LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF
SOCIAL DEVELOPMENT

SP_2.3_SERVICE SPECIFICATION: PERSONS WITH DISABILITIES_2027/28-2029/30

1. INTRODUCTION

The mandate of the Department of Social Development is to provide an integrated and comprehensive social development services that will promote, facilitate and enable social development, social justice and the social functioning of all people. Collectively, these seek to bring about sustainable improvements in the well-being of individuals, families and communities.

The core mandate of the Department is derived from the Constitution of the Republic of SouthAfrica (Act No 106 of 1996). The Constitution (Act 106 of 1996) serves as the supreme law of the Republic to establish a society based on democratic values, social and economic justice, equality and fundamental human rights; to improve the quality of life of all citizens; and to free the potential of all persons by every means possible.

Section 27 (1) (c) of the Constitution provides for the right of access to appropriate social assistance to those unable to support themselves and their dependants; and Section 28 (1) sets out the rights of children with regard to appropriate care (basic nutrition, shelter, healthcare services and social development services) and detection. Schedule 4 identifies welfare services, population development and disaster management as functional areas of concurrent national and provincial legislative competence.

2. GLOSSARY OF TERMS

According to the World Health Organization,

2.1 *A disability* is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. The term "disability" summarizes a great number of different functional limitations occurring in any population in any country, of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature

2.2. *An impairment* is any loss or abnormality of psychological, physiological or anatomical structure or function. An 'impairment [is] lacking part of or all of a limb, or having a defective limb, organism or mechanism of the body'.

2.3. *Accessibility*

Accessibility is a broad term used to refer to the following terms: Infrastructural access, access to information, environmental access. It refers to a way to easily and safely approach, use and benefit from a physical building, facility or service, appropriately set to enhance participation in economic, social, cultural and political activities and to enjoy and exercise rights and responsibilities by all citizens. Assistive devices - An assistive device is any device and/or ergonomic solution, capable of reducing the social effects or barriers experienced by an individual with a disability.

2.4. *Community-based rehabilitation (CBR)*

Community based rehabilitation is a strategy within a community for the rehabilitation and social integration of People with Disabilities. It is implemented through the combined efforts of the people themselves, their families and communities and the appropriate health, vocational and social services. (ILO/WHO/UNESCO Joint Position Paper, 1994)

2.5. *Community development*

Refers to the process and the method aimed at enhancing the capacity of communities to respond to their own needs and improving their capacity for development, through community mobilisation, strength-based approaches and empowerment programmes.

2.6. *Exclusion*

The term refers to the prevention by social systems, from participating or benefiting or being shut out or left out due to the inadequacy of society in accommodating differences / diversities. Guideline to determine Disability It must be recognised that disability is not as the result of the individual. It occurs as a result of interaction between individuals and the environment that is not intended or designed to enable fair participation (Roth 1983). The statement below shall be used as a guideline, to determine disability when developing and implementing departmental policies and programs.

2.7. *Inclusion*

Inclusion implies a change from an 'individual change model' to a 'system change model' that emphasises that society has to change to accommodate diversity, i.e. to accommodate all people.

2.8. *Independent living*

Independent living implies the ability of a person to live like anyone else-with opportunities to make decisions that affect one's life, being able to pursue activities of the person's own choosing (IND 1997)

2.9. *Disability Mainstreaming*

Disability mainstreaming is the integration of disability issues into an organization's analysis, planning, performance, personnel, policy, monitoring and assessment. It is a broad strategy for making the concerns and experiences of Children, Men and Women with Disabilities, not excluding Parents of Children with Disabilities, an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres so that they all benefit equally and inequality is not perpetuated. The ultimate goal of disability mainstreaming is inclusion. It involves ensuring that disability perspectives and inclusion become central to all activities - policy development, research, advocacy/ dialogue, legislation, resource allocation, planning, implementation and monitoring of programmes and projects.

2.10.*Personal " Assistance or Care Attendants"*,

Personal assistance services enable people with severe disabilities to exercise their rights to choose and dignity within their own homes. It provides an opportunity to Persons with Disabilities to regain a large percentage of their independence. "Personal" connotes that the assistance has to be customized to an individual's needs.

2.11.*Prejudice*

Prejudice is the judgment or opinion that is formed without proper understanding or investigation, in a way that is biased, unfair, hurtful, and discriminatory. It is also seen as a form of displaced aggression channelled towards a weak group. It leads to a social handicap whereby the inferior group is prevented from enjoying adequate schooling, library facilities, housing and social amenities. The result is poor education, mediocre skills and high unemployment within the group.

2.12.*Rehabilitation*

The UN Standard Rules (The Rules) define rehabilitation as a process aimed at enabling People with Disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with tools to change their lives towards a higher level of independence. It may include measures to provide, restore functions and compensate for the loss or absence of a functional limitation. Emphasis is placed on the abilities of the individual, whose integrity and dignity should be respected. Rehabilitation services for persons with disabilities should be provided, whenever possible, within the existing structures of society.

2.13.*Social services*

Social services refer to the broader and comprehensive range of services relating to social welfare services and community development provided in a continuum to ensure the sustainability of intervention efforts.

2.14.*Special Needs Education*

Needs Education focuses on the education system and its ability to accommodate learners with different special needs (social model). It refers to the education of learners with a wide range of educational needs of a specialised nature.

2.15.*Support services*

They are mechanisms or strategies to overcome social barriers and/or the effects of disability and enable People with Disabilities to maintain their dignity, assist them to increase their level of independence in their daily living to exercise their rights and to live independently within their communities.

2.16.*Social Services*

The broader and comprehensive range of services relating to social welfare services and community development provided in a continuum to ensure the integration and sustainability of intervention efforts.

2.17.*Social Assistance*

Social assistance refers to social grants in the form of a supplementary grant, a grant-in-aid, a foster care grant, a child support grant, a care-dependency grant or a financial award, granted under the Social Assistance Act No 59 of 1992.

2.18.*The Department*

This refers to provincial and national Departments of Social Development.

3. BACKGROUND

3.1 Strategic Priority Intervention

Outcome	Strategic Priority intervention	Key Beneficiaries

Reduced levels of poverty, inequality, vulnerability, and social ills	Provide care and support services to older persons and persons with disabilities	Persons with Disabilities

3.2 Situational Analysis and Problem Statement

3.2.1 International Perspective

More than a billion people are estimated to live with some form of disability, or about 15% of the world's population, with a higher prevalence in lower-income countries than in higher-income countries. Patterns of disability in a particular country are influenced by trends in health conditions, and environmental and other factors such as road traffic crashes, natural disasters, conflict, diet and substance abuse. African countries face a "double burden" of disease whereby they continue to experience significant effects from infectious diseases such as HIV, malaria, polio leprosy and trachoma while also experiencing the effects of an increasing prevalence of chronic diseases. Disability disproportionately affects vulnerable populations whereby people from the poorest wealth quintile, women and older people have a higher prevalence of disability. For example, in South Africa in 2001, 18.6% of the population with a disability were under 65 years and 81.4% were above this age1. In Africa the estimated prevalence of moderate and severe disability is 15.3% of the population which equates to roughly 151 million people. However, according to Africa Disability Alliance (ADA), Africa has an estimated 84 million persons with disabilities.

3.2.2 Statistical review

Mainstreaming disability in society has been well articulated at global, regional and national levels. It is widely recognised that such efforts can only be realised if statistics on disability prevalence, patterns and levels are availed at all levels of society. Disability statistics provide the basis for measuring progress in realising the rights of persons with disabilities. In South Africa, current and future policies and interventions to ensure that persons with disabilities have equal access to education, employment and basic services require statistical evidence.

Statistics South Africa (Stats SA), in 2014, published Report 03-01-59. Two measures were employed to profile disability prevalence and patterns based on the six functional domains, namely seeing, hearing, communication, remembering/concentrating, walking and self-care. These two measures were the degree of difficulty in a specific functional domain, and the disability index. The first measure presents disability statistics based on moderate to severe thresholds in a specific functional domain, and the second model combines some thresholds to categorise a person as either being disabled or not.

3.2.3 Limpopo Population

Limpopo Population by District, as per Mid-Year Population Estimates, 2025 including statistics of Persons with Disabilities:

District	Mid-Year Population estimates, 2025	Persons with Disabilities
Vhembe	1 425 946	368 764
Capricorn	1 366 653	450 070
Mopani	1 188 288	322 110
Sekhukhune	1 128 751	392 754
Waterberg	8 31 801	266 041
Aggregated	**5 941 439**	**1 799 739**

Capricorn District has the highest number (450 070) of persons living with disabilities compared to Waterberg which is having the lowest number (266 041) persons with disabilities. The Department therefore is the primary duty-bearer and serves as the lead in providing social development services to persons with disabilities. This entails:

- ✓ Creating the necessary policy and legislative environment required for the provisionof social development services to persons with disabilities;
- ✓ Providing personal assistance, residential facilities, community-based rehabilitation and habitation; skills and life centre and respite care services; and
- ✓ Mainstreaming disability in all the department's programmes and sub-programmes.

The Department intends to implement empowerment and awareness raising projects that target persons with disabilities, family members, caregivers and social practitioners on their rights, and the social development services available for persons with disabilities.

4. VALUES AND PRINCIPLES

4.1 Values

- ✓ Professionalism
- ✓ Honesty and integrity
- ✓ Fairness and equity
- ✓ Respect and dignity
- ✓ Efficiency and effectiveness
- ✓ Teamwork and partnership
- ✓ Patriotism
- ✓ Transparency

4.2 Principles

A principle can be described as a fundamental belief, ethic, standard or morality. For example, one of the fundamentals principles of the DSD is that People with Disabilities are human beings and citizens that have the same equal rights as all other citizens. The following principles underpin service to Persons with Disability:

- ✓ Right to self-representation: Persons with Disabilities have the right to self-representation in processes and structures of decision-making on issues that affect them, to acquire or be represented by a family member, advocate in situations where they cannot represent themselves.
- ✓ Accessibility: Facilities, services, and information that enable equal participation in the mainstream of society, should be accessible Persons with Disabilities.
- ✓ Support system: The family is promoted as a significant support system in meeting the needs of Persons with Disabilities.
- ✓ Self-respect and self-sufficiency: Independent living and integration of disabled people into the community should be enhanced.
- ✓ Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.
- ✓ Access to appropriate services: The need to provide specific interventions, conducive to the special needs of people with various disabilities, should be recognised, for example interpreter services and training in sign language for the deaf.
- ✓ Social Integration: A human rights and developmental approach is required in order to address the needs of disabled persons as well as to integrate disability issues into line functions of the department. Dedicated budgets should be available to give effect to this approach and all policies and services of the department should integrate disability.
- ✓ Enhanced inter-sectoral collaboration: The multi-faceted nature of disability, requiring inter-sectoral co-ordination, should be addressed.
- ✓ Equitable resource allocation: Resources and services available to meet the needs of Persons with Disabilities should be equitably distributed and deployed to eradicate the inequality and discrimination of the past. Redistribution of resources should be based on need, priorities and historical discrepancies.
- ✓ Inclusion: Issues concerning People with Disabilities should not be treated in isolation, but within the context of normal community services.
- ✓ Batho Pele Principles : Persons with Disabilities will be ensured good customer services, characterized by qualitative and accessible government services, in accordance with the Batho Pele principles.
    - o "Equity: Resources will be equitably distributed and should address racial, gender, geographic, urban/rural and sectoral disparities. Equality of opportunity and the social mobility of groups of people with special needs will also be fostered."
    - o Non-discrimination: Social welfare services and programmes will promote non-discrimination, tolerance, mutual respect, diversity, and the inclusion of all groups in society. Women, children, Persons with Disabilities, offenders, people living with HIV/AIDS, the elderly, and people with homosexual or bisexual orientations will not be excluded."

5. LEGISLATIVE AND OTHER MANDATES

5.1 The Department derives its legislative mandate from the Constitution of the Republic of South Africa:

- ✓ Section 27(1) (c), put emphases on providing for the right of access to appropriate social assistance to those unable to support themselves and their dependents.
- ✓ Section 28(1) enshrines the rights of children with regard to appropriate care, basic nutrition, shelter, health care and social services

5.2 The following national legislation and polices guide the programme:

- ✓ Social Assistance Act (Act no13 of 2004) provides for the rendering of social assistance to persons, national councils and Social Development Organizations.
- ✓ White Paper for Social Welfare (1997) Aims to transform social welfare services through developmental approach
- ✓ Social Service Professions Act, 1978 (Act no. 110 of 1978) Promotes and regulates the practice of social service practitioners for social service professions
- ✓ Provides the framework for the care of vulnerable children
- ✓ Probation Services Act, 1991 (Act no.116 of 1991) Provides for the transformation of the child and youth care system
- ✓ Domestic Violence Act (Act no. 61 of 2003) Provides for the protection of the victims of domestic violence and the vulnerable members of the society
- ✓ The Child Justice Act (Act no. 75 of 2008) Provides the framework for dealing with children in conflict with the law
- ✓ Prevention of and treatment for substance abuse Act (Act no.70 of 2008) Provides for a comprehensive national response for the combating of substance abuse.
- ✓ Older persons Act (Act no.13 of 2006.) Provides a framework for the empowerment and protection of older persons
- ✓ Advisory Board on Social Development Act, 2001 (Act no. 3 of 2001) Provides for a national advisory structure in the social development sector

- ✓ Non-Profit Organizations Act, 1997 (Act no. 71 of 1997) Provides framework for the regulations of non-profit organisations
- ✓ Children's Act No. 38 of 2005 Provides the framework for the care and protection of children.
- ✓ Sexual Offences Related Matters Amendment Act no 32 of 2007 Provides for the regulation of sexual offences against vulnerable groups 7.3. Policy mandates
- ✓ National Integrated Disability Strategy
- ✓ Disability policy 2006
- ✓ National Crime Prevention Strategy.

6. SUMMARY OF SERVICES

Indicator	Protective workshops	Community- based and Rehabilitation Centers	Residential facilities for persons with disabilities
Age of admission (Target Group)	18 years to 59 years	Adult programme-18 years to 59 years	Adult programme-18 years to 59 years
Area of operation	It is a community-based project, where the services are rendered during the day and in the afternoon/evening the person with disability go back to stay and bond with the family	It is a community-based project, where the services are rendered during the day and in the afternoon/evening the person with disability go back to stay and bond with the family	It is a home for people with disabilities where they are accommodated, and all their need are taken care of
Hours of operation	The centre operates for 8 or more hours depending on the needs of the community	The centre operates for 8 or more hours depending on the needs of the community	The residential facility is a 24-hour service
Programmes in the facility	• Occupational Therapy • Functional Living Skills Instruction • Social Stories Groups • Sensory Integration • Transition Skills • Assistive Technology • Nursing Services • Parent and Family Support • Physiotherapy services • Social work services • Speech/Language Therapy	• Occupational Therapy • Functional Living Skills Instruction • Social Stories Groups • Sensory Integration • Transition Skills • Assistive Technology • Nursing Services • Parent and Family Support • Physiotherapy services • Social work services • Speech/Language	• Occupational Therapy • Functional Living Skills Instruction • Social Stories Groups • Sensory Integration • Transition Skills • Assistive Technology • Nursing Services • Parent and Family Support • Physiotherapy services • Social work services • Speech/Language
Objectives	Protective workshops refer to an institution or organization that provides rehabilitation services and work opportunities for people with disabilities, who due to their disability, environment and/or social situation experience barriers in accessing the open labour market. The people to be admitted in the Protective workshop should be between the ages of 18 and 59 years. It is encouraged that the older persons with disabilities be admitted in the Service Centers for Older Persons. Where there are not such facilities, the Older Person may remain in the Protective Workshop	Provision of Psychosocial support to the person with a disability Skills Development-Life skills such as activities for daily living, going to the toilet, washing hands before and after meals Rehabilitation services referrals for assistive devices and personal assistance. Establishment and strengthening for support groups within and outside the center Training on communication skills such as Sign Language and Braille Empowerment programmes According to the capability of a person-socio-economic empowerment programmes Community & Home-Based Care programmes for the clients who cannot come to the center for services. Therapeutic rehabilitation programmes-Stimulation through puzzles, educational/stimulation toys, drawings, ball throwing, exercises, painting, cutting, etc. Personal assistance services that contribute to the prevention of further disabilities, secondary ailments and illnesses, and facilitate de-institutionalization	It is a facility for the temporary or permanent care, protection, support, stimulation, skills development and rehabilitation of persons with disabilities, who due to their disability and social situation need care, (When the need cannot be met at home and in the community) within a safe, secure and stimulating environment of a Home for Persons with Disabilities or in a Residential Care Facilities

Methods of intervention	• Casework-one to one or on an individual basis • Group work according to the identified needs • Parent to parent support group • Client to client support group • Parent to client	• Casework-one to one or on an individual basis • Group work according to the identified needs • Parent to parent support group • Client to client support group • Parent to client	• Casework-one to one or on an individual basis • Group work according to the identified needs • Parent to parent support group • Client to client support group • Parent to client

7. STRUCTURE OF THE SERVICES ACCORDING TO THE LEVELS OF INTERVENTION IN EACH OF THE CENTRES.

7.1 Protective Workshop

Level of Intervention	Purpose of Level	Activities
Prevention	Services delivered at this level are aimed at strengthening and building the capacity and self-reliance of the client. Prevention programmes include awareness, educational/ information programmes, as well as advocacy programmes aimed at: These are services that are aimed at preventing disabilities from occurring, getting worse and multiplying	- Raising awareness on disability issues e.g. the rights of Persons with Disabilities. - Conscientizing and educating communities (both able and disabled) on the rights, needs and abilities of Persons with Disabilities. - Advocating on behalf of Persons with Disabilities to access services, resources, equal opportunities and ensuring the development and empowerment of Persons with Disabilities, to enhance self-representation on advocacy issues. - Awareness raising about causes of disabilities and where possible, how disability can be prevented
Early Intervention Programs	Life Skills & Capacity building Services	- Access to developmental opportunities through the IDP (Individual Development Plan-SWOT Analysis) - Life skills on self-care etc. - Job coaching - Monitoring progress - Family preservation - Engagement - Assessment/treatment - Individual Development Plan - Safety - Rights of persons with disabilities - Complaints and grievance procedure - Physical care and environment - Transitional planning - Privacy and confidentiality - Emotional and social care - Health care - Behaviour management
Statutory Services	The services and programmes are aimed at protection, care and support through alternative care placements for people in need of care, protection of their rights within communities and within the welfare	- Empowerment of people about their legal rights - Linking them with the Legal fraternity - Referral for legal presentation in court

	and justice system to prevent secondary abuse; ensuring proper handling of abuse cases concerning	- Support during the legal process
Reconstruction and after care	Services and programmes are designed in such a way that they promote personal development, independence and enhance social functioning, cohesion and integration. These services are to be provided within the context of the individual's family and community	- Family Reunification and reintegration programs - Personal assistance services - Empowerment programmes e.g. social skills - Care plan - Therapeutic programmes - Education - Disengagement

7.2 Community- based and Rehabilitation Centres

Level of Intervention	Purpose of Level	Activities
Prevention	Advocacy	- Coordination of services to ensure integration of persons with disabilities - Lobbying for mainstream of disability and access to services - Educational campaigns-engage people with disabilities, and their family - Addressing the problems of attitudes and misconceptions about disability - Advocate
	Awareness & educational programmes	- Dissemination on all programmes: HIV/AIDS, VEP, Poverty eradication programmes, Crime prevention, Substance abuse, Systematic Training On Effective Parenting (STEP) - Awareness on the rights and responsibilities of persons with disabilities - Awareness on the different disability types and abilities of persons with disabilities - Awareness raising on the available services and procedure to access them
Early Intervention Programs	Coordination	- Coordination of services to ensure integration of persons with disabilities - Assessment of the people with a disability to ensure proper placement - To prepare an integrated and coordinated Individual Development Plan (IDP) or Personal Plan of Support (PPS) for each individual client
	Social protection programmes	- Counselling services- individual, family or peer group - Provision of social security services- assistance and referral for a grant application - Services against abuse e.g. promotion of the rights of persons with disabilities
	Care and support	- Provision of Psychosocial support to the person with a disability - Skills Development-Life skills such as activities for daily living, going to the toilet, washing hands before and after meals - Rehabilitation services-referrals for assistive devices and personal assistance. - Establishment and strengthening for support groups within and outside the centre - Training on communication skills such as Sign Language and Braille - Empowerment programmes- According to the capability of a person- socio-economic empowerment programmes

		- Community & Home-Based Care programmes for the clients who cannot come to the centre for services. - Therapeutic rehabilitation programmes- Stimulation through puzzles, educational/stimulation toys, drawings, ball throwing, exercises, painting, cutting, etc. - Personal assistance services that contribute to the prevention of further disabilities
	Empowerment of people with disabilities	- Social skills-table etiquette, communication, respect of elders, self-love and respect, greeting, how to answer a phone etc. - Development of a positive self-image and self-perception to regard oneself with high esteem, accept self as is, understand oneself etc. - Coping skills especially after an accident or bereavement or any social problem - Understanding and comprehending policies and available social services - Link Persons with Disabilities to developmental programmes for skills development, income generation and socio-economic activity, e.g. poverty relief and self-help projects. - Provide therapeutic social rehabilitation, support and an enabling environment for the social and economic empowerment of Persons with Disabilities in order to promote their full potential, independence, opportunities for economic participation, dignity - Provide support and appropriate linkages to socio-economic programs linked to entrepreneurship development to enhance probabilities of Persons with Disabilities to become self-employed. - The program provides information and /or training to People with Disabilities and their immediate families. Empowering programmes may include the following: - Life and social skills (e.g. skills for goal-setting, money management) - Development of positive self-image and self-perception - Development of positive inter-personal relations and communication - Coping and parenting skills
	Family therapy & enrichment programmes	- Therapeutic and support services to the family - Link the families with relevant services - Provision of programmes that facilitate deinstitutionalization - Provide day care services
Statutory Services	Empowerment of persons with disabilities	The services and programmes are aimed at protection, care and support through alternative care placements for people in need of care, protection of their rights within communities and within the welfare and justice system to prevent secondary abuse; ensuring proper handling of abuse cases concerning Children with Disabilities provision of mediation services etc. - Social Skills, that is, the knowledge about the court procedures and preparations for the court - Coping skill- cope with the problem at hand - Understanding and comprehending policies and available social services

Reconstruction and after care	Empowerment of persons with disabilities	Services and programmes are designed in such a way that they promote personal development, independence and enhance social functioning, cohesion and integration. These services are to be provided within the context of the individual's family and community. They incorporate the following: - Family Reunification and reintegration programs - Personal assistance services Empowerment programmes e.g. social skill - Social skills- CBR to be information centers for People with disabilities - Development of a positive self-image and self-perception - Coping skills - Understanding and comprehending policies and available services - General life skills
	Life and social skills	- Provision of assistive devices - Reunification and integration Support services and counseling - Outreach programmes to families and communities, e.g. to encourage payments of fees to the centers - Community/home based care and support - Day care services for children and persons with disabilities - Access to grants - Integrated abuse programmes - Strengthening of support groups for parents of children with disabilities - Services and support to day care centers - Skills development, training on specialized care, understanding and the use of sign language etc. - Provision of socio-economic skills and linkage to resources - Therapeutic social rehabilitation services. - Care plan - Therapeutic programmes - Education - Disengagement

7.3 Residential Facilities

Level of Intervention	Purpose of Level	Activities
Prevention	Services delivered at this level are aimed at capacity building and the strengthening of self-reliance within the person with a disability. Prevention programmes include awareness, education and information programmes, as well as advocacy programmes	- Raising awareness on disability issues, such as the Constitutional and Basic Human Rights of people with disabilities. - Elevating the community consciousness regarding the dignity and rights of people with disabilities. - Creating access for people with disabilities to various services, commercial opportunities, financial and other resources.
Early Intervention Programs	Services delivered at this level make use of early developmental and therapeutic programmes to ensure that those who have been identified as being at risk are assisted before they require statutory services, more	The Standards addressed in this Category are the following: - Family preservation - Engagement

	intensive intervention or placement in alternative care. Intervention programmes are aimed at decreasing conditions that may promote marginalisation, exclusion, isolation, poverty and which could contribute to further disability.	- Assessment/treatment - Individual Development Plan - Safety - Rights of people with disabilities - Complaints and grievance procedure - Physical care and environment - Transitional planning - Privacy and confidentiality - Emotional and social care - Health care - Behaviour management
Statutory Services	At this level an individual has either become involved in some form of legal process or is no longer able to function adequately in the community. These services include residential care, assisted living programmes and community-based care.	These services encompass the following: - Protection, care and support through alternative care placement for people in need of care in exceptional cases through statutory process. - Protection of the rights of people with disabilities within communities and within the welfare and justice system to prevent secondary abuse.
Reconstruction and after care	Services at this level are aimed at reintegration and support services to enhance self-reliance and optimal social functioning in preparation for discharge from the residential facility and after the discharge procedure. These services are provided within the context of the individual, family and the community	They include the following: - Family reunification and reintegration programmes. - Personal assistance services. - Empowerment programmes e.g. social skills. - Advocacy, education and awareness.