing and unpredictable
- can appear withdrawn and uninterested in people at times
- can behave inappropriately
- difficulty predicting what may happen next and difficulty imagining alternative outcomes
- difficulty understanding and interpreting other's feelings, thoughts and actions

Common co-morbid issues:

- anxiety
- depression
- learning disorders
- ADHD

AUTISM SPECTRUM DISORDER AND ASPERGER SYNDROME

OBSERVE

SIGNS
A student may show some of the following signs of an autism spectrum disorder. They may:

- seem to be socially isolated
- not understand jokes, metaphors and sarcasm
- behave inappropriately
- be disorganised
- display difficulty coping with stressful situations
- appear anxious, displaying repetitive behaviours or continually questioning
- be unable to stay seated for the length of a lecture or class
- seem tired and distracted during class
- be unable to attend class due to poor access (for example, stairs)

CONSIDER

IMPACTS
A student may:

- make mistakes with assessment work as they can misinterpret non-literal sayings and non-verbal language
- have difficulty understanding or communicating feelings
- feel isolated and uncomfortable in social situations, leading to attendance issues
- have difficulty learning in group contexts
- experience high anxiety leading to the adoption of disruptive coping mechanisms such as repetitive behaviours, panic, or continual questioning
- have difficulty knowing what to talk about and with whom, when, where and in what manner, leading to social isolation and poor contributions in class
- tend to interrupt people inappropriately, leading to misunderstandings and social isolation
- have difficulty with organisation, planning and time management, leading to assessment issues and non-completion of homework tasks
- have difficulty coping with change

ACT

ADJUSTMENTS AND SUPPORT

College support could include

- lecture support – notetaking, loan of recording device
- assistive technology
- academic adjustments – assignments, exams, group work, presentations
- timetabling modifications
- access to quiet spaces
- one-on-one assistance with planning and organisation
- direct liaison with teaching staff
- orientation support
- workshops to develop key skills

Academic staff could

- record lectures
- provide materials in advance
- provide important information in hard copy
- facilitate group work
- avoid putting the student on the spot by targeting them for questions or reading aloud in class
- provide the opportunity for one-on-one discussion, review of course material, clarification of understanding, and feedback on performance and behaviour
- provide advance notice of class schedule and/or room changes
- be aware of using metaphors, sarcasm, colloquial expressions, and implied meanings (a student may not understand these fully)
- seek advice from the College's student Support Service / Disability Rights Unit on how to manage behaviour in class

NEUROLOGICAL CONDITIONS

What is a neurological condition?

A neurological condition is a disorder of the body's nervous system. Neurological conditions are disorders of the brain, spinal cord and nerves throughout the body. Together these control all the workings of the body. When something goes wrong with a part of the nervous system, a person may have difficulty moving, speaking, swallowing, breathing or learning. There can also be problems with memory, senses or mood. Symptoms vary greatly depending on the area of the nervous system that is affected by a disease or condition.

Types of neurological conditions

There are more than 600 neurological diseases.

Major types include:

- Huntington's disease
- Cerebral palsy
- Multiple sclerosis
- Muscular dystrophy
- Spina bifida
- Parkinson's disease
- Alzheimer's disease
- Stroke
- Injuries to the spinal cord
- Seizure disorders, such as epilepsy
- Cancer, such as brain tumours
- Meningitis

NEUROLOGICAL CONDITIONS

OBSERVE

SIGNS

A student may show some of the following signs that they have a neurological condition and may be experiencing difficulty. A student may:

- have disrupted attendance
- use a wheelchair or other assistive equipment
- display difficulty concentrating
- process information slowly and provide delayed responses to questions
- have poor memory retention and ask similar questions repeatedly
- seem generally unwell
- be constantly tired and fatigued
- have difficulty mobilising around campus and arrive late to class
- have difficulty articulating thoughts
- experience seizures
- have nausea and dizziness

CONSIDER

IMPACTS

A student with a neurological condition may experience some of the following impacts on their studies. A student may:

- be late to class constantly and miss important information discussed earlier
- experience fatigue when travelling around campus and poor concentration in class and lectures, leading to poor notetaking and memory retention
- experience functional difficulties, such as the inability to hold a pen, reduced writing speed, or difficulty turning pages and using a computer
- experience difficulty completing assignments and exams as their time for study is reduced by fatigue, medical appointments and reduced concentration
- struggle with lack of access (for example, to rooms, toilets, library and student services)
- be unable to retrieve books in the library, handle equipment in labs, or carry heavy loads
- experience frequent absences due to hospitalisations, rehabilitation and/or treatment programs, leading to gaps in study materials and learning

ACT

ADJUSTMENTS AND SUPPORT

College support could include

- lecture support – notetaking, loan of recording device
- assistive technology
- ergonomic furniture and specialised equipment
- alternative formatting of materials and captioning of audio-visual material
- recommendations for timetable adjustments (including accessing buildings)
- recommendations for accessible study spaces

Adjustments and supports from academic staff

- record lectures
- provide handouts and visual aids
- provide the opportunity for one-on-one discussion, review of course material, clarification of understanding, and feedback on performance
- consider accessibility when booking rooms
- consider storage needs for specialised equipment
- provide a classroom layout free from obstructions

BRAIN INJURIES

What is a brain injury?

A brain injury can occur in many ways – trauma (typically an accident); acquired through damage caused by other medical conditions; insufficient oxygen to the brain; stroke; poisoning or infection.

Brain injuries are one of the fastest growing types of disability, especially in the age range of 15 to 28 years of age.

The nature and extent of impairment varies due to the location and severity of the brain injury. As such, an individual with a brain injury may develop various medical, physical and neurological disabilities.

TYPES OF BRAIN INJURY

TYPE	RESULTS FROM	EXAMPLES
Traumatic	Damage to brain tissue from an external force	• motor vehicle accident • acts of violence • falls • sports and recreational injuries • lightning strike • electric shock • blow to the head
Acquired	Damage to the brain from other medical conditions	• stroke • tumour • anoxia or hypoxia (inadequate oxygen supply) • toxins • degenerative disease • near drowning • conditions not necessarily caused by external force
Severe head injury	Crushing or penetrating blows to the head that crush, rip or shear delicate brain tissue	• motor vehicle accident • acts of violence • falls • sports and recreational injuries • severe blow to the head

POSSIBLE SIGNS AND IMPACTS

As a person with a brain injury may experience a variety of disabilities (medical, physical, neurological, behavioural), the signs and impacts of a brain injury could mimic those already outlined in previous sections.

ADJUSTMENTS, SUPPORTS AND TEACHING STRATEGIES

The teaching strategies and adjustments also reflect those outlined in previous sections.

MEDICAL CONDITIONS

There are many medical or health-related conditions that are not readily recognisable but may cause difficulties for a student and interfere with their activities of daily living and their studies. Sometimes these are known as ‘invisible disabilities’. Conditions can be transient, chronic, triggered by an internal or external factor, or fluctuating. Each person and condition is different and impacts can vary, so varying types and degrees of support are needed.

Many conditions require a moderate to high level of drug therapy to control or alleviate symptoms, and the side effects of medication can cause difficulties for the student.

POSSIBLE SIGNS AND IMPACTS

As a person with a medical condition may experience a variety of disabilities (medical, physical, neurological, behavioural), the signs and impacts of a condition would mimic those already outlined in previous sections.

ADJUSTMENTS, SUPPORTS AND TEACHING STRATEGIES

The teaching strategies and adjustments reflect those outlined in previous sections.

ACTIVITY 10: THE (UN)SUPPORTED STUDENT

TIME ALLOCATION

20 minutes

The first task shows what challenges unsupported students face as it relates to their learning environment. It then shows how supported students develop and interact when the facilities provide adequate support.

THE UNSUPPORTED STUDENT

Using the blank flow chart on the next page, 'track' the progress of a student with a disability who is not receiving the support they need to address the impacts of their condition on their studies. Choose any disability previously noted and, referring to the information in this module, fill in the blanks.

1. Choose a type of disability
2. Choose three possible impacts or symptoms this student may experience
3. How might these affect the student's participation at college?
4. Indicate three negative impacts this could have on the student's management of their studies
5. What are the possible academic outcomes for this student?

THE SUPPORTED STUDENT

This time, 'track' the progress of a student with a disability who is receiving the support they need to address the impacts of their condition on their studies. Choose the same disability as above, and start with the same three impacts as above; then, referring to the information in this module, fill in the blanks.

1. Choose three possible impacts or symptoms this student may experience (same as above)
2. Indicate one adjustment for each impact that could be implemented to lessen the effect it has on the student's participation at university
3. What positive effect might each adjustment have on the student's ability to manage their studies?
4. What are the possible academic outcomes for this student?

ACTIVITY 10 HANDOUT

1. The unsupported student
   Using the blank flow chart below, 'track' the progress of a student with a disability who is not receiving the support they need to address the impacts of their condition on their studies. Choose any disability previously noted and, referring to the information in this module, fill in the blanks.

Choose a type of disability

Choose three possible impacts or symptoms this student may experience

How might these affect the student's participation at college?

Indicate three negative impacts this could have on the student's management of their studies

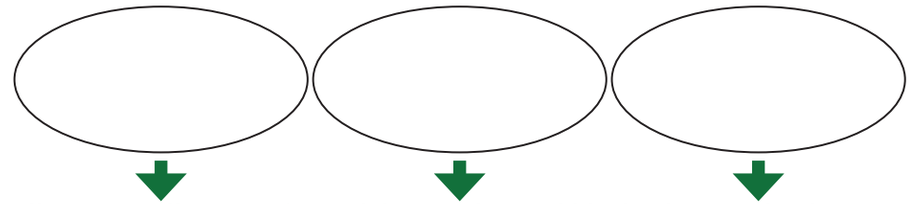
What are the possible academic outcomes for this student?

ACTIVITY 10 HANDOUT

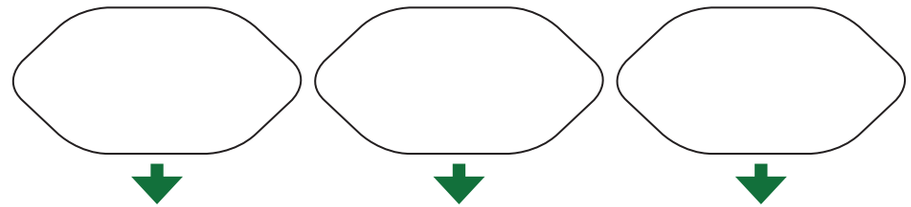
2. The supported student
   This time, 'track' the progress of a student with a disability who is receiving the support they need to address the impacts of their condition on their studies. Choose the same disability as above, and start with the same three impacts as above; then, referring to the information in this module, fill in the blanks.

Choose a type of disability (same as above)

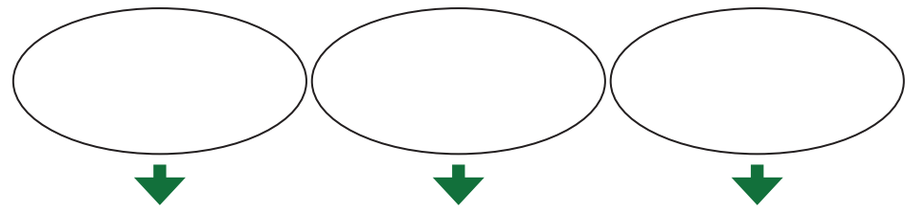
Choose three possible impacts or symptoms this student may experience (same as above)



Indicate one adjustment for each impact that could be implemented to lessen the effect it has on the student's participation at university



What positive effect might each adjustment have on the student's ability to manage their studies?



What are the possible academic outcomes for this student?

LESSON FIVE: INCLUSIVE TEACHING AND ACCESSIBLE LEARNING

SUBJECT OUTCOME

To better understand the concepts of inclusion and responsibility to provide equal access to education.

BACKGROUND AND MOTIVATION

It is the responsibility of the educator to ensure that education is accessible to all regardless of the disability or the ability. All barriers should be removed, be they physical, tutorial, material, attitudinal or otherwise. This is also emphasised by the Strategic Policy Framework. While this topic cannot detail all possible teaching and training situations, it provides lecturers with ideas for practical inclusive strategies that can be applied readily in the teaching environment. This module encourages lecturers to examine their practices to work in a more inclusive way.

LEARNING OUTCOMES

- To have a better understanding of the concepts of inclusion
- To become more aware of a lecturer's responsibility to provide equal access to education
- To have examples of good inclusive practices and strategies

LESSON CONTENT

→ Inclusion
→ Inclusive teaching practices
→ Good practices from universities and TVETs
→ Assistive technology and accessibility

TIME ALLOCATION

90 minutes

MATERIAL NEEDED FOR THE LESSON

→ Multimedia, laptop
→ PowerPoint Presentation (handouts of PowerPoint if multimedia not available)
→ Printed handout of Activity 11

PREPARATION FOR THE LESSON

To prepare, lecturers should:

→ Read and comprehend Lesson Five of the module on disability
→ Familiarise themselves with the activities of the lesson
→ Prepare materials for the activity

ACTIVITIES AND TASKS

→ Inclusive teaching
→ Inclusive teaching: Condom use

METHODS

→ Case studies
→ Multiple choice
→ Group exercise
→ Learning by doing

NOTE TO LECTURERS:

Lesson Five aims to provide lecturers with a better understanding of inclusive education.

Start the lesson with the input on inclusion.
Close the lesson with the activity of the lesson.

Activity 12 can be used when teaching:

Level 3, Topic 3
Subject Outcome 3.2: Know and understand HIV and AIDS, STIs and opportunistic infections Learning Outcomes:
The student should be able to:
3.3.4 Explain how HIV and AIDS and opportunistic diseases can be prevented
3.3.5 Identify available health-related support services and how they can be accessed

This will teach students how to use condoms and sensitise them for the barriers persons with disability experience when accessing health services.

INTRODUCTION

It is clear from relevant legislation that appropriate accommodation to the learning environment has to be made to lessen the impact of the disability. This applies not only to physical access barriers and the provision of support services, but also to teaching and learning strategies, assessment methods and administrative policies. As an educator, you may accept the legislation in principle, but finding locations, resources and time to meet the needs of a diverse student population is not so easy. While this lesson cannot detail all possible teaching and training situations, it provides you with ideas for practical inclusive strategies that can be applied readily in your teaching environment. This module encourages you to examine your practices to work in a more inclusive way. While our focus here is primarily on students with disability, more inclusive policies and practices benefit all students.

WHAT IS INCLUSION?

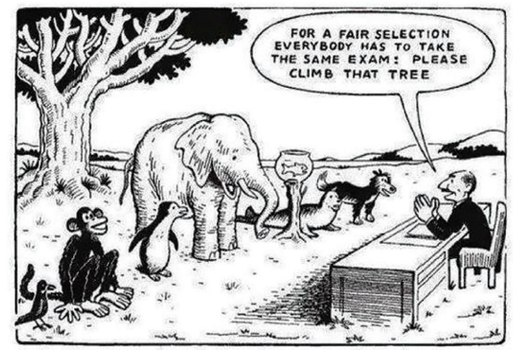
Inclusion in education is about all students having the right to belong. It is the practice of developing a barrier-free environment so that all students have access to learning. This takes into account the diversity of student needs, their individual learning styles and use of a variety of teaching methods appropriate to the group. Inclusion is not about focusing on individual impairment, but about creating an environment in which access is built into systems. In an ideal inclusive model, individual students would not be singled out for special accommodations as full access would be built into the framework of teaching.

Inclusion in education is the recognition that all students have different learning styles, regardless of whether they have a disability, and that inclusive teaching practices ensure that all students have every chance to maximise their learning opportunities. Inclusive teaching practices may remove the need for students to have to identify as a 'person with disability', and may go a long way to creating a learning space free from stigmatisation.

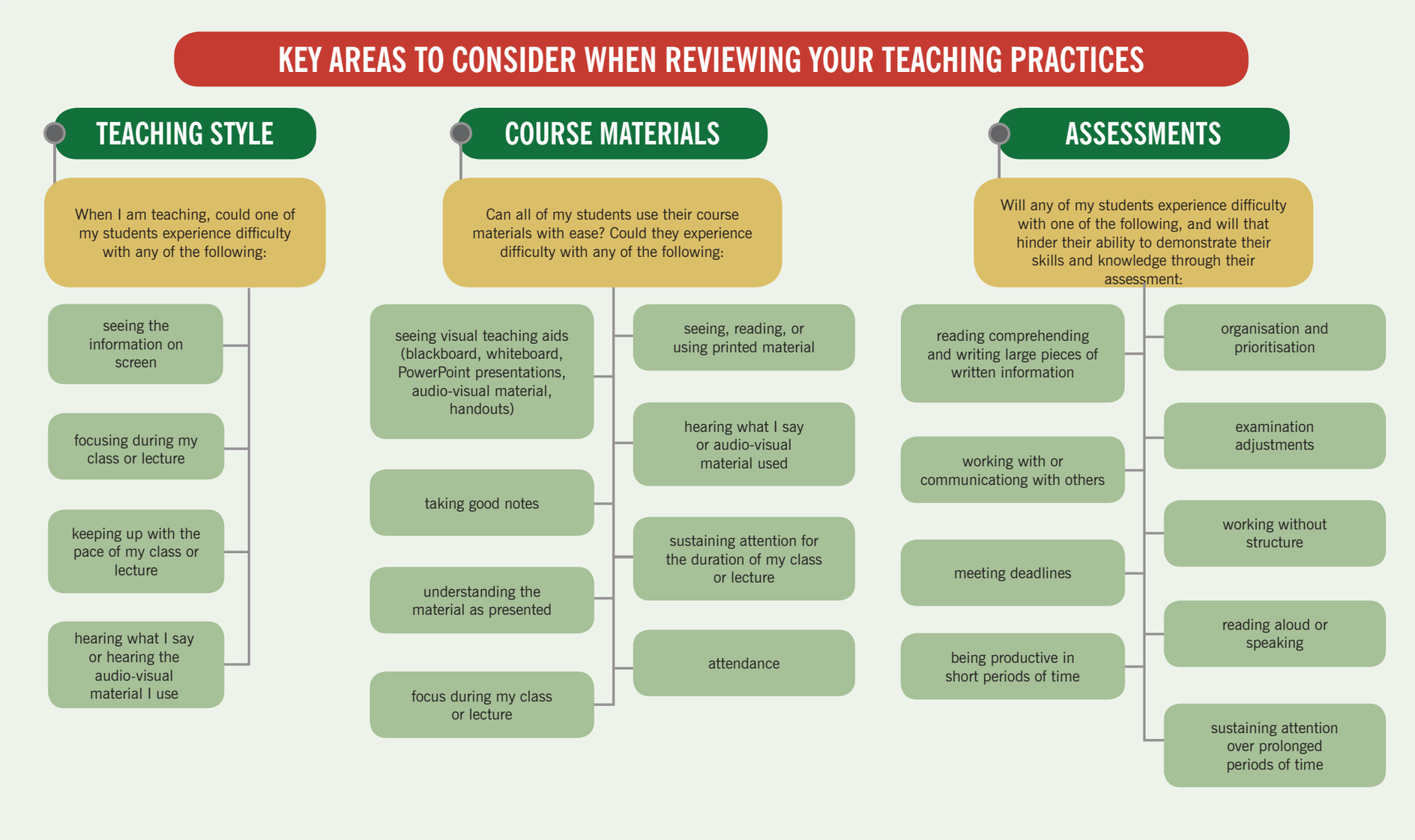
Every College is supposed to establish a Disability Rights Unit and should provide many students with accessible support (academic adjustments, assistive technology, accessible formatting of materials), but there is much that it cannot do that falls to the student's direct teaching staff.

INCLUSIVE TEACHING

Reworking the way you teach to become more inclusive may result in students making fewer demands on your time and resources. By challenging existing practices and processes you can develop more inclusive ways of designing and delivering your curriculum. You may find alternative ways for students to achieve equivalent learning outcomes, competencies or academic standards.



Three key areas to consider when reviewing your teaching practices: teaching style, course materials and assessments



Assistive technology
Factors to consider include:

- technology is an assistive aid, not a cure, and assitance from teaching staff often is more important
- one piece of equipment may work well for one student but not for another.
- a student may not be skilled at using technology or may have unrealistic expectations of its capabilities; allow time for a student to become proficient in its use

Accessible or alternative formatting
Some students need information and study materials in a format that best suits their needs. The importance of making materials available in electronic format cannot be overstated because it renders information accessible to almost everyone at very little cost. Accessible materials include:

- electronic formats - materials can be converted to meet any kind of requirement (refomatting for use with assistive technology; enlarging of text or picture size; reformatting of font and colour requirements; conversion to braille)
- recordings of lectures
- captioning of audio-visual material

Accessible learning
"Access" and "accessibility" are commonly used terms that can mean different things: access to premises, access to study materials, access to learning.

We all share responsibility in addressing issues of access. Try to think of access more broadly than ramps, lifts and toilets.
Some other factors requiring consideration include:

- signage and visual indicators of emergency situations
- facilities such as vending machines and counter tops
- switches and lighting
- hearing augmentation systems in classrooms and theatres

Also consider
- how accessible your classroom, lecture theatre, laboratory or workshop is
- physical adjustments that could be made to the facility and equipment
- seating arrangements that maximise all students' ability to see and hear
- what attitude you would adopt if you were asked to move your class to a more accessible venue
- provisions you would need to make for field trips, workplace training, practicals and workshops

EXAMPLES OF GOOD INCLUSIVE PRACTICES AND STRATEGIES (FROM UNIVERSITIES AND TVETS)

Consider developing and following a clear format to deliver your lecture or class: stay on topic; demonstrate; use concrete examples; use a variety of teaching methods and presentation styles to engage all students.
Consideration is given towards incorrect spelling, poor grammar and essay structure during the assessment process for a student who has a learning disorder.
A student with a learning disorder is encouraged to undertake oral examinations rather than produce individual pieces of written assessment a method the student would find difficult to use to demonstrate their understanding and knowledge.
A unit coordinator reviewed whether a group presentation was an inherent skill of the course as it posed a difficulty for a student with a mental health concern. An alternative assessment was approved after taking into consideration that demonstrating the learning outcomes and the knowledge attained were the core purposes of the assessment.
A student with diabetes is granted permission to eat during workshops and labs to assist in maintaining her health.
A teacher makes arrangements to conduct tests at different times or on different days if the student needs extra time so as not to draw attention to the student while in a classroom situation.
The assessment format is changed to allow a student who experiences extreme exam anxiety the option of completing additional assignments to fulfil the essential requirements of the course.
Rather than undertaking an oral presentation, a student with a complex learning disorder is encouraged to produce an interactive PowerPoint and multimedia presentations, she records her part as a voiceover which is then played to the class.
Consider providing class notes by e-mail to a student who has difficulty preparing for class (getting through all readings) because of a specific learning disability.
A lecturer booked recordings of his or her lectures before the term commenced and released the recordings to a student with concentration difficulties at the request of Disability Services.
A course convenor organised for all course materials to be converted into electronic format and provided a full reading and material list to students and the Alternative Formatting Officer before the semester commenced.
A student with Asperger Syndrome is unable to participate in group work (four or more members) and is offered the option of working with one other person or individually, this allows the student to choose whether to do the work themselves or share it with another person who would be sensitive to the student's difficulties.
In an accounting course, a student who is blind and cannot write up calculations and bank reconciliations is given permission to use a computer-based bookkeeping system to achieve these tasks.

ACTIVITY 11: INCLUSIVE TEACHING

TIME ALLOCATION

30 minutes

To enable the lecturers to develop adequate strategies for supporting students with different disabilities

SITUATION

Tshepo has a hearing impairment and uses hearing aids. During your class he sits in the front row to hear as well as possible and read your lips. You use PowerPoint slides that provide an overview of the key points of your class, which are then shared with students. Tshepo has indicated to you that he needs help with missed class material and the PowerPoints are not detailed enough to address this. Tshepo reports that he cannot hear clearly much of what you say during the class as you talk rather fast and often look down at your notes. He tries to take notes of what he can hear, but once he takes his eyes off you to look at the page he cannot follow you, knows he has missed information and finds the rest of the class a struggle. Tshepo reports leaving classes confused, frustrated and anxious that he is not learning and will not be able to pass the subject.

WHICH ACTION WOULD BE APPROPRIATE? (TICK ONE OR MORE)

- ☐ Organise for one of your top students to help Tshepo understand the concepts better.
- ☐ Provide Tshepo with more detailed overviews of each class.
- ☐ Make recordings accessible to Tshepo via e-mail or on line.
- ☐ Rewrite slides to incorporate more detail or link to key points.
- ☐ Adjust your presentation style – slow your speech, look directly at the audience, and ask the audience if they missed any points before moving on.
- ☐ Advise Tshepo that you will take this into consideration when reviewing his marks at the end of term.
- ☐ Encourage Tshepo to ensure that he has access to all available supports and reasonable accommodations.

SITUATION

Duma has a speech impairment (stutter and delayed articulation of thoughts) and experiences situational anxiety because of this. Each week in your class you choose a student at random to lead class discussion. Duma has difficulty participating in classroom discussion as his speech impairment causes him embarrassment and he has experienced situations in the past where he has taken so long to provide an answer or contribute to discussions that he has been cut off by other students or the lecturer. Duma is highly distressed by having to lead class discussions, especially as he does not know when he may be called upon. Duma becomes so anxious about this that he stops attending your class. You note his absence from the last three classes and enquire if he has dropped out. Duma replies indicating that he is still attending college but he cannot get to class because of this issue.

WHICH ACTION WOULD BE APPROPRIATE? (TICK ONE OR MORE)

- ☐ Tell Duma to request special consideration to address his absences.
- ☐ Offer to tell Duma in advance when he will be expected to lead the class discussion so he can prepare beforehand.
- ☐ Offer to waive the requirement to lead class discussion, and substitute with an alternative assessment.
- ☐ Ask Duma what he thinks would be an appropriate adjustment.
- ☐ Encourage Duma to ensure that he has access to all available supports and reasonable accommodations.

SITUATION

Julie has a learning disorder that affects her ability to read and assimilate large blocks of written material. She needs to complete an assignment that would require a lot of writing and research. This task is weighted at 70 per cent. Julie knows that this will be a challenge for her, so she contacts the Disability Rights Unit or a similar service at your college to apply for special consideration to have the deadline adjusted to allow her an extra two weeks. Julie knows it will take her several days to research and write, then she will have to reread all her work, then have someone read her notes to ensure she has understood the concepts and identified the key points. It may, therefore, take her a week or more to review all her work. To add to the complexity, Julie has three other assessments due at the same time. She becomes anxious and approaches you to discuss her difficulties.

WHICH ACTION WOULD BE APPROPRIATE? (TICK ONE OR MORE)

- ☐ Encourage Julie just to do her best and request special consideration which will be reviewed in light of her performance.
- ☐ Offer Julie an alternative assessment.
- ☐ Ask Julie what she thinks you can do to help her complete the assessment.
- ☐ Offer to reduce the assessment weighting, reduce the word count; and increase the weighting of another piece of assessment, or offer another small piece of assessment to make up the remaining weighting.

ACTIVITY 12: INCLUSIVE TEACHING: CONDOM USE

TIME ALLOCATION

25 minutes
(5 minutes introduction, 5 minutes preparation, 5 minutes demonstration and 5 minutes discussion)

DISABILITY SENSITISATION (CONDOM USE)

Group session:

Step by step:

1. Divide into two groups
   - → GROUP 1: EXPLAIN AND DEMONSTRATE TO A WOMAN WHO CANNOT SPEAK OR HEAR HOW TO USE A FEMALE CONDOM
   - → GROUP 2: EXPLAIN AND DEMONSTRATE TO A MAN WHO IS BLIND HOW TO USE A MALE CONDOM
2. If available at your college have a demonstration vagina and penis plus male and female condoms available for the exercise (give groups 2 minutes time to discuss task and then hand it to them)
3. As a group give them 5 minutes to prepare and then 5 minutes to demonstrate to other groups
4. Group demonstration 5 minutes each
5. Discussion 5 minutes
6. Conclusion 4 minutes

REMEMBER!

The materials and activities provided in this module and the guidance on where to integrate them in the curriculum are an offer to you as a lecturer. This means you do not have to use all the activities or materials for a specific learning outcome but you can pick out the materials and activities you feel comfortable using.

AND MAINSTREAM

Please make sure to use your new knowledge by mainstreaming the topic of disability and inclusion in all life orientation topics.

Just a few examples:

Level 3, Topic 1: Personal and Career Development

Subject outcome 1.4: Use strategies to manage emotions and workplace relationships intelligently

Learning outcomes:

The student should be able to:

1.4.1 Explain with examples the following concepts related to workplace relations: Sexual harassment, workplace bullying, gender discrimination

1.4.2 Describe and illustrate with practical examples, measures to counter sexual harassment, gender discrimination and bullying in the workplace

Range: human rights, reporting, mechanisms and disciplinary actions, assertiveness

- → Persons with disability might also face sexual harassment, gender discrimination and bullying at the workplace because staff members may hold prejudiced attitudes towards persons with disability

Topic 3
Subject outcome 3.3: Know and understand HIV and AIDS, STIs and opportunistic infections
Learning outcomes:
The student should be able to:
3.3.3 Identify opportunistic infections and how they occur, with special reference to TB
3.3.4 Explain how HIV and AIDS and opportunistic diseases can be prevented
3.3.5 Identify available health-related support services and how they can be accessed

- As mentioned in the module, persons with disability are often marginalised when it comes to sex education and sexual and reproductive health services because they are perceived as asexual. You can mention this issue under Level 3, Subject outcome 3.2.

Topic 4: Citizenship
Subject outcome 4.1: Identify ways to oppose human rights violation and abuse in terms of the Constitution and Bill of Rights
Learning outcomes:
The student should be able to
4.1.1 Describe the concepts 'diversity' and 'culture' and provide examples
4.1.2 Explain the benefits of respecting diversity in the workplace and give examples

→ Diversity does not only refer to cultural diversity and with persons with disability being an integral part of human diversity, persons with disability should be included in these topics.

Level 4, Topic 3: Health and Well-being
Subject outcomes
3.1: Manage stress in order to maintain a balanced lifestyle
3.2: Understand and deal with depression in personal and work situations

→ Due to stereotyping, prejudice and discrimination persons with disability might be more vulnerable to experiencing stress and depression.
→ Further, depression is also considered a disability (psychosocial disability). Please make reference to this when teaching Level 4, 3.2 'Understand and deal with depression in personal and work situations'.

Subject outcome 3.3: Advocate helpful ways to deal and live with HIV and AIDS and opportunistic infections
Learning outcomes:
The student should be able to:
3.3.4 Identify instances of discrimination and stigma regarding STIs such as HIV, and human rights violations against persons living with HIV and AIDS, with specific reference to the workplace
3.3.5 Explain measures to counter stigma, discrimination and human rights violations related to HIV and TB, with specific reference to the workplace

→ This topic is important as HIV-positive individuals with a disability might be confronted with multiple stigmas.

Topic 4: Citizenship
Subject outcome 4.2: Explore ways to deal with infringement of worker rights and settle labour disputes

→ This is important because due to prevalent prejudice, stigma and discrimination against persons with disability, they might be more prone to become victims of unfair dismissal and need to know their rights.

ACTIVITY SOLUTIONS

ACTIVITY 3: SOLUTIONS

AVOID	APPROPRIATE
The disabled	Persons with disability
Victim of; suffering from; crippled by	Person who has; person who lives with; person who experiences
Wheelchair bound	Uses a wheelchair
Invalid	Means 'not valid' – use person with disability
Mental handicap; retardation	Intellectual disability
Disabled toilet	Accessible toilet
Lame; handicapped	Persons with disability
Spastic	Person who has cerebral palsy
The blind	Person who is blind or vision-impaired
The deaf	Person who is deaf or hearing-impaired
Mute; dumb	Speech impairment or non-verbal
Special needs	Individual needs

ACTIVITY 5: SOLUTIONS

1. How do I interact with students?
   Eye contact, smile, speed of speech, clarity of speech, accented speech, patience
2. How will my students need to interact with me?
   Talking to me, hearing me, seeing items, handling money
3. What are the considerations I need to make to my environment?
   Obstacles, exits, toilets, signage

ACTIVITY 6: SOLUTIONS

- One thing you should always tell a blind person at the end of a meeting is …… **that you are leaving the room**.
- Wheelchair users generally prefer you to…… ***not touch their wheelchair***.
- The best way to offer a person with disability person assistance is…… ***ASK what they want!***
- If you are talking to someone who is hard of hearing, you should never……. ***SHOUT! It looks aggressive and distorts the mouth shape if they are lip-reading.***
- BLOCK CAPITALS ARE …… ***difficult to read for persons with visual impairments and persons with limited literacy.***
- If a person with disability with a carer/support worker asks you a question, you should…… ***respond to the person with disability, not the carer/support worker.***
- To work correctly, a hearing induction loop needs…… ***to be switched on, and in the right position.***

ACTIVITY SOLUTIONS

- Chairs with arm rests help…… ***persons who have mobility issues.***
- The word "handicap" has its roots in…… ***"cap i' hand" and begging for charity. (Therefore, it should not be used as many persons with disability find it offensive.)***
- You can tell a person is disabled because…… ***you cannot – many impairments are hidden.***
- It is useful to know a person's diagnosis because…… ***nothing. All you need to know is what to do to make your services accessible.***
- Arial, size 14pt, is a good font to use for all correspondence because…….***it increases the number of people who can read your standard information (therefore reducing the need for other formats).***

ACTIVITY 8: SOLUTIONS

ACTION	EXAMPLE	DIRECT OR INDIRECT DISCRIMINATION?
Refusing or discouraging a student's enrolment	1. Saying: "There are no places left" when there are still vacancies 2. Saying: "We already have a lot of students with learning difficulties and our resources are stretched"	1. **Direct** 2. **Indirect**
Setting terms or conditions on which the institution is prepared to admit the student	3. Saying to a student: "We will need a volunteer to provide you with extra help – do you know of anyone?" 4. Saying: "If we get funding, you can come here"	3. **Direct** 4. **Direct**
Denying or limiting a student's access to opportunities available	5. Discouraging enrolment in language courses (for example, English or Xhosa) as the student has limited verbal skills (such as cerebral palsy) 6. Telling the student that they cannot go on an excursion or field trip as the destination is not accessible	5. **Indirect** 6. **Indirect**
Suspending and/or excluding a student whose disability affects their understanding of the behaviour policy	7. Suspending and/or excluding a student for infringing the standard school behaviour guidelines or policy	7. **Indirect**

BANK IT! – WHAT YOU NEED TO KNOW ABOUT DISABILITY AWARENESS

Globally, persons with disability are marginalised and excluded from full participation in society. In South Africa, persons with disability face multiple forms of discrimination in various social spheres, including in respect of access to health care services, employment and education.

Statistics SA's General Household Survey 2015 (2016) sets out relevant demographics: "5.1% of South Africans aged 5 years and older were classified as disabled in 2015. A larger percentage of women (5.5%) than men (4.7%) were classified as disabled. North West (7.4%), Northern Cape (7.1%) and Eastern Cape (6.8%) presented the highest prevalence of disability in the country."

Source: Statistics South Africa. 2011. Stats in brief: August 2011 Pretoria: Statistics South Africa

SOUTH AFRICAN LEGISLATION AND POLICY DOCUMENTS:

Department of Labour. 1998. Employment Equity Act (Act 55 of 1998).
Available at: https://www.acts.co.za/employment-equity-act-1998/index.html.

Department of Labour. 2003b. Technical Assistance Guidelines on the Employment of People with Disabilities. Pretoria: Government Publishers

Strategic Policy Framework on Disability for the Post-School Education and Training System.
Available at: http://www.dhet.gov.za/SiteAssets/Gazettes/Approved%20Strategic%20Disability%20Policy%20Framework%20Layout220518.pdf

The South African Constitution (Act 108 of 1996) outlaws all forms of discrimination including those based on disability. Discrimination against persons with disability continues since there are no consequences for failing to implement the legislation and policies, with the result that mainstreaming of disability in all areas of life is lagging behind (DSD, 2015).

Republic of South Africa. 1996. Constitution of the Republic of South Africa (Act 108 of 1996).

INTERNATIONAL DOCUMENTS

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). 2006.
Available at: http://www.un.org/disability

United Nations, 2015 Sustainable Development Goals.
Available at: http://www.un.org/sustainabledevelopment/

Link between the Sustainable Development Goals and the CRPD.
Available at: https://www.globaldisabilityrightsnow.org/infographics/link-between-sustainable-development-goals-and-crpd

The International Classification of Functioning, Disability and Health, known more commonly as ICF, is a classification of health and health-related domains. As the functioning and disability of an individual occurs in a context, ICF also includes a list of environmental factors. ICF is the WHO framework for measuring health and disability at both individual and population levels.
Available at: http://www.who.int/classifications/icf/en/

World Health Organization [WHO]. 2001. International Classification of Functioning, Disability and Health: ICF. Geneva, Switzerland: World Health Organization.

World Health Organization [WHO]. 2011. World report on disability. Geneva, Switzerland. ISBN 978 92 4 156418 2

USEFUL WEBPAGES

Higher and Further Education Disability Services Association,
https://www.hedsa.org.za/

Disability info South Africa,
http://disabilityinfosa.co.za/

VIDEOS

WARNING: Strong language

Things Not To Say To Someone Who Uses A Wheelchair (BBC video short)
https://www.youtube.com/watch?v=1RLTtk9Mc14

Things not to say to a deaf person (BBC video short)
https://www.youtube.com/watch?v=SarMSwv_aHI

Things not to say to a blind person (BBC video short)
https://www.youtube.com/watch?v=ykW4tYbRgo8

Things not to say to a person with cerebral palsy (BBC video short)
https://www.youtube.com/watch?v=kohcRR3VXyY

Things not to say to an autistic person (BBC video short)
https://www.youtube.com/watch?v=d69tTXOvRq4

Things not to say to someone with depression (BBC video short)
https://www.youtube.com/watch?v=d69tTXOvRq4

NOTE TO LECTURERS

After facilitating a class or lesson on disability and inclusion (or a class which disability and inclusion were part of) as well as discrimination and stereotyping of persons with disability, facilitators can show one of the videos to close the lesson or the topic. It is a fun way to close the lesson and reflect on the content that students learned as well as their own attitude towards the topic.

Plan 10 minutes for the viewing of the short video and the debriefing of students.

Possible questions to ask students after viewing the (BBC) videos:

- After learning more about disability did you find any of the statements surprising?
- Before today's class would you have asked similar questions (that are prejudiced?)
- Would you refrain from asking a person with a disability certain (prejudicial) questions after today's class?

heaids

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