SOCIAL WORK SERVICES PROVIDED TO CHILDREN WITH PHYSICAL DISABILITIES IN LESOTHO: AN ECOLOGICAL PERSPECTIVE

by

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DECLARATION

By submitting this dissertation electronically, I declare that the entirety of the work contained therein is my own original work, that I am the authorship owner thereof (unless to the extent explicitly otherwise stated), and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

Children with physical disabilities fall under one of the most vulnerable population groups in the world. They face numerous challenges that prevent them from living normal lives and attaining opportunities to improve their quality of life. Social work services have been known to help them improve their wellbeing and to attain improved livelihoods. These are backed up by relevant policies which, if implemented, can improve the lives of children with disabilities. Social work services can be provided to children with physical disabilities at different ecological levels, namely the micro, meso and macro levels.

The study was aimed at gaining an understanding of social work services provided to children with physical disabilities in Lesotho. To this end, the ecological perspective and some disability models were used as theoretical frameworks.

The study used a qualitative research approach with some quantitative elements, as well as a combination of descriptive and explorative research designs to achieve the set research questions. Purposive sampling was used to select participants for data collection. Data were collected using telephonic and WhatsApp interviews due to the Covid-19 guidelines, which prevented face to face meetings. Semi-structured interviews were used to collect data from 22 participants.

Two focus group discussions were also conducted. The goal of the focus groups was to clarify any aspects of the data that were collected during the interviews, as well as to determine possible solutions. Each focus group consisted of five participants who had also formed part of the semi-structured interviews. The first focus group discussion was with social workers from NGOs and the second with social workers from the public sector. The focus group discussions were conducted via WhatsApp.

Data were collected from social workers who have experience in providing social work services to children with physical disabilities in Lesotho. It was collected from 9 districts of Lesotho, which are Qacha's Nek, Quthing, Mohale's Hoek, Mafeteng, Maseru, Leribe, Botha-Bothe, Thaba Tseka and Mokhotlong. Empirical data were analysed through content analysis.

The main themes derived from the empirical findings were children with disabilities in Lesotho; needs of children with disabilities in Lesotho; challenges experienced by children with disabilities in Lesotho; social work services provided to children with physical disabilities; challenges experienced by social workers in service provision to children with disabilities; and possible solutions. Findings of the study revealed that there are social work services in Lesotho provided at micro, meso and macro levels. However, such services have been deterred by several factors in that there are many challenges that hinder children with disabilities from accessing social work services. The findings further revealed that the services are not holistic and do not bring a significant impact in the lives of children with physical disabilities. This is because many children with physical disabilities are still living in poverty and their rights are still violated due to numerous factors, such as lack of resources and inadequate policies that have not been implemented. These limitations hinder effective social work service provision.

Some of the main recommendations of the study are that there should be adequate policies that will support social work services. Social workers should be provided with enough resources to support their work with children with disabilities.

OPSOMMING

Kinders met fisiese gestremdhede word gereken as een van die mees kwesbare populasies wêreldwyd. Hulle ervaar verskeie uitdagings wat hulle verhoed om normale lewens te lei en geleenthede te benut om hul lewens te verbeter. Maatskaplikewerk-dienslewering is bekend daarvoor dat dit kinders met gestremdhede se welstand en lewenskwaliteit verbeter. Maatskaplikewerk-dienslewering word gesteun deur relevante beleide wat, as dit geïmplementeer word, kinders met gestremdhede se lewens kan verbeter. Dienste deur maatskaplike werkers word gelewer op mikro-, meso- en makrovlak.

Die doel van die studie was om insig in te win oor maatskaplike dienste wat voorsien word aan kinders met fisiese gestremdhede in Lesotho. Die ekologiese perspektief, asook ander modelle wat handel oor gestremdheid, is benut as die teoretiese raamwerk om insig te verkry oor maatskaplikewerk-dienslewering.

Die studie het gebruik gemaak van ŉ kwalitatiewe navorsingsbenadering met sekere kwantitatiewe elemente. Daar is ŉ kombinasie van ŉ beskrywende en ŉ eksploratiewe navorsingsontwerp gevolg ten einde die navorsingvrae te beantwoord. Data is ingesamel deur telefoniese en WhatsApp onderhoude as gevolg van Covid-19 regulasies wat persoonlike onderhoude verhoed het. Semi-gestruktureerde onderhoude is gebruik om data in te samel van 22 deelnemers.

Twee fokusgroepe is ook gehou met die doel om enige onduidelikhede oor data wat met die onderhoude ingesamel is uit te klaar, asook om moontlike oplossings te bepaal. Daar was 5 deelnemers in elke fokusgroep wat ook deel gevorm het van die semi-gestruktureerde onderhoude. Die eerste fokusgroep was met maatskaplike werkers van nieregeringsorganisasies en die tweede met maatskaplike werkers van die openbare sektor. Die fokusgroepe is via WhatsApp gedoen.

Data is ingesamel van maatskaplike werkers wat ervaring het in maatskaplikewerk-dienslewering aan kinders met fisiese gestremdhede in Lesotho. Dit is ingesamel van 9 distrikte van die land, naamlik Qacha’s Nek, Quthing, Mohale’s Hoek, Mafeteng, Maseru, Leribe, Botha-Bothe, Thaba Tseka and Mokhotlong. Die empiriese data is geanaliseer deur inhoudsanalise.

Die hooftemas wat afgelei is deur die empiriese bevindinge was kinders met fisiese gestremdhede in Lesotho; uitdagings ervaar deur kinders met fisiese gestremdhede in Lesotho; maatskaplikewerk-dienslewering aan kinders met fisiese gestremdhede; uitdagings ervaar deur maatskaplike werkers in dienslewering aan kinders met fisiese gestremdhede in Lesotho; en moontlike oplossings. Bevindinge van die studie het onthul dat daar maatskaplike dienste in Lesotho gelewer word op mikro- meso- en makrovlak, maar dat dienste belemmer word deur verskeie faktore om die behoeftes van kinders met fisiese gestremdhede in Lesotho te vervul. Daar is verskeie uitdagings wat kinders met fisiese gestremdhede verhoed om toegang tot maatskaplike dienste te verkry. Die bevindinge dui verder aan dat dienste nie holisties van aard is nie en nie ’n betekenisvolle impak op die lewens van kinders met fisiese gestremdhede het nie. Dit is omdat baie kinders met fisiese gestremdhede steeds in armoede leef en hul regte steeds geskend word as gevolg van verskeie faktore, soos ’n gebrek aan bronne en onvoldoende beleide wat nog nie geïmplementeer is nie. Hierdie omstandighede belemmer maatskaplikewerk-dienslewering.

Van die hoofgevolgtrekkings van die studie is dat daar voldoende beleide behoort te wees wat maatkaplikewerk-dienslewering sal ondersteun. Maatskaplike werkers behoort ook verskaf te word met genoegsame bronne om hul te ondersteun met hul dienslewering aan kinders met gestremdhede.

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CBR	Community Based Rehabilitation
CPD	Continuous Professional Development
Covid-19	Corona Virus Disease 2019
DESC	Departmental Ethics Screening Committee
HIV	Human Immunodeficiency Virus
LNFOD	Lesotho National Federation of Organisations of the Disabled
NGO	Non-governmental Organisation
REC	Research Ethics Committee
RSA	Republic of South Africa
TB	Tuberculosis
UN	United Nations
UNCRC	United Nations Convention on the Rights of a Child
UNRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children’s Fund
WILSA	Woman and Law in Southern Africa
WHO	World Health Organization

CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 PRELIMINARY STUDY AND RATIONALE

The World Health Organization (WHO) estimates that 15% of the world population – 1 billion people worldwide – have one or other form of disability (2011). Of these people, 400 million live in developing countries and 80 million in Africa. Studies (Grech, 2015; Lonne, Harries, Featherstone & Gray 2016; Manor-Binyamini, 2014; Shakespeare, 2018) further show that most of the people living with disabilities worldwide come from developing countries, and that they are often found in the poorest areas. Moreover, the WHO (2015) calculates that 5.1% of children in the world have a disability, and that physical disability is the leading type of impairment in children. For the purposes of this study physical disability is decribed as a type of disabilty that has an effect on a child's physical functioning, including visual and hearing impairments as will be discussed later (Barclay, 2019). One in 20 of the children with disabilities worldwide have moderate to severe disabilities (World Health Organization, 2015). Additionally, authors (Manor-Binyamini, 2014; Rimmerman, 2015; Runswick-Cole, Curran & Liddiard, 2018) assert that many children with a physical disability come from Africa, and that this is frequently the result of poverty, inadequate health care services and uncleared landmines.

Research shows that, prior to the 19th century, many societies mistreated people with disabilities. They were considered inferior, or thought to be possessed by evil spirits (Heyman & Congress, 2018; Roulstone, 2018; Marini, Graf & Millington, 2018). In many African countries, such as Kenya, Zimbabwe, South Africa and Lesotho, children born with disabilities were identified and killed right after birth because they were considered a curse. If kept alive, they were often hidden and given less attention than other children (Shakespeare, 2018; Visagie & Swartz, 2018; Marini *et al.*, 2018).

Similarly, authors (Marini *et al.*, 2018; Rembis, Kudlick & Nielsen, 2018; Shakespeare, 2018) emphasise that, during the 19th century, many people with disabilities in African countries were segregated, institutionalised and degraded, with some being sent to asylums, sold to freak shows or even sterilised. Moreover, during this era, most people feared, pitied and neglected persons with disabilities (Heyman & Congress, 2018; Davis 2021; Gordon, Poder & Burckhart, 2017). This confinement and isolation reflect how some societies still hold negative attitudes towards human beings that are different from the norm. To this day, culture and religion occupies a place in people's understanding of disability in Africa (Barclay, 2019; Davis, 2021; Shakespeare, 2018).

This means that misunderstandings about disability are still rooted in cultural, religious, and traditional beliefs in Africa. Moreover, addressing disability in many African countries is viewed as a matter of charity, through which religious institutions and other organisations provide food and clothes for children with disabilities (Runswick-Cole *et al.*, 2018; Visagie & Swartz, 2018). In addition, several authors (Heyman & Congress, 2018; Shakespeare, 2018; Shepherd, Kervick & Morris, 2017; Visagie & Swartz, 2018) pinpoint the correlation between poverty and disability in both developed and developing countries. According to the literature (Gordon *et al.,* 2017; Grech, 2015; Shakespeare, 2018; Zastrow, 2017) poverty is either the cause of disability, or disability enhances the likelihood of poverty.

Studies (Engelbrecht & Green, 2018; Mitchell & Snyder, 2015) further show that, in Lesotho, poverty often leads to physical disabilities in children through unassisted births, malnutrition, inadequate health care, accidents, HIV/AIDS, inadequate infrastructure, unsafe transport and unsanitary living conditions. However, despite the apparent need, the government of Lesotho does not have a specific grant for people with disabilities. A selection of people that are found to be in dire poverty are given grant money of R750 (equivalent to $55.87) four times a year, but this is not enough to cover their expenses, especially not for the specific care needed by persons with disabilities.

Ultimately, although the correlation between disability and poverty is clear, merely regarding it as a charity matter is not sufficient. Harmful societal views surrounding disability and persons with disabilities should also be addressed in order to create a society that is more inclusive and accessible. In short, disability should be viewed holistically, thus taking relevant aspects such as poverty, health services and living conditions into consideration.

1.2 NEEDS OF CHILDREN WITH PHYSICAL DISABILITIES

Children with physical disabilities in Lesotho face several physical, social, economic, and political obstacles to have their needs met. For the purposes of this study children with physical disabilities will be persons below the age of 18 who have limitations in performing physical and other activities and these limitations have a significant impact in their daily lives (Barnes 2016; Runswick-Cole *et al.*, 2018). Although some authors (Graham, Moodley, Ismal, Munsaka & Ross, 2014) view visual and hearing impairments as sensory impairments, for the purposes of this study these sensory impairments will be regarded as a form of physical disability. Children with physical disabilities often do not get access to education, social services and health related services because of exclusion and isolation that they experience from policy makers, service providers and the community (Engelbrecht & Green, 2018; UNICEF, 2017). This is evidenced in the fact that there is no legislation specifically for people with disabilities in Lesotho, but the disability equity bill drafted in 2015 and yet to be passed into an act. Further, there is lack of statistics on the overall number of people with disability because Lesotho has a very limited disability data base. The Ministry of Health and Social Welfare in 2008 estimated that people with a disability could be 5.2% of the population of which one third of that percentage was estimated to be children under the age of 15 (Leshota, 2013).

The United Nations Universal Declaration of human rights article 25(1) avers that all people that are vulnerable such as children with physical disabilities have a right to social service provision to reduce vulnerability (United Nations 2015) . Regardless, children with physical disabilities across the globe have been found to have needs that require adequate social work services to be met. These needs range from social, physical to psychological needs (Watermeyer, Mckenzie & Swartz, 2019; Westwood, 2021; Webb, 2019; Zuurmond, Nyapera, Mwenda, Kisia, Rono & Palmer, 2016). Social needs generally revolve around aspects such as life skills, recreational activities, healthy relationships and friendships with peers, elimination of negative societal attitudes and environmental barriers (Adams & Leshone, 2016; Ashford, LeCroy & Williams, 2018; Bøttcher & Dammeyer 2016; Shakespeare 2015).

Literature (Adams & Leshone, 2016; Barclay, 2019; Barlindhaug, Umar, Wazakili and Emaus, 2016; Manor-Biyamini 2014) shows that physical needs such as financial assistance, special equipment (wheelchairs), transportation, vocational training and integration into school setting are prevalent in both the developed and developing countries including United States, Somalia, Lesotho, South Africa. Along with physical needs are material needs which include food, clothes, and proper living conditions. Subsequently, psychological needs include counselling and emotional support for the child and his/her family members (Heyman & Congress, 2018; Marini *et al.*, 2018; Westwood, 2021; Webb, 2019; Zastrow, 2017).

1.3 SOCIAL SERVICE DELIVERY

From the discussion above, it is clear that children with physical disabilities have several needs which social workers could play a vital role in addressing. Social workers render social services aimed at providing vulnerable children with support, care and protection. In developed countries such as United States of America and the United Kingdom, empirical studies (Shakespeare, 2018; Shakespeare, 2015) show that about 50% of children with physical disabilities have access to social services. Conversely, reports from the United Nations Children's Fund (UNICEF) from 2017 and studies by various scholars (Barlindhaug *et al.*, 2016; Bøttcher & Dammeyer 2016; Grech, 2015) show that only a few children with physical disabilities in African countries such as Lesotho, Kenya and Zambia have access to social services.

These services are usually provided at three levels, namely the micro, meso and macro levels. Social workers use these as reference points to assess the needs of children with disabilities and determine the services that will best assist them. At a micro level, for instance, they work with children with physical disabilities and their families, providing them with counselling. Social workers also play a significant role in providing practical support in that they help caregivers adjust to living with children with disabilities and inform them regarding available services and the rights of children (Adams & Leshone, 2016; Ashford *et al.*, 2018; Heyman & Congress, 2018; Rothman, 2018). They further help with rehabilitation and support, acquainting children with recreational activities and linking them with other professionals such as physicians (Adams & Leshone, 2016; Bright & Kuper, 2018; Francis, 2014; Heyman & Congress, 2018; Zastrow, 2017).

At a meso level, social workers aid children with physical disabilities and their families by forming and facilitating support groups which offer emotional and informational resources (Heyman & Congress, 2018; Lonne *et al.*, 2016; Netting, Kettner, McMurtry & Thomas, 2017; Webb, 2019). Similarly, they work with communities to educate them about disability and how they can support and accommodate children with physical disabilities (Hepworth, Rooney, Rooney & Strom-Gottfried 2017; Heyman & Congress, 2018; Webb, 2019). Lastly, at a macro level social workers often advocate for equal rights for children with physical disabilities in their communities, identifying gaps in policies to accommodate them in communities and institutions (Gordon *et al.,* 2017; Hepworth *et al.,* 2017; Roulstone, 2018; Webb, 2019)

However, authors (Mitchell & Snyder 2015; Rothman, 2018; Watermeyer *et al.*, 2019) argue that challenges such as lack of resources, lack of qualified staff, lack of proper supervision, lack of partnership with parents and culturally insensitive services dominated by a medical model act as barriers to social service delivery.

1.4 LESOTHO

Lesotho is a Southern African country surrounded by the borders of South Africa. It has a population of approximately 2 million, of which over 1 million live in poverty, 38% of this demographic being children (UNICEF, 2017). Approximately 70% of its people live below the poverty line, with 56% living on less than 20 Maluti/20 Rand per day, while the poverty rate is 57.1% and the extreme poverty rate 34% (UNICEF, 2017). These statistics show that the country is generally poor. Inevitably, this affects mostly the vulnerable population, especially those with disabilities. The Department of Social development in Lesotho, which directly provides social services to people that are vulnerable, was first introduced in 1976 as the department of social welfare. It was placed under the Ministry of Internal Affairs, then under the Ministry of Justice, and later moved under the Ministry of Employment. In 1993, it was linked with the Ministry of Health and finally, in 2010, it was independent, and it was called the Ministry of Social Development (Leshota, 2013).

Lesotho is a signatory of the United Nations convention on the rights of a child and the African Charter on the rights and welfare of a child. Moreover, in 2008, the country ratified the United Nations Convention on the rights of persons with disabilities. All these conventions contributed to the country developing the national rehabilitation and disability policy, which was passed in 2011 (Ministry of Health and Social Welfare, 2011). This was a response to tackling barriers and restrictions that prevent people with disabilities from gaining access to different services including social services (Ministry of Health and Social Welfare, 2011). However, to date, the policy has not been implemented and children with disabilities still face barriers in accessing social services (UNICEF, 2017).

Further, UNICEF (2017) explored the extent to which the national budget allocated for social services that benefit the vulnerable population in Lesotho. The findings indicate that the budget allocated yearly for welfare services is more than that which the government of South Africa, Namibia and Botswana allocate for social assistance. Despite this fact, the poor in Lesotho do not benefit from social services, as many people are still in poverty and suffering (UNICEF, 2017).

Children with physical disabilities in Lesotho need social work services, but the majority do not benefit from the services because they are not exposed to social services (UNICEF, 2017). Moreover, the country's social services are found mostly in its urban areas, which means that they are only accessible to those living in cities. This poses a problem, since about 80% of Lesotho's population lives in rural areas. This has implications for many children with physical disabilities, who do thus not have access to social services as a result (Leshota, 2013; Manor-Binyamini, 2014; Neille & Penn, 2015).

1.5 PROBLEM STATEMENT

The main concern when it comes to children with physical disabilities is lack of support for the children and their families, which in turn renders disability a burden that rests solely on the affected party's family. In Lesotho, literature (Engelbrecht & Green, 2018; UNICEF, 2017) points out that poverty, inequality, and vulnerability remain the main problem to the extent that Basotho are severely deprived of basic social services. This suffering is reflected mostly in children, with those living with a disability being affected the most. A great number of children with physical disabilities are poor and are not able to acquire social services because of environmental and social restrictions (Leshota, 2013; Ministry of Health and Social Welfare, 2011). This is shown in findings by UNICEF (2017), which indicate that 52% of children in Lesotho do not have access to basic social services.

Further, in Lesotho, research on disability has been mostly focused on inclusive education. Research by Chitereka (2010) and Kamaleri and Eide (2011) examined the living conditions of people with disabilities, while another study by Leshota (2013) involved reading the disability policy in light of Foucault's technologies of power. All of these mentioned studies were desktop studies. Conversely, this study is an empirical study, conducted by focusing on social services provided by social workers to children with physical disabilities. As far as the researcher could establish, no empirical study of this nature has previously been conducted to investigate services offered by social workers to children with physical disabilities in Lesotho. Therefore, it is within this context that the study was conducted. This study did not only focus on social services provided, but also on the challenges social workers experience in rendering services to children with physical disabilities, as well as possible solutions to these challenges. Such a study could be beneficial to render more effective services to children with physical disabilities in Lesotho.

1.6 RESEARCH QUESTIONS

The following research questions guided this study:

- What social work services are provided to children with physical disabilities in Lesotho on the different levels of the ecological perspective?
- What challenges are experienced by social workers in service delivery to children with physical disabilities in Lesotho?
- What are the possible solutions to these challenges?

1.7 AIM AND OBJECTIVES

The aim of the study was to gain an understanding on the social work services provided to children with physical disabilities in Lesotho. The following objectives were formulated to meet the aim of the study.

1. To provide an overview of the nature and scope of disability and specifically the needs of children with disabilities.
2. To explore different theoretical perspectives regarding disability with specific focus on the ecological perspective.
3. To explain the different policies and legislation regarding disability and discuss service delivery to children with a physical disability, specifically focusing on social work services.
4. To empirically investigate the experiences of social workers regarding social services to children with a physical disability in Lesotho.
5. To provide relevant recommendations to social workers, government and civil society organisations regarding social services provided to children with a physical disability.

1.8 THEORETICAL POINTS OF DEPARTURE

The study was based on the ecological systems perspective. This theory is applicable to the study because it considers factors that are influential regarding the welfare of children with physical disabilities, and it provides a framework to explore the needs of these children.

The ecological systems perspective is a systems approach based on concepts advanced by Bronfenbrenner (1989). It views individuals as organisms interrelated with their surroundings (Davies 2012). This means that human behaviour is influenced by the interaction between individual, social and environmental factors (Heyman & Congress, 2018; Miley, O’Melia & Dubois, 2017; Van Heugten & Gibbs, 2015). This is relevant in social work because it is a profession that works towards bringing change and enhancing the wellbeing of an individual focusing on different factors in his surroundings (Batshaw, Roizen & Pellegrino, 2019; Teater, 2014; Webb, 2019; Zastrow, 2017).

Therefore, as it applies to the study, the ecological systems perspective emphasises the importance of the social and physical environment in affecting the functioning and wellbeing of children with physical disabilities. In so doing, it indicates how social service providers could provide effective services to children with physical disabilities while working with interconnected systems and networks. Further, the theory allows social service providers to link children with disabilities with different services and sectors.

According to the ecological systems theory, children with physical disabilities would be located within a series of nests (Bronfenbrenner, 1979). The first nest is the micro-system, which comprises the child's immediate family (Bronfenbrenner, 1979; Patel, 2015). The second nest is the meso-system, which consists of the child and his/her family as well as play and other groups, immediate neighbours, and communities (Bronfenbrenner, 1979). Finally, these systems exist within the macro-system comprising the political and cultural context (Bronfenbrenner, 1979).

1.9 RESEARCH METHODOLOGY

The study was aimed at identifying services provided by social workers to meet needs of children with physical disabilities. This section focuses on the methods that were used to collect data to achieve the set research objectives. It includes research approach, research design, sampling, instrument of data collection, data analysis, data verification and ethical considerations

1.10 RESEARCH APPROACH

The study was qualitative in nature (with some quantitative elements) because it was aimed at exploring the experiences of social workers in delivering services to meet needs of children with physical disabilities. Authors (Babbie, 2020; Creswell & Creswell, 2018; Fouché, Strydom & Roestenburg, 2021) describe qualitative research as an approach that paints in detail the participants' account of meaning and perceptions, thereby allowing participants to relate their own experiences. The method was chosen because it produces descriptive data as per the participants' words (Babbie, 2016; Creswell & Poth, 2018; Denzin & Lincoln, 2018). Further, the approach was used because it creates space for voices not often heard, such as those of social workers rendering services to children with physical disabilities in Lesotho. In foregrounding their experiences, the study thus provides insight into their day to day lives (Chilisa, 2012). Lastly the approach was suitable for the study because of the nature of the study's research objectives, which required qualitative data. Data were collected using semi-structured interviews from the participants (Creswell 2014; Denzin & Lincoln, 2018).

A flow between a deductive and inductive approach was utilised in the study, as will also be indicated in Chapter 5. The deductive approach was used in the literature chapters, where the researcher made use of previous research and literature to gain more insight on the topic of children with physical disabilities, as well as social work intervention to this target group. The inductive approach was followed where participants provided information, and this was compared to previous research (Maree, 2020).

1.11 RESEARCH DESIGN

The study used a combination of descriptive and explorative research designs. These designs were chosen based on the nature of the objectives of the study. A descriptive study describes a situation, problem, service or programme systematically, or provides information about the living conditions of a community (Kumar, 2019; Rubin & Babbie, 2017; Yegidis, Weinbach & Myers, 2018). It aims at describing the type of services provided by an organisation and what is prevalent with respect to the problem under study (Babbie, 2020; Kumar, 2019; Patten & Newhart, 2018). Therefore, descriptive research design was fit for the study because the researcher aimed at producing a detailed picture of social services provided by social workers to children with physical disabilities. Further, it enabled the researcher to illustrate the current situation of the needs of children with physical disabilities with respect to services they receive from social workers.

The study used an explorative qualitative research design because it is applicable when tackling issues that are relatively new, or problems in which little research has been done (Creswell & Poth, 2018; Denzin & Lincoln, 2018; Fouché, Strydom, & Roestenburg*,* 2021). Little research has been done on disability in Lesotho, and as a result there have not been many studies examining social work services provided to meet needs of children with physical disabilities. Moreover, there are no clear statistics on the number of people with a disability in Lesotho, and the available studies have been mostly on disability and education.

1.12 SAMPLING

The study made use of a non-probability sampling method. It is used to study a particular sample of interest, as it considers the most common characteristic of the group (Babbie, 2020; Creswell & Poth, 2018; Denzin & Lincoln 2018). Purposive sampling was used to select the sample. Purposive sampling strategy is based on the researcher's judgement on who will provide the best information to achieve the goals of the study (Babbie, 2020; Creswell, 2014; Fouché *et al.*, 2021; Powner, 2015). This allowed the researcher to select a sample of people who have relevant knowledge for the study and would be able and willing to share this knowledge. Further, the type of sampling strategy chosen was fit for an explorative study, since the study aimed to describe a phenomenon about which little is known, namely the social services provided by social workers to meet needs of children with disabilities in Lesotho (Creswell & Creswell, 2018; Creswell & Poth, 2018; Patten & Newhart, 2018; Rubin & Babbie, 2017).

1.12.1 Sample Size

The study took place over two phases. In the first phase, the researcher sought institutional permission from the directors of NGOs and the Ministry of Social Development to contact social workers who render services to children with physical disabilities. Accordingly, directors were asked to provide the contact details of prospective participants. The researcher then followed up with these participants. However, because of Covid-19 regulations, the researcher could not go to the organisations where they work as initially planned.

The researcher initially planned to obtain the sample of 20 participants using purposive sampling or until data saturation was reached. However, although data saturation was reached after the 13th interview, the researcher interviewed 22 participants, as will be elaborated on in Chapter 5. Participants that were chosen and interviewed were only those that worked with children with physical disabilities in Lesotho and were willing to participate. Initially it was planned to conduct face to face interviews, but due to Covid-19 telephonic and WhatsApp interviews were conducted.

The second phase was two focus groups of 5 social workers each who work with children with physical disabilities. The researcher planned to conduct these focus group discussions at the organisations where participants worked. However, due to Covid-19, focus groups were conducted online via WhatsApp using an interview guide to get rich data. The interview guide guided the researcher regarding which questions to ask, thus allowing participants to discuss the subject in more detail.

Inclusion Criteria

The study included qualified social workers who work with children with physical disabilities in Qacha’s Nek, Quthing, Mohale’s Hoek, Maseru, Mafeteng, Leribe, Botha-Bothe, Thaba Tseka and Mokhotlong. Participants had to have at least 2 years of work experience and had to be able to speak English or Sesotho. Finally, the study only included participants who were willing to take part.

Exclusion Criteria

The study excluded social workers who did not give an informed consent to participate in the study, as well as those that did not work with children with physical disabilities.

1.12.2 Study site

The study took place in the nine districts of Lesotho namely, Qacha’s Nek, Quthing, Mohale’s Hoek, Mafeteng, Maseru, Leribe, Botha-Bothe, Thaba Tseka and Mokhotlong. There are ten districts in Lesotho, and the researcher aimed to conduct the study in the majority of the districts to get a general overview of services provided to children with physical disabilities in the country. This is because the country has few organisations which provide social services to children with physical disabilities.

The districts included in the study were chosen because they represent the lowlands and the high lands. The lives of people in the lowlands of Lesotho are different from the lives of people in the high lands, since the lowlands have better infrastructure and improved access to services and opportunities. Therefore, it was crucial for the researcher to gain the perspective of social workers who render services in both geographical areas so that the study did not become biased by representing only one population group.

1.13 METHODS OF DATA COLLECTION

The study used semi-structured interviews to collect data from the participants (See Annexure 4), since it is qualitative in nature (Creswell 2014; Kumar, 2019; Patten & Newhart, 2018). The researcher aimed to conduct conversations with the participants face to face regarding the questions based on the research themes extracted from the objectives (Babbie, 2020; Creswell & Creswell, 2018; Kumar, 2019; Leavy, 2017). However, due to Covid 19 regulations, data were collected through WhatsApp and cell phone calls. The interviews were conducted by the researcher at a time that suited the participants, and they lasted 45-90 minutes.

After the initial interviews, two focus group discussions were used to collect data to clarify any aspects that were not clear from the data gathered during the interviews. The focus groups thus brought more clarity to the findings from the interviews (Babbie, 2020; Creswell & Poth, 2018; Leavy, 2017). Focus group discussions were conducted via WhatsApp. For the participants involved in this process, the group setting brought a more relaxed atmosphere than an individual interview. The researcher acted as a facilitator and led the discussion by asking questions from the interview guide (See Annexure 5).

An interview guide was used to conduct all of the interviews and ensuing discussions. These exchanges occurred either in English or in Sesotho depending on what was most comfortable for the participants. All interviews and focus group discussion were audio recorded by the researcher (with the permission of the participants), since this made it easier to revisit important details. The interviews were then transcribed by the researcher. All electronic data were stored on a code protected laptop only used by the researcher, as well as on Microsoft OneDrive. Hard copies of the interviews were stored in a locked cabinet in the home of the researcher.

The semi-structured interviews as well as the focus group discussions allowed the researcher to probe and gain more information from the participants while being in control of how these exchanges progressed (Babbie, 2016; Creswell & Creswell, 2018; Cohen, Manion & Morrison, 2018; Patten & Newhart, 2018). Additionally, this method was appropriate in qualitative research because it allowed participants to express their views and experiences (Babbie, 2020; Brinkmann & Kvale, 2015; Yegidis *et al.*, 2018).

1.14 DATA ANALYSIS

The process of content analysis was used. Content analysis refers to analysing the contents of interviews to identify the main themes that emerge from the responses given by participants (Cohen, *et al.*, 2018; Creswell & Creswell, 2018; Yegidis *et al.*, 2018). The researcher identified the main themes that emerged from data transcribed from the semi-structured interviews, then assigned codes to the main themes, classified the responses under them and wrote about them (Creswell & Poth, 2018; Denzin & Lincoln, 2018; Kumar, 2019; Rubin & Babbie, 2017). Main themes were further arranged into subthemes and categories (Creswell & Poth, 2018; Denzin & Lincoln, 2018; Kumar, 2019; Rubin & Babbie, 2017).

1.15 DATA VERIFICATION

Authors (Bairagi & Munot, 2019; Creswell & Creswell, 2018; Denzin & Lincoln, 2018; Kumar, 2019) argue that validity is used to establish the appropriateness and quality of the procedures adopted to find answers to research questions, while reliability is used to predict if the research instrument is accurate and precise. There are four indicators that reflect validity and reliability in qualitative research, namely credibility, transferability, dependability and conformability (Denzin & Lincoln, 2018; Kumar, 2019; Rubin & Babbie, 2017).

Credibility of the study was achieved through member checks. The transcribed interviews of four of the participants were emailed to them for confirmation, congruence, validation, and approval. All four participants agreed that the transcribed interviews were a true reflection of what they had said during the interviews (Creswell & Creswell 2018; Creswell & Poth, 2018; Kumar, 2019). Kumar, (2019) indicates that the participants are believed to be the best judge on whether the findings have been able to reflect their opinions.

Regarding the transferability of the study, the findings of the study cannot be generalised for the whole population because the study was qualitative in nature and the sample size small (Babbie, 2016; Creswell & Creswell, 2018; Cohen *et al.*, 2018;

Patten & Newhart, 2018). However, Kumar (2019) avers that transferability can be achieved only if the researcher thoroughly describes the process adopted for others to follow and replicate. Additionally, transferability was achieved through sampling and dense description of the setting of the study (Babbie, 2016; Creswell & Creswell, 2018; Cohen *et al.*, 2018; Patten & Newhart, 2018).

Dependability was achieved through keeping record of the process taken to conduct the study, and those steps and procedures were written thoroughly in the research proposal (Babbie, 2016; Creswell & Creswell, 2018; Cohen *et al.*, 2018; Leavy, 2017; Patten & Newhart, 2018). Conformability, or the extent to which the study is objective (Fouché *et al.,* 2021), was achieved through utilising an independent coder who is also as social worker to confirm the themes for the study. The researcher also had regular meetings with her supervisor to ensure her objectivity and wrote a reflective report indicating her role as researcher (See Annexure 6).

1.16 ETHICAL CONSIDERATIONS

This section discusses the ethical issues that the researcher took into consideration during the data collection and analysis period (Fouché *et al.,* 2021). The researcher obtained ethical clearance before data were collected (See Annexure 1) Ethical principles which guided the study were**:**

Ethical Clearance: Ethical clearance was sought from Stellenbosch University, and the study was classified as low-risk.

Disclosure: In the study, participants were informed fully about the nature and purpose of the research, the procedures that were used and the expected benefits to participants or society.

Informed consent: The participants were not coerced into participating in the research, the implication being that none of them participated unwillingly. Before conducting the study, the researcher sought the approval of the participants. To this end, participants signed an informed consent form electronically before they were interviewed (See Annexure 3).

Deception: Participants were not deliberately misled to gain information. The researcher identified herself as a social work student conducting research to the participants before collecting data, and explained the purpose of the research to the participants.

Withdrawal from investigation: Participants were informed that they had a right to withdraw from the research at any time if they did not feel comfortable to continue.

Confidentiality: The researcher protected each participant’s right to privacy by guaranteeing anonymity and confidentiality. This was done by not revealing the names of the participants in the study, instead identifying them by pseudonyms.

1.17 IMPACT

This study investigated the nature and scope of social work services provided to children with disabilities in Lesotho. This is an important study to determine what are some of the challenges experienced by social workers, as well as, some possible solutions to service rendering. As children with physical disabilities in Lesotho are regarded as a particualrly vulnerable group, this study could contribute to the body of knowledge to determine how social work services on a micro-, meso -and macro level could be enhanced to improve the wellbeing of the said group.

The aim of this study was to contribute to scholarship by shifting away from desktop studies to rather focus on the voices of social workers regarding their experiences in an African context.

CHAPTER 2
AN OVERVIEW AND SCOPE OF DISABILITY

2.1 INTRODUCTION

The purpose of a literature review is to find out what research has been done previously, to discuss and review relevant and current issues around the topic and to find a gap in the work that has already been done by other researchers (Creswell & Creswell 2018; Creswell & Poth, 2018; Kumar, 2019). The literature review will be covered in the next three chapters. This chapter will address the first objective of the study, which is to provide an overview of the nature and scope of disability and, specifically, the needs of children with disabilities.

2.2 HISTORICAL PERSPECTIVE OF DISABILITY

Persons with impairments all over the world over have frequently been perceived solely based on their disabilities, and not as people with other skills and talents who are capable of leading independent lives. They have been disadvantaged in almost every aspect of life more than other members of society. Often, they suffer from poor health, have less access to education and social services, and experience more barriers to participating in economic activities, which means that many of them are deeply afflicted by poverty (Cleaver, Polatajko, Bond, Magalhães & Nixon, 2018; Runswick-Cole *et al.*, 2018; Shakespeare, 2018; Zuurmond *et al.,* 2016).

During the middle ages, people with disabilities were accused of witchcraft and being demon possessed, which resulted in them being exorcised, banished, or even burned (Heyman & Congress, 2018; Marini *et al.* 2018; Rimmerman 2013). In countries such as France, mostly people who had epilepsy and psychotic episodes were subjected to this treatment (Rimmerman, 2015). In England, people with disabilities were constantly left destitute and vulnerable, and were put on the streets to beg for a living during the times of the poor laws in the early 1600s (Mitchell & Karr, 2014; Roulstone, 2018; Rembis *et al.*, 2018). Further, history indicates that people with physically visible disabilities have regularly been used in freak shows, where people would laugh at their impairments as paid entertainment (Marini *et al.*, 2018; Rimmerman, 2015;

Shakespeare, 2018;). This shows that, because of their impairments, people with disabilities have often suffered because of limited opportunities and support. This was not only the case in England and European countries, but also in developing countries (Barclay, 2019; Barnes & Mercer, 2013; Davis, 2021; Shakespeare, 2018).

Literature (Davis, 2021; Shakespeare, 2018; Watermeyer *et al.*, 2019; Zuurmond *et al.*, 2016) shows that reactions to disability have always been influenced by social and cultural factors. These cultural and societal reactions to disability are diverse, influenced by the practices of the societies the individuals find themselves in and the nature of their disability (Davis 2021; Marini *et al.*, 2018; Shakespeare, 2018). Equally important, Cleaver *et al.* (2018) emphasise that this kind of influence is a homogenised narrative of disability, also known as the traditional model of disability. This model reveals how different cultures perceive disability, as well as that different attitudes towards disability depend on different traditions and cultures across the globe. Additionally, such an influence on the understanding of disability is most common in the global South (Bauman & Shaw, 2016; Bright & Kuper, 2018; Manor-Binyamini, 2014). That is where the general understanding of disability is associated with negative attributes, such as the notion that it is a curse, fear of persons with disabilities and disassociation from these individuals and their family members (Chichaya, Joubert & Mccoll, 2018; Cleaver *et al.*, 2018; Rimmerman, 2015; Zuurmond *et al.*, 2016).

For example, the Lesotho National Federation of Organisations of the Disabled (LNFOD), (2016) affirms that, even in recent times, people experience feelings of shock when meeting a person with disability for the first time. This is especially relevant to children when they see a person with physical impairments. However, the LNFOD (2016) argues that a person with a disability should be viewed as a person first and not as someone who has a disability. If this view of disability is normalised, along with more widespread societal inclusion for people with disabilities, people's attitudes regarding disability could change.

In the same way, reactions to disability when it comes to children with disabilities vary depending on the society in question's beliefs regarding disability. For instance, in some societies in Western and Eastern Africa, children with disabilities are considered to bring good luck, while in other societies the belief exists that children with disabilities cure evil spirits (Crowley, 2016; Heyman & Congress, 2018; Marini *et al.*, 2018) Moreover, in countries such as Vietnam, even though children with physical disabilities still face discrimination and exclusion, there are some practices where they are celebrated. For instance, during the holiday ceremonies such as Ted, which marks the new lunar year, they are well regarded because the appearance of children with disabilities in these celebrations is believed to be good luck (UNICEF, 2013; World Health Organization, 2015).

This is contrary to many societies where children with disabilities are killed or neglected because it is believed that they are a curse or the result of witchcraft (Davis, 2021; Marini *et al.*, 2018; Rugoho & Maphosa, 2017). Literature (Marini *et al.*, 2018; Shakespeare, 2018) further indicates that the history of maltreatment and killing of children with disabilities goes back to the time of Plato and Aristotle, when they were sanctioned and killed because it was believed that they would put a burden on the system's resources. Unfortunately still today, a significant number of children with disabilities are neglected, discriminated against and seen as a liability when it comes to child care resources and services because of their additional needs (Cleaver *et al.*, 2018; Rimmerman, 2015; Visagie & Swartz, 2018; Traustadottir, Yttehus, Egilson & Berg, 2015; Zuurmond *et al.*, 2016).

History shows that, in most European countries, changes to the way disability was perceived only started to develop after the end of the second world war (Davis, 2021; Marini *et al.*, 2018; Rimmerman, 2015). During the second half of the 20th century, the establishment of movements advocating for equal rights and treatment of people with disabilities further influenced change in the way people with disabilities were regarded (Oliver, 2015; Heyman & Congress, 2018; Marini *et al.*, 2018).

Human rights movements in the 1970s brought attention to people with disabilities who had been neglected for a long period. However, the kind of solutions that were brought up to provide services to people (and children) with disabilities were focused on segregating them from general members of society (Barnes & Mercer; 2013; Davis, 2021; Marini *et al.*, 2018; Rimmerman, 2015). For instance, institutionalisation and placing of children with disabilities in special schools was common (Davis, 2021; Marini *et al.*, 2018; Rimmerman, 2015; Roulstone, 2018). Such places received less care and funding because they were meant to protect the general population from the perceived strangeness of people with disabilities (Marini *et al.*, 2018; Rimmerman, 2013). Moreover, although these institutions and facilities were areas where people with disabilities were meant to receive care and protection, studies show that people with disabilities were frequently victims of abuse and violence in these institutions at the hands of those who came into contact with them, especially their caregivers (Davis, 2021; Marini *et al.*, 2018; Rimmerman, 2015). Despite some improvement in disability rights and advocacy in the past few decades, people with disabilities are still frequently overlooked and mistreated.

It is evident that issues around disability have continued receiving little attention throughout history. Literature (Davis, 2021; Marini *et al.*, 2018; Rimmerman, 2015; Shakespeare, 2018) emphasises that it was not until the 1970s that people with disabilities were included in policy principles and documents, international development agencies and strategies. These changes have brought attention towards considering needs of people with disabilities and making a move towards changing their in different parts of the world. However, services to people with disabilities are still underdeveloped in several ways, since policies and development strategies meant to improve their lives have not been enforced or implemented into strategies for action (Barclay, 2019; Barlindhaug *et al.*, 2016; Bøttcher & Dammeyer, 2016*;* Chichaya *et al.*, 2018; Shakespeare, 2014). This is evidenced by the fact that they still do not get access to disability related services such as assistive devices, education, improved housing and proper medical care meant to improve their lives (Piskur, Beurskens, Jongmans, Ketelaar & Smeets, 2014; Shakespeare, 2018; Traustadottir *et al.*, 2015; Zuurmond *et al.*, 2016).

Apart from discrimination and lack of care, some of the obstacles faced by people with disabilities in developing countries are more sombre. Research shows that, in some communities in Southern Africa, children with disabilities are killed because their body parts are believed to cure HIV/AIDS (Barlindhaug *et al.*, 2016; Ntseane & Mmatli, 2013). Likewise, in countries such as Tanzania and Nigeria, body parts of children with disabilities are used for traditional herbs or “muti” (Adaka, Obi & Ikwem, 2014; Zuurmond *et al.*, 2016).

Ultimately, to this day, a significant number of people, and for the purpose of this study, children with disabilities, suffer prejudice, isolation, oppression, humiliation and marginalisation in many ways, regardless of where they are globally (Marini, Glover-Graf & Millington, 2012; Watermeyer *et al.*, 2019; Zuurmond *et al.*, 2016). This is because disability is still perceived negatively, as beliefs and practices that endanger the lives of children with disabilities persist.

2.3 NATURE AND SCOPE OF DISABILITY

The WHO (2015) stipulates that one in seven people in the world's population has some form of disability, and that disability rates are higher in lower-income countries as compared to higher income countries. From the statistics, it is evident that every person worldwide is affected by disability, either directly or indirectly (World Health Organization, 2015). Therefore, when a person has a disability, it is not only that person or their immediate family that is affected, but the community as a whole, as well as the country. This shows that disability is a global health issue, a development priority and a human rights issue, as indicated by several authors (Barclay, 2019; Barlindhaug *et al.*, 2016; Gordon *et al.,* 2017; World Health Organization, 2015).

Disability is a health issue because people with disabilities face different conditions that affect their health, while certain impairments may trigger other illnesses (Barnes & Mercer, 2013; Cleaver *et al.*, 2018; World Health Organization, 2015). Health, by definition, is inclusive of the physical, social and mental welfare of an individual, aspects that are all affected by disability (Adams & Leshone, 2016; Batshaw *et al.,* 2019; World Health Organization, 2015). Finally, people with disabilities often face barriers such as transport in accessing healthcare services which could improve their lives (Bright & Kuper, 2018; World Health Organization, 2015).

It has been proven that there is a correlation between poverty and disability, with one often causing the other and vice versa. For this reason, in addition to being a health issue, it can also be considered a development priority, since there are high prevalence rates of disability in developing countries where there is poverty and under-development (Cleaver *et al.*, 2018; Rimmerman, 2015; Visagie & Swartz, 2018; Traustadottir *et al.*, 2015; Zuurmond *et al.*, 2016). For example, empirical data shows that children under the age of five in developing countries are at risk of not achieving their developmental potential because of poverty and stunting. Statistics indicate that up to 43% of children in these countries might face developmental obstacles due to economic challenges (Collins, Pringle, Alexander, Darmstadt, Heymann, Huebner, Kutlesic, Polk, Sherr, Shih, Sretenov & Zindel., 2017). Lastly, literature (Shakespeare, 2015; Shakespeare, 2014; World Health Organization, 2015) recognises disability as a human rights issue because rights of children with disabilities are mostly violated through the negative treatment they might receive in communities.

As indicated in the first chapter, 5.1% of children worldwide have some form of disability, and more boys than girls have a disability (World Health Organization, 2015). Some of these children are born with disabilities, while others acquire disability during birth or because of accidents later in childhood (Batshaw *et al.,* 2019; Runswick-Cole & Mallett, 2014; Runswick-Cole *et al.*, 2018). The WHO (2015) reveals that disability in children before 1960 was mostly viewed as polio because there was not much consideration of the different types of disabilities prevalent in children. In recent times, there has been focus on different kinds of disabilities prevalent in children, although misinformation still exists (Batshaw *et al.,* 2019).

In addition to disability in children being more likely if one of their parents has a disability, authors (Barlindhaug *et al.*, 2016; Bauman & Shaw, 2016; Carey, Block & Scotch, 2020; Shakespeare, 2018) argue that children with disabilities are more likely to be cared for by single parents. This is more prevalent in African countries, where fathers of children with disabilities leave their families immediately after they find out that a child has a disability, thus leaving the responsibilities of care to the mother (Cleaver *et al.*, 2018; Elphick, Elphick & Kropiwnicki, 2014; Malatji & Ndebele, 2018). Moreover, because of a burden of care and stress, parents with a child with a physical disability may get into disputes, which could affect their relationship negatively and lead to divorce. For these reasons, mothers of children with physical disabilities often end up as sole carers of their children, adding to the economic challenges of these families (Barlindhaug *et al.*, 2016; Cleaver *et al.*, 2018 ; Malatji & Ndebele, 2018; Rugoho & Maphosa, 2017).

Most people with disabilities, approximately 80%, reside in the Global South, which is primarily made up of low-income, underdeveloped countries. This area comprises of the African continent, developing Asia, the Middle East and Latin America (Ginsburg & Rapp, 2013). Disability is usually linked with underdevelopment because people with disabilities are one fifth of the poor in the world (Barlindhaug *et al.*, 2016; Cleaver et al, 2018; Malatji & Ndebele, 2018; Rugoho & Maphosa, 2017). In short, the living conditions of people with disabilities in the Global North are starkly different from those with disabilities in the Global South in that they enjoy more access to resources and care (Batshaw *et al.,* 2019; Barlindhaug *et al.*, 2016).

In addition, literature (Barlindhaug *et al.*, 2016; Davis, 2021; Grech, 2015) highlights that issues surrounding disability are cyclical. This means that factors such as poverty result in poor nutrition and poor health, which then results in disability, which in turn gives way to a lack of access to resources and a lack of economic and social development opportunities, a cycle that brings about further poverty and exclusion. This is because people with disabilities, in contrast to people without disabilities, usually experience poor socio-economic outcomes (Collins *et al.* , 2017; Grech, 2015). Below is an illustration of the cycle of disability:

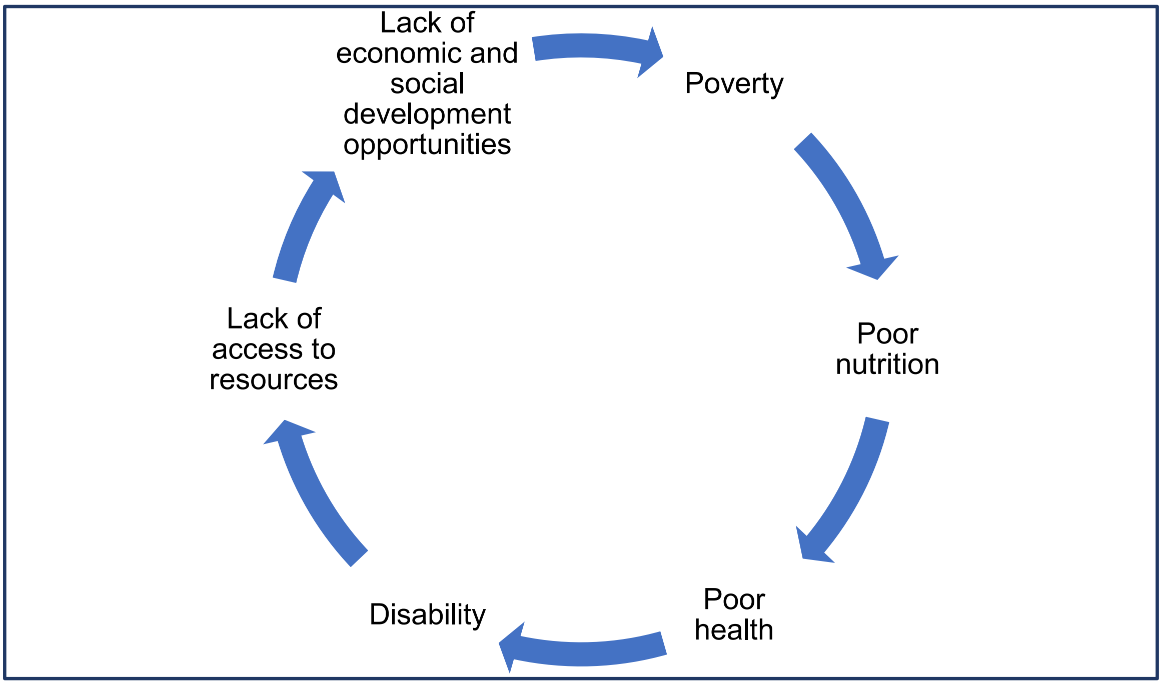


Figure 2.1: Cycle of disability

It is evident form figure 2.1 that the cycle of poverty and disability include several factors, such as a lack of sufficient resources, insufficient health, and nourishment, as well as limited opportunities to economic and social development. It is especially children with physical disabilities who are often trapped in this cycle (Marini *et al.*, 2018). Taking this cycle into account, it is clear that there is a strong correlation between poverty and disability.

2.4 MEASURES OF DISABILITY

Disability varies across nations. For instance, what may be considered as disability in some parts of the world might not be considered as disability in others and that consequently affects how statistics of people with disabilities is derived. For instance, organisations for people with disabilities such as the WHO (2015) and Lesotho National Federation of Organizations of Disabilities (LNFOD) (2016) emphasise that the number of people with disabilities may be more than the estimated statistics because of the different measures that are used when counting people with disabilities. In most cases, these measures are biased in that they exclude certain forms of disability. Further, there is no agreed definition of disability across the globe, as different countries use different definitions of disability. Therefore, it is difficult to compare different incidences of disability, its magnitude and its distribution across the world (Barclay, 2019; Batshaw, *et al.*, 2019; Shakespear, 2018). However, disability studies show three different measures that are used to count people with disabilities. These determine different types of disabilities and the different limitations that can be classified as disability (Nelson, Masulani-Mwale, Richards, Theobald & Gladstone, 2016; Shakespeare, 2015).

Firstly, there are impairment measures, which focus on impairments that are prevalent within an individual (Bright & Kuper, 2018; Kostanjsek, Good, Madden, Üstün, Chatterj, Mathers & Officer, 2013; Shakespeare, 2018). These may include impairments based on blindness, deafness, mental illness, complete or partial paralysis, stammering and stuttering (Bright & Kuper, 2018; Nelson *et al.*, 2016; Shakespeare, 2018). Secondly, there are measures for functional limitations, which are assessed based on the individual's body parts being limited to performing certain functions. These impairments are associated with limitations to bodily functions such as seeing, walking, speaking, climbing the stairs, lifting and carrying objects (Barclay, 2019; Batshaw *et al.*, 2019; Kostanjsek *et al.*, 2013; Shakespeare, 2018; World Health Organization, 2015)

The third measure for disability involves activity limitations, which are limitations in performing daily living activities such as self-care and bathing (Barclay, 2019; Batshaw *et al.*, 2019; Bright & Kuper, 2018; Kostanjsek *et al.*, 2013; Shakespeare, 2018). Such limitations prevent individuals from getting out of the house, or prevent children from going to the playground or to school with other children (Kostanjsek *et al.*, 2013; Batshaw *et al.*, 2019; Bright & Kuper, 2018). Literature (Bright & Kuper, 2018; Kostanjsek *et al.*, 2013; Nelson *et al.*, 2016) shows that different countries globally, both developed and underdeveloped, use these measures to assess disability, and that is why the prevalence of disability and the types of disabilities in different countries is difficult to compare.

In most African societies, the term disability is rarely used. People with disabilities are addressed by the type of impairment they have (Ginsburg & Rapp, 2013). For example, a person with visual impairments is addressed as a blind person and not as a disabled person. The term 'disabled' is hardly used, as it is found to be offensive to address a person as such. Similarly, this is the case with children with physical disabilities. Authors (Adams & Leshone, 2016; Rothman, 2018; Shakespeare, 2018) aver that children with disabilities do not want to be labelled as disabled. They want to be seen as children just like any other child, and want to experience similar opportunities afforded to children without disabilities. Additionally, children with disabilities do not want society to see their disability first, as was mentioned earlier. Instead, they want to be seen as children capable of achieving dreams and goals (Rothman, 2018; Shakespeare, 2018).

Research shows that there are different kinds of disabilities prevalent across the world. There are conditions traditionally understood as disabilities, which include cerebral palsy, hearing impairments, wheelchair users, mental conditions and visual impairments (World Health Organization, 2015). On the other hand, there are people who experience difficulties in functioning because of illnesses and conditions that are caused by noncommunicable diseases, neurological disorder, and injuries (Batshaw *et al.*, 2019; World Health Organization, 2015). However, the focus of this study is on physical disabilities in children. In this context, physical disability is defined as any type of disability that affects a person's mobility and physical functioning (Barnes 2016; Batshaw *et al.*, 2019; Davis, 2021). Some of the examples include brain or spinal cord injuries, cerebral palsy, respiratory disorders, hearing impairments, visual impairments and epilepsy. All of these conditions affect children in performing daily activities and are based on the functional and activity limitation measures (Barnes 2016; Batshaw *et al.*, 2019; Shakespeare, 2018, World Health Organization, 2015).

Physical disabilities can be categorised under different groups of impairments, which include mobility impairments, hearing impairments and visual impairments (Barnes, 2016; Traustadottir *et al.*, 2015). These conditions restrict children from performing certain tasks and require that they need support to move around (Adams & Leshone, 2016; Rothman, 2018; Runswick-Cole *et al.*, 2018; Shakespeare, 2018). While all children need support to reach their potential, those with physical disabilities need extra support in terms of different services from professionals and elimination of barriers.

Literature, (Davis, 2021; World Health Organization, 2015) avers that, globally, disability has a significant effect on those that are poor. Not surprisingly, disability affects children from poor households and minority ethnical groups more compared to children from affluent households (Runswick-Cole *et al.*, 2018; Shakespeare, 2014; Zuurmond *et al.*, 2016). In a similar vein, indigenous tribes may find themselves in rural areas far from available assistance and resources. Since they are not in their home country, persons with disabilities that are refugees and migrants may also face challenges in accessing social services, especially since they are often in a financially precarious position (Biddle, Al-Yaman, Gourley, Gray, Bray, Brady, Pham, Williams & Montaigne, 2014; World Health Organization, 2015).

Shakespeare (2018) avers that, when it comes to gender, girls and women with disability suffer more than boys and men. This is because girls are inhibited by traditional gender roles and cultural practices, the implication being that they are more likely than boys to experience discrimination, abuse and marginalisation (Shakespeare, 2018; World Health Organization, 2011). Since boys enjoy preferential treatment in many societies, girls with disabilities are more likely to be neglected of care and basic needs than their male counterparts (Barclay, 2019; World Health Organization, 2015). For this reason, boys with disabilities are more likely to receive education, vocational training and jobs than girls with disabilities (Barlindhaug *et al.*, 2016; Engelbrecht & Green, 2018; UNICEF 2013).

2.5 SCOPE OF DISABILITY IN LESOTHO

Lesotho is a country within the borders of South Africa. It has a total area of 30, 355 square kilometres and a population of approximately 2 million (UNICEF, 2017). It is divided into ten districts which vary in terms of structure, size, weather conditions and level of development. Moreover, Lesotho is divided into urban and rural areas, and has four ecological zones, namely the low-lands, foothills, mountains and Senqu river valley. It is second in number of countries with high prevalence rates of HIV/AIDS, and it has a high infant mortality rate because one in every twelve Basotho children die before they reach the age of five (UNICEF, 2015).

The majority of people in Lesotho live below the poverty line, with children being more severely affected than adults (Kamaleri & Eide, 2011; UNICEF, 2017). Just like in other developing countries, the situation is worse for children, especially those with disabilities, because they get limited opportunities (LNFOD, 2016; UNICEF, 2017). Poverty in Lesotho is characterised by severe lack of basic needs, which include lack of food, poor sanitation, inadequate living conditions and lack of access to education, health and social services (Kamaleri & Eide, 2011; Maslow, 1970; UNICEF, 2017).

According to LNFOD (2016), the total number of people with disabilities in Lesotho is not precise because they have not been included in the recent 2016 census accurately. This is because there was no set standard and measurement of disability. Since policy makers, researchers and administrators use census information to implement social and economic plans in the country, this results in persons with disabilities being overlooked (Biddle *et al.*, 2014; Grech, 2015; Mitchell & Karr, 2014).The lack of accurate statistics of people with disabilities in Lesotho is equated to lack of efforts to socio-economic inclusion, which decreases their chances of development (UNICEF, 2013).

Furthermore, when it comes to children specifically, Lesotho does not have statistics of the number of children with disabilities. This is not the case in Lesotho only, but in many countries, both developed and underdeveloped (Adaka *et al.*, 2014; Barlindhaug *et al.*, 2016; Cleaver *et al.*, 2018). Literature (Adaka *et al.*, 2014; Barlindhaug *et al.*, 2016; Cleaver *et al.*, 2018; Rimmerman, 2015) shows that many countries do not have accurate statistics of children with disabilities, and this equates to exclusion, which results in the invisibility of children with disabilities. Equally important, different countries lack accurate statistics on different kinds of disabilities children have and how disability affects them (UNICEF, 2013). Moreover, in some countries including Lesotho, families of children born with disabilities face ostracism. Therefore, parents may be reluctant to report the birth of a child with a disability for fear of being rejected or marginalised by society (Adaka *et al.*, 2014; Cleaver *et al.*, 2018; LNFOD 2016; Zuurmond *et al.*, 2016). In the process, the child may end up suffering and being excluded from benefits such as education, health, and social services (Cleaver *et al.*, 2018; Davis, 2021).

As previously established, disabilities may be present from birth or acquired later in life. Poverty and disability often go hand in hand, since it may involve an unsafe living environment, as well as a lack of access to resources and support services. This is also the case in Lesotho, with some of the causes of disability in the country including illness, road accidents and work accidents (Ministry of Health and Social Welfare, 2011). According to Lesotho's Ministry of Health and Social Welfare (2011), the most prevalent form of impairment is visual impairment, followed by other common types of impairments which include physical impairments, hearing impairments and mental impairments. Additionally, in terms of geographical location, literature shows that the majority of those living in rural areas in Lesotho face more challenges than those who live in urban areas (Ministry of Health and Social Welfare, 2011). This is because the urban areas are better developed than the rural areas in terms of infrastructure, living conditions, educational and economic development opportunities.

Among developing countries, Lesotho is one of the most underdeveloped with significantly high statistics of poverty (LNFOD, 2016; World Health Organization, 2015). This has a significant effect on children with disabilities in the country, since many of them are from disadvantaged families. For this reason children with physical disabilities in Lesotho are among the most vulnerable (Engelbrecht & Green, 2018; UNICEF, 2017). Unlike children without disabilities, many of whom are also faced socioeconomic difficulties, these children have the added burden of their impairments accompanying limitations to access of resources and opportunities. For this reason, they end up moving around cycles of poverty, as was indicated in Figure 2.1 (UNICEF, 2017; UNICEF, 2013). Equally important, services that are meant for early childhood intervention and disability identification in Lesotho are severely limited (LNFOD, 2016). Such services have been proven to be beneficial in helping children with physical disabilities adjust to living with disability, achieve some of their milestones and improve their functioning (Adams & Leshone, 2016; Alayarian, 2015; Bøttcher & Dammeyer, 2016; Crowley, 2016; Rothman, 2018; Runswick-Cole *et al.*, 2018).

The Department of Social Development, the Department of Health and non-governmental organisations (NGOs) are the main sources of social services to children with physical disabilities in Lesotho. Additionally, there is the Lesotho National Federation of Organisations of the Disabled (LNFOD), which was established in 1989 (LNFOD, 2016). It is an umbrella organisation in which different kinds of organisations of people with disabilities fall. Moreover, its intent is to fight for rights of people with disabilities and represent people with disabilities in all issues that concern them (LNFOD, 2016).

One of the LNFOD's core goals is to specifically fight for the rights of children with disabilities and present the needs of people with disabilities to the government, developmental NGOs and the general community (LNFOD, 2016). At the same time, the organisation performs training and fundraising activities for all of its member organisations (LNFOD, 2016). Organisations that fall under the LNFOD are the Lesotho National League of the Visually Impaired Persons (LNLVIP), the Lesotho National Association of Physically Disabled (LNAPD), the Intellectual Disability Association of Lesotho (IDAL), as well as the National Association of the Deaf in Lesotho (NADL).

People with disabilities in Lesotho, especially children, still face exclusion despite having the LNFOD as an umbrella organisation that represents them. This is because the LNFOD is faced with numerous challenges which hinder it from rendering services to children with disabilities and representing them well (LNFOD, 2016). For example, due to lack of funds and resources, the organisation operates in only five districts of Lesotho, although there are ten districts (LNFOD, 2016).

Furthermore, authors (Collins *et al.*, 2017; Engelbrecht & Green, 2018; Runswick-Cole *et al.*, 2018) postulate that, for children with disabilities to be included thoroughly, there should be integration. This means that when children with disabilities are included in certain activities, there should be ways to ensure that they are supported to participate fully. For instance, although there is free primary education for all children in Lesotho regardless of whether they have disability or not, there is lack of means of support for the specific needs of children with disabilities (Engelbrecht & Green 2018). Support of this nature would include braille, wheelchairs, accessible environments and hearing aids to ensure that children with disabilities take part fully in education (Barclay, 2019; Batshaw *et al.*, 2019; Bright & Kuper, 2018; Collins *et al.*, 2017; Kostanjsek *et al.*, 2013; Runswick-Cole *et al.*, 2018; Shakespeare, 2018) At the same time, some children with physical disabilities do not participate fully in inclusive education because most of their parents do not have enough money to pay for transport or other expenses, such as assistive devices (Engelbrecht & Green, 2018; LNFOD, 2016). Therefore, these children end up getting excluded and staying at home.

The United Nations Convention on the Rights of a Child (1989) and the Ministry of Education and Training (1995) assert that every child with disability has a right to free primary education. However, the majority of children with disabilities in Lesotho do not finish primary education because of the limitations specified above (Engelbrecht & Green 2018). Since they do not receive the necessary support, a high number of them are illiterate. Therefore, they are likely to end up unemployed when they reach adulthood. Accordingly, about 40% of children with disabilities between the ages of 5 and 10 years in Lesotho do not attend school, while a great number of those who attend school do not go further than primary level (Engelbrecht & Green, 2018).This is because in many schools, there is a lack of special education teachers, while most parents cannot afford additional expenses such as school uniforms, which is compulsory in all schools in Lesotho (Engelbrecht & Green 2018).

As is the case in many countries affected by high levels of poverty, the number of teachers in Lesotho is disproportionate to the number of students. For this reason, teachers cannot give children with disabilities the extra attention that they may need (Engelbrecht & Green, 2018). At the same time, the buildings and toilets in many schools are still not accessible for children with physical disabilities. For this reason, although education could break the cycle of poverty, the majority of children with physical disabilities in the country are not granted the development opportunities provided by a formal education. The harsh reality is that most of the children with physical disabilities in Lesotho lack proper support and education, and therefore they end up being dependent on their family members for the rest of their lives (Collins *et al.*, 2017; Engelbrecht & Green, 2018).

2.6 NEEDS OF CHILDREN WITH PHYSICAL DISABILITIES

The background above shows that children with physical disabilities often live in poor conditions. From a young age, they suffer from exclusion in many instances. Additionally, for the fact that they are still developing and growing physically and emotionally, children with physical disabilities tend to suffer more than adults with disabilities because of their increased vulnerability. Since many of them grow up in poor families that do not have the resources to provide them with the necessary support, they are left with a variety of unmet needs (Adams & Leshone, 2016; Ashford *et al.*, 2018; Brucker & Helms, 2017; Shakespeare, 2018).

Moreover, as a result of poverty, lack of stability and disasters, which is the case in Lesotho as in other developing countries, resources such as psychological support, food and medical support are scarce (Barlindhaug *et al.*, 2016; Grech, 2015). Therefore, children with disabilities are often left out or become the last ones to receive said resources and services (Malatji & Ndebele, 2018; Manor-Binyamini, 2014). However, literature (Bøttcher & Dammeyer, 2016; Crowley, 2016; Marini *et al.*, 2018; Rimmerman, 2013) shows that children with physical disabilities have needs regardless of where they live in the world. Their families and caregivers still fight to have their medical, educational and social service needs met (Piskur *et al.*, 2014; Rimmerman, 2015; Runswick-Cole *et al.*, 2018; Shakespeare, 2018). This section will address needs of children with physical disabilities.

2.6.1 Physical needs

According to Shakespeare (2018), the environment determines the extent of disability because restrictions in the surroundings of persons with disabilities cause barriers to participation and inclusion. Children with physical disabilities need access to the natural environment to enjoy life and take part in cultural, political and social activities with peers, family members and the society outside of their homes (Marini *et al.*, 2018; Adams & Leshone, 2016; Ashford *et al.*, 2018; Barclay, 2019). However, despite this need, research (Runswick-Cole *et al.*, 2018; Shakespeare, 2018; Traustadottir *et al.*, 2015) shows that children with physical disabilities experience challenges in moving around because of the lack of accessibility in their societies. For example, many buildings, especially in developing countries, do not accommodate children with physical disabilities (Shakespeare, 2018; Traustadottir *et al.*, 2015). Further, in the case of Lesotho, the roads are rough for wheelchair users, which means that the majority of them find it hard to move around to access different services (LNFOD, 2016).

Moreover, children with physical disabilities need assistive technology and support aids such as wheelchairs, walking aids and hearing aids. Authors (Barclay, 2019; Cleaver *et al.*, 2018; Shakespeare, 2018; Visagie, Eide, Dyrstad, Mannan, Swartz, Schneider, Mji, Munthali, Khogali, Rooy, Hem & Maclachlan, 2017) emphasise that lack of these assistive devices is detrimental to the healthy development of children with disabilities, which is a major challenge in most developing countries including Lesotho. For instance, wheelchairs are a necessity for many with mobility difficulties to be able to move and perform daily tasks, whereas walking sticks for those that are visually impaired or hearing aids for those that are deaf serve a similar purpose. Although assistive devices are instrumental in granting persons with disabilities a measure of independence, as well as paving the way for them to get an education, they are expensive. For this reason, poverty is a significant barrier to the inclusion of children with disabilities in society, as their families often cannot afford the devices they need (LNFOD, 2016).

Accordingly, literature (UNICEF 2013) shows that, of the people with disabilities in low-income countries who need assistive devices, only about 5-15% of them have access to them. In Lesotho specifically, statistics show that about 13.9% of people with disabilities have assistive devices, while in Zambia it is 13%, in Malawi 17%, in Namibia 18% and in Zimbabwe 26% (Kamaleri & Eide, 2011). Recent statistics by the WHO show that 1 in 10 people with disabilities globally have assistive devices, while more than 1 billion are in need of assistive devices (World Health Organization, 2015). This need poses as a barrier to their participation in activities that other children without disabilities take part in.

Equally important, UNICEF (2013) reports that adults with physical disabilities are more likely to receive assistive technology and support aids than children with physical disabilities. This is because support aid and assistive technology is costly. Therefore, they are easier for adults to acquire, since they do not need to replace them many times. Since children are still growing, they need to find replacements or make adjustments to their devices as time passes (UNICEF, 2013).

Furthermore, because of their physical impairments, a significant number of children with physical disabilities need transport to take them from one place to another. Public transport is the mode of transport that is used in many places in Lesotho by those who do not have private cars. However, this is costly for most children with physical disabilities, as adjustments must often be made to accommodate them (LNFOD, 2016). Literature (LNFOD, 2016; Ministry of Health and Social Welfare, 2011) shows that the majority of people in Lesotho reside in rural areas where there is limited access to most of the services, and most of them have to travel long distances to reach places in towns where there are services. It is especially difficult for children with physical disabilities who live in the mountains, because travel has to take place on foot or on horseback since cars cannot reach there. Needless to say, to travel by horse for longer periods of time may be uncomfortable, even more so for persons with disabilities.

Financial assistance is one of the common needs that children with physical disabilities have globally (Ashford *et al.*, 2018; Barclay, 2019; Barlindhaug *et al.*, 2016; Biddle *et al.*, 2014; Cleaver *et al.*, 2018; Crowley, 2016). A child with a physical disability may require extensive services because of the varying needs that they have, which require finances from their parents. For this reason, their situation in developing countries is often more dire, since their parents are poor and do not get any financial support from the government (Adaka *et al.*, 2014; Cleaver *et al.*, 2018; Barlindhaug *et al.*, 2016; Zuurmond *et al.,* 2016).

Regardless of their socioeconomic circumstances, parents and caregivers cannot always afford medical expenses incurred by a physical disability, especially in cases where their children may need a lot of costly medical attention (Rugoho & Maphosa, 2017; Shumba & Moodley, 2018; Tadic, Hundt, Keeley & Rahi 2014). In most cases, these parents or caregivers, who are their children’s primary source of support, are unable to work because they have to take care of their children (Ashford *et al.*, 2018; Barclay, 2019; Barlindhaug *et al.*, 2016; Biddle *et al.*, 2014; Cleaver *et al.*, 2018; Crowley, 2016). Nonetheless, in some developed countries, social services may organise caregivers for children with physical disabilities, or their parents are able to afford a caregiver (Alayarian, 2015; Biddle *et al.*, 2014; Traustadottir *et al.*, 2015). Conversely, in developing countries, most of the parents of children with physical disabilities are already poor. This means that, despite the need, the situation of having a child with disability sometimes restrains them from doing other activities to earn a living (Barlindhaug *et al.*, 2016; Cleaver *et al.*, 2018; Zuurmond *et al.* 2016). Accordingly, the LNFOD (2016) reports that, in Lesotho, the majority of parents of children with severe disability end up resorting to asking for food and clothes from neighbours because of the overwhelming lack of basic life necessities.

Literature (Adams & Leshone, 2016; Rothman, 2018; Watermeyer *et al.*, 2019; Webb, 2019) points out that, in cases where their parents struggle financially, siblings of children with disabilities are often forced to stop going to school so that they can take care of the sibling with disabilities while their parents work. Sometimes they are forced to work ‘piece jobs’ or part time jobs, which are mostly in the form of doing laundry and other domestic work to earn a living and support the family (LNFOD, 2016). This affects the future of these siblings as well, because as children, they are supposed to be getting education so that they can gain a better future and break the cycle of poverty. Moreover, such a practice is violation of children’s rights since the law is against child labour.

One of the contributing factors to extreme financial challenges for children with physical disabilities and their families in Lesotho is that the country’s social security does not have disability support grant. Conversely, many countries, such as South Africa, have a specific disability support grant for people with disabilities and children whose families do not have adequate income to support them. In the case of Lesotho, parents and caregivers of children who have severe disabilities do not get any support from the government and they incur a lot of costs to pay for medical expenses for the child, regular transport and other basic needs (LNFOD, 2016). The only grant that children with physical disabilities may be given is the Poor People’s Grant, which is given based on a needs assessment to determine if they are extremely poor. The majority of people with disabilities, even though they are destitute, do not benefit from the Poor People's Grant because it is only given to a select few of them (UNICEF 2017). Even for those who do get the grant, the money is not enough to cover their needs, since it is only R750 four times a year, which is approximately $55.47.

As mentioned previously, children with physical disabilities have material needs which comprise of food, sufficient shelter, and proper sanitary living conditions (Brucker & Helms 2017; Elphick *et al.*, 2014; Roulstone, 2018). Literature (Engelbrecht & Green, 2018; Ministry of Health and Social Welfare, 2011) shows that many children with physical disabilities in Lesotho live in extreme poverty, the implication being that they cannot afford these basic needs. Yet, research (Marini *et al.*, 2018; Runswick-Cole, *et al.*, 2018; Shepherd *et al.*, 2017; Traustadottir *et al.*, 2015) shows that children with physical disabilities need a proper balanced diet because of their impairments, while some need a special diet which costs extra money to parents who already are struggling with finances.

Equally important, UNICEF (2013) asserts that approximately 870 million people are undernourished, and within that number, 165 million are children who are stunted or chronically malnourished, while 100 million others are considered underweight. Moreover, the WHO (2015) argues that malnutrition can be a cause of disability in children or in unborn babies. Furthermore, children with disabilities in some families are denied food or given less nutritious food than others without disabilities because of stigma and discrimination (Barlindhaug *et al.*, 2016; UNICEF, 2013).

Having a child with a physical disability is a full-time job for most parents and caregivers and, as a result, they often experience extreme exhaustion, which in turn generates burnout. Therefore, to provide the best care, parents and caregivers of children with physical disabilities need respite care, which involves short breaks that that enable them to take a break from their daily responsibilities of taking care of their child (Adams & Leshone, 2016; Biddle *et al.*, 2014; Bright & Kuper, 2018; Rothman, 2018; Shakespeare, 2019). This service is most common in developed countries, and is not provided in most developing countries (Biddle *et al.*, 2014; Bright & Kuper, 2018; LNFOD, 2016). Yet, it is essential because it helps parents and caregivers to reflect and feel rejuvenated so that they can have energy to provide care for their children.

Moreover, such a service helps ease the burden of care from parents and caregivers (Muller-Kluits & Slabbert, 2018).

Children with disabilities are considered to be among a high-risk population of HIV/AIDS infection (Elphick *et al.*, 2014; Schenk, Tun, Sheehy, Okal, Emmanueal, Moono, Mutale, Kyeremaa, Ngirabakunzi, Amanyiwe & Leclec-Madlala, 2020; Nixon, Cameron, Hanas-Hancock, Simwaba, Solomon & Bond, 2014). This is because they are mostly excluded when it comes to issues relating to HIV/AIDS (Elphick *et al.*, 2014; Nampewo, 2017; Schenk *et al.*, 2020). Although children with disabilities who are in their teenage years need education on reproductive health and sexually transmitted diseases such as HIV/AIDS, most of them do not receive reproductive health education. This means that it is easy for them to be taken advantage of or abused (Doyle, 2012; Elphick *et al.*, 2014; Nampewo, 2017; Schenk *et al.*, 2020).

Literature (UNICEF, 2013) shows that the majority of children with disabilities in general are excluded from education about HIV/AIDS because it is assumed that they cannot be sexually active. However, studies (Nampewo, 2017; Nixon *et al.*, 2014; Schenk *et al.*, 2020) show that some children with disabilities engage in risky behaviour such as usage of drugs and early unprotected sexual activities. As an illustration, studies (Elphick *et al.*, 2014; Nampewo, 2017; Schenk *et al.*, 2020) show that girls with disabilities are twice as much more at risk of sexual abuse than their peers without disabilities. Likewise, boys with disabilities are three times at risk of sexual abuse than their peers without disabilities.

Additionally, those that may be found to have HIV/AIDS, struggle to get services such as counselling and treatment care because several of the service providers are not trained to work with children with disabilities (Algood, Hong, Gourdine & Williams, 2011; Bright & Kuper, 2018; Coomer, 2013). Some children with disabilities who are infected with the disease may not want to go for their regular treatment appointments because of fear of discrimination because of the double stigma of having an impairments and HIV/AIDS (Coomer, 2013; Beaudrap, Pasquier, Tchoumkeu, Touko, Essomba, Brus & Desgrées, 2016; Elphick *et al.*, 2014; Nampewo, 2017; Schenk *et al.*, 2020)

As previously established, children with physical disabilities often need medical intervention on a regular basis. Studies (Carey *et al.,* 2020; Ross, Arnold, Gormley, Locke, Shanske & Tardiff, 2019; Shakespeare, 2018; Vergunst, Swartz, Hem, Eide, Mannan, Maclachlan, Mji, Braathen & Schneider, 2017) point out that, right from birth, a child with a physical disability needs a social worker who will connect him/her to different medical services, as will be discussed in more detail in Chapter 3. Children with physical disabilities need a medical team consisting of a medical doctor, a nurse and a physiotherapist to provide services that will assist with their impairments. It is essential that they are linked with such practitioners because early detection of disability makes it possible for children living with the impairments to grow up to reach their potential. Further, it reduces pressure on the government services that support children with disabilities (Berens & Nelson 2015); Bright & Kuper, 2018; Ross *et al.* 2019; Shakespeare, 2018). However, in lower income countries, some procedures are not offered at government hospitals, while parents may not have the financial resources to cover the procedure expenses (Bright & Kuper, 2018; Collins *et al.,* 2017).

As is the case with other children, those living with disabilities need to have their births registered in order to have access to benefits such as social service intervention. However, in some countries, especially the low income and middle-income countries, children with disabilities' births are not registered because of the assumption that they may not survive (Rugoho & Maphosa, 2017; UNICEF, 2013). As a result of social stigma, their families may even hide them (Barlindhaug *et al.*, 2016; Cleaver *et al.*, 2018; Crowley, 2016; Shakespeare, 2019).

Children with severe disabilities need extra support in doing daily activities such as self-care, which includes bathing, getting on and out of the bed, going to the toilet and moving around inside and outside the house (Adaka *et al.*, 2014; Barlindhaug *et al.*, 2016; Rugoho & Maphosa, 2017). Some may not have that kind of assistance, and therefore end up being bedridden and unable to access basic necessities such as cleanliness and good health (Barclay, 2019; Barlindhaug *et al.*, 2016; Bright & Kuper, 2018; LNFOD, 2016). Literature (Barclay, 2019; Barlindhaug *et al.*, 2016; Rugoho & Maphosa, 2017) indicates that such responsibility in developing countries is left solely to the family, especially mothers. Conversely, in developed countries, the government intervenes in aiding in the form of day care centres for children with physical disabilities and proving daytime care workers (Adams & Leshone 2016; Biddle *et al.*, 2014; Crowley, 2016; Carey *et al.,* 2020; Rothman, 2018).

2.6.2 Emotional needs

Some of the basic and emotional needs an individual has is love and acceptance to reach their potential. Likewise, children with physical disabilities need to grow up in families where there is love (Adams & Leshone, 2016; Biddle et al., 2014; Crowley, 2016; Carey et al., 2020; Rothman, 2018). A loving family shows support, protection, and care to children regardless of the obstacles they face, and this helps them to grow and develop well emotionally so that they can reach their milestones and potential. However, a child who does not receive love and support from their family develops insecurities and low self-esteem (Rothman, 2018; Shepherd et al., 2017; Teater, 2014; Zastrow, 2017).

A high self-esteem helps children with physical disabilities engage well in their relationships with their peers (Crowley, 2016; Marini et al., 2018; Miley et al., 2017). Conversely, those with a low self-esteem may be taken advantage of by their peers or abused by other people and not know when they are abused (Adams & Leshone 2016; Crowley, 2016; Shakespeare, 2018; Zastrow, 2017).

Further, children with physical disabilities need to have their own voice. This means that they should be listened to and not have every decision made for them without their consultation (Alayarian, 2015; Alsem, Siebes, Gorter, Jongmans, Nijhuis & Ketelaar, 2013; Barclay, 2019). They need to have a say in matters that affect their lives, because this assures them that they are valuable and important. Literature (Barclay, 2019; Crowley, 2016; Evans, 2015; Zuurmond et al., 2016) shows that perpetrators of violence against children with physical disabilities have remained unprosecuted because their victims were not listened to, with those meant to protect them not believing what they said.

Moreover, children with physical disabilities need support and care, not only from their immediate family but also from their extended family and friends (Adaka et al., 2014; Alayarian, 2015; Adams & Leshone 2016; Batshaw et al., 2019). This kind of support gives children with physical disabilities a high self-esteem and a sense of belonging.

It also brings out confidence and self-affirmation, which in turn helps children with physical disabilities to participate in activities with their peers and in the general community.

Children with physical disabilities need protection from abuse. Globally, in both developed and developing countries, literature shows that statistics of children that have been abused is overwhelming. For instance in the United States, there are about 6.4 million children, with and without disabilities, that have been reported to have been abused (Crowley, 2016). Patel (2015) argues that, in South Africa, about 50 000 crimes of child abuse were reported to the police in 2011, also stating that children between the ages of 0-10 are more vulnerable to abuse. Similarly, children with disabilities have been victims of violence, mockery and harassment, and have been called names and labelled (Alayarian, 2015; Barlindhaug et al., 2016; Crowley, 2016; Shakespeare, 2018; Zastrow, 2017).

Moreover, violence and abuse in children with physical disabilities has been reported to be higher. For example, studies in the United States of America and in the United Kingdom show high prevalence rates of violence against children with disabilities (Crowley, 2016; Shakespeare, 2018). In the United Kingdom, statistics of children with disabilities that have experienced violent crimes is 26.7% (Shakespeare, 2018). Likewise, the LNFOD (2016) argues that, in Lesotho, statistics of children with disabilities who have been abused are concerningly high. Generally, Shakespeare (2018) argues that 27% of children with disabilities will experience abuse, while 90% will experience bullying before they turn 19.

Studies (Adaka et al., 2014; Algood et al., 2011; Barclay, 2019) show that negative attitudes in children with disabilities are the source of bullying and negative treatment. As a result, some may decide to stay indoors, and for those who go to school, they may end up dropping out because of bullying and mocking (Adams & Leshone, 2016; Piskur et al., 2014; Rimmerman, 2013; National academies sciences engineering and medicine, 2018). For instance, evidence shows that, in low income and middle-income countries, children with physical disabilities between the ages of 6-17 years are less likely to be enrolled in school than their peers without disabilities (UNICEF, 2013). Some children with physical disabilities may develop depression or try to self-harm in an effort to fit in with their peers (WHO, 2011). This then raises a need of acceptance on the part of children with physical disabilities. In short, they wish to be included and valued so that they can live fulfilling lives and participate in activities in their societies.

One of the ways children with physical disabilities have been abused is through being called hateful names based on their disabilities (Barclay, 2019; Chataika, 2013; Crowley, 2016; Elphick et al., 2014; Evans, 2015; Runswick-Cole et al., 2018). This is one other example of discrimination and bullying that leaves children with disabilities isolated with a low self-esteem.

The abuse of children with physical disabilities may occur at their home at the hands of parents or caregivers (Alayarian, 2015; Crowley, 2016). In most cases, this kind of abuse is caused by economic distress, drug and alcohol abuse, mental problems, couples with problems, unstable homes, as well as lack of bonding between the parent and the child (Crowley, 2016; Davis 2021; Marini et al., 2018). Additionally, authors (Crowley, 2016; Evans, 2015) emphasise that such children that have been abused experience difficulties as they grow up, which could include poor health, inappropriate behaviour, risky sexual behaviour, drug abuse, learning problems or death. While studies (Alayarian, 2015; Crowley, 2016; Marini et al., 2018) point out that this kind of impact may continue, even when the children who have experienced abuse are adults. As a result, they may experience psychological problems and suicidal thoughts.

Additionally, literature (Alayarian, 2015; Crowley, 2016; Marini et al., 2018) emphasises that children with physical disabilities are easy targets for abuse because of their impairments. For example, children who are deaf may not be able to report when they have been abused. At the same time, research (Crowley, 2016; Evans, 2015; Shakespeare, 2019) shows that some children with physical disabilities are abused by other children with disabilities in institutions, and that some children with disabilities have been found in possession of weapons such as knives.

Ultimately, there are some cultural beliefs that are dangerous to the lives of children with physical disabilities and violating to their rights. For example, in countries such as Tanzania, there are places where there is a belief that if one touches a person with disability, they will be cursed, or that certain parts of children with disabilities can be used by a witch doctor to make an individual rich (Mcnally & Mannan, 2011; UNICEF, 2013; Wamunyi, 2012). Such cultural beliefs are forms of abuse of children with physical disabilities and they need protection so that they live their lives without fear.

2.6.3 Social needs

Children with physical disabilities need unrestricted social interaction with their peers and other community members (Adams & Leshone, 2016; Barclay, 2019; Crowley, 2016; Marini *et al.*, 2018). However, some face barriers in developing good relations with community members because of the stereotypes and negative attitudes of societies towards disability (Adams & Leshone, 2016; Barlindhaug *et al.*, 2016; Bøttcher & Dammeyer, 2016; UNICEF, 2013). A survey conducted with families of children with disabilities in the United Kingdom found that about 70% of those families observed that some community members did not understand and accept disability (UNICEF, 2013). Similarly, a study done in Madagascar found that poor knowledge on disability was found mostly in parents of peers without disability, some of whom believed that disability was contagious (UNICEF, 2013).

In the same way, Shakespeare (2018) points out that some parents may prevent their children without disabilities from playing with or being visited by children with disabilities. They may further isolate their children without disabilities from children with physical disabilities by not inviting them to their children's parties and events (Adaka *et al.*, 2014; Crowley, 2016; Marini *et al.* 2018). Moreover, some peers of children with physical disabilities may be mean and ridicule their peers with physical disabilities because of differences in their bodies (Adaka *et al.*, 2014; Cleaver *et al.*, 2018; Crowley, 2016). Studies (Roulstone & Mason-Bish, 2013; UNICEF, 2013) emphasise that children with physical disabilities claimed that they had no friends because some of their peers feared them, also stating that they would love to have friends. This is because friendships provide social inclusion and fulfil emotional and social needs.

Apart from friendships, children with physical disabilities also need positive social relationships with their community members. This is because the community has power to influence children with physical disabilities on the way they view themselves (Barclay, 2019; UNICEF, 2013). Parents and caregivers of children with physical disabilities similarly have power to speak on behalf of their children (Adaka *et al.*, 2014;

Crowley 2016; Iriarte, McConkey & Gilligan, 2016; Zuurmond *et al.,* 2016). Studies by Adaka, Obi and Ikwem (2014) show that, in some communities in Nigeria, parents have stood up for their children in their communities and rebuked discrimination and negative stereotypes against them.

Additionally, children with physical disabilities need inclusion in social activities that other children engage in. They need to play and engage with other children so that they can learn and grow, since play enhances children's cognitive, social, emotional and physical skills and wellbeing (Runswick-Cole *et al.*, 2018; Traustadottir *et al.*, 2015; UNICEF, 2013). Therefore, it is important that children with physical disabilities are encouraged to play regardless of their impairments so that they can develop (UNICEF, 2013). For instance, sports are one of the activities that strengthen children's physical and psychological wellbeing. It gives them confidence and a sense of belonging, since it is a group activity. Additionally, sports are a form of rehabilitation, which promotes interaction between peers.

However, children with physical disabilities may be excluded in play activities because they may need aid to move around the playground, while some may have difficulties in socialising and making friends with other children (Bøttcher & Dammeyer, 2016; Traustadottir *et al.*, 2015; Shakespeare, 2019; UNICEF, 2013). Equally important, children with physical disabilities may be left out during play activities because other children may believe that they are not able to play and interact, or that they are not interested (UNICEF, 2013). As a result, research (Marini *et al.*, 2012) indicates that children with physical disabilities are often lonely and have anxiety from lack of socialisation with other community members.

2.7 CONCLUSION

This chapter provided an overview of the historical perceptions on disability, the general scope of disability in Lesotho specifically, the scope of children with physical disabilities and their needs. In the next chapter the researcher will pay attention to legislation regarding disability and social work service rendering.

CHAPTER 3:

A DISCUSSION OF THE DIFFERENT THEORETICAL PERSPECTIVES REGARDING DISABILITY WITH SPECIFIC FOCUS ON THE ECOLOGICAL PERSPECTIVE

3.1 INTRODUCTION

A theory can be defined as a set of ideas that explains the phenomenon (Babbie, 2020; Fouché *et al.,* 2021; Langer & Lietz, 2015). Theories assist in organising and structuring thoughts and assumptions on different subjects so as to draw connections of what is happening (Babbie, 2020; Fouché *et al.*, 2021; Langer & Lietz, 2015). They provide an assumption of what the reason behind a situation is and what can be done to help the situation. This chapter will address objective two, which is to explore different theoretical perspectives regarding disability with specific focus on the ecological perspective. An array of perspectives dominant in disability studies will be discussed, mainly because disability is multi-factorial, which means that there are many factors that are of concern when it comes to discussions of issues related to disability.

Perspectives that will be discussed in this chapter describe and provide an overview on disability to gain more insight into factors related to social services in Lesotho and delivery of these services for people with disabilities, as will be discussed in chapter 4. These will help make sense of the current situation of children with physical disabilities in relation to social work service provision in the country. Further, the perspectives will be used to explore why service provision of social work services for children with physical disabilities is as it is and what can be done to improve the situation. The theories chosen are needed to make better judgement so that sound interventions that will make an impactful contribution to improving the situation of children with physical disabilities can be made.

3.2 OVERVIEW OF THEORIES RELEVANT TO DISABILITY AND SOCIAL WORK SERVICE PROVISION

There are several models and theories that have been coined to explain issues related to disability, which give clarity about the lives that people with disabilities live. Models of disability explain disability, how people with disabilities have been treated in society and why they receive treatment that they receive from society (Iriarte *et al.*, 2016; Levitt, 2017; Rimmerman, 2013; Shakespeare, 2018).

3.2.1 Medical model

According to Shakespeare (2015), disability studies started with the shift from the medical to the social model of disability. The medical model, which emerged in the eighteenth century, is based on the concept of rehabilitation, which emphasises that people with disabilities are broken and in need of fixing (Barclay, 2019; Barnes & Mercer, 2013; Collins *et al.*, 2017; Henderson & Bryan, 2011). It was used in the provision of social work services in the 1920s to the 1960s to assess and change human behaviour (Zastrow, 2017; Zastrow, 2013). Zastrow (2017) further argues that the medical model conceptualised emotional and behavioural challenges in people as mental illnesses, with those that had behavioural problems being given medical labels such as ‘insane’ and ‘paranoid.’

The medical model measured people with disability against those that did not have impairments. Those that did not have impairments were considered normal, while those that had impairments were considered abnormal (Henderson & Bryan, 2011; Gordon *et al.,* 2017; Oliver, 2015; Rimmerman, 2015). The model deemed people with disabilities broken and less human than those that were able bodied. Further, it emphasised that a person must be fixed to adapt to the environment and society (Davis 2021; Gordon *et al.,* 2017; Oliver, 2015 Shakespeare, 2015; Shakespeare, 2018).

Additionally, the medical model focused on the limitations caused by disability, and placed emphasis on measures that could be taken to ensure that a person with a disability is functional in the same environment as persons without disabilities (Barnes & Mercer, 2013; Gordon *et al.,* 2017; Shakespeare, 2015). Such efforts to make an individual whole may be achieved through physical rehabilitation, as well as psychological and vocational adjustments (Gordon *et al.,* 2017). However, critics of the medical model have argued that people with disabilities should not be moderated and altered so that they fit the environment. Instead, the environment should be altered to accommodate people with disabilities so that they are able to function well (Davis, 2021; Rimmerman, 2013; Roulstone, 2018; Shakespeare, 2014). Based on these arguments, the medical model was rejected since it was focused on people's impairments to define disability.

3.2.2 Social model

The social model was adopted to define disability and explain the reasons people with disabilities face social exclusion. It was introduced in the late 1970s through the political and intellectual arguments of the Union of the Physically Impaired Against Segregation (UPIAS) (Barnes & Mercer, 2013; Davis, 2021; Gordon *et al.,* 2017; Rimmerman, 2013; Shakespeare, 2018). The aim was to have people living with disabilities freed from segregation and mainstreamed into the society to take part in societal activities without the limitations caused by environmental barriers. In so doing, it combated aspects such as lack of aids and equipment, lack of accessibility in environments and negative societal attitudes (Barnes & Mercer, 2013; Davis 2021; Gordon *et al.,* 2017; Runswick-Cole *et al.*, 2018). This is because, according to the social model, disability is caused by disabling societal structures, which means that disability would not be prevalent if it was not for inaccessible environments.

It has been argued that the strengths of the social model involve that it has helped build strong political movements for people with disabilities (French & Swain, 2014; Francis, 2014; Henderson & Bryan, 2011; Oliver, 2015; Wappett & Arndt, 2013). Further, the social model is strengthened in the fact that it generates a clear agenda for social change (Davis, 2021; Rimmerman, 2015; Shakespeare, 2018; Wappett & Arndt, 2013). It has been named as an instrument that has brought people with disabilities liberation for the fact that it identifies that social barriers need to be removed (Barnes & Mercer, 2013; Davis, 2021; Oliver, Sapey & Thomas, 2012; Rimmerman, 2015; Runswick-Cole & Mallett, 2014; Wappett & Arndt, 2013).

Since it has delivered favourable results that have liberated people with disabilities from social oppression, the social model has been named as a practical tool or instrument for development and not an ideology, theory or concept (Davis 2021; Runswick-Cole & Mallett, 2014; Gordon *et al.,* 2017; Van Heugten & Gibbs, 2015). In short, the social model conveys that it is the responsibility of society to remove barriers stopping people with disabilities from participating in societal activities (Barclay, 2019; Barnes & Mercer, 2013; Davis, 2021; Gordon *et al.,* 2017; Shakespeare, 2018).

Another strength in the social model of disability is that it has reformed people with disabilities psychologically by giving them a collective identity (Barnes & Mercer, 2013; Davis, 2021; Gordon *et al.,* 2017; Rimmerman, 2013; Shakespeare, 2018). Collective identity has given people with disability a sense of belonging that has boosted their self-esteem, which in turn has given them the ability to face issues that they come across with confidence (Davis, 2013; Shakespeare, 2018; Wade & Halligan, 2017; Waldschmidt, 2017; Wappett & Arndt, 2013). For example, it has helped many people with disabilities form groups and societies that represent them. These groups and societies have refined the mindset and perceptions of people with disabilities on issues regarding disability, so that they no longer feel as if their impairment is their fault (Davis, 2013; Shakespeare, 2018; Wade & Halligan, 2017; Waldschmidt, 2017; Wappett & Arndt, 2013)

Many groups of people with disabilities have managed to come up with change and raise the concerns that they have. For example, because of the disability movement and disability groups, the United Nations, as indicated in the previous chapters, developed the conversation surrounding people with disabilities in various countries. This brought attention to the fact that there is a need for nations to take issues relating to people with disabilities into consideration. Further, it emphasised the fact that there should be legislature and policies governing issues related to disability. The social model has had an impact to some extent on changing the perceptions of people with disabilities and has given them enough confidence to face the world and tackle issues that have been a hindrance in their lives.

The social model has not only had an impact on changing the perceptions of people with disabilities, but it has further influenced change in social service provision for people with disabilities (Swain, French, Barnes & Thomas, 2013; Wade & Halligan, 2017; Waldschmidt, 2017; Wappett & Arndt, 2013; Yuen, Cohen & Tower, 2012). Due to an introduction of the social model, rights of people with disabilities started to be acknowledged in social service provision, which in turn made a difference to the way services for people with disabilities were rendered. The introduction of the social model further advocated that people with disabilities are to be considered as people in their own right who are as deserving of services as the rest of society (Runswick-Cole & Mallett, 2014; Wade & Halligan, 2017; Waldschmidt, 2017; Wappett & Arndt, 2013; Yuen *et al.*, 2012).

With these improvements in advocacy, people with disabilities were empowered to the point that they were able to take charge and challenge services that do not improve their living conditions. The blame was thus no longer on the individual's disability, but on the limitations of the service provider (Runswick-Cole & Mallett, 2014; Shakespeare, 2018; Wade & Halligan, 2017; Wappett & Arndt, 2013). For example, through the introduction of disability groups in different states, individuals with disabilities have been able to recognise the gap in the service provision of disability social services, and have thus been able to advocate for better social service provision. Moreover, after the introduction of the social model, there has been an introduction of departments in governments and non-governmental organisations that are meant to provide disability-specific services. Therefore, resources that are needed towards better services can be projected directly to disability services departments so that service provision to people with disabilities can be more efficient. Likewise, the establishment of documentation of legislature and policies that address issues related to how people with disabilities are to be treated ensure that they are afforded the same rights and opportunities as other members of society.

The gap in the social model of disability is that it has ignored the fact that people with disabilities have impairments which are significant aspects of their lives (Barclay, 2019; Barnes & Mercer, 2013; Davis, 2021; French & Swain, 2014; Marini *et al.*, 2018). Additionally, even though the model requires that the environment be changed to accommodate people with disabilities, the challenge of having numerous impairments, which no amount of environmental and societal change can eliminate, still remains (Batshaw *et al.*, 2019; Davis, 2021; Runswick-Cole *et al.*, 2018; Shakespeare, 2018). The reduction of societal barriers does not eliminate impairments, but it enables people with disabilities to participate in societal activities (Davis, 2013; Oliver *et al.*, 2012; Rimmerman, 2013; Roulstone & Mason-Bish, 2013; Runswick-Cole *et al.*, 2018; Shakespeare, 2018).

All in all, Davis (2021) postulates that the medicalisation of disability is inappropriate and ineffective to be used in analysis, policy formulation, social service provision for people with disabilities and issues related to disability. By comparison, the social model presents a better option for theorising about disability.

3.2.3 Biopsychosocial model of disability

Based on the shortcomings of the medical and social models, authors (Davis, 2021; Healy, 2014; Shakespeare, 2018; Teater, 2014) argue that complex models such as the biopsychosocial model of disability are needed to define disability and issues relating to the lives of people with disabilities. This is because the biopsychosocial model of disability offers a balance between its two predecessors regarding aspects of disability. It was developed by George Engel in 1977, and later in 2002 became the basis of the WHO's International Classification of Functioning, Disability and Health. This section classifies people with illness and disability so that they can achieve optimal health and functioning (Davis, 2013; Henderson & Bryan, 2011; Marini *et al.*, 2018; Mitchell & Snyder, 2015). In short, the biopsychosocial model of disability argues that disability is a complex issue, and that in defining and discussing issues related to disability, different factors should be given weight (Davis, 2013; Henderson & Bryan, 2011; Shakespeare, 2018; Wade & Halligan, 2017; Wappett & Arndt, 2013).

Additionally, the model argues that the complexity of disability cannot be reduced to the biological, social or psychological problems only, since there needs to be intervention at all levels for people with disabilities to benefit (Davis, 2013; Henderson & Bryan, 2011; Shakespeare, 2018; Wade & Halligan, 2017; Wappett & Arndt, 2013). For example, the biopsychosocial model argues that when it comes to people with disabilities, especially children with physical disabilities, different factors relating to medical treatment and rehabilitation are required. In this regard, their needs vary from assistive devices and barrier removal to rehabilitative support, supportive welfare benefits, psychological support, cultural change and legal support (Davis, 2013; Shakespeare, 2018; Wade & Halligan, 2017; Wappett & Arndt, 2013).

Moreover, the biopsychosocial model's strength is that it argues that disability is not an individual issue, but a universal issue in that it affects not only the person with the disability but also all of humanity (Davis, 2013; Henderson & Bryan, 2011; Shakespeare, 2018; Wade & Halligan, 2017; Wappett & Arndt, 2013). This means that disability affects the nation as a whole, influencing the economic, social and political development of states. Therefore, the model has encouraged different states to act collectively to ensure that issues related to disability are given priority, that the needs of people with disabilities are taken into consideration and that barriers from participation in any form are removed so that people living with disabilities may have an opportunity to live equal lives to other members of society.

In summary, the models of disability have had impact on defining disability and showing how disability is construed globally. While the medical model of disability emphasises that disability is a rehabilitation issue and a condition in need of fixing, the social model has defined disability as a socially constructed issue imposed on people with impairments by society. However, the biopsychosocial perspective defines disability as a complex phenomenon that is influenced by several aspects. Even though models of disability have helped define disability and explain how people with disabilities are treated in society, they have been criticised as not having helped people with disability live their day to day lives (Henderson & Bryan, 2011). Therefore, the ecological perspective, closely related to the biopsychosocial model is adopted for it considers the lives of people with disabilities as influenced by environmental factors that surround them. For the same reason, the ecological perspective can be applied on day to day lives of people with disabilities.

3.3 ECOLOGICAL PERSPECTIVE

The ecological perspective is the study of multiple interconnected systems that influence individual development (Bronfenbrenner, 1979; Hepworth *et al.*, 2017; Lonne *et al.*, 2016; Suppes & Wells, 2013; Teater, 2014; Zastrow, 2017). It is based on adapted versions of Bronfenbrenner's ecological model coined in 1977 and focuses on the interface between people and their environments. In so doing, it delineates the continual transaction and interactions between human beings, their families, groups, communities and the entire environment (Bronfenbrenner, 1979; Francis, 2014; Hepworth *et al.*, 2017; Lonne *et al.*, 2016; Suppes & Wells, 2013; Teater, 2014;

Zastrow, 2017). The perspective asserts that individuals and the environment are separate systems that are interconnected, and that a change in one influences a change in the other (Bronfenbrenner, 1979; Francis, 2014; Heyman & Congress, 2018; Lonne *et al.*, 2016; Teater, 2014; Zastrow, 2017). Its focus is on the growth, development and potentialities of human beings with the properties of their environments, which can either support or fail the individual's potential (Langer & Lietz, 2015; Lonne *et al.*, 2016; Shakespeare, 2014; Teater, 2011; Webb, 2019; Zastrow, 2017).

Further, the ecological perspective, postulates that people, places, times and contexts in which social interaction occur are social ecologies which can be either the cause of problems or their solution (Bronfenbrenner, 1979; Francis, 2014; Hepworth *et al.*, 2017; Lonne *et al.*, 2016; Suppes & Wells, 2013; Teater, 2014; Zastrow, 2013). It works towards creating treatment and reform through directing the proper flow of relationship between an individual and the social and physical environment (Langer & Lietz, 2015; Lonne *et al.*, 2016; Shakespeare, 2014; Teater, 2014; Walsh, 2014; Webb, 2019; Zastrow, 2017). In so doing, it explores both the internal and external factors associated with an individual (Bronfenbrenner, 1979; Lonne *et al.*, 2016; Shakespeare, 2014; Teater, 2014; Webb, 2019; Zastrow, 2017). Additionally, it views people as reciprocal interactors with their environment, but not as passive reactors (Francis, 2014; Hepworth *et al.*, 2017; Lonne *et al.*, 2016; Suppes & Wells, 2013; Teater, 2014; Zastrow, 2017).

Bronfenbrenner (1979) further states that people are active participants in their development, and that the way they perceive their environment is as important as the way they experience their environmental contexts. The ecological perspective improves individuals' coping patterns by considering favourable transactions between their needs and the characteristics of their environments (Langer & Lietz, 2015; Lonne *et al.*, 2016; Rogers, 2011; Webb, 2019; Zastrow, 2017). Additionally, it builds more supportive and nurturing environments through various ways of improving different kinds of environments around an individual and advancing his/her competencies through the teaching of specific life skills (Langer & Lietz, 2015; Lonne *et al.*, 2016; Rogers, 2011; Webb, 2019; Zastrow, 2017).

The ecological perspective also takes the functions of network resources and obstacles to using them as essential parts of an environmental assessment into consideration (Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Suppes & Wells, 2013; Teater, 2014; Welsh, 2014). Teater (2014) points out that it shares the same understanding for potential growth and stress within clients as social network assessment. Social work's interest in social networks is firmly rooted in the ecological perspective (Netting *et al.,* 2017; Van Heugten & Gibbs, 2015; Webb, 2019; Welsh, 2014; Zastrow, 2017). Therefore, it is important that, when professionals consult children with physical disabilities, they assess them together with their environment to determine which system needs intervention. Further, an assessment based on the ecological theory provides understanding of children with physical disabilities and their situations, identifying different intervention strategies that are needed to ensure that they live fulfilled lives. Teater (2014) avers that this contrasts with social workers intervening in the situation of children with disabilities based merely on intuition and their gut feelings or their personal assumptions, since responding with strategies derived from ecological theory puts children at less risk.

An ecomap is an instrument that is used when conducting assessments. It is an illustration which demonstrates and describes how clients interact with different nests of their environment (Hepworth *et al.*, 2017; Netting *et al.*, 2017; Teater, 2014; Webb, 2019; Zastrow, 2017). It is drawn from the ecological perspective and it is the most widely used means of visual display to document the social context of a client's life (Netting *et al.,* 2017; Teater, 2014; Van Heugten & Gibbs, 2015; Webb, 2019; Zastrow, 2017). The ecomap contains names of people, groups, and organisations which are identified and encircled. The distance between circles indicates closeness of relationships, while lines drawn between circles represent the quality of the relationships; for example, the relationship can be positive, stressful or tenuous (Hepworth *et al.*, 2017; Netting *et al.*, 2017; Teater, 2014; Van Heugten & Gibbs, 2015; Webb, 2019; Zastrow, 2017). The ecomap in social service provision may help social workers and children with physical disabilities together with their families to jointly determine resources that may be available, gaps in the identified resources, and goals for intervention (Heyman & Congress, 2018; Langer & Lietz, 2015; Hepworth *et al.*, 2017; Turner, 2011; Zastrow, 2017; Zastrow, 2017).

The ecological perspective promotes treatment of an individual as a whole, and this includes proper intervention of support systems that influence the wellbeing of an individual. Support systems of children with physical disabilities, often their families, play an enormous role of providing care and support. Therefore, It is important that support systems are strengthened by being included in policies for people with disabilities (Morley, Ablett & Macfarlane, 2019; Oliver *et al.*, 2012 Turner, 2011; Webb, 2019; Yuen *et al.*, 2012). For example, in some developed countries, families of children with disabilities are included in disability policies, which ensures that they get resources such as funds and proper housing (French & Swain, 2014; Moyle, 2016; Oliver *et al.*, 2012; Talley & Crews, 2012; Yuen *et al.*, 2012).

The ecological perspective links both the formal and the informal resources in assisting an individual, which means that it implements all the resources around an individual (Langer & Lietz, 2015; Lonne *et al.*, 2016; Teater, 2014; Walsh, 2014; Webb, 2019; Zastrow, 2017). It draws attention to the importance of neighbourhood and extended family resources. The linking of formal and informal helping networks is seen as an important function of social work practice (Heyman & Congress, 2018; Gordon & Donnellan, 2013; Patel, 2015; Schirmer & Michailakis, 2019; Turner, 2011; Van Heugten & Gibbs, 2015). It is essential that social workers stress, utilise and develop close relationships with informal caregivers and community networks so that support structures for children with physical disabilities is strengthened. In many developing countries including Lesotho, informal caregivers have been providing extra care, information and support to vulnerable groups, which include people living with HIV/AIDS and people with disabilities and chronic illness. Turner (2011) emphasises that this kind of practice forms part of community social work, which is about enhancing informal support networks as well as coordinating the interface between formal and informal care.

3.3.1 Connection of the ecological theory to social work services

Bronfenbrenner arranged common principles of both ecology and systems thinking in such a way that it has application across social science disciplines (Gray & Webb, 2013). The ecological perspective gained its popularity in disciplines such as psychology, sociology and anthropology before it was introduced in the field of Social work (Gray & Webb, 2013). It was introduced to the field of social work by Alex

Gitterman and Carel Germain, two social work academics who did their research mainly in the late 1970s and the early 1980 (Gray & Webb, 2013; Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Suppes & Wells, 2013; Wappett & Arndt, 2013; Zastrow, 2013). Additionally, it gained its influence in social work through the work of Bronfenbrenner, who was a developmental psychologist (Gray & Webb, 2013; Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Suppes & Wells, 2013; Wappett & Arndt, 2013; Zastrow, 2017). Holosko, Dulmus and Sowers, (2013) emphasise that the ecological perspective was used in the 1980s to articulate social work's approach to assessments in delivering of social services. Proponents of the ecological approach argue that social work is different from other human service professions such as psychiatry and psychology in that it is focused on enhancing systemic transactions rather than improving the functioning of the isolated systems (Netting *et al.,* 2017; Teater, 2014; Van Heugten & Gibbs, 2015).

Further, authors (Gray & Webb, 2013; Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014; Walsh, 2014; Zastrow, 2017) argue that historically, social work has distinguished itself from other professions through the ecological perspective and the person in environment term. For example, the association of social work and the ecological perspective is seen in the early days of social work practice, where the friendly visitors of charity organisation societies assessed the circumstances of those that were in need and sought to find them help within different networks in their environment (Gray & Webb, 2013; Schirmer & Michailakis, 2019; Zastrow, 2017).

The adoption of the ecological perspective in social work practice has introduced useful theoretical concepts into social work. Such concepts have been fundamental in performing assessments of service users and the environment within them, since they provide insight on how service users are affected by different systems around them. They further provide insight on the kind of relationship clients and their environments have (Healy, 2014; Hepworth *et al.*, 2017; Holosko *et al.*, 2013; Zastrow, 2017). For example, the term equilibrium states that there needs to be a balance between systems. This means that in the case of children with physical disabilities, there needs to be an equilibrium between their families and other systems, which includes the community that they live in and the school that they go to.

Moreover, social work services are geared towards promoting effective responsive relationships between individuals, groups and communities. In provision of such services, social work uses a person in environment metaphor to provide intervention to individuals within their own environments. Social work has always concerned itself with helping people while promoting responsive environments that encourage functional and healthy relationships, individual growth, health and satisfactory social functioning (Morley *et al.*, 2019; Netting *et al.*, 2017; Schirmer & Michailakis, 2019; Suppes & Wells, 2013; Van Heugten & Gibbs, 2015). This is because relationships are at the heart of effective social work services (Ashford *et al.*, 2018; Heyman & Congress, 2018; Suppes & Wells, 2013; Wilson, Ruch, Lymbery & Cooper, 2011; Zastrow, 2017).

The person in environment system was introduced by Karls and Wandrei in 1992 Holosko *et al.*, 2013). It provides social workers a common ground and use of language when undertaking assessments (Hepworth *et al.*, 2017; Holosko *et al.*, 2013; Schirmer & Michailakis, 2019). The goal of the development of the person in environment was to design an assessment structure that focuses on the social wellbeing of a client. The person in environment assessment approach is systematic and comprehensive, and includes information about the client, the client's problem and the client's social environment (Hepworth *et al.*, 2017; Holosko *et al.*, 2013; Langer & Lietz, 2015; Schirmer & Michailakis, 2019). It also includes a coding system for clients' problems, the duration and severity of their problems, and their coping mechanisms. The person in environment stresses the importance of ongoing assessment, social support, empowerment, and collective action.

The ecomap and the genogram, which is a tool used to gather information about service users' family profiles to gain a clear picture of their families, are assessment tools used in working with children and families to gather and organise information systematically (Hepworth *et al.*, 2017; Holosko *et al.*, 2013; Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Van Heugten & Gibbs, 2015). They can be used in social work services during the assessment process to elicit and synthesise information from children with physical disabilities and their families. In the process, strengths and possible resources are identified in tandem with the ongoing collection of assessment information (Ashford *et al.*, 2018; Hepworth *et al.*, 2017; Holosko *et al.*, 2013; Langer & Lietz, 2015; Schirmer & Michailakis, 2019).

In this light, the ecological perspective may assist social workers in delivery of services to children with physical disabilities by directing their services to improving the interactions and transactions between these children and their families, groups, communities and environments. The environment in the case of children with physical disabilities consists of different factors. Firstly, it includes the people they interact with, these being family members, friends, peers and community members. Secondly, it includes the place in which they live, along with the physical environment, health and social services which may or may not be available. Finally, the environment includes culture and all the traditional beliefs that inform a way of life for children with physical disabilities.

As previously established, policies and legislature affect the development of children with physical disabilities (Langer & Lietz, 2015; Lonne *et al.*, 2016; Teater, 2014). Accordingly, authors (Langer & Lietz, 2015; Moyle, 2016; Patel, 2015; Watermeyer *et al.*, 2019) argue that in provision of social work services, the effects of inequality, racism and other oppressive behaviours and practices need to be considered because all these form part of the environment. The general environment and all its characteristics have an impact on the general welfare of children with physical disabilities.

When dealing with children with physical disabilities, the ecological perspective may help social workers examine the fit between children with physical disabilities and their environment by considering the interplay between culture and the physical and social aspects of the environment (French & Swain, 2014; Gordon & Donnellan, 2013; Healy, 2014; Langer & Lietz, 2015). The physical environment includes the natural world and the built world, which is the construction of the environment by the society. Conversely, the social environment comprises of the human communication and relations within society (Ashford *et al.* 2018; Gordon & Donnellan, 2013; Healy, 2014; Teater, 2014). Both the social and the physical environments are influenced by culture, norms and values within society (Hepworth *et al.*, 2017; Schirmer & Michailakis, 2019; Shepherd *et al.*, 2017; Teater, 2014; Van Heugten & Gibbs, 2015; Waldschmidt, 2017; Webb, 2019).

Therefore, it is important to determine influences from culture and the culture within the society because, from that, the kind of interventions that will be suitable for a certain culture can be determined. For example, as indicated in Chapter 1, people with disabilities are treated differently depending on different cultures. It was further indicated that, in some cultures, disability is believed to be the result of bad spirits or witchcraft, while in some societies children with disabilities are believed to bring good luck (Chataika, 2013; Rugoho & Maphosa, 2017; Shakespeare, 2018; Traustadottir *et al.*, 2015; Wamunyi, 2012; Zuurmond *et al.*, 2016).

Therefore, different interventions from social workers for children with physical disabilities will depend on how disability is viewed in different societies. Further, culture determines the type of physical buildings that are built, as well as the type of social interactions that take place within the society. For example, in many communities in developing countries including Lesotho, physical environments which are inclusive of buildings and roads restrict movement and participation for children with physical disabilities (LNFOD, 2016). While some societies promote social isolation and stigma of children with physical disabilities (Adaka *et al.*, 2014; Alsem *et al.*, 2013; Bright & Kuper, 2018; Cleaver *et al.*, 2018; Nelson *et al.*, 2016; Zuurmond *et al.*, 2016).

The role of social workers within the ecological perspective is to improve the interaction between children with physical disabilities, their families, their groups and their communities, and their political, social and physical environment (French & Swain, 2014; Gordon & Donnellan, 2013; Kirst-Ashman, 2013; Netting *et al.*, 2017; Teater, 2014;Van Heugten & Gibbs, 2015). Social work interventions with children with physical disabilities and their environments can increase their self-esteem, self-worth, coping skills, and their autonomy and competence. For example, literature (French & Swain, 2014; Gordon & Donnellan, 2013; Holosko *et al.*, 2013; Hosain, Atkinson & Underwood, 2011; Shakespeare, 2018) endorses that interactions and interventions by social workers make a huge impact on the lives of children with disabilities to the extent that they are able to face their challenges and the environment surrounding them. Consequently, they are able to excel in different areas, such as sports and their studies, while their wellbeing is simultaneously improving.

In the same way, social work interventions with families and groups can help members to recognise and change their interactions and patterns of communication (Ashford *et* *al.*, 2018; Bauman & Shaw, 2016; French & Swain, 2014; Hepworth *et al.*, 2017; Zastrow, 2017). Such interventions reduce disagreements and disputes in groups and families. Further interventions into the environment can also increase the adaptive fit of individuals, such as attempting to reduce and eliminate discrimination, oppression and prejudices and increase opportunities for individuals and groups to actively engage with the environment (Ashford *et al.* 2018; Gitterman & Germain, 2008; Langer & Lietz, 2015; Lonne *et al.*, 2016; Morley *et al.*, 2019). For example, negative stereotypes of people with disabilities by the society was reduced when professionals such as social workers educated the society about disability and ways to interact with people with disabilities (Davis, 2013; French & Swain, 2014; Gordon & Donnellan, 2013).

Social work services must be geared at establishing a good level of a person-environment fit for children with physical disabilities. Once this has been done, establishing interventions that will be convenient for either the child, his environment or both increases the level of fit. The intervention of social work services should be aimed at removing the stress experienced by children with physical disabilities, their families, their groups and their communities so that they can live improved lives that fulfil their needs (Adams & Leshone 2016; Ashford *et al.*2018; Langer & Lietz, 2015; Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014).

Further, the person-environment fit may help social workers to facilitate interactions with children with physical disabilities in a way that they are able to find solutions to their problems using the environment that surrounds them (Ashford *et al.*, 2018 Schirmer & Michailakis, 2019; Suppes & Wells, 2013; Teater, 2014; Wappett & Arndt, 2013; Webb, 2019). The ecological perspective may help social workers assist children with physical disabilities to address needs at different levels, which could be life transitions, the environment, and challenges that they may encounter while striving to achieve success of transitional and environmental tasks. Ultimately, interventions from social workers should alleviate the stress of children with physical disabilities, their families and their communities.

The ecological perspective’s person-in-environment aspect shows that a person is surrounded by many systems that influence his wellbeing and functioning ability. Just as the systems around a person may enable him to function well and flourish, they may hinder his progress and proper functioning, thereby creating disability. Authors (Hepworth *et al.*, 2017; Holosko *et al.*, 2013; Kirst-Ashman, 2013; Zastrow, 2017) point out that, with the person-in-environment conceptualisation, social workers can focus on three different areas when working with individuals, namely the micro, meso and macro level . In so doing, they can focus on individuals and help them develop problem solving and their coping capacities (Ashford *et al.*, 2018; Langer & Lietz, 2015; Morley *et al.*, 2019; Webb, 2019; Zastrow, 2017).

Moreover, social workers can examine the systems that an individual interacts with and, in so doing, connect him with the opportunities and resources that may be available to help improve his situation (Healy, 2014; Hepworth *et al.*, 2017; Holosko *et al.*, 2013; Langer & Lietz, 2015; Zastrow, 2017). Additionally, social workers may focus on the systems, ensuring that they are effective in attending to the individuals' needs and assisting them in any ways possible to live improved lives (Ashford *et al.*, 2018; Hepworth *et al.*, 2017; Langer & Lietz, 2015; Zastrow, 2017).

The ecological perspective asserts that every person strives to achieve a person-in-environment fit, and that there are three different ways an individual can achieve this equilibrium. Firstly, an individual may change himself in other to fit the environment's demands and expectations so that he can gain access to the resources and opportunities of the environment (Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014; Turner, 2011). Alternately, he can change the environment so that the environment can become more responsive to his needs and goals (Ashford *et al.*, 2018; Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014). Finally, the individual can change the person-in environment transactions to achieve an improved fit. Nonetheles, authors (Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014; Turner, 2011) emphasise that the fact that individuals are continuously trying to adapt to the environment does not mean that they are content with their situation.

The ecological perspective views individuals as having difficulties when they have to adjust to life stages (Ashford *et al.*, 2018; Hepworth *et al.*, 2017; Langer & Lietz, 2015; Rimmerman, 2013; Schirmer & Michailakis, 2019; Zastrow, 2017). Children with disabilities experience more challenges when they encounter life transitions. For example, they may experience difficulties in activities such as going to school for the first time and making friends. In the same way, families of children with disabilities may experience challenges when their children go through life transitions. The ecological perspective helps articulate challenges that individuals and their families encounter when they go through life transitions and then finds ways in which these obstacles can be overcome.

Ultimately, this manner of thinking encourages social workers to focus on transactions within and across systems and to seek sustainable change (Ashford *et al.*, 2018; Schirmer & Michailakis, 2019; Teater, 2014; Wappett & Arndt, 2013; Webb, 2019; Zastrow, 2017). It advocates for a focus on understanding and intervention to improve the person-environment exchanges (Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014; Webb, 2019; Zastrow, 2017). The approach postulates that problems arise when there is a mismatch between a person's environment and his needs, capacities, rights and aspirations (Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014; Webb, 2019; Zastrow, 2017). A person's lack of fit between himself and the environment can occur because of environmental stressors, which may include poverty or life transitions such as disability. Equally important, the ecological perspective emphasises that there should be intervention to improve transactions by promoting adaptation between the person and his environment (Ashford *et al.*, 2018; Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014; Webb, 2019; Zastrow, 2017). As a whole, the ecological perspective helps the profession of social work play out its social purpose of helping individuals and promoting responsive environments that support human growth, health and satisfaction in human functioning (Ashford *et al.* 2018; Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014; Van Heugten & Gibbs 2015; Webb, 2019; Zastrow, 2017).

3.3.2 Ecological perspective nests

The ecological perspective is posited under a set of nests which are in constant interaction with one another. Together, these categories shape human development (Bronfenbrenner, 1979; Davis, 2021; Gray & Webb, 2013; Lonne *et al.*, 2016; Wappett & Arndt, 2013; Webb, 2019; Zastrow, 2017). Bronfenbrenner identified these elements as the microsystem, mesosystem, exosystem, macrosystem and chronosystem (Bronfenbrenner, 1979; Lonne *et al.*, 2016; Schirmer & Michailakis, 2019; Suppes & Wells, 2013; Taheri, Perry & Minnes, 2017). However, for the purpose of this study, which is focused on the intervention of social workers on children with physical disabilities, the focus will be on three of these systems, namely the microsystem, mesosystem and macrosystem. Since there is an overlap between the levels, the exosystem and the chronosystem will be covered in the other systems. Services that social workers render in the three levels will be discussed in chapter 4.

The systems theory places a child with a physical disability at the centre of three systems which are influential around one another to explain children's development and to describe social work services that they need to attain fulfilment in life. It is important that, in provision of social services, social workers become familiar with all the nests that surround children with physical disabilities. Understanding children with physical disabilities, the places around them, policies and their physical environment brings about a holistic view of children with physical disabilities to come up with proper intervention strategies. Social work services, as will be discussed in chapter 4, are provided in a different set of nests aimed towards addressing the needs of children with physical disabilities.

3.3.3 Assumptions and premises of the ecological perspective

The following section presents assumptions and premises of the ecological perspective. These are divided into three categories, namely the interdependence of the person and environment, the level of adaptiveness, and, finally, the cyclical relationship between the person and the environment.

3.3.3.1 Interdependence of the person and the environment

The ecological perspective asserts that individuals in their environment are interrelated and interdependent, and that the person and the environment can be understood through examining the relationship between the two and the various elements, which can be physical, cultural or social (Ashford *et al.,* 2018; Suppes & Wells, 2013; Teater, 2014; Van Heugten & Gibbs 2015; Walsh, 2014) The relationship between the two can be defined as positive, neutral or negative (Gitterman & Germain, 2008). Many children with physical disabilities in African countries have a negative person-in-environment relationship because the physical, social and cultural environment is still not accessible to them; such are barriers that prevent them from participating in activities in society. For example, roads and buildings are still not accessible for children with physical disabilities, and society still holds negative views about them (Adaka *et al.*, 2014; Alsem *et al.*, 2013; Barclay, 2019; Barnes & Mercer, 2013; Bright & Kuper, 2018).

The fact that many children with physical disabilities in Africa have a negative person-in-environment fit is evidenced in the fact that their needs are not met and they do not receive social services that are meant to help them to navigate through life (Bright & Kuper, 2018; Chataika, 2013; Chichaya *et al.,* 2018; Zuurmond *et al.*, 2016). However, some literature (Adams & Leshone, 2016; Oliver *et al.*, 2012; Shakespeare, 2018; UNICEF, 2013) on disability has reported that, in some areas where the person-in-environment relationship is neutral or positive, there has been some positive steps towards change in the way children with disabilities are treated. This means that in such cases, children with disabilities can grow in better opportunities, which include economic, social and educational chances. It is important that, in service provision for children with physical disabilities, the focus is not on an individual child only, but that it includes other factors that are influential towards his wellbeing. For example, some of the social work services involve working with communities to remove negative stereotypes and discrimination towards children with disabilities. Some community projects in African countries also work towards bringing financial security for community members, which in turn address children's physical needs.

The ecological perspective posits that individuals are an inseparable part of the environment in which they live. They respond to the environment, and the environment in turn changes and responds to them. A child with a disability has several environments, such as the physical-, social- and cultural environment that will have an effect on his/her wellbeing. In order to have a positive person-in-environment fit, children with disabilities and their families have to self-organise within their environments (Ashford *et al.*, 2018; Gitterman & Germain, 2008; Langer & Lietz, 2015; Teater, 2014).

3.3.3.2 Level of adaptiveness

Through the course of life, every person strives to achieve a proper person-in-environment fit. Persons that experience a healthy and positive person-in-environment fit are said to have achieved a good level of adaptiveness (Langer & Lietz, 2015;

Schirmer & Michailakis, 2019; Suppes & Wells, 2013; Teater, 2014; Van Heugten & Gibbs, 2015; Walsh, 2014). A good person-in-environment fit is achieved when a person is full of strengths and resources and has the capacity to grow and develop because the environment can provide for the necessary resources and opportunities. Conversely, a poor level of adaptiveness occurs when individuals do not grow or develop because they feel that their environment lacks the capacity and necessary resources to help them grow (Schirmer & Michailakis, 2019; Suppes & Wells, 2014; Teater, 2014; Van Heugten & Gibbs, 2015; Zastrow, 2017).

Individuals may have negative feelings about their environment because they may feel that their environment's resources are lacking, inaccessible or non-existent (Schirmer & Michailakis, 2019; Suppes & Wells, 2013; Teater, 2014; Van Heugten & Gibbs, 2015; Zastrow, 2017). Teater, (2014) further emphasises that, in such cases, some people may develop stress and end up consulting social services to resolve their issue. For example, after a child has been found to have a disability, the family experiences various struggles because in some cases they may not have a good person-in-environment fit. Some studies (Adaka *et al.*, 2014; Alsem *et al.*, 2013; Barlindhaug *et al.*, 2016; Cleaver *et al.*, 2018; Coomer, 2013; Rugoho & Maphosa, 2017) indicate that it is mostly the siblings and mothers of the children with disabilities who experience more difficulties.

3.3.3.3 Cyclical relationship between the person and the environment

The ecological perspective works within the cyclical nature of ecological processes, which examine the relationship between the person and all the environmental factors that influence his wellbeing. Therefore, circular reasoning regarding certain aspects such as disability is more applicable than linear reasoning. For instance, a child with a disability will have several needs, as was discussed in Chapter 2, and a number of nests, as indicated earlier in this chapter. This would influence how the child develops and copes with life stressors (Ashford *et al.*, 2018; Teater, 2014; Wappett & Arndt, 2013). Dysfunctions that may be seen within an individual are the result of a mismatch between an individual's skills and knowledge and the environmental demands (Gitterman & Germain, 2008; Langer & Lietz, 2015; Teater, 2014; Wappett & Arndt, 2013). Therefore, a disability within a child with disability is not viewed as a disturbance, but rather as a discordance within a system (Gitterman & Germain, 2008; Teater, 2014; Wappett & Arndt, 2013).

3.3.4 Strengths of the ecological perspective

The ecological perspective includes aspects of an empowerment-based approach because it provides clients with the ability to take charge in matters that affect them. Through this intervention, they become competent to deal with situations in their environments. It stresses that social workers and clients work collaboratively to empower service users in such a way that they are aware of the informal and formal resources around them and that they are able to obtain and use them to sustain a positive person-in-environment fit (Schirmer & Michailakis, 2019; Teater, 2014; Van Heugten & Gibbs, 2015; Zastrow, 2017).

It further provides social workers with the ability to evaluate the service user's situation using a holistic approach by assessing all factors involved around the client's situation and not focusing on a service user as an individual problem. This can enable a social worker to observe different points of entry into complex situations and base the interventions on the clients' needs and not on the social worker's preferred methods (Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014; Zastrow, 2017). Further, it enables social workers to seek social change on behalf of the clients when the society limits the potential of the client.

In light of this, the ecological perspective is anti-oppressive because it eliminates discrimination and oppression that causes disequilibrium or negative person-in-environment fit in a client's life (Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014). It eliminates all the barriers that restrict development and hinder progress in the life of a client. Further, it removes the focus from individuals being solely to blame for their difficulties, instead investigating different systems around them for a cause of disfunction. Therefore, the ecological perspective helps service users to no longer feel as if they are to blame for their challenges.

Furthermore, it is flexible because it allows a social worker to use other methods of intervention after assessing the situation of individuals, groups and communities (Hepworth *et al.*, 2017; Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014). It also allows social workers to seek different intervention strategies in pursuit of helping clients who may be oppressed by different aspects of the system. For example, in the case of children with physical disabilities who may need aid devices, a social worker may link them with NGOs that may be offering such services. Social workers also have power to advocate for children with physical disabilities who may be oppressed in societies through evaluating policies and legislation at macro level.

Lastly, the ecological perspective can be applied at multilevel social work practice. It can be implemented when working with individuals at micro level, meso level and macro level. Equally important, the ecological perspective allows for a broad scope of usage across all ranges of clients' difficulties, which means that any kind of challenge they come with can be addressed under this lens.

3.3.5 Criticisms of the Ecological perspective

It may be difficult for a social worker to conduct a thorough assessment on the client and all the systems that affect clients due to inadequate or limited information on the systems and on the client (Hepworth *et al.*, 2017; Teater, 2014). In such situations, the theory may not inform the social worker on how to penetrate the system to assist the client. This kind of hindrance from the social worker getting enough information may be caused by some service users being less verbal. In such circumstances, the client and social worker may address symptoms to a problem that is not known thoroughly because it is not disclosed well (Hepworth *et al.*, 2017; Teater, 2014). However, this challenge can be overcome by maintaining a close relationship with the client so that the client can fully trust the social worker, which may lead to the service users opening up and disclosing information on their situation (Teater, 2014).

Social workers may further be limited in their work of conducting an assessment in different systems surrounding a service user due to lack of or insufficient resources in the form of time and funds from the agency's part (Hepworth *et al.*, 2017; Oliver *et al.*, 2012; Schirmer & Michailakis, 2019; Teater, 2014). This may hinder proper assessment of the service user's situation, because some systems would not have been investigated to determine the underlying problem. Therefore, the social worker and service user may be working towards treating symptoms of the problem and not the real core. However, Teater (2014) suggests that, in such situations, a social worker and a client may agree on systems that are most important to be considered in the assessment.

Another problem that arises is that it may be difficult for social workers to penetrate or work with other systems in pursuit of rendering social work services to clients. For example, some systems around clients may not be willing to take part in the assessment towards changing their situation, and it may be a brick that is impenetrable for the social worker (Teater, 2014).

Finally, there is the possibility that a social worker may over-assess the other systems involved in a client's case and end up losing the focus of intervention (Teater, 2014). However, in such cases, social workers should strive for conducting a thorough assessment with the other systems that are involved while maintaining close contact with the client to ensure that they are still on the right track of solving the initial need (Teater, 2014).

3.3.6 Conclusion

In conclusion, this chapter explored different theoretical perspectives regarding disability with specific focus on the ecological perspective. It discussed relevant models that have helped define disability in detail and all factors that are associated with the lives of people with disabilities. The section further provided insights on the ecological perspective that can be used as a fundamental tool in provision of social work services to children with physical disabilities. In the next chapter social work service rendering to children with physical disabilities will be discussed.

CHAPTER 4

LEGISLATURE ON DISABILITY AND SOCIAL WORK SERVICE PROVISION TO CHILDREN WITH PHYSICAL DISABILITIES

4.1 INTRODUCTION

This chapter addresses objective three, which is to explain different policies and legislation regarding disability and discuss service delivery to children with a physical disability, specifically focusing on social work services. The chapter will also provide an overview of policies and legislation regarding disability in Lesotho, as well as social work services at a micro, meso and macro level. Finally, it will address challenges that social workers face in provision of social services and discuss recommendations regarding social service delivery to children with physical disabilities.

Children with physical disabilities, as noted in previous chapters, have a number of needs (Barlindhaug *et al.*, 2016; Bøttcher & Dammeyer, 2016). Therefore, to meet their needs, they require services provided by service providers such as social workers, both in the public and private sectors. At the same time, programs and services that are meant to meet their needs are dependent and influenced by the state’s policies and legislature. Policies and legislature are a product of decisions made by government about how resources are to be distributed to the nation (Morley *et al.*, 2019). Equally important, policies and legislature act as a guide to social workers on the kind of services that they need to provide for children with physical disabilities and how to offer such services (Gordon & Donnellan, 2013; Yuen *et al.*, 2012).

Literature, (Adams & Leshone, 2016; Ashford *et al.*, 2018; Barlindhaug *et al.*, 2016; Bauman & Shaw, 2016), as it has been noted in previous chapters, shows that globally, children with physical disabilities fall under the most vulnerable group. Therefore, they need policies and legislation which could address their needs, and which, when implemented, could be effective to enhance their wellbeing. Social workers have a mandate of ensuring that policies and legislation meant to address needs of children with physical disabilities are implemented into programs and services. This is because social work, unlike other professions that provide services, is dedicated to solving social problems and administering services to those that are in need (Adams & Leshone, 2016; Ashford *et al.*, 2018; Midgley, 2017; Morley *et al.*, 2019; Zastrow, 2017).

4.2 POLICIES AND LEGISLATURE ON DISABILITY

As it has been noted in Chapter 2, there is historical evidence that people with disabilities have been ill-treated and have not had the benefit of services that other members of the society are afforded because of their impairments (Barclay, 2019; Barnes & Mercer, 2013; Bright & Kuper, 2018; French & Swain, 2014; Rimmerman, 2015; Shakespeare, 2018). Furthermore, throughout history, people with disabilities have not only been excluded in the provision of services, but services and programmes have been made without their involvement (Chataika, 2013; Collins *et al.*, 2017; Rimmerman, 2015; Shakespeare, 2018). For instance, authors (Morley, *et al.*, 2019; Oliver *et al.*, 2012) argue that people with disabilities have frequently been made voiceless recipients of welfare, although it is essential for them to be in the forefront of matters that affect them. It is through their involvement that issues important to them can be adequately addressed.

Globally, people with disabilities have only been empowered and put in the forefront of challenging harmful ideologies related to disability in recent years (Morley *et al.*, 2019; Visagie *et al.*, 2017; Visagie & Swartz, 2018; Yuen *et al.*, 2012). However, in developing countries such as Lesotho, it is still a challenge for people with disabilities to be full participants in igniting change and being part of legislation development on issues that affect them. For instance, the Lesotho National Federation of Organisations of Disability (LNFOD), which is the umbrella of disability organisations in Lesotho as indicated in previous chapters, argues that the estimate of the number of people with disabilities in the country is biased (LNFOD, 2016). This is because the definition of disability that was used when conducting the national survey excluded many types of disabilities, and people with disabilities were not consulted on the set definition of disability to be used (LNFOD, 2016).

Moreover, even though there has been international progress regarding the development of policies and legislature to advocate for the rights and needs of people with disabilities, there is still a lot to be done to improve the lives of people with disabilities (Barclay, 2019; Bright & Kuper, 2018; Gordon & Donnellan, 2013; Oliver *et* *al.*, 2012). It is especially social services professionals including social workers that have the responsibility of administering social welfare services to people with disabilities. However, literature (Malatji & Ndebele, 2018; Mitchell & Karr, 2014; Morley *et al.*, 2019; Shakespeare, 2019) indicates that, regardless of the development of legislature and policies for people with disabilities, they still live in poor conditions and face exclusion. Despite the strides made in advocacy, their basic human rights are still violated. To engage with this, three different protocols regarding disability will be presented.

4.2.1 United Nations Convention on Rights of Persons with Disabilities

The first legal instrument that was developed to address concerns for people living with disabilities was the United Nations Convention on Rights of Persons with Disabilities (UNCRPD) in 2006. The development of the UNCRPD as an international legal instrument in developed and developing countries brought recognition and awareness to the rights of people with disabilities, advocating that they deserve to live lives of dignity and inherent worth afforded to every individual. The development of the UNCRPD has further advocated for people living with disabilities to be included in policies, emphasising the importance of legislation that addresses their needs and rights (Barclay, 2019; Morley *et al.*, 2019; Shakespeare, 2019).

Since its development, the UNCRPD has been signed by162 states, while 177 states including Lesotho ratified it (Barclay, 2019; World Health Organization, 2015). In many developing countries where there was no legislature for people with disabilities, the ratification of the UNCRPD influenced legislation and policies specifically for people with disabilities (Ministry of Health and Social Welfare, 2011; Shakespeare, 2019). In other countries such as Australia and Namibia, where disability policies were already in place, the introduction of the UNCRPD strengthened legislation for people with disabilities (Chichaya *et al.,* 2018; Morley *et al.*, 2019). Moreover, Morley *et al.* (2019) argue that, specifically in Australia, the ratification of the UNCRPD brought tremendous changes in that policies and legislature for people with disabilities materialised because the government came up with implementation strategies to improve the lives of people with disabilities and their families.

It is through international conferences held through the UNCRPD that issues relating to disability are pressed, and such meetings promote change from state to state on the way people with disabilities are to be treated (Morley *et al.*, 2019). In the case of Lesotho, the UNCRPD influenced the development of the National Rehabilitation and Disability Policy of 2011 and the development of the Disability Equity Bill draft of 2017, which is yet to be passed before parliament (Ministry of Health and Social Welfare, 2011). Before then, as indicated in Chapter 2, people with disabilities in Lesotho had no specific recognition when it comes to policies and legislature.

Moreover, in advocating for the rights of people with disabilities, the convention is inclusive of children and adults living with disabilities (United Nations, 2006). It does not only focus on people living with disabilities in their homes, but also on the care of those who live in institutions and are thus often left out when it comes to policies and legislature (United Nations, 2006). For instance, the United Nations Human Rights Council through the UNCRPD presented a report that shows that people living with disabilities often live in the worst conditions and might still face segregation from society in institutions (Oliver *et al.*, 2012). The report further mentioned that it is often in institutions that people with disabilities suffer neglect, violence, torture, and maltreatment (Oliver *et al.*, 2012).

Furthermore, Oliver *et al.* (2012) argue that the convention has brought about a shift from viewing disability from a medical model perspective to a viewing disability as a human rights issue, as will be discussed in this chapter. This means that the convention adopts a human rights approach when examining issues related to disability. The human rights approach acknowledges that people with disabilities have rights and that they are respected members of society, often oppressed by exclusionary attitudes and physical barriers more than they are by their impairments (Barclay, 2019; Davis, 2021; Oliver, 2015; Oliver *et al.*, 2012).

The UNCRPD promotes independent living of people living with disabilities, since it acknowledges that they have a right to access resources and services that will help them to live independent lives in their communities (United Nations, 2006). However, even though the convention suggests that there should be accessibility of resources and services for persons with physical disabilities, there are still challenges in many countries that have ratified the convention when it comes to children with physical disabilities accessing services (Morley *et al.*, 2019; Vergunst *et al.*, 2017; Visagie *et al.*, 2017; Visagie & Swartz, 2018). For example, in the case of Lesotho, the Department of Social Development, which is one of the departments that provide social work services in the country, is not accessible for children who use wheelchairs in some districts because some of the roads are virtually impassable.

In addition to striving to improve the quality of life of people with disabilities, the UNCRPD emphasises that there should be disability awareness campaigns to educate parents, families, and communities about disability (United Nations, 2006). Disability awareness campaigns are essential to the general society to ensure that the rights of children with physical disabilities are respected and that they receive care and attention that they deserve (Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver, 2015; Oliver *et al.*, 2012). Disability awareness campaigns can ensure that there is inclusion of children with physical disabilities in societal activities, so that, challenges children with disabilities face such as isolation, exclusion, and discrimination among others can be reduced.

4.2.2 Lesotho Children’s Welfare and Protection Act of 2011

The Children’s Welfare and Protection Act in Lesotho was passed in 2011 to protect and promote the welfare of all children in the country. It has been a major milestone for children in Lesotho, because before then, there was no legislature guiding issues related to children. The act was developed because of the influence of international conventions such as the United Nations Convention on the Rights of a Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), which calls for member states to have legislation for children (Childrens’ Protection and Welfare Act, 2011) .

A child, according to the Children's Protection and Welfare Act of 2011, refers to any person under the age of 18, with or without disability. Therefore, the act is inclusive of every person under the age of 18, including children with disabilities. Further, the Children’s Welfare and Protection Act (2011) stipulates that every child has a right to fulfilment of basic needs and social services, which include food, shelter, clothes, water, proper sanitation and medical attention. However, since 2011 after the Act was passed, there has not been a significant change and improvement when it comes to the welfare of children with disabilities. Children in Lesotho, especially children with disabilities, suffer dismally from a lack of basic necessities that are essential for their survival (Bright & Kuper, 2018; UNICEF, 2017; UNICEF, 2013; World Health Organization, 2011). The situation is worse when it comes to children with disabilities because they are the least considered when it comes to provision of services in Lesotho (LNFOD, 2016).

Additionally, even though the act states that all children with a disability, regardless of the severity of disability, have a right to education, the act does not look into factors that restrict children with disabilities from accessing education. There have not been significant measures taken since the act was passed in 2011 to ensure that education becomes inclusive of children with physical disabilities (Engelbrecht & Green, 2018). The environment and attitudes in the societies surrounding children with physical disabilities do not allow them to access education (Eide & Ingstad, 2013; Leshota, 2013; UNICEF, 2017). For example, there is still a lack of teachers trained to work with children with physical disabilities and a lack of resources for teachers to teach them in Lesotho (Engelbrecht & Green, 2018).

The Children's Welfare and Protection Act of 2011 further states that children living with disabilities need special attention, identifying all the resources necessary to help them and equip them for a life of independence in the future. However, children with physical disabilities frequently end up being dependent on their families and those around them for a long time because they do not get resources and services to empower them from young age (Adams & Leshone, 2016; Barlindhaug *et al.*, 2016; Collins *et al.*, 2017; Grech, 2015).

To promote independence of children with physical disabilities, the Children's Welfare and Protection Act of 2011, in line with the African Charter on the Rights of Children and the UNCRPD, indicate that states should use their resources to equip children with disabilities with necessary skills (African Charter on the Rights and Welfare of the Child, 1979; Children's Welfare and Protection Act, 2011; United Nations, 2006). These skills could be attained through formal and informal education, which in turn would give them the freedom to participate in activities in societies just like any other person without a disability. These skills could also ensure that children with disabilities in the future are able to self-sustain.

The Children's Welfare and Protection Act further emphasises that it is the government's responsibility to ensure that there are awareness campaigns on issues related to children with disabilities and their needs, and to guarantee that children with disabilities are provided with various kinds of support services to ensure their participation in activities in society (Childrens' Protection and Welfare Act, 2011). Literature (Adaka *et al.*, 2014; Alsem *et al.*, 2013; Barclay, 2019; Cleaver *et al.*, 2018) shows that some attitudes have been changed through awareness campaigns to educate people about disability, since some people still have false beliefs about disability due to lack of knowledge.

Through awareness campaigns on disability, some people in communities have also been educated on how to live with people (including children) with disabilities (Barclay, 2019; Cleaver *et al.*, 2018; Collins *et al.*, 2017; Davis, 2021; Oliver, 2015). Additionally, awareness campaigns have not been eye-openers for community members only, but have been proven to help practitioners, including social workers who work with children with disabilities, by providing them with education on working with this target group (Davis, 2021; Heyman & Congress, 2018; Morley *et al.*, 2019). This has further reduced stigma and discrimination on disability from practitioners (Davies, 2012; Heyman & Congress, 2018; Morley *et al.*, 2019).

Finally, the Children's Welfare and Protection Act of 2011 provides protection to children with disabilities from the abuse of certain cultural practices that may harm children. However, it is in favour of cultural practices that bring welfare to children. For example, some of the cultural beliefs in African countries such as Lesotho are that a child belongs to a community, which means that it is the responsibility of the community to work together to raise a child (Patel, 2015).

4.2.3 The Disability and Rehabilitation Policy of 2011

Lesotho is one of the third world countries struggling with poverty, as already indicated in previous chapters. Therefore, as one of the poverty eradication strategies, the government came up with the Disability and Rehabilitation Policy of 2011 to empower and rehabilitate people living with disabilities (Ministry of Health and Social Welfare, 2011). However, since the policy has been passed in 2011, people living with disabilities are the most stricken by poverty, with little to no means of empowering themselves to get out of poverty (Bright & Kuper, 2018; Collins *et al.*, 2017; Ministry of Health and Social Welfare, 2011; UNICEF, 2017).

People living with disabilities in Lesotho have been included in some legislature, which includes the education Act of 2010, the Buildings Control Act of 1995, the Public Service Act of 1995, the Local government Act of 2005, the Sexual Offences Act of 2003, and the National Health and Social Welfare Policy of 2003. However, the Disability and Rehabilitation Policy of 2011 is the first legal instrument in Lesotho developed to address issues related to people living with disabilities. The government of Lesotho, through the Disability and Rehabilitation Policy of 2011, initiated a first step towards acknowledging that issues related to disability are of concern and recognising that people living with disabilities have needs. People with disabilities in Lesotho, as indicated in previous chapters, experience stigmatisation, discrimination, isolation from society and negligence in service provision (Bright & Kuper, 2018; Collins *et al.*, 2017; Eide & Ingstad, 2013; Ministry of Health and Social Welfare, 2011; UNICEF, 2017). Therefore, even though the policy has brought about recognition of people with disabilities, it has not helped them in eliminating all the barriers and challenges that they face (Ministry of Health and Social Welfare, 2011).

The Disability and Rehabilitation Policy aims to adopt social development programs to eradicate poverty (Ministry of Health and Social Welfare, 2011). Social development is one of the approaches to social welfare and social services, and is a strategy that can be effective in tackling development challenges in African countries (Dixon, 2016; Midgley, 2017; Patel, 2015). People with disabilities need social services to eradicate poverty because lack of development of people with disabilities affects the entire country. The government of Lesotho works through the Department of Social Development to reach people with disabilities. However, there have not been enough effective social development programmes to raise awareness on issues relating to disability and to promote the social and economic welfare of people with disabilities (Grech, 2015; Leshota, 2013; LNFOD, 2016).

Additionally, the policy endorses that it is the responsibility of every person with and without disability to ensure that people with disabilities are treated with dignity and respect as citizens capable of bringing change and development in their lives and in the country (Ministry of Health and Social Welfare, 2011). At the same time, it posits that it is through community members that the rights of people with disabilities can be respected and people with disabilities can be included in activities that other community members take part in (Ministry of Health and Social Welfare, 2011).

Furthermore, the policy views disability through the social model, which asserts that it is society that imposes barriers for people with disabilities more so than their impairments (Ministry of Health and Social Welfare, 2011). For instance, the policy stipulates that in Lesotho, society imposes attitudinal and institutional barriers that stop people with disabilities from accessing resources (Ministry of Health and Social Welfare, 2011). People living with disabilities are oppressed and live in dire poverty mainly because they are forgotten when it comes to services (Bright & Kuper, 2018; Cleaver *et al.*, 2018; Collins *et al.*, 2017; Eide & Ingstad, 2013; Runswick-Cole *et al.*, 2018). It is through the implementation of the policy that there will be programs that will ensure that people with disabilities have equal opportunities and participation in all activities in society.

To this end, the Rehabilitation and Disability Policy of 2011 is to be used as an instrument to establish the need for services for people living with disabilities and to gauge the effectiveness of services that are already benefiting them in the country (Ministry of Health and Social Welfare, 2011). Therefore, social workers and other social service professionals rendering services to people with disabilities have to work in line with the policy to ensure that their services to people living with disabilities are up to standard.

In addition, to achieve gender equality, the policy aims to promote equal treatment between girls and boys and men and women with disabilities (Ministry of Health and Social Welfare, 2011). However, as indicated previously, girls with disabilities in Lesotho experience more discrimination and considered less when it comes to resources and services (LNFOD, 2016; Ministry of Health and Social Welfare, 2011).

The policy also aims to remove barriers from participation in socio-economic activities, especially discrimination, which is the main factor preventing children with disabilities from participation (Ministry of Health and Social Welfare, 2011). However, as noted previously, only a small percentage has access to socio-economic activities, with the majority of children with physical disabilities being left out when it comes to opportunities and resources (Ministry of Health and Social Welfare, 2011; UNICEF, 2013; UNICEF, 2017). This limitation is even more applicable to children with physical disabilities in rural areas, who have even less access to resources (Bright & Kuper, 2018; Collins *et al.*, 2017; Eide & Ingstad, 2013).

Ultimately, the Rehabilitation and Disability Policy of 2011, just like the Children's Welfare and Protection Act of 2011, aims to promote the independence of children with disabilities through the establishment of programmes and services that will empower them. However, the social services that are provided for children living with disabilities in most African countries have been criticised as not fulfilling basic needs and causing dependence instead (Gordon & Donnellan, 2013; Grech, 2015; Bright & Kuper, 2018; Collins *et al.*, 2017).

One of the implementation strategies outlined in the policy is to reduce the occurrence of disability and to treat early signs of disability before it occurs (Ministry of Health and Social Welfare, 2011). This has been proven to still be a challenge, because literature (Kamaleri & Eide, 2011; LNFOD, 2016; UNICEF, 2015) points out that there is lack of medical and rehabilitation personnel in some parts in Lesotho. Therefore, some people in Lesotho still face difficulties when it comes to reaching health care centres to screen for disability in pregnant women and new-born babies. The environment, which includes worn-out roads, is dangerous, and accordingly also one of the causes of disability since road accidents are frequent (Ministry of Health and Social Welfare, 2011).

There is still a need for research on disability-related topics in Lesotho, because the exact number of people living with a disability is still not accurate. Similarly, as mentioned before, the different types of disability prevalent in Lesotho are still not clear (LNFOD, 2016; Ministry of Health and Social Welfare, 2011). Additionally, the livelihoods and issues affecting people living with disabilities, especially children, are still under-researched (LNFOD, 2016). Therefore, as part of the implementation process, there enough data on the living conditions of people living with disabilities in Lesotho should be collected.

To implement the Disability and Rehabilitation Policy, it is the duty of social workers and other social service professionals that work with children with disabilities to ensure that their clients receive services that they need, and that such services are responsive to their needs (Adams & Leshone, 2016; French & Swain, 2014; Gordon & Donnellan, 2013; Yuen *et al.*, 2012).

4.3 SOCIAL WORK SERVICES PROVIDED FOR CHILDREN WITH DISABILITIES

Social work is defined by Barker (2013) as aimed at helping individuals, groups and communities to enhance and restore their functioning capacity and gain more favourable societal conditions. Oliver (2015) emphasises that social work is a professional activity carried out on behalf of vulnerable individuals with the aim of providing services to improve their situation. According to the International Federation of Social Workers (2014) , the definition of social work is "[u]underpinned by theories of social work, social sciences, humanities, and indigenous knowledges," and accordingly it "engages people and structures to address life challenges and enhance wellbeing." Definitions of social work, including the latter, assert that social work is a helping profession that works to promote change and social wellbeing of people, thereby restoring individuals' functioning to its optimal level. It is a profession that provides services to those that have been unfortunate and to those that need intervention. In so doing, it advocates for the rights of disadvantaged groups, works towards the inclusion of the vulnerable at policy and legislation level and works to ensure that those policies are implemented (Adams & Leshone, 2016; Ashford *et al.*, 2018; Monterio, Arnold, Locke, Steinhorn & Shanske, 2016; Morley *et al.*, 2019; Moyle, 2016; Yuen *et al.*, 2012; Zastrow, 2017). Regardless of whether they have a disability or not, children are one of the vulnerable groups that social workers work with.

Social work practice began in the late nineteenth century through charity activities that were meant to help the poor obtain better living conditions in the rapidly industrialising cities in European countries and North America (Midgley, 2017). Social work with persons living with disabilities emerged after the nineteenth century through the appointment of the first almoner by the Charity Organisation Society (Oliver *et al.*, 2012). The main concern when working with people with disabilities was on their deficits, and provision of services was for the purpose of rendering services that would best cure their disability (Yuen *et al.*, 2012). However, in recent times after the disability rights movement, social work services for people with disabilities are aimed at providing people with disabilities with support to achieve their goals and dreams (Yuen *et al.*, 2012).

Throughout history, families of people with disabilities have been caring for them, even before the history of the ill-treatment of people with disabilities during early civilization, the middle ages, the renaissance period and the industrial revolution (French & Swain, 2014; Shakespeare, 2018; Talley & John Crews, 2012; Traustadottir *et al.*, 2015). In some societies, family systems were strong and the extended family provided extra support where the nuclear family could not cope (French & Swain, 2014; Shakespeare, 2018; Talley & John Crews, 2012; Traustadottir *et al.*, 2015). However, in recent times, the family has been burdened with loads of care propelled by factors such as poverty, lack of employment, food insecurity, modernisation and lack of access to social services (Adams & Leshone, 2016; Bright & Kuper, 2018; Collins *et al.*, 2017; Nelson *et al.*, 2016). Moreover, social problems such as HIV and AIDS and substance abuse have further burdened the extended family to the point where it has dissolved (Alsem *et al.*, 2013; Talley & John Crews, 2012).

In many countries globally, social services have taken over the responsibility of providing care to people living with disabilities (Bright & Kuper, 2018; French & Swain, 2014; Patel, 2015; Shakespeare, 2018). In the United Kingdom (UK), it was only after the development of legislation specific to people living with disabilities that services people with disabilities were entitled to receive were considered the responsibility of social services (Gordon & Donnellan, 2013; Oliver *et al.*, 2012). In the 1970s and 1980s, the poor standards of living among children with disabilities were subject to were taken more seriously, and it was then that care of children living with disabilities began in many countries, especially in Europe (Oliver *et al.*, 2012; Yuen *et al.*, 2012).

As a result of evidence on the maltreatment of children with disabilities in different settings, different countries started making provisions for children with disabilities to be included in their legislature and policies (French & Swain, 2014; Oliver *et al.*, 2012; Yuen *et al.*, 2012). Such developments include the inclusion of children with disabilities in various Children's Acts, the UN Convention on the Rights of a Child, the UN Convention on the Rights of Persons with Disabilities and the African Charter on the Rights of a Child, as was indicated earlier. Such changes in legislature further influenced changes in how children with disabilities are treated in communities and in their own homes (French & Swain, 2014; Oliver *et al.*, 2012; Yuen *et al.*, 2012). At the same time, such developments for children with disabilities have reduced negative treatment towards them and brought about more favourable living conditions in the communities (French & Swain, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012; Shakespeare, 2018; Yuen *et al.*, 2012).

A child with a physical disability falls under the category of children who require special services because a physical disability restricts their movement and participation in daily activities (Batshaw *et al.*, 2019; Nelson *et al.*, 2016; Rothman, 2018; Runswick-Cole *et al.*, 2018; Shakespeare, 2018). The purpose of the provision of social work services to children with physical disabilities is that every child gets a chance to live a life to their full potential and are granted the chance to participate in activities in their communities (Adams & Leshone, 2016; Gordon & Donnellan, 2013; Runswick-Cole *et al.*, 2018; Shakespeare, 2018). Parents have been left responsible for meeting the needs of their children with physical disabilities during times when the system failed to adequately meet them (Halfon, Houtrow, Larson & Newarcheck, 2012; Marini *et al.*, 2018; Rimmerman, 2015). Talley and John Crews (2012) assert that 80% of parents provide services to their children with disabilities. In some countries, the church and NGOs have been providing services to people with disabilities throughout history (Marini *et al.*, 2018).

The rendering of social work services to people with disabilities is different from other professions that provide social services to people with disabilities in that it is not only about meeting the needs of the clients with resources, but also about engaging with them in finding out what their needs are (French & Swain, 2014; Oliver *et al.*, 2012). Social work further works together with people with disabilities to ascertain the kind of resources that they need to meet their needs (Hepworth *et al.*, 2017; Miley *et al.*, 2017; Netting *et al.*, 2017; Zastrow, 2017).

Further, social work uses different techniques and methods while observing values and ethics in delivering services to children with disabilities (Hepworth *et al.*, 2017; Miley *et al.*, 2017; Monterio *et al.*, 2016; Netting *et al.*, 2017; Zastrow, 2017). Such services include helping the vulnerable obtain tangible services, providing counselling and psychotherapy sessions to individuals, families, and groups, along with helping groups and communities and participating in relevant legislative processes (Gordon &

Donnellan, 2013; Heyman & Congress, 2018; Zastrow, 2017). A social worker provides a direct provision of services at the same performing linkage roles for those who may need intervention from other professionals (Heyman & Congress, 2018; Midgley, 2017; Monterio *et al.*, 2016; Zastrow, 2017).

When it comes to rendering services to people with disabilities, social work provides a holistic approach, since disability is not an individual issue but a social one (Davies, 2012; French & Swain, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012). Therefore, interventions when dealing with issues related to a disability may include three different kinds of social work methods, namely casework, group work, and community work (Gordon & Donnellan, 2013; Heyman & Congress, 2018; Zastrow, 2013). Social work services can also be provided in different settings, which include residential care, sheltered accommodation, day care and different welfare departments (Hepworth *et al.*, 2017; Miley *et al.*, 2017; Monterio *et al.*, 2016; Morley *et al.*, 2019; Netting *et al.*, 2017; Zastrow, 2017).

Moreover, social work plays a valuable role in intervention on issues relating to disability because a number of disabilities are caused by social conditions which can be ameliorated through the intervention of social services (Morley *et al.,* 2019; Monterio *et al.*, 2016; Morley *et al.*, 2019; Oliver *et al.*, 2012). For example, Oliver *et al.* (2012) argue that, when it comes to disability, medical care treatment cannot solve poverty, social isolation, and institutional barriers. Instead, people with disabilities need social work services to intervene in a more holistic manner.

To provide adequate social work services to children with physical disabilities, social workers firstly assess the needs of the children experiencing difficulties so that they can know the nature of the services they need to promote their wellbeing and safeguard them from harm (Hepworth *et al.*, 2017; Miley *et al.*, 2017; Netting *et al.*, 2017; Ross *et al.*, 2019; Zastrow, 2017). It is crucial that, when working with children with physical disabilities, they should to be viewed as children first, just like their peers without disabilities, since they have the same rights and ambitions as other children (Shakespeare, 2018).

Further, the United Nations Conversion on Rights for Persons with Disabilities recognises that people with disabilities are different, and that each disability is different. This means that social workers need to apply the principle of individualisation when dealing with children with physical disabilities, assisting them according to their individual needs instead of generalising their situation (Barker, 2013; Davies, 2021; Hepworth *et al.* 2017; Morley *et al.*, 2019; Rothman, 2018; Zastrow, 2013).

There are a variety of social work services provided for children with physical disabilities, and these differ from country to country. In developing countries, social work services of this nature are limited or non-existent, while developed countries have a variety of services for children with physical disabilities (Barlindhaug *et al.*, 2016; Biddle *et al.*, 2014; Bright & Kuper, 2018; Cleaver *et al.*, 2018; French & Swain, 2014). In developing countries, for instance, due to lack of resources, social services are sometimes limited to certain urban areas and excluded in the majority of the rural areas (French & Swain, 2014; LNFOD, 2016). Social work services in these countries are also limited to certain services, such as community support services (Adaka *et al.*, 2014; Barlindhaug *et al.*, 2016; Bright & Kuper, 2018). Developed countries such as Australia and the United States, on the other hand, provide social services to children with physical disabilities and their families which range from community support, community access and accommodation access to respite among others (Biddle *et al.*, 2014; Monterio *et al.*, 2016; Morley *et al.*, 2019; Traustadottir *et al.*, 2015). Community support services in these countries include individual therapy, early childhood intervention, case management, behaviour management and counselling (Biddle *et al.*, 2014; Leiter, 2004; Monterio *et al.*, 2016; Morley *et al.*, 2019; Traustadottir *et al.*, 2015; Yuen *et al.*, 2012).

The figure below shows the relationship between services and needs. It provides an illustration of the flow of services from the government, which creates policies and legislation, to the social workers, who administer services, and the people living with disabilities, who are the recipients of said services. The figure further illustrates that professionals define the needs that people with disabilities have:

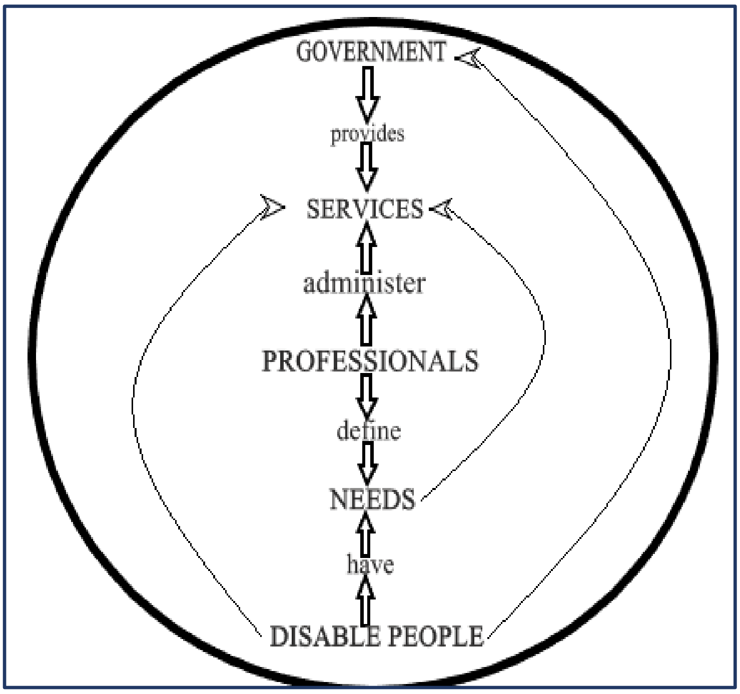


Figure 4.1: The relationship between services and needs (Oliver in Oliver et al., 2012:154)

For the purposes of this study, it can be concluded from figure 4.1 that social workers play a crucial role in determining the needs of children with physical disabilities and ensuring that services are accessible and suitable to them. According to the ecological perspective that was discussed in chapter 3, social work services are rendered on a micro- meso- and macro level, as will be discussed below.

4.3.1 Social work services provided to children with physical disabilities at a micro level

At the microsystem, the focus is on all the systems that are closest to children with physical disabilities, and these include children with physical disabilities, their parents and their siblings (Langer & Lietz, 2015; Shepherd *et al.*, 2017; Teater, 2014; Wappett & Arndt, 2013; Webb, 2019; Zastrow, 2017). The ecological perspective places emphasis on understanding the systems that are closest to children with physical disabilities because they exert the most influence on these children (Ashford *et al.*, 2018; Gordon & Donnellan, 2013; Langer & Lietz, 2015). It focuses on resolving the interpersonal struggles experienced by children with physical disabilities, and the struggles experienced by their family members, which may have been caused by the children's disability. In provision of services, assessment and focus needs to start with children with physical disabilities and their families.

Literature (Adaka *et al.*, 2014; Alsem *et al.*, 2013; Cleaver *et al.*, 2018; Mcnally & Mannan, 2011; Zuurmond *et al.*, 2016) in previous chapters indicated that children with physical disabilities go through great difficulties as they go through life stages. Therefore, they need social work services to prosper through these stages. For example, children with physical disabilities go through growth stages at different paces from those that are without disabilities. Social work services should be geared towards looking into what the causes of disability are, how disability hinders children from participating in society and living normal lives free of barriers. Moreover, social work services need to be focused on how the needs of parents and siblings of children with physical disabilities can be met so that the burden of care can be lessened on the family.

At a micro level, social workers provide direct services to children with physical disabilities and their families (Rimmerman, 2015; Ross *et al.*, 2019; Yuen *et al.*, 2012; Zastrow, 2017). After a child is born or identified as having a physical disability, social workers play an educator's role, since they educate parents or caregivers on their child's impairment, the services they need and where they can access such services (French & Swain, 2014; Gordon & Donnellan, 2013; Ross *et al.*, 2019; Shakespeare, 2018). At this point, education plays an important role in making parents aware of services and support that is available for them and their child. This section addresses a variety of social work services provided to children with physical disabilities and their families at micro level.

4.3.1.1 Psychosocial support

Literature shows that, for the child to thrive and develop, social workers and parents are to work together to provide children with care and support (Collins *et al.,* 2017; Dean *et al.*, 2013; French & Swain, 2014; Gordon & Donnellan, 2013). This is usually done during the early intervention process, as was indicated in Chapter 2. Social workers further provide counselling to the parents of the child with a physical disability to assist them in coping with living with the extra needs (Collins *et al.*, 2017; Dean *et al.*, 2013; French & Swain, 2014; Gordon & Donnellan, 2013; Meyer & Abdul-Malak, 2020).

For parents of children with disabilities, especially shortly after diagnosis, issues regarding disability can be highly sensitive. Ross and Deverell (2010) compare parents' reaction to hearing the news of their child' disability to Kübler-Ross' stages of grief.

The figure below presents the 5 stages of grief (Kübler-Ross, 1972; Kübler-Ross, 2009):

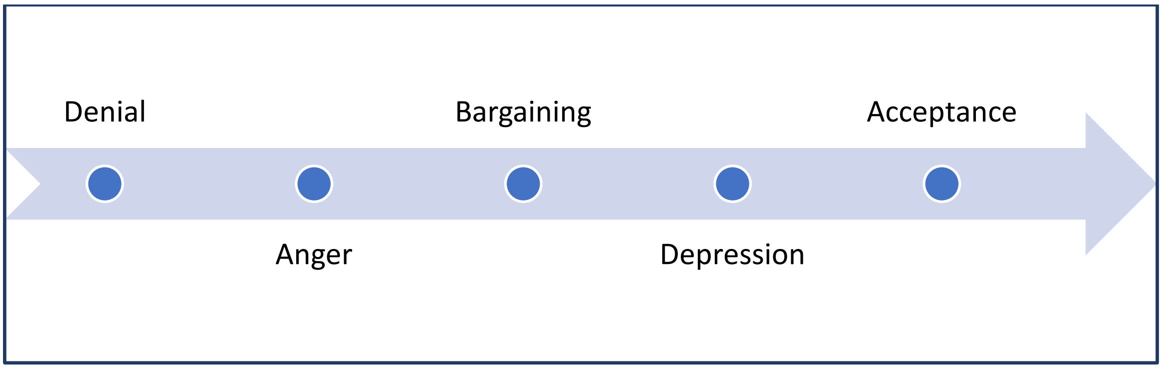


Figure 4.2: Kübler Ross' stages of grief

Parents deal with their child's disability in different ways, but the stages of grief are usually part of the journey to acceptance of their situation. The first stage is denial, where parents are in shock and in disbelief. This is the stage where they may be in denial that it is their child who has a disability. At the second stage, parents experience anger as to why their child has a disability, and they may start blaming the hospital systems or any system that they may feel is responsible for their child's condition. It is during the third stage of bargaining when participants mentioned parents would demand certain benefits, which they believed would help their child not have a disability. During the fourth stage of depression, some parents may leave their children or not show them proper care because they are overwhelmed with the fact that their child has a disability and the responsibilities that come with this circumstance. The final stage is acceptance, which comes after parents have met other parents of children with disabilities and have explored options to help their child in their journey to make the load of care manageable. Some parents might never reach the acceptance stage. Social workers should bear these stages of grief in mind during their intervention and realise that these stages are often part of parents' journey to deal with their child's disability (Kübler-Ross, 2009, Ross & Deverell, 2010).

Literature (Barlindhaug *et al.*, 2016; Bøttcher & Dammeyer, 2016; Bright & Kuper, 2018; Shakespeare, 2018) indicates that parents find it hard to keep discussing how their child has a disability when they get to different services. In such cases, social work as a caring profession ensures that clients' values are respected and that they are shown empathy and care while building relationships based on respect, acceptance, confidentiality, and honesty (Hepworth *et al.*, 2017; Miley *et al.*, 2017; Netting *et al.*, 2017; Zastrow, 2017). This is because people who are recipients of social work services are often overburdened with load of care. In such cases, social workers help them view their challenges with a fresh perspective while showing them their capabilities coupled with the resources that are available around them (Monterio *et al.*, 2016; Morley *et al.*, 2019; Yuen *et al.*, 2012; Netting *et al.*, 2017; Zastrow, 2017).

Social workers provide therapeutic counselling sessions to children with physical disabilities and their families to assist them with grief, adjusting and coping with living with disability (Gordon & Donnellan, 2013; Marini *et al.*, 2018; French & Swain, 2014; Thwala *et al.*, 2015). Social workers further provide assistance in cases where the family and the child may be going through life transitions such as going to school for the first time, or when the child is older and is entering the job market; Morley *et al.*, 2019). Sometimes they may face bullying, discrimination or stigma from other children or adults, and this may affect their emotional and psychological wellbeing (Adaka *et al.*, 2014; Alayarian, 2015; Alsem *et al.*, 2013; Barclay, 2019; Shakespeare, 2018). Furthermore, literature (Alsem *et al.*, 2013; Bøttcher & Dammeyer, 2016) indicates that family-centred strategy is one of the ways that social workers interact with families to help children with physical disabilities. It is aimed at coming up with the best solutions in assisting the child and the family (Batshaw *et al.*, 2019; French & Swain, 2014; Gordon & Donnellan, 2013).

Equally importantly, social workers may provide therapeutic counselling sessions to children with physical disabilities and their families in cases where there may be a loss of a family member, or to address other losses, such as the loss of a life without disability (Gordon & Donnellan, 2013; Marini *et al.*, 2018; Monterio *et al.*, 2016; Morley *et al.*, 2019). Similarly, living with a child who has a physical disability may cause family members to have stress, which may cause disputes and disagreements. Therefore, social workers intervene in such strained family relationships with all the conflict it entails (Gordon & Donnellan, 2013; Marini *et al.*, 2018; Morley *et al.*, 2019). In the same way, social workers provide intervention on disputes that arise between other people and children with physical disabilities or their families (Monterio *et al.*, 2016; Oliver *et al.*, 2012; Yuen *et al.*, 2012).

Further, Gordon and Donnellan (2013) argue that the siblings of children with disabilities should be considered as children in need if their welfare and development is compromised. For instance, some may face neglect by parents who have to take care of their sibling full time, while some, as noted previously, may have to take the responsibility of caring for their sibling with disability (Gordon & Donnellan, 2013; LNFOD, 2016; Shakespeare, 2018). Therefore, they need to be provided with social work services to ensure their welfare and development.

4.3.1.2 Client self-determination

Some professionals have been found to have a dehumanising attitude and behaviour towards children with disabilities when they provide them with services (Biddle *et al.*, 2014; Alsem *et al.*, 2013; Barlindhaug *et al.*, 2016). They question parents' abilities to make rehabilitation decisions and make decisions for them, while expecting not to be questioned (Biddle *et al.*, 2014; Alsem *et al.*, 2013; Barlindhaug *et al.*, 2016). However, social work promotes the inherent worth and dignity of each individual, and accepts diverse groups of clients (Dean *et al.*, 2013; Heyman & Congress, 2018; Oliver, 2015; Webb, 2019; Zastrow, 2017). As a practice that values autonomy, it considers clients as capable of making their own decisions and participating in solving their own problems. Therefore, social workers work together with children and their families towards finding solutions to improving their conditions (Barker, 2013; Dean *et al.*, 2013; Netting *et al.*, 2017; Webb, 2019; Zastrow, 2017). In short, social work supports that all decisions should be based on the best interest of the child, and, for the purposes of this study, the child with a physical disability.

4.3.1.3 Access to Financial assistance

One of the social work services provided to children with physical disabilities and their families is financial assistance. It has been noted that families of children with physical disabilities live in poverty and in debt because of the extra expenditure involved in taking care of the child (Malatji & Ndebele, 2018; Visagie *et al.*, 2017; Webb, 2019;

Oliver, 2015; Zuurmond *et al.*, 2016). For instance, in the United Kingdom over 20% of families of children with disabilities live in low income conditions (Gordon & Donnellan 2013). Financial assistance differs from country to country, with some countries such as South Africa and the United Kingdom granting low income families of children with disabilities support grants regardless of the disability (Gordon & Donnellan, 2013; Patel, 2015; Yuen *et al.*, 2012). Such financial assistance can go as far as helping these families buy washing machines and refrigerators, or even assist them in paying expenses involved in caring for the children, such as driving lessons, sensory toys, laptops or equipment for university (Gordon & Donnellan, 2013).

Despite the need, children with physical disabilities and their families do not get any financial assistance from the government in the majority of African countries such as Tanzania, Zambia, Malawi and Nigeria (Adaka *et al.*, 2014; Alsem *et al.*, 2013; Barlindhaug *et al.*, 2016; Bright & Kuper, 2018; Cleaver *et al.*, 2018). As noted previously, Lesotho provides social assistance to people that are in extreme poverty, but not necessarily people with disabilities or children (LNFOD, 2016). Lesotho's Children's Welfare and Protection Act of 2011 points out that, to gain independence, children with disabilities need some support. However, many African countries including Lesotho, even though they specify in their Children's Policies that children with disabilities have needs, do not put measures in place to ensure that they get financial support (Barlindhaug *et al.*, 2016; Childrens' Protection and Welfare Act, 2011; LNFOD, 2016).

Conversely, literature (Alsem *et al.*, 2013; Biddle *et al.,* 2014; Davies, 2021; Gordon & Donnellan, 2013) indicates that in developed countries such as the UK, social work services for children with disabilities do not focus only on children with disabilities, but include parents and other family members. For instance, in the UK, parents and other family members have legislature that addresses their needs and gives them the right to the assessment of their own needs and provision for financial assistance (Gordon & Donnellan, 2013; Yuen *et al.*, 2012).

Parents and other family members, as indicated previously, have needs because of the care that they provide to a family member with disabilities. Therefore, such services are needed for parents to help them live better lives. However, parents and other family members of children with disabilities in third world countries such as

Lesotho do not have the benefit of such services. Therefore, they end up in deep suffering and go through hardships because of lack of support (Adaka *et al.*, 2014; Alsem *et al.*, 2013; Barlindhaug *et al.*, 2016; Cleaver *et al.*, 2018; Coomer, 2013).

It is the responsibility of social workers to make parents and caregivers of children with physical disabilities aware of the financial support they could get from the government, as one of their roles is to make clients aware of resources that could improve their lives (Patel, 2015; Webb, 2019; Yuen *et al.*, 2012; Zastrow, 2013). Authors (Gordon & Donnellan, 2013) indicate that parents and caregivers of children with physical disabilities can be made aware of services and resources through social workers informing them regarding the services that they provide so that it can be accessible to anyone.

Similarly, it is the responsibility of social workers to lobby for children with disabilities that are underprivileged to get financial assistance (Adams & Leshone, 2016; Collins *et al.*, 2017; French & Swain, 2014; Webb, 2019). However, the majority of parents and caregivers do not know about such services. This is especially the case of parents and caregivers of children with physical disabilities who live in remote areas where social work services are far to reach or not known (Alsem *et al.*, 2013; Barclay, 2019; Biddle *et al.*, 2014).

As established in previous chapters, parents and caregivers of children with physical disabilities find it difficult to keep regular jobs and businesses which require them to work away from their homes (Grech, 2015; Malatji & Ndebele, 2018; 7; Rugoho & Maphosa, 2017; Zuurmond *et al.*, 2016; Shakespeare, 2019). One of the services that can be provided to parents of children with physical disabilities is to assist them to start businesses or work from their homes. In the case of developing countries, a study conducted in Zambia showed that parents who have to leave work or their businesses to take care of their children opted to be provided with capital to start their businesses (Cleaver *et al.* 2018). Some parents opted to be assisted with equipment such as sewing machines, hair salon appliances or farming tools so that they could do work at their homes while taking care of their children (Cleaver *et al.*, 2018).

Furthermore, social work services may include support aids such as assistive devices that children with physical disabilities may need (Adams & Leshone, 2016; Alsem *et* *al.*, 2013; Biddle *et al.*, 2014; Collins *et al.*, 2017; Zastrow, 2017). For instance, support aid may be in the form of wheelchairs, hearing aids or walking sticks to assist children in carrying out daily activities. In some developing countries where the government social services have fallen short or failed to provide the necessary support, these services are provided by NGOs or charity organisations (French & Swain, 2014; Gordon & Donnellan, 2013; Grech, 2015; LNFOD, 2016). For example, in Lesotho, Starkey, which is an NGO, has been providing hearing aids to many children with hearing impairments. It is the responsibility of social workers to ensure that children with physical disabilities and their families know of such resources or organisations that may assist them with resources.

Children with physical disabilities, as was already mentioned, are often from poor families. Therefore, the majority of them do not have adequate houses to live in (Alsem *et al.*, 2013; Barlindhaug *et al.*, 2016; Cleaver *et al.*, 2018; Dixon, 2016; Eide & Ingstad, 2013). Compared to families of children without disabilities, it was found that families of children with disabilities were 50% more likely to live in inadequate housing (Gordon & Donnellan, 2013). Moreover, it is reported that often parents of children with disabilities have indicated that their houses were not suitable for their children who had needs (Cleaver *et al.*, 2018; Gordon & Donnellan, 2013; Shakespeare, 2018; Zuurmond *et al.*, 2016). Children with physical disabilities need to live in houses that have ample space to allow for movement. However, in many families of children with physical disabilities, there is lack of proper accommodation. In third world countries including Lesotho, many children with disabilities and their families live in a one-room apartments (Barlindhaug *et al.*, 2016; Cleaver *et al.*, 2018; Zuurmond *et al.*, 2016).

Social work services in some countries such as the United States, the United Kingdom, and South Africa, go to as far as providing children with disabilities and their families with sufficient housing that has proper sanitation (Dixon, 2016; Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver *et al.*, 2012; Patel, 2015). This service is provided after an assessment of the family's income and assets, with those that are found to be in need qualifying for the service (Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver *et al.*, 2012; Patel, 2015). Conversely, in countries such as Lesotho, the government cannot afford to stretch their services to that level because of a lack of resources (Grech, 2015; Runswick-Cole *et al.*, 2018).

From discussion in this section, it is thus clear that many countries suffer from a lack of resources that are vital for children with physical disabilities. The inability to provide assistance through resources such as grants, wheelchairs and hearing aids negatively impacts social work services in these countries.

4.3.1.4 Protection of children with physical disabilities

It has been noted in literature that children with physical disabilities are more likely to suffer from all kinds of abuse than children without a disability (Alayarian, 2015; Alsem *et al.*, 2013; Barclay, 2019; Gordon & Donnellan, 2013; Shakespeare, 2014). Therefore, social work's mandate is to provide protection and support to children in general, including those with physical disabilities. Social workers' duty is to create early intervention programmes to fight abuse against children with physical disabilities and their families before the mistreatment can take place (Adams & Leshone, 2016; Alayarian, 2015; Gordon & Donnellan, 2013; Netting *et al.*, 2017; Zastrow, 2017). Some of these programmes may be awareness campaigns against child abuse that work towards ensuring that children's rights are not violated (French & Swain, 2014; Gordon & Donnellan, 2013; Monterio *et al.*, 2016).

In cases where children with physical disabilities have been abused, social workers perform statutory roles to provide reports and make recommendations on behalf of children in court, based on the children's conditions (Heyman & Congress, 2018; Monterio *et al.*, 2016; Morley *et al.*, 2019; Yuen *et al.*, 2012). Recommendations on implementations are done after social workers have investigated and assessed the child's situation and the nature of the abuse or neglect. Equally important to social workers' intervention on behalf of children with physical disabilities who have been abused is to offer them and their families information and support regarding action to take to ensure that the child is protected (Crowley, 2016; Davies, 2021; French & Swain, 2014; Gordon & Donnellan, 2013; Marini *et al.*, 2018). They collaborate with other social service professionals such as teachers, nurses, doctors, and police officers to ensure protection and non-violation of children with physical disabilities' rights.

Moreover, some of the social work services involve identifying any children with physical disabilities who are at risk of abuse and watching out for any signs of abuse and neglect. Some of the abuse of children with physical disabilities can be avoided by social workers providing information to children and parents on the signs and behaviours to look out for before abuse can take place. Social workers can also teach coping skills to parents who have a child with a disability in an attempt to prevent abuse (Marini *et al.*, 2018; Monterio *et al.*, 2016; Morley *et al.*, 2019; Moyle, 2016). Additionally, social workers may perform an educator role to teach children with disabilities how they can recognise abuse and what they must do to report it.

For legal purposes, social workers should keep accurate records and documentation of children with physical disabilities that have been abused (Childrens' Protection and Welfare Act, 2011; Gordon & Donnellan, 2013; Oliver *et al.*, 2012). This is done to keep track of the child's condition and safety after the abuse, as well as to ensure that the abuse does not take place again and that the child is provided with ongoing support. The UNCRP recognises that girls and women with physical disabilities are more vulnerable to abuse and discrimination than their male counterparts (United Nations, 2006). Some of the social work services provided to girls with disabilities are protective services in forms of a shelter for victims of abuse (Adams & Leshone, 2016; Ashford *et al.*, 2018; Evans, 2015; Netting *et al.*, 2017; Zastrow, 2017).

Additionally, in cases where a child with a disability has been neglected, social workers may consider other options, such as the extended family, foster care or adoption services to ensure sure that these children find a safe haven which will provide them with support and care (Davies, 2021; Gordon & Donnellan, 2013; Heyman & Congress, 2018; Webb, 2019; Zastrow, 2017).

In the same way, where a child with a physical disability has been neglected, social workers may find that child an institution for children with physical disabilities where he/she will be provided with care (Adam & Leshone, 2016; Alayarian, 2015; Childrens' Protection and Welfare Act, 2011; Crowley, 2016). However, some studies (Evans, 2015; Gordon & Donnellan, 2013; Roulstone & Mason-Bish, 2013; Shakespeare, 2018) have shown that neglect and abuse can occur at institutions where there are children with physical disabilities. Gordon and Donnellan (2013) point out that it is sometimes due to negligence on the part of social service professionals working in institutions that this abuse occurs. They may not be alert to detect abuse and neglect, because they lack the necessary professional skills to detect it and limited knowledge of the signs of abuse and neglect (Crowley, 2016; Davies, 2021; Gordon & Donnellan, 2013). Therefore, it is the responsibility of social workers who work in institutions to ensure that children with physical disabilities' rights are not violated in the form of abuse, and that they are provided with proper care and support. Accordingly, they should ensure that they have the necessary skills and knowledge to identify the risk factors of abuse.

Further, social workers need to be familiar with documents and policies that address the issue of safeguarding the wellbeing of children with disabilities in institutions such as the UNCRPD. They have the responsibility of assessing the living conditions of children with disabilities in institutions and the state of institutions offering care to children with physical disabilities. However, institutionalisation must be offered as the last option when the family has failed to provide care, because it is within the family that children living with physical disabilities receive better support and care (Gordon & Donnellan, 2013; Monterio *et al.*, 2016; Morley *et al.*, 2019). Therefore, children with physical disabilities need to live independently with their families as far as possible.

Support from social workers to parents and caregivers of children with physical disabilities prevents institutionalisation. Studies (Collins *et al.*, 2017; Crowley, 2016; French & Swain, 2014; Gordon & Donnellan, 2013; Rothman, 2018) show that in Europe and in Africa, children with disabilities are more likely to be institutionalised than those without disabilities. At the same time, research has shown that mostly in African countries, some fathers of children with disabilities leave their mothers to care for them because of their disability. Some of these children end up in institutional care, as was noted in Chapter 2 (Collins *et al.*, 2017; Adaka *et al.*, 2014; Barlindhaug *et al.*, 2016; Elphick *et al.*, 2014; Rugoho & Maphosa, 2017).

Further, studies show that children with disabilities develop better in family care compared to institutional care. As an illustration, Collins *et al.* (2017) argue that in Moldova, most of the 62% of children who lived in residential care were reunited with their families when institutions closed from 2009-2012. This is because social service professionals provided care and support to families of children with disabilities from the early stages onwards (Collins *et al.*, 2017). This can be achieved by providing families and caregivers with supportive training programs on care for children with disabilities (Bright & Kuper, 2018; Collins *et al.*, 2017; Crowley, 2016; French & Swain, 2014; Gordon & Donnellan, 2013).

4.3.1.5 Social workers as multidisciplinary team

Social workers form part of multi-disciplinary team. They liaise with other professionals to provide services to children with physical disabilities and their families. In so doing, they make referrals where necessary and make parents and caregivers aware of services by other professionals (Adams & Leshone, 2016; Ashford *et al.*, 2018; Evans, 2015; Heyman & Congress, 2018; Manor-Binyamini, 2014; Netting *et al.*, 2017; Zastrow, 2017). In the same way, social workers make referrals to other agencies or organisations where children with physical disabilities may access services that may meet their needs. They also coordinate different kinds of services such as the educational, medical and rehabilitative services provided by multiple resource systems (Adams & Leshone, 2016; Ashford *et al.*, 2018; Barker, 2013; Hepworth *et al.,* 2017; Heyman & Congress, 2018; Morley *et al.*, 2019; Netting *et al.*, 2017; Zastrow, 2017).

4.3.1.6 Respite and recreational programmes

Social work services may involve respite care for parents and caregivers of children with physical disabilities (Alsem *et al.*, 2013; Biddle *et al.*, 2014; French & Swain, 2014; Gordon & Donnellan, 2013; Zastrow, 2017). Respite is provided to offer parents and caregivers breaks from their everyday duty of providing care. Parents provide the best care and support to their children when they have had time to rest, which may reduce conditions such as depression and stress. Therefore, respite or short breaks provide children with physical disabilities with quality of life (Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver *et al.*, 2012; Shakespeare, 2018). However, such services are unfortunately not available in third world countries such as Lesotho. Conversely, in developed countries such as the UK, respite services can be up to a maximum of 75 days per year (Gordon & Donnellan, 2013; LNFOD, 2016).

Some of the social work services provided to children with physical disabilities and their families in developed countries such as Australia include recreation in the form of holiday programmes (Biddle *et al.*, 2014; Gordon & Donnellan, 2013). Similarly, in some countries such as the UK, recreational facilities include playgrounds specific for children with disabilities (French & Swain, 2014; Oliver *et al.*, 2012; Yuen *et al.*, 2012). These kinds of facilities and services differ from those provided in third world countries, as the main focus there is still to secure basic needs such as food, equipment aids and education opportunities for children with physical disabilities.

4.3.1.7 Social skills and support in transitioning

Social work services also include educating children with physical disabilities on life skills such as self-care, communication skills, decision-making skills and taking on life challenges (Alsem *et al.*, 2013; Biddle *et al.*, 2014; Collins *et al.*, 2017; Netting *et al.*, 2017; Zastrow, 2017). Such skills help children to be able to develop and perform some activities on their own, which benefits them in preparing them for when they are adults (Biddle *et al.*, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012).

Literature (French & Swain, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012; Shakespeare, 2018) shows that transition into independence or adulthood may be a challenge for children with physical disabilities, and they may take longer to reach that point than other children. However, there are some measures taken by social services to ensure that transition is easier for them (French & Swain, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012; Shakespeare, 2018). Social workers perform duties of carrying out transition assessments, transition plans and transition coordination (French & Swain, 2014; Miley *et al.*, 2017; Rothman, 2018; Shakespeare, 2018). For some children with physical disabilities, transition may be extra challenging because of their shorter life expectancy (Shakespeare, 2018).

4.3.2 Social work services for children with physical disabilities at a meso level

The mesosystem refers to interactions or relationships amongst the systems in the microsystems. This includes all the formal systems that have a direct impact on service users' lives, such as schools and social services (Evans, 2015; Gordon & Donnellan, 2013; Gray & Webb, 2013; Hepworth *et al.*, 2017; Langer & Lietz, 2015; Suppes & Wells, 2013). The role of social workers in the mesosystem would be to assess whether relationships accelerate or hinder the progress and development of children with physical disabilities. Further, the focus on the mesosystem is on the small groups that children with physical disabilities and their parents interact with, which have influence on the wellbeing and development of their lives (Ashford *et al.*, 2018; Hepworth *et al.*, 2017; Heyman & Congress, 2018; Kirst-Ashman, 2013; Lonne *et al.*, 2016). This section discusses social work services provided to children with physical disabilities at a meso level.

4.3.2.1 Group interventions

Groups provide mutual interaction and a sense of belonging to children with physical disabilities and their families, because these allow them to interact with others with the same condition as theirs (Gordon & Donnellan, 2013; Langer & Lietz, 2015; Morley *et al.*, 2019; Webb, 2019; Zastrow, 2017). Group work is a form of intervention to help individuals towards solving their problems and creating change in their lives utilising the group process and other group members towards problem solving (Bauman & Shaw, 2016; Gordon & Donnellan, 2013; Morley *et al.*, 2019; Zastrow, 2013). Families of children with physical disabilities need socialisation and interaction from support groups with other families in similar situations, and can therefore find comfort and meaning in these groups (Ashford *et al.*, 2018; Bauman & Shaw, 2016; Shakespeare, 2018).

Social work services with children with physical disabilities in groups aim to discuss issues which could be challenges, or opportunities that they come across. For instance, it is in groups where children and their families may learn of local leisure activities that they were not aware of, along with other resources or benefits available to them (Gordon & Donnellan, 2013; Morley *et al.*, 2019). In the same way, social workers form and facilitate groups for parents and caregivers of children with physical disabilities to provide group counselling and discuss issues that affect them (Adams & Leshone, 2016; Bauman & Shaw, 2016; Morley *et al.*, 2019).

4.3.2.2 Integration into school settings

Children with physical disabilities interact with different systems, such as the education system, which is inclusive teachers, students and the physical environment of the school. The physical structure of the education system may not be supportive of the needs of children with physical disabilities. Therefore, social work services may help children with physical disabilities to settle into school and address any stigmas which may be directed towards them from other children or teachers.

Engelbrecht and Green (2018) aver that up to 90% of children with disabilities in Africa do not attend school. Especially in such contexts, it is the role of social workers to ensure that children with physical disabilities are accommodated in the school setting, and that barriers that prevent them from participating in education are eliminated or at least reduced. In several countries, there are special schools for children with physical disabilities that may be too severe for them to attend a mainstream school.

Some children with physical disabilities who go to mainstream schools need the environment to be friendly and adaptable. For instance, those that use wheelchairs need access to classrooms, toilets and all the buildings in the school. Studies (Alsem *et al.*, 2013; Barlindhaug *et al.*, 2016; Cleaver *et al.*, 2018; Collins *et al.*, 2017; Engelbrecht & Green, 2018) report that children with physical disabilities may drop out of school because of and environment that is not adjusted to meet their needs. For instance, the LNFOD (2016) indicates that, for a long time in Lesotho, there have been requests for placement of teachers that know sign language in schools to accommodate children with hearing impairments so that they may go to mainstream schools. However, many schools in Lesotho do not accommodate children with physical disabilities (Engelbrecht & Green, 2018).

At the same time, social workers help children with physical disabilities in eliminating negative stigmas at school through education and promoting their inclusion. Moreover, literature (Adams & Leshone, 2016; Engelbrecht & Green, 2018; Gordon & Donnellan, 2013) points out that other professionals, such as teachers who provide services to children with physical disabilities, sometimes have little understanding of disability. Therefore, some of the services that social workers provide on behalf of children with physical disabilities are to ensure that they educate other social service professionals on disability (French & Swain, 2014; Gordon & Donnellan, 2013; Oliver, 2015; Yuen *et al.*, 2012). Children with physical disabilities will then receive better services and treatment from all social service professionals they encounter.

Another important aspect where social workers should intervene are in cases where children with physical disabilities may experience bullying from adults in their communities, or at school from teachers or their peers on the playground (French & Swain, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012; Yuen *et al.*, 2012). Social workers perform a mediator role to bring agreements between children with physical disabilities, their families and those that may be bullying them.

4.3.2.3 Integration into communities

Social work services at meso level are provided at community level to create an enabling environment for children with physical disabilities through social inclusion in activities in their communities (Adams & Leshone, 2016; Ashford *et al.*, 2018; Bauman & Shaw, 2016; Langer & Lietz, 2015). For instance, Rugoho and Maphosa (2017) report that there have been cases in countries such as Zimbabwe where mothers of children were accused of witchcraft because their child had a disability. To eradicate such accusations and ignorance, the social workers' role is to educate schools and communities about disability.

Rugoho and Maphosa (2017) further assert that parents and children with physical disabilities end up being excluded by family members and the general community because of negative claims caused by stigmatisation. Education on disability and all factors associated with a disability is important to break negative stereotypes in communities. Literature (Barclay, 2019; Monterio *et al.*, 2016; Morley *et al.*, 2019; Marini *et al.*, 2018) shows that there have been some changes in the way communities view disability were there has been education regarding disability.

It is important that social workers that render services to people (including children) with disabilities understand the motives behind the way communities perceive people with disabilities, as well as how and why they interact the way they do with them (Barclay, 2019; Monterio *et al.*, 2016; Morley *et al.*, 2019; Marini *et al.*, 2018). Understanding how other groups interact with people with disabilities may help professions working with these individuals to counsel communities and teach them about impairments, thus advocating for better treatment of people with disabilities.

Equally important, social work services at meso level may involve social workers working as programme developers. They may develop intervention strategies because some of the services to integrate children with disabilities in the community may not be available (Adams & Leshone, 2016; Ashford *et al.*, 2018; Bauman & Shaw, 2016; Langer & Lietz, 2015). Such intervention strategies include skills development activities for children with disabilities and their families, as well as community sensitisation activities (Bauman & Shaw, 2016; French & Swain, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012).

Social workers who specialise in community development in NGOs such as the Lesotho Red Cross have developed programmes that teach children, including those with disabilities, life skills. These include activities such as plays and art projects. Some community projects also equip members of the community, some of whom are parents and caregivers of children with physical disabilities, with facilities and knowledge on small scale farming in their compounds. They approach funders on behalf of communities to obtain funds for resources such as seeds and farming equipment and hold workshops for families on how to grow vegetables. Such projects further assist them with using resources that they have, such as fruit trees, to make canned and dried fruits for extra income. Authors (Schenk, Nel & Louw, 2010; Heyman & Congress, 2018) are of the opinion that if people in the community are actively involved in income generating projects, these projects are usually sustainable.

4.3.3 Social work services provided to children with physical disabilities at macro level

The wellbeing of children with physical disabilities is further influenced by the larger system, which includes the state's policies and legislations, the health system and their culture. Culture directs the way of life for children with physical disabilities, as well as their beliefs. It defines who may or may not take part in certain activities in the society and who is or is not eligible for some types of services (Langer & Lietz, 2015; Lonne *et al.*, 2016; Marini *et al.*, 2018; Mitchell & Karr, 2014; Nelson *et al.*, 2016; Waldschmidt, 2017). For this reason, social workers should also treat clients' cultures with respect and apply cultural competence when dealing with their clients, thus acknowledging the complexities and richness of their client systems' cultures and beliefs (Melendres, 2020).

4.3.3.1 Research

One of the roles of social workers is to carry out research on the livelihoods of people that are vulnerable, as well as matters that affect them (Barker, 2013; Dean *et al.*, 2013; Dixon, 2016; French & Swain, 2014; Heyman & Congress, 2018; Moyle, 2016). This is one of the services that social workers provide to children with physical disabilities to find out their needs and ways in which social work services can best be provided to effectively meet their needs. Moreover, such research conducted can be used towards advocacy on the implementation of policy. This may improve services provided to children with physical disabilities or teach the general community on issues related to disability.

4.3.3.1 Policy and legislation

Social work services involve providing assistance with the formation of policy and legislation that would improve the living conditions of children with physical disabilities by making social institutions and communities respond to their needs (Adams & Leshone, 2016; Dixon, 2016; French & Swain, 2014; Heyman & Congress, 2018; Moyle, 2016; Netting *et al.*, 2017). Social workers act as arbiters between children with disabilities and the state. Therefore, they need to be involved in the legislation and policy-making process to ensure that they represent and deliver proper services to children with disabilities (Adams & Leshone, 2016; Morley *et al.*, 2019; Netting *et al.*, 2017). Laws that, when enforced, create a better space and humane services for children with physical disabilities greatly improve their standard of living. The role that social workers fill in this context is thus not solely directed at rendering direct service to children with physical disabilities and their families, but also to eliminate environmental barriers that create challenges in their lives (Adams & Leshone, 2016; French & Swain, 2014; Gordon & Donnellan, 2013; Netting *et al.*, 2017; Zastrow, 2017).

In the same way, social workers work as expeditors or mediators to ensure that legislation and policies are responsive to the needs of children with physical disabilities after they have been passed (Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver, 2015; Yuen *et al.*, 2012). In Lesotho, the Disability and Rehabilitation Policy and Children's Welfare and Protection Act, both of which were passed in 2011, have not yet been implemented (LNFOD, 2016). Therefore, there is need for intervention on the part of social workers to ensure that laws are implemented properly and responsive to the needs of children with physical disabilities. Social workers further evaluate programmes that are meant for organisations aiding children with physical disabilities to determine whether such programmes are responsive to the needs of children with physical disabilities and whether services are provided in ethical ways that respect their dignity (Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver *et al.*, 2012; Yuen *et al.*, 2012).

For instance, in South Africa there is a social services professional body known as the South African Council of Social Service Professions, which is responsible to ensure that only registered social workers are allowed to render social work services in the country. The council further evaluates practice issues such as the proper supervision of social workers and the delivery of social work services to social work clients (Engelbrecht, 2013; Patel, 2015). The council is essential to ensure that only quality services are provided to clients in an ethical manner befitting the social work profession. It further ensures that social workers follow certain codes of practice and values while delivering services to clients.

In the case of Lesotho, one of the challenges to the rendering of social work services is that there is no such council. Therefore, any person from any other profession can assume the social work roles, which means that there are no regulations on how social work services should be delivered to vulnerable groups. As a result, those that are in need end up suffering from poor, or even unethical services.

Social workers may engage with disability groups and different personnel to ensure that policies and legislature for children with disabilities are implemented effectively and efficiently. In this manner, children with physical disabilities may be influenced by the supervision that social workers provide to fellow social workers that render direct services to them. Equally important, social workers may provide consultation and coordination of different nests that children with physical disabilities need, thereby ensuring that every nest is responsive and renders services to children with physical disabilities in a proper manner (Suppes & Wells, 2013; Teater, 2014; Walsh, 2014; Webb, 2019; Yuen *et al.*, 2012; Zastrow, 2017).

Social work services developed at microsystems are geared at alleviating poverty, oppression and social injustice through policies, legislature, programme development using different nests at macro level. Authors (Langer & Lietz, 2015; Patel, 2015; Rimmerman, 2015; Shakespeare, 2018; Shakespeare, 2014; Zastrow, 2017) emphasise that social justice is achieved when all members of society, including the minority, in this case children with physical disabilities, enjoy benefits which include freedom, basic human rights, opportunities and protection. Even though services at the macro level may not be visible to an individual child with physical disabilities, their effect is extensive on children with physical disabilities (Adams & Leshone, 2016; Langer & Lietz, 2015; Walsh, 2014; Zastrow, 2017). The macrosystems may be the core or root that brings all the services and resources together for the welfare of children with physical disabilities. If services at the macrosystems flow poorly, the effects are seen at the microsystems, which suffer since there will be lack of resources and poor service delivery at meso level for children with physical disabilities.

4.4 APPLICATION OF THE LIFE MODEL IN PROVISION OF SERVICES TO CHILDREN WITH PHYSICAL DISABILITIES.

The application of the ecological perspective in social work can be further discussed using the life model of social work practice developed by Germain and Gitterman (1996). The model recognises the goodness-of-fit between people and their environments, which allows both to reciprocally respond and adapt to one another (Gray & Webb, 2013; Healy, 2014; Holosko *et al.*, 2013; Teater, 2014). It relies on ecological concepts to emphasise transactions between individuals and their environments (Gray & Webb, 2013; Healy, 2014; Holosko *et al.*, 2013; Lonne *et al.*, 2016; Teater, 2014).

According to the life model, the purpose of social work is to assist individuals in improving their interactions and relationships with their environment. This is so that they can utilise their personal and environmental strengths and resources, thereby alleviating life stressors to achieve growth and development to meet their needs (Gray & Webb, 2013; Healy, 2014; Holosko *et al.*, 2013; Teater, 2014). Further, social work practice is designed to engage people's strengths alongside the forces that push them towards growth and influence organisational structures, other social systems and physical settings to be more responsive to their needs (Germain & Gitterman, 1996). Accordingly, the model focuses on the life course a person takes from birth to old age, during which he traverses different environments and infinitely varied life experiences (Teater, 2014; Van Heugten & Gibbs, 2015).

As suggested by its focus on life courses, the life model perceives the life trajectories of individuals as varying from one individual to another based on diverse environments, cultures and diversity within individuals' specificities such as gender, race, ethnicity, socio-economic status and sexual orientation (Gray & Webb, 2013; Healy, 2014; Holosko *et al.*, 2013; Teater, 2014; Van Heugten & Gibbs, 2015). It perceives challenges in living as the result of stress caused by an inadequate fit between individuals and their environments, a circumstance caused by life transitions, unresponsive environments and maladaptive interpersonal processes (Gray & Webb, 2013; Healy, 2014; Holosko *et al.*, 2013; Teater, 2014; Van Heugten & Gibbs, 2015).

In addition, the life model helps individuals to eliminate life stressors that they come across throughout their life course. These stressors can be developmental transitions such as individuals moving through life courses and into different roles such as adolescence, adulthood, parenthood, and old age. Each of these transitions bring adjustments for a person, which vary depending on norms and values dominant in ones' culture and the availability of resources from one's environment (Gray & Webb, 2013; Healy, 2014; Holosko *et al.*, 2013; Teater, 2014).

In short, the life model clarifies the process of intervention between the social worker and the client. This process is classified into three stages, namely the initial stage, the ongoing phase and the termination phase.

4.4.1 The initial phase

The initial phase involves the social worker gathering information and doing necessary preparation before entering a client's life (Ashford *et al.*, 2018). During this phase, empathy is key, because it helps social workers to understand the client's situation (Healy, 2014; Teater, 2014). The primary goal during the initial phase is for the social worker and the client to form a mutual relationship of trust. This kind of relationship recognises both the social worker and client as responsible to come with their different knowledges and skills. Further, a social worker is responsible for bringing professional knowledge to the relationship, while clients' responsibility is to bring knowledge of their life issues and life stories (Germain & Gitterman, 1996).

Finally, in the initial phase, clients articulate what they hope to achieve by the end of their relationship with the social worker. In response, the social worker clarifies his or her role in the intervention and what the organisation is expected to offer to meet the needs of the client (Ashford *et al.*, 2018). Teater (2014) emphasises that at this stage, a social worker assesses the level of the client's person-in-environment situation, as well as his biopsychosocial features and environmental properties. Additionally, an assessment conducted takes clients' level of stress and their coping strategies into consideration.

4.4.2 The ongoing phase

During the ongoing phase, to promote collaborative participation in problem solving activities, a client is given the task of identifying his problems and goals, and all of these are shared with the social worker (Teater, 2014). The primary goal in this phase is to promote adaptation in the person-environment relationship so as to maximise the client's wellbeing (Adams & Leshone, 2016; Teater, 2014). An ecological assessment forms the foundation of this phase, and the central goals involved are clarification, facilitation, coordination and individual and systemic advocacy (Teater, 2014). During the assessment, the social worker and the client collaborate to compile data about the client and analyse the impact of multiple systems on his situation (Teater, 2014).

Another strategy applied by social workers during the ongoing phase involves introducing intervention activities to be performed by the client. These activities are geared at working to increase the client's self-esteem, confidence, competence and autonomy by attempting to change the social and physical environment to create a better person-in-environment fit (Ashford *et al.*, 2018; Teater, 2014). At this stage, an ecomap is used to provide guidance in the assessment process. An ecomap displays a graphic system that shows relevant connected case-elements together within a boundary. This clarifies the case system as the focus of work for the social worker (Teater, 2014). Further, Teater (2014) emphasises that the use of the ecomap enables clients to be involved in the assessment process and that the pictorial representation enhances the social worker's capacity to see complications in the client's situation much more powerfully than when words are used alone.

According to Bronfenbrenner (1979), the series of rings in the ecomap represents different system levels, indicating the microsystem, the mesosystem and the macrosystem, which were discussed in the previous section of the chapter. The illustration on the ecomap helps to assess the impact of different systems on the client's situation and, on that basis, develop a plan for action directed at each of the systems (Germain & Gitterman, 1996). The purpose in the ongoing phase is to enhance and strengthen clients' adaptive capacities and problem solving abilities, and to promote environmental adaptiveness (Germain & Gitterman, 1996). To this end, the social worker's role is to promote change at micro, meso and macro levels (Schirmer & Michailakis, 2019; Teater, 2014; Van Heugten & Gibbs, 2015; Zastrow, 2017). Social workers enhance clients' capacities through the methods of enabling, exploring, mobilising, guiding and facilitating. A client's capacity can be enhanced through recognising the strength they already possesses (Schirmer & Michailakis, 2019; Teater, 2014; Van Heugten & Gibbs, 2015; Zastrow, 2017). Below is an ecomap figure that represents children with physical disabilities. It shows that they interact with different systems to thrive in their lives:

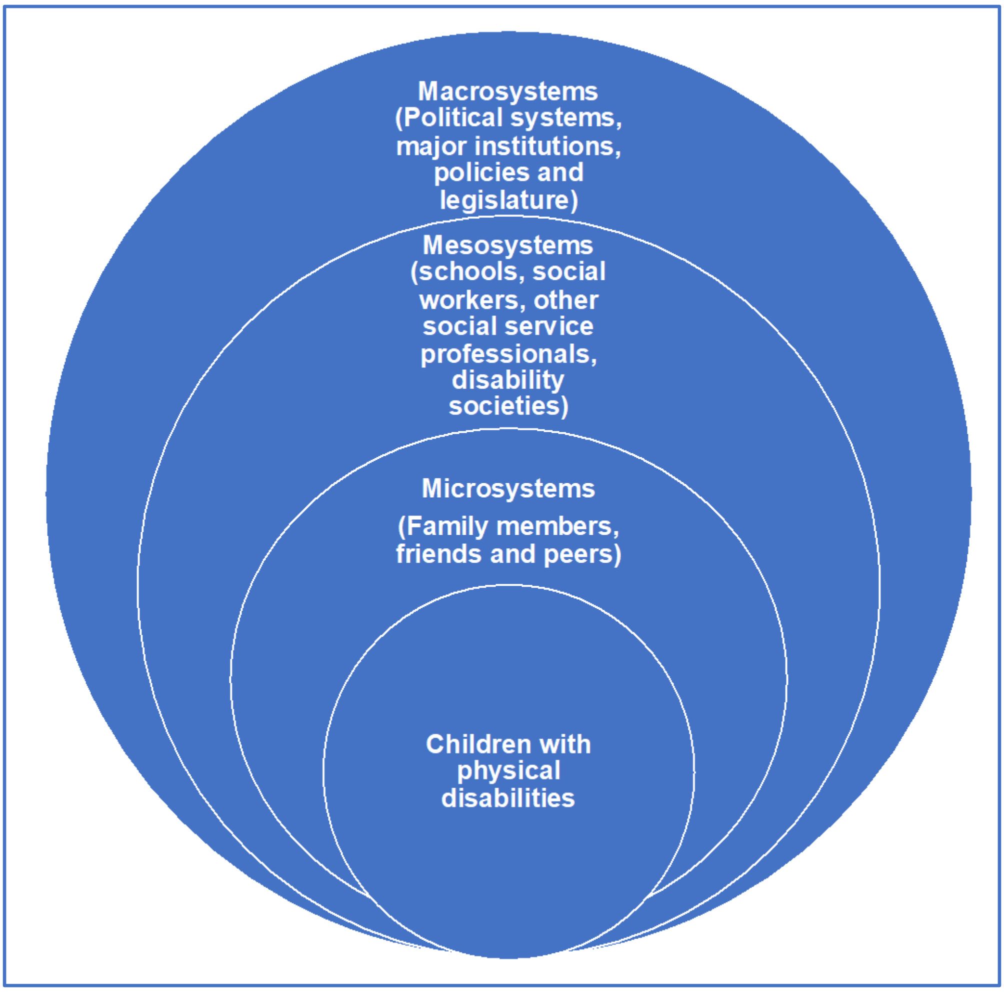


Figure 4.3:* *An ecomap framework

As indicated in figure 4.3 above, children's wellbeing is influenced by different systems including the family system, social services system, educational system, goods and services system, religious system, employment system and political system. An imbalance in any of these systems can hinder the development of a child with a physical disability.

From the ecological perspective, the social worker works to ensure that children with physical disabilities live in supportive communities where they have independence from systems which are detrimental to their wellbeing (French & Swain, 2014; Gordon & Donnellan, 2013; Schirmer & Michailakis, 2019; Suppes & Wells, 2013; Zastrow, 2017). In so doing, they link these children with resources and institutions that can be beneficial to them. However, If such institutions are absent, social workers perform the role of advocacy by presenting the plight of the clients and their carers at local institutional and policy levels to ensure that they have increased access to certain services (French & Swain, 2014; Gordon & Donnellan, 2013; Yuen *et al.*, 2012). Therefore, it is important that social workers are aware of policies that address issues related to children with physical disabilities and are responsive to the need for policy change.

4.4.3 The termination phase

The final phase of the life model encompasses a strategic termination of the work relationship between the service user and the social worker (Germain & Gitterman, 1996). To prepare a client for termination, a social worker will discuss how long the intervention should be throughout the second phase, regularly referring to the proposed end date (Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014). This is done so that social worker and the service user can discuss the implications and emotional responses associated with the termination phase (Germain & Gitterman, 1996). Further, the social worker, together with the service user, evaluate the work at the termination phase and prepare for the service user to get extra supportive services after the termination has been completed (Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014). Additionally the social worker and the service user work together to determine what actions the service user will take in future if they come across life stressors again (Langer & Lietz, 2015; Schirmer & Michailakis, 2019; Teater, 2014).

In summary, Teater (2014) avers that the life model has three principles. The first is that there should be a collaborative relationship between the social worker and the client, where both bring knowledge that influence the work. Secondly, clients are seen as knowledgeable of their own situation and experiences, the implication being that the social worker is not to impose their values and beliefs onto the clients (Teater, 2014). Lastly, the social worker and client collaborate with a goal to empower the client, which is achieved by linking the client to informal and formal support systems and participation in political activities in order to advocate for services and resources (Teater, 2014).

4.5 OTHER INTERVENTION STRATEGIES

The WHO (2015) postulates that intervention strategies for children with disabilities can take the form of primary intervention, secondary intervention and tertiary intervention. Primary intervention, which is prevention of people developing a condition in the first place, is one of the ways in which disability can be reduced (Runswick-Cole *et al.*, 2018; Shakespeare, 2018). Therefore, authors (Traustadottir *et al.*, 2015; Watermeyer, 2013; World Health Organization, 2011; Zuurmond *et al.*, 2016) suggest that some of primary strategies involve attention to the environmental factors which cause disability. For instance, safe, clean environmental conditions and accessible and affordable health facilities can reduce disability (Cleaver *et al.*, 2018; Eide & Ingstad, 2013; Engelbrecht & Green, 2018; Grech, 2015). In the rural areas of Lesotho specifically, some pregnant mothers cannot access clinics because they are far. For the same reason, many also do not take their child for injections and check-ups after the birth (UNICEF, 2015).

UNICEF (2015) reports that, in Lesotho, the majority of women who do not get access to antenatal and postnatal services, approximately 34.7% to 41.8%, are those that are poor. Therefore, primary intervention can be done through accessible and affordable health sectors, education on implications of use of alcohol and drugs by pregnant mothers and the importance of antenatal classes and safe birthing processes (Batshaw *et al.*, 2019; World Health Organization, 2015). Equally important, primary intervention is inclusive of promotion of healthy lifestyle, vaccination against certain diseases that may cause disability before they occur, as well as early screening of illnesses such as depression and stress, which may cause heart attacks and strokes (Shakespeare, 2019; World Health Organization, 2015).

Secondary intervention involves action to detect a problem at an early stage. An example of this is early screening of disability in infants (Adams & Leshone, 2016; Shakespeare, 2019; World Health Organization, 2015). Another secondary intervention strategy is that caregivers and parents should be encouraged to take children with physical disabilities to professionals and specialists immediately after discovering a disability (Barlindhaug *et al.*, 2016; Berens & Nelson, 2015, Shakespeare, 2019). This could be done so that they can be attended to as early as possible, because some conditions can be improved drastically if discovered at an early stage (Berens & Nelson, 2015; Rimmerman, 2015; Runswick-Cole, *et al.*, 2018). However, secondary intervention is a challenge in some areas, especially in the African rural areas, because children with physical disabilities in these settings cannot access health facilities and social service since they are too far to reach (Biddle *et al.*, 2014; Bright & Kuper, 2018; Grech, 2015; LNFOD, 2016).

Tertiary intervention involves finding ways to deal with a problem or reducing its effects (Shakespeare, 2018; World Health Organization. 2015). An example is community-based rehabilitation, an initiative developed by the WHO to improve living conditions of people with disabilities and to ensure that they get access to social services (World Health Organization, 2015). It was developed in 1978 with the aim of integrating people with disabilities in society and to improve their poor living conditions (World Health Organization, 2015).

The purpose of community-based rehabilitation is to meet the general needs of people with disabilities in order to promote their social inclusion and to reduce poverty (World Health Organization, 2015). Further, it engages different sectors around people with disabilities such as their families, the general community, government organisations and non-governmental organisations towards providing them with support while in their communities (UNICEF, 2013; World Health Organization, 2015). It creates a difference at grassroots level through empowering the individual with a disability, the family, people with disabilities as a group and communities so that they can fight for social change together (Adaka *et al.*, 2014; World Health Organization, 2015).

Lesotho initiated community-based rehabilitation in 2008 through the Ministry of Health and Social Welfare and the LNFOD to improve the lives of people with disabilities in communities (LNFOD, 2016). In Lesotho, the strategy has been aimed at making education accessible for children with disabilities, and to create opportunities for people with disabilities to be included in the social and labour sector (Kamaleri & Eide, 2011; Leshota, 2013). However, community-based rehabilitation has not been introduced in all communities in Lesotho. It has only been launched in a few communities in the Mafeteng and Leribe districts, and there have not been evidence-based results on its effectiveness in these areas (LNFOD, 2016).

In other countries where community-based rehabilitation has been implemented and is at work, it has been found to be effective in improving the lives of people with disabilities in rural communities (World Health Organization, 2015). Equally important, the strategy has been proven to be one of the low resource ventures that produces effective results in advancing the lives of people with disabilities in their communities (UNICEF, 2013; World Health Organization, 2015). For example, it has been implemented successfully in countries such as Myanmar, Sri Lanka and Thailand (World Health Organization, 2013).

The figure below presents the community rehabilitation matrix, which guides community rehabilitation programmes. It shows all sectors of the strategy, including health, education, livelihood, social and empowerment. The matrix further demonstrates that community-based rehabilitation needs a collaboration of different sectors, ministries and departments which include education, health, social services, labour and legal services to be effective in delivery of services (UNICEF, 2013; World Health Organization, 2015).

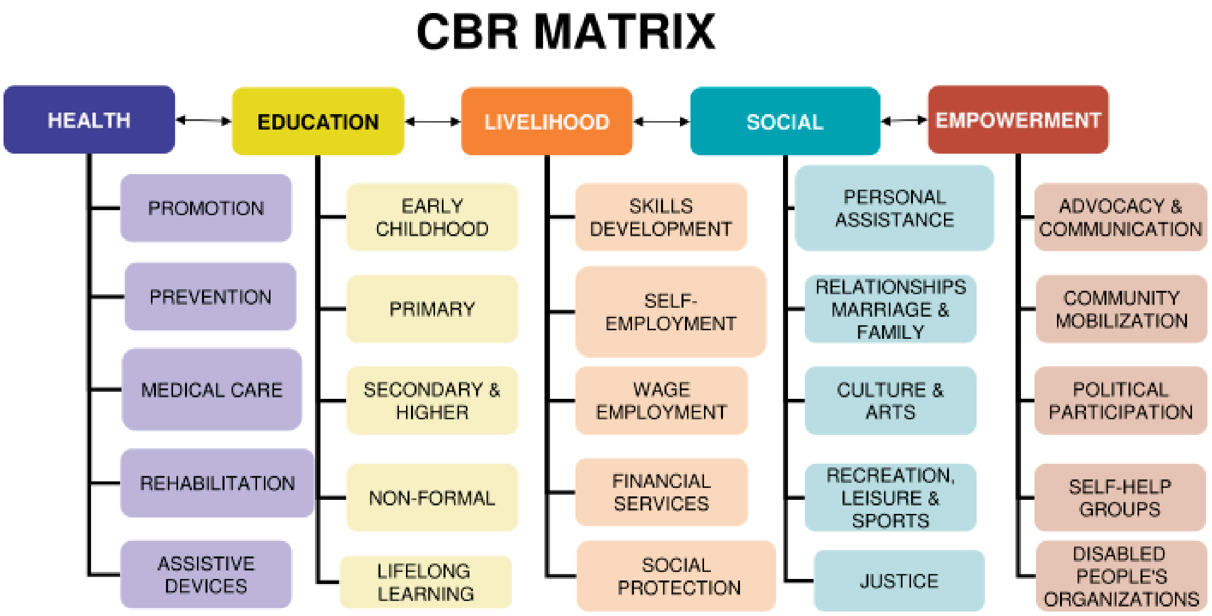


Figure 4.4: Community based rehabilitation matrix (UNICEF, 2013)

As can be seen in Figure 4.3, community-based rehabilitation requires several team players to ensure that children with disabilities' needs are catered for on a medical, educational, economic, social and empowerment level.

Lastly, as an intervention strategy towards promoting the wellbeing of people with disabilities and their inclusion in society, the WHO (2015) proposed a global disability action plan (2014-2021). The plan calls for member states to work towards the elimination of barriers which prevent people with disabilities from accessing services and programmes (World Health Organization, 2015). Additionally, it promotes assistive and supportive services and the practice of community-based rehabilitation in communities (World Health Organization, 2015). It also requires statistics and research on people with disabilities which is accurate and comparable with other societies nationally and internationally. This is because the majority of countries do not have accurate data on people with disabilities, especially children with disabilities, and this has an impact on provision and access of resources and services (Bright & Kuper, 2018; Chataika, 2013). Children with disabilities are often left out of services and resources because of lack of accurate data on them (Barclay, 2019; Bøttcher & Dammeyer, 2016; Eide & Ingstad, 2013).

4.6 CHALLENGES IN SERVICE PROVISION

There are several challenges that children with physical disabilities go through in accessing social work services. Similarly, there are numerous challenges that social workers face in providing social services to children with disabilities. This section addresses challenges in accessing services and in provision of services.

4.6.1 Challenges faced by children and their families in accessing social work services

As noted earlier, globally, children with disabilities are the least considered when it comes to the provision of services and resources, and they have fewer opportunities in many spheres of society (Grech, 2015; Iriarte *et al.*, 2016; UNICEF, 2013; Shakespeare, 2019). The fact that they are children and have a disability has disadvantaged them and made them fall under a group of people in need. Literature on children with disabilities has indicated numerous barriers to their accessing social work services. For instance, a survey done on families of children with disabilities in the United Kingdom found that 70% of those families experienced challenges in getting support services for their child with disabilities (UNICEF, 2013).

In many countries, there have been challenges in the provision of social work services because of lack of social workers to provide such services. Those that are available are reported to provide mediocre services because of burnout (Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver, 2015). In some areas in Australia, it was reported that children with disabilities had problems accessing services because there were no services in those areas, while in other remote areas, services were not sufficient (Biddle *et al.*, 2014; Gordon & Donnellan, 2013). Further, in urban areas where services were more available, it was reported that the waiting period was too long (Biddle *et al.*, 2014; Gordon & Donnellan, 2013). This is generally the case with many organisations in both developed and underdeveloped countries. In many African countries, including Lesotho, the people who require services are many while the practitioners providing the services are too few.

In Europe, literature points out that organisational barriers to service provision include long waiting lists, lack of booking systems for appointments and complex referral systems (Adams & Leshone, 2016; Gordon & Donnellan, 2013; Oliver *et al.*, 2012;

UNICEF, 2013) This is especially difficult for children with physical disabilities, since they may have challenges in arriving on time for their appointments due to various factors such as lack of transport. Further, they may have difficulties waiting in queues all day, and may not know where they are supposed to go for referral services (Adams & Leshone, 2016; Gordon & Donnellan, 2013; Oliver *et al.*, 2012; Puig & Recchia, 2021; Rothman, 2018; World Health Organization, 2015).

Some other challenges that children with physical disabilities come across in accessing services are that some of the application procedures, such as forms that parents and caregivers have to fill in to obtain services, are complex and lengthy (Dean *et al.*, 2013; Gordon & Donnellan, 2013). Therefore, some parents of children with physical disabilities end up giving up on the application process. Conversely, in some cases, there have been needless delays from the practitioners in provision of services and resources (Biddle *et al.*, 2014; Dean *et al.*, 2013; Gordon & Donnellan, 2013; Oliver, 2015).

Some studies (Adams & Leshone, 2016; Biddle *et al.*, 2014; Bright & Kuper, 2018) have indicated that the reason for inadequate social work services may be that professionals may not want to work in rural areas. Often, they prefer working in the cities where there are developments and infrastructure. Therefore, there may be a lack of social work services in rural areas. In some cases, the lack of proper roads and infrastructure may contribute to professionals not going to the mountains to deliver social services or to make people living there aware of such services such, as is the case in Lesotho (Biddle *et al.*, 2014; Bright & Kuper, 2018; Coomer, 2013; LNFOD, 2016).

A significant barrier to children with physical disabilities accessing social work services is that they may not know that such services exist (Biddle *et al.*, 2014; Oliver 2015; Puig & Recchia, 2021; Watermeyer *et al.*, 2019). For example, in Lesotho, social work is a relatively new profession. Therefore, some parents and caregivers may not know that there are such services or that they can get such benefits. Therefore, it is essential for social workers and other professionals working with children with physical disabilities to create awareness campaigns that educate communities on different departments of social services and the services that they provide.

Further, it is important that, upon recognition of physical disability in a child from the onset, parents and caregivers should consult social workers so that they may know of all the services that they are entitled to (Biddle *et al.*, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012; Yuen *et al.*, 2012; Shakespeare, 2018; Shepherd *et al.*, 2017). However, in some cases, literature shows that children with physical disabilities may be prevented from getting access to social work services because of inaccessible working hours in the organisations (Biddle *et al.*, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012).

A final challenge faced by children with disabilities seeking social work services is that they have varying cultural beliefs. Some social work services are reported to be against their beliefs and culturally inappropriate (Biddle *et al.*, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012; Yuen *et al.*, 2012; Shakespeare, 2018; Shepherd *et al.*, 2017). For instance, education on sexually transmitted diseases, protected sex or the human reproductive system are some of the services that could be culturally insensitive. Therefore, some parents may forbid their children with disabilities from taking part in such services. This is because, even though such services are found to be necessary and important for children with physical disabilities, some parents feel that such information is not appropriate for their children and that it could promote promiscuous behaviour (Biddle *et al.*, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012; Shepherd *et al.*, 2017).

4.6.2 Challenges experienced by social workers in service provision for children with disabilities and their families

As children with physical disabilities face challenges in accessing social work services, social workers experience challenges in providing services to this demographic. Factors such as lack of funding in organisations play a significant role in hindering services to communities (Biddle *et al.*, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012; Yuen *et al.*, 2012; Shepherd *et al.*, 2017). Further, in many government organisations in African countries, there is a lack of proper supervision and overview of service provision (Adaka *et al.*, 2014; Alsem *et al.*, 2013; Bright & Kuper, 2018; Coomer, 2013). This can be a discouragement to social workers providing services to children with physical disabilities, and it can further be a discouragement to children with physical disabilities going to organisations and finding that the services are not available due to lack of funds. Literature (Biddle *et al.*, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012; Yuen *et al.*, 2012; Shepherd *et al.*, 2017) asserts that sometimes social workers provide low-grade services because they are not paid enough, or because there are staff shortages and they are forced to carry heavy workloads, which in turn will cause them burnout as mentioned earlier.

Further, literature (Biddle *et al.*, 2014; Gordon & Donnellan, 2013; Yuen *et al.*, 2012; Shepherd *et al.*, 2017; World Health Organization, 2015) asserts that, when it comes to the provision of services on the part of professionals, a traditional view that disability is a personal problem and not a social problem (as was discussed in Chapter 3) may encourage the wrong type of services and resources to people with disabilities. Therefore, intervention strategies will seem like a sedative treatment rather than a cure to dependency and social exclusion (Biddle *et al.*, 2014; Gordon & Donnellan, 2013; Oliver *et al.*, 2012). Moreover, some professionals in places in South Africa such as Orange Farm have been reported to have discriminatory views towards people with disabilities in general. Such views and stigmatisation from professionals hinders children with physical disabilities from getting access to services Elphick *et al.*, 2014). Authors (Elphick *et al.*, 2014; Swain *et al.*, 2013) further indicate that, in some places, there are social work organisations that have discriminatory policies against children with physical disabilities. These view children with disabilities as incapable of making decisions or having a say in issues that affect them (Gordon & Donnellan, 2013; Elphick *et al.*, 2014; Oliver *et al.*, 2012; Swain *et al.*, 2013).

Moreover, literature (Gordon & Donnellan, 2013; Moyle, 2016; Oliver *et al.*, 2012; Yuen *et al.*, 2012) depicts that, in some European countries such the UK, social workers have been criticised by people with disabilities since that they do not have adequate theoretical and practical basis for their interventions. Therefore, they are ignorant on terms such as impairment, long-term illness, benefits and rights of people with disabilities (Gordon & Donnellan, 2013; Moyle, 2016; Oliver *et al.*, 2012; Yuen *et al.*, 2012). Further, social workers in some places have been noted as not putting in more effort when working with disability groups (Yuen *et al.*, 2012).

Personal fears about disability may hinder social workers to not have interest in the field of disability and that may affect the quality of services that children with disabilities receive (Gordon & Donnellan, 2013; Moyle, 2016; Oliver *et al.*, 2012; Yuen *et al.*, 2012). This can further be influenced by inappropriate and inadequate teachings about disability which may make social workers not feel competent to work in service provision of social services to children with disabilities (Gordon & Donnellan, 2013; Morley *et al.*, 2019; Moyle, 2016; Oliver *et al.*, 2012; Yuen *et al.*, 2012).

Some of the challenges in social work service provision may be that people with disabilities may feel that social workers are controlling everything about their lives (French & Swain, 2014; Gordon & Donnellan, 2013; Lorne *et al.*, 2016; Morley *et al.*, 2019; Moyle, 2016; Shepherd *et al.*, 2017). Sometimes social workers are viewed as controlling agents who want to direct everything about the lives of people with disabilities. They are said to be representatives of the system that is set out to control them (Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver 2015; Shepherd *et al.*, 2017; Yuen *et al.*, 2012). Moreover, some people with disabilities argue that social work services are only concerned with basic everyday necessities such as food and accommodation (Yuen *et al.*, 2012). It has been argued that people with disabilities need more and that they want to be seen as social beings deserving in their own right (French & Swain, 2014; Shakespeare, 2019).

Authors (Morley *et al.*, 2019; Moyle, 2016) point out that disability is an area that has been overlooked by social workers so much that there has been a concern that newly qualified social workers are not well equipped to work in disability-specific areas or in departments that provide services to people living with disabilities. Further, Morley *et al.* (2019) argue that most of the research in Western countries display disability as a problem that needs to be solved.

4.7 RECOMMENDATIONS FOR IMPROVED SOCIAL WORK SERVICES

Social work services for children with physical disabilities should be made accessible to every child with a physical disability across the globe, in both rural and urban areas. Moreover, there should be more investment in preventative services of disability and extra focus on rehabilitation so that children with physical disabilities are empowered.

It is recommended that local authorities at the local government level show accountability by facilitating service provision by social workers to children with disabilities (Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver *et al.*, 2012; Yuen *et al.*, 2012). This will promote practitioners to be accountable to their work in the provision of services and it will further assist children with physical disabilities to receive the best services.

In addition, social workers providing services to children with physical disabilities need to have proper communication skills that will be acceptable to these children (Biddle *et al.*, 2014; French & Swain, 2014; Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver *et al.*, 2012; Yuen *et al.*, 2012). Children feel more at ease when they are understood, and practitioners can learn a lot about the child's case from the right forms of communication. As an illustration, Gordon and Donnellan (2013) argue that practitioners should refrain from using professional jargon which will confuse children with disabilities and their families.

Social workers also need to have a wide knowledge of disability and its causes so that they will know the type of services to provide in different cases (French & Swain, 2014; Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver *et al.*, 2012; Yuen *et al.*, 2012). Therefore, there is a need for more research from social workers on the livelihoods of children with disabilities and issues that affect them. Additionally, social workers should be knowledgeable on all the legal frameworks concerning disability so that they can provide the best services guided by the legislation. They should also be aware of the changes in all legal frameworks concerning children with disabilities so that they can provide strong advocacy for them (French & Swain, 2014; Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver *et al.*, 2012; Yuen *et al.*, 2012).

Literature, (French & Swain, 2014; Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver *et al.*, 2012) points out that parents of children with disabilities have indicated that they need to be involved in the development of services for their children. This is because parents know best what their children's' needs are, although they are often excluded when it comes to the development of services for their children (Adaka *et al.*, 2014; Alsem *et al.*, 2013; Barlindhaug *et al.*, 2016; Cleaver *et al.*, 2018; Zuurmond *et al.*, 2016).

To ensure that policies are implemented, there needs to be a constant review of the living conditions of people with disabilities which can be achieved through research so that practitioners can to take account of the changing needs of people living with disabilities (French & Swain, 2014; Gordon & Donnellan, 2013; Morley *et al.*, 2019; Oliver *et al.*, 2012). This kind of review can inform policies so that they are adjusted to meet the needs of people with disabilities.

4.8 CONCLUSION

This chapter addressed objective 3 of the study, which is to explain the different policies and legislations regarding disability and discuss service delivery to children with physical disabilities by specifically focusing on social work services. Children with physical disabilities and their families need support from all social service professionals, including social workers, to live lives full of possibilities. However, support from social service professionals needs to be in such a way that it does not promote dependency but promotes independence of children with physical disabilities and their families. It is the social worker’s duty to ensure that the services provided to children with physical disabilities are towards promoting their independence and social inclusion while maximising their opportunities. The next chapter will present the research methodology of this study.

CHAPTER 5

RESEARCH METHODOLOGY

5.1 INTRODUCTION

This study was aimed at gaining an understanding of the social work services provided to children with physical disabilities in Lesotho. The main aim of the study was unpacked through several objectives which guided data collection. Research methodology is the general principle that provides guidance on how the study should be carried out (Dawson, 2019). This chapter focuses on the methods that were used to collect data to achieve the set aim and research objectives. It presents the research methodology, which explains how the research was carried out and why particular research methods were employed (Dawson, 2019). The following aspects are discussed in this chapter: the research approach, research design, research questions, research process, data collection process, data verification, data analysis and interpretation, ethical considerations, as well as the limitations of the study.

5.2 RESEARCH APPROACH

The research approach provides a theoretical model of the way data was collected. It is the first step to forming a structure to the design (Edmonds & Kennedy, 2017). There are three different approaches to research: quantitative, qualitative, and mixed methods. The study made use of a qualitative approach to research. Qualitative research is best for understanding the meaning individuals ascribe to human and social problems (Creswell & Creswell, 2018). The study was qualitative in nature because it was aimed at exploring experiences of social workers in social work service provision to meet needs of children with physical disabilities. Some quantitative elements were present, such as regarding the biographical details of participants relevant to the study. Authors (Fouché *et al.*, 2021; Patten & Newhart, 2018; Rubin & Babbie, 2017) describe qualitative research as an approach that paints in detail the participants' account of meaning, experiences, and perceptions. For the purposes of this study, the researcher captured the experiences and perceptions of social workers regarding rendering services to children with physical disabilities in Lesotho.

The qualitative approach thus allowed participants to provide an in-depth view of their opinions and experiences regarding social work services provided to children with physical disabilities (Bell & Waters 2018; Dawson, 2019). Further, the qualitative approach allowed participants to reflect on broader issues that affect children's welfare, such as policy in relation to services and meeting children with disabilities' needs. The qualitative method was chosen because it produced descriptive data as per social workers' accounts and words, allowing them to reflect on their day-to-day practices (Babbie, 2014; Bell & Waters, 2018; Denzin & Lincoln, 2018; Shaw & Holland, 2014).

Additionally, the approach was suitable for the study because of the nature of the study's research objectives which required qualitative data. Data were collected using semi-structured interviews and focus group discussions from social workers (Creswell, 2014; Geyer, 2021; Denzin & Lincoln, 2018). Qualitative research allowed the researcher to use interviews to grasp the emotions and challenges that participants had on the topic.

Qualitative research was used because it is inductive. It builds from the bottom up, collecting data into themes and categories. The inductive process involves working back and forth between collected data and developed themes to establish a complete final set of themes (Saldana, 2015). Creswell and Creswell (2018) argue that, even though the process in qualitative research begins inductively, deductive processes play an important role as data is being analysed. This is because, after data has been interpreted into themes, the researcher can deductively look back at data from the themes to determine if more evidence can support each theme, or whether there is need for more information from participants (Creswell & Creswell, 2018; Saldana, 2015). After data had been collected and interpreted into themes, the researcher deductively assessed the themes to check if there was any missing information or if any details needed clarification from the participants. In this way, the researcher worked back and forth between the themes and collected data (thus both deductively and inductively) to ensure that the captured data were established into a comprehensive set of themes (Creswell & Creswell, 2018; Saldana, 2015).

The fact that qualitative research is usually inductive means that, although it does not predict human behaviour, it is all about understanding human behaviour (Creswell &

Creswell 2018). The inductive method was thus used because it allowed the researcher to establish the participants' meaning to the problem or issue at hand instead of relying on the meaning derived from literature (Creswell & Creswell, 2018).

Another aspect of qualitative research that was useful for the study was its unstructured nature, which allowed flexibility in all aspects of the research process (Kumar, 2019; Creswell & Poth, 2018). An unstructured approach is more appropriate for explorative and descriptive studies (Kumar, 2019; Creswell & Poth, 2018). This means that it allowed an emergent process in conducting the study (Creswell & Creswell, 2018; Saldana, 2015). Creswell and Creswell (2018) posit that qualitative method is not tightly prescribed, which therefore allows for some or all the phases of the process to change or shift after the researcher enters the field and begins with data collection. For this reason, the researcher was easily able to modify interviews with participants to adhere to COVID-19 restrictions. Accordingly, the interviews that were to take place face to face could be modified to telephonic semi-structured interviews. Creswell and Creswell (2018) emphasise that such changes and modifications are a sign that the researcher is getting deeper and deeper into the topic under study.

Lastly, qualitative research was adopted because it is relatively cheaper than quantitative research. It allowed the researcher to collect data virtually through cell phone calls. The only expense that the researcher incurred was that of data bundles and the audio recorder (Patten & Newhart, 2018).

5.3 RESEARCH DESIGN

Fouché *et al.* (2021) assert that the choice in the research question determines the research approach that will be used, and eventually, the best research design to suit the research question. This means that research design is an important step in providing direction to the research problem (Bairagi & Munot, 2019). In this light, Creswell and Creswell (2018) argue that research designs are ways of enquiries within qualitative, quantitative and mixed method approaches that provide specific direction for procedures in a research study, while Bairagi and Munot (2019) assert that a research design acts as a road map for carrying out research.

The study used a combination of descriptive and explorative research designs. These were chosen based on the nature of the objectives of the study. A descriptive study systematically describes a situation, problem, service or programme, or it provides information about the living conditions of a community (Kumar, 2019; Rubin & Babbie, 2017). In so doing, it aims at describing the type of services provided by an organisation and what is prevalent with respect to the problem under study (Babbie, 2014; Leavy, 2017; Neuman, 2014). Therefore, a descriptive research design was fit for the study because the researcher aimed at producing a detailed picture of social services provided by social workers to children with physical disabilities. Further, the design enabled the researcher to illustrate the current situation of the needs of children with physical disabilities with respect to the services they receive from social workers.

An explorative qualitative research design is applicable when tackling issues that are relatively new, or problems in which little research has been done (Babbie, 2020; Fouché *et al.*, 2021; Neuman, 2014). For this reason, it was applicable to the study, since it engaged with a topic that is under-researched. Literature on disability in Lesotho does not provide a clear overview of the lives of children with disabilities and the provision of social work services to these children. Moreover, there are no clear statistics on the number of people with disabilities in Lesotho, and the available studies have been mostly on disability and inclusive education.

5.4 RESEARCH QUESTIONS

The study evolved from and was set to answer the following research questions:

- What social work services are provided to children with physical disabilities in Lesotho on the different levels of the ecological perspective?
- What challenges are experienced by social workers in service delivery to children with physical disabilities in Lesotho?
- What are the possible solutions to these challenges?

The literature chapters provided a background for Chapter 6, which discussed the findings of the study that addressed these questions.

5.5 RESEARCH PROCESS

The following section presents all the steps involved in the research process. It includes selecting a researchable topic, literature review, developing the research instruments and population and sampling.

5.5.1 Selecting a researchable topic

Several authors (Creswell & Creswell, 2018; Fouché *et al.*, 2021; Patten & Newhart, 2018; Powner, 2015) suggest that there are factors to be considered when choosing a topic. Firstly, it should be relevant to existing knowledge, as well as to a practical need. Further, it should have relevance in terms of timelines and should have significance for the researcher. In light of this, the topic of this study was selected because it would inform practice on how social work services can be improved to meet the needs of children with physical disabilities. It would further inform policy making decisions on social work services to children with disabilities. Lastly, the topic was selected because the study would add to research on children with physical disabilities in Lesotho.

Fouché, *et al.* (2021) argue that the sources of a research topic can be selected from practice, previous research, theory and personal interest or intellectual curiosity. Further, they assert that it should be underpinned by a level of excitement, interest, or passion to succeed. In line with these recommendations, the researcher is a registered social worker, and therefore the topic was selected based on her intellectual curiosity and interest as a social worker. The topic selected was one that fascinated the researcher based on the her profession and previous work alignment as a social worker working with vulnerable children. The topic selected was also influenced by previous research on youth with disability which was carried out by the researcher for her masters' thesis (Monne, 2015). From her previous research, it was found out that there is meagre knowledge on service provision to children with disabilities. Therefore, the research was induced partly by the limitations from the previous study (Creswell & Poth, 2018; Fouché *et al.*, 2021; Kumar, 2019).

5.5.2 Literature review

The literature review in the study was done through the process of locating, obtaining, reading, and evaluating literature materials related to the topic. Literature was reviewed to avoid duplication of previous research, in other words, to ensure that the researcher does not do a study that has already been done before (Bordens & Abbott, 2018). Additionally, literature was reviewed to identify the gap in the literature so that the study could be based on the gap derived from review of the literature (Bordens & Abbott, 2018; Babbie, 2020; Creswell & Creswell, 2018).

Subsequently, the literature review served the purpose of designing the study. It helped to map how the study would proceed, and it served in the methodology part of the study that was used to answer the research question (Creswell & Creswell, 2018; Fouché *et al.*, 2021). In addition, it informed the selection of participants that were used in the study, along with the study area, the method of data collection, the theoretical perspective and the interpretation of findings (Fouché *et al.*, 2021). Similarly, literature review in this study was an ongoing process. Therefore, it helped the researcher to keep abreast of the developments and improvements in the topic as time evolved and it allowed for such developments to be included in the study (Babbie, 2020; Bordens & Abbott, 2018).

The literature review further helped frame the problem in the introduction of the study (Creswell & Creswell, 2018). Literature was presented in separate chapters as review of literature. Creswell and Creswell (2018) point out that, in qualitative research, literature does not guide the study, but it becomes an aid in the study once the study themes, subthemes and categories are established. The researcher therefore reviewed literature at the end of the study in the empirical chapter (Chapter 6) to discuss and compare the findings with those of the literature.

5.5.3 Developing the research instruments

The study was qualitative in nature. Therefore, the research instrument that was chosen allowed for qualitative data to be collected. The study sought to collect descriptive and explorative data, and to this end, semi-structured interviews were developed to engage with participants.

The researcher decided on semi-structured interviews because they allowed participants to use their own words to provide information and explain all the issues that capture the experiences they had in social work service provision to children with physical disabilities clearly (Patten & Newhart, 2018). Further, semi-structured interviews allowed participants to paint a clear picture of disability in Lesotho, especially children with physical disabilities and interventions related to their welfare (Bordens & Abbott, 2018; Patten & Newhart, 2018).

The researcher developed an interview guide before going to the field (See Annexure 4 and 5). The interview guide was developed based on the research objectives and literature reviewed. It provided guidance on the way the interviews would go and served as a reminder for all the questions that were addressed in the interview (Babbie, 2020; Creswell & Creswell, 2018; Laher, Fynn & Kramer, 2019). Authors (Babbie, 2020; Creswell & Creswell, 2018; Laher *et al.*, 2019) emphasise that an interview guide should not restrict conversation. In the case of the study, the interview guide did not restrict the flow of conversation between the researcher and the participants, as they were allowed to freely express themselves during the interviews.

Semi-structured interviews were chosen because they allowed the researcher to carefully consider which questions would be part of the interview and granted the researcher the liberty to model the questions carefully so that there would be no bias or leading (Babbie, 2020; Laher *et al.*, 2019; Patten & Newhart, 2018). As a precaution, the questions in the interview guide were prepared well ahead of data collection and were tested on one of the participants before data collection could commence to ensure that they were not biased or leading in any way (Babbie, 2020; Creswell & Poth, 2018).

Another reason for the use of semi-structured interviews was the flexibility they allowed. Where necessary, the researcher was able to deviate from some of the selected questions from the interview guide in order to collect the richest possible data from the participants (Patten & Newhart, 2018). The instrument provided flexibility for the questions to be reworded by the researcher in cases where participants did not understand the question. This also allowed for participants to start again in cases when they would give an irrelevant answer to the questions (Patten & Newhart, 2018). At moments were where the participants would provide a terse response, the researcher would ask additional questions to probe further so that the response could be clear (Patten & Newhart, 2018).

In addition to the semi-structured interviews, the researcher utilised focus group discussions. A focus group interview guide was thus the second research instrument that was developed for the collection of data. Two focus group discussions were done after the semi-structured interviews had been completed. Their purpose was to provide clarity on the data that was provided by the participants and follow up on information that was missing from the semi-structured interviews. To this end, the researcher developed a different interview guide to be used in the focus group (See Annexure 5).

5.5.4 Population and sampling

This section presents population and sampling procedures that were adopted to collect data. It discusses the study's target population, sampling procedures, sample size, the research sample, and the research area.

5.5.4.1 Target population

The population is the large number of people or objects from which the sample is derived, and the group from which conclusions are to be drawn. Kumar (2019) points out that the target population is the group from which the answers about the research question will be obtained. Babbie (2016) asserts that it is almost impossible to study the whole population. Therefore, a small fraction of people should be selected from the population to be studied. In the case of the study, the target population from which the sample was drawn was social workers in Lesotho. For variety, the researcher selected participants both from NGOs and the public sector, since the sample that should be selected should reflect the population as a whole. Kumar (2019) mentions that the study population should be narrowed to the people who will fit the description of the study. The study population was thus social workers in Lesotho who have experience in social work service provision to children with physical disabilities.

Ultimately, the research problem and the study population should remain as loose and flexible as possible to allow freedom for any adjustments that may be needed to obtain rich data (Kumar, 2019).

5.5.4.2 *Sampling procedures*

Sampling is the process of selecting a small group of objects to be studied from the target population (Babbie, 2020; Fouché *et al.*, 2021). Sampling in qualitative research is less structured and less focused, because the aim is to use data collection methods that will collect rich data (Babbie, 2020; Creswell & Creswell, 2018; Fouché *et al.*, 2021). The purpose of sampling is to choose a subgroup of the population from which unknown information about the target population can be gained (Fouché *et al.*, 2021). Sampling that was used for the study helped the study find answers to the research question, because participants that were chosen related to the target population and not the sample. Sampling decisions are influenced by the methods of data collection that are used in collecting in-depth information. Therefore, the study used sampling procedures that allowed for the collection of rich data (Fouché *et al.*, 2021; Maree, 2020).

The study used a non-probability sampling method. The reason for this was that time for conducting the study was limited. Therefore, identifying and contacting participants who were relevant to the study and had knowledge on the subject saved time (Babbie, 2016; Maree, 2020; Rubin & Babbie, 2017). Similarly, non-probability sampling was less costly because the researcher went directly to participants who are relevant to the study.

In addition to non-probability sampling, the study also used purposive sampling to collect data from participants. This this method was used because the nature of the study allowed for the selection of the participants to be based on the researcher's judgement of who would provide the best information about the research question and who was willing to share (Babbie, 2020; Denzin & Lincoln, 2018). Further, since the study was explorative, it sought to find information on the subject that is not presented clearly in the literature (Babbie, 2020; Denzin & Lincoln, 2018). The researcher had planned to purposely select participants to make up the sample based on their knowledge and experience regarding social work services provided to children with physical disabilities (Babbie, 2020; Denzin & Lincoln, 2018; Fouché *et al.*, 2021).

5.5.4.3 Sample size

Fouché *et al.* (2021) aver that, in qualitative studies, sample size is dependent on what the researcher intends to study. Therefore, there are no set rules for the sample size. This means that the researcher chose the sample size based on collecting rich data and stopping when data saturation was reached (Kumar, 2019). Sample size was further based on the data that could be collected with the time and resources available, as well as which data would have credibility (Denzin & Lincoln, 2018; Fouché *et al.*, 2021).

As indicated in Chapter 1, data saturation was reached after the 13th interview, but the researcher interviewed 22 participants so that there could be a thick description of data. Therefore, the study comprised of 22 social workers that were interviewed using semi-structured interviews. In the aftermath of these interviews, there were also two focus group discussions. The number of participants in each of the 2 focus group discussions was 5 (thus 10 participants in total), and they had also formed part of the first group of participants who had conducted the individual semi-structured interviews. Kumar (2019) avers that data saturation determines the sample size in qualitative research.

5.5.4.4 The research sample

Authors (Denzin & Lincoln, 2018; Laher *et al.*, 2019; Maree, 2020) posit that the type of sample selected should be able to generate rich data for the study. The sample that was chosen for the study was social workers that have experience in providing social work services to children with physical disabilities. Therefore, they were able to provide rich data for the study based on the experiences that they have had in practice providing social services to children with physical disabilities. Finally, the researcher chose the sample in accordance with Maree (2020), who avers that the sample chosen should be able to enhance the transferability of the findings.

Inclusion Criteria

The inclusion criteria for the research sample were social workers who had experience in the provision of social work services ranging from two years upwards. Further, as an ethical precaution, only participants that agreed to sign an informed consent form were allowed to take part.

Exclusion criteria

The study excluded social service providers who did not give informed consent to participate in the study and those that do not work with children with physical disabilities. The study further excluded social workers who gave consent to participate in the study but kept on postponing or never showed up on the set times and dates scheduled for data collection. Finally, the research excluded social workers who had less knowledge on the study.

5.5.4.5 Research area

The researcher interviewed social workers that work at NGOs and the public sector in 9 districts of Lesotho, namely Qacha's Nek, Quthing, Mohale's Hoek, Mafeteng, Maseru, Leribe, Botha-Bothe, Thaba Tseka and Mokhotlong. Social workers from both NGOs and the public sector were selected to gain a general view and understanding of different services that are provided, because the two contexts provide different modes of service provision in Lesotho.

Although there are ten districts in Lesotho, the study chose to interview social workers from the nine districts so as to include the majority of the districts and get a general view of social work services from different places in the country. The 9 districts selected are inclusive of the rural areas and the urban areas. However, social work services are mostly rendered in towns. There is only one social development office in every district of Lesotho, and of the few NGOs in the districts, only a fraction provide services to children with disabilities in the rural areas.

Maseru is the capital city, where there is good infrastructure. For this reason, many services are found only in Maseru, the implication being that people that live in other districts must travel to Maseru to attain services. There are high rates of urbanisation in Maseru because it is a capital city, and the majority of people from the rural areas move to Maseru to find better opportunities. The majority of the residents in places like Qacha's Nek, Quthing, Mohale's Hoek, Botha-Bothe, Thaba Tseka and

Mokhotlong live in the rural outskirts of the towns. Below is the map of Lesotho with its ten districts:

Figure 5.1: ***Map of Lesotho (Maps of world 2011)***

5.6 DATA COLLECTION

According to Creswell and Creswell (2018), data collection procedures are inclusive of setting boundaries for the study through sampling, collection of data through interviews and establishing protocol for recording interviews. This section presents the procedures employed in the study's data collection.

5.6.1 Pilot study

The pilot study is a small-scale version of the study (Bodderns & Abbort, 2018). The study used a pilot study to assess and test the procedures and materials to be used in the main study (Babbie, 2020; Bordens & Abbott, 2018; Creswell & Poth, 2018). Piloting the study provided the researcher with an opportunity to practice how the study would be carried out before the actual interviews would be done so that possible mistakes in the data collection procedures could be eliminated (Creswell & Poth, 2018; Fouché *et al.*, 2021; Kumar, 2019).

The questions used for the semi-structured interviews were pilot tested with one participant, who was ruled out as a non-participant for the study. This participant had all the characteristics that the target population had. Pilot testing of the interview guide for the semi-structured interviews was done to assess the relevance of the questions, how the questions would be interpreted by the participants and if the guide would be viable for all the participants (Laher *et al.*, 2019; Patten & Newhart, 2018; Powner, 2015; Strydom, 2021).

Further the interview questions were tested to work out areas that could be unclear or that do not flow well so that they could be corrected before data collection Laher *et al.*, 2019; Patten & Newhart, 2018; Powner, 2015). After pilot testing the questions, the researcher found that the only lacking question was the question which should aid in establishing rapport. Therefore, only one question was added to the interview guide. The questions flowed in an easy manner in the pilot study and there was no need to revise the interview guide.

5.6.2 Methods for data collection

The study used two methods of data collection, namely semi-structured interviews and focus group discussions. This section presents the methods of data collection that were used in the study.

5.6.2.1 Semi-structured interviews

Semi-structured interviews were used to collect data from 22 participants. An interview guide was developed prior to data collection (See Appendix 4). It provided directions for carrying out the interview, helped to show where to begin with the interview, -

provided question prompts and helped with the consistency of the interview (Maree, 2020; Rubin & Babbie, 2017; Yegidis *et al.*, 2018). Similarly, the interview guide helped in shaping predetermined questions to ask all the participants (Maree, 2020; Rubin & Babbie, 2017; Yegidis *et al.*, 2018).

Initially, semi-structured interviews were planned to be conducted face to face with participants, but because of COVID-19, they were done online via WhatsApp and telephonically. The fact that the COVID-19 lockdown regulations did not allow the researcher to cross the border to go to Lesotho to collect data further necessitated virtual interviews. Most of the interviews were done through WhatsApp calls, with others taking place through the WhatsApp voice recording system or cell phone calls Jowett, 2020).

The researcher asked for permission to carry out the study from Research Ethics Committee (REC). Permission was also requested from the Ministry of Social Development of Lesotho, which is the ministry that regulates all issues concerning social workers, NGOs and research on social workers (See Annexures 1 and 2).

Thereafter, the researcher contacted the directors and managers of some organisations that employed social workers. The managers and directors provided the researcher with the names of social workers who work under their organisation and who provide social work services to children with physical disabilities. The social workers were contacted telephonically to ask for consent for the study. Those who consented to the study were sent consent forms via email. The social workers were given time to read the consent forms thoroughly, and those who consented filled out the forms and returned them to the researcher by email.

After permission was obtained through all of the appropriate channels, the participants who consented were interviewed telephonically or via WhatsApp. Before the interviews, the researcher commenced explained the purpose of the study once more. The interviews took the form of a conversation with the participants in the language they preferred. Some responded in English, while others responded in Sesotho. The researcher asked participants questions about their views, experiences and opinions on the social work services that they provide to children with physical disabilities

(Maree, 2020). The interviews lasted a minimum of 45 minutes and a maximum of one hour and thirty minutes.

The interviews were recorded using an audio recording device, or, in some cases, the WhatsApp voice note feature. Permission was obtained from the participants before interviews were recorded. Recording allowed the researcher to focus more on the participants and build rapport so that they could relax and provide all of the information comfortably and clearly Laher *et al.*, 2019; Lune & Berg, 2017; Maree, 2020). This concurs with Patten and Newhart (2018), who assert that participants reveal better information when they are aware that they are being listened to. Further, interviews were recorded because recording provided the researcher with an opportunity to practice active listening so that she could look out for opportunities to improve data as need arose during the interviews (Patten & Newhart, 2018).

The researcher had planned to interview social workers from their places of employment, but because of lockdown regulations which restricted traveling, some of the participants were interviewed at their own homes, while a few that were allowed to work were interviewed at their workplaces.

One of the advantages of doing interviews telephonically was that participants were able to express themselves freely because they did not see the researcher. Creswell and Creswell (2018) argue that the researcher’s presence in face to face interviews may bias responses given in an interview. Similarly, participants in telephone interviews can relax and think through their responses because they are in spaces that they find comfortable during the interviews.

5.6.2.2 Focus groups

The second method that was used to collect data was focus group discussions. A focus group discussion is an interview session where a group of participants are asked questions together. They are asked one question at a time, which is discussed among the participants (Patten & Newhart, 2018; Powner, 2015; Saldana, 2015). The discussions were used as another form of interviews to clarify and uncertainties to the data already collected as well as to explore possible solutions to challenges in service rendering experienced by the participants. There were two groups of focus group discussions. One was done with the social workers from NGOs, while one was done with social workers from the public sector. The researcher used one focus group from each context because of the accessibility of participants during work hours in each organisation. Participants in each group were co-workers. Therefore, they were able to be in the same place for a phone call without breaking covid regulations.

The focus group discussions each included a total of 5 social workers, and each lasted approximately 45 minutes. The social workers that were part of the focus groups were selected from those that were interviewed with semi-structured interviews. A total of 10 participants took part in the focus group discussions as indicated earlier. The researcher was the focus group discussion facilitator. During the process, an interview guide was used to guide the researcher on the questions and topics to be discussed (See Appendix 5)

Focus group discussions took place at participants' workplace, and they were done telephonically on WhatsApp calls when participants were on duty. Participants that were interviewed through focus group discussions were from the same organisation. The first focus group was from an NGO and the second from the public sector. Participants were asked one question at the time and each question asked was discussed among participants. The researcher started with the demographic questions so that the participants could ease into the process of discussions. Similarly, all participants were encouraged to take part in the discussions to get the general views from the whole group.

The focus group discussion interviews were conducted because the researcher wanted to widen the range of responses and activate details that the interviewees may have forgotten in the first semi-structured interviews (Maree, 2020; Patten & Newhart, 2018; Powner, 2015). Participants had an opportunity to build on each other's responses and comments and provided further clarity where needed (Maree, 2020).

The researcher's role as a facilitator was to ensure that everyone in the focus group participated. As with the semi-structured interviews, focus group discussions were recorded with the permission of the participants to allow the researcher to focus on the discussions of the group. The researcher recorded the discussion so that there could be time for active listening, probing and keeping the discussions lively (Patten & Newhart, 2018).

5.7 DATA ANALYSIS AND INTERPRETATION

This section presents the data analysis and interpretation stage of the study. Creswell and Creswell (2018) posit that data analysis entails making sense of data that was collected. It involves arranging data in a particular way that will make sense (Creswell & Creswell 2018).

Creswell and Creswell (2018) point out that there are several processes involved in data analysis. These include simultaneous procedures, which means that data analysis and other parts such as data collection and the write up of findings go hand in hand. Accordingly, while the researcher was busy with interviews, some interviews that were completed were transcribed. At the same time, data was transcribed while the researcher was waiting to conduct group discussions. Simultaneous procedures in data analysis means that the researcher was able to contact participants ask for clarification on some aspects while the write up had already begun (Creswell & Creswell, 2018). A denaturalistic approach in transcribing was utilised in this study, thus not transcribing every little detail, but rather what had relevance to the study (Oliver, Serovich & Mason, 2006)

Firstly, the researcher transferred all the recorded interviews from the recording device to the laptop by transcribing the interviews in a word document. After the interviews were transcribed and each interview labelled, the researcher read all the information and made sense of what the participants had said. The researcher then considered general ideas that were mentioned by the participants, after which she recorded all the information that was missing and unclear so that this could form questions for the focus group discussions, which followed after data from semi structured interviews were transcribed and analysed.

The researcher read all the data that were transcribed line by line to record general ideas that participants were saying so that data could be coded. Data was organised by bracketing chunks and writing a word that represents a category in the margins (Creswell & Creswell, 2018). Data were segmented into sentences and paragraphs, and into categories which were labelled based on what the participant had said (Creswell & Creswell, 2018).

The researcher used coding to generate descriptions of themes for analysis. Themes are described by Creswell and Creswell (2018) as the major findings of the study, which are used as headings in the findings section. The researcher then used themes derived as headings in the write up of the findings chapter. Themes were further divided into sub themes and into categories. The researcher used narratives to support arguments in the findings chapter (Creswell & Creswell, 2018; Shurink, Shurink & Fouché, 2021). The findings were finally interpreted against literature reviewed, and limitations of the study were stated for future research.

5.8 DATA VERIFICATION

Validity is the ability of the researcher's instrument to measure what it was intended to measure (Kumar, 2019). This means checking for the accuracy of the findings by employing certain procedures. Reliability measures the consistency of the researcher's approach across different researchers and among different projects (Kumar, 2019). Kumar (2019) argues that validity is an important component in research to establish the appropriateness and quality of the procedures adopted to find answers to research questions, while reliability is used to predict if the research instrument is accurate and precise. Lincoln and Guba came up with four ways to establish trustworthiness in research (Lincoln & Guba 1985). These four ways, namely credibility, transferability and dependability, confirmability, are used as indicators that reflect validity and reliability in qualitative research (Lincoln & Guba, 1985).

5.8.1 Credibility

Credibility of the study was achieved through member checks. The transcribed interviews of four of the participants were emailed to them to ensure it was a true reflection of the interview. These participants confirmed the transcribed interviews were what they had said (Kumar, 2019). Authors (Chilisa, 2012; Kumar, 2019) indicate that the participants are believed to be the best judge on whether the findings have been able to reflect their opinions. Further, member checks were used to determine the accuracy of findings by enquiring of participants regarding specific descriptions (Creswell & Creswell, 2018; Leavy, 2017). Kumar (2019) emphasises that member checks can happen by taking parts of semi or polished products – such as major findings, themes and descriptions – back to the participants. Creswell and Creswell

(2018) argue that member checks can involve a follow up interview with participants regarding the study to provide them with an opportunity to comment on the findings. In this study, the researcher only used four transcribed interviews, thus part of the product, for member checks.

5.8.2 Dependability

Dependability measures if the same results will be obtained if the study would be done again using the same methods (Kumar, 2019). Dependability was achieved through keeping record of the process taken to conduct the study, including steps and procedures that were followed (Creswell & Creswell, 2018). The steps that were followed were recorded thoroughly. However, Kumar (2019) argues that, in qualitative research, dependability may be hard to achieve because procedures in qualitative research are flexible and may be adjusted to get rich data.

5.8.3 Confirmability

Authors (Bordens & Abbott, 2018; Creswell & Poth, 2018; Denzin & Lincoln, 2018) posit that confirmability has to do with whether the readers of the study would find the same results if the same methods were to be used. Kumar, (2019) argues that for confirmability to be achieved, the researcher must follow the same process as stated. The researcher followed the same methods stated in the proposal, and the study's findings were based on the participants' words and expressions and not on the researcher's bias. Additionally, the researcher recorded all the steps that were followed to answer the research question. Further, transcriptions from the participants were kept in a safe place and were not labeled with their names to respect their anonymity.

5.8.4 Transferability

The findings of the study cannot be generalised for the whole population, because the study is qualitative in nature and the sample size was small. It comprised of 22 participants. However, Kumar (2019) avers that transferability can be achieved only if the researcher extensively and thoroughly describes the process adopted for others to follow and replicate. The researcher recorded and described the procedures and methods used thoroughly. Additionally, transferability of the research findings was achieved through sampling and dense description of the setting of the study (Babbie, 2020; Chilisa, 2012; Denzin & Lincoln, 2018).

5.8.5 Reflexivity

Denzin and Lincoln (2018) describe reflexivity as the process of critically reflecting on the self as a researcher. The study is focused on the reflections of social service providers on the needs of children with physical disability. The researcher is a qualified social worker with experience working with vulnerable children in an NGO, and this can easily influence some aspects of the study. Chilisa (2012) argues that credibility in qualitative research is affected by the closeness of the researcher and the participants, and that this closeness creates difficulties in separating the researcher's experience from those of the participants. However, the researcher was determined to detach from the social work profession and experience to not bring bias to the study. Therefore, the researcher also had regular meetings with her supervisor and wrote a reflective report to reflect on her role as researcher (See Appendix 6).

5.9 RESEARCH ETHICS

This research involved collecting data from people about people. Therefore, research ethics were taken into consideration. The ethical concerns were considered prior to conducting the study, and the researcher sought approval to conduct the study from the University of Stellenbosch Departmental Ethical Screening Committee (DESC). She further sought written permission to conduct the study from the Institutional Review Board (IRB), which is the Research Ethic Committee (REC) of the University of Stellenbosch (See appendix 1). Permission to conduct the study was further sought in writing from the Lesotho Ministry of Social Development (MSD) (See appendix 2).

Deception of participants

Participants were not deceived to participate in the study. Fouché *et al.* (2021) aver that deception of participants occurs when the researcher does not reveal some aspects of the research to get participation. To ensure transparency, the purpose of the study was disclosed clearly to the participants in a way that all participants understood (Creswell & Creswell, 2018). They were also informed that they would be recorded with a recording device if they consented. All the relevant information about the study was provided to the participants verbally and in a consent form (See Appendix 3).

Prior to the study, the researcher had drafted a consent form which was issued to every participant before interviews and focus group discussions. Before each interview could commence, the participants were also reminded of the purpose of the study, what would be required of them, potential benefits of the study and that they were free to withdraw from the study at any point of the interview. Participants were not pressurised into signing the consent forms or participating in the study (Babbie, 2020; Creswell & Creswell, 2018; Powner, 2015; Strydom & Roestenberg, 2021).

Voluntary participation

Participants were not forced to take part in the study. The researcher asked the participants verbally for consent to the study, then sent participants consent forms via email, which the participants signed. Participants who did not consent to the study were let go.

Anonymity and confidentiality

Participants were assured of confidentiality and their anonymity before the interviews could commence. This helped many participants to give out information in an unrestricted manner, as they were assured that they would be anonymous. Some participants would not have shared information as it was if it were not for anonymity and confidentiality. Anonymity is achieved when neither the participants nor the readers can identify a response as belonging to a particular participant (Denzin & Lincoln, 2018; Lune & Berg, 2017; Sharan & Tisdell, 2016). The study achieved anonymity because participants' real identity was hidden, with no names or information that could lead to them being revealed. To this end, each was assigned a pseudonym (Denzin & Lincoln, 2018; Lune & Berg, 2017; Sharan & Tisdell, 2016). The research achieved confidentiality because none of the information will be traced to the participants.

5.10 LIMITATIONS OF THE STUDY

Although useful, qualitative research is also limited in that it only allows a certain number of participants to take part in the study. Therefore, the results of the study cannot be aggregated for the whole population in Lesotho. In the case of the study, there were representatives of social workers from 9 districts of Lesotho. Lesotho is a small country, and organisations that render services to children with physical disabilities are very scarce. Therefore, the researcher included most organisations that social workers who provide social work services to children with physical disabilities work. The study thus represented most of the social workers that work with children with physical disabilities in Lesotho.

One of the other disadvantages of using qualitative research was that obtaining ethical clearance for a study that interviewed humans took longer than anticipated. The ethics application forms had to be revisited because of COVID-19, and the proposal had to be adjusted to abide by the new regulations. Further, due to COVID-19, the researcher had to wait before data collection because data was intended to be collected through face-to-face interviews.

The researcher was in South Africa at the time when lockdown was imposed. Therefore, she had to wait for the regulations to be eased so that she could travel to collect data in Lesotho. However, the regulations took months before they could be eased and after they were eased, the researcher could still not conduct face to face interviews due to lockdown regulations. A lot of time was lost in waiting for the regulations to be eased so that the researcher could travel and conduct face to face interviews.

The researcher had to use phone calls or WhatsApp calls because of COVID-19 lockdown regulations, which did not allow inter border travel or face to face meetings. The disadvantages of telephone interviews are that the researcher was not able to read body language from participants during the interviews. Further, she was not able to observe the social workers’ offices and the residential places where children with physical disabilities stay, which may have rendered her report more informed.

The researcher had challenges in accessing social workers at a time that was convenient to them. Interviews took longer because participants who were interviewed at their workplace and those that participated in in the focus group discussions were always busy. It was a challenge to find participants that could take part in focus group discussions at the same time, because participants' schedules were different. They would make appointments which would clash with those of other participants.

Finally, the researcher struggled to obtain literature from Lesotho regarding the research topic, and consequently had to make use of literature about other countries and compare it to the research area.

5.11 CONCLUSION

This chapter presented the research methodology that was employed in carrying out research to achieve the set aim and research objectives. This chapter discussed the study's research approach, research design, research questions, research process, data collection process, data verification, data analysis and interpretation, ethical considerations, and limitations of the study. In Chapter 6 the researcher will present the empirical investigation.

CHAPTER 6

EMPIRICAL INVESTIGATION OF EXPERIENCES OF SOCIAL WORKERS OF SOCIAL WORK SERVICES PROVIDED TO CHILDREN WITH PHYSICAL DISABILITIES IN LESOTHO

6.1 INTRODUCTION

This section of the paper presents the empirical findings of the study that was carried out in 9 districts of Lesotho, thus addressing the fourth objective of the study. The aim of the study was to find out social work services provided to children with physical disabilities in the 9 districts of Lesotho. As indicated in Chapters 1 and 5, data were collected through semi-structured interviews and two focus group discussions. This chapter will present social workers' experiences and views on social work service provision to children with physical disabilities. The chapter is presented by providing the profile and particulars of participants and the data collected displayed in themes, subthemes, and categories.

6.2 PROFILE AND PARTICULARS OF PARTICIPANTS

Twenty-two participants took part in the study, as displayed in the table below:

Table 6.1: Demographic information of participants

Participants	Age	Gender	Organisation	Work experience	Participants who took part in the Focus Groups (Focus Group 1: FG1; Focus Group 2 FG2)
P1	40	Female	Social Development	13 years	
P2	32	Male	NGO	9 years	
P3	39	Female	Social Development	10 years	FG2P1
P4	35	Male	Social Development	10 years	FG2P2
P5	29	Female	NGO	2 years	
P6	37	Female	Social Development	11 years	FG2P3

Participants	Age	Gender	Organisation	Work experience	Participants who took part in the Focus Groups (Focus Group 1: FG1; Focus Group 2 FG2)
P7	36	Female	NGO	3 years	FG1P1
P8	32	Female	Social Development	10 years	FG2P4
P9	35	Female	Social Development	7 years	
P10	32	Female	NGO	3 years	
P11	31	Male	NGO	2 years	
P12	31	Female	NGO	2 years	
P13	32	Female	Social Development	2 years	FG2P5
P14	37	Female	Social Development	10 years	
P15	35	Male	NGO	5 years	FG1P2
P16	33	Female	Social Development	8 years	
P17	31	Female	Social Development	4 years	
P18	45	Female	Social Development	10 years	
P19	29	Female	NGO	4 years	FG1P3
P20	33	Female	Social Development	8 years	
P21	32	Female	NGO	3 years	FG1P4
P22	28	Male	NGO	2 years	FG1P5

n=22

Table 6.1 above presents the participants that were interviewed, their gender, age, type of organisation and years of experience in the provision of services to children with disabilities. Participants that were interviewed through focus group discussions were from the NGOs and from the public sector. They work in organisations that provide social services to children with all kinds of disabilities. While there were services that were befitting to all children, there were services that were tailored to meet the needs of children with physical disabilities only.

The table further shows that the ages of participants were between 28 and 45 years. The proportion of females interviewed as compared to males were seventeen to five.

The fact that there were more female participants compared to males could be attributed to the fact that the social work profession is more dominated by females all over the world (Yuen, Cohen & Tower, 2012). No participant identified as a gender other than male or female. All participants were social workers providing services to children with physical disabilities and had experience ranging from 2 years to 15 years of practice.

Data were collected from participants employed by one governmental sector, namely Social Development, and 7 NGOS in both the highlands and lowlands of Lesotho. The 7 organisations including Social Development were from different districts in Lesotho and represented different services that social workers provide to children with physical disabilities. Below is the table that shows the organisations where data were collected.

Table 6.2: Organisations that provide services to children with physical disabilities

Organisations	Type of organisation
Social Development	Public organisation
Starkey	Services for deaf children
Thuso e tla tsoa kae	Educational and residential facility
Phelisanong	Residential home and educational facility
Sentebale	Children’s protection services
St Angela Chechire	Educational facility
Itekeng	Vocational facility
Catholic relief services	Children’s protection services

n=22

As can be seen in Table 6.2, the researcher made use of 8 welfare organisations that render services to children with disabilities. Twelve participants are employed in the public sector (Social Development) and 10 participants are employed at non-governmental organisations (NGOs).

The Department of Social Development is the primary service provider to people with disabilities in Lesotho. Besides Social Development there are a few NGOs that provide social work services to children with physical disabilities. Participants who took part in the study were mostly employed in the public sector as compared to the NGOs. Social workers that provide services to children with physical disabilities in the non-governmental sector do not necessarily provide services to children with disabilities only, since their services are inclusive of every vulnerable child. Nonetheless, the participants that were interviewed for the study were social workers whose key priority areas in service provision are children with physical disabilities.

Service provision in Lesotho's public sector is also not necessarily on grounds of disability since it is provided because a person is vulnerable. Poverty is one of the main indicators when it comes to provision of services to children with disabilities. Participants who are employed in the public sector are rehabilitation officers whose duties are inclusive of such social work services. Below is a Table indicating the different districts where participants render services:

Table 6.3: The number of participants interviewed in each district

Districts where participants work	**Number of participants interviewed**
Qacha's Nek	2
Quthing	2
Mohale's Hoek	1
Mafeteng	3
Maseru	3
Leribe	4
Botha bothe	1
Thaba tseka	4
Mokhotlong	2

n=22

Table 6.3 above shows the number of participants interviewed in each district. The numbers represent a combination of participants from the public sector and the NGOs. As mentioned previously, the researcher interviewed participants from the majority of the districts in Lesotho to get the general view of social service provision from different areas. The study included the maximum districts (9) to show service provision from both the rural areas and the urban areas. In this way, the study represented different populations in different areas in terms of service delivery. Leribe and Thaba Tseka had the most interviews because these provinces have many organisations that provide services to children with physical disabilities.

6.2.1 Age group of children with disabilities to whom social work services are rendered

The age group of children with physical disabilities that the majority of the participants served was from 0 to 18, which is the age of a child by law in Lesotho. There were some participants that pointed out that they served children starting from 3 years of age because the nature of their services required children that were developed to a certain level. This was to ensure that the child had a disability, since this may be harder to detect in an infant, and because children under 3 years need special medical attention which social workers are not qualified to provide. For this reason, there were also some organisations that render services to children from ages 6 to 18. Social workers at the department of Social Development assist children of all years and all disabilities as long as they are children and are vulnerable. There are select organisations that provide services to children beyond childhood into adulthood because children with certain disabilities do not develop at the same pace as children without disabilities. As was indicated in Chapter 2, authors such as Shakespeare (2018) and Visagie and Swartz (2018) advocate for continuation of services to persons with disabilities, as their challenges do not disappear after they turn 18.

6.2.2 Types of physical disabilities children have in Lesotho

Many participants indicated that they render services to children with various types of disabilities. However, physical disability was the most common disability that was found in children. In the areas where data were collected, most of the children had cerebral palsy and the least of them spinal bifida. In Lesotho, it is common that mobility impairments are as a result of back injuries, and in adults, due to accidents or TB. However, when it comes to children, those that need mobility assistance were recorded to have cerebral palsy, spinal bifida or hydro cephalous. It was reported by participants that it is only in rare cases that children have physical disabilities due to accidents. These findings concur with those of Shakespeare (2018), who points out that cerebral palsy, a condition caused by inadequate oxygen during birth, is the most common disability in children because one in 400 children are born with the condition.

Participants mentioned that not many children acquire disability later in life, but that many with disabilities acquired it from birth, in other words, congenitally. One of the participants mentioned that polio used to be one of the most common contributors to children's physical disability in Lesotho. However, recently, due to promotion of vaccination, cases have become rarer. The pyramid below shows the disabilities chronologically, starting with the most common type of physical disability recorded by participants on top and the least common type of physical disability at the bottom:

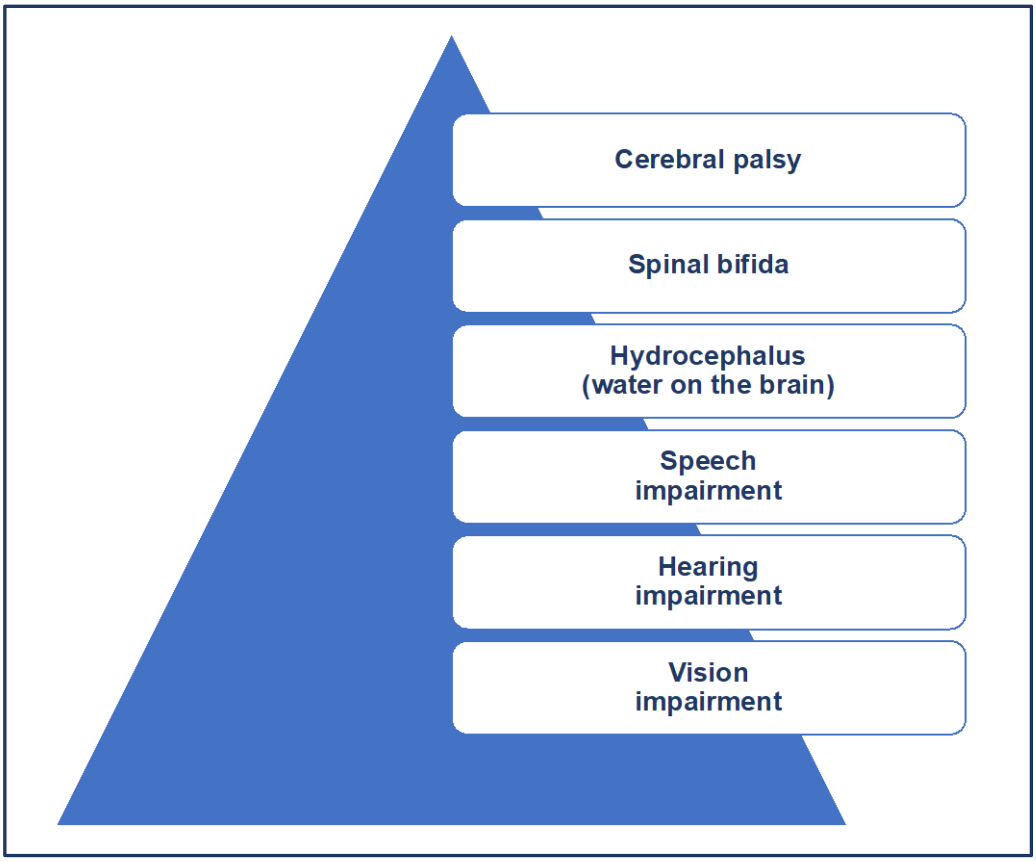


Figure 6.1: Types of disability

As was indicated in Chapter 2, sensory impairments (visual as well as hearing impairments) are seen as a part of physical disabilities. Participants indicated that cerebral palsy as well spinal bifida were seen as the most common type of disability that they dealt with during social work intervention (Barnes, 2016).

6.3 DATA COLLECTED FROM PARTICIPANTS DURING EMPIRICAL STUDY

The table below presents data collected from the participants during the empirical study. This was executed by using an interview guide informed by study objectives. Data were transcribed and themes were developed. The themes were derived from transcribed data and then they were further developed into sub-themes. Lastly, some sub-themes were divided into different categories to guide the presentation of the findings.

Table 6.4: Themes, subthemes, and categories

THEME	SUB-THEME	CATEGORY
Theme 1: Children with disabilities in Lesotho	1.1 Poverty	
	1.2 Caregivers	
Theme 2: Needs of children with disabilities	2.1 Micro level	2.1.1 Physiological needs
		2.1.2 Emotional needs
	2.2 Meso level	2.2.1 Social needs
		2.2.2 Educational needs
	2.3 Macro level	2.3.1 Transport and access to movement
		2.3.2 Cultural needs
Theme 3: Challenges experienced by families with children with disabilities	3.1 Challenges experienced by parents and caregivers of children with physical disabilities	
	3.2 Challenges experienced by siblings of children with physical disabilities	
Theme 4: Social work services provided to children with physical disabilities	4.1 Social work services on a micro level	4.1.1 Poverty alleviation
		4.1.2 Education related services
		4.1.3 Health care related services
		4.1.4 Counselling services

THEME	SUB-THEME	CATEGORY
		4.1.5 Protection from abuse
	4.2 Social work services on a meso level	4.2.1 Group work and activities
		4.2.2 Financial education and income generating projects
		4.2.3 Skills training and assistance
		4.2.4 Play as an intervention strategy
	4.3 Social work services on a macro level	4.3.1 Intervention with community leaders
		4.3.2 Advocating for rights of children with disabilities
		4.3.3 Liaison with other departments
		4.3.4 Transition and termination of services of children with physical disabilities beyond childhood
		4.3.5 Community based rehabilitation
Theme 5: Challenges of SW	5.1 Inadequate legislation and policy	
	5.2 Lack of resources	
	5.3 Service user's demands and expectations	
	5.4 Caregiver related challenges	
	5.5 Challenges in service delivery	
	5.6 Lack of supervision	
	5.7 Environmental challenges	
	5.8 Westernised intervention strategies	

THEME	SUB-THEME	CATEGORY
	5.9 Covid-19	5.9.1 Impact of Covid- 19 on the welfare of children with physical disabilities
		5.9.2 Impact of Covid-19 on service provision
Theme 6: Possible solutions	6.1 Compassionate social service professionals	
	6.2 Inclusion of people with disabilities in intervention plans	
	6.3 Legal instruments for children with disabilities	
	6.4 Availability of resources	
	6.5 Adequate knowledge on disability issues	
	6.5 Induction, supervision, and training	
	6.6 Availability of different professionals	
	6.7 Practical interventions applicable in Lesotho	
	6.8 Incentives for children and their families	

6.3.1 Theme 1: Children with disabilities in Lesotho

Statistics on the number of children with disabilities in Lesotho is not known. This is a concern because the first step to service provision is determining the number of children with disabilities so that services can be formulated for them based on accurate statistics. Lack of statistics is an indication of exclusion. Authors such as Morey *et al.* (2019) and Vergunst *et al.* (2018) argue that inclusion would ensure that all children with physical disabilities have access to services. It is difficult for policy makers to formulate services that will respond to the needs of children with disabilities if they do not know the number of children with disabilities in the country. The number of children with physical disabilities that come for service provision is different in all areas where data were collected. Most participants reported that it was a challenge to point out the exact statistics of children with disabilities because they record all children with disabilities and adults in the same register, as can be seen by the following narrative:

> *It is hard to determine the number of children with disabilities that are recipients of social services because they are mixed up with adults, or in some cases mixed up with children without disabilities. We do not have specific statistics that we say is of children with disabilities. We capture all people that have disabilities in the same document. Therefore, it is hard to tell statistics of children that come to our offices* (P17).

On the contrary, some participants that had statistics available indicated that they rendered services to more than 200 children, while there were other participants who indicated that they saw 2 out of 5 children with physical disabilities in a month. Many participants in NGOs were inundated with heavy caseloads because they go out to the field regularly and have a target of service users to reach that is set by the donors.

Participants that recorded less statistics of children with disabilities pointed out that they are not able to reach out to all children because it is a challenge to reach out to children in the rural areas, as can be seen in the narrative below. This is despite the necessary measures the department has taken to reach out to the children and their families.

> *It is a challenge to reach all children with disabilities in the rural areas. We are able to reach some but not all of them. However, now that we have auxiliary social workers it is better. An auxiliary social worker does generic social work. They identify a case then they refer that case to the social worker. They help communities understand our frameworks and services at the department. They work closely with leaders and authorities to provide information on our services* (P18).

Two subthemes were derived from Theme 1, namely 'Poverty' and 'Caregivers of children with disabilities in Lesotho.' These will be discussed next.

6.3.1.1 Subtheme 1.1: Poverty

One of the factors that cause disability in Lesotho is poverty, as was mentioned in earlier chapters. Several authors (Collins *et al.*, 2017; Hollar, 2012; Leshota, 2013;

Shakespeare, 2018) indicate that a significant number of people with disabilities are from impoverished backgrounds. This means that they are at risk of disability and prone to all disabling diseases due to poor diet, lack of proper housing, and lack of proper medical care. The findings concur with authors (Alsem *et al.*, 2013; Barlindhaug *et al.*, 2016; Bauman & Shaw, 2016) whose assertion is that people with disabilities are found in indigent communities. Some forms of disability may worsen due to poverty. The following narrative illustrates the link between poverty and disability:

> *Poverty likes families that have disability. I don't know why, but 99.9 percent of children that come for service provision are from destitute families* (P8).

The lives of people with disabilities and the way disability is perceived is dependent on the areas they live in (Barlindhaug *et al.*, 2016; Iriarte *et al.*, 2016). The lived experiences of people with disabilities in Lesotho are different from the lived experiences of people with disabilities in other places. The common ground for people with disabilities in Lesotho is that they are all impoverished, even though the degrees of poverty are different, as displayed below:

> *Children with disabilities live in the most desperate conditions, some of them live in that one roomed house that we call "mekhoro." That one room is a bedroom, a kitchen, a bathroom, and everything that can be imagined. They share those small one roomed house with their entire families, their siblings and their parents* (P3).
>
> *It is very costly to have disability in Lesotho* (P9).

Because of poverty, children with physical disabilities live in places where space is limited. It is a challenge for children with disabilities, especially those that use wheelchairs, to move around such places. Further, hygiene is often compromised in such small spaces where everyone must share everything. Children with disabilities need spacious homes where they are able to move around freely. Authors (Adams & Leshone, 2016; Alsem *et al.*, 2013; Barclay, 2019) posit that housing is one of the basic needs of families with children with disabilities, since they need space and privacy. This is why proper housing is included in the services that families of children with physical disabilities should receive in developed countries. The picture below depicts the housing situation of a significant number of children with physical disabilities and their families in Lesotho:

Figure 6.2: Typical housing in rural Lesotho

Most people with disabilities were identified by participants to be from rural areas of Lesotho. Some of the participants highlighted that many of the children with physical disabilities that they render services to came from rural places where there is no infrastructure. Service provision is very slow in such places. One of the participants indicated that most of the children that come for their services in the urban districts got to know about social work services by flight nurses who transit by aeroplanes to reach the most remote areas:

> *As several our clients stay in remote areas and are cut off from the outside world, medical services are provided by flight. These clients often do not know about social workers, <u>except when they are told by medical staff</u>* (P11)*.*

The rural areas in Lesotho are seldom developed. There are no roads, or the ones that are available are bumpy, gravel roads. Since these areas are far to reach and inaccessible due to treacherous roads, it is hard for social service providers to reach the people that live there. Likewise, it is hard for children with disabilities in these areas to go to social service facilities in towns. The common mode of transport that is used to travel in the remote areas is riding by donkey or horse. Those who do not have modes of transport have to walk on foot for days and seek accommodation in between villages to reach service provision. People with disabilities from such places do not have a variety of opportunities and better options for their lives (Grech, 2015; Watermeyer, 2013).

Lesotho is an impoverished country, the implication being that children are not exposed to any benefits (Runswick-Cole *et al.*, 2018). Even those that do not have disabilities struggle to get their basic needs met. Because of these difficulties, a significant number of people with disabilities in Lesotho are illiterate. Most of them do not get the opportunity to go to school, while some do not bother to attain an education because it is unlikely that they will be considered for jobs or business opportunities when they graduate.

Although many in Lesotho face difficulties, people with disabilities are the most oppressed. Even with disability organisations that try to advocate for their rights and inclusion, they are voiceless, and their achievements and advancements go unnoticed (Grech, 2015). For instance, legal instruments such as the National Rehabilitation and Disability Policy attempting to mainstream disability into the society were introduced recently in 2011. The need for more legislation to advance disability rights despite the fact that the Disability Bill has been in place for a long time suggests that people with disabilities are not a priority. In Lesotho, people with disabilities only receive promises, while no action is taken to implement them. For instance, the Prime Minister of Lesotho mentioned people with disabilities in his budget speech in 2020 for the first-time, stating that they would receive a disability grant. He did not mention how much the grant would be and which people with disabilities would receive the grant, as he indicated that he had forgotten to include these details in his budget speech (Southern Africa Federation of Disabled, 2020). The budget speech was read in February of 2020, but a year has passed since then and there is still no disability grant in the districts' Social Development offices (Southern African Federation of the Disabled, 2020).

6.3.1.2 Subtheme 1.2: Caregivers of children with disabilities in Lesotho

Parents are often the main caregivers of children with physical disabilities, with mothers identified as the main caregivers. Most participants reported that mothers often did the caregiving job on their own because fathers were not involved, even when they were present, as can be seen by the following narrative:

> *It is definitely the mothers who are the main caregivers. They are the ones who will move the child, even if the child is too heavy to be lifted. Often the fathers are not willing to help with the disabled child. Some fathers will even deny that it is their child and take no responsibility for the upbringing of the child* (P22).

In some cases, participants reported that fathers left their families after they found out that the child had a disability. These are cases where fathers have denied their children, as can be seen by the narrative above. Often, they claim that there is no disability in their DNA and put the blame on the mother for the child's disability. The findings coincide with studies conducted in different African countries (Adaka *et al.*, 2014; Rugoho & Maphosa, 2017; Taheri *et al.*, 2017; Zuurmond *et al.*, 2016), which indicate that fathers are the first to leave their partners in cases where a child has a disability.

Due to misinformation on disability and ignorance, there have been numerous families that were broken because of the child's disability. Many people do not understand disability. Therefore, they associate it with negative spirits or faults in the other parent. It is in such cases that the mother gets the short end of the stick, because she is the one who gave birth. Similarly, in families that stay together after the baby is born, it was reported by several participants that there were records of divorce due to the pressure that couples get from taking care of a child with a disability. Rugoho & Maphosa (2017) confirm that the stress af raising a child with a disability could result in the breaking up of a marriage, as also indicated by one of the participants:

> *The burden and ongoing fatigue if caring for such children are often the ending of a marriage relationship, especially if the father does not assist in the caring of the chid and other household chores* (P4)*.*

Literature (Adaka *et al.*, 2014; Adams & Leshone, 2016; Batshaw *et al.*, 2019; Puig & Recchia, 2021) reports that there have been records of cases of divorce by parents of children with disabilities because of burden of care. Ashford *et al.* (2018), however, posit that the child with a disability is not always the cause of divorce, stating that underlying issues that the couple have always had also play a role. This does not affect parents only, but also other children without disabilities, because they must grow up without their fathers or in a broken family with disputes and conflicts.

In some cases, grandparents are the ones who have to take the responsibility of raising a child with disability because both parents left once they found out that the child had a disability. Accordingly, Traustadottir *et al.* (2015) confirm that extended family such as grandparents often assist families who have a child with a disability. It is mostly maternal grandparents who take the responsibility of raising their grandchildren with disabilities. These are living arrangements propelled by the absence of parents who had to go to the Republic of South Africa to seek employment and stayed there for years or forever. In such cases, grandparents depend on the Old Age Grant, which they get when they are 70 years of age. Before that age, some of them do odd jobs such as washing other people's laundry or collecting water in buckets. These kinds of families live in the most desperate conditions of lack, as can be seen by the following narrative:

> *Children in most cases live with their grandparents. It is in rare cases that you find them living with their parents. In cases where they do, it is often their mothers but the majority of cases that I have seen, the mother, who assumes sole responsibility when a child has a disability, has to leave children with their grandparents and go to South Africa to seek employment. These children usually stay in dire circumstances where grandparents also struggle to survive* (P9).

Some children with disabilities live at centres for children with disabilities because their parents cannot afford to take care of them. Children are left at the institutional centres by their parents, who are too poor to raise a child with disability (Collins *et al.*, 2017). One of the participants mentioned that children were left at the police station so that the police could take them to the centre because it is hard to raise a child with disability in a country that is faced by many social problems and corruption. In such cases, parents do not leave their children at the residential centre because they do not love them, and several participants mentioned that parents care for their children. One participant lamented:

> *There are children who come to our centre clean with properly done hair styles and that is an indication that the child was loved and properly taken care of by their parents. It is only that parents do not have the means to take care of them* (P5)*.*

On the contrary, there are parents who leave their children at hospitals and at the police stations because they feel embarrassed that they have a disability. In such cases, they feel that the judgement society directs at people with disabilities will extend to them, and therefore rid themselves of the child. These findings coincide with literature (Adaka *et al.*, 2014; Cleaver *et al.*, 2018; Crowley, 2016; Goodley, 2017; Nelson *et al.*, 2016), which reports that parents of children with disabilities do not receive much support from other family members and society, instead facing discrimination to the extent that they end up living with depression. Some of those who feel bad about their children's disability resort to locking them in their homes so that no one would know that there is a child with a disability in the household. The practice of locking up children with disabilities has been revealed by the majority of participants interviewed to be one of the main concerns. This is a challenge because children do not get to be registered after birth and at other important sectors, such as Social Development, that could be beneficial to them. The following narrative indicates how participants were eager that children with disabilities should receive the same opportunities as other children.

> *We want these children to be let out of the house so that they can receive a <u>chance at better livelihoods like other children without disabilities.</u> How will we help them if we do not know of them? Parents are holding their children from accessing our services that may help them have better lives. We want to do the best we can for these children (*P4).

One of the participants reported that sometimes parents bring their children to them willingly and on agreement, because they find that there is no one to look after their child while they work or seek employment. However, the available employment opportunities do not generate enough income, as the following narrative indicates:

> *You may find that those businesses are of selling fruits and snacks on the streets of cleaning other people's houses. They do not get to work jobs that give them enough money (*P9).

This means that children with disabilities are often forced to remain in the care of others, which comes with its own set of challenges. It was reported by some of the participants that child abuse is rife in institutions. Therefore, it is important that children grow up in their homes where they are under the care of both parents. On the contrary institutionalisation, even though it is not ideal for children with disabilities, has saved many children with disabilities who had no place to go because they were abandoned as indicated in the following narrative:

> *Children with disabilities end up being put up for institutionalisation because their parents cannot cope with raising a child with disabilities* (P3).

For this reason, some participants argued that this is the best option for children with disabilities rather than abusing them to the point of death. However, the sad reality is that there are few institutional areas that take children with disabilities in Lesotho. This could be attributed to lack of funds (LNFOD, 2016).

It is clear from Theme 1 that children with disabilities in Lesotho often live in difficult circumstances, and that there is often a link between poverty and disability. Many times, children's caregiving is not up to standard due to several factors that will be covered more in Theme 3. Theme 2 will present the needs of children with disabilities.

6.3.2 Theme 2: Needs of children with physical disabilities

Children all over the world are vulnerable regardless of disability. Those that have disabilities have been proven to have more needs due to their impairments. The fact that many children with disabilities come from poverty-stricken families has contributed to their lack. Participants from both the public sector and the NGOs shared that the children that they render services to come from destitute families and dire living conditions, as was also indicated in Theme 1. They further pointed out that some children with severe disabilities are not aware of what is happening around them, which means that they cannot verbalise their needs and require sufficient care in order to lead a meaningful life (Shakespeare, 2018). Theme 2 is divided into three subthemes, namely the micro level, the meso level and the macro level.

6.3.2.1 Subtheme 2.1: Micro level

This section presents the needs of children with physical disabilities at micro level. These were divided into physiological needs and emotional needs.

Category 2.1.1: Physiological needs

After finding out that their child has disability, it can be overwhelming for parents to navigate through all the sectors that could provide their child with services, so much so that some end up giving up on accessing such services all together (Adams & Leshone, 2016; Ashford *et al.*, 2018; Francis, 2014; Monterio *et al.*, 2016; Shakespeare, 2018). Those that have enough money, mostly parents in developed countries, end up paying for services they need for their children themselves (Adams & Leshone, 2016; Batshaw *et al.*, 2019). Conversely, many parents from third world countries must persevere and try to navigate for themselves as much as possible because they do not have any other option. A number of participants indicated that social services are these families' only option to having a chance at improved life for their children, as indicated by the following narrative:

> *First and foremost, the presence of children with disabilities comes with <u>a lot of needs and expenses.</u> Their lives are very expensive, for instance, they need expensive devices to support them and provide them with mobility. Parents cannot afford those, and their food is very expensive because they need a certain diet. <u>These children will not survive without social services</u>* (P6).

Some of the participants mentioned that, because of poverty as was discussed in Theme 1, some parents find themselves only feeding their children porridge because it is the only meal their children are able to eat that they can afford. Eating one type of food only or lack of proper diet often results in children with physical disabilities being malnourished, as indicate below:

> *Some of the children come to our centre extremely frail due to not eating properly at home. Some families end up giving their children only porridge because their children have swallowing problems and porridge is the only food that they can afford. They do not have other means to ensure that the child gets other nutrients needed in the body* (P5).

Children with disabilities have always been known to be afflicted by poverty and to come from poor backgrounds. This is the case in Lesotho, where many people, as indicated in Chapter 2, are destitute and have no means of earning a living. Only a small number of people secure jobs in the public and private sector, while some have businesses and others embark on farming, which does not bring in much. The situation is worse when it comes to people with disabilities, because they often do not receive sufficient opportunities to earn a living (Leshota, 2013).

Children with disabilities in Lesotho have basic needs such as food, shelter, and proper infrastructure, as all other children have. It was reported by most of the participants that children with physical disabilities in Lesotho have so many needs that they sometimes do not know where to start when they help them, as displayed in the narrative below:

> *These children have got so many needs that in all honesty, our services do not do much to help them. Their situation is just too dire* (P9).

Participants at residential areas mentioned that children with physical disabilities who come to their facilities come with nothing, and it becomes the sole responsibility of the organisation to start from scratch to provide them with all their material and physical needs:

> *Mostly, these children come as they are with nothing. For example, there was one who was brought here recently by the police. I think he was given those clothes that he had on by the neighbours. Most of them don’t have clothes. These children come from families that are in need. You may find that parents abandon their children because of poverty* (P5).

It is significant that Participant 5 referred to the debilitating effect poverty has on vulnerable people such as families with children with disabilities. One of the Policy priority areas is to provide proper social welfare to people with disabilities so that they can sustain themselves and improve their livelihoods for the better. One of the strategies to reach this goal is through the provision of disability grants, which should be provided on the grounds of disability. However, all of the participants mentioned that, in Lesotho, the concept of a disability grant is non-existent. There is a grant that is provided to impoverished people, for which the criterion for receiving the funds is based on the level of destitution and not disability. Accordingly, few strategies developed by the government are aimed at aiding people with disabilities so that they can self-sustain. The main measure available for people with disabilities, which is vocational training, has not been as effective due to lack of resources and funding for them to establish their businesses after they received their training (Shakespeare, 2018).

Another need of children with physical disabilities is medical attention on a regular basis, and this can be costly to parents and caregivers who do not have an income. For instance, there are some with physical disabilities that need specialists such as physiotherapists on a regular basis, an expense people who are underprivileged can seldom afford (Barlindhaug *et al.*, 2016).

Moreover, due to barriers such as stigma, many children with physical disabilities are neglected in their homes. Children with severe physical disabilities might receive less care, which is a problem for those who are not able to bath or practice hygiene independently. These children are usually dirty, and their caregivers often do not bother to make sure that they have fresh smelling clothes all the time. One participant said the following:

> *The children are always surrounded by flies, and some end up dying because of lack of proper care. It is a challenge in Lesotho, where there are few residential facilities which take children with disabilities* (P7).

Authors (Adams & Leshone, 2016; Alayarian, 2015; Barclay, 2019; Batshaw *et al.*, 2019) assert that, in developed countries, there are several safety net options for children with disabilities. Residential care is one of the interventions available so that children with physical disabilities can have a home where they are properly taken care of in cases when their parents do not cope. This is a challenge in Lesotho, where residential care facilities do not receive enough funding to provide care to all the children under their care, as stated below:

> *Residential facilities are already struggling to make ends meet for children, so they cannot afford to buy essentials for all the children. There are parents who are poor to the point that they cannot contribute any essentials for the child. It makes no difference when we ask for essentials for their children* (P7).

Children need affection and care from their parents and families, even when they are in institutions. It is the right of every child to be loved and cared for by their families and their communities. Every child thrives on their parents' love and care. It has been proven that children that do not receive love and care from their parents and those around them struggle to develop in some areas in their lives (Shepherd *et al.*, 2017; Taheri *et al.*, 2017; Traustadottir *et al.*, 2015; Webb, 2019). Participants noted that there are some parents of children with disabilities who have neglected their children at residential centres. These are parents who would drop a child at the beginning of the year, but never bother to visit the child or fetch the child when the child is sick.

It was reported by several participants that there are parents who do not visit their children because they genuinely do not have transport money to go to the child's residence. On the contrary, some parents would not check up on their children because they do not care for their child due to their disability, as indicated by the following narrative:

> *There are parents who do not go to the facility even when they are told that their child is sick. They feel like their child is a burden which has been lifted off their shoulders. Children wish that their parents would come and see them, but they never come, and it is hard for the children that they hardly see their families* (P14).

A few participants even reported that parents would go to the extent of changing their numbers to make sure that they are not bothered with their children's issues, as indicated by the following narratives:

> *Parents bring their children with disabilities to school without clothes and uniform, and the school has to take responsibility to buy everything for them.*

> *They simply do not care; they ask why we needed uniforms in a facility where children will not be getting formal education and because children have disabilities* (*P11).*
>
> *There is this tendency that parents have towards children with disabilities. They do not show much support in activities that they do as they do in their other children without disabilities. Some parents, even if their child does not have severe disability, they do not bother to take them to school because they believe they are not capable of any good thing because of disability. That is why, even when it comes to providing for necessities such as school supplies, they do not feel the need to buy them because they have a secret feeling that their child will not amount to anything because of the disability. They feel like they are just wasting money* (P18).

Ashford *et al.* (2018) define this kind of neglect, where parents do not care to enrol their children with disabilities in school or offer any kind of support that is needed by the child, as educational abuse, which will be discussed under subtheme 2.2.

Category 2.1.2: Emotional needs

Children with disabilities are sometimes left out of their family activities because of institutionalisation. They do not get to attend family activities where they could get to know and bond with other members of their extended families. Their emotional needs are thus neglected. It is often the responsibility of the social worker to make sure that these children are integrated in their family activities and to ensure that the child does not lose touch with their families. It was reported by participants that families have the tendency of taking children with disabilities to residential institutions and never having any contact with them after. These findings coincide with literature (Runswick-Cole *et al.*, 2018; Wang & Singer, 2016), which reveals that children with disabilities are often neglected by their families when they are in institutional care.

Children with physical disabilities need psychosocial intervention on a regular basis. They may not understand why they have special needs and why they cannot do the things that their peers do. It is especially hard for them when they reach school going age, because sometimes they may be mocked by other children for being different or be called names. Intervention services rendered by social workers could help them come to terms with the fact that they are different from other children and that they may not be able to do some activities that other children can participate in with ease. In such circumstances, the social worker plays the role of comforter, the one who reassures the child that they can are still able to achieve their life dreams, even though they may be different from other children. Authors (Batshaw *et al.*, 2019; Cleaver *et al.*, 2018; Evans, 2015; Francis, 2014; Hepworth *et al.*, 2017) assert that children with disabilities may have depression and stress throughout their lives because they are constantly reminded that they are different. Again, social workers could play an important role to support these children, as will be discussed in themes 4, 5 and 6.

Children with disabilities need to be motivated so that they know that, even though society might label them or discriminate against them, they can achieve their dreams despite of their disabilities. There are some children with low self-esteem, who do not believe that they are worthy of anything because they have a disability (Adams & Leshone, 2016; Barclay, 2019; Bøttcher & Dammeyer, 2016). They do not try to socialise with other children, and they do not attempt to go to school. However, if they are counselled, they can be helped to change their perspective on disability. It was reported by participants that disability is a barrier towards children with disabilities doing well in their lives, because once they have disabilities even if it is not severe, they do not go anywhere in life. This could probably be rooted in the fact that they do not believe in themselves because of their disability and because those that are around them do not believe in them.

As it is important for children with disabilities to receive care and counselling, their siblings should also be cared for, because they were reported to be affected in many areas in their lives because their sibling has disability. They are neglected by their parents in most cases. Therefore, they may feel as if their parents do not love them enough. They may need intervention services for the fact that their lives change when there is a sibling with a disability. Further, because of the extensive care needs that come with disability, they may be assigned roles that may be exhaustive and beyond their capabilities. One participant noted that both parents and the child with a disability need intervention services:

> *<u>Families of children with disabilities need a lot of counselling sessions and a lot of home visits</u> because, as much as we are trying, there are some that we*

> *cannot reach because of lack of resources. You may find that there is a case that has been reported for a while and that the parent cannot reach to the district office or at the council where an auxiliary is present. You may also find that it is a challenge for an officer to reach far places to address psychological and emotional difficulties that a parent or child may have, so they stay there with their problems. They need services like counselling but hey, it is hard here in Lesotho* (P16).

It is significant that Participant 16 indicated how difficult interventions services are in Lesotho. The lack of resources (Chitereka, 2010) were again indicated as a huge challenge that will be further discussed in Theme 5. The ecological perspective posits that, for children to be helped fully, they should be helped in their own environment. However, it is a challenge to provide services if there are no means of reaching the children in their own homes and in their own communities (Zastrow, 2017). One of the participants noted the following regarding the lack of resource and funds:

> *There are cases of children with disabilities that end up being neglected because there are no funds for children's parents to go to towns to seek help, and similarly, there are no funds for social workers to go to the villages to provide service* (P8).

Consequently, it is important that the whole family receives intervention services from social workers so that each family member knows how best to live with a family member with a disability. Secondly, the whole family needs social work intervention because they endure stigmatisation from society as a result of living with a person with a disability. Intervention services may be needed to assist the family in knowing what their different roles are, so that they can work together as a family and live in harmony. All participants concluded that parents of children with disabilities need social work intervention to address the psychosocial needs of children with disabilities and their families (Thwala *et al.*, 2015).

6.3.2.2 Subtheme 2.2: Meso level

On the meso level, children with physical disabilities could have social and educational needs, which will subsequently be discussed.

Category 2.2.1: Social needs

Children with physical disabilities have social needs like any other children without disabilities. Children enjoy socialising and playing with other children. However, it is difficult for some children to enjoy time outdoors with other children because their caregivers lock them inside their houses. This happens because of parents' insecurities. They feel as if their children will be mocked when they play outside with other children because of their disability. One participant lamented:

> *It starts with parents; some parents lock their children indoors so much that some community members may not even know that there is a child in that household* (P3).

This shows that negative attitudes are not necessarily from community members only, but parents of children with disabilities are the ones who might discriminate against their children with disabilities by locking them indoors. One of the participants also noted the following regarding parents' lack of efforts regarding the socialisation of their children with disabilities:

> *Some children with disabilities form relationships only when they are at school and not at home for the same reason that their parents do not allow them to go out and socialise with other children* (P11).

Furthermore, some participants reported that, when they go for random home visits, they find children with disabilities locked in their homes and sometimes on their own with no supervision. Literature (Crowley, 2016; Elphick *et al.*, 2014) views this as a form of child abuse, as indicated below:

> *This is dangerous and risky for children with disabilities that get locked indoors because, they may get sexually abused or they may get injured trying to do certain activities themselves. This is one form of abuse that children with disabilities endure* (P2).

Participation is one of the priority areas mentioned in the disability policy (Ministry of Health and Social Welfare, 2011) that children with disabilities need to engage with other members in their communities. However, it has been a challenge for children with disabilities to participate in society in almost all activities. This is because often everything is done for them, and they are not allowed to voice their opinions. The following narrative indicates how important it is that children with disabilities should have opportunities to participate:

> *If ever they try to talk, people laugh, and they turn them into mockery. Therefore, even if they have valuable opinions no one listens to them. We need to give children a platform to participate* (P3).

Further, it was reported that children with disabilities can form relationships with their peers, and that it is often parents who may prevent their children with disabilities from playing with their peers because they feel like other children might hurt their children. Several participants reported that there are some parents who have prevented their children from playing with a child with disability:

> *There was a case of a parent of a child with disability who reported that her neighbour's child without disability was playing well with her child until all of a sudden, the neighbour's child started calling the child with disability a labelling name (sekoa) which she said she was told by her mother who told her to stop playing with the child* (P16).

The above narrative indicates that there are some parents who still have negative perceptions on disability. Social workers could play a valuable role in educating communities so that people without disability can have a positive perception of disability (Hepworth *et al.*, 2017).

On a more positive note, one of the impacts of the disability policy since it was developed is that it changed how people with disabilities are addressed and the language that is used to refer to them (Ministry of Health and Social Welfare, 2011). However, there is still a long way to go regarding treating people with disabilities with dignity, as several participants reported that many people are still ignorant on how to address people with disabilities the right way. Since the policy was developed, there has been emphasis by social service professionals on the usage of names that are degrading to people with disabilities that could hamper their social interaction:

> *With the available policy we now know how to treat people with disabilities in a respectful way. It's unlawful to treat a person with disabilities anyhow. When I*

> *grew up, we used to call a person who cannot walk seritsa (paraplegic) and a person who cannot talk semumu (a mute person). It was like that. But now available policies guide us, they teach us on how to help people with disabilities and not call them mean names* (FG1, P2).

The findings concur with authors (Cleaver *et al.*, 2018; Rugoho & Maphosa, 2017; Shakespeare, 2018; Shepherd *et al.*, 2017) who point out that there are concerns around the name calling of people with disabilities, as people tend to look at a person's appearance before anything else and then decide to describe them based on their medical impairment. This labels children with disabilities in negative ways according things that they cannot do, and no one wants to be referred to by their disadvantages or limitations (Adams & Leshone, 2016; Barclay, 2019; Cleaver *et al.*, 2018; Crowley, 2016; Shakespeare, 2018). Calling children by their limitations damages their self-confidence and ability to interact with other children and members of the community.

It was reported by several authors (Taheri *et al.*, 2017; Traustadottir *et al.*, 2015; Westwood, 2021; Zuurmond *et al.*, 2016) that children with disabilities need social relationships with their peers. Several participants indicated that usually children do not have a problem with their peers with a disability, as indicated by the narrative below:

> *I have seen that their peers do not have a problem with them. We have formed a football club of children with disabilities in the school. We regularly play with another team of children in the village without disabilities. Those children without disabilities do not look down upon those with disabilities, they treat them equally as their peers. In fact, when those with disabilities want to cheat through playing a disability card, they do not let them* (P11).

Participants reported that some children without a disability initiate play visits, and some help their peers with disabilities with backpacks. Some would also assist their peers using wheelchairs to move around the school premises. Children need to form these social relationships so that they can learn and engage with others in childhood activities. Being accepted by their peers helps to boost their self-esteem and it provides them with a sense of belonging, which is a need for every individual (Barclay, 2019).

On the contrary, it was reported by some participants that some children may isolate themselves because of disability. Reasons for this included that they do not know how to communicate, or they feel that they cannot keep up with other children's activities because of disability:

> *I would not say that they are isolated by other children in the playground. However, <u>I have noticed that other children may not want to be part of play activities with other children because they cannot keep up</u> because of their impairments* (P10).

Participants also mentioned that there are cases of children who do not go to the playground to play with other children, or may not want to go to school because of their peers calling them labelling names or being horrid to them because of their impairments:

> *Children without disabilities are <u>sometimes mean</u> to children with disabilities. For example, at the playground, there are children who would remind children with disabilities that they are in grade 3 with small children yet they are 18 years* (P19).

Statements such the example indicated by participant 19 are made as jokes by children without disabilities. As a result, it becomes humiliating and challenging for children with disabilities and their parents to the point that they end up giving up on going to school or socialising with other children in the playground. Similarly, authors (Batshaw *et al.*, 2019; Crowley, 2016; Runswick-Cole, *et al.*, 2018; Shakespeare, 2018) confirm that there are parents that do not welcome children with disabilities in their homes for playdates because they do not like their child interacting with a child with disability.

Literature (Ashford *et al.*, 2018; Crowley, 2016; Shakespeare, 2018) points out that children with physical disabilities often receive negative stares when they are in the public socialising. However, many participants mentioned that the society in Lesotho has been changing in this regard. Some mentioned that society members have come to understand that children with disabilities deserve a fair chance at interaction with other individuals. An indication of this is that it was reported by a number of participants that it is only a few community members that stare children with disabilities in a discriminating way.

One of the benefits of socialisation is that it improves children's social skills. Children learn from interacting with other people. Locking children with disabilities indoors and preventing them from socialising with other people prevents them from learning. There are children whose disability improved from exposure to the outside world through socialisation. For instance, one participant expressed the issue this way:

> *What I have noticed is that in the villages, those children with cerebral palsy, their parents only give them liquids, meaning that he has been taking a bottle only. They don't come up with a plan to ensure that a child eats other types of foods. There was a case of a child who arrived at the centre extremely malnourished. He was very thin and did not want to try out food at all, then the caregivers fixed him a soft meal and he tried to eat it, but it was too hard for him to the point that he had blood after swallowing. <u>However, there are parents who try different ways so that their child can eat. There was one parent who brought a blender and showed caregivers how they should prepare hard meals like pap in a blender for the child</u>* (P5).

This shows that children can learn new things and improve in their lives from socialising with new people. Socialisation is not only beneficial to children with disabilities, but also their parents, who can benefit from meeting other parents or caregivers who look after children with disabilities, as indicated by the narrative above. They can learn ways in which they can take care of their children better and they can pass on tips and skills regarding how to take care of children with disabilities. They can share information amongst themselves on services and where to access which services. These findings correspond with those of authors (Nelson *et al.*, 2016; Puig & Recchia, 2021; Runswick-Cole *et al.*, 2018; Shepherd *et al.*, 2017) who report that parents feel better when they have met other parents of children with disabilities, since they can go through the journey and learn together.

Discrimination, which is one of the main factors that prevents children with physical disabilities from socialising, was reported to not be as severe as it used to be in villages. There has been some improvement on the way children with disabilities are treated in the villages. Change is coming slowly as indicated below:

> *There used to be a lot of discrimination in the past. However, the situation has improved in the modern times. The issue of stigmatisation and discrimination is more prevalent in the rural areas. It has become a lot much better in the urban areas* (P12).
>
> *There used to be challenges in stigmatisation and discrimination but with our public forums, the situation is improving* (P15).

It is possible that people have come to accept or gain knowledge on disability. Those individuals that still discriminate against people with disabilities could be doing so due to lack of education on disability. The reason discrimination is not as severe as before in the urban areas as compared to the rural areas could be that awareness campaigns on disability are mostly done in urban areas as compared to the rural areas that are far to reach (Morley *et al.*, 2019).

Category 2.2.2: Educational needs

Education is one of every child's basic human needs. Every child needs to prosper and achieve their potential, and it is at school where children's skills are sharpened and where they learn basic life skills such as socialising with their peers and teachers. It has been noted in Chapter 2 that there is a high number of children with physical disabilities that do not get access to education. It could sometimes be because of their parents, who are reluctant to let them go to school because of fear of their children being ridiculed by teachers and students (Cleaver *et al.*, 2018).

Children with physical disabilities often cannot engage in activities like their peers because they must attend regular check-ups and appointments with different professionals. This means that they end up missing out on childhood activities and leaning at school becomes a complication because they are always absent. This also results in them missing out on forming friendships with other children because they have less time to do so. In this way children with disabilities frequently end up being lonely (Rothman, 2018; Shakespeare, 2018).

Most of the participants indicated that, even though by law every child with disability is welcome at mainstream schools, schools do not accept children with disabilities. Schools for children with disabilities in general are few, and those that exist have a low intake capacity. Participants pointed out that there are no such schools in the southern part of Lesotho, which includes Mafeteng, Mohale's Hoek, Quthing and Qacha's Nek, as indicated below:

> *Schools that we take them to are very few. Most of that very few are not schools but homes where they can stay so that some can attend nearby schools. Some are just vocational schools. There is Thuso e tla tsoa kae in Botha Bothe, Pitseng there is one, there is Kananelo in Ty, St Paul in Leribe, St Benaderd for those with Physical disabilities and St Angela, which are both in Maseru* (FG2, P5).

Furthermore, schools do not always have the necessary infrastructure to accommodate children with disabilities. Authors (Bright & Kuper, 2018) indicate that children with disabilities face challenges getting to school and moving around schools because of poor infrastructure, as also indicated in the narrative below:

> *Mainstream schools do not have special education teachers who can accommodate children with physical disabilities. For example, children who are deaf may not go to school altogether because they will not be able to hear lessons at school. There is need for teachers who specialise in special education. However, special education has been stopped. It was a good initiative that would include children with physical disabilities in schools so that they are afforded a chance to learn as well. It was one of the good initiatives by government geared at improving the lives of children with disabilities. I honestly do not understand why an initiative as good as that would get stopped* (FG1, P4).

Education is also one of the main aspects highlighted in the disability policy. The policy states that children with disabilities should be allowed to attend mainstream schools. However, social workers who responded on the issue indicated that it was a challenge to get a child with disabilities to mainstream schools (Ministry of Health and Social Welfare, 2011). Even though schools are supposed to include children with disabilities, some teachers do not believe that students with disabilities belong in mainstream schools. For this reason, they do not accept children with disabilities at mainstream schools, as can be seen according to the following narratives:

> *Many children that have disability, even if you go to ask for them to get accepted at a school, like you know that currently the government of Lesotho is advocating for inclusive education, even if in the capacity of a social worker you ask their parents to go and find the nearest school for them, teachers still do not understand, more especially primary school teachers. Once a child has disability, especially a physical disability, maybe that child uses crutches, they return him/her. They say that a social worker should find a school for them with special schools. <u>They do not understand the concept of inclusive education</u>, so their education is being compromised* (P1).
>
> *Yes, at the moment, the ministry of education just passed the inclusive education policy but there is still a challenge in that as much as the policy has been passed, <u>teachers at school do not have special education skills. They do not know how a child with autism for instance can be helped. Like you know that such a child is very hyperactive, so they end up returning such child because they are not well skilled.</u> Teachers in general do not have such skills to work with children with disabilities. There was a programme of special education that was done at National Teachers Training Collage which is now known as Lesotho College of Education. For some reason, the ministry of education, if it was the ministry of education, stopped it and I do not know why. We thought we would see the light when there was such a programme, but currently people are not being enrolled in the programme anymore* (P12).

This means that children with physical disabilities are still excluded at mainstream schools, and this denies them their right to education. Inclusive education was a great initiative to include children with physical disabilities in mainstream schools. However, it will be impossible if there is a lack of teachers that have skills in special education (Engelbrecht & Green, 2018).

There are children with physical disabilities who do not get to complete their mainstream education because of their disability. After graduation, those in vocational school are not able to start their businesses since there is not enough money to fund them. There is a program that the government has started that provides people with disabilities funds to start their businesses after they complete vocational school. However, only a few candidates get the funds because they are scarce (LNFOD, 2016). The list of candidates that should benefit from the initiative is high because it comprises of every individual with disabilities who has completed vocational school. Therefore, if the candidates with disabilities do not have funds for their business, they will wait on the list for years, as indicated in the following narrative:

> *They have needs like everybody else, but it is a challenge because the list of those who will get funds for their businesses is very long. The government is still busy helping people in previous years. They are poor, they have no options to earn a living* (P12).

It was reported by a significant number of participants that there are few children with disabilities that complete their education. For those that do, it is hard to secure employment when they finish school. Employers prefer people without disabilities, because they assume that people with disabilities will be a burden, or an extra expense, as displayed below:

> *There are some employers who believe that people with disabilities are not as 'fast enough' as those without disabilities. They cannot reach work or make it to the work premises, and they are not as intelligent as those without disabilities. They believe that people with disabilities come with numerous limitations* (P14).
>
> *There are already high rates of unemployment in Lesotho, so whenever an opportunity comes, those without disabilities are first in line to be considered. Sometimes even at universities, children with disabilities find it hard to study because they are not always accommodated* (P2).

Further, inclusive education is not always inclusive of children with disabilities, because teachers do not know how it is supposed to work. They have not been trained in that field and they lack skills and knowledge of inclusive education. It is not ideal for children with physical disabilities to go to schools where teachers have not been trained to accommodate their needs. Likewise, it is hard for teachers who have not been trained to conduct their lessons with children with disabilities, since they do not know how to accommodate them (Engelbrecht & Green, 2018; Iriarte *et al.*, 2016). For this reason, children with disabilities end up suffering, failing and being left behind because teachers do not know how to include them in their lessons. It is in situations like these where children with disabilities are often abused.

Children with disabilities usually need study support materials to succeed at school. The disability policy has wonderful strategies outlined for integration of children with physical disabilities in attaining education. Some of the strategies include ensuring access of study materials to children with disabilities and their teachers. Study materials that children need include computer software, hearing aids, braille and sign language at primary, secondary and tertiary level (Ministry of Health and Social Welfare, 2011). The policy further aims to provide assistive devices and technology to students that are in need.

These resources would have been a great help to children with physical disabilities. However, such services are scarce. One of the participants interviewed articulated that some students come to school with the expectation that they will get assistive devices, but such services are not available at the facility:

> *Children need assistive devices to participate at school. We do not offer any assistive devices at the organisation and when their assistive devices get broken, they have to go back to their homes and apply for new ones at their district Social Development offices and most of the time it takes years before they can get them* (P12).

This is an indication that a child could be left at home without an education because of assistive devices, even though the policy states that children should be provided with assistive devices and technology so that they can access to education and take part in social activities. All participants interviewed indicated that Lesotho is truly lacking when it comes to assistive devices, which are a basic need for many children with disabilities. Without them, that they cannot participate in activities that take place in their communities.

Disability policy expresses the need for prioritising movement of people with disabilities in environments (Ministry of Health and Social Welfare, 2011). However, some children end up being stuck in their own homes because they do not have assistive devices. Many of them may be willing to go to school, but because of lack of assistive devices, they are not able to attend school. The same goes for medical check-ups and regular meetings with a social worker. Children cannot go anywhere because of lack of assistive devices; therefore, they end up not benefiting from the policy that states that children should have access to social services, as indicated in the narrative below:

> *It is very embarrassing when you open a door of your office, you find a child being carried in by their caregivers because they have not received a wheelchair that you have promised them many years ago. Some even grow up without having gotten their assistive device and then end up having to go to the same process of being referred to the physiotherapist once again for assessment and being fitted again for a new device* (P18).

One participant that works at a residential facility indicated that her organisation does not provide children with assistive devices, and if it happens that the assistive devices that the children have break, those children will be stuck in their rooms because there is nothing that can be done.

On the same topic, several participants indicated that children that end up getting assistive devices use them up until they are frail and in conditions of no use. Furthermore, some participants mentioned that there are children who use the same assistive device for years and end up outgrowing it, as noted below:

> *They are mostly using wheelchairs. They get broken frequently and to replace them or fix them is a challenge. Mobility is a challenge … There is a gravel road, and it is hard for them to move around in those places. Their wheelchairs and crutches get broken a lot because the road that they use to get to school is gravel* (P11).

In addition to assistive devices, children with physical disabilities often need special schools. There are few special schools for children with disabilities in Lesotho. One other way in which the disability policy could be implemented on providing educational opportunities to children with disabilities is through building more schools for children with disabilities. There are less than 5 schools of this nature in the country, and of the

5, the majority are not schools but residential facilities. There is only one vocational school where children with disabilities go to learn vocational work, and there is one residential facility that accommodates children with severe physical disabilities within the five facilities listed.

It is thus clear that children with disabilities in Lesotho face several educational needs, as was indicated. Closely related to educational needs are transport needs, which will be presented next.

6.3.2.3 Subtheme 2.3: Macro level

Needs of children with physical disabilities are further divided into macro level needs. This section presents needs of children with physical disabilities at a macro level. They were further categorised into transport and access to movement needs as well as cultural needs.

Category 2.3.1: Transport and access to movement

Accessible transport is one of the main needs of children with physical disabilities. However, many of them are from indigent families that cannot afford transport. Their families do not have private cars to take them to access social services and they do not have money to pay for the most common mode of public transport, namely taxis. Disability policy, which is aimed at making transport modes accessible for people with disabilities, has not had an impact on this matter because public transport is still not accessible to children with disabilities. It is a challenge for some of the children to move from their houses to designated public transport stops.

On the same topic, more than half of the participants who were interviewed responded that one of the constraints that hinder children with physical disabilities from accessing services is transport, as is apparent from the following narrative:

> *Sometimes children's families do not come to collect their children's essentials (milk and diapers) because of lack of money for transport, and there is nothing I can do about it because I also do not have transport. There is only one car that is allocated to us as the department and that car must rotate between 22 of us. When I need to use it, it is always out with someone else* (P8).

As the above narrative also indicates, lack of transport hinders social workers from carrying carry out duties such as performing home assessments or regular check-ups with their clients in their homes. The difficulty of transporting some children with physical disabilities in such context, where safe and reliable transport is limited, was also mentioned, as can be seen below:

> *In extreme cases, children must be carried on wheelbarrows while those who stay in the mountains must be carried on donkey's back. It is a lot of hassle to move children with disabilities from one place to another* (FG1, P1).

Shakespeare (2018) argues that transport in some countries such as Brazil, Spain, India, China, and the United Kingdom has been made accessible for people with disabilities in a way that there are ramps at the entrance of the buses where wheelchair users move through to get into the bus. The disability policy of Lesotho aims to make transport accessible to all people with disabilities (Ministry of Health and Social Welfare, 2011), but for a person with a disability to use public transport, they would have to have an escort who will carry them aboard buses. Similarly, they would need somebody who will communicate messages to them, because there are no messages written across transport modes and no verbal announcements for those that cannot see.

It can be easy for people with disabilities to miss their travel destinations due to lack of communication measures that they understand. Literature (Barlindhaug *et al.*, 2016; Cleaver *et al.*, 2018; Ross *et al.*, 2019; Shepherd *et al.*, 2017) reveals that transport is crucial for children with disabilities in all aspects of their lives because it grants them access to various services that they need. Therefore, some of the social workers mentioned that disability issues are cross cutting, since it is not dependent on one department where social workers work to make the lives of people with disabilities easier, but on many different departments. Therefore, departments should not make disability an issue of concern for Social Development only but should also be reactive to the issues that concern people with disabilities.

Regarding the issue of lack of transport, one of the participants mentioned that some children with disabilities are further debilitated because they do not have means of traveling to the cities. Their families are impoverished, and they do not have any other source of income:

> *I have got a terrible headache now as I speak to you. There is a child that must go to Maseru on Monday to get referred to Bloemfontein in South Africa for medical procedure because her disability was detected at an early stage and there is a chance that the operation to be done could save her from disability. My problem is that the parents do not have money for passport application fees and transport to go the capital city (Maseru) so that they can get an ambulance to Bloemfontein in South Africa. There used to be ambulances that were free that would carry them to the capital city, but that ambulance service has been stopped and it is a challenge for my clients to travel to the city. I do not know what to do and at the same time I cannot take money from my pockets to give them* (P14).

A narrative such as the one above is an example of one of the uttermost tragic situations that parents are faced with due to destitution (Runswick-Cole *et al.*, 2018). Additionally, this poses as an ethical dilemma for social workers because it is unethical for them to take money from their pockets all the time to give to parents so that children can have access to essential services (Morley *et al.*, 2019).

Another transport issue children with disabilities are faced with in Lesotho involves the terrain, which makes it impossible for wheelchair users to move around. Often, children that get wheelchairs rarely use them because the areas where they stay are not level for wheelchairs to be used. Accordingly, a participant states:

> *They have a challenge of roads and infrastructure in their villages. They have steps at the doorposts, which prevent them from getting in and out of the house. We may give them wheelchairs, but they will not have much to do with them because of poor buildings and roads. They live in places where there are dongas and rough terrains. You may help their families to fix their buildings and yards to accommodate such children, but to go to services it will be a challenge because of hills and cliffs* (P3).

Transport is thus a huge concern, and several participants mentioned that they have many service users that are from rural areas, where accessibility poses several obstacles in service rendering (Adams & Leshone, 2016).

Participants pointed out that educational and recreational trips are some of activities that children with physical disabilities may need. However, they may not have a chance to take part in such activities due to inaccessible transport or accommodation. Therefore, they are often left out on recreational activities that their schools take part in. For example, there are sports trips on special days such as Moshoeshoe's day, where children from different schools meet up at one school to celebrate Moshoeshoe through sports. It is often a struggle for children with disabilities to take part in such activities because the transport available or the terrain where the events take place fail to accommodate them. One participant indicated environmental hindrances that correlates with the ecological perspective and stressors in the environment, as was discussed in Chapter 3:

> *There are children who may wish to take part in sports activities but are not able to because the <u>environment restricts them</u>* (P12)*.*

Authors (Adams & Leshone, 2016; Batshaw *et al.*, 2019; Shakespeare, 2018) argue that lives of children with physical disabilities should involve more than regular medical check-ups. It is true that medical attention is important for them, but children should be able to participate in fun activities as well.

Some children with disabilities may be rejected at mainstream schools because the environment does not cater to their needs. One of the participants stated the following:

> *The policy states that children with disabilities should not be discriminated in any form and should be allowed to get education. <u>However, schools do not have proper facilities.</u> They are not equipped to accommodate children with physical disabilities. For instance, there are no ramps where children using wheelchairs can move about* (P6).

This does not apply to the department of education only. There are many government offices that do not cater to the needs of children with physical disabilities. Some of the social workers indicated that the offices that they work at are not accessible to children with physical disabilities because they do not have ramps and other supportive structures for children with physical disabilities, as expressed below:

> *It is a challenge that we are advocators of change for people with disabilities, but our offices are not properly designed to accommodate children with physical disabilities. Change has to start at our offices. I cannot expect children with physical disabilities to be carried into my office even when they have wheelchairs, and I cannot be expected to have my sessions with them outside either because the environment is stopping them from accessing my office* (P18).

The environment is one of the obstacles that prevent children with physical disabilities from participating in activities and it still plays a big role in excluding children with disabilities from attaining education, as was indicated in Chapter 4.

Category 2.3.2 Cultural needs

Culture is part of one's identity and it promotes a sense of belonging for individuals. This aspect of culture will be discussed more in detail in Categories 5.8 and 6.8. Children with physical disabilities, who are often isolated, need to be allowed to participate in cultural practices that may benefit them. However, when it comes to disability, there are cultural practices that have been negative for children with physical disabilities. There are some people in the communities who still associate disability to witchcraft. They believe that a person who has a child with disability has been bewitched (Watermeyer *et al.*, 2019). Some participants observed that disability is linked to not complying to cultural practices, as displayed in the narrative below:

> *There are people in the communities who believe that a child's disability is caused by the parents not obeying cultural practices* (FG1, P4).

In some cases, children with disabilities have been excluded from some cultural practices because of their disability. For instance, in Lesotho, there is a cultural practice of cutting family members' hair when their loved one has died. One participant revealed the following:

> *There was a case of a child who was denied cutting his hair for his mother's passing because family members felt that it was not that significant for him because he had a disability* (P5).

Actions like these undermine children with disabilities as human beings and prove that children with disabilities are often taken for granted by those that are around them. There are children with disabilities who can express themselves but are excluded in issues that affect their lives. Decisions are frequently made for them. It is the child's right to perform cultural practices that are important to him (Teater, 2014). The next theme, closely related to theme 2, will present challenges that families of children with physical disabilities often face.

6.3.3 Theme 3: Challenges experienced by families of children with physical disabilities

Participants reported numerous challenges that children with disabilities and their family members go through. The majority of the challenges that they have are rooted in the fact that children and their family members are impoverished. Theme 3 is divided into two subthemes. The first subtheme examines challenges that parents and caregivers of children with physical disabilities might have, and the second subtheme provides a discussion on the challenges that their siblings could experience.

6.3.3.1 Subtheme 3.1: Challenges experienced by parents and caregivers of children with physical disabilities

It was reported that parents of children with disabilities would often prioritise educational needs of their children without disabilities. This is mostly the case where the family does not have enough money to send all of their children to school and thus face financial challenges. There are children with less severe disabilities whom, if given a chance, could attain an education and go on to be successful and independent. Commenting on the issue, one of the participants said:

> *Parents of children with disabilities do not want to give their children a chance to go to school even when they have a chance to succeed. They will not want to get involved in anything that has to do with their child's education. We try to encourage parents to find ways to motivate their children and work with us so*

> *that children get the best opportunities to improve their lives and gain skills and confidence to pave the way for them for an independent future* (P6).

All children, regardless of disability, should be given a chance to improve, learn and grow. Keeping children with disabilities isolated deprives them of the chance to learn. Therefore, parents and caregivers should be encouraged to let their children with disabilities to go out more and engage in activities with other children as much as possible. Scholars (Batshaw *et al.*, 2019; Bøttcher & Dammeyer, 2016) argue that there are children who are delayed in certain activities and skills because they are locked up and not given the chance to be around other individuals to learn. Social workers could play an important role in conveying to parents that their child with a disability has the right to receive an education.

Many participants pointed out that there are parents who pity their children and become protective over them to the extent that even when their children grow up, they cannot do anything for themselves because parents see them as people who need to be helped and who cannot perform any activities on their own. These parents experience challenges in allowing their children the freedom to explore the outside world. In this regard, one of the participants reported:

> *It is worrying when a parent cannot give a child a chance to do things for himself so that if a parent dies, a child can be able to do things on their own. Parents spoil their children. They do everything for them and do not allow them to be independent. You will find that even in cases where a child does not have a severe disability, parents do not care to find a school for that child. They keep that child at home even when that child has a potential to do well academically. In such cases a parent does not consult us as social workers. You would find that it's neighbours who are always concerned about children with a potential staying at home. Parents just stay in their homes with their children and shield them* (P8).

This could be attributed to the fact that parents frequently feel overwhelmed when raising a child with disability, as was discussed in Chapter 4. They try their best to make the world comfortable for their children, and thereby end up costing their children the opportunity to explore and learn by themselves. Service providers such as social workers could assist these parents in order to allow their children to reach their full potential (Morley *et al.,* 2019).

It was further reported that parents of children with disabilities experience challenges because of the scarcity of schools for children with disabilities. The schools available for their children are situated in one region and this means that parents do not get to stay with their children. It is not easy for parents to stay far away from their children because children that have physical disabilities need to be close to their families. It was further reported that some parents cannot afford transport fares to visit their children at their schools. One of the participants reported:

> *It is a challenge for parents to part with their children with special needs when they have to go to a school far because they feel like they always have to be there for their children and <u>protect</u> them. Parents are the <u>support structure</u> for their children who may get discriminated or isolated because of their disability. It is likewise hard for children to part with their support structure, which is their parents* (P6).

Participants reported that a child with a physical disability requires a caretaker that is hands on and always present. Parents and caregivers struggle to find nannies to watch over their children when at work or while trying to find jobs. Despite the need, it is an expense they often cannot afford. In some cases, they find a helper who does not last, in which case they end up leaving their jobs so that they can look after their child. One of the participants articulated:

> *Children do not really have challenges, but their caregivers have it hard. Raising a child with disabilities is very stressful. I feel it as a service provider. Parents cannot attend to their work or chores. Their domestic workers quit frequently. They take up to 6 months at most* (P8).

The findings concur with authors (Blanck & Flynn, 2017; Wang & Singer, 2016) who report that families of children with disabilities are often in economic stress because parents have to let go of their jobs so that they can stay at home and take care of their children full time.

6.3.3.2 Subtheme 3.2: Challenges experienced by siblings of children with physical disabilities

It was reported by one of the participants that younger siblings are forced to watch over their disabled siblings when parents must go out to look for piece jobs. This is a major responsibility for children, who are supposed to be going to school or playing with their peers. Siblings are also affected in the sense that their relationship with their parents is compromised because the child with disability requires the parents' full time attention. The struggles of siblings were articulated by one of the participants in this way:

> *Caregivers of children with disabilities do not last, so you may find that when parents have to go out, <u>they leave children with disabilities with younger siblings</u> because they have no choice but to go out for errands* (P6)*.*

Social workers need to work with parents to ensure that siblings without disabilities are not neglected and that they receive the proper care that they need as children. There are children who may not perform well at school because they cannot find time to do their schoolwork, or because they must skip school to look after their sibling with a disability or help in the house. In such cases, it is important that social workers work with parents to ensure that the rights of the nondisabled child are not violated. Social workers must ensure that siblings of children with disabilities receive all the help that they need so that their lives are not compromised.

Scholars (Alsem *et al.*, 2013; Barlindhaug *et al.*, 2016; Crowley, 2016; Malatji & Ndebele, 2018; Marini *et al.*, 2018; Rimmerman, 2015) concur that siblings of children with disabilities do not receive enough attention from their parents. Therefore, they have to learn to do certain activities themselves. While some are reported to be lonely because they do not have a relationship with their families, since their parents are always busy with medical check-ups and caring for children with disabilities. It was further reported that some siblings may have feelings of jealousy because the sibling with disabilities is the centre of attention.

6.4.3 Theme 4: Social work services provided to children with physical disabilities

This section discusses different social work services that are provided to children with physical disabilities in Lesotho. It explores services that children with physical disabilities receive at the government sector as well as at NGOs. Children with physical disabilities need social services to develop and thrive in their lives. They have frequently been victims of exclusion and discrimination in terms of accessing basic life needs. Therefore, there is a need for social work service intervention (Engelbrecht & Green, 2018). The overall goal of social work intervention in the lives of children with physical disabilities is to rehabilitate them so that they can be independent members of society who have full access in societal activities (Runswick-Cole et al., 2018).

An important aspect of service provision to children with physical disabilities and their families is that they should be aware that there are such services and how to get such services. It was indicated by all participants that there are many children with physical disabilities and their families who do not know that there are social work services available to help them. Participants further mentioned that it is mostly families of children with disabilities who live in the rural areas who are not aware of their offices and the services that they provide. People who live in the urban areas are mostly the ones that go to social workers' offices to seek services for their children, because they know that there are such services offered, while those that live on the outskirts of towns go to social workers' offices because they have been referred by the neighbour or anyone that knows that there are such services available.

Social auxiliary workers and chiefs at the villages play an important role in making people aware of social workers' services. Placing social auxiliary workers at villages is a great initiative to bring services and information to the people in the villages. However, the initiative is only found in few places in certain districts. Two of the participants from NGOs reported that they use radio as a form of spreading awareness about their services to people in the communities. However, certain radio stations that are affordable for advertising slots are only accessible at lowlands areas. The majority of the high land areas do not get access to radio stations, whereas many residents in the few that do cannot afford radios.

Similarly, a significant number of people in Lesotho are not aware of NGOs that provide social work services to children with physical disabilities. This could be attributed to the fact that there are hardly any organisations that provide children with disabilities with social work services. Further, NGOs are placed mostly in the urban areas. These organisations can serve only a limited number of service users set by donors. Therefore, they cannot advertise their services to every individual and their services are focused on selected areas only. Even though social workers at NGOs do not have a lot of funds, they are mostly able to reach out to the population in rural communities. They are thus able to refer children with physical disabilities to Social Development, as expressed in the narrative below:

> *My organisations' main work is to reach out to children with physical disabilities to refer them to social workers at Social Development because they have better funding as compared to NGOs* (FG1, P1).

Every child with disabilities in Lesotho is eligible for social work services from both the public sector and NGOs. Children's services are provided to every individual from age 0 to 18 years. However, even though every child is eligible for disability services, not every child receives grant money. It is only given to children who are from penurious backgrounds. Since 99.9% of children with disabilities in Lesotho are reported to be from destitute families, NGOs provide services to all of them indiscriminately. However, at the public sector, children with disabilities are provided social work service depending on the severity of their family's poverty.

To qualify for social services at Social Development, children should be from families where both parents do not earn an income, and where neither of them have any asserts such as farms or animals. They should be extremely needy to the point that, if no help is given, they would sleep on empty stomachs. This issue is articulated clearly in the narrative below:

> *We use an assessment tool where we look into children family's lifestyle. We take into consideration their income status, how they get their income, their eating patterns, agriculture; if they are able to grow crops, if they have livestock, and lastly if they have property and rental apartments. There are some cases where a family is standard, but they cannot afford to buy the child's essential*

> *needs. In such cases, the family receives partial assistance from social workers* (P3).

Social workers at Social Development help individual children from different families depending on their families' situation. One of the participants explained this point in the following way:

> *For example, we will not say that we will not give a parent who works at the clothing factories a wheelchair. A person who works at the factories does not sleep on an empty stomach, they are not extremely needy, they are just an average family. It does not mean that children who come from families with a means of income do not get any assistance from us. We try to meet such families halfway. Such are families who may be deep in financial constraints because of children's regular check-ups and other expenses. There are families who may feel hopeless to the point of having thoughts of killing the child or abusing the child because they cannot cope with all the expenses and labour that goes into raising their child. Social workers at the public sector come in at such situations. Please note that we will not assist that family in a similar way as a family that is very poor. Those two children are different: there is one who is from a family which is extremely poor and vulnerable, there is one who is from a standard family. The one who is from an extremely poor family, we will help him fully, meaning that that child is ours in short. We offer half-way assistance to the child who is from a standard family but with expensive medication* (P3).

For reference, a person that works at a textile factory in Lesotho earns approximately R2120.00 per month, while a person that works as a domestic worker earns approximately R1000 per month.

Some of the participants revealed that they advocate for inclusion of children with physical disabilities in their services. They argued that inclusion starts with social service providers. Additionally, some participants highlighted that when they provide services, they include all children regardless of disability. This means that they do not have services that are exclusively for children with disabilities, or for those without disabilities. They pointed out that they combine all the children together so that children with disabilities do not feel like they are different. Because they do not see disability when they look at a child, they see a child who has potential like other children. The importance of inclusion in service provision was articulated in this way:

> *We take all children in our activities. We do not exclude those with disabilities. We do not segregate them according to their abilities. This is important because we are promoting inclusion and we do not want to give children with disabilities the impression that they are different or that they are not capable of certain activities. We promote an environment that is encompassing and conducive for all children* (P15).

This kind of inclusion helps children without disabilities to grow up aware that there are children with disabilities. This helps to eliminate discrimination and stigmatisation, because children grow up embracing other children's differences. Therefore, it is important that children with disabilities are not segregated from children without disabilities.

Similarly, children with disabilities prefer to be treated the same way as children without disabilities and want to be regarded the same way as their able-bodied peers by service providers. These findings coincide with literature (Nelson *et al.*, 2016; Moyle, 2016; Puig & Recchia, 2021; Rimmerman, 2015; Ross *et al.*, 2019; Rothman, 2018; Runswick-Cole *et al.*, 2018), which argues that children with disabilities want to be seen as human beings before they are considered children with disabilities. Accordingly, they want to be included in activities alongside children without disabilities. Segregating children with disabilities to disability exclusive activities makes them feel as if they are different and that being different is bad. Children grow up believing that they are not enough, and this limits them mentally as they grow through issues. It is thus important that children are not segregated so that their self-esteem can be boosted.

Social workers contended that their services are not generalised but individualised to meet children's specific needs. This is because children with physical disabilities are different and come from different families and circumstances. Therefore, they do not have rigid services that are meant to flow the same way for all children. It is important that children's services are tailored to meet an individual child's needs, because in that way, each child's specific needs can be met, and they can be assisted holistically. Scholars (Rothman, 2018; Teater, 2014; Walsh, 2013; Webb, 2019; Zastrow, 2017) agree that it is important that social workers practice the principle of individualisation when rendering services to children with disabilities because every person is different. Theme 4 was further divided into three subthemes, namely social work services on a micro level, meso level and macro level, as displayed below.

6.3.4.1 Subtheme 4.1: Social work services provided to children with physical disabilities at micro level

There are various services that the governmental sector and NGOs provide to children with physical disabilities and their families. The following categories were identified regarding social work services on a micro level.

Category 4.1.1: Poverty alleviation

It has been mentioned throughout this chapter that children with disabilities are from impoverished backgrounds. Therefore, some of the social work services are focused on poverty alleviation to ensure that children with disabilities and their families are able to have essentials in life. This section discusses poverty alleviation strategies. Figure 6.3 below is a presentation of public assistance, which is one of the programmes used to alleviate poverty at Social Development. Under government assistance, there are grants, food parcels, assistive devices, and medical exemption, as indicated:

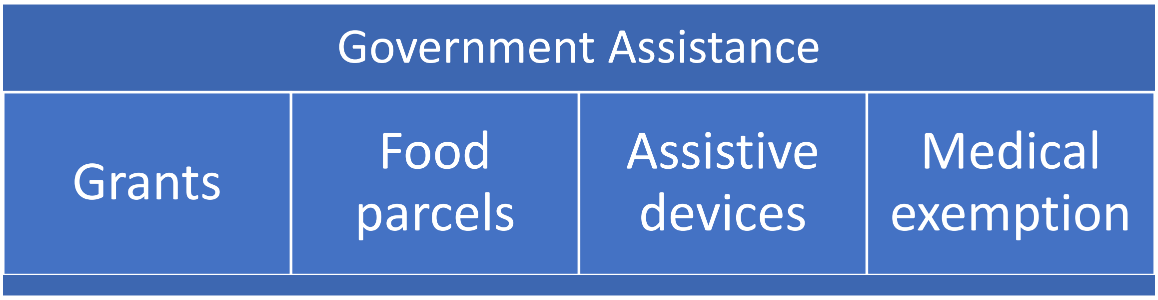


Figure 6.3: Government Assistance

Some of the financial benefits that children with physical disabilities receive from social workers at Social Development are cash in kind, which amounts to R750. This income is provided 4 times annually to families of children with physical disabilities who are impoverished. There are few families that get this money, the implication being that not every poor family that has a child with a disability gets the grant. Social workers further mentioned that provision of the grant is dependent upon space availability, since the list of people selected to be given the grant cannot go beyond a certain set number.

Some children may find that the list is already full, in which case they must wait for space left by a child who turns 19 or someone dying. This means that children with disabilities deserving of the grant may grow up never having received it, even though they are qualified. One of the participants explained:

> *There should be a <u>disability-specific grant</u>. The fact that they are generalised in the public assistance grant is saddening. You may find that we take 1000 people in Leribe for example, a few from Disability Department, a few from orphans and a few from other groups that are vulnerable. We may not give people with disabilities grant because we already have 1000 people. Such people with disability may only get a chance if one or two people get out of the programme, of which sometimes it does not happen for years* (P16).

Apart from cash in kind, there is a child support grant that is provided to children who come from families that are extremely poor. It is issued in all districts. One child is given R360, two children in the family receive R360, three to four R600 and 5 children in a family and upwards R750. All this money is provided quarterly to children that are from impoverished families. There are many people in communities who are not aware that there is a children's grant.

Some of the benefits that children with disabilities and their families also receive in the form of social work services are food parcels. These are given to families of children with disabilities on a temporary basis while they are struggling to make ends meet. They are expected to find other means of getting food as soon as possible, because these services are provided for up to less than 2 months. One of the participants explained that food parcels are made up of everyday essentials such as food, toiletries, and a few other household necessities:

> *Food parcel is a <u>short relief system</u> and is dependent upon each individual's situation. Such services are meant to intervene in cases where a family is stagnant because of their child's disability* (P9).

Assistive devices are another huge financial cost that most parents in Lesotho who have children with physical disabilities cannot afford. These devices are the main aspect that parents with children with disabilities seek from social workers. Many people in communities are not aware that social workers provide other social services besides assistive devices and money. One participant explained the procedure to obtain an assistive device:

> *Assistive devices are provided according to the children with disabilities' needs. For a child to receive an assistive device, social workers refer that child to a physiotherapist and then the physiotherapist will make recommendations on the type of assistive device suitable for the child. Some of the assistive devices that children with mobility impairments receive from social work offices are wheelchairs, walking sticks, shona buggy and catheter for those who are not able to use the toilet, as well as hearing aids for those that have hearing problems* (FG1, P2).

One of the main priorities of the Disability Policy is to provide people with disabilities with equipment, services and skills that are needed for them to have functioning lives. This would have been a great initiative if the policy were implemented, because all participants interviewed mentioned that children with disabilities come from penurious families which cannot afford basic needs such a meal daily, let alone disability assistive devices. All participants in the public sector interviewed pointed out that they register children with disabilities to receive assistive devices, but such services and equipment are never available. As indicated in Chapter 2, without assistive devices, children with physical disabilities' functioning is seriously hampered (WHO, 2018)

Besides assistive devices, several participants mentioned that parents go to the social services offices monthly to collect some random goods that might help their children, as displayed in the narrative below:

> *Nappies are given to children whose parents cannot afford to buy nappies, while those who cannot chew, or swallow are given special formula for babies. These are mostly children with cerebral palsy because they only eat soft food. This is a great help to parents because formula and diapers are very expensive, especially if the parent must buy them for a very long time* (P21).

These are goods that an impoverished family cannot afford to buy. Therefore, parents are given relief from using cloth diapers all the time. It is thus clear that social workers play an important role in assisting families of children with physical disabilities with some kind of financial relief, although the harsh reality is that insufficient funding and resources have a negative effect on these families' wellbeing (Engelbrecht & Green, 2018).

Category 4.1.2: Education-related services

Education as one of the basic needs of children has been discussed under category 2.2.2. In this category, education-related services rendered to children with disabilities by social workers will be discussed. Education is a basic right for all children with or without disabilities. One of the services that social workers provide to children with disabilities is to ensure that their right to education is respected, that they receive equal chances at education like other children and that all barriers that hinder children with disabilities from attaining education are removed.

It is a social worker's duty to ensure that children with disabilities are included in education policies and that such policies are responsive to their educational needs. Therefore, one of the roles of social workers is to make parents aware that children with disabilities are welcome at mainstream schools and, for those that cannot attend mainstream schooling, that there are schools that are meant for children with disabilities. This is because often, many parents are clueless when it comes to the educational rights of their children, as mentioned by one of the participants:

> *There are parents who are not aware that mainstreams schools should be accepting their children with disabilities and there are parents whose children are returned from such schools because they have a disability. In such cases I have to go to such a school in person and make the principals understand why it is important that the child is not denied access to the school* (P1).

Sometimes, children with physical disabilities are taken to disability schools, not necessarily to get formal education, but to get out of the house and socialise with other children. This is a great initiative to help them believe in themselves and boost their self-esteem. Allowing children to interact with other children allows them to open their minds and explore their skills and talents. Some participants mentioned that there are children with severe disabilities who would not attempt to speak when they were with their families, but when socialising with other children at school, they ended up learning how to express themselves in a way that they would be understood.

Schools for children with disabilities do not focus on formal education only. They are mostly vocational schools or residential homes where children learn skills while they wait to go back home at the end of term. They teach children with physical disabilities practical work such as sewing, cooking and carpentry. These are skills that they can use in future to earn a living when they complete their time at the schools. One of the participants lamented:

> *There is a vocational school here, where they are taught how to sew, agricultural work which includes, rearing of pigs, chickens and growing of crops for sale. They are also taught woodwork. There are special education teachers at the centre. It's a mixture of formal education and vocational education. There are no specific classes. They are taught everything at a time according to their different abilities and talents, However, mostly it is vocational training because special education teachers are pro-bono. Therefore, they come scarcely* (P5).

There are parents who do not have funds to pay tuition fees for their children with disabilities. In such cases, social workers have reported that they take it upon themselves to help parents get a bursary for the child:

> *I liaise and collaborate with schools to know the children's needs. I sometimes go to the schools in person to ensure that children with disabilities get services that they need from schools. For those who cannot afford tuition fees, I apply for bursaries for them from Social Development* (P10).

Studies (Blanck & Flynn, 2017; Wang & Singer, 2016) show that children with disabilities are often deprived of their educational needs and social workers could play a vital role in assisting them to obtain some form of education. Furthermore, it is mostly children with disabilities from third world countries who do not attend school (Engelbrecht & Green, 2018) due to several factors, such as inaccessibility and lack of resources.

Category 4.1.3: Healthcare-related services

Children with physical disabilities require ongoing medical attention. This has been highlighted by various authors (Shakespeare, 2018; Shepherd *et al.*, 2017; Westwood, 2021). One of the challenges that parents come across from raising a child with a physical disability are frequent expensive medical fees and consultations. These place more financial burden on families that are already struggling to make ends meet and cannot afford basic medical care. Several participants mentioned that some of their services were to provide children with physical disabilities medical exemption, which they can use to get medical services from any public hospital in the country with no charge.

Children with physical disabilities require several professionals for their health checks. Social work services link children with disabilities with medical professionals such as the physiotherapists. Physiotherapists assess children's disabilities and then make recommendations on the type of assistive devices they should receive. There are some children who were reported to have come to the social workers initially not being able to walk, but advancing from using a wheelchair to using crutches through the help of physiotherapists. Additionally, there were some children who were reported to be completely paralysed to the point that they could not move their fingers, but through a referral to a physiotherapist, they were able to use their hands to hold. One participant stated:

> *There was a lady from overseas (Canada) who showed the caregivers how to feed the children better and she also stretched them. There is a significant improvement on children that she has offered her services to. Children who could not walk at all ended up using crutches. She comes only for a month in a year but this year because of Covid-19, she has not come* (P5).

Social workers expressed that some of the services that they provide to children are to ensure that parents who bring their children to their facilities take them for immunisations. There are parents that may not attend any hospital check-ups or meetings that may benefit their child because they do not want to be given sympathetic looks or asked all the time how the child got to have a disability. It is in such cases that social workers encourage parents of children with physical disabilities to attend clinical and immunisation check-ups that other children without disabilities attend.

Generally, participants reported that one of their duties is to go out in the field and find children with disabilities who need screening for health checks. Some participants that work at residential settings mentioned that they invite health practitioners to their facilities to perform health screenings for all the children with disabilities. One of them reported:

> *Some of the services that we provide for children with disabilities under the age of 5 are <u>screening for Tuberculosis.</u> We arrange for health professionals to come for screening of tuberculosis in children and for those that are found with the disease to start treatment as soon as possible. <u>Health screenings of children involves screening of malnutrition and low weight</u>* (P21).

Additionally, one of the participants stated the following:

> *I engage with children with disabilities on topics associated with sexuality and reproduction health. There are children who are left out when it comes to such education. Yet, it is important during adolescence stage so that children will know when they have been abused sexually. It is important that they know about their bodies so that they know changes that take place as they grow older* (FG1, P3).

Authors (Aderemi & Pillay, 2013; Beaudrap *et al.*, 2016; Bright & Kuper, 2018) argue that it is important that children with disabilities are not left out when it comes to sexual and reproductive health.

Furthermore, participants expressed that they do not only look after children's physical wellbeing, but they make sure that children's health is not compromised, and that those that are found with chronic illness adhere to a proper lifestyle, as can be seen by the following narratives:

> *<u>There is HIV/AIDS prevalence among children with disabilities</u>. One of our roles is to educate children and caregivers about HIV/AIDS and to make sure that those that are infected are taken care of properly* (P12).

> *I ensure that* <u>*those who have HIV adhere to their medication*</u> *and that their diet is proper and that I take their weights every month* (P11).

Mitchell and Snyder (2015) stress the importance of HIV intervention and how service providers such as social workers should provide the right education to vulnerable groups such as children with disabilities. Several participants at residential facilities mentioned that they collaborated with healthcare practitioners to come to their facilities to vaccinate children as often as needed. They mentioned that they made sure that, when there was an outbreak of disease, they contacted the health department to vaccinate the children, as evidenced in the following narrative:

> *I make sure that when there is an outbreak of disease, professionals come to provide medication to the children at the centre. During such times, nurses do not hesitate to come to our aid* (P5).

Similarly, participants reported that they hold seminars for parents and caregivers that train parents on how to take care of their children when they are at home. It was revealed by a number of participants that there are some parents and caregivers who do not sufficiently take the health care needs of their children seriously. These participants noted that some children only take their chronic medication when they are at the centre but when they are at home, their family will not make sure that the child takes medication. It was further expressed that this kind of neglect is mostly evident in the case of children with disabilities compared to children without disabilities (Kuper, 2018).

It is significant that a few participants also referred to their role in a multi-disciplinary team. Some of the roles of social workers in residential settings are to ensure the wellbeing and safety of children with disabilities that stay at the residential places (Godden, 2012; Morley *et al.,* 2019). Participant 5 asserted:

> *My job is to* <u>*ensure the wellbeing of the children*</u>*, that they are not cheated by care workers and that care workers are doing a proper job of taking care of them. For example, I make sure that if their t-shirt is wet, they get changed because in summer they get flies around them if it is not clean. Thus, they need to be given water frequently. They lose a lot of water because of drooling. I make sure that they are not abused* (P5).

All the participants indicated that they intervene as much as possible in the children's lives while they are at school and while they are at home to make sure that their health as well as other needs are met. Literature (Adams & Leshone 2016; Barker, 2013; Dean *et al.*, 2013) emphasises the important role social workers play to coordinate the different kinds of services to children with physical disabilities.

Category 4.1.4: Counselling services

Social workers play an important role to provide counselling to families of children who have a disability. Having a child with a disability usually results in emotional trauma for parents who had been expecting a healthy child, as was indicated in Chapter 4. Studies (Adams & Leshone, 2016; Ashford *et al.*, 2018; Puig & Recchia, 2021 Shakespeare, 2018; Teater, 2014; Westwood, 2021) reveal that the mode in which the news of disability is transferred to parents is important because there are social service professionals who do more damage than necessary when telling parents that kind of information. It is important that parents feel that they have support from social service providers from the onset of hearing about their child's disability. Unfortunately, there are some service providers who do not always display sufficient empathy when they provide services to parents of children with disabilities. Social workers should provide parents with guidance and support in their journey of a life with a child with a disability (Marini *et al.*, 2018).

Social workers play an important role in disclosing to the parents that their child has a disability and in providing therapeutic sessions for parents so that they can come to terms with the fact that their child has a disability. Studies (Adams & Leshone, 2016; Ashford *et al.*, 2018; Puig & Recchia, 2021 Ross *et al.*, 2019 Westwood, 2021) posit that families may feel lonely and isolated after finding out about the child's disability. They may feel as if they are at fault or to blame. It is in such times that social work services become helpful to parents to find a balance in their lives, as indicated below:

> *<u>We offer counselling</u> to those who need it. You will see it from the things they come asking from us that <u>they have a hard time accepting that the child has a disability</u>. For instance, there are parents who would come to ask for expensive supplements which we cannot provide and fight about them when they cannot get them* (P1).

These findings concur with Kübler Ross' (2009) five stages of grief, namely denial, anger, bargaining, depression, and acceptance that was discussed in Chapter 4. Parents of children with physical disabilities often go through these different stages after finding out about their child's disability (Ross *et al.*, 2019). As presented in Chapter 4, parents deal with their child's disability in different ways but these stages of grief are usually part of the journey to acceptance of their situation. The narrative below indicates how difficult this journey is for some parents:

> *Sometimes parents compare their children with those without disabilities and beat themselves up for the fact that their child has disability. Some parents abuse their children by leaving them without care or by depriving them acts of love because they have not come to terms with the fact that their child has a disability. I feel for them because they are hurt like anyone would be* (P22).

Some participants assert that some parents may experience pressure from the fact that their children cannot be accepted into mainstream schools This was indicated by social workers as one of the signs of having not accepted that the child has a disability, as indicated below:

> *Children with severe physical disabilities cannot attend mainstream schools. However, there are some parents who do not accept that their child may never be able attend mainstream school, that the child needs to be at home and be taken care of by their parents. Such parents need proper counselling and guidance so that they find a way to live with their child at home. Similarly, there are parents who may have those feelings that their child could be bewitched, so we provide them with counselling so that they see the situation clearly. Some would say that the child had disability because the mother-in-law didn't like him so she didn't perform rituals for their child, but then at the end when we provide counselling, we may come to discover that the mother was in an abusive relationship and the child ended up being affected and having a disability* (P3).

It is significant that participant 3 indicated that some parents might still believe that their child's disability is as a result of witchcraft (Rugoho & Maphosa, 2016). Through educational therapy sessions with social workers, parents usually begin to understand what disability is, that it is not a result of witchcraft and that it is not because the ancestors are punishing them. Studies (Ashford *et al.*, 2018; Cleaver *et al.*, 2018; Shepherd *et al.*, 2017) postulate that coping for parents of children with physical disabilities can be very difficult because of changes that come with having a child with disabilities such as lack of sleep, back pain and emotional strain. This corresponds with findings from participants who mentioned that some parents do not cope well, and, in such cases, they provide them with therapy sessions to assist them to be in a better position to take care of their child. A child's disability comes with a lot of changes that families must accommodate to, as articulated by one of the participants in the narrative below:

> *There are <u>some parents who may have had to let go of their jobs</u> so that they can be home full time to look after their children. Such parents may find that life at home with their children with disabilities may be <u>extremely stressful</u> to the point that they are not able to cope. Therefore, we hold counselling sessions with such parents so that they learn to cope with changes in their homes* (P22).

Literature (Adams & Leshone, 2016; Collins *et al.*, 2017; Nelson *et al.*, 2016; Puig & Recchia, 2021; Rugoho & Maphosa, 2017) aver that mothers especially feel more strain, as they are the ones who go to the medical appointments, find schools for the children and go to social service offices. Most of the participants mentioned that it is rare that fathers will come to appointment meetings with mothers. This is possibly because fathers must occupy the sole role of being the provider. Therefore, they are usually at work when the mother goes around navigating through the system for the child's services.

Category 4.1.5: Protection from abuse

It has been mentioned in chapter 2 by several authors (Roulstone & Mason-Bish, 2013; Shakespeare, 2018; Westwood, 2021) that children with disabilities are the most vulnerable group to abuse because of their disabilities. Social workers indicated that children with physical disabilities are abused physically, emotionally, verbally, and sexually. Marini *et al.*, (2012) argue that abuse can be verbal when children with disabilities are often shouted at and called mocking names that belittle them or names that describe the type of disability they have. There are families and community members who are not aware that to refer to a person by their disability is wrong and a violation of their rights. Social workers intervene in such cases, where children with disabilities are abused by their families or community members. One participant indicated devastating scenarios where children with disabilities are abused:

> *I have encountered cases where a child gets beaten for wetting the blankets or doing something out of his control, such as spilling food* (P16).

One other form of abuse that was highlighted by participants was emotional abuse. Several authors (Marini *et al.*, 2018; Runswick-Cole *et al.*, 2018; Shakespeare, 2018; Traustadottir *et al.*, 2015; Zuurmond *et al.*, 2016) concur that children with physical disabilities are emotionally abused because they cannot perform certain activities and duties. Therefore, they are sometimes labelled as worthless, as noted below:

> *They are made to feel like it is their fault that they cannot perform certain activities or that they have disabilities* (FG1, P2).

Netting *et al.* (2017) argue that, even though societies are trying to change their perspective that disability is the person with disability's fault, some people still treat these children negatively because of the influence of old beliefs.

Several participants revealed that there are families who make children with disabilities feel less human than other children without disabilities. Such maltreatment includes threats of leaving the child or pointing out that the child is different from those that do not have disabilities. Some parents, as it has been mentioned in earlier chapters, do this by buying children without disabilities better clothes and sometimes those with disabilities may be given hand-outs from children without disabilities. Authors (Algood *et al.*, 2011; Grech, 2015) reported that there have been severe cases of children who are not given food or were given leftovers when other children had eaten. Participants further reported that they have gone to the villages and found the kind of abuse where children are left on their own, although they are bed-ridden due to disabilities. One of the participants asserted that sometimes parents are too overwhelmed by their situation, and thereby end up abusing their children, as expressed by the narrative below:

> *Sometimes parents and families abuse children with disabilities because they are very depressed from sitting at home day in and day out looking after their*

> *children. They end up taking out their anger on the child through abusive acts* (P22).

Some other forms of abuse that children with disabilities go through is by parents expecting developmental achievements of them that are beyond their capabilities. Participants mentioned that there are parents of children with disabilities who expected their children to do more than they are capable of and feel rejection when social workers disclose to them that their children cannot perform beyond these developmental measures. In this light, participant 3 articulated:

> *Some of the parents come here expecting us to give them magic services that will make their children to perform activities like other children without disabilities. Some expect that their children should be going to mainstream schools and they just refuse when we tell them that their children cannot attend mainstream schools. Then they realise that they have put unnecessary pressure on the child when the child keeps on repeating one grade for many years and does not progress to the next grade* (P3).

This correlates with the stage of denial of Kübler Ross (2009), where parents must still work through the fact that their child with a disability will often not be able to excel in certain areas (Ross *et al.*, 2019). This pressure from parents to their children with disabilities makes children to be the laughingstock when they are at school, because children without impairments verbally abuse them for not progressing. Some children with disabilities thus end up being bullied by other children at school. The findings relate with studies by authors (Marini *et al.*, 2018; Shakespeare, 2018; Traustadottir *et al.*, 2015; Westwood, 2021; Zuurmond *et al.*, 2016) who reveal that children with disabilities have been victims of bullying at different places in their lifetime because of disability.

Several participants revealed that, in cases when abuse comes from community members, they reach out to such communities to educate them on disability. They highlight rights of children and how people with disabilities should be treated, because there are community members who abuse children with disabilities out of ignorance. It was reported that such meetings and gathering with family members and community members have helped to curb abusive and discriminating behaviour towards children with disabilities, as is also expressed by the following narrative:

> *We make people aware that a child with a disability has the same rights as a child without disabilities. Every child has rights, and they should be respected. We refer those cases of children whose rights have been violated to the police* (P5).

Participants also mentioned that the Disability Policy and the Child Protection and Welfare act have been providing guidance as the legal instruments in advocating for the rights of children with disabilities:

> *Previously it was a challenge to back up cases of violation of children's rights, but since the legal instruments were introduced, we have a backing document that we can present before court or before perpetrators of violence and abuse against children with disabilities. The legal instruments have helped by including children with disabilities because now we are able to rely on them when children's rights have been violated* (P9).

It was highlighted by some participants that violation of children's rights is rife at residential areas where children with disabilities stay. The findings correspond with literature (Adams & Leshone, 2016; Alayarian, 2015; Barclay, 2019; Crowley, 2016; Rothman, 2018) which points out that there are numerous cases of abuse at residential centres by caregivers, other children and strangers that visit residential centres. There are cases where caregivers that work at residential homes abuse children with physical disabilities physically. The narratives below indicate that these inhumane acts that still occur:

> *One of my duties is to keep caregivers in check so that they do not abuse children in any way. I make sure that caregivers do not beat or shout at children for mishaps that they do, but that they should find other alternatives of reprimanding them. Caregivers do not understand, they feel like a child should be given a hiding so that they behave well* (P5).

> *These children need to stay at their homes with their families because we all know that abuse is very rife at residential centres. Children get abused in*

> *institutions most of the time. We feel bad exposing them to institutions where they cannot see their parents regularly, where* *they cannot cry or voice* *out their concerns* (P6).

One of the participants revealed that sometimes social workers are the ones who abuse children in various ways, such as by labelling them and not wanting to hear what they want. Authors (Adams & Leshone, 2016; Crowley, 2016; Marini *et al.* (2018) reveal that other forms of abuse by social workers include not challenging systems that pose as barriers to children's development and participation, as well as not challenging systems that discriminate and oppress children with disabilities.

Authors (Evans, 2015; Shepherd *et al.*, 2017; Moyle, 2016) assert that abuse may come directly from social workers who provide services to children. It could be indirect abuse that they may not be aware of or may not directly be blamed for. For example, abuse could manifest in the form of promises to give children assistive devices but failing to deliver because such devices take years to arrive. It may not be the social workers' fault but making such promises and not delivering is some form of abuse to children with disabilities and their families.

Some participants reported that children with disabilities are mistaken to not understand abuse and not know when they are abused. Therefore, some families may believe that abuse does not affect them as much. However, studies (Adams & Leshone, 2016; Ashford *et al.*, 2018; Barlindhaug *et al.*, 2016; Crowley, 2016; Heyman & Congress, 2018) reveal that, if not more, children with disabilities experience abuse in the same way as children without disabilities. They should thus be assisted the same way as those without disabilities.

6.3.4.2 Subtheme 4.2: Social work services provided to children with physical disabilities at a meso level

Several participants indicated that social workers provide services to children with physical disabilities at a meso level. Services that are provided to children and their families at meso level are mostly psychoeducational intervention strategies, where children and their families are provided group sessions that are aimed at educating them on various aspects that may be of concern in their lives. There is thus a correlation between this subtheme and category 4.1.2, namely educational related services. Subtheme 4.2 is divided into 4 categories, as presented below.

Category 4.2.1: Group work and activities

Groups provide social and moral support for their members. Authors (Adams & Leshone, 2016; Ashford *et al.*, 2018; Rothman, 2018; Bauman & Shaw, 2016) posit that, especially for children with disabilities, groups provide an opportunity for growth and development of skills that can be applied in the group setting to form relationships and then applied outside of the group setting with confidence. Several participants indicated that they intervened at meso level, where they formed groups of children with physical disabilities to discuss relevant topics with them. Such groups provide emotional support and a sense of belonging to these children. They are further aimed at providing children with therapy sessions, as explained in the narratives below:

> *I perform individual counselling sessions and group therapy sessions. I ensure that they do not have depression and that there is nothing that's preventing them from learning well* (P10).
>
> *Our intervention with children and their families is mostly focused in group work* (P21).

Similarly, some participants indicated that they group parents and caregivers of children with physical disabilities to form support groups where parents get to meet, encourage one another and share challenges and achievements that they come across. There are a number of participants that indicated that they use groups that are already running formed by the Lesotho National Federation of the Disabled (LNFOD), an organisation for people with disabilities in Lesotho, as support groups in the villages. Other participants mentioned that they formed groups from scratch themselves according to the different villages where children and their parents reside. Parents learn about issues related to disability in their groups and they get to ask questions and raise any issues that concern them.

There are some groups that the participants form for both parents and children. Such groups are aimed at teaching children and parents how to relate better, involving essential skills such as communication and conflict resolution. Some parents of children with disabilities are known to be very lenient with their children, whereas other parents are overly strict and very harsh with their children. Therefore, parents attend group sessions with their children so that they can learn skills through activities such as role play and information sharing sessions (Heyman & Congress, 2018). Parents learn from other parents, while children learn from their peers as indicated below:

> *We form groups of parents and children, where each parent will come with one child and participate in activities within a group aimed at enhancing children and parents' relationship* (P19).

Often, parents struggle to discipline their children with a disability and they may receive negative attitudes from the community, but in groups they get the therapeutic support that they need (Bauman & Shaw, 2016; Teater, 2014; Rothman, 2018). Some parents might actually abuse their children, as already indicated under category 4.1.5 and in the narrative below:

> *There are children who come back with marks of beatings because at home, parents beat them when they get accidents. There was one who was beaten very badly by caregivers at home. So bad that he could not get up from bed* (P5).

Some parents handle situations in the ways explained in the narrative above because they do not understand their children's disability. Such a lack of understanding is reflected in the way they handle issues that happen to their children. Some modes of discipline, as the one that is mentioned in the narrative above, are due to lack of proper knowledge of disability, especially the types of disability in children. Children are the ones who end up suffering because of their parents who have different perceptions on disability. Therefore, it is in group sessions that parents are learning from other parents and are taught about different disabilities in their children (Collins *et al.*, 2017).

Additionally, some of the interventions with parents include parents' clubs, where parents are taught parenting skills, such as how to interact with their children and how to take care of their children with physical disabilities. It was revealed by some participants that children with disabilities are easily manipulated and abused. Therefore, some of the sessions held for parents are on how parents should supervise their children, as indicated below:

> *Parents need to be educated on how to monitor their children and how to spot certain behaviours that are of concern. This is because children with disabilities get abused in their homes right under their parents' watch without their parents knowing, while there are some children who get abused by strangers. Therefore, it is important that parents monitor their children* (P15).

Groups may help children with disabilities to express their emotions freely with people who understand them and who may be going through the same journey as them. Group activities do not only benefit children with physical disabilities but are best for providing social support to parents of children with physical disabilities (Morley *et al.*, 2019).

Group activities with families are common intervention strategies among social workers that work at NGOs. The majority of participants at the public sector mentioned that they do not hold group sessions for children and parents of children with disabilities. Social workers at the public mostly interacted with children with disabilities and their family members only. One of the participants from the public sector explained the issue this way:

> *We only go to the communities to hold awareness campaigns or education seminars on disability if there is a need, or in cases when the child has been abused, but it is not something that we do often* (P17).

Some participants pointed out that intervention methods such as group sessions are dependent upon a social service provider. There are no such interventions in the Social Development offices of some districts, even though it is a mandate of the department to render such services. One participant explained:

> *It depends on social workers in different places. It is the mandate of the department that there should be such services in every district. Sometimes they are there, but at times they collapse. In some places they are not available at all. It depends on the different districts or on the service provider if they know what their mandate is, which is to organise and facilitate such groups* (P3).

From the abovementioned discussion, it is clear that group work could be a valuable method for social workers to offer education skills and support that are necessary when dealing with families who have to cope with disability (Rothman, 2018).

Category 4.2.2: Financial education and income generating projects

Some of the services provided to children with physical disabilities and their families are income generating projects, because as was indicated under category 4.1.1, a significant number of families dealing with disability face huge economic challenges. These income generating projects are found mostly in NGOs. Parents are trained on income generating projects which mostly involve farming. This is relevant for parents of children with disabilities, because more than 99.9 percent are impoverished. Therefore, they need such skills so that they can generate income for their families. Accordingly, one of the participants reported:

> *We hold workshops for parents of children with disabilities and teach them about establishing their income generating projects such as farming and give them seeds once in a year as a boost so that they start their own home-grown vegetable gardens* (P21).

Additionally, participants mentioned that, as part of equipping parents with financial skills, parents are taught ways in which they can save their money:

> *Some of the services are for parents of children with disabilities where we help them to save money in a way that they form a stokvel, where they contribute money for 12 months and then at the end of 12 months, they share that money amongst themselves* (P21).

Even though income generating projects have potential to help parents of children with disabilities, lack of funds makes it impossible for such projects to be successful. Parents will be equipped with all the necessary skills and education, but the challenge will be on implementation because of lack of funds (Shepherd *et al.*, 2017). Some participants indicated that it is not ideal to be teaching parents about money saving strategies, because it will not make sense to them if they cannot save the money which they do not have in the first place. They posed that a better solution would be income generating projects (Langer & Lietz, 2015).

Category 4.2.3: Skills training and assistance

There are several different skills and assistance provided to children with disabilities and their families to help them live better lives. One area that is of extreme importance to ensure healthy children, especially if they are vulnerable such as children with disabilities, is cleanliness (Rugoho & Maphosa, 2017). The UNCRC (1989) posits that it is every child's right in the world over to have access to water sanitation and hygiene so that they can grow well and develop. Participants mentioned that some of the topics that they covered in their psychoeducational group sessions are on cleanliness. They explained the importance of keeping children and their surroundings neat to their caregivers. Aspects on cleanliness are articulated in the narrative below:

> *There are parents who do not care that their children are clean and that they have bathed, some leave their children in dirty clothes and dirty beddings. <u>Parents are taught the importance of keeping a tidy home and how to keep their surroundings and environment tidy</u>. This is important because there are some illnesses that are caused by living in an untidy environment and children with disabilities are vulnerable to such illnesses. Children play around everywhere and touch dirty surfaces regularly. Therefore, it is essential that they are taught how to wash their hands regularly* (P21)*.*

Hygiene and sanitation are even more relevant during this time of COVID-19, where every person is encouraged to keep their environments and surfaces clean and wash their hands. However, cleanliness is a challenge for parents of children with physical disabilities because they do not have money to buy cleaning detergents and also do not have running water. Since, most families do not have running water, water is reused after bathing and doing household chores, and finally disposed of outside in the open area. Some participants mentioned that they teach families such practices as disposing their waste properly. Participant 21 explains this in the narrative below:

> *<u>Families are taught ways to dispose their water waste</u>, that they should not dispose water everywhere or in their pit toilets but that they should make a hole that will be used for disposing their water waste* (P21)*.*

Some of the illnesses that children have are caused by water waste that is disposed everywhere, and children with disabilities are most vulnerable to the waste because they play around such surroundings and end up getting ill (Barclay, 2019).

Another important aspect where social workers assist is birth registrations. The UN points out that there are over 230 million children whose births are not registered, yet the UNCRC conveys that it is every child's right to have their birth registered regardless of disability (United Nations, 2018). Participants reported that there are many children with physical disabilities whose births are unknown because their parents gave birth to them at home and have been hiding them since. One participant reported the issue this way:

> *I make sure that I help children who need services at home affairs with such services. I contact home affairs for children to get birth certificates and identity cards. Those that need services from social development, I also assist* (P10).

Category 4.2.4 Play as an intervention strategy

Play is an integral part of every child's life. It is a way of learning for all children. Several authors (Adams & Leshone, 2016; Ashford *et al.,* 2018; Bauman & Shaw, 2016) aver that children need to play so that they can develop and grow well. One of the participants pointed out that their intervention was all-encompassing. She indicated that they tried all avenues, from health talks administered in the form of groups to games and plays so that children learn and get rehabilitated while having fun and bonding with their peers at the centre. Playing is one of the strategies that has been proven to rehabilitate children. It helps children to learn new skills and teaches them how to solve problems. Further, it helps them to connect and have a sense of belonging to a group, which can lift their self-esteem. The narrative below indicates how play can be utilised in social work intervention:

> *I try everything to rehabilitate them, from having fun and games to educating them about life skills* (P5).

Some participants mentioned that they include all children with disabilities, also those with physical disabilities, in their intervention games and efforts. This is because their aim is to stop the practice of families locking children with disabilities indoors, even if the child is severely disabled. They encourage the child to come to school so that they can socialise and meet new people while engaging in rehabilitation interventions, as displayed below.

> *Children get encouraged and learn faster when they see other children in the same environment. We do not have classes. Children are taught anything and everything according to their ability* (P7).

Social workers can thus use play as a medium to assist children with physical disabilities to socialise, as well as to improve their gross motor skills (Runswick-Cole *et al.*, 2018).

6.3.4.3 Subtheme 4.3: Social work services provided to children with physical disabilities at a macro level

Although some children with disabilities might be fortunate enough to get opportunities to better themselves through education, they are often challenged by their society's attitudes, which exclude them from participation. Studies (Wang & Singer, 2016; Wappett & Arndt, 2013) report that people with disabilities are often victims of exclusion and barriers that stop them from taking part in the society. Social workers could play a crucial role on the macro level to ensure that exclusion of these children is limited. One participant mentioned the following regarding their exclusion:

> *They are still discriminated against. Those children that are mature enough to take on part-time jobs like their peers are not included in job opportunities and transport is inaccessible to them. The majority of people with disabilities are from rural areas where there are little services and facilities. Children with disabilities are also often excluded from taking part in activities such as concerts and sport activities. This is not conducive to their emotional wellbeing* (P3).

It is significant that some participants indicated on the contrary that there are society members who are thoughtful and are welcoming to children with disabilities. However, they pity children with disabilities and their parents to the point that children and their parents start feeling belittled and shamed. This was revealed by one of the participants this way:

> *Society likes pitying children with disabilities. There is that element of mercy. They feel like that person is piteous that they deserve to be helped. They don't know a way in which they can integrate them within them* (P7).

Authors (Adams & Leshone, 2016; Barclay, 2019; Barlindhaug *et al.*, 2016; Batshaw, *et al.,* 2019) argue that it is important that children with disabilities are not looked at with pity and sorrow, but that they are perceived like other children without disabilities. Social workers again can play an important role as educator to teach communities how to treat persons (and children) with disabilities.

One of the participants had an interesting observation regarding the fact that society considers children with disabilities to be objects of pity. She argued that this might work in favour of the children with disabilities, since they might not be killed because of their disability like in other African countries. However, as indicated below, the practice of killing children with disabilities is not a regular occurrence:

> *It is on rare cases that they could get killed because our culture says that if a person has a disability, they are pitiful, and that they need to be taken care of. There is still that belief that because of their disability, society should have pity on them even though in practice, some may take advantage of them sexually* (P1).

It is significant that participant 1 indicated the vulnerability of children with physical disabilities regarding abuse, as was presented in subtheme 4.1 where social workers' duties were described as protecting this group from abuse. Participants further revealed that one of the biggest challenges for children with physical disabilities are that they go through the rest of their lives to be asked continuously what happened to them and how they got their disability by people they meet for the first time. It is emotionally draining for these children to keep on explaining their disability to strangers. Some of them also get awkward looks from society members who are not used to having people with disabilities around. Literature (Marini *et al.*, 2018; Oliver *et al.*, 2012; Puig & Recchia, 2021 Shepherd *et al.*, 2017) coincide that children with physical disabilities have always been the center of attention at every first meeting they have with individuals and groups. It may be especially hard for those that have low self esteem because of their impairments. Social workers should advocate for the rights of children with disabilites to be treated with dignity, as will be further discussed in Category 4.3.2. Subtheme 4.3 is divided into five categories, as will be presented below.

Category 4.3.1: Intervention with community leaders

Community leaders such as chiefs and councillors are respected authorities in the communities. Therefore, they can be influential on several topics in the villages. Participants reported that they work with community heads to ensure that negative attitudes about people with disabilities are changed. This is achieved through holding meetings with the community leaders on different topics relating to disability. Community leaders can influence individuals regarding the proper treatment and addressing of people with disabilities, as the following narrative indicates:

> *We have community awareness campaigns that target community leaders. Community leaders are custodian dealers in the communities, so they have the ability to change the community's attitudes and beliefs* (P18).

From the discussion above, it is clear that community leaders could play an important role in assisting social workers in entering communities and educate people about how people and children with disabilities should be included in community life (Heyman & Congress, 2018).

One of the participants mentioned that community members are reluctant to attend gatherings that they call themselves. However, they will attend gatherings that are called by their village chiefs. One participant noted the following:

> *We take advantage of gatherings organised by the chiefs in the communities or councillors. Then we ask for a platform to speak to the communities on issues such as violence against children and gender-based violence. You will find that community members do not come in large numbers when we have called the gathering ourselves* (P4).

As was indicated earlier, the importance of gatekeepers such as community leaders and chiefs should not be ignored by social workers (Ashford *et al.*, 2018).

Category 4.3.2: Advocating for rights of children with disabilities

Closely related to above category is advocating for the rights of children with disabilities. One of the ways in which communities are educated about disability and how to live with people with disabilities is through community sensitisation. It is a way to address the issue of violation of children with disabilities' rights (Bauman & Shaw 2016). However, there were a number of participants that indicated that they had not done any community sensitisation in a long time, as indicated below:

> *It depends on the social worker in charge if she still remembers duties that she swore to provide to people with disabilities. Some social workers do not hold community sensitisation sessions* (FG1, P4).

There were some participants that reported that they hold community sensitisation sessions only when there has been an issue reported in that community that discriminates against children with disabilities. There were also participants who take advantage of special days, platforms, and public gatherings to advocate for children with disabilities and to change society's perception on disability. These participants mentioned that they used days such as disability day, workers day and women's day to create awareness on the rights of people with disabilities, as noted below:

> *We hold public campaigns to make communities aware of services that we provide at the department and how they can access our services. We invite specialists on disability topics, and they teach parents how to take care of their children and what disability is. I find that the community listens better when they are educated about disability by people who have disabilities. That is one way of creating awareness and ensuring that community members are taught on the rights of children with disabilities* (P6).

Social workers' role as advocates should not be underestimated when services are rendered to vulnerable groups such as children with disabilities (Marini *et al.,* 2018).

Category 4.3.3: Liaison with other departments on service provision to children with disabilities

Some of the services that social workers provide to children with physical disabilities at macro level are to liaise with other departments and ministries that might render services to children with disabilities on how to engage together and ensure proper service provision for them. The majority of participants mentioned that they had formed a group of professionals that render services to children with disabilities so that service rendering becomes efficient. The group is inclusive of social workers, police officers, teachers, and nurses. This correlates with Category 4.1.3, where reference was made to social workers as part of a multi-disciplinary team. The following narrative indicates this type of teamwork:

> *<u>We work with other departments and our services with other sectors is smooth. It is made up of professionals who work with children.</u> We determine all the needs that children have and work out who will provide which services in the group. The group is made up of government sectors and NGOs* (FG2, P3).

In terms of collaboration amongst social workers at different settings, there are some participants who reported that they worked well with social workers from other sectors. However, there were a number of participants from the NGOs who revealed that they experienced a hostile atmosphere when referring children with physical disabilities to social workers in the public sector, as stated below:

> *Whenever I would go to Social Development, <u>social workers would not cooperate or if they did, they would place the child on the very last item of their agenda.</u> However, our relationship is now better. This is because they would feel like they are being taught how to do their job* (P10).

Participants in general mentioned that their referral system is effective and that they work well with other sectors. However, a few participants indicated that there are other ministries who do not want to make their environment and services inclusive of people with disabilities. Some social workers did not attend any meetings or workshops that have to do with disability because they believe that disability is an issue of Social Development and disability-related issues should be attended to solely by Social Development. One of the participants revealed that sometimes it is a challenge to engage with other departments in provision of services to children with physical disabilities, as some government departments do not cooperate because they come from a different organisation. One participant explained the issue this way:

> *One of our biggest resources is chief Ts'oanamantata because many people at government offices will not accept you. They want you to come in the name of somebody they respect. Through him, we can have conversations with the Ministry of Social Development, Ministry of Health and Ministry of Education. Unfortunately, in terms of Policy Implementation, I struggle because even though we may have an audience, they will listen but will not do anything you ask them to do for the betterment of the lives of children with disabilities* (P2).

Participant 21 asserted that they work with other legal entities such as Women in Law Southern Africa (WILSA) to hold awareness campaigns for communities on different types of abuse and what children with disabilities and their families can do to get help legally. Those legal entities help clients whose rights have been violated to have their cases in court. Participants mentioned that they ensure that cases that involve children with disabilities move as fast as possible so that it does not cause more pain and discomfort to children as they wait for their cases.

On the contrary, there were some participants that reported that, even though they engage with the police department and the courts systems to ensure that children with disabilities get justice when they have been abused, the majority of those cases never get justice because they are dropped. This is partly because children that have disabilities are not taken seriously, as indicated by authors like Crowley (2016). Whatever these children say is seen as inaccurate and insincere, as explained by one of the participants in the narrative below:

> *There is also that tendency in our country that when a child with disability has been abused, their case doesn't go anywhere, because they are not able to express themselves or report abuse because of disability. Some are hidden indoors. Therefore, we may not know in time when there is a problem* (P3).

These findings correlate with studies by authors (Barclay, 2019; Barlindhaug *et al.*, 2016; Bauman & Shaw, 2016; Crowley, 2016) who argue that perpetrators of violence against children with disabilities violate them because they know that it might be difficult for the children to identify the actions as unjust.

Category 4.3.4: Transition and termination of services to children with physical disabilities beyond childhood

It was reported by several participants that when children reach 18, they go through assessment again to check if their families are able to provide for their needs. In cases where children's parents are not able to provide for them, services continue. Further assessments determine the type of services children need to equip themselves with skills and resources to help them be independent adults. Social workers revealed that it is rare that children's services are terminated, because the majority of them come from impoverished families. Approximately 99% of the children were reported to be recipients of social work services beyond adulthood.

It was further indicated that, in rare cases, if termination happens, it would be based on the services that children were receiving. For example, those that are in school and are receiving bursaries do not get their services terminated if they have not graduated, but when they complete high school level, the service is terminated. They must work hard to become recipients of manpower, which is a tertiary loan strategy that is given to students who have done well at high school level. It was pointed out by one of the participants that if the child fails a class or grade, their scholarship is stopped, and the child must pay for themselves. The scholarship will resume when that child passes again, as indicated below:

> *When they reach 18, we try to find means of helping them to start their business and give them skills that will help them be independent. For example, there is a school that we take them to when they reach 18 to learn steel works, shoe making, carpentry, sewing and catering. In that way, they can try to start their businesses after they complete their training, and we give them funds to fund their businesses. However, there are many of them and funds are mostly scarce. Therefore, many of them do not receive the funds* (P9).

Participants mentioned that children with physical disabilities are likely to become a burden to their parents until old age, even in cases when disability is not severe. This is because, mostly in the case of third world countries, children with disabilities do not have enough opportunities. It is hard for them to attain education and training to start their business. In cases of those who may be able to get opportunities, they may not get employment or funding to start their businesses. Some of the participants mentioned that children with disabilities never get opportunities to become independent:

> *There are children who may not be able to leave their homes or attend university or get jobs. It is very hard for them to be independent* (P14).

On the contrary, literature (Barclay, 2019; Bøttcher & Dammeyer, 2016; Shakespeare 2018) reveals that there are children with disabilities in other countries who can transition well into adulthood and become independent members of the community. This is dependent on the support that the child receives from their families, their communities and social service professionals. Children with disabilities from developed countries and well-off families have greater chances of making it in life because of the opportunities that they are exposed to. As mentioned several times throughout this study, poverty and lack of sufficient resources may keep people trapped in a vicious cycle that they cannot escape (UNICEF, 2017).

Category 4.3.5 Community-based rehabilitation

Community-based rehabilitation is one of the initiatives adopted in many countries to ensure proper service delivery and improvement of the lives of people with disabilities in their communities. It is a strategy that was adopted in Lesotho after the ratification of the United Nations convention on the rights of persons with disabilities. It had already been introduced in Southern African countries such as Botswana and Zimbabwe (Nampewo, 2017; Rugoho & Maphosa, 2017). It was reported that there were positive changes in areas such as India in service delivery to people with disabilities after the strategy was introduced (World Health Organization, 2013). Some of the community-based rehabilitation indicators to assess the effectiveness of the tool in communities in which it has been implemented are health, social, education, livelihood, and empowerment (World Health Organization, 2013).

Community-based rehabilitation was introduced in Lesotho in 2008 in two districts, these being Mafeteng and Leribe. It was implemented as a strategy to improve the livelihoods of people with disabilities in communities through engaging with people with disabilities at grassroots level to ensure that they have access to social services. Although there are 10 districts in Lesotho, it was piloted in two districts, where it failed.

It could have been a working strategy to change the lives of people with disabilities in Lesotho because it was promising much better interventions. The aim of community-based rehabilitation in Lesotho was explained this way by one of the participants:

> *Community-based rehabilitation was aimed at equalisation of service delivery and availing rehabilitation services to every person with disability so that poverty and exclusion in essential services is combated* (P1).

Further, community-based rehabilitation was meant to bring strategies such as inclusive education and was meant to strengthen some of the present social services already provided to people with disabilities. However, it has not been effective to bring services to people with disabilities or to improve their livelihoods to alleviate poverty and promote equality in resource distribution (World Health Organization, 2011). The following narratives display participants' feelings regarding this issue:

> *I do not even want to talk about community-based rehabilitation. It failed with flying colours after it was introduced. It was a great initiative that was supposed to have a positive impact on the lives of people with disabilities and enable them easy access to services. However, it failed to roll out due to lack of finances and inadequate staffing, so it ended up dying before it went anywhere* (FG1, P5).

> *Community-based rehabilitation would have been a great initiative to promote better social services for people with disabilities and to ensure that there is availability of services and opportunities for people with disabilities. It would have allowed better access to social services, and improvement of the lives of people with disabilities in the communities* (P6).

Further, it would have had an impact on the lives of children with physical disabilities because it meant bringing services closer to the people in their communities (WHO, 2015). However, it would not have succeeded in Lesotho because of the lack of resources. Some of the participants also revealed that there were no funds to conduct training of social services personnel. It is thus clear that, although community-based rehabilitation should be an effective intervention strategy, there are some challenges that first need to be addressed before it can be successful.

6.3.5 Theme 5: Challenges social workers go through in provision of services

This section of the chapter will address challenges that participants indicated social workers often go through in their service provision to children with physical disabilities. The main challenges that participants mentioned in their service provision are the lack of resources, social service users' demands and expectations, challenges caused by caregivers, challenges in service delivery, lack of supervision, environmental challenges, and westernised intervention strategies. Theme 5 is divided into 9 sub-themes presented below.

6.3.5.1 Subtheme 5.1: Inadequate legislation and policy

It has been noted in Chapter 4 that Lesotho does not have a Disability Act, but a Disability Bill that has been put on hold for some years. The National Rehabilitation and Disability Policy (2011), with the aim of mainstreaming persons with disabilities into society, has been the main legal document that addresses issues related to disability in Lesotho. The Children's Welfare and Protection Act in Lesotho (2011) is one of the instruments that is used to address issues related to children with disabilities, even though there is a only a small section that concerns children with disabilities. Some participants mentioned that they are aware of a few international entities, such as the United Nations Convention on the Rights of Persons with Disabilities (2006) and the United Nations Convention on the Rights of the Child (1989), which serve as the legal instruments that they can use in their service provision.

The United Nations Convention on the Rights of Persons with Disabilities (2006) has had a positive impact on the lives of people with disabilities in Lesotho in that it encouraged disability policy development. However, beyond this, there has not been much it has done for people with disabilities in Lesotho. Shakespeare (2018) points out that every country that has ratified the convention has to report to the convention committee on improvements that have been done and achievements that the country has towards disabilities, in which case the committee gives advice on what each country can do to achieve their goals or improve the lives of people with disabilities. However, in the case of Lesotho, not much has been done since the ratification of the conversion except for the National Rehabilitation and Disability Policy (2011). This would have been a great initiative to help different states to become accountable and track their changes so that they can keep record of activities to be done and those that have been achieved.

The majority of participants were aware that there are legal instruments that must guide them in their service provision. Some of them did not know of the National Rehabilitation and Disability Policy (2011), while others responded that they knew of it, but had never seen or read it. This is concerning, because social workers as providers of services to children with disabilities are supposed to know of the legal entities that govern their service provision. It is essential that social workers know the legal instruments because they must know what the law says about disability and what is expected of them to render services to children with disabilities. Principles of the policy are to guide social workers in their activities as they render services. This could imply that service provision could be impacted because social workers are not aware of the policy that influences their services to children with disabilities.

There were participants who reported that they are now aware of how they should provide services to children and how children should be treated because of the National Rehabilitation and Disability Policy (2011), even though they do not get to implement the principles outlined in this policy:

> *The <u>policy is important,</u> because since it was developed, it provided guidance on our service provision towards people with disabilities. It has outlines that need to be taken into consideration when it comes to service provision* (P13).

However, it is disheartening that the majority of participants reported that the National Rehabilitation and Disability Policy (2011) is just a document that does nothing to help children with disabilities. Participants further outlined that disability policy is promising on paper in terms of service delivery, but that it has not helped with their service delivery in practice. All the participants had numerous grievances when it comes to this policy, as articulated in the narratives below:

> *It does not help at all that there is such a document because <u>it does not deliver any changes for children with disabilities</u>* (P16).

> *It is just a paper with perfect plans but when it comes to execution it is highly lacking* (P14).

One of the ways this policy could benefit children with disabilities would be if there was a link between social service providers and policy makers. Social service providers should be able to make recommendations on how they would want services to be provided to children with disabilities and what they feel is needed for children with disabilities to thrive and achieve their potential. This is because social service providers work with children with disabilities, and they know the services that are necessary. Policy makers should equally engage with social workers and get to know how best they can be assisted to ensure excellent service delivery which will benefit children with physical disabilities.

The National Rehabilitation and Disability Policy (2011) was meant to address challenges that children with physical disabilities go through to live normal lives and access their basic life needs just like other individuals. However, it has failed to address the needs of children with physical disabilities. This is not the case in Lesotho only, as it is a challenge to implement in various other African countries (Rugoho & Maphosa, 2017; Shumba & Moodley, 2018; Zuurmond *et al.*, 2016). This confirms that disability prevents several children from living fulfilled lives and attaining benefits that other children without disabilities get due to the insufficient application of the said policy.

One of the participants pointed out that, even though the policy has not had any impact in their service provision, there are some developments that are underway that should improve service provision to children with disabilities:

> *I will not say the policy has had any noticeable impact. However, of recent, our department is trying to come up with ways in which the policy can be implemented. Currently there is a concept of case management that we are going to pilot, and it will start in the children's section and will ensure that children are not excluded, but that services provision becomes effective* (FG2, P5).

Lastly children with disabilities need policy makers that will make policies relevant to them and ensure that such policies make an impact on them. The disability sector needs to be allocated a proper budget that will be enough to accommodate all needs of children with disabilities and their families. Disability groups need to be supported and provided with funds that they will use to help children with disabilities and their families. There is a need for support on initiatives done to create awareness campaigns on all issues related to disability. Children need policy makers that will ensure that, after making policies in parliament, they follow up to ensure that the system at grassroots level has all the resources that children with disabilities need, as indicated below:

> *We live in a country where everything is not taken seriously. Children with disabilities <u>need a system that understands them well, that understands what disability is</u>, how many children are there with disabilities and what they need to live fulfilling lives. This is very hard, because policies are made by those in charge and the budget will be allocated, but then you will find that <u>there are no resources</u> to assist children with disabilities. When you go to Social Development to ask for wheelchairs for children with disabilities, they will tell you that there are no wheelchairs* (FG1, P3).

The fact that Lesotho ratified the UN Convention on the Rights of People with Disabilities in 2008, developed a Disability Policy in 2011 and then made a Disability Equity Bill (2017) which is yet to be turned into an Act means that there are positive steps taken by the government to acknowledge that there are people with disabilities in Lesotho. This further shows that the government acknowledges that people with disabilities have rights and deserve proper services like all other individuals. However, there is still a long way to go for the policy to be implemented because there is a lack of funds to carry out implementation.

One of the participants also emphasised that the policies meant to address disability issues should be geared more on prevention:

> *What I have learned from working in the disability sector is that many people are clueless when it comes to practices to keep themselves healthy. Some people do not know even simple things such as keeping babies and young children safe to prevent accidents that could lead to disability* (P2).

Some participants further revealed that some parents are ignorant when it comes to going for antenatal check-ups and giving birth at the right places where there is immediate help. It was also noted that some parents do not take babies for regular check-ups so that disability can be detected early. The National Rehabilitation and Disability Policy (2011) refers to prevention of disabilities and early detection, but there is a lack of information and educational sessions to sensitise communities on prevention issues.

On the contrary, Shakespeare (2018), points out that disability activists argue against prevention messages and some posters depict people with disabilities and warn against certain activities so that individuals do not become like the person in the picture. However, it is important that communities are educated in a proper manner that is not insensitive to people that already have disabilities. The message should be conveyed that they should consider their health habits and that certain healthy practices should be put into place so that disability is prevented.

One of the participants pointed out that they try to go to the communities to give out information on what people can do to take better care of themselves and where to go to get information and services when a child has been detected to have a disability but experiences several challenges:

> *It is hard to go to the villages <u>because of lack of resources</u> and recently since Covid-19 outbreak, the best way possible to engage with community members has been through social media. However, it is still a challenge because the majority of people in the communities do not have access to social media. There are places where having a radio is a luxury let alone having a smart cell phone. Facebook and YouTube are the platforms that we use to engage with our service users. However, we struggle to engage with them because most of them do not have a clue what social media is, let alone how to access it. They cannot afford data to access social media. Those modes of communication are easier for children with disabilities in developed countries who have access to smart phones and who know how social media is used and who may have internet connection* (P2).

From the abovementioned discussion, it is clear that despite the fact that some participants did not know how to implement the National Rehabilitation and Disability Policy (2011), most of them tried their best despite several challenges (Visagie & Swartz, 2018) to render sufficient services to children with disabilities, including preventative services.

6.3.5.2 Subtheme 5.2 Lack of resources

It was mentioned by all the participants that there was lack of material aids for children with physical disabilities. Provision of material aids is one of the essential services that social workers provide to children with physical disabilities so that children can have movement and participate in their communities. However, it is a major challenge to social workers because material aids are never available. This is because the money that is allocated to the department is not enough and material aids are expensive, as articulated in the narrative below:

> *We work with the most vulnerable population, and it is very hard to help them because their services are never available due to lack of funds. For instance, one shoe for children with leg length discrepancy is estimated to be R50 000.00, and if the shoe price is that much, that means for the whole year, only one child would have been assisted and the other ones would have to wait for the upcoming years to receive their assistive device* (P8).

One of the challenges that participants revealed was caused by lack of resources is burnout. The majority of participants indicated that they had burnout because of constantly stressing of resources that are scarce, stating:

> *There is a high workload because of lack of resources. Children queue for a long time before they get assisted. You may even forget the person who has been waiting for long in line. I get discouraged because of lack of resources. I feel bad for promising people services then cannot deliver because of lack of resources, which can take up to two to five years before they arrive. I might not even take children with disabilities as a priority and delay in assisting them because I know that there is scarcity of resources. I don't want to promise people services then take time to deliver* (P6).

Lack of resources has been identified as one of reasons why participants cannot do their jobs effectively (Watermeyer *et al.*, 2019). Because of the shortage, they cannot help children with disabilities holistically. They reported that they do very little for children and felt frustrated that they cannot really help them to the extent that their lives can be changed:

> *We work for a country that is poor. We cannot reach children with disabilities and help them holistically. We cannot offer them all the services that they need. I am passionate about them, but I cannot really help them. I cannot say that they can stand on their own, even if I were to get a transfer. We are not really helping them. It is not fulfilling. I want to help them fully, but it is not possible because of lack of resources* (P9).
>
> *We are supposed to provide children with physical disabilities assistive devices, which are their basic rights, because without them, especially those children who rely on them for mobility, children cannot go anywhere. They are stuck in their own homes. Assistive devices are their main need, but because of resources that are not available in the ministry, you may find that a child may go up to 5 years having asked for a device and not receiving it because we are not able to provide it. As much as we want to help as social workers, we are not able to do so* (P16).

All the participants interviewed, especially those that are employed in the Public Sector, complained that they got frustrated when they had to perform their duties due to lack of resources. They reported that they were not fulfilled in the services that they provide to children with disabilities because of lack of resources. Additionally, participants argued that they loved their work much and loved having an impact on the lives of children with disabilities. However, they found that they are always unhappy in their workplace due to lack of resources (LNFOD, 2016).

Some participants also reported that they are short- staffed. Therefore, they are often overwhelmed with a lot of work responsibilities. Being short -staffed means that they cannot be as attentive to the needs of children with disabilities as they may wish to be. One of the participants pointed out the following:

> *I am a rehabilitation officer. My job description is that I work with disability, but in practice, <u>I have not been doing that because we are short- staffed.</u> When you are a social worker in the office, even if you are given the rehabilitation officer title, or child welfare officer, we provide services to every case that is reported in the office, regardless of the titles we have been given. The government does not want to hire more social workers because the budget allocated for the department is little* (P6).

It was further reported by a participant in one of the NGOs that there are some children with physical disabilities who are interested in playing sports. However, there is a lack of funds to buy them equipment and fix the sport ground in such a way that it will accommodate them. Sports was one of the recreational activities that children with physical disabilities enjoyed (Traustadottir *et al.*, 2015). Some of the participants indicated that they helped organise a team of children with disabilities to play with other children. However, as indicated by the following narrative, involvement in sport is difficult to implement:

> *<u>These children do not have equipment for sports</u>, but I have seen that they would like to take part in sporting activities. Another challenge is that the environment does not allow them to move freely when they play* (P12).

It is evident from the discussion above that participants felt frustration and burnout due to a lack of resources. This correlates with literature (Morley *et al.*, 2019; Oliver, 2015), which indicates that often mediocre services are rendered if service providers such as social workers feel overwhelmed due to lack of staff and resources.

6.3.5.3 Subtheme 5.3: Service users' demands and expectations

It was reported by participants that there are some people in communities who take advantage of people with disabilities. They stated that some people only want to look after children with disabilities so that they can get financial allowance. Participants mentioned that these are people who do not have the best interests of children with disabilities at heart, only wanting the money to pursue their own agendas. They tend to abuse children with disabilities and not be bothered by their wellbeing. The money that they get in most cases go to their own pockets and not to the needs of the child with disability, as indicated the narrative below:

> *Challenges that we get in the communities are that there are some community members who volunteer to look after a child with disability for their own agendas. They only take the responsibility to get a grant and not necessarily because they care for that child. Therefore, the child ends up suffering and being abused* (P13).

Another challenge that most of the participants also stipulated is working with parents who go to social work offices expecting and dictating that they should be assisted in a certain way. Such parents were reported to not listen to the social workers' council, as indicated in the following narrative:

> *Parents are sometimes a challenge. I do not know if hand-outs have ruined our minds as Basotho or what, because sometimes parents are resistant to the services that you as a professional see are needed because they feel like they need some sort of material gains because they have told themselves that they will survive through the handouts that their children get. They want to use their children to get some material gains even when it is not necessary. They only want hand outs and no other benefits* (P1).

It was indicated that many parents go to Social Development solely for the purpose of getting an allowance for their child and if they do not get the money, it becomes a problem because it is not every child who gets the money. Participants mentioned that, even in cases where children qualify, the queue of other people who qualify to receive the grant ahead of them is very long.

Similarly, there were a number of participants who pointed out that their organisations do not offer service users any material items or handouts. It thus becomes a disappointment for parents and caregivers when they find out that they are not going to be receiving any material gain. Service users mostly want food and clothes, and if they find that the organisation does not offer this, they quickly pull out of the programme:

> *There are many parents who have pulled their children out of our services because they were expecting that non-governmental organisations provide material benefits and when they realised that our services offer no material gain, they stopped coming and bringing their children* (P21).

Authors (Rothman, 2018; Shakespeare, 2018; Teater, 2014) point out that there are people with disabilities who do not necessarily want social work intervention. This concurs with findings from the empirical investigation that some service users do not realise the value of social work intervention but are more interested in free gifts, thereby mistaking the role of the social worker as that of providing financial support. This is despite the fact that some children with physical disabilities could benefit from social work intervention, as was discussed under them 4. On the other hand, there are also service users, such as children with disabilities, who are overdependent on social work services. Such service users often do not grow and learn to become independent. Some might end up not reaching their potential because of over-dependence on social work services. In this light, Netting *et al.*, (2017) argue that some social services may be shielding responsibility on the service user's part by creating dependency and only putting a band aid on the root of the service users' problems. Social workers should thus be cautious in their intervention so not to create a dependent relationship with the service users.

Similarly, there are parents who were reported to be overly protective of their children, not wanting to let them out of their sight. It is difficult for social workers to work with such parents to intervene in the best way possible in the children's lives. It was pointed out by one of the participants that they may find a school for children, but their parents would refuse to take their children to school because they do not want to part with them:

> <u>*Parents are very over-protective of their children.*</u> *For example, I might meet a hearing- impaired child and schools that accommodate them are only two in the country, at 'Ha bua sono which is Kananelo center for the deaf or in Leribe named St. Paul. If I meet a hearing-impaired child in Qacha and I ask the parents that I should help them take that child to one of those two schools, the parent might refuse and feel like it is better when the child is nearby because they have had an experience of their child being made a laughing matter in the village. They might feel like there will be no one who will protect their child from ridicule when their child is away at school* (P1).

This kind of overprotectiveness from parents may cause them to have less expectations for their children and may hinder children from experiencing situations in life, which may sharpen skills such as self-advocacy and decision-making. Authors (Bauman & Shaw, 2016; Netting *et al.*, 2017) concur that overprotectiveness from parents can hinder children's growth and development. As was discussed in subtheme 4.1, social workers should provide counselling services to parents of children with disabilities as well and provide them with the correct information that would be to the best interest of their child (Adams & Leshone, 2016).

6.3.5.4 Subtheme 5.4: Caregiver-related challenges

Closely related to subtheme 5.3 is this subtheme of challenges that relate to caregivers of children with disabilities, these often being the parents. Several participants mentioned that some of their challenges were from parents who would bring their child to the institution and then not collect their child when it was time for the child to go home. Some parents would go to the extent of changing their phone numbers because they do not want to be bothered about the child:

> *Some of the parents do not understand how the organisation works. They would* <u>*just dump their children there and not collect them*</u> *when the schools had closed. We expect the child to be with their families because they still belong to their families and they have siblings, but parents just switch their phones off* (P11).

Additionally, some participants reported that there are several parents who do not come to collect their children when they are sick, and the centre's caregivers are the ones who must stay at the hospital with children who are hospitalised. It was reported that the child would often heal and be discharged without the family members ever coming to see them. Authors (Bauman & Shaw, 2016; Crowley, 2016; Marini *et al.,* 2018) concur that this kind of neglect displayed by parents is a form of abuse.

Participants also reported that it is difficult to work with parents who have not accepted that their child has a disability, as was discussed in Category 4.1.4. Accordingly, one states:

> <u>*Parents who have not accepted their children's disability demand services that are beyond our capacity.*</u> *They do not realise the full impact if the disability and*

> *therefore often make unrealistic demands. For instance, medical care at a private hospital and special diets* (P6).

From the abovementioned discussion, it is clear that some parents of children with disabilities neglect and abandon them (Marini *et al., 2018*), thus posing severe challenges to social workers as service providers. Other parents have unrealistic expectations and need to be educated about the nature and scope of their child's disability (Adams & Leshone, 2016).

6.3.5.5 Subtheme 5.5: Challenges in service delivery

Literature (Ashford *et al.,* 2018; Iriarte *et al.*, 2016; Meyer & Abdul-Malak, 2020) posits that it is important that parents and professionals such as social workers engage together to find ways to help children with disabilities. Some of the participants mentioned that there are social workers who do not involve children and their parents in the process of service delivery. They hold a view that they know best more than the children and their parents. However, children and their parents are the ones who know their situation most intimately, because they experience the disability daily. No two cases are the same, and children should be treated as individuals with individual lives and characters. Parents and children thus want to be involved in decision making, to be shown love by the social workers and have their cases handled with respect (Hepworth *et al.*, 2017).

Some participants further mentioned that it was a challenge to work with children with disabilities who were referred to them by other social workers who took decisions on behalf of children and their parents without consulting them. They pointed out that in making decisions on intervention, social workers should always take the views of the parents and children into consideration. These families should be given a chance to provide input on how they will be better assisted. There are cases where social service providers will exclude children with disabilities about matters important to them that affect their lives, even in cases where a child can express themselves and their disability is not severe, as noted below:

> *We need to take into account children's views as well as their parents' viewpoint. We should consult them and not just plan services for them* (FG2, P4).

One point that participants that work with children that have a hearing impairment raised is that they still face the challenge of people opposing their services because these people believe that children with disabilities should not be given hearing devices. They have the perception that hearing devices cancel the use of sign language, which they believe should be the mode of communication that deaf people use, as indicated by the following narrative:

> *Can you believe that people believe that empowering children with disabilities is a wrong move? <u>We get resistance in provision of hearing aids.</u> It is as if to some people we are saying that people who have received hearing aids should not use sign language. Some communities feel like we are moving people away from sign language and we want the world to adapt to sign language. People question why we are giving them hearing aids for free and ask why we do this* (P2).

One of the participants reported that one of the challenges that they have at residential centres is that there are way too many children under the care of one social worker and two caregivers. For this reason, some children are neglected because there are too many of them, which means that the social worker and the caregivers cannot pay proper attention to all their needs.

Children with physical disabilities need special attention to grow and develop, but it is a challenge to give an individual child attention because of work overload. One of the participants explained:

> *There are many children who live here, over 250. I feel bad for them because <u>I cannot reach to them all.</u> I can only manage to intervene in a few cases, because there are just too many. You will find that even caregivers forget them. Sometimes their chronic medication will be finished, and caregivers will not tell me in time because they deal with a lot of children who take different medication, and <u>they forget because of the workload</u>* (P5).

This means that children end up suffering in residential homes due to neglect because they are many and the social service providers are few.

Some social workers mentioned that they felt children with disabilities were constrained in the residential areas. They felt that some of the children could receive better care if they were in other places or at their homes. This is because they complained that there are hardly any activities to stimulate the children. Ultimately, children should live in places where they receive sufficient stimulation to grow. It was reported that children stay in some residential centres without proper care, which could result in them being more disabled or acquiring disabilities that they did not have. It is possible that a child who had only a physical disability could also develop psychological disability because of the neglect and abuse that they may suffer in the residential area (Oliver *et al.*, 2012). Further, because of neglect or lack of movement for a long time, there are children who may develop further paralysis which could have been avoided, as indicated in the narrative below:

> *There are children who do not benefit from being at the centre. They are just there at the centre. I wish there was something I could do about their situation, but I cannot do anything because everything depends on the director* (P7).

It is clear form abovementioned narrative that this participant feels frustrated about the challenges of service delivery, as the director at this centre seems not to have the best interest of the children at heart.

Another challenge to effective service delivery that participants mentioned were children who would not want to leave the organisation, even during public holidays. One of the participants explained that it is because children found life to be better at the residential centre as compared to their home:

> *There are children who do not want to go back to their homes because 99.9% of children that are in the residential facility are from impoverished families. Therefore, they do not want to go home where there is no food. They have a minimum of three meals at the facility, but while at their homes it is stress to get one even meal for the day. Additionally, the children get stressed out when they go home because they will not be mobile with their wheelchairs at their homes because of the terrain. While at residential facility, the terrain enables them to move around and take part in activities with other children* (P11).

This narrative correlates with literature (Engelbrecht & Green, 2018; Mitchell & Snyder, 2015) and previous literature chapters that indicated the correlation between poverty and disability. There were some participants who also experienced challenges in their intervention with children. One participant reported that there are children who would never disclose any information, as indicated below:

> *Some of the challenges are that there are children who will not open up and it is very hard to help that child. For example, there is a child who was burned and had disability due to getting burned. She never disclosed any information and I suspected that the burn could have been abuse* (P10).

The latter narrative again indicates the vulnerability of these children and the horrendous abuse some of them have to face (Shakespeare, 2018). Another participant indicated how some children were also abused by authorities if they misbehaved, as can be seen in the following account:

> *There is a child here who is very mischievous. I don't know what to do with him. He recently stole money from his roommate who sells sweets to earn some money. I fear that they beat him when they catch him and find out he has wronged. I try to tell them not to beat him, but they beat him anyway* (P5).

It is clear from abovementioned narrative that some children in institutions still face abuse (Zastrow 2017), despite attempts from social workers to stop the abuse. As was indicated in subtheme 5.1, inadequate legislation could result in abuse and improper ways of discipline.

A few participants indicated that it is a challenge for them to work with children who are hidden from the outside world. It was reported that such children experience shock when meeting someone from outside their home. These children that are legally allowed to go to school struggle to fit in with the school community and this means that their learning might be impaired (Visagie & Swartz 2018). Similarly, it was revealed that some children got too excited because of the fact they are out and ended up doing activities that could be dangerous for them or those that are around them.

It was further reported by one of the participants regarding schools for children with disabilities that there are children with physical disabilities who come to the school not knowing how to read and write. This was reported to be one of the challenges to work with such children, who have not had any formal learning. These children are not able to take part in activities where writing and reading is required, and it is hard for them to catch up on any of the activities at the school. The illiteracy prevalence from the findings concur with literature (Carey *et al.*, 2020; Engelbrecht & Green, 2018; Marini *et al.*, 2018) that posits that there are high levels of illiteracy in children with disabilities and that there are children who have not had any formal learning before.

Additionally, another participant mentioned that approaching disability is a challenge. People with disabilities in general want to be treated in a certain way. Some want to be given first preferences all the time, even in times when it is not necessary for them to receive first preferences. Ultimately, their feelings must be taken into consideration, as indicated by the following narrative:

> *Approaching people with disabilities could also be a challenge. We are supposed to treat them like every person, <u>but they are still sensitive.</u> We need to be mindful of our language when we address them* (P12).

Sometimes, it is hard for community members to know how to act around people with disabilities because they feel like people with disabilities come with certain sensitivities. They assume that people with disabilities may easily become offended during interaction, and this is why some people opt to not interact with them because of fear of being on their guard all the time. Social workers could use awareness days to educate people on how to address people and children with disabilities (Ashford *et al.*, 2018), as was discussed in Category 4.3.1.

6.3.5.6 Subtheme 5.6: Lack of supervision

Lack of clear supervision was one of the challenges identified by social workers that hindered them from performing their work well. It has a major impact on service provision to children with disabilities. Social workers struggle in service provision when there is no clearly defined mode of supervision. As was discussed in Chapter 4, supervision is of the utmost importance to ensure that social workers are supported to fulfil their professional duties (Bright & Kuper, 2018; Engelbrecht, 2013). The lack of supervision is many times evident in NGOs, which are church-based, or at times led by persons without any qualifications or background in social services. Participants employed by NGOs revealed that there is often conflict in service provision and this is not always in the best interest of the child.

The challenges that participants encounter in organisations where there is no supervision, and the leader has no qualifications of running a non-governmental organisation, is that their roles are not clearly defined. It is thus very hard for social workers to carry out their duties. For example, one of the participants reported that it is hard to help children with physical disabilities because they are not allowed to practice social work, but the leader of the organisation allocates them roles that she wants. Another participant reported that she is not allowed to go to any training or workshops that she is invited to that discuss issues in social service delivery, as can be seen by the narrative below:

> *<u>I am not allowed to attend any trainings or practices</u> which could benefit my service delivery and the children. I was told that if ever I went to any trainings or seminars, that I should not speak or take part in the discussions* (P7).

Furthermore, some participants pointed out that they are limited in practice and in rendering professional social work services. Therefore, they cannot help the children properly and they are not able to reach out to all children. This further has brought them burnout, as was discussed in subtheme 5.2, because they must wait for the director first before doing any task. Accordingly, a participant states:

> *I have to wait on the director for every single action I take. <u>I cannot take any decisions on my own because I was told to pass everything to the director, and I find that that hinders my service provision to the children and the children end up being the ones who suffer</u>* (P10).

Similarly, some of the participants mentioned that there were children who did not belong at the centres, and that their efforts to intervene in the best way for the child were not approved by the director. One participant reported that she felt their services were not self-sustaining to children with physical disabilities:

> *It is very hard to provide these children with all the services. W<u>e do not even cover the least of their needs</u>. It is on very rare cases that a child with disability will grow up to achieve their potential. The majority of them do not get anywhere*

> *because our help is not that much. Our services do not get them anywhere significant. You will find that it is only a few of those children that have visual impact that go far in life. They manage to complete their education up to tertiary level and get jobs in the legal department because most of them do law. For those few that may succeed, their challenge will be getting jobs, because as you know, the unemployment rate in Lesotho is very high* (P8).

It is clear from abovementioned discussion that it is not only social workers who struggle with inadequate supervision, but also their clients, which are children with physical disabilities for the purposes of this study. As was discussed in Chapter 3, according to the ecological perspective, resources such as services rendered by social workers are part of children with physical disabilities' social environments. The lack of supervision to equip and support social workers would thus also have a negative impact on these children's wellbeing (Schirmer & Michailakis, 2019).

6.3.5.6 Subtheme 5.7: Environmental challenges

As was indicated in the literature chapters, the physical environment plays a significant role in people with disabilities' lives. All the participants mentioned the severe challenges people and children with physical disabilities face in Lesotho. For instance, there are some places in Lesotho where there are no roads and places where the roads are of gravel and of poor quality. One of the challenges that participants mentioned was the difficulty to travel to certain areas to reach service users. Additionally, it was reported that it was very time consuming to travel on gravel roads. The narratives below indicate how participants viewed the environmental challenges:

> *Some of the challenges that we have are geographical challenges. <u>There are places in Lesotho that are difficult to reach</u>. Some villages are <u>very far</u> so we must travel for a <u>long time</u> before we can reach to the villages and when we finally reach to the villages, we are <u>terribly tired</u> from the bumpy drive. We do not get to do much when we finally reach the villages because we are too tired or sometimes you find that it is already late in the afternoon, and we don't have sufficient time to render services before we have to travel back* (P22).
>
> *There are also some places in Lesotho that is only accessible on <u>horseback</u>, because there are no roads to get there* (P17).

Some participants also mentioned that they did not know how to ride on a horse, and this had a negative effect on service rendering in places that are not accessible by car. Therefore, children and their families in such places end up being left out of services because they cannot be reached. As was also noted in Chapter 3, the physical environment influences people, and if there are obstacles such as inaccessible roads it has a negative effect on their wellbeing (Ashford *et al.*, 2018).

6.3.5.7 Subtheme 5.8: Westernised intervention strategies

Another challenge that several of the participants mentioned was the fact that intervention strategies in some organisations are developed by people that live in European countries and do not always understand the context in Lesotho and the livelihoods of its children with disabilities and their families. Therefore, it becomes a challenge to carry such interventions out. For example, some of the participants mentioned that there is a programme that teaches nutrition, and this programme requires that parents should come with ingredients to the sessions so that they can be shown how to prepare meals for their children. These parents often do not have the necessary ingredients, as displayed in the narrative below.

> *You would find that the activity requires that parents should come with things like eggs, oil, salt and those are the basic foods that you can find in anyone's' home, but it is a challenge because <u>many children do not have even those basics</u>. Some of the ingredients are things that parents of children with disabilities do not know and cannot find easily. These ingredients are used in European countries. Our sessions require that they bring those ingredients themselves. We do not give them, and it does not look good when some parents have brought the ingredients, and some have not. It puts us at a terrible position because that gives segregation impression* (P21).

It is clear form this narrative that programmes that might have good intentions could result in great discomfort, as well as unnecessary vulnerability for several clients. As was indicated many times in this study, poverty remains a huge challenge for children with physical disabilities and their families. In the developing countries it means that a person many times sleeps on an empty stomach. Resources are usually more in developed countries and poverty not as severe as in developing countries. Funders of programmes should bear this in mind. In countries such as Lesotho there are very few interventions that help impoverished people to ensure that they have basic needs such as food and clothing. For this reason, a significant number of service users expect hand-outs in the form of food and clothes from social workers when they join their programmes. This shows that the main concern in providing children and their families with services is to ensure that they have something to eat and clothing to keep them warm. As indicated in Chapter 2, the severe lack of basic needs such as food and clothes prevent people from reaching their full potential (Maslow, 1970). Due to lack of resources and funding social workers are also limited in providing in the basic needs of all their clients. As was discussed in Chapter 5 and in subtheme 4, social work intervention on the micro-, meso- and macro levels involve other areas besides poverty alleviation, such as psychosocial support, skills training, group work, community work and advocacy (Barclay, 2019; Morley *et al.,* 2019; Zastrow, 2017; Zastrow, Kirst-Ashman, & Hessenhauer, 2019).

It is further of utmost importance that social workers (as well as funders of programmes) should bear in mind that lifestyles in many European countries are vastly different from the lifestyles in the underdeveloped countries. The implication of this is that the challenges that children with disabilities have in the developed countries would differ from those in developing countries. Researchers such as Melendres (2020) and Zimba (2020) further emphasise that social workers should practice cultural competence, acknowledging the complexity of different cultural contexts, as well as a focus on cultural humility when rendering services to their clients. This would entail that social work service rendering should always bear in mind that clients are the experts of their own lives and that their cultural identities and background would be treated with respect and dignity.

Furthermore, several participants also indicated that they cannot utilise the type of interventions that they see fit for children with disabilities. The manuals that they received from donor companies in Europe stipulated measures they were unable to implement. Consequently, these manuals were reported to bring absolutely no impact to the lives of children with disabilities and their families in Lesotho in that they could not be applied effectively in developing countries. The goals of intervention strategies are to improve and change children's lives. However, some interventions do not improve children's lives. One of the participants explained the issue this way:

> *There are some services that we offer to children and their families because we have to, but we know that they do not bring any impact to the lives of children with disabilities and their families because they are not fit for children with disabilities in Lesotho. The only thing that donors care about is their target, not the impact that is done in the children's lives* (P22).

It is clear from abovementioned discussion that intervention strategies should fulfil the needs of the client system and that clients' backgrounds, culture and specific contexts should be taken into consideration. Social workers could act as a mediator between funders and the client system in order to guarantee a better fit between the services rendered and the clients' needs (French & Swain, 2014).

6.3.5.8 Subtheme 5.9 Covid-19

The last subtheme identified under theme 5 was Covid-19. Covid-19 was one of the biggest shocks that brought a lot of changes in the lives of all individuals globally. Most of the changes affected the world's economies, with people losing their jobs and businesses being impacted. Covid-19 hit extra hard on the lives of those that are destitute, for whom it was already hard to make ends meet before the pandemic. This section of the paper discusses the effects of Covid-19 on the lives of children with disabilities and the impact it had on social work service provision.

Category 5.9.1: Impact of Covid-19 on the welfare of children with physical disabilities

It was mentioned under subtheme 3.2 and category 4.1.1 that parents and caregivers of children with disabilities often depend on part time jobs to make a living. It became harder for these families to seek part time jobs because of Covid-19 regulations that restricted movement. For instance, those that depended on such jobs for income could not go around from house to house to ask for laundry to wash, or sell fruits and snacks from their small businesses (Traustadottir *et al.,* 2015) . This meant that families had to go months without streams of income, as narrated by one of the participants below:

> *Covid-19 was a challenge on families that are already struggling with food and other necessities; we work with families that have nothing, that depend on us for a living, so it was a challenge upon a challenge. Majority of our service users who had jobs lost their source of income because of Covid-19. They are now in worse circumstances. With the struggle of Covid-19, it means that children with disabilities' nutrition is compromised. They are malnourished due to lack of food and improper balanced diet* (FG2, P2).

Similarly, funds that could have been used to improve the lives of children with disabilities are now used to support people who are struggling with hunger (Leshota, 2013) because many people lost their jobs due to Covid-19. The following narrative explains struggles associated to allocation of funds due to Covid-19:

> *When Covid-19 came into place, the priority and all the funds got directed to Covid-19, it has been a challenge for developing countries such as Lesotho which are already struggling with poverty and poor health systems. The funds that would have been directed to providing services to children with physical disabilities got directed to fight Covid-19. Those that were vulnerable and struggling before Covid-19 have it worse* (FG1, P5).

It was reported by participants that many parents of children with physical disabilities are in South Africa to seek employment. Therefore, they could not come back to their families because of the lockdown restrictions that happened almost immediately. Some of the children's parents were laid off from their jobs in South Africa because of Covid-19, while those who had businesses made losses because of lockdown restrictions. Therefore, they had nothing to send back home. Many children with disabilities were thus left in desperate situations due to lockdown, as indicated by one of the participants in the narrative below:

> *Covid-19 left children with disabilities in a desperate situation, there are some whose parents work in the Republic of South Africa. When their parents did not come due to lock down regulations, they had to be institutionalised. Some had to be institutionalised because their parents and caregivers could not afford to meet their needs anymore* (FG2, P1).

It was a challenge for education messages on Covid-19 to reach communities, especially those in the rural areas, because many of them do not have access to televisions, radios, and newspapers. Further, those that are deaf and those that have visual impairment could not receive communication in time, because the modes of communication used could not reach them and it was confusing when they finally received communication (International Disability Alliance (IDA), 2020). The narrative below explains confusion experienced by some children due to Covid-19:

> *Some have anxiety and fear and they do not understand what is happening regarding Covid. They see people buying groceries in bulk and they do not understand if food will get finished in the stores. They are told that people with disabilities and certain illness have it hard in recovering from the disease* (FG1, P2).

Some participants mentioned that Covid-19 was a state of emergency, which meant that they had to close their offices in time and had no time to go to their service users to pass messages on Covid-19. As a result, children with disabilities were left in the dark and had anxiety on how they were to get their monthly services from social service offices (Alexiou, 2020). The issue is explained in the narrative below:

> *Covid-19 has been a challenge because we are told to cover our mouth, so it is a challenge to those who depend on lip reading because they cannot read lips to get the message. It is hard to communicate with children with disabilities who depend on lip reading during consultations, because we are advised to cover our mouths and stay a few meters away. Maybe service providers could use clear masks so that clients can read their lips. We are told that the virus gets transmitted easily when we touch surfaces with our hands, and this is a challenge because there are children with physical disabilities who depend on touching with their hands to move around and make sense of everything in their lives. They are more vulnerable when things like these happen. Messages could not reach to them because some of them just saw people covered with masks and never knew why. We did not think of approaching them and explaining what the situation is regarding masks. We were scared when this disease came, we were told to stay at home, and we didn't think of how our clients could be sensitised bout the disease* (FG2, P3).

Some of the precautions, such as washing hands regularly and sanitizing, became an extra expense that families of children with disabilities could not cover, as indicated in the narrative below:

> *It is hard enough for them to buy soap to wash their clothes and to bath, what more to buy soap to wash hands all the time. Many of them live in areas where there is no running water* (FG1, P4).

There are taps of water in the villages that everyone can draw water from in buckets to carry to their homes. These community taps are usually a distance from their homes, because they are shared by everyone in the community (LNFOD, 2016). Therefore, it is a lot of work to carry water to be used for the whole family to keep clean as per Covid-19 precautions. Those in the rural areas must draw water from the wells, which are far from where they stay. The wells could easily be contaminated because they are used by many community members who do not have access to sanitisers for their hands before using them. In the same way, the community taps could easily spread the virus because there are many people using them without sanitising when drawing the water.

Participants reported that there are children who received less care from their families. Even though some families have been happy to be together more since Covid-19 lockdown, there have been parents who have been reported to be negligent of their children’s care. Parents of children with disabilities have been reported to have suffered from depression and stress due to having to stay indoors and take care of their children for longer periods because residential places and schools have been closed. This correlates with literature (Morley *et al.*, 2019) and with Chapter 4, which indicate that long-term care of a child with a disability could increase mental health problems such as depression. Participant 22 articulated:

> *I feel for these parents sometimes. It is not easy to stay indoors every day and look after your child. It is stressful because if they must look after their child on their own every day, they get reminded that their child is different from other children and that they had high hopes that they would become something in life and that their child should have been like other children in the village. Parents*

> *get stressed and some endure a mental breakdown from taking care of their children every day* (P22).

Students and teachers had to resort to online learning to continue with classes during lockdown. However, it was a challenge for many children with disabilities who have no internet connection and no smart phones and laptops to use for streaming classes online. Another mode of carrying out classes was through television, and those that had no televisions in their homes could not take part in classes. The majority of the implementations were meant for children who could afford modes of lesson transmissions. Further, children with hearing and visual impairment could not take part in the lessons because the modes of education transmission were not conducive for them, as indicated in the following narrative:

> *Even in this pandemic, we talk of online learning or television learning but those that are disabled are out cast. Those that do not have technologies (radios or televisions) are left out* (FG1, P4).

Authors (Alexiou, 2020; International Disability Alliance, 2020; McKinney, McKinney & Swartz, 2020) emphasise the challenges people with disabilities face during crisis times such as Covid-19 and how service provision to this group poses new challenges, as discussed below.

Category 5.9.2: Impact of Covid-19 on service provision

Covid-19 forced schools and residential centres for children with disabilities to close for a certain period. However, it was impossible for some centres to close. Participants reported that there were many children who had to stay at the residential centres because parents were not around to collect them, while some had no transport to fetch their children. Several participants who had to keep children throughout lockdown mentioned that they had anxiety because they did not know what would happen to the children. They wondered if they would have enough funding to support the children throughout the pandemic with the possibility that some funders could stop funding them due to lack of funds, as indicated below:

> *One of the challenges is that when lockdown started, all the children had to go home, and we could not reach parents to take their children because they were*

> *not available on their phones. We were under a lot of pressure because we did not know what would happen to the children* (P3).

It was not easy for service providers to reach people with disabilities to teach them about the disease, because mass gatherings were not allowed, and individuals were forbidden to go to peoples' houses as a safety precaution. The majority of service providers had to evacuate their offices immediately before they could come up with strategies, they could use to stay in touch with service users, as explained in the narrative below:

> *Our offices had to close with immediate effect when lockdown first started, then we opened them again after some time. During the second wave of Covid-19, there was no one to come to open the offices because we were denied movement. We were told that we were not essential services. I am still confused as to when we are regarded as essential services because sometimes, we get essential services permission letters and sometimes we do not. I think we are only essential services when there are emergencies* (FG2, P4).

Due to social work offices having to close with immediate effect, there were delays on services provision for children with physical disabilities. Social workers reported that there were no arrangements for consumables such as nappies and milk that are received monthly. Because of lockdown, there were some children with disabilities who had to go without the goods that they receive from social services for some time until service providers had figured out other means of service delivery. Ornellas, Engelbrecht and Atamtürk (2020) argue that, throughout the Covid-19 pandemic, social workers are in a difficult position to ensure that their clients receive the services they require, since severe restrictions such as restriction in movement were in place. These authors also indicate the challenge of lack of resources that are necessary for efficient service rendering.

Participants in NGOs expressed that they had to engage with service users through other modes of communication. Some participants mentioned that, during the Covid-19 pandemic lockdown where large gatherings are not allowed, they sent educational messages to parents and did check-ups through phone call sessions, as indicated below:

> *We now have to go to radio stations and ask for slots on television so that we can educate communities on violence against children with disabilities. <u>Violence against children with disabilities became very rife during Covid-19.</u> Therefore, we had to use the options available to us to create awareness on violence against children with disabilities* (FG2, P5).

It is significant that in one of the focus group discussions, the reality of abuse to vulnerable clients such as children with disabilities were noted (Barclay, 2019; Crowley, 2016). Abuse of this group, as already indicated in Category 4.1.5, often intensifies during extra stressors such as lockdown periods. Some of the participants mentioned that during lockdown, they were labelled as essential service workers, but they were denied permits to travel. Therefore, they could not go to their offices and that meant that their offices had to remain closed and children that were in critical conditions in need of immediate care did not receive care. This disrupted their schedule of services because all the appointments that were made during that time had to be cancelled. One participant explained the correlation between high statistics of child abuse and inaccessibility of social services:

> *<u>Child abuse statistics were rife during lock down</u> and it is possible that it was because there were no places of safety and help for children with disabilities that were abused in their families or by community members* (FG1, P1).

Other challenges that social workers had due to Covid-19 were that there were high workloads because they could not report to work daily. They took turns to come to work in the offices. They also had to work for two weeks, then take another two weeks off. Further, due to lockdown, service delivery was hindered, which means that children with disabilities and their families had to wait longer periods to receive services, again negatively impacting service delivery (Ornellas, Engelbrecht and Atamtürk, 2020). The following narrative portrays these challenges:

> *<u>Covid-19 had an impact on our work because we had to reduce the number of people present at the office</u>, meaning that one person has to come for two weeks while the other one is at home. It was a challenge in that if I went on leave and the other person is on leave, there would be no one in the office to render services. It is a challenge because sometimes service users would have*

> *no help, especially at the beginning when we had to close our offices. Due to closure of offices, procurement took longer than usual, which meant that funds were not available for financing services of children with disabilities* (FG2, P4).

There are children with disabilities and their families who have been reported to have struggled to come for services because movement was not allowed. They did not know that they had to get permits from authorities to travel. Further, some families could not travel due to taxi fares increasing because of Covid-19. Participants reported that there was a huge decline in parents and caregivers of registered children with disabilities coming for intervention sessions and collection of monthly services when Covid-19 started. This could have been attributed to fear of contacting Covid-19. It was further a struggle for participants to travel to children's villages for assessments and service delivery because of movement bans. Some participants mentioned that, when lockdown restrictions were loosened, they had a high number of children with disabilities coming to their offices and this caused high workloads and more stress that could lead to burnout, as was discussed in subtheme 5.5 (Oliver, 2015). It was reported that one of the essential services that children with disabilities came for frequently during lockdown was of medical exemption. One of the participants narrated the issue below:

> *Because we now work in shifts, and there are few of us, children with disabilities wait up in line for a very long time before they can get assisted. This is because they cannot all come to the office. We do not get to see them often and it is hard to reach out to them because there is backlog at the office. Our interventions have become more limited because we cannot get to them and intervene holistically* (FG2, P1).

The majority of children with disabilities took a long time before they could access social work services because of backlog due to Covid-19. Participants reported that it was difficult to respond to emergencies because they no longer went to the office full time. They had to be at home for some weeks and in the office for other weeks. This meant that children with disabilities who had emergencies suffered because their cases could not be attended as soon as possible, as explained in the narrative below:

> *Our service provision has shifted because of Covid-19. I am now the only one assigned to the disability department and if it happens that I am off when they come as an emergency, it will be a challenge for them* (FG2, P1).

Participants from NGOs further mentioned that their job is mostly in the villages and that they interact with service users on a daily basis. However, when Covid-19 started, their service provision was compromised because their type of intervention required them to be in contact with service users, which was not possible during lock down periods, as indicated below:

> *Covid-19 messed up our whole system of operation. It caused us to shift in service provision because previously we met with our clients in their homes face to face. However, due to Covid-19, we had to opt for virtual programming. Virtual programming came with a lot of challenges because all our service users do not have funds to buy data. Therefore, participation of the service users was compromised. Visual programming was a new term that we had to grasp, and we had to learn how to use the innovation of service delivery as fast as possible so that our work could continue. Visual programming was a new concept to us. Therefore, it was a bit challenging to use it at first with our clients* (FG1, P2).

Participation of service users was compromised because some programmes that participants used to reach service users, such as visual programming, required that service users should have phones or computers, which the majority of them are too impoverished to afford. Only a few service users were reported to take part in intervention programmes. Further, intervention was a challenge because some of the service users do not have homes with electricity. They must travel to far places to charge their phones' batteries with a cost. As was indicated in Subtheme 5.7, environmental challenges (Ashford *et al.*, 2018) that are already present were intensified during Covid-19. The unavailability of service users on their cell phone devices delayed progress of services because social workers had to wait for them to be available to continue with their programmes through their phones:

> *Some of the challenges we had with the new models of intervention were that service users would be off their phones for more than two days and it would be challenging because they could not keep at the same pace of service provision*

> *with other service users. <u>We had discrepancies in our data when we had to report because we could not reach all the clients that we were supposed to reach</u>* (FG2, P3).

It was a challenge to provide services during Covid-19 because participants mentioned that some of their services are provided in the form of group work with service users. It was a challenge to continue with groups because some of the Covid-19 regulations were that there should not be any forms of gatherings. It was a challenge for participants to continue facilitation of group work intervention virtually because of lack of resources (Shakespeare, 2018), before lockdown periods and even more so during Covid-19. In one focus group discussion the following was mentioned:

> *<u>We had to cancel all group intervention activities</u> that we had planned for children and their families because we were banned from meeting in groups. It was a challenge for us because most of our interventions are in the form of groups. We had to opt for cell phone texting, which is not as effective as face-to-face group meetings. It was a challenge because we would just send messages to our service users without proper interaction* (FG1, P5).

Participants further mentioned that they had to stop meeting physically and opted for zoom meetings, which they struggled with because their internet connection would break during the meetings and then they would lose some information. This meant that they would not understand some of the information that was shared in the meetings. One of the participants articulated:

> *We had a challenge with using some of the technology that is used to meet virtually because of network problems. Therefore, our meetings as stuff were not effective* (P21).

Some of the children with disabilities lost their parents and caregivers due to Covid-19. Therefore, this meant that, in a lot of cases, children were vulnerable and needed to be put in institutional care. This put a lot of weight on institutions that provide shelter to children with disabilities, since are already few in numbers. Some parents of children with disabilities did not come back due to Covid-19 lockdown. Therefore, they had to be placed in institutional care because they had no one to watch over them and that put further load on institutional care. As was indicated in Chapter 2, institutions already struggle to take care of children with disabilities due to a lack of resources, and caregivers in these places could also be abusive towards children with disabilities (Shakespeare, 2018).

6.3.6 Theme 6: Possible solutions to social service provision to children with physical disabilities

In the last theme, specifically based on the 2 focus group discussions, the researcher explored of what could be done to improve service rendering to children with physical disabilities. There are numerous challenges that the participants mentioned that hinder their service provision to children with physical disabilities in Lesotho. This section of the chapter thus presents possible solutions for better social service provision to meet the needs of children with physical disabilities. Theme 6 is divided into 9 sub-themes as presented below.

6.3.6.1 Subtheme 6.1: Compassionate social service professions

It was reported by some participants that there are social workers who discriminate against children with disabilities and that this is often reflected in the way they address children and their families. Therefore, it was suggested that social workers who are employed in the disability area should treat their clients with dignity and respect because social work is a calling and not just a profession. The findings concur with studies by Bright and Kuper (2018) and Schenk *et al.* (2020), who assert that there are professionals who discriminate against people with disabilities. In some cases, social workers discriminate against service users not because of their disability, but because of work strain. As was indicated in theme 5, social workers generally experience several challenges, and due to stress and burnout, they might end up lashing out at service users. Therefore, it is important that there should be therapy sessions provided for social workers to help them to deal with work and other stresses in their lives. Some of the participants described the issue in this way:

> *Our work is not just about rendering services to the children, it is a calling. <u>We need passionate people for this job</u>. People who understand and are compassionate to people with disabilities. Social workers should not work in the disability field if they are not compassionate* (FG1, P3).

> *Social workers should treat and serve people with disabilities in the same way as they serve other service users who do not have disabilities. There are some social workers who look down on people with disabilities and you can tell from the way they talk to them that they disregard them. Belittling of people with disabilities is not only seen in the communities, but it is a challenge even in social service offices* (FG2, P5).

From abovementioned narratives it is clear that participants were of the opinion that, especially in the disability field, social workers should have compassion and make a conscious effort to treat their clients fairly and show concern for their wellbeing. As was discussed in Chapter 4, social workers should acknowledge the inherent worth of each human being and accept every client unconditionally (Dean *et al.*, 2013; Webb, 2019).

6.3.6.2 Subtheme 6.2: Inclusion of people with disabilities in intervention strategies

It was further suggested in the focus group discussions that people with disabilities should be included in intervention processes and final decisions of how they will be assisted. Participants indicated that there are social workers who have the tendency of making all the decisions for children with physical disabilities without consulting with their families and without engaging them in the intervention process. Authors (Ashford *et al.*, 2018; Collins *et al.*, 2017; Monterio *et al.*, 2016) aver that service users need to give input regarding the services they want to receive and social workers need to practice the principle of client-self-determination. The narratives below capture some of the participants' responses in this regard:

> *We should include people with disabilities in the services that we provide to them. We should take their suggestions. We should be open for criticism. For instance, there was one who was brought to school and when he got here, he told us that he did not want to come to school but he wanted to be given funds so that he could start a business and earn a living. The social worker who referred him me did not consider his views; he just gave him what he thought he needed. We need to provide them with freedom of participation* (FG2, P1).

> *Children with disabilities should be included in decision making processes just as the phrase says that "nothing for us without us"* (FG2, P5).

Some participants indicated that people with disabilities need to be present in the development of policies and legislation. However, they are not included in issues that affect them. They need to be included, even in decision making processes, because currently decisions are being made for them in matters that affect them. If children with disabilities were included in important decisions such as these, legal instruments would be fully focused on their rights. Active participation of children with disabilities as well as their families in the development of policy, legislation and intervention strategies would be beneficial, since as was indicated in Subtheme 5.8, clients are the experts in their own lives (Collins *et al.*, 2017).

6.3.6.3 Subtheme 6.3: Legal instruments specifically for children with disabilities

Closely related to the previous subtheme is this one of legal instruments focusing specifically on children with disabilities, and a number of participants suggest this. The Children's Welfare and Protection Act (2011) does not include children with physical disabilities thoroughly, as there is only a small portion in this Act that refers to them. Participants proposed that children with disabilities should be addressed much more in legal documents, as indicated below:

> *They are voiceless and violated. Therefore, having them covered in the legal instruments will help in respecting their rights and ensuring that they receive basic social services. There is no Disability Policy specific for children. The one available is generic so it does not touch children's areas regarding disability in a direct manner. Children's issues are not addressed well, even on the Act. It doesn't cover children with disabilities' needs that well* (FG1, P4).

> *The Disability and Equity Bill has to be passed into law so that it can help social service providers to be efficient in provision of services. Once the Disability Equity Bill is enacted into law, it will help service providers and anyone not productive in service provision to be held accountable in cases where they are lacking in service provision to children. For an example, that teacher who does not want to admit a child with disabilities at their school will have to face*

> *consequences and be held accountable for their discrimination against a child with disability* (FG1, P1).

As was discussed in Chapter 4, the United Nations Convention on Rights of Persons with Disabilities (2006) advocated for people (and children) living with disabilities to be involved in the making of policies and legislation that have to address their needs and rights (Barclay, 2019; Shakespeare, 2019).

6.3.6.4 Subtheme 6.4: Availability of resources

There are some participants that mentioned that, even though they love their jobs, they find that their job has no meaning anymore because they are known as the office that does not deliver because they are always short on resources for children with physical disabilities. This is because their office does not get sufficient funding to cover all the expenses needed for service provision. Some participants mentioned that they look like they are liars when they keep on telling people about services that they provide, while when people come to ask for said services, they are not available.

Further, lack of resources compromises social workers' phycological wellbeing, because if it were up to them, they would be willing to assist children with physical disabilities and their families. However, because of the lack of resources, service rendering is not up to standard. It was proposed that there should be resources so that social workers can do their work effectively and diligently. Furthermore, some of the participants mentioned that they may delay assisting children with physical disabilities when they get to their offices because they know that resources will take between 2 to 5 years to arrive. For this reason, they feel like there is no point to be fast in service delivery because they have to wait for years for services that children with disabilities and their families need, such as assistive devices. The following narratives indicate this desperate situation:

> *Sometimes <u>I drag myself to the office</u>. I feel bad because I keep on rejecting people and telling them that there are no services due to lack of resources. To work under such conditions is very frustrating. <u>There should be a better budget that is allocated to the disability sector</u> because there are many of them and their products are very expensive* (FG1, P3).

> *It is very hard working to work as a social worker in Lesotho. It drains me so much emotionally. I am even considering changing careers because I cannot deal with this one anymore because it is too depressing* (FG1, P1).

It is significant that a number of participants indicated how their wellbeing was negatively affected due to the fact that they could not do their job properly for lack of resources. Therapy services, as was indicated in Subtheme 6.1, could be of value for social workers who are feeling overwhelmed. Participants also mentioned that the little funds that are allocated to their department do not arrive in time after the budget has been approved. They indicated that they should receive funds as soon as possible so that their work is not impaired:

> *Government should be faster on providing funds so that we buy children's products in time so that they can be assisted, and their lives can be better* (FG1, P3).

Further, there were some participants who pointed out that they work with vulnerable persons, and it affects them emotionally if they have to keep on turning children with disabilities away because of lack of resources (Shakespeare, 2018). This is even when they see that the children and parents are desperate and have no other options but social services. As was indicated in Subtheme 5.2, service providers such as social workers often feel devastated when resources are insufficient and hinder effective service rendering (Watermeyer *et al.*, 2019).

6.3.6.5 Subtheme 6.5 Adequate knowledge on disability issues

One of the suggestions also made by the focus group discussions was that social workers should have knowledge of all kinds of disabilities. Further, they should know the livelihoods of people with disabilities, along with the barriers that persons and children with disabilities experience. This will help them to know possible intervention plans for children with disabilities. Knowing issues that children with disabilities go through will help them to be in a better position to advocate for their rights. Authors (Rothman, 2018; Yuen *et al.*, 2012) argue that disability should be compulsory in social work curriculum. However, the same authors mention that many social workers deviate from the disability field. The narratives below indicate the feelings of participants on this matter:

> *I struggled a lot when I came into practice after I had completed my studies, because I was clueless about disability and the lives that people with disabilities live. It was hard to communicate with them and interact with them. It is essential that at university level, there are subjects that teach us about disability* (FG2, P4).
>
> *Social workers lack communication with people with disabilities because of language barrier. For example, they do not know sign language. I was at the workshop with people with disabilities, but I couldn't use sign language and it was a challenge* (FG2, P3).

Many participants interviewed mentioned that they do not receive adequate training for the job that they do, while some mentioned that they do not receive training and induction at all. Therefore, it was advised by participants that training should be provided to social workers from time to time so that they are up to date with the relevant and current issues in the disability field:

> *I used to be very frustrated when I first started with people with disabilities. <u>I wish we could have had some sort of training</u>* (FG2, P4).
>
> *We need training on a regular basis on topics relevant to our work* (FG2, P2).

As was indicated in Subtheme 5.6, a number of participants felt they were not given the opportunity to undergo training and professional development to equip them to do their jobs (Schirmer & Michailakis, 2019). Closely related to this subtheme is the next one discussing the induction, supervision, and training of social workers.

6.3.6.6 Subtheme 6.6: Induction, supervision, and training

Training prior to the commencement of work duties is recommended so that social workers are equipped with basic skills and information on how to perform their duties (Bright & Kuper, 2018). Further, training provides confidence to the employees when they know basic intervention strategies. Building on training, the induction process helps social workers to perform their duties efficiently and it helps them understand their roles and duties better. There are some social workers who struggle on the job, mainly because they have not been inducted to the job. Induction helps supervisors and managers to get to know areas where social workers need training to improve service delivery.

It was revealed by participants that the majority of NGOs are run by individuals that do not have the necessary skills and training to run them, as also indicated under Subtheme 5.6. Several participants mentioned that they are not allowed to practice social work, but that they perform duties allocated by their managers, which have nothing to do with social work. This frustration is expressed in the following narrative:

> *I work with nuns who have no qualifications for the job but are assigned the managerial and director positions because the organisation belongs to the church. It is extremely hard because they control everything. I would want to do to intervene in the lives of children but are prevented to practice social work in a professional manner* (FG1, P5).

One of the participants complained that there were no activities for children with physical disabilities where she is employed. There are no rehabilitation programmes that are meant to assist them. This is because social workers in such organisations are not allowed to voice their opinions in terms of intervention strategies. Several participants mentioned that everything they had to do had to be passed by the director. If the director did not approve it, it could be done, no matter how beneficial it would have been for children with disabilities, as was already indicated in Subtheme 5.6. The following narratives indicate participants' frustration in this regard:

> *A social worker should assess if their programmes are benefiting service users. However, <u>we are not allowed to assess if the organisation's programmes are designed in a way that those children would benefit</u>. I do not like that they are treated like zombies who don't deserve any benefits* (FG1, P3).
>
> *This is an organisation that is <u>meant to improve the lives of children with disabilities and help them learn new skills and subjects</u>, but they are just sitting there. There are no activities that they do, and it is hard for me as a social worker to see these children just sitting there because I cannot help them. <u>I cannot perform my duties because the manager does not allow it</u>* (FG1, P5).

It is not conducive to work in an environment that does not promote growth and independence. Several participants indicated that they suffer from depression and burnout because they are limited in service provision in such an environment. This affects children with physical disabilities as well, because they are not getting the best intervention that they could. Several scholars (Bright & Kuper, 2018; Engelbrecht, 2013) reiterate the importance of social work supervision being done by a senior social worker.

6.3.6.7 Subtheme 6.7: Availability of different professionals

It was proposed by participants that the disability department that provides social services to children should also employ other professionals, such as psychologists and physiotherapists. One of the social workers mentioned that they have one physiotherapist who comes only once a year for sessions with the children, and that the therapist works on a pro-bono basis. Other participants mentioned that there is only one physiotherapist at Social Development who works across all the ten districts:

> *We have one orthopaedic paediatrician for 10 districts in the country who works with Social Development from the health department, so we have to cater for them when they come to our districts. I wish there were such a person in the Social Development department. Sometimes we do not have money to cater for him in our district and then we wait a long time until we have the budget to cater for him with accommodation, transport, and food* (FG2, P3).

Participants mentioned that waiting for the orthopaedic nurse to come delays their work, because the orthopaedic nurse mostly does not come and if she comes it is costly to parents of children with disabilities because they have to travel frequently to the Social Development offices. These findings correspond with Shakespeare (2018), who asserts that, in many Sub-Saharan countries, there are less than two physiotherapists in the whole country, which makes work to be inefficient. Children cannot be attended to when needed and as often as needed. Some children are delayed in accessing their social work services because they have not been assessed by the physiotherapist.

Participants from NGOs mentioned that the only time they ever got to have a physiotherapist is when someone volunteered. Children with physical disabilities need physiotherapists on a regular basis to train and massage their bones. It was suggested that there should be a physiotherapist form the government who comes to the NGOs and residential centres to provide their services to children with physical disabilities.

It was further proposed that the physiotherapist provide basic skills training to caregivers on basic activities they should do to help children with physical disabilities. Participants expressed that they want to familiarise themselves with other ways of rehabilitation so that they could help children during the times when the physiotherapist is not around:

> *The physiotherapist only comes once in a year for only a month, so it does not help children much because when their bodies adjust to becoming better the physiotherapist leaves then comes back again after a year for a month. It is better that children get attention regularly so that we can see an impact* (P5).

As was indicated in Category 4.1.3, social workers often render services in a multi-disciplinary team. It is especially in the field of disability where different professionals could work together to ensure the growth and development of their clients (Morley *et al.*, 2019).

6.3.6.8 Subtheme 6.8: Practical interventions applicable in Lesotho

It was suggested that international organisations that provide services to children with disabilities in Lesotho and their families include local social workers in the development of their intervention strategies. This is because some of the interventions they recommend, as mentioned in Subtheme 5.8, are not relevant to children with physical disabilities and their families living in Lesotho. Social workers in organisations that are funded by European companies mentioned that intervention plans that they are required to use during their sessions with services users are not suitable for children in Lesotho. For example, songs and games in the manuals they are given were said to be songs that the children could not relate to. A language barrier also hampers their involvement. Social workers reported that such activities become awkward and that there is thus less participation and interaction during intervention activities:

> *We are just given manuals from Europe that work in intervention for children and their families that live in Europe, and most of the intervention strategies that are written on the manual are not relevant to Lesotho at all. I wish we could be given a chance to use our own intervention methods or at least modify those that we are given to fit children in Lesotho* (FG1, P5).

The livelihoods of children with disabilities in European countries is different from the livelihoods of children with disabilities in impoverished countries. Therefore, intervention methods cannot be the same in all contexts. Interventions that may work for children and their families in European countries may not necessarily work for children with disabilities in developing countries because they are not exposed to the same resources. As was indicated already in subtheme 5.8, the culture of every client should be acknowledged and respected, and service rendering should be culturally appropriate (Zimba, 2020).

6.3.6.9 Subtheme 6.9: Incentives for children and their families

The last suggestion made by participants in the focus group discussions were incentives, as presented below. Participants mentioned that their organisation does not give children any food during intervention activities. This was reported as a challenge because intervention activities take almost the whole day. This means that children would get hungry during activities and lose concentration easily. Participants in the focus group reported:

> *I wish our organisation could provide some snacks and meals for children because we call them to take part in our activities and not give them any food. Children cannot concentrate when they are hungry, and we take many hours doing our intervention activities. Therefore, some of them end up leaving and some never come back again for the programmes because they get hungry, and we have nothing to offer parents and their children. I feel bad for the children, because we would be having our lunches and they would be having nothing to eat. Their parents are impoverished. Therefore, they cannot afford any lunch* (FG1, P4).

> *The fact that we do not offer children any food to eat hinders any progress we may have with families because parents take their children out of the programme once they find out that there is no food for their children* (FG1, P4).

People attend activities more if they know that they will receive some lunch for participation. However, if they are given nothing, they do not bother to come because they do not have money to spend on lunch during activities. As was discussed in Category 4.1.1, most of the children with physical disabilities in Lesotho are from impoverished backgrounds (Leshota, 2013). Provision of a light meal during intervention sessions should be seen as a necessity, as this is a basic need. It was further proposed that children should be given some gifts in the form of school stationery, clothes, or toys, because when nothing is offered, children and their parents do not come.

Finally, it was proposed that some children with disabilities or their families in remote areas be bought cell-phone devices to use to interact with social workers, because participants mentioned that it was a huge challenge to interact with children with disabilities and their families since Covid-19 began:

> *It would be easier for our services if children's families had smart cell-phones so that they are able to participate in our intervention sessions because we are sometimes forced to not meet physically. Our organisation should buy them phones and install our activity programme application so that when we perform our services virtually, they are then able to participate, and none is left behind, and to avoid service users saying that their phones cannot download pdf, or it does not have a camera because it is not a smart phone* (FG1, P2).

Although this suggestion might not be feasible, it would still be meaningful to have some form of online assistance for these families, as intervention progress has become slow due to Covid-19 restrictions, which force closure of the offices and less interaction with services users. As was indicated in Subtheme 5.9, Covid-19 has negatively impacted service delivery, and online intervention strategies could be of great value (Alexiou, 2020).

6.4 CONCLUSION

This chapter presented findings for the empirical study that was conducted in Lesotho with 22 social workers. The study was aimed at gaining an understanding on the social work services provided to children with physical disabilities. The themes that were derived from the findings were discussed in detail. Social work services are meant to make a positive impact on the lives of children with physical disabilities and their families and improve their lives in a way that they receive opportunities that help them to grow and become self-sufficient adults in future. However, the impact that their services have on the lives of children with physical disabilities is limited, because their services are not designed to fully help children. They provide them with temporary relief. This is due to various factors that are rooted in available policies, which are not reactive in improving the lives of children with disabilities. In the last chapter the researcher will present the conclusions and recommendations of the study.

CHAPTER 7

CONCLUSIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

The aim of this study was to gain an understanding of the social work services provided to children with physical disabilities in Lesotho. This chapter provides an overall summary of the study and maps out a way forward regarding social work service provision to children with physical disabilities. It addresses objective 5, which is to provide relevant recommendations to social workers, government and organisations that provide social services to children with physical disabilities.

This study addressed the following research questions:

- What social work services are provided to children with physical disabilities in Lesotho on the different levels of the ecological perspective?
- What challenges are experienced by social workers in service delivery to children with physical disabilities in Lesotho?
- What are the possible solutions to these challenges?

These questions were addressed by the formulation of the objectives set out in Chapter 1**.** The section that follows presents the summary of each objective of the study, followed by the summary of the main themes derived from the empirical data. Lastly, the chapter provides the final recommendations of the study and recommendations for future research.

7.1.1 Objective 1

To provide an overview of the nature and scope of disability and, specifically, the needs of children with disabilities.

The study was aimed at providing an overview of the nature and scope of disability and, specifically, the needs of children with disabilities. The objective was addressed in Chapter 2, which examined different types of disabilities found in children in Lesotho. The study discussed the history of perspectives on disability in various countries, then unpacked the scope of the lives of children with disabilities including the needs and challenges children and their families go through because of disability. Needs were divided into social, physical, and emotional needs.

7.1.2 Objective 2

To explore different theoretical perspectives regarding disability with specific focus on the ecological perspective.

Chapter 3 provided a discussion of relevant perspectives of disability with focus on the ecological perspective. The medical, social and biopsychosocial models of disability were discussed to explain disability and different aspects associated with disability. The ecological perspective was unpacked specifically in relation to the ecological perspective nests. Strengths of the perspective as well as some criticisms were also considered. It was concluded that this perspective is of great value for social workers who render services on different levels for children with physical disabilities, which was discussed in Chapter 4.

7.1.3 Objective 3

To explain the different policies and legislations regarding disability and discuss service delivery to children with a physical disability, specifically focusing on social work services.

Objective 3 was addressed in Chapter 4, which explained different policies and legislation regarding disability. The UNCRPD (2006) was discussed in detail, along with the Lesotho Children's Welfare and Protection Policy (2011) and the Disability and Rehabilitation Policy (2011). This chapter further addressed the impact of legal instruments in influencing social work services to children with physical disabilities. The different levels on which social workers render services, namely the micro-, meso- and macro level were also addressed in this chapter. Furthermore, the application of life model based on the ecological perspective was presented, indicating the different phases in service rendering. Other intervention strategies were also indicated, as well as the challenges and recommendations in service provision to children with physical disabilities.

In Chapter 5, the researcher explained the research methodology that was followed during the study. The way the qualitative research approach with an explorative and descriptive design were utilised in this study was indicated in this chapter. The researcher also indicated also how she had to adjust her initial plans to conduct face to face interviews to online interviews due to Covid-19 safety measures. The research process, the way data were collected and analysed, as well as the ethical aspects of the study were further discussed. Lastly, in this chapter, the limitations of the study were noted.

7.1.4 Objective 4

To empirically investigate the experiences of social workers regarding social services to children with a physical disability in Lesotho.

Objective 4 was covered in Chapter 6, which presented the empirical data that were gathered during data collection. The experiences of social workers who render services to children with physical disabilities in Lesotho were explored in this chapter. Firstly, the biographical details of the participants were displayed to demonstrate that they met the criteria for inclusion and that they were selected because of their knowledge and experience on the topic of this study. Data were analysed and divided into 6 themes with relevant subthemes and categories. These findings were compared with relevant literature, the theoretical framework chosen for this study, as well as the three theoretical chapters.

7.1.5 Objective 5

To provide relevant recommendations to social workers, government and civil society organisations regarding social services provided to children with a physical disability.

Possible solutions for the challenges which social workers face in service provision were one of the themes discussed in Chapter 6. Recommendations to social workers, government and civil society organisations regarding social services provided to children with a physical disability, which is objective 5, is addressed in more detail in Chapter 7.

7.2 PROFILE AND PARTICULARS OF PARTICIPANTS

Data were collected from 22 participants who were social workers providing social work services to children with physical disabilities in 9 of the 10 districts of Lesotho. These included Qacha's Nek, Quthing, Mohales'hoek, Mafeteng, Maseru, Leribe, Botha-Bothe, Thaba-Tseka and Mokhotlong. Participants had experience ranging from 2 to 15 years in provision of social work services to children with physical disabilities. Some of them worked in the public sector, while others were employed by NGOs. The 7 NGOs where they worked included Sentebale, Starkey, Phelisanong, Thuso e tla tsoa kae, St Angela Chehire, Itekeng and Catholic relief services, whereas the public sector organisation was Social Development.

Participants were interviewed online using a semi structured interview guide. Data were further collected through 2 online focus group discussions, with each group including 5 social workers. The first of the focus groups included social workers from NGOs, while the second consisted of social workers from the public sector. An interview guide was also used for the focus groups.

7.3 CONCLUSIONS AND RECOMMENDATION

The conclusions and recommendations are consequently presented based on the 6 themes derived from the empirical data. The themes are as follows:

- Theme 1: Children with disabilities in Lesotho
- Theme 2: Needs of children with disabilities
- Theme 3: Challenges experienced by families with children with disabilities
- Theme 4: Social work services provided to children with physical disabilities
- Theme 5: Challenges experienced by social workers who render services to children with physical disabilities in Lesotho
- Theme 6: Possible solutions

7.3.1 Theme 1: Children with disabilities in Lesotho

Theme 1 was divided into two sub-themes, namely poverty and caregivers. Poverty has been discussed throughout the literature and the empirical findings as one of the major causes of disability or one of the major impacts of disability. It was revealed in the literature that the majority of children with disabilities are from impoverished families. Likewise, participants indicated during the interviews and focus groups that the children they render services to as well as their families live in dire conditions. Participants further mentioned that the situation of children and their families is so severe that their services are not helping much because children are too poor, and their basic needs are often not met. Poverty was further indicated as a barrier to accessing social services because these families do not have the means to access the services.

The second sub-theme covered caregivers of children with disabilities. It was discovered that children with disabilities live with their parents, in most cases their mothers because often fathers leave their families the minute, they discover that their children have disabilities. These findings correlate with literature, which revealed the same pattern mostly in African countries. Further, it was revealed that grandparents often take up the responsibility of caregiving while parents of children with disabilities are working in South Africa. Conversely, some of these children are also raised by their grandparents because they were neglected by their parents. Finally, in cases where the family failed to provide care to children with disabilities, institutional care was an option.

It is concluded that the main challenge that children with disabilities and their families face is poverty. Firstly, they need poverty relief services to meet their basic needs, but also that they can live improved lives with better opportunities to improve their wellbeing. Participants revealed that there is no grant specific to people with disabilities in Lesotho.

Further, participants revealed that there are less than 5 institutions of care for children with physical disabilities in Lesotho and they are all situated in the northern part of Lesotho, which means that there are no institutions in the Southern part of Lesotho. Institutionalisation should be the last option for children with disabilities because they need their families and community members to guide and protect them. However, in cases where children have nowhere to go, institutions come as the best option to provide shelter for such children.

Recommendations for Theme 1

It is recommended that:

- Children with disabilities should receive a disability grant as a measure to alleviate poverty, as indicated in the Disability Policy of Lesotho.
- There should be more poverty alleviation measures to help children with disabilities and their families and the available ones should be strengthened to benefit children and their families.
- There should be sufficient institutions for children with physical disabilities in all districts of Lesotho to provide care in cases when families are not able to care for their children.

7.3.2 Theme 2: Needs of children with disabilities

Needs of children with disabilities were divided into three subthemes, these being the micro level, the meso level and the macro level. The micro level needs were divided into the physiological needs and emotional needs. It was discovered that children with physical disabilities need assistive devices, grants, proper housing, medical attention, and a balanced diet. Children and their families further need emotional support due to challenges that come with living with a child that has a disability.

Needs at meso level were divided into social and educational needs. Participants and literature revealed that children's social needs are socialisation with other members of the community. They are often excluded in social activities due to their impairments. It was further revealed that there are some children with physical disabilities who are locked in their houses because their parents fear society's judgement. Therefore, communities, parents and children with disabilities need education. These families also need socialisation with other parents and children with disabilities to learn from one another.

Furthermore, the majority of children with physical disabilities were said to be illiterate due to not having an opportunity to get education. Participants revealed that mainstream schools do not accept children with disabilities, and that teachers and the schools are not equipped to accommodate children with physical disabilities in

Lesotho. It was further revealed that, even though primary education is free, parents of children with disabilities do not have money to buy extra school expenses such as uniforms, transport, and meals for children.

Needs at macro level were divided into two categories, namely transport and access to movement and cultural needs. It was revealed in the empirical study that children with physical disabilities struggle a lot when it comes to transport. The transport systems available are not conducive for them, even though the disability policy is aimed at making transport accessible for them. Due to a lack of transport, children miss out on numerous important activities. Transport was reported to not only be a challenge for children with disabilities only, but also for social workers who are not able to carry out their duties and intervene in children's lives from their homes. Additionally, it was reported by participants that there are still some beliefs that disability is caused by disobeying some cultural practices.

It can be concluded that the government should make more of an effort to integrate people with disabilities into mainstream society. There are still many barriers that prevent people with disabilities from living their lives. These are apparent in the isolation people with disabilities are subject to and negative cultural beliefs when it comes to disability.

Recommendations for Theme 2

It is recommended that:

- All children with disabilities' needs should be met as far as possible, and that they should especially have access to assistive devices. Without these their functioning and wellbeing are seriously hampered.
- The government of Lesotho should make a concerted effort to improve the transport system in Lesotho so that it is accessible to children with disabilities.
- As far as possible, assistance with sufficient accommodation should be available for families with children with physical disabilities, so that these children have enough space to move around, which is important for their development.

- Children with disabilities should live in an environment where there is accessible clean water and proper sanitation so that their physical health is not compromised.
- Caregivers should be provided with psychoeducational intervention so that they can learn about disability, which will prevent that some children with physical disabilities are locked up in their homes.
- Communities need to be educated regularly on disability so that negative stereotypes are removed.
- Social workers need to provide psychoeducational sessions at mainstream schools so that teachers are educated about disability and so that other learners without disabilities learn how to interact with students with disabilities.
- Disability policy, which aims at removing barriers and providing children and teachers with assistive devices for easier interaction in learning and teaching, should be implemented.

7.3.3 Theme 3: Challenges experienced by families with children with disabilities

Challenges of families of children with disabilities were divided into two subthemes, which are challenges experienced by parents and caregivers of children with physical disabilities and challenges experienced by siblings of children with physical disabilities. Challenges of families of children with disabilities are rooted in the fact that they are impoverished. They cannot afford basic life needs, and for this reason, modes of public transport used in Lesotho, which are costly, are not accessible to them. Caregivers also do not get respite services and they cannot hold on to their jobs because they struggle to find domestic helpers.

Siblings of children with physical disabilities are often neglected because their parents are busy taking care of the child with a physical disability. Additionally, they frequently miss opportunities in education and interaction with their peers because they must chip in and look after their sibling with a physical disability. Several children with disabilities experience abuse in institutions from other children and caregivers.

It can be concluded that disability affects every person in the families of children with disabilities, and the lives of these family members are adjusted to a great extent to accommodate the needs of a child with a disability. Therefore, families of children with disabilities need extra support so that the load of care is lessened.

Recommendations for Theme 3

It is recommended that:

- Families of children with physical disabilities be provided with grants as far as possible, especially for single parent families that are not able to work.
- Disability policy, which aims to make transport accessible, should be implemented.
- Caregivers should be provided with some form of respite services so that siblings of children with disabilities do not miss out in important aspects in their lives.
- There should be schools for children with disabilities in all parts of Lesotho. Although there are a few schools, they are only located at one area in the northern part of Lesotho.

7.3.4 Theme 4: Social work services provided to children with physical disabilities

Social work services provided to children with disabilities were divided into three subthemes, namely social work services at micro level, social work services at meso level and social work services at macro level.

Social work services at micro level were further divided into 5 categories, these being poverty alleviation, education-related services, healthcare-related services, counselling services and protection from abuse. Participants revealed that some measures that are implemented to alleviate poverty were provision of public assistance such as grants, food parcels and assistive devices. Education-related services included bursaries for children with disabilities who could not afford high school fees and advocating for them to be integrated into mainstream schools. In terms of healthcare-related services, participants provided medical exemptions to children with disabilities and ensured that those that need medical care received it. Finally, families and children with disabilities were provided with counselling and protection from abuse in institutions and in the villages.

Social work services provided to children with physical disabilities at meso level were divided into 4 categories, these being group work activities, financial education and income generating projects, skills training and assistance and play as an intervention strategy. Participants revealed that they worked with families and children with disabilities in group sessions to educate them on disability so that families and their children could socialise and learn from one another regarding aspects of disability. The families were further educated on financial skills and income generating projects.

Social work services at macro level were divided into 5 categories, namely intervention with community leaders, advocating for rights of children with disabilities, liaison with other departments, termination, transition of children with disabilities beyond adulthood and community-based rehabilitation. Participants revealed that they intervened with community leaders to integrate disability into communities, since community leaders are more influential in communities. They also held gatherings with community members to educate them on disability. It can be concluded that social workers play an important role in educating communities not to pity children with physical disabilities, but to accept them as rightful citizens of the community. Communities could also be educated not to stereotype these children. Lastly, participants mentioned that they liaised with other departments and arranged for termination or transition of services for children with physical disabilities.

It can be concluded that social work services are an essential need for children with disabilities and their families. Social work intervention plays an integral part in the lives of children with disabilities and their families. Furthermore, it can be concluded that social workers often have a lack of training and continuous professional development.

Recommendations for Theme 4

It is recommended that:

- Some of the social work services should include financial support in the form of loans to families of children with disabilities to start their small businesses, which they can do at their homes so that they can still care for their children.
- Schools should be accommodating to children with physical disabilities and that children with physical disabilities be provided with all the support they may need to take part in mainstream education.
- Support groups for children with disabilities and their families should be empowered and checked regularly to ensure that they are engaging families of children with disabilities and that they benefit from them.
- Children with disabilities should be further equipped with relevant exercises and activities that will stimulate them and their families.
- Social service departments should be provided with a proper budget so that they can come up with intervention methods that will provide children and their families with basic life needs.
- NGOs should be capacitated with the necessary resources so that they can help children with disabilities.
- Social workers should receive better salaries, since many of them do not earn enough to cover their expenses and suffer from burnout.
- Social workers who render services in rural areas such as in the mountains should have sufficient travel allowance to cover their expenses.
- Continuous professional development training should be a priority for social workers in Lesotho and that they should be granted the opportunity to grow professionally.
- Social workers should be given an opportunity to go for workshops where they will meet with other social workers, discuss their work, engage with them on how to make their work better and consider different ways of coping in their work.

- Services to children with disabilities should be holistic, so that parents will be able to access all the services at one place. This is because it is stressful for the parents to move around all the different departments asking for services for their children and they do not have the resources to do so.
- Social workers should intervene with communities regularly so that negative stereotypes against children with disabilities are removed.
- There should be implementation of community-based rehabilitation in each district in Lesotho so that services are able to reach people with disabilities at community level.
- Social workers should hold sensitisation campaigns with different departments so that they take people with disabilities into consideration.

7.3.5 Theme 5: Challenges of social workers

Challenges in social service provision to children with physical disabilities were divided into 9 subthemes, namely inadequate legislation and policy, lack of resources, service user's demands and expectations, challenges caused by caregivers, challenges in service delivery, lack of supervision, environmental challenges, westernised intervention strategies and Covid-19. Covid -19 was divided into 2 categories, these being the impact of Covid 19 on the welfare of children with disabilities and the impact of Covid-19 on service provision. Participants revealed that there is no Disability Act but a Disability Policy, and that the available Disability Policy is not responsive to the needs of children with disabilities. They argued that the policy does not help them in service provision because of lack of resources to implement it. Social workers further mentioned that they do not help children efficiently because of scarcity of resources, the implication being that children are not benefiting from their services. Lack of services was mentioned as not affecting service users only but affecting social workers in a way that they no longer looked forward to doing their job but instead suffered from burnout. Another effect of the lack of resources was that there was an imbalanced service user to social worker ratio, which meant that children were neglected and suffered because of shortage of staff. Lack of supervision in some agencies also hindered social service delivery.

Moreover, social workers reported that caregivers neglected children when they were at the institutions, and that some children did not want to leave because of poverty at their homes. Parents who did not cooperate with social workers but preferred to keep their children in their homes were also said to be a challenge. In terms of environment, the topography of Lesotho was a challenge in that there are places which social workers could not reach. Likewise, families in such places were not able to reach social services in time. Westernised intervention strategies posed a problem for social workers, who revealed that the strategies that they were given from European countries did not benefit children and their families in Lesotho. Finally, Covid-19 challenged social workers in service provision, since they were unable to meet with clients in person, while clients were also not able to afford the technology necessary for virtual sessions.

It can be concluded that social workers are struggling to carry out their duties and make a positive impact in the lives of children with disabilities and their families. They need strong backup and support from an effective policy so that they can fulfil their duties of service provision to children with physical disabilities.

Recommendations for Theme 5

It is recommended that:

- There should be clear guidelines regarding supervision, as this will help social workers in their service provision.
- That sufficient legislation should be implemented so that services could benefit children with physical disabilities. Additionally, when legislation is implemented, that there would be more resources to support social workers in carrying out their duties to children with disabilities.
- There should be social services in the areas that are far to reach so that people who live in those areas have immediate help form social service professionals.
- There should be infrastructure and development strategies in the rural areas. Interventions should be modified to be relevant for children with disabilities and their families, while infrastructure should be developed because many children with disabilities are from rural areas.

- All activities in the communities including schools and churches should be made accessible.

7.3.6 Theme 6: Possible solutions

Possible solutions were divided into 9 subthemes which are compassionate social service professionals, inclusion of people with disabilities in intervention plans, legal instruments for children with disabilities, availability of resources, adequate knowledge on disability issues, induction, supervision and training, availability of different professionals, practical interventions applicable to Lesotho and Incentives for children and their families.

Recommendations for Theme 6

It is recommended that:

- Social workers in the line of duty of children with disabilities should have compassion and empathy because the work that they do needs people who will feel for children and their families. Again, it was revealed that there are social workers who discriminate against children and their families. Therefore, empathetic behaviour may help remove any negative stereotypes social workers may have on people with disabilities.
- Families and children with disabilities should be included in intervention processes because they know their situation best, and that interventions should not be solely from social workers.
- Social service workers should have adequate knowledge on disability and issues related to disability to be able to provide effective services to children with disabilities and their families.
- Disability should be a compulsory part of the social work curriculum.
- There should be legal instruments that are meant for children with disabilities as a form of including them in the mainstream society and ensuring that they receive social services that will be beneficial to them.
- Intervention strategies should be befitting the communities of Lesotho.

7.4 OVERALL CONCLUSION

The study found out that there are social work services provided to children with physical disabilities in Lesotho. However, such services are not accessible to all children with physical disabilities. It is only a small percentage of children with physical disabilities who have access and receive social work services. Therefore, social work services do not make a significant impact on the lives of all the children with physical disabilities. In cases where children have had access to social work services, they do not benefit from intervention as they should due to several challenges, such as transport difficulties and lack of assistive devices. Furthermore, children with disabilities are extremely impoverished. Therefore, social work services are not able to meet all their needs. The available legislature is not effective in assisting social workers in meeting needs of children with physical disabilities. Due to the policy not being implemented, there is scarcity of resources to carry out services by social service professionals at grassroots level. There is also not enough support and training of social workers. Lesotho is a poor country, which means that the available funds allocated to the disability sector do not sufficiently support the needs of children with physical disabilities.

7.5 OVERALL RECOMMENDATIONS TO GOVERNMENT AND CIVIL SOCIETY ORGANISATIONS

People with disabilities need to be present in the making of policies and legislation that affect them. However, they are not included in issues that involve them, since decisions are made for them. If they were included in important decisions, legal instruments would be fully inclusive of children with disabilities. For instance, the Child Protection and Rehabilitation Act is not really addressing children with disabilities in detail and it lacks in implementation. Unfortunately, institutions such as schools are still built without consideration that there are children with disabilities, and this is partly why children with disabilities drop out of schools.

Further, it is recommended that local authorities at the local government level show accountability by facilitating service provision by social workers to children with disabilities. This will improve accountability in service provision and show gaps in service provision that could be improved. Similarly, this will ensure that children with physical disabilities receive the best services.

Subsequently, to ensure that policies are implemented, there needs to be a constant review of the living conditions of people with disabilities, which can be achieved through research. In this way, professionals including social workers can take account of the changing needs of people with disabilities. This kind of review can inform policies so that they are reviewed to better meet the needs of people with disabilities.

There are organisations that were meant to be schools for children with disabilities, but because of lack of funds to pay special education teachers, they end up merely being residential centres for such children. It is recommended that special education remains a focus area that teachers can study to qualify for. This should be sponsored by the government so that there can be many special education teachers. Further, education should be inclusive so that children with disabilities get the chance at education.

Another recommendation that can be made regarding service provision to children with disabilities is that there should be a governing body or council for social services that is responsible for making sure that all organisations, especially NGOs, are responsive to the needs of children and are not violating their rights. The governing body should hold the organisations accountable regarding the services that they promise to deliver and make sure that children receive such services. Similarly, it should regulate social services, because there are NGOs that hire unqualified candidates to serve as social workers. In such cases, children with disabilities are the ones who suffer.

There should also be decentralisation of resources. This could be a solution to lack of resources, which was one of the main challenges that social workers raised in provision of services to children. Participants mentioned that they must wait for resources to reach their districts from the capital city, which could take up to years of waiting. Even when these resources reach their districts, they are not enough to meet the needs of all children with disabilities. It is recommended that, if the resources would come directly from the districts where they are needed, they would be readily available and on time.

Furthermore, it is important that social workers know the range of services and resources available for children with physical disabilities around them, whether these take the form of NGOs or public services. This could help social workers to properly render services to children with disabilities to meet their needs.

Participants stated that children with disabilities are often neglected when it comes to issues that affect them. Therefore, it is recommended that children with disabilities should be given a platform to participate in issues relevant to their lives.

Additionally, participants revealed that there is only one children's court, and that it is in Maseru. It is recommended that there should be children's courts in all the districts. It is a hassle for children and their parents to travel from the districts to Maseru whenever there are cases of violation of children's rights.

It was reported in the empirical findings that other departments do not cooperate and do not include people with disabilities in their services and activities. Therefore, it is recommended that governmental and non-governmental departments that do not provide services directly to people with disabilities include people with disabilities in their activities and intervention plans.

Finally, Rothman (2018) indicates that there are times when needs of children with disabilities cannot be met by their families, their communities or NGOs. They depend on local government and institutions beyond social workers' capabilities, such as the political field. Therefore, it is up to higher institutions to create facilities such as recreational centres for children and youth with disabilities and to fund institutional centres that house children with disabilities. These should be evaluated regularly so that children with disabilities are not abused.

7.6 RECOMMENDATIONS FOR SOCIAL WORK TRAINING

It is recommended that social workers receive continuous training in the disability field in order to equip and strengthen them in their service rendering. Accordingly, they should receive training of their role in the multidisciplinary team. Similarly. social workers in Lesotho should receive proper supervision in order to support and prepare them for the important role they are playing in rendering services to vulnerable groups such as children with disabilities. Finally. It is recommended that social workers in developing countries such as Lesotho are sponsored to attend international conferences to grant them the opportunity to enrich themselves professionally and to network with their colleagues on an international level.

7.7 RECOMMENDATIONS FOR FUTURE RESEARCH

The researcher struggled to find literature on children with disabilities in Lesotho. Therefore, it is recommended that there should be nation-wide research on statistics of children with disabilities in Lesotho and on their livelihoods. Secondly, there should be research on the opinions and views of children with disabilities regarding the social work services provided to them. Similarly, there should be research on the views and opinions of caregivers and parents of children with disabilities on social work services provided to children with physical disabilities, since there seems to be unclear guidelines in the literature regarding the support that such parents need in Lesotho. The effects of disability on siblings of children with physical disabilities in Lesotho is also severely under-researched.

There needs to be research on institutions that provide care to children with disabilities in Lesotho, since literature on these institutions seems to be unclear. Similarly, there should be research on the lives of children with disabilities in institutions Lesotho.

Likewise, there should be research on the role of the government in taking care of the lives of children with disabilities and their families in Lesotho. To this end, the effectiveness of disability policy in meeting the needs of children with disabilities in Lesotho should be explored.

Lastly, it is recommended that there should be research that is not only focused on social workers as social service providers, but also on other social service providers that render services to children with disabilities. This will assess the impact of social service providers in providing services to children with disabilities.

7.8 CONCLUSION

This chapter discussed conclusions and recommendations of the study based on the research objectives the study was set to achieve. The chapter further summarised the themes derived from the empirical findings of the study. The final conclusions are that social work services for children with physical disabilities should be made accessible to every child with a physical disability everywhere across the globe in both rural and urban areas. It is every child’s right to receive social services in order to live a better life.

REFERENCES

Adaka, A., Obi, F. & Ikwem, E. 2014. Implementation of Community-Based Rehabilitation in Nigeria: The Role of Family of People with Disabilities. *International Journal of Technology and Inclusive Education*, 1(2):420–25.

Adams, J. & Leshone, D. 2016. *Active Social Work with Children with Disabilities*. Northwich: Critical Publishing.

Aderemi, T.J. & Pillay, B.J. 2013. Sexual Abstinence and HIV Knowledge in School-Going Adolescents with Intellectual Disabilities and Non-Disabled Adolescents in Nigeria. *Journal of Child and Adolescent Mental Health*, 25(2):161–74.

African Charter on the Rights and Welfare of the Child. 1979. *African Union*. [Online] Avaiblable: https://au.int/en/treaties/african-charter-rights-and-welfare-child [2020, May 2].

Alayarian, A. 2015. *Handbook of Working with Children, Trauma and Resilience*. London: Karnac Books Ltd.

Alexiou, G. 2020. Doctors Issuing Unlawful 'Do Not Resuscitate' Orders For Disabled Covid Patients 'Outrageous. *Forbes 2020.* [Online] Available: https://www.forbes.com/sites/gusalexiou/2020/06/23/unlawful-do-not-resuscitate-orders-for-disabled-covid-patients-outrageous/#51b306286cf1 [2021, August 10].

Algood, C.L., Jun, S.H., Gourdine, R.M. & Williams, A.B. 2011. Maltreatment of Children with Developmental Disabilities: An Ecological Systems Analysis. *Children and Youth Services Review*, 33(7):1142–48.

Alsem, M., Siebes, R. Gorter, J., Jongmans, J., Nijhuis, J. & Ketelaar, M. 2013. Assessment of Family Needs in Children with Physical Disabilities : Development of a Family Needs Inventory. *Child: Care, Health and Development*, 40(4):498–506.

Ashford, J., LeCroy, C. & Williams, L. 2018. *Human Behavior in the Social Environment: A Multidimensional Perspective*. New York: Cengage Learning.

Babbie, E.R. 2016. *The Basics of Social Research*. New York: Cengage Learning.

Babbie, E.R. 2020. *The Practice of Social Research*. 15th Edition. Belmont, CA: Wadsworth Cengage learning.

Bairagi, V. & Munot, M (eds). 2019. *Research Methodology: A Practical and Scientific Approach*. London: Taylor & Francis.

Barclay, L. 2019. *Disability with Dignity: Justice, Human Rights and Equal Status*. New York: Routledge.

Barker, R. 2013. *The Social Work Dictionary*. Washington, DC: NASW Press.

Barlindhaug, G., Umar, E., Wazakili, M. & Emaus, N. 2016. Living with Disabled Children in Malawi: Challenges and Rewards. *African Journal of Disability*, 5(1):1–8.

Barnes, C. & Mercer, C. 2013. *Exploring Disability: A Sociological Introduction*. 2nd Edition. Cambridge, UK: Polity Press.

Barnes, E. 2016. *The Minority Body: A Theory of Disability*. Oxford: Oxford University Press.

Batshaw, M., Roizen, N. & Pellegrino, L. 2019. *Children with Disabilities*. Baltimore: Paul Brookes Publishing CO., Inc.

Bauman, S. & Shaw, L.R. 2016. *Group Work with Persons with Disabilities*. Alexandria: American Councelling Association.

Beaudrap, P.D., Pasquier, E., Tchoumkeu, A., Touko, A., Essomba, F., Brus, A., Desgrées, A. *et al.* 2016. HandiVIH — A Population-Based Survey to Understand the Vulnerability of People with Disabilities to HIV and Other Sexual and Reproductive Health Problems in Cameroon: Protocol and Methodological Considerations. *BMJ Open*, 6(1):1–10.

Bell, J. & Waters, S. 2018. *Doing Your Research Project: A Guide for First Time Researchers*. London: McGraw-Hill.

Berens, A. & Nelson, C. 2015. The Science of Early Adversity: Is There a Role for Large Institutions in the Care of Vulnerable Children? *The Lancet Healthy Longevity*, 386(9991):388–98.

Biddle, N., Al-Yaman, F., Gourley, M., Gray, M., Bray, J.R., Brady, B., Pham, L., Williams, E. & Montaigne, M. 2014. *Indigenous Australians and the National Disability Insurance Scheme Book*. Melbourne: Austrialian National University Press.

Blanck, P. & Flynn, E. 2017. *Routledge Handbook of Disability Law and Human Rights*. *Political Science*. New York: Routledge.

Bordens, K.S. & Abbott, B.B. 2018. *Research Design and Methods: A Process Approach*. 10th Edition*.* New York: McGraw-Hill.

Bøttcher, L. & Dammeyer, J. 2016. *Development and Learning of Young Children with Disabilities*. *International Perspectives on Early Childhood Education and Development*. New York: Springer.

Bright, T. & Kuper, H. 2018. A Systematic Review of Access to General Healthcare Services for People with Disabilities in Low and Middle Income Countries. *International Journal of Environmental Research and Public Health*, 15(1879):1–29.

Brinkmann, S. & Kvale, S. 2015. *InterViews: Learning the Craft of Qualitative Research Interviewing*. 3rd Edition. Los Angeles: Sage Publications.

Bronfenbrenner, U. 1979. *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Cambridge, MA: Harvard University Press.

Brucker, D & Helms, V. 2017. Measuring Disability. *Cityscape: A Journal of Policy Development and Research*, 19(7):257–66.

Carey, A., Block, P. & Scotch, R. 2020. *Allies and Obstacles: Disability Activismm and Parents of Children with Disabilities*. Philadelphia: Temple University Press.

Chataika, T. 2013. *Cultural and Religious Explanations of Disability and Promoting Inclusive Communities*. New York: Palgrave.

Chichaya, T.F., Joubert, R.W.E. & Mccoll, M. 2018. Analysing Disability Policy in Namibia: An Occupational Justice Perspective. *African Journal of Disability*, 7:1–11.

Childrens' Protection and Welfare Act. 2011. *Children's Protection and Welfare Act*. Lesotho.

Chilisa, B. 2012. *Indigenous Research Methodologies*. Thousand Oaks, CA: SAGE Publications.

Chitereka, C. 2010. People with Disabilities and the Role of Social Workers in Lesotho. *Journal of Social Work and Society*, 8(1):82–93.

Cleaver, S., Polatajko, H., Bond, V., Magalhães, L. & Nixon, S. 2018. Exploring the Concerns of Persons with Disabilities in Western Zambia. *African Journal of Disability*, 7(1):1–11.

Cohen, L., Manion, L. & Morrison, K. 2018. *Research Methods in Education*. 8th Edition. New York: Routledge.

Collins, P.Y., Pringle, B., Alexander, C., Darmstadt, G.L., Heymann, J., Huebner, G., Kutlesic, V. 2017. Global Services and Support for Children with Developmental Delays and Disabilities: Bridging Research and Policy Gaps. *Plos Medicine*, 14(9):1–11.

Coomer, R.A. 2013. The Experiences of Parents of Children with Mental Disability Regarding Access to Mental Health Care. *African Journal of Psychiatry*, 16(1):271–276.

Creswell, J.W. 2014. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. London: Sage.

Creswell, J.W. & Creswell, D. 2018. *Research Design*. London: Sage Publications.

Creswell, J.W. & Poth, C. 2018. *Qualitative Inquiry & Research Design: Chosing among Five Approaches*. London: Sage.

Crowley, E.P. 2016. *Preventing Abuse and Neglect in the Lives of Children with Disabilities*. New York: Springer.

Davies, M. 2012. *Social Work with Children and Families*. Houndmills, Basingstoke: Houndmills, Basingstoke: Palgrave Macmillan.

Davis, L. 2021. *Disability Studies Reader*. 6th Edition. New York: Routledge.

Dawson, C. 2019. *Introduction to Research Methods 5th Edition: A Practical Guide for Anyone Undertaking a Research Project*. London: Little, Brown Book Group.

Denzin, N.K. & Lincoln, Y.S. 2018. *The SAGE Handbook of Qualitative Research*. 5th Edition. California: Thousand Oaks, CA: SAGE Publications.

Dixon, J. 2016. *Social Welfare in Africa*. New York: Routledge.

Doyle, C. 2012. *Working with Abused Children : Focus on the Child*. 4th edition. Houndmills, Basingstoke : Palgrave Macmillan : British Association of Social Workers.

Edmonds, A. & Kennedy, T. 2017. *An Applied Guide to Research Designs: Quantitative, Qualitative and Mixed Methods*. New York: Sage Publications.

Eide, A. & Ingstad, B. 2013. Disability and Poverty – Reflections on Research Experiences in Africa and Beyond. *African Journal of Disability*, 2(1):1–7.

Elphick, R., Elphick, J. & Kropiwnicki, Z.D.S. 2014. Substantive Equality and Caregiver Responses to Discrimination against Children with Disabilities in Orange Farm. *South African Journal on Human Rights*, 30(2):221–51.

Engelbrecht, L. 2013. Social Work Supervision Policies and Frameworks: Playing Notes or Making Music? *Social Work/Maatskaplike Werk*, 49(4):456–68.

Engelbrecht, P. & Green, L. 2018. *Responding to the Challenges of Inclusive Education in Southern Africa*. Pretoria: Van Schaik Publishers.

Evans, R. 2015. *Abuse and Violence towards Young Children: Perspectives on Research and Policy*. New York: Abingdon, Oxon : Routledge.

Fouché, C.B., Strydom, H. & Roestenburg, W.J.H. 2021. *Research at Grass Roots*. Pretoria: Van Schaik Publishers.

Francis, A. 2014. *Social Work in Mental Health: Contexts and Theories for Practice*. London: Sage Publications.

French, S. & Swain, J. 2014. *Working with Disabled People in Policy and Practice*. 3rd Edition. London: Palgrave Macmillan.

Germain, C. & Gitterman, A. 1996. *The Life Model of Social Work Practice: Advances in Theory and Practice*. New York: Columbia University Press.

Geyer, L.S. 2021. Interviews as data collection method. In Fouché, C.B., Strydom, H. & Roestenburg, W.J.H. *Research at Grassroots.* Pretoria: Van Schaik.

Ginsburg, F. & Rapp, R. 2013. Disability Worlds. *Annual Review of Anthropology*, 42(1):53–68.

Gitterman, A. & Germain, C. 2008. *The Life Model of Social Work Practice: Advances in Theory and Practice*. New York: Columbia University Press.

Goodley, D. 2017. *Disability Studies an Interdisciplinary Introduction*. London: SAGE Publications.

Godden, J. 2012. *Research on supervision in social work with particular reference to supervision practice in multi-disciplinary teams*. United Kingdom: British Association of Social Work.

Gordon, J. & Donnellan, H. 2013. *Social Work with Children*. New York: Palgrave Macmillan.

Gordon, J., Poder, J. & Burckhart, H. 2017. *Human Rights and Disability: Interdisciplinary Perspectives*. *Human Rights and Disability*. London:

Routledge.

Graham, L., Moodley, J., Ismail, Z., Munsaka, E. & Ross, E. 2014. *Poverty and Disability Research Report*. Johannesburg: The Word Horse.

Gray, M. & Webb, S.A. 2013. *Social Work: Theories and Methods*. 2nd Edition. London: Sage.

Grech, S. 2015. *Disability and Poverty in the Global South: Renegotiating Development in Guatemala*. Hampshire: Palgrave Macmillan.

Halfon, N., Houtrow, A., Larson, K. & Newarcheck, P. 2012. The Changing Landscape of Disability in Childhood. *The Future of Children*, 22(1):13–42.

Healy, K. 2014. *Social Work Theories*. London: Palgrave Macmillan.

Henderson, G. & Bryan, W. 2011. *Psychosocial Aspects of Disability*. Illinois: Charles Thomas Publisher LTD.

Hepworth, D., Rooney, R., Rooney, G. & Kimberly Strom-Gottfried. 2017. *Direct Social Work Practice: Theory and Skills*. California: Brooks/Cole, Cengage Learning.

Heyman, J. & Congress, E. 2018. *Health and Social Work: Practice, Policy and Research*. New York: Springer.

Hollar, D. 2012. *Handbook of Children with Special Health Care Needs*. London: Springer.

Holosko, M., Dulmus, C. & Sowers, K. 2013. *Social Work Practice with Individuals and Families: Evidence-Informed Assessments and Interventions*. New Jersey: John Wiley & Sons.

Hosain, G.M., Atkinson, D. & Underwood, P. 2011. Impact of disability on quality of life of rural disabled people in Bangladesh. *Journal of Health, Population and Nutrition (JHPN)*. 20(4):297–305. [Online] Available: https://doi.org/10.1371/journal.pone.0165625 [2020, November 10].

International Disability Alliance (IDA). 2020. Reaching Persons with Deafblindness during the Covid-19 Pandemic. [Online] Available: https://www.internationaldisabilityalliance.org/covid-deafblind?fbclid=IwAR0wu__U9zjJVaK50hDVZXADBBRbxMCtXsjM4E9nDyAACxIjnMQuNHQxn7w [2021, June 5].

International Federation of Social Workers. 2014. Global Definition of Social Work. [Online] Available: https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/ [2020, October 12].

Iriarte, E., McConkey, R. & Gilligan, R. 2016. *Disability and Human Rights: Global Perspectives*. London: Palgrave.

Jowett, A. 2020. Carrying out qualitative research under lockdown – Practical and ethical considerations. *London School of Economics and Political Science* (LSE Impact blog). [Online] Available: https://blogs.lse.ac.uk/impactofsocialsciences/2020/04/20/carrying-out-qualitative-research-under-lockdown-practical-and-ethical-considerations/ [2021, July 13].

Kamaleri, Y. & Eide, A. 2011. Report on Living Conditions among People with Disabilities in Lesotho: A National Representative Study. Oslo: SINTEF Technology and Society Global Health and Welfare.

Kirst-Ashman,K. 2013. *Introduction to Social Work and Social Welfare: Critical Thinking Perspectives*. New York: Brooks/Cole, Cengage Learning.

Kostanjsek, N., Good, A., Madden, R.H., Üstün, T.B., Chatterji, S., Mathers, C.D. & Officer, A. 2013. Counting Disability: Global and National Estimation. *Disability and Rehabilitation*, 35(13):1065–69.

Kübler-Ross, E. 1972. On death and dying. *The Journal of the American Medical Association*. 221(2):174-179.

Kübler-Ross, E. 2009. *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Families*. London: Routledge.

Kumar, R. 2019. *Research Methodology: A Step-by-Step Guide for Beginners*. 5th Edition. London: Sage.

Laher, S., Fynn, A. & Kramer, S. 2019. *Transforming Research Methods in the Social Sciences: Case Studies from South Africa*. Johannesburg: Wits University Press.

Langer, C. & Lietz, C. 2015. *Applying Theory to Generalist Social Work Practice*. New Jersey: John Wiley & Sons.

Leavy, P. 2017. *Research Design: Quantitative, Qualitative, Arts-Based, and Community-Based Participatory Research Approaches*. New York: The Guilford Press.

Leiter, V. 2004. Parental Activism, Professional Dominance, and Early Childhood Disability. *Disability Studies Quarterly*. 24(2):1–20.

Leshota, L. 2013. Reading the National Disability and Rehabilitation Policy in the Light of Foucault's Technologies of Power. *African Journal of Disability*, 2(1):1–7.

Levitt, J.M. 2017. Developing a model of disability that focuses on the actions of disabled people. *Disability & Society*. 32(5):735-747. [Online] Available: https://doi.org/10.1080/09687599.2017.1324764 [2020, March 20].

Lincoln, Y.S. & Guba, E.G. 1985. *Naturalistic Inquiry*. California: Sage Publications.

LNFOD (Lesotho National Federation of Organisations of the Disabled). 2016. *Disability Lesotho*. Vol. 4. Maseru: LNFOD.

Lonne, B., Harries, M., Featherstone, B. & Gray, M. 2016. *Working Ethically in Child Protection*. New York: Routledge.

Lune, H. & Berg, B. 2017. *Qualitative Research Methods for the Social Sciences. Pearson Education Limited*. Seoul: Pearson Education Limited.

Malatji, K.S. & Ndebele, C. 2018. Challenges Experienced by Women in Raising Children with Intellectual Disabilities. *Suppliment,* (October):129–41.

Manor-Binyamini, I. 2014. *School-Parent Collaborations in Indigenous Communities: Providing Services for Children with Disabilities*. New York: Springer.

Maps of the world. 2011. Political Map of Lesotho. [Online] Available: https://www.mapsofworld.com/lesotho/lesotho-political-map.html [2021, April 13].

Maree, K. 2020. *First Steps in Research*. 3rd Edition. Pretoria: Van Schaik Publishers.

Marini, I., Graf, N.M. & Millington, M.J. 2012. *Psychosocial Aspects of Disability: Insider Perspectives and Counseling Strategies*. New York: Springer Pub.

Marini, I., Graf, N.M. & Millington, M.J. 2018. *Psychosocial Aspects of Disability: Insider Perspectives and Strategies for Counselors*. New York: Springer.

Maslow, A. 1970. *Motivation and Personality*. New York: Haper & Row.

McKinney, E., McKinney, V. & Swartz, L. 2020. COVID-19, Disability and the Context of Healthcare Triage in South Africa: Notes in a Time of Pandemic. *African Journal of Disability,* 9(1):1–9.

Mcnally, A. & Mannan, H. 2011. Perceptions of Caring for Children with Disabilities : Experiences from Moshi , Tanzania. *African Journal of Disability*, 2(1):1–10.

Melendres, M. 2020. Cultural Competence in Social Work Practice: Exploring the Challenges of Newly Employed Social Work Professionals. *Journal of Ethnic & Cultural Diversity in Social Work*, 9(1):1–3.

Meyer, M.H. & Abdul-Malak, Y. 2020. *Grandparenting Children with Disabilities*. New York: Springer.

Midgley, J. 2017. *Social Welfare for a Global Era: International Perspectives on Policy and Practice*. California: Sage.

Miley, K., O'Melia, M. & Dubois, B. 2017. *Generalist Social Work Practice: An Empowering Approach*. London: Pearson Education Limited.

Ministry of Health and Social Welfare. 2011. *The National Disability and Rehabilitation Policy: Mainstreaming Persons with Disabilities into Society*. Maseru.

Mitchell, D.R. & Karr, V. 2014. *Crises, Conflict and Disability: Ensuring Equality*. Abingdon, Oxon: Routledge.

Mitchell, D.T. & Snyder, S. 2015. *Biopolitics of Disability: Neoliberalism, Ablenationalism, and Peripheral Embodiment*. New York: Univ Of Michigan Press.

Monne, R. 2015. Youth with Intellectual Disabilities and HIV/AIDS: Capturing the Hidden Voices. Unpublished masters' thesis. Gaborone: University of Botswana.

Monterio, C., Arnold, J., Locke, S., Steinhorn, L. & Shanske, S. 2016. Social Workers as Care Coordinators: Leaders in Ensuring Effective, Compassionate Care. *Social Work in Health Care*, 1–19.

Morley, C., Ablett, P. & Macfarlane, S. 2019. *Engaging with Social Work: A Critical Introduction*. Melbourne: Cambridge University Press.

Moyle, J. 2016. Including Disability in the Social Work Core Curriculum: A Compelling Argument. *Australian Social Work*, 69(4):503–11.

Muller-Kluits, N. & Slabbert I. 2018. Caregiver burden as depicted by family caregivers of persons with physical disabilities. *Social Work/ Maatskaplike Werk*, 54(4): 493-502.

Nampewo, Z. 2017. Young Women with Disabilities and Access to HIV/AIDS Interventions in Uganda. *Reproductive Health Matters*, 25(50):121–27.

National Academies Sciences Engineering and Medicine. 2018. *Opportunities for Improving Programs and Services for Children with Disabilities*. Washington, DC: The National Academies Press.

Neille J. & Penn C. 2015. Beyond physical access: a qualitative analysis into the barriers to policy implementation and service provision experienced by persons with disabilities living in a rural context. *Rural and remote health*. 15(3):3332.

Nelson, F., Masulani-Mwale, C., Richards, E., Theobald, S. & Gladstone, M. 2016. The Meaning of Participation for Children in Malawi: Insights from Children and Caregivers. *Child: Care, Health and Development*, 43(1):133–43.

Netting, E., Kettner, P., McMurtry, S. & Thomas, L. 2017. *Social Work Macro Practice*. New Jersey: Pearson Education Limited.

Nixon, S.A., Cameron, C., Hanass-Hancock, J., Simwaba, P., Solomon, P.E. & Bond, V.A. 2014. Perceptions of HIV-Related Health Services in Zambia for People with Disabilities Who Are HIV-Positive. *Journal of the International AIDS Society*, 17(1):1–16.

Ntseane, D. & Mmatli, T. 2013. An Assessment of the HIV/AIDS Related Needs of People with Disabilities in Tlokweng Village. Unpublished Work. Gaborone: University of Botswana.

Oliver, D., Serovich, J. & Mason, T. 2006. Constraints and Opportunities with Interview Transcription: Towards Reflection in Qualitative Research. *NIH Public Access*, 84(2):1273–89.

Oliver, M. 2015. *Social Work with Disabled People: Practical Social Work Series*. New York: Macmillan International Higher Education.

Oliver, M., Sapey, B. & Thomas, P. 2012. *Social Work with Disabled People*. London: Palgrave Macmillan.

Ornellas, A., Engelbrecht, L. & Atamtürk, E. 2020. The Fourfold Neoliberal Impact on Social Work and Why This Matters in Times of the Covid-19 Pandemic and Beyond. *Social Work/Maatskaplike Werk*, 56(3):235–49.

Patel, L. 2015. *Social Welfare and Social Development*. 2nd Edition. Cape Town, South Africa: Oxford University Press.

Patten, M. & Newhart, M. 2018. *Understanding Research Methods: An Overview of the Essentials*. New York: Routledge.

Piskur, B., Beurskens, A., Jongmans, M., Ketelaar, M. & Smeets, R. 2014. What Do Parents Need to Enhance Participation of Their School-Aged Child with a Physical Disability? A Cross-Sectional Study in the Netherlands. *Child: Care, Health and Development*, 41(1):84–92.

Powner, L. 2015. *Empirical Research and Writing: A Political Science Student's Practical Guide*. London: Sage Publications.

Puig, V. & Recchia, S. 2021. *Conversations with Families of Children with Disabilities: Insights for Teacher Understanding*. New York: Routledge.

Rembis, M., Kudlick, C. & Nielsen, K. 2018. *The Oxford Handbook of Disabiliy History*. New York: Oxford University Press.

Rimmerman, A. 2013. *Social Inclusion of People with Disabilities: National and International Perspectives*. Cambridge: Cambridge University Press.

Rimmerman, A. 2015. *Family Policy and Disability*. New York: Cambridge University Press.

Rogers, A. 2011. *Human Behaviour in the Social Environment*. Boston: McGraw-Hill.

Ross, A., Arnold, J., Gormley, A., Locke, S., Shanske, S. & Tardiff, C. 2019. Care Coordination in Pediatric Health Care Settings: The Critical Role of Social Work. *Social Work in Health Care*, 58(1):1–13.

Ross, E. & Deverell, A. 2010. *Health, Illness and Disability: Psychological Approaches*. Pretoria: Van Schaik Publishers.

Rothman, J. 2018. *Social Work Practice across Disability*. New York: Routledge.

Roulstone, A. 2018. Disability and the Welfare State in Britain: Changes in Perception and Policy 1948-79. *Journal of Social Policy*. Cambridge: Cambridge University Press.

Roulstone, A. & Mason-Bish, H. 2013. *Disability, Hate Crime and Violence*. New York: Routledge.

Rubin, A. & Babbie, E.R. 2017. *Research Methods for Social Work*. Sydney: Cengage Learning.

Rugoho, T. & Maphosa, F. 2017. Ostracised: Experiences of Mothers of Children with Disabilities in Zimbabwe. *Gender Questions*, 8457(1053):1–18.

Runswick-Cole, K., Curran, T. & Liddiard, K. 2018. *The Palgrave Handbook of Disabled Children's Childhood Studies*. New York: Palgrave Macmillan.

Runswick-Cole, K. & Mallett, R. 2014. *Approaching Disability: Critical Issues and Perspectives*. Abingdon, Oxon: Routledge/Taylor & Francis.

Saldaña, J. 2015. *Thinking Qualitatively: Methods of Mind*. California: Sage Publications.

Schenk, C.J.R., Louw, H., Nel, J.H.B, 2010. *Introduction to Participatory Community Practice*. Pretoria: Unisa Press.

Schenk, K.D., Tun, W., Sheehy, M., Okal, J., Emmanuel, K., Moono, G., Mutale, F., Kyeremaa, R., Ngirabakunzi, E., Amanyiwe, U. & Leclec-Madlala, S. 2020. 'Even the Fowl Has Feelings': Access to HIV Information and Services among Persons with Disabilities in Ghana, Uganda and Zambia. *Disability and Rehabilitation*, 42(3):335–348.

Schirmer, W. & Michailakis, D. 2019. *Systems Theory for Social Work and the Helping Professions*. New York: Routledge.

Schurink, W.J., Schurink E.M. & Fouché, C.B. 2021. Thematic enquiry in qualitative research. In Fouché, C.B., Strydom, H. & Roestenburg, W.J.H. *Research at Grassroots.* Pretoria: Van Schaik.

Shakespeare, T. 2014. *Disability Rights and Wrongs Revisited*. New York: Routledge.

Shakespeare, T. 2015. *Disability Research Today: International Perspectives*. New York: Routledge.

Shakespeare, T. 2018. *Disability: The Basics*. New York: Routledge.

Sharan, M. & Tisdell, E. 2016. *Qualitative Research: A Guide to Design and Implementation*. San Francisco: John Wiley & Sons.

Shaw., I. & Holland, S., 2014. *Doing qualitative research in social work.* Los Angeles: SAGE.

Shepherd, K., Kervick, C. & Morris, D. 2017. *The Art of Collaboration: Lessons from Families of Children with Disabilities*. Rotterdam: Sense Publishers.

Shumba, T.W. & Moodley, I. 2018. Implementation of Disability Policy Framework in Namibia: A Qualitative Study. *South African Journal of Physiotherapy*, 74(1):1–13.

Schurink, W.J., Schurink E.M. & Fouché, C.B. 2021. Thematic enquiry in qualitative research. In Fouché, C.B., Strydom, H. & Roestenburg, W.J.H. *Research at Grassroots.* Pretoria: Van Schaik.

Southern African Federation of the Disabled. 2020. Lesotho Budgets for Provision of Disability Grant to Deserving Persons with Disabilities. *SAFOD 2020*. [Online] Available: http://www.safod.net/news-details/nid/144/lesotho-budgets-for-provision-of-disability-grant-to-deserving-persons-with-disabilities/ [2020, May 22].

Strydom, H. 2021. Sampling techniques and pilot studies in quantitative research. In Fouché, C.B., Strydom, H. & Roestenburg, W.J.H. *Research at Grassroots.* Pretoria: Van Schaik.

Strydom, H. & Roestenburg, W.J.H. 2021. Ethical conduct in research with human participants. In Fouché, C.B., Strydom, H. & Roestenburg, W.J.H. *Research at Grassroots.* Pretoria: Van Schaik.

Suppes, M.A. & Wells, C.C. 2013. *The Social Work Experience: An Introduction to Social Work and Social Welfare*. New Jersey: Pearson Education Limited.

Swain, J., French, S., Barnes, C. & Thomas, C. 2013. *Disabling Barriers- Enabling Environments*. London: Sage.

Tadic, V., Hundt, L.G., Keeley, S. & Rahi, J.S. 2014. Child : Seeing It My Way : Living with Childhood Onset Visual Disability. *Child: Care, Health and Development*, 41(2):239–48.

Taheri, A., Perry, A. & Minnes, P. 2017. Exploring Factors That Impact Activity Participation of Children and Adolescents with Severe Developmental Disabilities. *Journal of Intellectual Disability Research*, 61(12):1151–61.

Talley, C, & Crews, J. 2012. *Multiple Dimensions of Caregiving and Disability: Research. Practice. Policy*. New York: Springer.

Teater, B. 2011. *An Introduction to Applying Social Work Theories and Methods*. Berkshire: McGraw-Hill.

Teater, B. 2014. *An Introduction to Applying Social Work Theories and Methods*. New York: McGraw-Hill.

Traustadottir, R., Ytterhus, B., Egilson, S.T. & Berg, B. (Eds.). 2015. *Childhood and Disability in the Nordic Countries : Being, Becoming, Belonging*. New York: Palgrave Macmillan.

Turner, F.J. 2011. *Social Work Treatment: Interlocking Theoretical Approaches*. New York: Oxford University Press.

UNICEF. 2013. *Children with Disabilities: The State of the World's Children*. New York: UNICEF.

UNICEF. 2015. *Maternal and Newborn Health Disaparities in Lesotho*. New York: UNICEF.

UNICEF. 2017. *Lesotho Social Assistance*. New York: UNICEF.

United Nations. 2006. *Convention on the Rights of Persons with Disabilities and Optional Protocol*. [Online] Available: https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf [2021, June 10].

United Nations. 2015. *Universal Declaration of Human Rights*. [Online] Available: https://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf. [2021, May 7].

Van Heugten, K. & Gibbs, A. 2015. *Social Work for Sociologist: Theory and Practice*. New York: Palgrave Macmillan.

Vergunst, R., Swartz, L., Hem, K., Eide, A.H., Mannan, H., Maclachlan, M., Mji, G., Braathen, S.H. & Schneider, M. 2017. Access to Health Care for Persons with Disabilities in Rural South Africa. *BMC Health Services Research*, 17(741):1–8.

Visagie, S., Eide, A.H., Dyrstad, K., Mannan, H., Swartz, L., Schneider, M., Mji, G. 2017. Factors Related to Environmental Barriers Experienced by Persons with and without Disabilities in Diverse African Settings. *Plos One*, 12(10):1–14.

Visagie, S. & Swartz, L. 2018. 'There Is Nothing Wrong with Me': Disability Invisibility in a Rural South African Town. *Disability and Rehabilitation*, 40(15):1799–1807.

Wade, D.T. & Halligan, P.W. 2017. The Biopsychosocial Model of Illness: A Model Whose Time Has Come. *Clinical Rehabilitation*, 31(8):995–1004.

Waldschmidt, A. 2017. Disability Goes Cultural: The Cultural Model of Disability as an Analytical Tool. In A. Waldschmidt, H. Berressem & M. Ingwersen (eds). *Culture-Theory-Disability: Encounters between Disability Studies and Cultural Studies*. Bielefeld: Transcript Verlag.

Walsh, J. 2014. *Theories for Direct Social Work Practice*. Stamford: Cengage Learning.

Wamunyi, C. 2012. Past and Present Perceptions Towards Disability: A Historical Perspective. *Disability Studies Quartely*, 32(2):139–46.

Wang, M. & Singer, G.H.S.. 2016. *Supporting Families of Children With Developmental Disabilities: Evidence-Based and Emerging Practices*. New York: Oxford University Press.

Wappett, M. & Arndt, K. 2013. *Emerging Perspectives on Disability Studies*. New York: Palgrave Macmillan.

Watermeyer, B. 2013. *Towards a Contextual Psychology of Disablism*. London: London: Routledge.

Watermeyer, B., Mckenzie, J. & Swartz, L. 2019. *The Palgrave Handbook of Disability and Citizenship in the Global South*. New York: Palgrave Macmillan.

Webb, N.B. 2019. *Social Work Practice with Children*. New York: Guilford Publications.

Westwood, P. 2021. *Common Sense Methods for Children with Special Needs and Disabilities*. London: Routledge.

Wilson, K., Ruch, G., Lymbery, M. & Cooper, A. 2011. *Social Work: An Introduction to Contemporary Practice*. Essex: Pearson Education Limited.

World Health Organization (WHO) and World Bank. 2011a. *World Report on Disability.* Geneva: WHO.

World Health Organization (WHO) and World Bank. 2011b. *World Report on Disability*. Geneva: WHO.

World Health Organization (WHO) Regional Office for South-East Asia. 2013. Compilation of Community-Based Rehabilitation Practices in the WHO South-East Asia Region. *WHO Regional Office for South-East Asia*. New Delhi: WHO.

World Health Organization (WHO). 2015. Global Disability Action Plan 2014-2021: Better Health for All People with Disability. *World Health Organization*. Geneva: WHO.

Yegidis, B.L, Weinbach, R.W. & Myers, L.L. 2018. *Research Methods for Social Workers*. 8th Edition. New York: Pearson Education Limited.

Yuen, F.K.O., Cohen, C.B. & Tower, K. 2012. *Disability and Social Work Education*. New York: The Haworth Press.

Zastrow, C. 2013. *The Practice of Social Work: A Comprehensive Worktext*. California: Thomson Brooks/Cole.

Zastrow, C. 2017. *Introduction to Social Work and Social Welfare: Empowering People*. Boston: Cengage Learning.

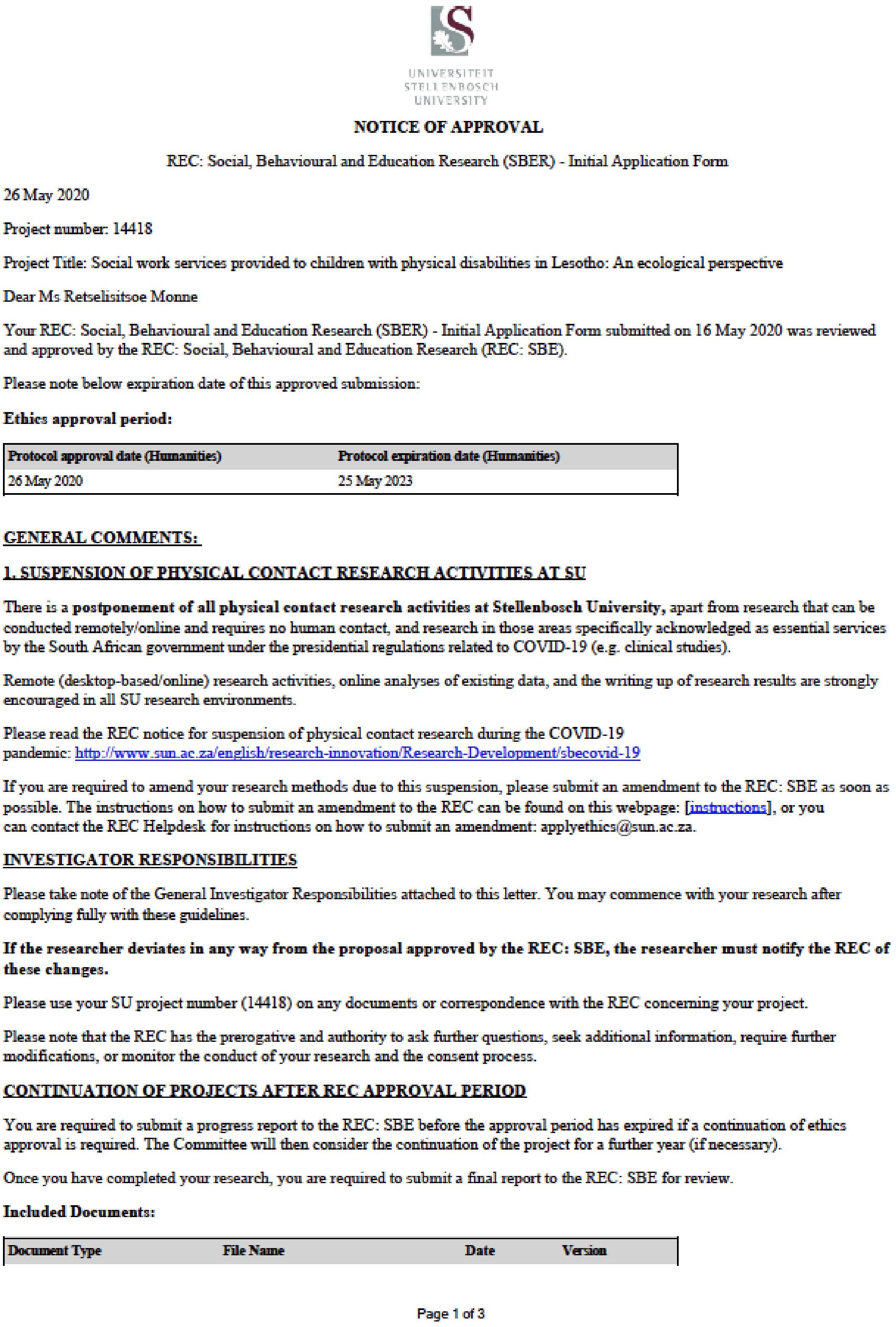
Zastrow, C.H., Kirst-Ashman, K.K. & Hessenhauer, S.L. 2019. *Understanding Human Behaviour and the Social Environment.* 11th edition. Belmont, CA: Cengage Learning, Inc.

Zimba, Z. 2020. Cultural Complexity Thinking by Social Workers in Their Address of Sustainable Development Goals in a Culturally Diverse South Africa. *Journal of Progressive Human Services*, 31(2):93–106.

Zuurmond, M., Nyapera, V., Mwenda, V., Kisia, J., Rono, H. & Palmer, J. 2016. Childhood Disability in Turkana , Kenya: Understanding How Carers Cope in a Complex Humanitarian Setting. *African Journal of Disability*, 5(1):1–8.

ANNEXURE 1

REC ETHICS NOTICE OF APPROVAL



UNIVERSITEIT
STELLENBOSCH
UNIVERSITY

NOTICE OF APPROVAL

REC: Social, Behavioural and Education Research (SBER) - Initial Application Form

26 May 2020

Project number: 14418

Project Title: Social work services provided to children with physical disabilities in Lesotho: An ecological perspective

Dear Ms Retselisitsoe Monne

Your REC: Social, Behavioural and Education Research (SBER) - Initial Application Form submitted on 16 May 2020 was reviewed and approved by the REC: Social, Behavioural and Education Research (REC: SBE).

Please note below expiration date of this approved submission:

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
26 May 2020	25 May 2023

GENERAL COMMENTS:

1. SUSPENSION OF PHYSICAL CONTACT RESEARCH ACTIVITIES AT SU

There is a **postponement of all physical contact research activities at Stellenbosch University,** apart from research that can be conducted remotely/online and requires no human contact, and research in those areas specifically acknowledged as essential services by the South African government under the presidential regulations related to COVID-19 (e.g. clinical studies).

Remote (desktop-based/online) research activities, online analyses of existing data, and the writing up of research results are strongly encouraged in all SU research environments.

Please read the REC notice for suspension of physical contact research during the COVID-19 pandemic: http://www.sun.ac.za/english/research-innovation/Research-Development/sbecovid-19

If you are required to amend your research methods due to this suspension, please submit an amendment to the REC: SBE as soon as possible. The instructions on how to submit an amendment to the REC can be found on this webpage: [instructions], or you can contact the REC Helpdesk for instructions on how to submit an amendment: applyethics@sun.ac.za.

INVESTIGATOR RESPONSIBILITIES

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: SBE, the researcher must notify the REC of these changes.

Please use your SU project number (14418) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

You are required to submit a progress report to the REC: SBE before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary).

Once you have completed your research, you are required to submit a final report to the REC: SBE for review.

Included Documents:

Document Type	File Name	Date	Version

Recruitment material	Permission letter	28/01/2020	28/01/2020
Informed Consent Form	Consent form	28/01/2020	28/01/2020
Data collection tool	Interview guide	28/01/2020	28/01/2020
Request for permission	Permission letter	28/01/2020	28/01/2020
Request for permission	Permission letter World Vision	28/01/2020	28/01/2020
Default	Pro forma cover page R Monne	28/01/2020	28/01/2020
Default	Response letter	12/05/2020	
Research Protocol/Proposal	Monne Edited Proposal	12/05/2020	second version

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

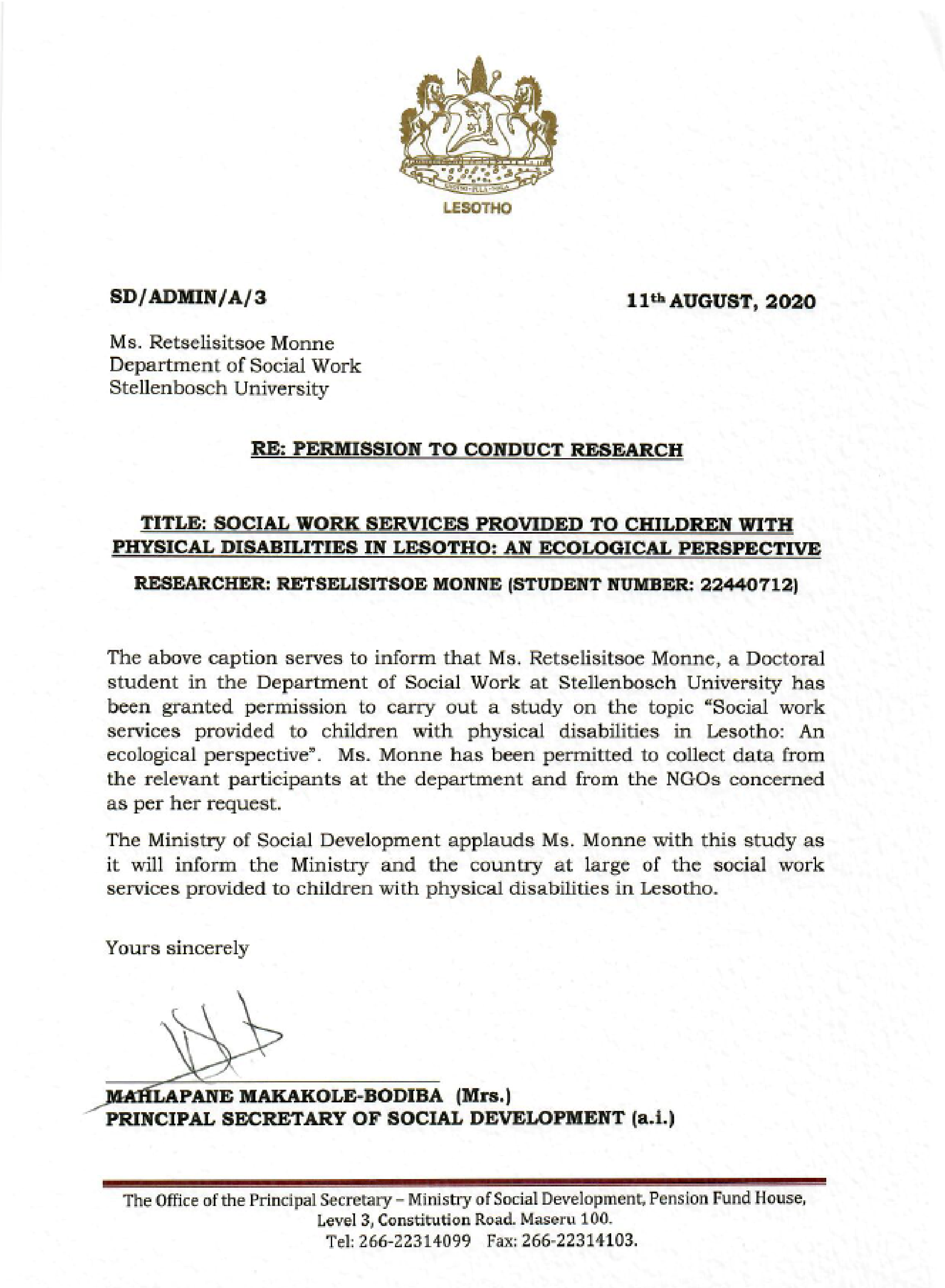
Clarissa Graham

REC Coordinator: Research Ethics Committee: Social, Behavioral and Education Research

National Health Research Ethics Committee (NHREC) registration number: REC-050411-032.
The Research Ethics Committee: Social, Behavioural and Education Research complies with the SA National Health Act No.61 2003 as it pertains to health research. In addition, this committee abides by the ethical norms and principles for research established by the Declaration of Helsinki (2013) and the Department of Health Guidelines for Ethical Research: Principles Structures and Processes (2nd Ed.) 2015. Annually a number of projects may be selected randomly for an external audit.

ANNEXURE 2

PERMISSION LETTER TO CONDUCT STUDY



SD/ADMIN/A/3 **11th AUGUST, 2020**

Ms. Retselisitsoe Monne
Department of Social Work
Stellenbosch University

RE: PERMISSION TO CONDUCT RESEARCH

TITLE: SOCIAL WORK SERVICES PROVIDED TO CHILDREN WITH PHYSICAL DISABILITIES IN LESOTHO: AN ECOLOGICAL PERSPECTIVE

RESEARCHER: RETSELISITSOE MONNE (STUDENT NUMBER: 22440712)

The above caption serves to inform that Ms. Retselisitsoe Monne, a Doctoral student in the Department of Social Work at Stellenbosch University has been granted permission to carry out a study on the topic "Social work services provided to children with physical disabilities in Lesotho: An ecological perspective". Ms. Monne has been permitted to collect data from the relevant participants at the department and from the NGOs concerned as per her request.

The Ministry of Social Development applauds Ms. Monne with this study as it will inform the Ministry and the country at large of the social work services provided to children with physical disabilities in Lesotho.

Yours sincerely

MAHLAPANE MAKAKOLE-BODIBA (Mrs.)
PRINCIPAL SECRETARY OF SOCIAL DEVELOPMENT (a.i.)

The Office of the Principal Secretary – Ministry of Social Development, Pension Fund House,
Level 3, Constitution Road. Maseru 100.
Tel: 266-22314099 Fax: 266-22314103.

ANNEXURE 3

INFORMED CONSENT FORM

UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

Stellenbosch University Consent to Participate in Research

Social work services delivered to children with physical disabilities in Lesotho: An ecological perspective

You are invited to take part in a study conducted by Retselisitsoe Monne (22440712) from the department of Social work at Stellenbosch University. You were approached as a possible participant because you provide social work services to children with physical disabilities.

1. Purpose of the Study

The purpose of the study is to gain an understanding of social work services provided to children with physical disabilities in Lesotho.

2. What will be asked of you

If you volunteer to participate in the study, you will be asked to allocate time to be interviewed once at time convenient to you and the interviews will take one hour maximum.

3. Possible Risks and Comforts

There will not be any risks and discomforts associated with participating in the study.

4. Possible Benefits to the Participants and the Society

The study will benefit children with physical disabilities and social workers because it will have an impact on provision of social services to children with physical disabilities.

5. Payment for Participating in the Study

There will not be any payment for taking part in the study.

6. Protection of your Information and Confidentiality

There will not be any use of the participants names in the study, the participants will be anonymous. You will not have to tell me your name. The tape audio recorder is only used for the purpose of saving time. If you do not want to be audio taped, you will in no way be held against your wish.

7. Participation and Withdrawal

You are asked to participate voluntarily, and you can withdraw from participation anytime you do not feel comfortable taking part in the study.

8. Researcher's contact information

If you have any questions or concerns concerning the study, please feel free to contact Retselisitsoe Monne via email at 22440712@sun.ac.za or my supervisor Dr Slabbert at islabbert@sun.ac.za.

9. Rights of research participants

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

Declaration by the Research Participant

As the participant I confirm that I have read the above information and it is written in a language that I am comfortable with. I have had a chance to ask questions and all my questions have been answered. All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.

By signing below, I ________________________________ agree to take part in this research study, as conducted by _____

____ ______________________

Signature of Participant **Date**

Declaration by the Investigator

As the **principal investigator,** I hereby declare that the information contained in this document has been thoroughly explained to the participant. I also declare that the participant has been encouraged (and has been given ample time) to ask any questions. In addition, I would like to select the following option:

____ ______________________

Signature of Principal Investigator **Date**

ANNEXURE 4

SEMI-STRUCTURED INTERVIEW GUIDE FOR INDIVDUAL INTERVIEWS

Interview Guide

Themes for interview schedule for social workers:

1. Biographical information of participants:
    - Sex
    - Age
    - Years of service
    - Place of service
2. Biographical information of children with physical disabilities.
    - What is the age group of children with physical disabilities that you work with?
    - What kind of physical disabilities do these children have?
    - How many children with physical disabilities do you assist?
    - Who are their caregivers?
3. Needs children with physical disabilities may have:

- **Micro level needs**
    - What are the needs of children with physical disabilities?
    - What kind of challenges do children with disabilities come across?
    - What kind of challenges do families of children with physical disabilities come across?
- **Meso level needs**
    - How would you say children with physical disabilities relate with their peers without disability at school or in the villages?
    - What is the society's attitude towards children with physical disabilities?
- **Macro level needs**
    - What are your views on cultural practices in relation to disability?

4. Social services provided for children with physical disabilities.

- **Services rendered at micro level:**

  - Which services do you provide specifically for children with physical disabilities?
  - How do you assist families of children with physical disabilities?
  - How do you determine that a child with a physical disability needs your services?
  - In service delivery, how is your relationship with other sectors that may render services to children with disabilities?
  - Are you able to reach to all children with disabilities within your area?
- **Services rendered at meso level:**
  - Are there support groups for children with physical disabilities? How do they work?
  - How do you ensure that communities are accommodating to children with physical disabilities?
- **Services rendered at macro level:**
  - What are your views regarding disability policy in addressing needs of children with physical disabilities?
  - How do you advocate for equal rights of children with physical disabilities?

5. Recommendations

- What kind of challenges do you come across in providing services to children with physical disabilities?
- What are your recommendations on how social work services could be better provided to children with physical disabilities to meet their needs?

ANNEXURE 5

SEMI-STRUCTURED INTERVIEW GUIDE FOR FOCUS GROUPS

1. Biographical information of participants in the focus group discussion:
    - Sex
    - Age
    - Years of service
    - Place of service
2. What happens to children with disabilities after they reach 18? Do they transition into adulthood services, or their services get terminated?
3. What are your views on the National Rehabilitation and Disability Policy in addressing needs of children with physical disabilities?
4. How effective are social work services in improving the lives of children with physical disabilities in Lesotho?
5. What kind of challenges do you come across in providing services to children with physical disabilities?
6. How did Covid-19 impact your services to children with physical disabilities?
7. How did Covid-19 impact the lives of children with physical disabilities and their families?
8. What could be the possible solutions towards improving service delivery for children with physical disabilities?

ANNEXURE 6
REFLECTIVE REPORT

According to Rubin and Babbie (2017) being reflective requires the researcher to reflect on how their experiences, views and beliefs could affect their research process. Reflectivity can influence what the participants say and how data is interpreted. This report presents my reflections on my experiences, assumptions, and views as a researcher in relation to the research topic.

The topic selected was of interest to me based on my profession and previous work alignment as a social worker working with vulnerable children. The topic was chosen based on my professional interest and curiosity. I am a qualified social worker who has had practical experience working with vulnerable children from one of the NGOs in Lesotho. During my tenure of practice as a social worker, I have seen the challenges that social workers go through to meet the needs of vulnerable populations. I have experienced the difficulties that social workers from low-income countries come across in meeting the needs of vulnerable children with scarce resources. Additionally, I have experienced several challenges in practice, such as lack of resources, lack of clear lines of supervision and working at NGOs that only focus on meeting timelines and not on making an impact on the lives of vulnerable children.

Further, I have grown up in Lesotho, where there is a high prevalence of poverty and lack and have seen the effects of poverty on the vulnerable populations from practicing as a social worker. There is thus a dire need for social work intervention to improve the lives of children that are impoverished in the country.

Personally, one of my close relatives had a disability, and this hindered a lot of developments in his life. He did not receive much support, and his options were severely limited because of disability until he died.

My personal background and experiences as a social worker who has worked with vulnerable children in Lesotho is well noted in this report. I was aware of the influence and power I could have in directing the research process and findings. However, I made sure that my background and experiences did not influence the research process and findings. I was sure to guard against my own assumptions and experiences from influencing the research process and results. In so doing, I ensured that the interviews were guided by the interview guide, that the participants felt free to express themselves and that the questions in the interview guide were not biased or leading. The interview guide was shared with my supervisor before data collection commenced to ensure that the questions were not biased. I remained objective, did not share my experiences throughout data collection process and reported the research findings as they were from the participants.

Rubin and Babbie (2017) argue that sufficient reflectivity occurs when researchers keep record of what they have done and whether their experiences influence the results of the study. Further, it is achieved by researchers reflecting on how their experience may influence the final findings. I made note of all the research processes and met with my supervisor regularly throughout to ensure that my experiences and beliefs do not affect the study’s findings.