

**An exploratory study of the experiences of people  
with disabilities in a social development  
programme.**

by

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## **DECLARATION**

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

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## **ABSTRACT**

Social workers are increasingly being encouraged to include the economic development of their clients in the intervention strategies they apply. As a result of this, social work programmes with income generating activities are becoming commonplace within the social work arena. People with disabilities have been identified as a group that should be targeted for support in income generating activities and small business initiatives. An exploratory study of the effect of a social work programme on the lives of people with disabilities was undertaken.

A literature study was conducted on perspectives and intervention strategies that are applied in social work intervention with people with disabilities. This included the ecological and strengths perspectives of social work as it applies to people with disabilities. The empowerment approach was described as an intervention strategy to be applied by social workers working with people with disabilities. Disability in South Africa was explored by focussing on the disability rights movement as well as the policies and institutions that affect the lives of people with disabilities.

Little research has been done to explore the effect of social work programmes with income generating activities on the lives of the people involved in them. Exploratory research was done in the Western Cape using the interview survey for data collection,. The experiences of people with disabilities, who are members of a social work income-generating programme, were explored. Information obtained during the interviews is presented in four categories, namely: demographic information of the respondents, the nature of the respondents' disabilities, respondents' involvement in the programme and their awareness of their rights as people with disabilities.

The study revealed that although, income generating activities were the focus of the programme, respondents did not identify economic rewards as the main

reason for remaining in the programme. Respondents identified emotional and social rewards as being of most value to them in their membership of the programme. It is therefore concluded that social work programmes should include both income-generating activities as well as activities that will enhance the emotional and social development of people with disabilities.

## OPSOMMING

Maatskaplike werkers word al hoe meer aangemoedig om die ekonomiese opheffing van hul kliënte in te sluit by die intervensie strategieë wat hul implementeer. Gevolglik word strategieë met inkomste-genererende aktiwiteite al hoe meer alledaags in die maatskaplike werk arena. Mense met gestremdhede is as 'n groep geïdentifiseer om ondersteuning in inkomste-genererende aktiwiteite en kleinsake inisiatiewe te ontvang. 'n Verkennende studie is onderneem om die effek van 'n maatskaplike werkprogram op die lewens van mense met gestremdhede te ondersoek.

'n Literatuurstudie is ook onderneem om die maatskaplike werk perspektiewe en intervensie strategieë wat van toepassing is op mense met gestremdhede, te beskryf. Dit het die maatskaplike werk ekologiese en sterkte perspektiewe ingesluit en ook hoe dit van toepassing is op mense met gestremdhede. Die bemagtigings benadering in maatskaplike werk en die toepassing daarvan op mense met gestremdhede word ook beskryf. Gestremdheid in Suid-Afrika is verken deur te fokus op die gestremdheds regtebeweging, sowel as die beleid en instansies wat 'n effek het op die lewens van mense met gestremdhede.

Min navorsing is tot dusver gedoen om die effek van maatskaplike werkprogramme met inkomste-genererende aktiwiteite op die lewens van mense met gestremdhede te verken. Verkennende navorsing is in die Wes-Kaap gedoen met behulp van onderhoude as 'n instrument vir data insameling. Die ervaringe van mense met gestremdhede, wie lede van 'n maatskaplike werk inkomste-genererende program is, is verken. Inligting wat ingewin is gedurende onderhoude word in vier kategorieë aangebied, naamlik: demografiese inligting van respondente, die aard van respondente se gestremdhede, respondente se betrokkenheid by die program sowel as hulle bewustheid van hulle regte as gestremdes.

In die studie is bevind dat alhoewel inkomste-genererende aktiwiteite die fokus van die program was, het respondente nie noodwendig die ekonomiese beloning as die hoof rede om in die program aan te bly, geïdentifiseer nie. Respondente het die emosionele en sosiale beloning geïdentifiseer as die aspek wat die meeste waarde vir hulle ingehou het. Die gevolgtrekking is dus dat maatskaplike werk programme beide inkomste-genererende aktiwiteite, sowel as aktiwiteite wat die emosionele en sosiale ontwikkeling van gestremdes aanmoedig, moet insluit.

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## **TABLE OF CONTENTS**

### **CHAPTER 1**

#### **INTRODUCTION**

1.1	RESEARCH MOTIVATION	1
1.2	DEFINITIONS	5
1.3	AIM AND OBJECTIVES	6
	1.3.1 Aim	6
	1.3.2 Objectives	6
1.4	AREA OF RESEARCH	7
1.5	RESEARCH METHODOLOGY	7
1.6	DATA ANALYSIS	8
1.7	REPORT LAYOUT	8

### **CHAPTER 2**

#### **THEORETICAL PERSPECTIVES OF SOCIAL WORK AS IT RELATES TO DISABILITY: A PRACTICE FRAMEWORK**

2.1	INTRODUCTION	9
2.2	SCHOOLS OF THOUGHT THAT INFLUENCED THE SOCIAL WORK INTERVENTION WITH PEOPLE WITH DISABILITIES	10
	2.2.1 Medical model of intervention	10
	2.2.2 Social model of disability	11
2.3	THE ECOLOGICAL PERSPECTIVE IN SOCIAL INTERVENTION WITH PEOPLE WITH DISABILITIES	14
	2.3.1 Aspects relevant to the ecological perspective	15
2.4	AN EMPOWERMENT APPROACH IN SOCIAL WORK WITH PEOPLE WITH DISABILITIES	17
	2.4.1 Empowerment through micro practice in social work	18
	2.4.2 Empowerment through macro practice in social work	20

2.5	THE STRNGTHS PERSPECTIVE IN SOCIAL WORK INTERVENTION WITH PEOPLE WITH DISABILITIES	21
2.5.1	Principles of the strengths perspective	22
2.5.2	Applying the strengths perspective	25
2.6	THE ASSET BASED APPROACH TO COMMUNITY DEVELOPMENT WITH PEOPLE WITH DISABILITIES	27
2.6.1	The assets of the community	28
2.6.2	The asset based approach and people with disabilities	29
2.7	SUMMARY	30

### **CHAPTER 3**

#### **A POLICY AND INSTITUTIONAL FRAMEWORK OF DISABILITY IN SOUTH AFRICA**

3.1	INTRODUCTION	32
3.2	THE DISABILITY RIGHTS MOVEMENT IN SOUTH AFRICA	33
3.3	THE SOUTH AFRICAN DISABILITY POLICY FRAMEWORK	35
3.4	THE SOUTH AFRICAN DISABILITY INSTITUTIONAL FRAMEWORK	41
3.5	SOCIAL WELFARE AND COMMUNITY DEVELOPMENT WITH PEOPLE WITH DISABILITIES IN SOUTH AFRICA	45
3.5.1	Community development services at Epilepsy South Africa	47
3.6	SUMMARY	48

### **CHAPTER 4**

#### **THE EFFECT OF A SOCIAL DEVELOPMENT PROGRAMME ON THE LIVES OF PEOPLE WITH DISABILITIES**

4.1	INTRODUCTION	49
4.2	PLACE OF STUDY	49
4.2.1	A social work programme for people with disabilities	50
4.3	EMPIRICAL STUDY	52

4.4	RESULTS OF THE RESEARCH	53
4.4.1	THE RESPONDENTS DEMOGRAPHIC INFORMATION	53
4.4.1.1	Gender and age	53
4.4.1.2	Marital status and family composition	54
4.4.1.3	Housing	55
4.4.2	FINANCIAL STATUS OF MEMBERS	56
4.4.2.1	Income from disability grants	56
4.4.2.2	Income from the programme	57
4.4.3	NATURE OF DISABILITY	58
4.4.3.1	Different types of disabilities of respondents	58
4.4.3.2	Duration of disability	60
4.4.3.3	Daily living tasks	60
4.4.4	INVOLVEMENT IN SOCIAL WORK PROGRAMME	61
4.4.4.1	Duration of attending the programme	62
4.4.4.2	Activities involved in at the programme	63
4.4.4.3	Value of attending the programme	64
4.4.4.4	Satisfaction of attending the programme	65
4.4.4.5	Effect of programme on members lives	67
4.4.4.6	Inclusion in the decision making of the programme	68
4.4.4.7	The effect of prior learning	69
4.4.5	KNOWLEDGE OF OTHER ORGANISATIONS	69
4.4.6	AWARE OF THE RIGHTS OF PEOPLE WITH DISABILITES	70
4.5	SUMMARY	70
<b>CHAPTER 5</b>		
<b>CONCLUSIONS AND RECOMMENDATIONS</b>		
5.1	INTRODUCTION	72

5.2	CONCLUSIONS	72
5.2.1	Demographic profile of respondents	72
5.2.2	Standard of living of respondents	73
5.2.3	Nature and extent of disability	73
5.2.4	The programme as a source of income	73
5.2.5	Choice of income generating activity	74
5.2.6	Reasons for remaining in the programme	74
5.2.7	Respondents awareness of the rights of people with disabilities	75
5.3	RECOMMENDATIONS	75
5.3.1	Organisations that render services to people with disabilities	75
5.3.2	Social work programmes and income generation	76
5.3.3	Disability and poverty	76
5.3.4	Rehabilitation and training	77
5.3.5	Further research	77

**BIBLIOGRAPHY** **78**

APPENDIX 1: QUESTIONNAIRE

**LIST OF FIGURES**

Figure

4.1	Housing	55
4.2	Income from the programme	57
4.3	Types of disabilities	59
4.4	Duration of living with a disability	60

**LIST OF TABLES**

Table

1.1	Percentage of people with disabilities in the Western Cape	3
4.1	Gender and age of respondents	53
4.2	Marital status and family composition	54

4.3	Income from disability grants	56
4.4	Daily living tasks	61
4.5	Duration of attending the programme	62
4.6	Activities involved in at the programme	63
4.7	Value of attending the programme	64
4.8	Satisfaction with the programme	66
4.9	How has membership changed the respondent	67

## CHAPTER 1

### INTRODUCTION

#### 1.1 RESEARCH MOTIVATION

From the earliest recorded history, people with disabilities have been ostracised, rejected and discriminated against in society. Society's attitude and treatment of people with disabilities was based on their cultural belief systems. The rejection and discrimination experienced by people with disabilities ranged from being perceived to be possessed by evil spirits by the Neolithic tribes, to being an expression of God's displeasure in the Judeo-Christian era, to imperfect and inadequate during the 18th and 19th century and to being non-productive and socially abject during the 20th century (Mackelprang, Romel & Salsgiver, 1996:7; Howell & Masuta, 1993:1).

In the 1960's people with disabilities started rejecting the notion of being non-productive and abject, that society labelled them with. They focussed attention on the handicap placed on them by society, especially society's attitude toward people with disability. People with disabilities founded organisations that advocated the integration of people with disabilities into mainstream society. This was the beginning of the *disability rights movement* (Beaulaurier & Taylor, 2001:69; Francis & Silver, 2000:3).

Over the past fifty years the world's view of and attitude towards disability has changed from equating disability with illness, to realising that society needs to adapt to meet the needs of people with disabilities. Priestley (1993:17) views disability as a limitation of an individual to take part in normal community life on an equal level with others due to psychological and social barriers. Francis and Silver (2000:3) support this view and describe disability as a problem located in

society rather than with the individual with the impairment. In referring to this change in thinking about disability as a shift from an individual approach to a social approach toward disability, Oliver (1996:32) describes how, with the individual approach, the problem of disability is located within the individual and the disability is equated with illness. On the other hand the social approach locates the problem of disability within society, with the social model of addressing problems relating to disabilities including all aspects in society ranging from attitudes and policies, to access to buildings and work arrangements (Oliver, 1996:33).

It therefore follows that people with disabilities are demanding their rights rather than only focussing on their needs. Coleridge (1993:45) refers to the "politics of disability" when he addresses the issue of the rights of disabled people and points out how the focus of the disabled moves from the individual to the society and making it a social or political issue. This change in focus was also encapsulated in the Standard Rules on the Equalisation of Opportunities of Persons with Disabilities formulated by the United Nations (United Nations, 1993). The formulation of this document was seen as a direct result to the positive change of attitude in addressing issues of disabilities in society.

The 1997, The White Paper on an Integrated National Disability Strategy (INDS) noted that there is a lack of reliable information on disability in South Africa. Even though available data cannot provide a perfect portrait of disability in South Africa, it can provide a rough sense of the scope of the disability.

The following table presents the percentage of the population with disabilities in the Western Cape Province in relation to the country as a whole. The figures used were obtained from the 1996 Census Report as the 2001 Census Report is still to be published.

**Table 1.1 Percentage of people with disabilities in the Western Cape**

<b>Population</b>	<b>Western Cape</b>	<b>South Africa</b>
Total population	3,956,875	40,583,574
Disabled population	145,438	2,657,714
Percentage of population disabled	3,6%	6,6%

The percentage of people with disabilities according to the 1996 Census is 6,6% as reflected in the Table 1.1 above. This appears to be in keeping with the special survey conducted by the Department of Health and the Community Agency for Social Enquiry that estimated that 5,9% of the South African population are disabled. This is also comparable with the suggested estimate of 5% of the population of developing countries (Transforming the Present – Protecting the Future Consolidated Report, 2002:101).

In South Africa the rights of people with disabilities are extensively addressed in the South African Constitution and are upheld through policies such as the White paper on an Integrated National Disability Strategy (1997). Rules that guide policies like these are based on the values in society. Priestley (1999:27) states that “values in society directly correlate with the policies that the society will develop”. Oliver in Swain *et al.* (1993:49) illustrates this by citing an example where, the notion of placing people with disabilities in institutional care in responding to their needs, is based on the values espoused by the individual model, whereas community based care is advocated by the social model.

According to the White Paper on an Integrated National Disability Strategy (1997) disability does not only affect the disabled individual but also the family and the immediate community. This is evident in the examination of the relationship between poverty and disability.

Oliver (1996:114) is of the opinion that people with disabilities are mainly poor since their disability or impairment excludes them from mainstream social and economic activities. This exclusion of people with disabilities is an aspect that is addressed by the policy guidelines of the White Paper on a National Integrated Strategy (1997) in which various strategies for the inclusion of people with disabilities are proposed. These relate to issues of health, education, social welfare and employment. For the purpose of this research emphasis will be put on the community development strategies that should be used in intervention with individuals, groups and communities of people with disabilities. The White Paper on Disability (1997:49) propagates that community development strategies should be used to alleviate poverty and foster the empowerment of people with disabilities. The initiation of self-help projects is seen as a comprehensive employment strategy for people with disabilities, which will ensure economic empowerment (White Paper on an Integrated National Disability Strategy 1997:44).

The Department of Trade and Industries also supports the promotion of self-help projects or small business initiatives as an economic empowerment strategy. The White Paper on Promoting Small Business (1995:22) identifies people with disabilities as a group targeted for support in initiating and developing small business initiatives.

In response to the policy guidelines of The White Paper on an Integrated National Disability Strategy (1997), Epilepsy South Africa introduced income-generating projects to people with disabilities in communities in the Western Cape in 1997. These programmes aim to enhance the capacity of people with disability and to

ensure their economic empowerment. The purpose of the research was to explore the effect of these income-generating projects on the lives of the people directly involved in the project. The results of the research study provided information that explained people's commitment to the project since its inception. It also explored how people with disabilities' involvement in the project added value to their lives and contributed to their capacity building and involvement in the community.

## **1.2 DEFINITIONS**

Definitions of disability determine people's legal and practical entitlement to forms of assistance where it is available. The nature and extent to which people with disabilities require assistance will depend on the economic status of the person with disability. It could be as sophisticated as modifying a vehicle for use by a person with disabilities to as basic as financial assistance to buy food and shelter (Wendell, 1996:11).

For some, disability refers exclusively to a chronic medical condition or physical or mental impairment. For others, disability is the functional consequences of chronic mental and physical conditions and for still others disability is the by-product of social and physical environments that do not accommodate people with different functional abilities (Wendell, 1996:12).

In this dissertation the following United Nations definitions and distinctions of impairment, disability and handicap are offered (Wendell 1996:13).

"Impairment: Any loss of or abnormality of psychological, physiological or anatomical structure or function."

"Disability: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being."

"Handicap: A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal, depending on age, sex, social and cultural factors for that individual."

In this study the researcher uses the term "people with disability/ies" as opposed to "disabled people". The decision was taken on the basis that the person with a disability is a person first and then disabled. Kretzman and McKnight (1993:69) points out that by using the labels "disabled", "mentally retarded" or "epileptic", the focus is exclusively on what is different about individuals and obscures their other qualities, which are similar to other community members.

### **1.3 AIM AND OBJECTIVES**

#### **1.3.1 Aim**

The aim of this study is to explore how disabled people's involvement in an income-generating project impact on their lives.

#### **1.3.2 Objectives**

The objectives of the study were:

- (1) To provide a theoretical description of the social, political and economic dynamics and consequences of disability.
- (2) To investigate the social welfare policies, services and resources that affects the lives of people with disabilities in South Africa and specifically Epilepsy South Africa in the Western Cape.
- (3) To determine the effect of, an income generating social development programme, on the lives of people with disabilities

## **1.4 AREA OF RESEARCH**

The research was conducted at the Western Cape Branch of Epilepsy South Africa. The study specifically focussed on people with disabilities that were currently participating in the social work programme of the organisation, which has income generating activities. The projects are situated in the following areas in the Western Cape: Khayelitsha, Guguletu, Mitchells Plain and Saron.

All project members were respondents in this study. There were 27 project members. The researcher has a working relationship with all project members and did not experience difficulties in obtaining sanction from them for the research.

## **1.5 RESEARCH METHODOLOGY**

An exploratory research design was used for the purposes of this research. According to Babbie and Mouton (2001:79), use of the exploratory research design is valuable in social scientific research, and can always yield new insights into a topic for research. Williams, Tutty and Grinnell (1995:196) propagates the use of an exploratory research design to explore the research question or problem area, and not to produce statistically sound or conclusive results. The purpose is to build a foundation of general ideas, which can be explored at a later stage with more complex research designs. This research design is often referred to as pre-experimental or non-experimental. The authors also promote the use of this research design in an area of enquiry where very little is already known.

In this research the quantitative method of research was used. By using the quantitative method of research in a study of this nature helps to uncover generalisations and develop hypotheses which can be investigated and tested later with more precise data gathering techniques (De Vos, Strydom, Fouche & Delport, 2002:104). The questionnaire was used to gather the data which included both closed and open questions were asked. In this study personal questionnaires were used where the researcher was available to assist the respondents with

completing the questionnaire when they needed assistance (De Vos, Strydom, Fouche & Delport, 2002:155).

## **1.6 DATA ANALYSIS**

The data will be analysed and presented in accordance with the quantitative method of research. De Vos *et al.* (2002:224) states that in quantitative research, data analysis entails breaking down data into constituent parts to obtain answers to research questions. According to De Vos *et al.* (2002:237) the analysis of data does not provide the answer to research questions, interpretation of the data is necessary. It is impossible to explain raw data, the researcher must first analyse the data and then interpret the results of the analysis.

## **1.7 REPORT LAY OUT**

This research report consists of five chapters. Chapter 1 is an introduction to the study, Chapter 2 focuses on the theoretical perspectives of social work as it relates to working with people with disabilities. In Chapter 3 the field of disability, as it exists in South Africa is described. The link between the South African model and the broader school of thought on which it is based will be examined. This chapter will also include the South African response to the needs of people with disabilities. This will include both the political responses in respect of the legislation as well as services that are rendered to people with disabilities. Chapter 4 contains the results of the empirical study and Chapter 5 contains conclusions drawn from the empirical study as well as recommendations and suggestions for further research.

## **CHAPTER 2**

### **THEORETICAL PERSPECTIVES OF SOCIAL WORK AS IT RELATES TO DISABILITY: A PRACTICE FRAMEWORK**

#### **2.1 INTRODUCTION**

Traditionally, social work intervention in the field of disability consisted mainly of information giving, referral and counselling and was based on the interdisciplinary arrangements of rehabilitation (Beaulaurier & Taylor, 2001:68). The change in focus on disability that was influenced by the disability rights movement brought about a situation where the efficacy of traditional social work intervention was questioned. People with disabilities were increasingly becoming interested in empowerment to the extent that social workers were pressured to empower clients to become active participants and decision makers in all aspects of their lives (Beaulaurier & Taylor, 2001:68; Mackelprang & Salsgiver, 1996:16).

The response of social work to people with disabilities has changed over the years and is linked to the way in which society views people with disabilities. This change in attitude is influenced by two schools of thought, namely the medical and social models of intervention with people with disabilities. The influence of the social model of viewing disabilities has increasingly led to people with disabilities being included in mainstream society. In social work this is likened to the ecological perspective that views people in relation to their environment. A discussion of the schools of thought that have influenced the intervention with people with disabilities and the ecological perspective as it applies to people with disabilities will illustrate the change in attitude toward a more holistic view of people with disabilities. The holistic approach emphasises both the person and the environment that the person with disability is functioning in. In so doing, the intervention that is planned is not necessarily directed at the individual; it could

also be directed at the environment in order to enable the individual to function more effectively in that environment.

The empowerment approach and strength perspective will be discussed as an intervention strategy to enable the individual or community to realise their potential. The strength perspective will be discussed in more detail because the values of the strength perspective are similar to those of the social work programme, which is the focus of this research. In the social work programme, high value is placed on the goals of independence, inclusion, individualisation and productivity of people with disabilities. This is in contrast to social work approaches that focus on identifying defects and disabilities and appears to be more akin to the strength perspective as an intervention approach with people with disabilities. The discussion of community work as a way of intervention is included in this chapter on the basis that the focus of this study is a community work programme for people with disabilities

## **2.2 SCHOOLS OF THOUGHT THAT INFLUENCED THE SOCIAL WORK INTERVENTION WITH PEOPLE WITH DISABILITIES**

Historically, two schools of thought have influenced the intervention with people with disabilities, namely the medical and social models. These will be discussed in the following section.

### **2.2.1 Medical model of intervention**

According to the medical or traditional model of working with people with disabilities, the impairment is the root cause of all the difficulties that the person with disabilities faces (Shakespeare & Watson, 1999:14). This model views doctors as treatment directors and nurses, therapists, social workers and other health care professionals as assistants who help direct the patient's life (Mackelprang & Salsgiver, 1996:9). Patients are passive recipients of treatment that is dispensed by professionals who are experts. These experts make the decisions and inform

patients of their decisions (Shakespeare & Watson, 1999:14; McCall & Bickenbach, 1998:184; Mackelprang & Salsgiver, 1996:9).

Traditional medical paradigms defined the nature of disability by individual deficiencies and biology. An example of this is the continued justification for keeping children with disabilities in special schools because of their impairments (Mackelprang & Salsgiver, 1999:10; Oliver & Sapey, 1999:140; Quinn, 1998:85). The medical model focuses on changes that should be effected with individuals rather than changes in the social processes. This resulted in services aimed at the individual, with the focus on the restoration of the individual to "normality". Consequently, people with disabilities are presented as a tragedy because of their inability to conform to this "normality" (Shakespeare & Watson, 1999:15; McCall & Bickenbach, 1998:184).

The continued medical approach in treatment and attitudes by both the medical fraternity and society at large, led to great dissatisfaction. Thus, in the last decade of the 20<sup>th</sup> century, people with disabilities demanded to take control of their own lives. This subsequently led to the development of the social model of disability (Mackelprang & Salsgiver, 1996:10).

### **2.2.2 Social model of disability**

The social movement towards disability started in the 1970s in Britain, and view disability as the social limitations placed on the individual by society (Francis & Silvers, 2000:3; Shakespeare & Watson, 1999:13). Supporters of this model conclude that individuals are disabled as a result of prejudice and discrimination by society and not as a result of their own impairment.

The supporters of the social model recommend that time and money should not be spent trying to "normalise" a person with disabilities. They suggest that the barriers in society causing the disability should rather be removed. Examples of the barriers referred to are stereotyping, inequality of opportunity and

misinformation about the causes of disability (Francis & Silvers, 2000:3; Oliver & Sapey, 1999:23; Shakespeare & Watson, 1999:14). The authors support the notion that the social model of disability should be seen as an adaptation that society must make, rather than an adaptation that the individual with disability should make.

Shakespeare and Watson (1999:16-17) identified three principles that will assist in understanding the social model of disability, namely the principle of equality, the principle of inclusion and the principle of autonomy.

- *The principle of equality*

The social model suggests that the social experience of the individual should be described by the social restrictions of society, rather than by the individual's physical incapacity. The poverty, unemployment and marginalisation of people with disabilities are a result of economic priorities and social policies and not of the individual's physical capacity. In promoting equality for people with disabilities, priority should be given to removing these economic and social barriers. This can also be done by creating specific programmes that aim at the economic empowerment of people with disabilities. Francis and Silvers (2000:4) further comment that genuine equality is broader than specific economic and social policies and that it should be broadly present throughout the community and that it entitles the person with a disability to full citizen rights.

- *The principle of inclusion*

The principle of inclusion draws attention to the ways in which policies and environments have developed and how they exclude people with disabilities. People with disabilities have the same needs as everybody else, but their needs are not met because of the exclusive way in which policies and the environment have developed. An example is where children with

disabilities were educated in special schools. Oliver and Sapey (1999:140) caution that even when a change in legislation to include children with disabilities into mainstream education is implemented, the environment may still create exclusion for these children. They state that educators may refuse to teach children with disabilities in mainstream schools based on an argument that mainstream education denies children access to specialised facilities such as Braille.

- *The principle of autonomy*

The principle of autonomy suggests that people with disabilities should be recognised as the experts on their own lives. It is suggested that professionals such as doctors, therapists and social workers obstruct the person with disability in taking control of their own lives by making decisions for them. However, the principle of autonomy does not mean that professionals should be disregarded in assisting people with disabilities, but rather that the person with disability should set the agenda for the assistance to be given. Ward and Meyer (1999: 134) further support the principle of autonomy in their concept of "independent living". They argue that the control that people have over their lives should not be measured by the tasks a person can perform without assistance, but rather by the quality of the person's life with help. Intervention that is planned does not always have to ensure adaptation by the individual with the disability it could also be the adaptation of the environment, which could include the assistance of others.

When the person with a disability is able to make choices about acceptable options, the client can exercise his/her right to self-determination (Ward & Meyer, 1999:135). In making decisions about his/her life, the client gains control over his/her life and is empowered (Sheafor, Horejsi & Horejsi, 2000:77).

### **2.3 THE ECOLOGICAL PERSPECTIVE IN SOCIAL WORK INTERVENTION WITH PEOPLE WITH DISABILITIES**

The ecological perspective in social work focuses on the influence that the person and the environment have on each other. This includes the exchanges between people and their physical and social environments, rather than only the impact of the environment on human functioning. The exchange between people and their environment is also called the *person in the environment fit*, which refers to the fit between the needs, capacities and goals of the people and the characteristics of the environment (Derezotes, 2000:47; Germain & Gitterman, 1996:8; Miley, O'Melia & Du Bois, 1995:35; Hepworth & Larsen, 1993:15).

In applying an ecological perspective to people with disabilities, Hepworth and Larsen (1993:16-17) relate to the difference between the medical and social model. Rather than be defined in medical terms, disability is currently viewed from a psychosocial perspective. People with disabilities are viewed by their interactions with society, the attitudes that society has towards them, as well as by the architecture, means of transport and social organisations constructed by able-bodied persons. When examining the person in environment fit of the person with disability, it stands to reason that a disability can be minimised by the goodness of fit between the needs of people with disabilities and environmental resources that correspond to their special needs. An example of this could be the need for education for children with mental disabilities. As long as a community does not provide education programmes for children with mental disabilities a "bad fit" will be experienced.

The following are various aspects that form the basis of the ecological perspective and a holistic understanding of people with disabilities.

### **2.3.1 Aspects relevant to the ecological perspective**

The ecological perspective represents a way of conceptualising the exchanges between people and their physical and social environments. In so doing it integrates aspects from ecology. Germain and Gitterman (1996) examine the following aspects which underlies the ecological perspective:

- **Person: environmental fit**

The person in environment fit is the mutual and reciprocal relationship between the person and his/her environment. When this mutual relationship is impaired, the people will not be able to meet their needs or realise their aspirations and personal development. An example of this is when a paraplegic may need to have access to a building to receive training for a specific job, but cannot gain access to the building as no provision is made for access by means of a wheelchair.

When the poor fit exists, adaptations may need to be made in order to achieve personal or environmental change and to improve the level of the person and environment fit. In the example mentioned, adaptations to the building may need to be made for the paraplegic to gain access in order to receive training.

- **Life stress, coping and challenge**

External and internal stresses are expressions of negative relationships between the person and the environment. The life stress takes the form of loss, harm or threat e.g. job loss, bereavement or illness. Internal stress is internally generated and may have physiological or emotional consequences and is often triggered by an external stressor.

Life stress can be as much a challenge as it can also arouse negative and often disabling feelings. Coping mechanisms are the special adaptations individuals make when they are experiencing stressful demand.

The interrelatedness of the stress and coping aspects takes into account the characteristics of the person and the environment, as well as the exchanges between them. The social worker constantly needs to take cognisance of the interrelatedness the person and the environment.

- **Competence, self-esteem and self-direction**

The attributes of *competence, self-esteem and self-direction* as explained by Germain and Gitterman (1996:27) refer to the successful adaptations that are made by the individual in mastering the environment. People with disabilities may develop a sense of inferiority when, through discrimination and prejudice, they are not permitted to develop success in doing things or achieving goals.

*Competence* refers to a situation with the person with disability, whose environment may have been adjusted to enable him/her to be successful in realising their aspirations. The social and physical environment can either develop or inhibit the person in environmental fit.

*Self-direction* refers to the individual; having some measure of control over his/her life and to take responsibility for his/her actions while respecting the rights and needs of others.

*Self-esteem* refers to positive feelings about oneself acquired through experiences of competence and self-direction. Lee (2001:145) points out that minorities like people with disabilities face prejudicial attitudes and discrimination, which have a negative impact on self-esteem. Lee also makes the generalisation that disabled people may internalise the negative labels and representations of the dominant society, which may lead to lower self-esteem.

Lee (2001:39) identifies the ecological perspective as a foundation for the empowerment approach. A discussion of the empowerment approach follows.

## **2.4 AN EMPOWERMENT APPROACH IN SOCIAL WORK WITH PEOPLE WITH DISABILITIES**

Helping people, both individually and collectively, to gain power over their lives has been a part of social work's founding. This is why some authors like Beaulaurier and Taylor (2001:81) do not see empowerment as a new paradigm for practice but rather a new word for an established method of working with people. Most of the people that social workers work with are oppressed or discriminated against by social and economic forces beyond their control. People with disabilities are a minority that have been discriminated against by society and who may believe they are powerless to change their situation. (Beaulaurier & Taylor, 2001:81; Sheafor *et al.*, 2000:481; Germain & Gitterman, 1996:31; Miley *et al.*, 1995:68.)

Empowerment refers to decisions and actions of the social worker, to help people understand the social, economic and political context of their situation and includes identifying and exercising their personal and political power to take action and improve their situation. Personal power is also referred to as power on a micro or individual level, as opposed to political power as power on a macro or collective level (Beaulaurier & Taylor, 2001:81; Sheafor *et al.*, 2000:481; Germain & Gitterman, 1996:31).

An empowerment strategy practice emphasises helping the client increase their involvement in decision making and to function independently. The social worker's power of knowledge and skills are recognised parallel to the knowledge and skills of the client about his or her situation, needs and environment. Together the social worker and the client are more able to achieve agreed-upon goals and tasks than either would alone (Sheafor *et al.*, 2000:481; Germain & Gitterman, 1996:31).

Lee (2001:32) argues that social work should be empowering and that empowerment can be used to describe virtually all activities of social workers. She states that liberation is seen as the opposite of oppression and that empowerment describes the process of challenging oppression. The author draws the analogy that empowerment refers to personal or psychological changing and that liberation will refer to the institution changing. This is further explained by referring to empowerment as a change within the individual and not a change or transformation of the oppression. Liberation is seen as a social movement encompassing more than one profession. Social workers can thus assist people to empower them towards liberation from their oppression (Lee, 2001:32). Miley *et al.* (1995:68) distinguish between personal empowerment and structural empowerment. Personal empowerment refers to a client's own sense of competence, mastery, strength and ability to effect change. Structural empowerment refers to the redistribution of resources, increased access to resources and creating new opportunities for structures

#### **2.4.1 Empowerment through micro practice in social work**

Direct practice with clients with disabilities remains a primary activity of social workers. Social workers should ensure that their practice increasingly emphasise empowerment objectives rather than merely complying with medically prescribed treatment. Sheafor *et al.* (2001:481) points out that social workers may find it difficult to find ways to empower clients as some practice models of social work are based on the premise that social workers must use their expertise to make up for the inadequacies experienced by their clients. Mackelprang *et al.* (1996:16) acknowledges that in most cases the shift in focus from case management in which clients are labelled as "cases", to a consumer- driven model still needs to be made. The shift in focus will acknowledge self-developed power by the person with a disability and not empowerment bestowed from others, like the professionals involved with the person with a disability. Social workers will have to help negotiate the transition that will enable people to move from the passive role

of patient to the active role of informed and empowered consumers. In this regard the social work approaches that support advocating on behalf of clients have been suggested to being useful for social workers to make the transition to empowerment of their clients (Beaulaurier & Taylor, 2001:82; Sheafor *et al.*, 2000:57; Hepworth & Larsen, 1993:72).

In 1990 Guitierrez (1990) suggested guidelines that social workers could follow to ensure that their activities facilitate empowerment of the client (Beaulaurier & Taylor, 2001:82). These guidelines can be summarised as follows:

- The social worker should recognise that the client cannot take control of his/her life unless he/she understands the limitations that the environment places on his/her disability and have access to the resources he/she needs to address this.
- The social worker should be a partner or assistant to the person with disability who should be regarded as the only expert on his/her problems or situation. It therefore follows that it is the person with disability's definition of the problem and choice of addressing the problem that is most relevant to the change process.
- The social worker should help the person with a disability to build self-confidence. People with disabilities should be encouraged to network with people who share common problems. This would focus on the power of collectivity with the social worker assisting them.
- The person with a disability should be assisted to uncover potential strengths or political power.
- The social worker should help the person with a disability to understand the organisations, people and systems with which he/she must interact in order to change his/her life situations.

- The social worker should help the person with a disability to understand the factors and forces that contributed to their feelings of powerlessness.

The focus of this research is on a community work project, which also necessitates the examination of empowerment in macro practice.

#### **2.4.2 Empowerment through macro practice in social work**

Empowerment of a community is inextricably linked to the empowerment of individuals. Because communities consist of individual members, the strengths and weaknesses of communities are measured and reflected by the strengths and weaknesses of individuals. Empowering individuals in a community will therefore result in empowerment of that community. It stands to reason that those individuals will increasingly interact with others when they are empowered. This can result in members in a community working together cohesively; benefiting the whole community Mokwena (1997:68) suggests the following guidelines for social workers to follow when empowering communities:

- The social worker should help the community to realise, appreciate and utilise their talents and assets. They will then realise that they will be able to do things for themselves. This in itself will be the first step in empowerment.
- The social worker should provide the community with information that may not be readily available to them.
- Feelings of powerlessness in a community should be challenged. By challenging the feelings of powerlessness, the social worker will build positive attitudes in families and communities.
- The social worker should assist the community to participate in matters that affect them. In this way they will increase the control they have over their lives.

- The development of social support and social networks are essential for community empowerment.
- The social worker should develop local leadership as a strategy in establishing community empowerment.

Empowerment is also one of the core ideas on which the strengths perspective in social work is based. Saleebey (1999:14) points out that empowerment is not about returning power to clients, but about discovering the power within clients.

## **2.5 THE STRENGTHS PERSPECTIVE IN SOCIAL WORK INTERVENTION WITH PEOPLE WITH DISABILITIES**

Lee (2001:217) discusses the necessity to focus on the strengths of the individual in the process of empowering the individual. Saleebey (1999:15) proposes that the social worker be attentive to client strengths during intervention. The strengths perspective has its roots in the early history of the social work profession. In the 1950s and 1960s leaders in the social work profession recommended the importance of identifying strengths when working with individuals, families, groups and communities. The revival of this phenomenon is evident in literature relating to the past decade (Cohen, 1999:460; Russo, 1999:25). In using the strengths perspective when working with people with disabilities, the social worker needs to understand how downtrodden or ill individuals have survived their trauma or ordeal. This would help the social worker identify strengths and problem solving capacities of the people they are working with. The social worker needs to know what they have done, how they have summoned their resources and what they have learned from it. By knowing this, the social worker does not focus on the problem or failure of the individual but on the inherent strengths of the individual to cope with trauma and adversity (Saleebey, 1999:15).

Cohen (1999:461) is of the opinion that language and labelling can contribute to what the social worker focuses on. To refer to an individual as a paraplegic, epileptic or a manic-depressive elevates the problem or failure and is more likely to perpetuate it than to change it. Social workers who view their clients as human beings, who are able to use their strengths and resources to cope with adversity, are the ones who have a better chance of helping their clients bring about change in their lives. Saleebey (1999:15) supports this view and adds that emphasising the client's strengths or positive aspects does not mean denying the reality of the client's situation. It means that the social worker will identify the person's strengths despite their disability. Disability is as real in its consequences as is schizophrenia, child abuse or cancer. The author is of the opinion that it would be as unacceptable to overlook the coping mechanisms of the individual, as it would be to overlook the problem or difficulties. This approach calls for a balanced view of an individual having the strength and ability to overcome adversity.

The strength perspective has found favour with advocates of the disability rights movement. It asserts that clients' opinion and requests count for more in the helping process than pathologies and medical labels. The social worker should accept that the individual, family or community is the expert and that the professional works in partnership with the experts. The disability rights movement also advocates these views, which forms the basis of the following principles (Francis & Silvers, 2000:3; Sheafor *et al.*, 2000:93; Cohen, 1999:461; Russo, 1999:25).

### **2.5.1 Principles of the strengths perspective**

Based on the views of Saleebey (1999:15-20) and Shaefor *et al.* (1999:75) the following six principles have been identified and can be applied in intervention with people with disabilities.

- ***Focus on individual strengths rather than on pathologies***

The principle advocates focussing on individual strengths and is based on the assumption that people develop and grow according to their individual interests and strengths. People avoid things that they are not good at and spend more time on things they do well. It is for this reason that when working with a client a social worker should not focus on their problems, failures or weakness but should focus on what the client has done, the resources available to the client and the client's dreams and aspirations.

The utilisation of the strengths perspective can also enhance the motivation of a client. If the social worker focuses on the problems, weaknesses, failures and deficits in the assessment of the client, it leaves the client feeling depressed and dejected. Focussing on the client's strengths during the assessment could motivate the client to do more for him-/herself

- ***The client/social worker-relationship is primary and essential***

A positive client/social worker relationship is basic to the strengths perspective. In emphasising the client-social worker relationship, the social worker's caseload should be taken into consideration. Saleebey (1999:15-20) and Shaefer *et al.* (1999:75) recommend that the social worker's caseload should be less than 80, but acknowledges that this is not usually the case and that caseloads of 200 have been noted. In allocating a caseload to a social worker in intervention with people with disabilities, the nature of the disabilities needs to be considered. Social workers who are working with mentally disabled people may for instance require more time with clients as it may take longer for them to comprehend or respond during interviews or group sessions.

- ***Client self-determination***

The principle of self-determination is based on the premise that the social worker, not the client, should guide the process. The client has the right to determine the

substance and direction of the help that he/she wants to receive. The basis of this principle is that those who have to live with the outcomes of decisions should have the freedom to make the decisions.

Sheafor *et al.* (1999:76) also offers a further qualification of the principle of self-determination. The authors state that initially the social worker assumes that the client is capable and legally competent to make decisions. Some clients may not understand the consequences of their decisions or may lack the mental capacity to make decisions. At times like this the social worker must take on a decision-making role for clients. This may be the case for children or clients who are mentally handicapped. When assuming this responsibility the social worker should consult with others like the client's family. Making decisions for the client could also be seen as a temporary measure and that the responsibility of making decisions should be returned to the client as soon as possible.

- ***The community should be viewed as a resource***

The clients' behaviour and well-being is in large determined by the resources available to the community, the expectations of community members and the availability of resources that they may need. In illustrating the importance of the availability of resources in working with people with disabilities, Zimkin and McChonakie (1995:64) states that no amount of counselling or home visits by the social worker can make up for the lack of income to provide housing and healthcare which are critical to early intervention with people with disabilities. The resources need not be formal such as mental health services, but could be informal such as volunteers in the community who want to be of assistance. Social workers should be encouraged to explore the availability and willingness of informal resources before referring clients to formal resources.

- ***Active outreach is the preferred mode of intervention***

The principle of active outreach supports the notion of the social worker conducting interviews in clients' homes rather than all the work with clients being done in the social workers office. The authors point out that visits to the client's home offers better opportunities for assessment and intervention as opposed to office interviews which limits the sources of data to what the client says and the social workers observation.

- ***People can continue to learn, grow and change despite the present condition or circumstances***

The principle of understanding that people can continue to grow is based on the premise that the problem, condition or adversity that affects the client is only one part of their being. The strength perspective should focus the social worker on the other aspects of the individual's life and an absolute belief in the clients' capacity to better their lives.

When applying the principles of the strength perspective, Saleebey (1992:67) suggests that social workers follow a process to ensure that they give recognition to the individual's strengths.

### **2.5.2 Applying the strengths perspective**

The six principles of the strength-orientated approach that was previously mentioned, directs the activities of the social worker and client during the helping process. According to Sheafor *et al.* (2000:250) and Saleebey (1992:67) the following activities should direct the social worker's actions :

- ***Engagement: establishing the helping partnership***

Engagement in the strengths perspective is the beginning of the client/social worker-relationship in the change process. The client may not initially share the

view that he/she is in need of the involvement of a social worker in his/her life. If this is the case, the social worker can assist the client by making contact with the client prior to the first face-to-face contact. This can serve the purpose of being a non-threatening introduction as well as demonstrating respect for the client's privacy. When engaging the client, the social worker should have an unstructured, informal, conversational encounter rather than a formal question and answer interview. These meetings should involve a bilateral information exchange.

- ***The strengths assessment***

During the assessment, the information is organised and the social worker studies the information to make sense of the client's daily situation and lay a foundation for the plan of action. The strengths assessment documents information about the client's daily situation, education, vocation, achievements, finances, health, social support and leisure time. The social worker needs to understand how the client views these aspects of his/her life and how they would like to have this changed, if at all.

- ***Planning***

The personal planning tool can be described as the bridge between the strengths assessment and what the client ultimately wants to achieve. When using the personal planning tool, the social worker and the client need to identify the specific short-term activities that must be undertaken toward the realisation of the client's want or long-term goal.

- ***Advocating for community connections***

The social worker needs to establish linkages on behalf of the client. This also entails strategies to influence key role players in a community who may control access to resources. The social worker will thus be required to fulfil the advocacy role on behalf of the client.

- ***Monitoring: Collective and continuous review of the helping process***

Monitoring refers to a process whereby the social worker keeps track of the progress that the client is making towards a treatment outcome. In the strengths based approach the monitoring function becomes a shared focus of each meeting between the social worker and the client. Through the process of monitoring the clients recognise the control that they can exert over their own lives. Clients become confident in developing their own plans and functioning more independently.

- ***Interdependence***

Interdependence is designed to prevent total dependence on the social worker and to promote empowerment of the client's, personal decision-making and autonomy. In the strengths based approach it promotes a client's increased contact with other service providers as well as with naturally occurring helpers in the community. Interdependence does not mean termination of the client/social worker-relationship. The social worker continues to remain available especially during distressing times for the client.

In as much as the strength perspective applies to intervention with individuals, it is necessary to examine this perspective as it applies to intervention with communities as the focus of this research is on community work programmes with people with disabilities. Applying a strengths-based perspective to community work is referred to as an asset based approach.

## **2.6 THE ASSET BASED APPROACH TO COMMUNITY DEVELOPMENT WITH PEOPLE WITH DISABILITIES**

In applying the asset-based approach to community development, the assets and strengths of the community are highlighted. The focus should be on what the

community has, rather than on what they do not have. They should also be encouraged to develop themselves by using what they have. This approach differs from the needs-based approach, which focuses on the problems and deficiencies of communities and often serves to discourage and disempower communities. The asset-based approach emphasises that dwelling on deficiencies does little to build a community, instead it leads to feelings of helplessness and further deterioration of community structures (Emmett, 2000:511; Kretzmann & McKnight, 1993:2).

### **2.6.1 The assets of the community**

In determining the assets of the community, the resources of the community are identified. The community developer should begin with an inventory of the talents, skills and capacities of the residents, citizens associations, private business and public institutions such as schools and libraries of the community. Focusing on the assets of communities with lower income does not imply that these communities do not need additional resources from the outside. It does however reiterate the view held by Saleebey (1999), who suggests that when applying the strengths-perspective in working with individuals, outside resources will be much more effectively used if the community is fully mobilised and can identify the need for additional resources.

Asset-based community development acknowledges community organising, community economic development and neighbourhood planning that is initiated and implemented by community leaders. The asset-based approach is intended to compliment and not substitute the initiatives of the community leaders (Emmett, 2000:511; Kretzmann & Mc Knight, 1993).

### **2.6.2 The asset-based approach and people with disabilities**

The asset-based approach focuses on unlocking the potential of all members of the community, which naturally includes the marginalised individuals of the community. Ways need to be found to incorporate marginalised individuals into

the process of active community building. Kretzman and McKnight (1993:69) examine the labels that have been given to people with disabilities, labels such as "mentally retarded", "epileptic", "handicapped", and "developmentally disabled". The authors state that the label focuses on what is different about these individuals. This obscures their other qualities that are similar to the rest of the community.

Removing and isolating people with disabilities into institutions obstructs the process of community building. Examples of the obstacles that institutions for people with disabilities will create are the financial constraints that will be placed on community resources and secondly that the community does not benefit from direct contact with those who are marginalised (Kretzmann & McKnight, 1993:69).

Direct contact with people with disabilities results in specific benefits for the community. Kretzmann and McKnight (1993:69) suggest the following benefits for the community from direct contact with people with disabilities.

- ***Rediscovering the gifts and capacities of disabled individuals as assets in the community***

People with disabilities were traditionally marginalised and forced to the edges of their society because they have been looked at exclusively in terms of their deficiencies. Community developers need to think inclusively and include marginalised people into the process of community building. The following are the gifts and capacities that people with disabilities bring to the process of community building: skills, hospitality, compassion, friendship, happiness and inspiration.

- ***Mapping community assets to discover potential partners for disabled individuals***

When the social worker plans and implements the process of community work, an inventory of the capacities of individuals in the community needs to be done as

well as an inventory of the assets and resources of the community, such as the associations, organisations and institutions. In using this information to the benefit of people with disabilities, the social worker will establish mutually beneficial partnerships between individuals with disabilities and other individuals, organisations, associations and institutions that exist in the community. These newly formed partnerships will also facilitate establishing new relationships with resources that exist outside the community.

- ***Building productive relationships between individuals with disabilities and the community***

Many people, who are labelled as being disabled, have been marginalised and isolated from the mainstream of their communities. The increased and, often forced, isolation can lead to stagnation and even desperate personal actions, which are frequently categorised as socially deviant behaviour. The stagnation and sometimes socially deviant behaviour is soon reversed when people with disabilities are put into responsive and responsible social situations, which are part of the daily life of a community.

## **2.7 SUMMARY**

The literature referred to in this chapter clearly show a shift in focus of the impairment or disability from the individual to the environment. The ecological perspective provides a holistic view of people with disabilities in their environment, and illustrates how the environment could either be disabling or enabling to the person with the disability. The ecological perspective is linked to the social model, which is a way of thinking about issues relating to people with disabilities. The social model, which is also supported by advocates of disability rights, focuses on the changes that need to be effected in the environment to ensure that the person with a disability is enabled, rather than disabled. In placing the emphasis on effecting change in the environment of the person with disabilities, the

empowerment approach and the strength perspectives are recommended as strategies to do this. The asset-based approach to community work provides a sound basis for social work intervention directed at people with disabilities. The focus of this study is on a social work programme using community work as a method of intervention.

In the following chapter disability in South Africa will be discussed by examining both the policy and institutional framework of disability in South Africa.

## **CHAPTER 3**

### **A POLICY AND INSTITUTIONAL FRAMEWORK OF DISABILITY IN SOUTH AFRICA**

#### **3.1 INTRODUCTION**

One of the challenges facing the welfare system in South Africa is to devise appropriate and integrated strategies to address the economic and social marginalisation of people with disabilities. In order to do this, the government's aim is to build an "integrated social welfare system which is equitable, sustainable, accessible, people centred and developmental" (White Paper for Social Welfare, 1997:8). Since 1997, with the advent of the White Paper on an Integrated National Disability Strategy (1997), an integrated legislative and institutional framework has been developed to address the needs of people with disabilities.

Disability does not only impact on the lives of the people with disabilities but touches the lives of family, friends and the broader community. A relationship between poverty and disability has also been found. Poverty makes people more vulnerable to disability as a result of their poor living conditions and people with disabilities generally do not have access to employment opportunities, which in turn also makes them poor. While individuals who are disabled bear the brunt of illness or impairment, disability also creates hardships for those who care for and depend on disabled family members. According to the October Household Survey, a data collection survey used by Statistics South Africa, 16% of South Africans are disabled or live in a household with a person who is disabled. The scope and socio-economic repercussions of disability necessitates that it becomes an important policy issue for South Africa (Transforming the Present-Protecting the Future, 2002:101).

In the formulation of a policy framework for disability in South Africa, emphasis is placed on representation of disabilities in all spheres of public life. This is strongly supported by the disability rights movement in South Africa. A key element of the current policies in South Africa, is the empowerment of people with disabilities, which includes economic empowerment. Taking into consideration that the majority of people with disabilities have not had access to training and education, it becomes apparent that there is a vast need for empowering people with skills to facilitate economic empowerment. The White Paper on an Integrated Disability Strategy (1997) promotes the social work programmes that are implemented to assist people to engage in income-generating activities and to have access to skills training and economic empowerment opportunities. This is also in line with social development. Developmental social work is a strategy most likely to increase welfare coverage to previously marginalized groups like people with disabilities (Gray, 1996:59).

### **3.2 THE DISABILITY RIGHTS MOVEMENT IN SOUTH AFRICA**

The foundation of the disability rights movement in South Africa was laid in 1981, the International Year of Disabled Persons. While the South African government chose not to recognise this year, disabled activists in South Africa came together to discuss their oppression and marginalisation (Howell & Masuta, 1992:7; Jagoe 1998:6; Nkeli, 1998:1).

Jagoe (1998:6) and Nkeli (1998:1) states that disabled activists realised that oppression and discrimination are human rights violations, irrespective of whether the discrimination takes place on the basis of race, gender, class, religion or disability. This was particularly true in South Africa with the racist apartheid system. The apartheid system can also be seen as having a direct impact on the number of disabled persons in that people were disabled as a result of their involvement in the armed struggle against apartheid or through poverty created by the apartheid system. It is for these reasons that the disability rights

movement has, since its inception, been aligned with the liberation movement. The feeling among all socio-political activists was that oppressed people share a common goal toward the eradication of discrimination and the creation of a just society. Disabled activists promoted the idea of forming a united front as firstly people with disabilities and secondly as part of a broader liberation struggle in South Africa.

As a result self-help groups emerged around the country. These self-help groups were necessary as there were no professional services available to people with disabilities and the self-help groups were also seen as a way of legally confronting discrimination against people with disabilities. By 1984 a national organisation called Disabled People South Africa (DPSA) was formed. DPSA is primarily a coalition of self-help groups as well as a way of linking up individual people with disabilities with the disability rights movement, which asserts the rights of disabled people to represent themselves in decision-making processes. Disabled People South Africa demands the right to equal treatment and an equal share in the country's development and seeks to empower disabled people to develop themselves (Howell & Masuta, 1992:8; Jagoe, 1998:6; Majiet, 1998:3).

The disability rights movement insisted on representation by people with disabilities, and the evidence of their success is in the human rights framework in South Africa, which makes provision for this. The disability rights movement approached both the African National Congress (ANC) and the South African Law Commission, with proposals to include clauses on disability rights when they drafted the proposed bill of rights. A Disability Rights Charter was also written after consultation with disabled people and organisations working on issues related to disability (Howell & Masuta, 1992:8; Jagoe, 1998:6; Majiet, 1998:3; Disability Rights Charter).

Prior to 1994 disability was viewed mainly within a health and welfare context with most resources and services being offered from within the health and welfare

sectors. An example of this is that special schools for children with disabilities were provided from within the welfare sector. This has changed significantly with the shift to integrate education of children with disabilities into mainstream society. The inclusion of people with disabilities is also evident in other spheres of life and not only in education. This inclusion of people with disabilities is also referred to as the *integration* of people with disabilities. In the following sections this integrated institutional and policy framework will be presented by firstly discussing the laws and policies that have an impact on the lives of people with disabilities and the institutions that address the needs and interests of people with disabilities.

### **3.3 THE SOUTH AFRICAN DISABILITY POLICY FRAMEWORK**

The policy position as it relates to disability in South Africa is based on the principle of inclusion of people with disabilities. The focus is on including people with disabilities in mainstream legislation rather than formulate separate laws that govern the social, economic and political lives of people with disabilities. In the next section laws, policies and institutions that impact on the lives of people with disabilities will be discussed.

- ***Constitution of the Republic of South Africa (May 1996)***

The South African Constitution adopted on 8 May 1996, prohibits discrimination against children and adults with disabilities. The Bill of Rights provides for both political and socio- economic rights for all South Africans within a framework of non- discrimination and equality.

The following are of particular importance to people with disabilities:

- Section 9: The right to equality which provides for equality before the law for all South African citizens, and which prohibits among others, discrimination on the basis of age and disability.

- Sections 10 and 11: The right to dignity and the right to life.
- Section 28: The rights of children, among others the right of every child to family or parental care, shelter, basic nutrition, basic health care and social services, protection from abuse and neglect.
- Section 29: The right to basic education.

Another significant provision in the Constitution is the recognition of Sign Language as an official language for deaf South Africans.

- ***White Paper for Social Welfare (1997)***

The White Paper for Social Welfare (1997) deals with the restructuring of social welfare services, programmes and social security in South Africa. In focussing on the restructuring of the welfare delivery system, comprehensive, generic and integrated services are proposed. It is envisaged that comprehensive services will emphasise the relationship between the individual and his or her social environment. This is proposed in contrast to rehabilitative services that were not necessarily appropriate in the past as they focussed on the rehabilitation of the person with disability away from his/her surroundings and isolated from the rest of society. The White Paper for Social Welfare (1997) focuses on a welfare delivery system where a balance will be achieved between rehabilitative, protective, preventative and developmental interventions.

Community development strategies are promoted for addressing the material, physical and psychosocial needs of the community. The developmental approach will be applied in terms of the philosophy, process, methods and skills in terms of meeting the needs of people with disabilities. Community development is seen as an integral part of developmental social welfare. The focus of community development programmes in the welfare field will include the development of family-centred and community-based programmes and the facilitation of capacity-

building and economic empowerment programmes. The White Paper for Social Welfare (1997) also proposes enhancing the social integration of marginalized groups of people, such as people with disabilities.

The White Paper on Social Welfare (1997) sets the following guidelines for the integration of people with disabilities into the mainstream of society:

- Self-representation – people with disabilities have the right to represent themselves in all the processes and structures of decision making which affect them.
- A co-ordinated national strategy to facilitate meeting the needs and promoting the rights of people with disabilities.
- A generic approach to addressing the needs of people with disabilities is promoted. Intervention strategies are being developed in consultation with people with disabilities.
- Public education must be used to raise awareness regarding the needs and rights of people with disabilities. Since some disabilities are preventable, public education must form part of the primary prevention strategy.
- Training must be provided for people providing services to persons with disabilities as well as for people with disabilities to deliver services themselves.
- Employment programmes to foster the individual's full potential must be developed. This includes protective workshops as well as self-help employment schemes.
- ***White Paper on an Integrated National Disability Strategy (1997)***

The White Paper on an Integrated National Disability Strategy INDS (November, 1997) gives recognition to the difficulties that are experienced by people with

disabilities in South Africa as well as facilitates the realization of disabled South Africans' rights to equality and dignity through full participation in a restriction-free society for all.

In recognising the difficulties that people with disabilities are experiencing, the INDS mentions some of the aspects that impact on the lives of people with disabilities. One of these aspects is the correlation between poverty and disability. A key indicator of poverty is the degree to which people are excluded from accessing basic goods and services. It is known that the majority of people with disabilities in South Africa did not have access to basic goods and services, thus the correlation between disability and poverty in South Africa can be made.

The INDS also highlights the lack of special schools and rehabilitation centres to cater for the needs of all people with disabilities in the past. Which again resulted in the majority of people with disabilities in South Africa not having access to education or rehabilitation.

The development for and of people with disabilities within inclusive environments forms the cornerstone of the INDS and the successful outcome of an integrated society. An environment is created where people with disabilities are:

- as free as possible from needing permanent medical treatment and care, while having access to such care whenever necessary,
- retaining as much personal responsibility as possible in the planning and implementation of their rehabilitation and integration processes,
- exercising their rights to full citizenship and to have access to all institutions and services of the community, including education,
- in receipt of a minimum livelihood, if appropriate by means of social security benefits. One way of achieving this is to link social security benefits to income generating programmes,

- as mobile as possible, including access to buildings and means of transport and
- playing a meaningful role in society and to take part in economic, social, leisure, recreation and cultural activities.

The INDS provides government departments and society at large with guidelines for the equalisation of opportunities for people with disabilities by interpreting the spirit and provisions contained in, among others, the South African Constitution, the Universal Declaration of Human Rights, and the African Charter on Human and People's Rights.

- ***Equality Legislation***

In as much as the emphasis within South Africa is on the inclusion of people with disabilities in mainstream society, legislation has been promulgated specifically for people with disabilities. This is referred to as Equality Legislation and is relevant where disability is used in discriminating against people. The following Acts and policy documents form part of the Equality Legislation:

- **The Promotion of Equality and Prevention of Unfair Discrimination Act No. 4 of 2000**

This Act is commonly known as the Equality Act and it recognises the existence of systematic discrimination and inequalities particularly in respect of race, gender and disability. It applies to all spheres of life and as a result of past and present discrimination, it ensures that measures can be taken by people with disabilities to eliminate discrimination and inequalities.

The Act makes unfair discrimination on ground on disability illegal and has identified audit laws, policies and practices that should be adopted to eliminate all discrimination. It places a responsibility on government to promote equality

through the eradication of unfair discrimination, hate speech and harassment, particularly on the grounds of race, gender and disability.

- **The Employment Equity Act No 55 of 1998** seeks to correct the apartheid-employment legacy by outlawing discrimination and promoting affirmative action at the work place. The Act aims to promote equal opportunity and fair treatment through the elimination of unfair discrimination. It is relevant to people with disabilities in that they are identified as a designated group that should not be discriminated against and to be recognised when affirmative action policies are relevant. People with disabilities can take legal action if they feel they are treated unfairly in the workplace or in terms of securing employment.
  
- **The White Paper on Special Needs Education (Education White Paper 6: July 2001)** recognises the disparity that existed when special needs schools were segregated, based both on race and disability. Recognition is also given to the rigid admission criteria that excluded most children with disabilities, which resulted in only 20% of children with disabilities being accommodated in special schools.

The White Paper on Special Needs Education proposes an inclusive education system for all children in one mainstream school. The basis of inclusive education is that provision needs to be made within the education system to provide learners with disabilities with the necessary support they need to overcome the impact of their disabilities. Recognition is given to the fact that some children may require intensive and specialised support to overcome the impact of their disabilities. An inclusive education and training system is proposed to provide various levels and kinds of support to children and teachers.

- **The White Paper on National Strategy for the Development and Promotion of Small Business in South Africa (March 1995).** The White Paper on National Strategy for the Development and Promotion of Small Business in South Africa focuses on the promotion of the small-enterprise sector of the South African economy. It recognises the importance of this sector for job creation and income generation. People with disabilities have been targeted as a group who needs to be provided with financial and technical support to ensure the viability of a small business initiative they may be involved in.

These laws and policy documents are guidelines for addressing the rights and needs of South African citizens who are disabled. The following discussion on the institutional framework will represent the platform where effect is given to laws and policy guidelines.

### **3.4 THE SOUTH AFRICAN DISABILITY INSTITUTIONAL FRAMEWORK**

The institutional framework will present an overview of the organisations that render services to and for people with disabilities. Supporters of the disability rights movement distinguish between organisations *of* and organisations *for* people with disabilities, as this illustrates the shift in power of decision making from well meaning community members and service providers to people with disabilities themselves.

- ***The South African Federal Council on Disability***

The South African Federal Council on Disability (SAFCD) is the national umbrella body for all national disability non-governmental organisations (NGOs). The SAFCD is the national forum where all national welfare organisations as well as national organisations of disabled people come together to negotiate and develop common visions for the equalisation of opportunities for people with disabilities.

The following organisations for and of people with disabilities are affiliated to the SAFCD:

- Disabled People South Africa (DPSA)
- Disabled Children Action Group (DICAG)
- The Deaf Federation of South Africa (DEAFSA)
- The South African National Council for the Blind (SANCB)
- Down Syndrome Forum of South Africa (DSSA)
- The National Council for Quadriplegic Associations of South Africa (QUASA)
- The National Council for People with Physical Disabilities (NCPDP)
- Epilepsy South Africa
- The South Africa Federation for Mental Health (SAFMH)
- The South African Foundation of Cheshire Homes
- The Cancer Association of South Africa (CANSAS)
- National Division for Persons with Cerebral Palsy (NDPCP)
- South African Council for the Aged (SANCA)

- ***Disabled People South Africa***

Disabled People South Africa (DPSA) is recognised as the democratic cross-disability body of organisations of people with disabilities in South Africa. DPSA is made up of more than 150 organisations across the country, the majority of which are local self-help initiatives by people with different disabilities in rural areas and

peri-urban townships, but also including a number of national organisations of disabled people.

- ***The offices on the Status of Disabled Persons***

The Offices on the Status of Disabled Persons (OSDP) were established in the office of the Presidency as well as in the offices of provincial Premiers. These offices are responsible for working together with and parallel to the various state bodies, departments and disability NGOs in order to further the development of a disability-friendly environment. They are therefore responsible for the overall co-ordination and monitoring of the implementation of the Integrated National Disability Strategy.

- ***Parliament***

In accordance with the constitution of South Africa parliament is a legislative authority of South Africa. It consists of the National Assembly and the National Council of Provinces (NCOP). A *Joint Monitoring Committee on the Improvement of the Quality of the Life and Status of Children, Youth and Persons with Disabilities* has been established in Parliament. This committee is responsible for monitoring and evaluating progress with regard to the improvement in the quality of life and status of children, youth and disabled persons in South Africa. The provincial legislatures have similar functions as Parliament, but at a provincial level.

- ***The South African Human Rights Commission***

The South African Human Rights Commission (SAHRC) derives its powers from the constitution and the Human Rights Commission Act of 1994. The SAHRC works with the government, civil society and individuals nationally to fulfil its constitutional mandate. It also serves as both a watchdog and a visible route through which people can access their rights. The objects of the Commission are

to develop awareness of human rights, investigate complaints of violations of human rights and report to parliament on matters relating to human rights.

Disability forms one of the focal points of the Commission's work and is being addressed by the adoption of a disability policy that will guide the work of the SAHRC as well as the establishment of a committee that will advise the SAHRC on disability matters.

- ***The Pan South African Language Board***

The Pan South African Language Board was established to promote multilingualism and develop previously marginalised languages. The board's responsibilities are outlined in the South African Constitution and include the promotion and creation of conditions for the development and use of official languages, including South African Sign Language.

- ***Thabo Mbeki Development Trust for Disabled Persons***

The Thabo Mbeki Development Trust for Disabled Persons (TMDTDP) is an independent trust that maintains a strong focus on economic empowerment of people with disabilities, as well as on core funding for organisations of disabled people.

- ***Disability Employment Concerns***

Disability Employment Concerns (DEC) is a registered trust that was established as a vehicle for the NGO disability sector to engage in business ventures and to promote the employment and economic empowerment of people with disabilities in ventures with which DEC is associated.

### **3.5 SOCIAL WELFARE AND COMMUNITY DEVELOPMENT WITH PEOPLE WITH DISABILITIES IN SOUTH AFRICA**

Community development is primarily aimed at the improvement of the quality of life of the individuals and community, which includes the physical, social economic and political aspects of their lives (Lombard, 1991:208). Community development is a method of intervention, which emphasises the involvement of people in communities, in identifying, planning and promoting development in their own community. It has also been identified as the intervention strategy most suited to alleviate poverty in South Africa (Gray, 1998:59). Since the majority of the people with disabilities live in areas which are regarded as the most underdeveloped and poverty stricken in South Africa, community development can be seen as a key intervention strategy in work with people with disabilities (White Paper on an Integrated National Disability Strategy, 1997).

In applying community development as a strategy to alleviate poverty, it is necessary to link social and political empowerment to economic development. New community development models stress the importance of economic growth linked to income generating programmes and small business development in local communities (Gray, 1998:59).

Midgley (1996:15) contends that social workers are ideally placed in communities to promote projects and programmes that will enhance people's welfare in conjunction with economic development efforts. He further points out that advocates of a developmental approach in social work argues that social workers can use established forms of social work practice to create and enhance programmes that promote economic development. Advocates of the developmental approach also believe that social workers can introduce services

that will involve ordinary people in development and ensure that they derive positive benefits from economic growth.

The following are three ways which Midgley (1996:20) identifies that social work can contribute to economic development:

(1) Social workers can motivate parents and local leaders to contribute to the *human capital formation* of a community. Human capital formation refers to investments in education, nutrition and health care. An example of this is preferred investment in pre-primary education day care centres rather than in secondary and tertiary education. Social workers will motivate and encourage parents and local leaders to establish day care centres. By the nature of their activities these centres not only offer education to young children but also improve their nutritional standards. They also offer opportunities for maternal health education, family planning information and other programmes, which will enhance the quality of life of not only the children but other community members as well.

(2) Social workers can advocate to local, provincial and central government for the creation of economic and social infrastructure. This is also referred to as *social capital* and includes roads, irrigation, drinking water systems, schools, clinics and other facilities. These community held assets are important as they provide the economic and social base on which development efforts depend.

(3) The social worker can assist the unemployed or marginalised groups like people with disabilities in *productive or self-employment*. Social workers have also assisted communities in the creation of micro enterprises. These self-employment ventures include both small-scale individually owned businesses as well as co-operative enterprises.

In work with people with disabilities self-employment opportunities are preferred to a social security income system as the latter does not restore the individual with a disability to economic self-sufficiency and restore his/her self-respect.

Midgley (1996:21) is also of the opinion that co-operative ventures are particularly well suited for people with disabilities who derive strength from working in a mutually supportive environment.

It is along the above-mentioned strategies and in the spirit of the White Paper on an Integrated National Disability Strategy (1997) that Epilepsy South Africa, where the researcher is employed, implemented a social work programme, which aimed to promote economic empowerment of people with epilepsy and other disabilities. This social work programme will be the focus of the empirical study for this research.

Epilepsy South Africa (previously known as the South African Epilepsy League), is affiliated to the federal Council on Disability. The vision of the organisation is to seek to be a visible, accessible, acceptable organisation available to people with epilepsy and all who are affected by it. The organisation gives effect to this vision by among others, income-generating projects which provides people with epilepsy and other disabilities with economic opportunities within their communities thus empowering them.

### **3.5.1 Community development services at Epilepsy South Africa**

Epilepsy South Africa renders supportive services to people with epilepsy and other disabilities. The supportive services include counselling and social support groups. In 1997 after conducting a needs assessment among its members, a decision was taken to initiate a community work project with the aim of developing the social and economic independence of people with epilepsy and other disabilities. This was in keeping with the policy guidelines of the White Paper on an Integrated National Disability Strategy (November 1997). Sheafor *et al.* (2000:77) refers to projects of this nature as helping clients to gain increased power and control over their lives. An empowerment approach (Lee, 2001:32) was thus used in the initiation of this project. Project members were involved in the

planning of the project by way of representation in an action committee. Lombard (1991:259) refers to Leisner (1974) in illustrating how an action committee creates opportunities for community members to become involved in planning and policy making about issues that affect their lives.

### **3.6 SUMMARY**

The way in which the South African society responded to the needs of people with disabilities has changed significantly in recent years. These changes appear to be influenced by both international trends as well as influences of the disability rights movement in the country. Disabled activists responded to the oppression against people with disabilities and organised and mobilised people with disabilities to eradicate discrimination in their communities by the initiation of self-help groups.

As a result of the lobbying by disabled activists, various policies and laws were promulgated to ensure the protection of people with disabilities including a disability rights charter. The institutional framework promotes the inclusion of people with disabilities into mainstream society and promotes the notion of organisations for people with disabilities being managed by people with disabilities.

Internationally the change in social work's approach to intervention with people with disabilities strives to ensure that the respect and dignity of the person with disability is upheld. Similarities are thus noted between international practices and that which applies to people with disabilities in South Africa.

The following chapter presents the empirical findings of the effect of a social work programme on the lives of people with disabilities.

## **CHAPTER 4**

### **THE EFFECT OF A SOCIAL DEVELOPMENT PROGRAMME ON THE LIVES OF PEOPLE WITH DISABILITIES**

#### **4.1 INTRODUCTION**

Community development is the intervention strategy most suited towards income-generating programmes, which empower people both socially and economically. It was suggested by Gray (1998:56) that social work should move away from local development initiatives that focus on non-material issues and that social workers should become involved in the economic development of communities.

In terms of the White Paper for Social Welfare (1997), social workers are encouraged to use community development strategies to address the material, physical and psychosocial needs of people with disabilities. Social Work programmes aimed at promoting income-generation, are being implemented by organisations rendering services to people with disabilities.

This study was done to explore the effect of a social work programme, with an income-generating activity, on the lives of people with disabilities.

#### **4.2 PLACE OF STUDY**

In 1997, after conducting a needs assessment among its members, Epilepsy South Africa initiated a social work programme with the aim of developing the social and economic independence of people with epilepsy and other disabilities. The social work programme of Epilepsy South Africa was the focus of this study.

The research was conducted in the Western Cape in the following areas: Khayelitsha, Mitchells Plain, Guguletu, Saron and Gouda. The respondents were all people with disabilities who were members of a social work programme aimed at the economic and social development of its members.

A detailed description of the social programme follows, to provide a context of the structure within which programme members function.

#### **4.2.1 A social work programme for people with disabilities**

Epilepsy South Africa initially only rendered individual counselling services to people with Epilepsy in various communities in the Western Cape. In 1997 after having done an assessment of the needs and aspirations of their clients and in keeping with current trends in welfare service delivery in South Africa, a decision was taken to initiate an income-generating programme for people with epilepsy and other disabilities. The programme was presented as income-generating projects in five suburbs and towns in the Western Cape namely, Guguletu, Gouda, Khayelitsha, Mitchell's Plain, and Saron. The target group for the projects were people with epilepsy and other disabilities.

Project members were provided with training in weaving. Hand woven mats were produced and with the assistance of the organisation they were marketed at various shopping centres and craft markets around the Cape Peninsula. Project members undertook the marketing of the mats themselves. The proceeds of the mats are split between the individual weaver and a reserve fund of the project.

There are currently 27 people involved in the project at the five different venues. Although mat weaving was the initial activity, project members have diversified in the activities that they are involved in, which now includes leatherwork and contract packaging for various companies.

The aim of the income-generating project is to promote and develop economic independence of people with disabilities in selected communities and to promote the integration of people with disabilities into mainstream society. Lombard (1991:76) describes an aim of a community work project as the creation of a balance between the needs of the community and the available resources. This balance will result in an improvement of the community's social functioning.

The task goals that have been identified for these projects include providing training in weaving and leatherwork, marketing of completed products, bookkeeping and financial management of sales and providing premises for the project. The development of the income generating projects into small businesses to the extent where the assistance of Epilepsy South Africa is no longer required is also envisaged.

As the project also aims to assist people with disabilities to be integrated into mainstream society the provision of training in adult education i.e. literacy and life skills training is also included. Opportunities are provided where people with disabilities become accustomed to a work environment i.e. punctuality, adhering to company policies and procedures, functioning in a structured environment.

The projects daily functioning is set out as follows:

- A project facility, either converted shipping container or rented premises has been established in Khayelitsha, Guguletu, Mitchell's Plain, Saron and Gouda.
- Project members report to the project daily (Monday – Friday) where they undertake activities such as weaving, contract packaging and leatherwork. Each project has a supervisor who is responsible for facilitating the daily functioning of the project. Epilepsy South Africa employs the supervisors.
- Project supervisors are also responsible for training in working ethics, company policies, punctuality and discipline.
- A co-ordinator is employed by Epilepsy South Africa to facilitate and co ordinate all the income generating projects including the training in adult education and business practice.
- The co-ordinator is also responsible for co-coordinating venues for the sale of completed articles produced by the project members. These are normally arranged at various shopping centres and craft markets in the broader Cape Town Metropolitan area.

- Individual project members receive 80% of the proceeds of the sale of the article they produced. The balance of 20% is paid into a reserve fund of the project. Proceeds of the reserve fund are used to pay for rental, raw materials and consumable goods like tea and coffee.

In summarising, an income-generating project currently exists in all the communities it was initially planned for; project members are not in receipt of a living wage as initially envisaged; project members are dependent on an income when, goods they produce are sold.

It was deemed necessary to evaluate the effect of the programme on the lives of members of the programme, in a broader sense than purely financial. In this chapter the findings of a study, exploring the effect of the programme on peoples' lives, will be presented.

### **4.3 EMPIRICAL STUDY**

To achieve the aim and objectives of this research an exploratory study was done. According to Babbie and Mouton (2001:79) exploratory research can be conducted when a researcher is examining a new interest and wishes to obtain a better understanding of the subject at hand.

Based on information gained from Williams *et al.* (1995:196) the exploratory research design was chosen as it is appropriate when little is known about the field of study.

Data was collected through personal questionnaires. The researcher was present for when respondents needed assistance with completing the questionnaire as suggested by Babbie and Mouton (2001:249).

## 4.4 RESULTS OF THE RESEARCH

This research included the literature study and an empirical study where people with disabilities were interviewed to explore their experiences in the social work programme they are members of. Data was collected by means of a questionnaire, in which both open and closed-ended questions were used. The results of the study will be discussed in the same sequence as presented in the questionnaire. The responses and findings will be depicted by means of tables and figures.

### 4.4.1 The respondents' demographic information

In order to determine the relevance of the social work programme it is necessary to have insight into a profile of the programme's members.

#### 4.4.1.1 Gender and Age

The following table presents the age and gender distribution of the respondents:

**Table 4.1 Gender and age of the respondents**

Age	Male n	%	Female n	%	Total n	%
15-19	0	0	0	0	0	0
20-24	5	18,5	3	11,1	8	29,6
25-30	2	7,4	3	11,1	5	18,5
31-35	1	3,7	1	3,7	2	7,4
36-40	1	3,7	2	7,4	3	11,1
41-45	0	0	1	3,7	1	3,7
46-50	3	11,1	3	11,1	6	22,2
Over 50	0	0	2	7,4	2	7,4
<b>Total</b>	12	44,5	15	55,5	27	100

N=27

Table 4.1 shows that 15 (55%) of the respondents were females and 12 (44,5%) were males. The highest number of respondents namely five (18,5%) were between the ages of twenty and twenty-four (20-24) years old. Five (18,5%) of

the respondents were between 25 and 30 years old. Eighteen (66,6%) of the respondents were under the age of forty years old. This indicates that as a group the respondents are relatively young.

#### **4.4.1.2 Marital status and family composition**

In the following table is a presentation of the marital status and living arrangements of the respondents.

**Table 4.2 Marital status and family composition**

<b>Marital Status</b>	<b>Family Composition – people living with respondent</b>						
	<b>Parents n (%)</b>	<b>Immediate Family n (%)</b>	<b>Partner n (%)</b>	<b>Extended Family n (%)</b>	<b>Children n (%)</b>	<b>Other n (%)</b>	<b>Total n (%)</b>
Single	14 (51,8)	2 (7,4)	0 (0)	1 (3,7)	2 (7,4)	1 (3,7)	20 (74,0)
Married	1 (3,7)	2 (7,4)	0 (0)	1 (3,7)	0 (0)	0 (0)	4 (14,8)
Widowed	0 (0)	0 (0)	0 (0)	2 (7,4)	1 (3,7)	0 (0)	3 (11,1)
Divorced	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Total</b>	<b>15 (55,6)</b>	<b>4 (14,8)</b>	<b>0 (0)</b>	<b>4 (14,8)</b>	<b>3 (11,1)</b>	<b>1 (3,7)</b>	<b>27 (100)</b>

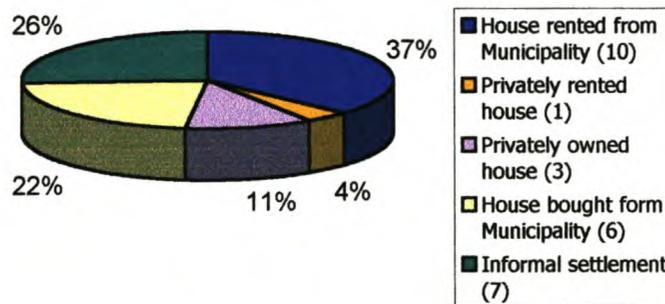
N=27

As shown in Table 4.2, 20 (74%) of the respondents were single, four (14,8%) were married, one (3,7%) was divorced and three (11%) were widowed. This indicates that 74% of the respondents were single. Of the single respondents, 19 live with family and 14 of these live with their parents. From this it appears that people with disabilities do not live independent lives but rather remain as dependents in their family of origin. According to the White Paper on an Integrated National Disability Strategy (1997), disability does not only impact on the life of the individual but that families and communities are also affected. From

these findings it would appear that families take responsibility for people with disabilities and will thus be affected by the disability.

#### 4.4.1.3 Housing

The type of housing that respondents live in was determined. This was deemed necessary as their physical environment has an influence on their experiences. The following figure indicates the type of housing the respondents live in.



**Figure 4.1- Housing**

Figure 4.1 shows that 10 (37%) respondents live in homes rented from a municipality and six (22%) respondents live in houses purchased from municipalities. Only one (4%) respondent lives in a privately rented house and three (11%) respondents live in their own homes not initially built by a municipality. Seven (26%) respondents live in informal settlements. These findings show that the majority of the respondents live in impoverished areas as informal settlements and houses sold by and rented from municipalities are situated in impoverished areas, this appears to be in keeping with the White Paper on a National Disability Strategy (1997) which highlights the fact that the majority of people with disabilities in South Africa are poor. The birth of a disabled child or the occurrence of disability in a family, often places a heavy burden on already

limited resources in a family. Oliver (1996:14) is of the opinion that the poverty experienced by people with disabilities is as a result of their exclusion from mainstream social and economic activities. This is confirmed by the United Nations Development Programme, which states that the key indicator of poverty is the degree to which people are excluded from accessing basic goods and services (The White Paper on an Integrated National Disability Strategy, 1997).

#### **4.4.2 Financial status of members**

In order to determine to what extent respondents were financially dependent on the programme, their financial status was determined.

##### **4.4.2.1 Income from disability grants**

As the programme members are not formally employed on the open labour market their main source of income is from disability grants. The following table indicates how many members are in receipt of a disability grant.

**Table 4.3 Income from disability grants**

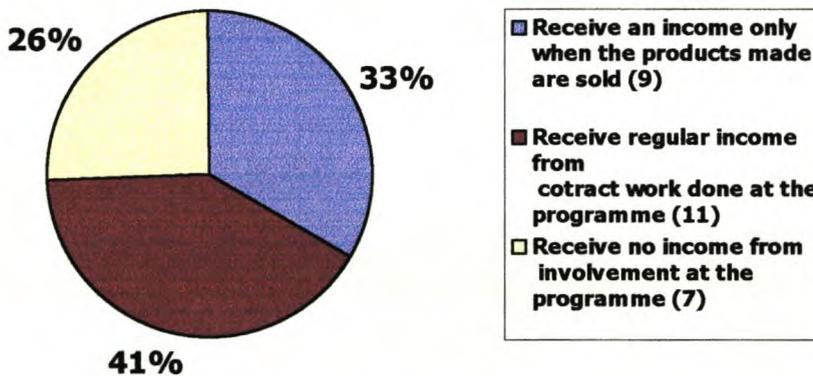
<b>Respondent</b>	<b>Family members</b>
21 (77%)	7 (25,9%)

As shown in Table 4.3 only 21 (77%) respondents are in receipt of a disability grant. Five (18,5%) respondents indicated that they applied for a disability grant but are still waiting for a response from the Department of Social Services. The White Paper on an Integrated National Disability Strategy (1997) states that people who are turned down when they apply for disability grants are not given reasons for their unsuccessful applications. Only 1 (3,7%) respondent indicated that application has not been made for a disability grant, as the respondent does not have the required identity documentation.

Seven (25,9%) respondents indicated that they also benefit from disability grants received by family members. A spouse or parent with whom the respondent lives receives the disability grants. It is assumed that in most cases families are able to have a better standard of living when they pool their income from disability grants. It then stands to reason that by linking income generation strategies to the disability grant system will improve the standard of living for people with disabilities.

#### 4.4.2.2 *Income from the programme*

The following figure shows how many programme members receive an income from their involvement in the programme:



**Figure 4.2 Income from the programme**

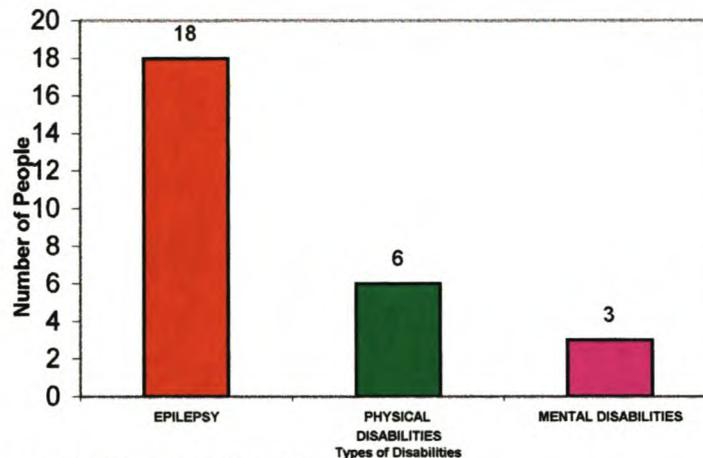
Eleven (40,7%) respondents receive a regular weekly income for contract work done at the programme. Nine (33,3%) of the respondents only receive an income when their products are sold and seven (25,9%) of the respondents receive no income from their involvement in the programme. Despite income-generation being the aim of the programme, it would appear that some respondents are

remaining in the programme despite not deriving any income from it. Their continued involvement in the programme could be linked to them experiencing a level of competence and a measure of control over their lives. According to Lee (2001:32) when people experience a level of competence like this they are experiencing feelings of empowerment. Empowerment of people with disabilities is the cornerstone of the White Paper on an Integrated National Disability Strategy (1997). These findings indicate that respondents may not only have remained in the programme for the economic rewards that they could get and suggests that respondents may be getting other rewards from their involvement of the programme.

#### **4.4.3 Nature of Disability**

##### ***4.4.3.1 Different types of disabilities of respondents***

As stated in Chapter 3, although the programme is co-ordinated and managed by Epilepsy South Africa it does not specifically cater for people with epilepsy but is inclusive of all disabilities. As respondents' disabilities had a direct influence on their involvement in the programme, it was necessary to determine the nature of respondents' disabilities.



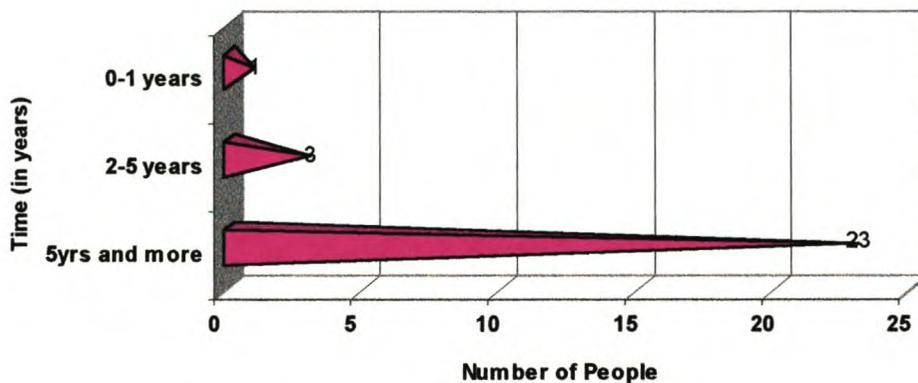
**Figure 4.3- Types of disabilities**

Figure 4.3 shows that 18 (66,6%) of the respondents are people with epilepsy. Six respondents (22,2%) are people with physical disabilities and three (11,1%) are people with mental disabilities. Of the six (22,2%) respondents who have physical disabilities one (3,7 %) respondent is visually impaired, one (3,7%) has a paraplegia and four (14,8%) respondents have restricted movement in their limbs and cannot walk unaided. One (3,7%) respondent who has a mental disability is a person with schizophrenia and the other 2 (7,4%) respondents with mental disabilities are people who are mentally handicapped.

What is apparent here is the fact that the programme is presented by an organisation that is required to render services to people with epilepsy but Jagoe (1998:6) and Nkeli (1998:1) supports the notion that people with disabilities should not be separated when services are rendered to them. They argue that rather than render more effective services, separating different disabilities hides the common barriers and difficulties that people with disabilities experience. Jagoe (1998:6) and Nkeli (1998:1) are also of the opinion that separating the different disabilities also weakens the attempts by people with disabilities to draw attention to their rights and needs.

#### 4.4.3.2 Duration of disability

The length of time that people live with disabilities has an impact on their reaction to their abilities as well. The following figure will illustrate the duration of people in the programme living with their disabilities.



**Figure 4.4- Duration of living with a disability**

Figure 4.4 indicates that 23 (85,1%) of the respondents are living with a disability for more than five years, three respondents (11,1%) for a period of between two and five years and only one (3,7%) respondent for less than one year. These findings show that not all respondents are currently in the same phase of having lived with their disabilities. It suggests that some respondents are at a phase where they have adjusted to living with their disabilities whereas one (3,7%) respondent is only recently disabled.

#### 4.4.3.3 Daily living tasks

The respondents were asked to state which daily living tasks they are able to fulfil as the success of this will have an influence on their functioning in the programme. The following table illustrates the daily living tasks that respondents are able to fulfil.

**Table 4.4 Daily living tasks**

<b>Daily living task</b>	<b>Number of positive responses n</b>	<b>%</b>
Dressing on own	27	100
Prepare own food	21	77,7
Travelling to the project	26	96,2
Do own shopping	24	88,8
<b>Total</b>	<b>98</b>	

N=27

Table 4.4 indicates that, most of the respondents are able to successfully do all the daily living tasks. Only one (3,7%) respondent is not able to travel to the programme on his/her own and six (22,2%) respondents need assistance in preparing food for themselves and three (11,1%) respondents need assistance with shopping. The general picture that emerges from this, is that most of the respondents are independent to the extent that they can undertake daily living tasks on their own.

#### **4.4.4 Involvement in social work programme**

##### ***4.4.4.1 Duration of attending the programme***

The researcher felt that it was necessary to explore the duration of members attendance of the programme as this could be seen as an indication of their commitment.

The programme was started in 1997 and members have joined the programme at various times during the past five years. The following table shows when and how many members joined since the inception of the programme.

**Table 4.5 Duration of attending the programme**

<b>Number of years in the programme</b>	<b>Responses n</b>	<b>%</b>
0-1 years	1	3,7
1-2 years	6	22,2
2-3 years	2	7,4
3-4 years	6	22,2
4-5 years	0	0
5-6 years	12	44,4
<b>Total</b>	<b>27</b>	<b>100</b>

N=27

Most of the respondents have been attending the programme since its inception . During the second year of the programme's existence no new members joined the programme. The growth of the programme has not been consistent but appears to fluctuate. Six (22,2%) new members joined during the third year of the programme with only two (7,4%) members joining the programme in its fourth year. During the last year six (22,2%) members joined the programme. No specific reasons were found for the fluctuation in the growth rate of the project. There is also no evidence that Epilepsy South Africa initiated specific efforts to expand the project.

#### 4.4.4.2 *Activities involved in at the programme*

Different income-generating activities are undertaken in the programme. These activities vary between doing work on contract for large companies to producing goods. Goods that are produced are, hand woven mats, leather shoes and leather bags. The work done on contract for large companies are: separating fabrics, packaging screws and folding paper inserts. The activities that respondents were involved in, depended on the nature of their disability or impairment.

**Table 4.6 Activities involved in at the programme**

<b>ACTIVITIES</b>	<b>RESPONSES n</b>	<b>%</b>
Mat weaving	6	22,2
Contract work: Separate fabrics	10	37
Contract work: Packaging screws	4	14,8
Contract work; Folding paper inserts	4	14,8
Producing leather shoes and handbags	3	11,1
<b>Total</b>	<b>27</b>	<b>100</b>

N=27

More of the activities at the programme relates to doing work on contract for large companies as opposed to producing hand-woven mats and leather shoes and bags. The activities that respondents are involved in also directly relates to the income they received (see Figure 4.2). Respondents who are doing contract work receive a regular income as opposed to respondents who produce woven mats and leather goods. These respondents only receive an income if and when their products are sold. A similarity between this situation, where people only receive an income when their goods are sold, can be made with what Midgley (1996:22)

refers to as a small-scale micro-enterprise. A small micro-enterprise can take the form of a single proprietor business or co operative activities, which has proved to be successful especially with specialised populations like people with disabilities. Midgley (1996:22) goes on to point out that initiatives of this nature have even replaced traditional social assistance programmes in some countries. The author is also of the opinion that income-generating activities, similar to the contract work of this programme, are particularly well suited to people with disabilities, as they derive strength from working in a mutually supportive environment.

#### ***4.4.4.3 The value of attending the programme***

In exploring what the effect of the programme was on respondents, it was necessary for the researcher to explore possible rewards, other than only money that respondent may have identified. The following table illustrates the rewards identified by the respondents.

**Table 4.7 Value of attending the programme**

<b>THE VALUE OF ATTENDING THE PROGRAMME</b>	<b>RESPONSES n</b>	<b>%</b>
The money earned	13	48,1
The emotional support provided by the staff and fellow programme members	13	48,1
Friendship with other people who are also disabled	11	40,7
Belonging to the programme gives you something to do	21	77,7
The literacy classes presented	4	14,8
<b>Total</b>	<b>62</b>	

N=27

\* Respondents could give more than one response.

All the respondents indicated more than one reason that they value in attending the programme. Twenty-one (77,7%) of the respondents, even if they indicated other reasons as well, stated that the project gives them something to do.

The following are some of the responses given by respondents in support of their reasons for attending the programme:

*"I feel stressed to stay at home alone, here I am happy to do something for myself."*

*"I like the fact that when I get up in the morning I have somewhere to go."*

*I feel happy that I am able to work, to do something everyday."*

Despite the activities of the programme being geared towards income generation it appears that earning an income is not the overwhelming reason for respondents remaining in the programme. Only four respondents indicated that they enjoyed the literacy classes presented. It appears that friendship, emotional support and a sense of self-worth is what motivates people to remain in the project. From the findings it would appear that a good person-in-environment fit exists for people who are members of the programme. Germain and Gitterman (1996:8) refers to the person-in-the environment fit as the mutual and reciprocal relationship between the person and his/her environment.

#### ***4.4.4.4 Satisfaction with the programme***

As 12 (44%) of the respondents have been in the programme since its inception, it is clear that they derive personal satisfaction from it. Respondents were asked to identify the measure of satisfaction that they are experiencing as members of the programme. The following table illustrates their level of satisfaction with the programme.

**Table 4.8 Satisfaction with the programme**

<b>SATISFACTION WITH THE PROGRAMME</b>	<b>RESPONSES n</b>	<b>%</b>
Very Satisfied	18	66,6
Reasonably satisfied	3	11,1
Neutral	3	11,1
Not satisfied	3	11,1
Very disappointed	0	0
<b>Total</b>	<b>27</b>	<b>100</b>

N=27

Eighteen (66,6%) of the respondents indicated that they are very satisfied that their needs are being met in the programme. Some of the reasons provided by respondents are:

*"I am very satisfied with the programme, it provides me with an opportunity to work".*

*"I am very satisfied because it makes me feel safe to work in a place where people understand about epilepsy".*

*"I am very satisfied because things at the project always function smoothly".*

Nine (33,3%) respondents who indicated that they were either reasonably satisfied, neutral or not satisfied, all cited the need or desire to earn more money.

Some of the comments concerning money were:

*"I need more money".*

*"After we finish making something we have to wait for money".*

*"I need more money to buy food".*

It appears that although earning money is not the overwhelming reason for people remaining in the programme (Table 4.7), people would like to earn more money as indicated by nine (33,3%) respondents.

#### **4.4.4.5 Effect of programme on members lives**

To further evaluate the effect that the programme may have had on members' lives, respondents were asked to identify any other possible life changing experiences that they may have had in the programme.

The researcher needed to ascertain what the rewards were for members and how these impacted on their lives. The following table illustrates the extent to which membership of the programme has changed respondents' lives.

**Table 4.9 How the membership has changed the respondent**

<b>Effect of the programme on the respondent's life</b>	<b>Responses n</b>	<b>%</b>
Have a sense of purpose – a reason to get up in the morning	21	77,7
Making decisions for yourself whereas your family made decisions in the past	6	22,2
Started a romantic relationship with a fellow programme member	7	25,9
Started a first ever romantic relationship since joining the programme	11	40,7
Having a sense of equality as you also have a "job" like able bodied people in your community	11	40,7
Other	1	3,7
<b>Total</b>	<b>53</b>	<b>100</b>

N-27

\*Respondents could give more than one answer.

Twenty-one (77,7%) of the respondents indicated that membership in the programme gives them a sense of purpose. As some respondents have indicated more than one way in which their lives have changed, it would appear that for some respondents, joining the programme has been a radical change in their lives. Seven (25,9%) of the respondents started a first ever-romantic relationship (see Table 4.9).

One (3,4%) respondent indicated that joining the project has had a positive impact on his/her health in that the number of seizures they normally have decreased since they joined the programme. Germain and Gitterman (1996) point out that the person with disability whose environment may have been adjusted to enable him/her to be successful in realising their aspirations will achieve a sense of competence. The researcher is of the opinion that the structure of the social work programme is an example of the adjusted environment that Germain and Gitterman (1996) refers to. Midgley (1996:23) alludes to the fact that programmes of this nature are particularly well suited to people with disabilities as they derive strength from working in a mutually supportive environment.

#### **4.4.4.6 *Inclusion in the decision making of the programme***

Respondents were asked about their involvement in decision-making in the programme. All the respondents (27) indicated that they were included in decision-making, and stated that being included in decision-making makes them feel important. The strategy being used in the programme, of including people with disabilities in decision-making, is in keeping with the empowerment strategy supported by Shaefer *et al.* (2000:481) and Germain and Gitterman (1996:31) who emphasises the increase in the clients' involvement to promote independent functioning by the client. The involvement in decision making by people with disabilities is also included in the guidelines for the integration of people with disabilities as set out in the White Paper for Social Welfare (1997).

#### **4.4.4.7 *The effect of prior learning***

Only four (14,8 %) respondents indicated that they either attended a special school for children with disabilities or a rehabilitation programme for adults with disabilities. These findings are in accordance with the White Paper on an Integrated National Disability Strategy (1997), which states that the limited capacity of special schools and rehabilitation centres has resulted in the majority of people with disabilities being excluded from any educational opportunities. However this may not necessarily be the case for this group of respondents.

Three of these respondents received training in activities similar to the activities they are currently involved in at a programme. The respondents stated that they were asked to assist fellow members in training, especially with the skills they previously acquired. The researcher is of the opinion that by including members in this way recognition is given to their strengths and talents. This then gives effect to the strengths perspective and is in accordance with Lee (2001:217), Saleebey (1992:171), Cohen (1999:460) and Russo (1999:25) who advocate that the social worker should be attentive to the client's strengths when working with individuals, families, groups and communities.

#### **4.4.5 Knowledge of other organisations**

Only one (3,7%) respondent indicated knowledge about other organisations that render social work services to people with disabilities in the area where they live despite the existence of these organisations.. The institutional framework of disability in South Africa indicates that the Federal Council on Disability (SAFCD) is the umbrella body for all national disability non-governmental organisations. Thirteen national welfare organisations, as well as national organisations of the disabled currently form part of this council. The lack of knowledge about other organisations that render services to people with disabilities can be seen in the light of Jagoe's (1998:6) opinion that by separating disabilities the strength of

organisations for the disabled was weakened and more organisations usually end up having smaller programmes that are not really well known in a community

#### **4.4.6 Awareness of rights of people with disabilities**

The rights of people with disabilities are a relatively new phenomenon in South Africa. Efforts need to be made by all organizations rendering services to people with disabilities to ensure that people with disabilities are aware of their rights.

Of the 27 respondents in this study only 10 (37%) were aware of their rights as people with disabilities. They further stated that they became aware of their rights through the media such as TV and the radio. Seventeen (62,9%) of the respondents indicated that they are not aware of the rights of people with disabilities. These findings emphasises the need for awareness raising and education of the rights of people with disabilities as stated in the White paper on an Integrated National Disability Strategy (1997). The policies and guidelines that are in place to protect the rights of people with disabilities will be rendered ineffective if people with disabilities are not aware of their rights.

Respondents raised the expectation that the social worker should inform them of their rights. This expected role of the social worker by the members of the programme can be likened to the role of the social worker as spelt out by Mokwena (1997:68) who states that the social worker should provide the members of the programme with information that is not readily available to them. He points out that the empowerment of individuals in a community will result in the empowerment of the entire community.

#### **4.5 SUMMARY**

This chapter illustrates the experiences of people with disabilities in a social work programme. Most of the respondents in this study live in impoverished communities and had no previous exposure to education, training or rehabilitation.

The majority of the respondents are dependent on income from a disability grant for their survival. Findings from this study show that despite the programme being aimed at income generation, this is not the primary motivation for respondents remaining in the programme. The desire to earn more money has however been expressed.

The study indicates that most of the respondents enjoyed attending the programme because it gave them a sense of belonging and provided structure to their daily lives. Respondents also found value in the emotional support they received from staff at the programme as well as fellow members. The programme also provided opportunity for respondents to have new experiences in their lives as well as give them continued recognition for their involvement in the programme.

A number of respondents have been members of the programme since its inception and place value on their inclusion in decision-making in the programme.

They expressed satisfaction with the manner in which the programme is coordinated. What has also emerged from this study is that despite extensive policies and guidelines to address the rights and needs of people with disabilities, people with disabilities still generally appear to be unaware of their rights.

Based on these findings, conclusions and recommendations will be presented in the next chapter.

## **CHAPTER 5**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

The aim of this study was to explore how disabled people's involvement in an income generating social work programme impacted on their lives. As a result of the findings in the literature and empirical study, conclusions and recommendations will be made.

#### **5.2 CONCLUSIONS**

##### **5.2.1 Demographic profile of respondents**

Respondents in this study ranged between the ages of 20 and 60 years old and of the twenty-seven respondents in the study, eighteen were under the age of forty years. Twenty respondents were unmarried, of which nineteen lived with either their parents or other family members. This indicates that people with disabilities do not live independent lives but rather remain dependents in their family of origin. It is not clear from the study whether the dependence on family is as a result of an economic dependence or if the respondent is socially and emotionally dependent on their families.

##### **5.2.2 Standard of living of respondents**

The study showed that the majority of the respondents lived in impoverished areas in the Western Cape. This means that all the respondents need their income from disability grants for their survival but not all respondents were in receipt of disability grants. The fact that all respondents needed extra money and some did not have income from a disability grant implies that respondents are in need of the income that is generated from their involvement in the social work programme. The conclusion that is drawn from these findings is that every effort

should be made to assist people with disabilities to increase their income to improve their standard of living.

### **5.2.3 Nature and extent of disability**

The nature and extent of respondents' disabilities varied. The study showed that despite this variation in their disabilities none of the respondents were educated or trained in accordance with their capacity. Not any respondents had some training relating to their disabilities.

### **5.2.4 The income generation programme as a source of income**

The researcher expected the income generation activity to be the main reason for respondents initially joining and later remaining in the programme. The empirical study showed that this was not the case. Some respondents receive no income from their involvement in the programme and others only when their products are sold, which does not appear on a regular basis, with some receiving a regular weekly income. A number of the respondents have been in the programme since its inception and it can be concluded that respondents are not remaining in the programme because of the income.

Despite the income generation activity not being the overwhelming reason for people with disabilities remaining in the programme, the majority of the respondents indicated that they would like to earn more money.

### **5.2.5 Choice of income generating activity**

From the empirical study it is apparent that the respondents would both like to, and as a result of their living conditions, need to earn more money. From this it is concluded that it is necessary to choose activities that will provide respondents with a regular income. The results of this study has shown that activities relating to doing contract work for larger companies, provided a regular income compared to income generated from goods produced and sold by respondents, which was

not regular. Since some respondents were not selling their produced goods and not earning an income, the researcher concludes that an activity that does not provide for a regular income defeats the object of income generation.

### **5.2.6 Reasons for remaining in the programme**

The study showed that the majority of the respondents remained in the programme as it gave them a sense of belonging. Respondents indicated that by attending the programme they had a sense of purpose in that every day they had something to do, somewhere to go. The conclusion drawn from this is that people with disabilities want to be able to do and experience life in the same way that the rest of the community does. Respondents indicated that their lives changed for the better since joining the programme, this indicates that involvement in the programme has added value to respondents' lives.

Respondents indicated that they started making decisions for themselves whereas their families made decisions for them in the past. Some indicated that they started their first ever romantic relationship. From this can be concluded that respondents gained confidence from their involvement in the programme, to the extent where they were prepared to venture into a new phase in their lives. As is enhanced their self-assurance and assertiveness.

From this the researcher concludes that the respondent's newly acquired self-confidence could directly be linked to their inclusion in decision making in the programme.

### **5.2.7 Respondents' awareness of the rights of people with disabilities**

The empirical study illustrated that people with disabilities are not adequately aware of their rights as people with disabilities. The conclusion drawn from this is that despite a change in the policies in South Africa, which addresses the rights and needs of people with disabilities, very little has changed in the communities

where people with disabilities live. It can also further be surmised that the positive experiences that people with disabilities have in programmes where they are involved in, can easily be negated by the negative experiences in the communities where they live.

### **5.3 RECOMMENDATIONS**

On the basis of the conclusions of the study, the following recommendations can be made, which may also serve as guidelines for those who present the same or similar programmes for people with disabilities.

#### **5.3.1 Organisations that render services to people with disabilities.**

Organisations that render services to people with disabilities should ensure that the services are in line with those recommended by the White Paper on an Integrated National Disability Strategy (1997).

The activities that are included in the programmes should be in keeping with the spirit of the social model of disability, which focuses on making adjustments to society rather than to the person with the disability. Social work services for people with disabilities should be based on social work perspectives as it relates to disability. These include an ecological and strengths perspective as well as an empowerment strategy.

With reference to the role of organisations in bringing about awareness of disabilities, the legislative framework that gives recognition to the rights of people with disabilities in South Africa does not always appear to be put into effect in communities.

It is recommended that more be done, by organisations who render services to people in communities to ensure that community members become aware of the rights of people with disabilities. Awareness should also be aimed at ensuring that people with disabilities are not discriminated against.

### **5.3.2 Social work programmes and income-generation**

Social workers should focus on intervention that promotes the attainment of material welfare goals, which is compatible with social work's responsibility to address poverty. Social workers will contribute to the development of the entire community by presenting programmes of this nature. By ensuring that the basis of a social work programme is income generating, social workers will be applying developmental social work intervention with people with disabilities..

To ensure a regular income from an income generating activity, the choice of activity needs to be considered. It is recommended that activities that will provide a regular income be chosen as opposed to an activity that may only provide for irregular income. It is recommended that more contract work be sourced. Attention should also be given to teaching skills that will enable people with disabilities to produce goods for which there is a market, as well as to doing market research.

### **5.3.3 Disability and poverty**

The link between poverty and disability in South Africa that is stated in the White Paper on an Integrated National Disability Strategy (1997) is also reflected in this study. It is for this reason that it is recommended that, cognisance be taken of current practices in poverty eradication when planning programmes for people with disabilities.

Programmes presented by social work agencies for people with disabilities should also include the same aspects that those do in poverty eradication. The aspects referred to are, that the programmes must be sustainable and must be structured in a way where the people with disabilities who become involved, are trained so as to enhance their capacity building.

### **5.3.4 Rehabilitation and training**

An effective community based rehabilitation programme presented by social work agencies should be developed for people who are newly disabled . This is based on the assumption that all children with disabilities will be included in the education system. The rehabilitation should be based on the social model of disability. A rehabilitation programme based on the social model of disability will include making adjustments within the community to accommodate the person with the disability.

### **5.3.5 Further research**

It is recommended that a broader based study be undertaken to investigate what the emotional rewards are of people with disabilities who are involved in income generating programmes. It is recommended that the study include income-generating programmes from various organisations that render services to people with disabilities.

This study showed that people with disabilities do not live independent lives but rather remain dependents in their family of origin. It is not clear whether dependence on the family is as a result of an economic, social or economic dependence. It is recommended that further research be done in this area, to establish the reason for the dependence of people with disabilities on their family of origin.

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## APPENDIX 1

### UNIVERSITY OF STELLENBOSCH

### DEPARTMENT OF SOCIAL WORK

## QUESTIONNAIRE

The aim of the study is to explore the impact of social work programmes, aimed at economic empowerment, on the lives of people with disabilities, with special reference to the income generating projects of Epilepsy South Africa at Mitchell's Plain, Guguletu, Khayelitsha, Saron and Gouda in the Western Cape.

### CONDITIONS FOR COMPLETION OF THE QUESTIONNAIRE

All answers will be treated confidentially. No individual viewpoints will be made known and no name will be linked to a questionnaire.

Please complete the questions by indicating with an X in the blocks when provided.

#### 1. SECTION A: DETAILS OF IDENTIFICATION

1.1 Age:

15-19	20-24	25-30	31-35	36-40	41-45	46-50	Over 50
-------	-------	-------	-------	-------	-------	-------	---------

1.2 Gender:

Male	Female
------	--------

1.3 Marital status:

Single	Married	Widowed	Divorced	<b>Other</b>
--------	---------	---------	----------	--------------

Other \_\_\_\_\_

1.4 How many dependent children do you have?

1	2	3	4	5	More
---	---	---	---	---	------

1.5 Do you have any other family members dependent on you?

<b>Yes</b>	<b>No</b>
------------	-----------

If yes, please explain who the family members are

\_\_\_\_\_

\_\_\_\_\_

1.6 Who are you living with?

Parents	
Immediate Family	
Partner	
Extended Family	
Adult Children	
Other	

Other \_\_\_\_\_

1.7 Are you living in :

Your own home	
A privately rented home	
A house bought from the municipality	
A house rented from the municipality	
An informal settlement	
Any other dwelling	

If other, please explain \_\_\_\_\_

1.8 How many bedrooms does the house have?

1	2	3	4	5
---	---	---	---	---

1.9 How many people live in the house/dwelling

\_\_\_\_\_

1.10 Are you in receipt of a disability grant?

<b>Yes</b>	<b>No</b>
------------	-----------

If no, explain why

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1.11 Do you have any other form of income?

<b>Yes</b>	<b>No</b>
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If yes, explain where the income is derived from

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1.12 Does any other member of your household receive a disability grant or old age pension from the state?

Yes	No
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If yes, please explain who the family member is and how this income affects you

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1.13 Is any member of your household gainfully employed?

Yes	No
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If yes, please explain how the salary earned affects you

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**2. SECTION B: NATURE OF DISABILITY**

2.1 Explain the nature of your disability

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2.2 What is/are the cause/s of your disability (If known)

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2.3 Since when are you disabled ?

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2.4 Which of the following activities/ daily living tasks are you able to do on your own

Dressing on your own	
Preparing food for yourself	
Travelling to the project on your own	
Do shopping on your own	

**3. SECTION C INVOLVEMENT IN SOCIAL WORK PROGRAMME**

3.1 How long have you been a client of Epilepsy South Africa?

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3.2 Which services were you initially offered?

Individual counselling	
Group support	
Community work project	
Other	

If other, please explain \_\_\_\_\_

3.3 When did you join this income-generating project?

1997	1998	1999	2000	2001	2002
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3.4 Who referred you to this social work programme

Epilepsy South Africa Social Worker	
Epilepsy South Africa Development Worker	
Hospital Social Worker	
Hospital Work Assessment Unit	
Community Social Worker	

3.5 What do you do daily at the programme?

Separate fabric	
Weave mats	
Count screws	
Fold paper inserts	
Make leather shoes/ bags	

3.6 What do you enjoy about attending the project ?

The money earned	
The emotional support provided by the staff and fellow project members	
Friendship with other people who are also disabled	
Belonging to the project gives you something to do	
The literacy classes presented	
Other	

Motivate your answer \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.7 To what extent are you satisfied that your needs and expectations are met in the project?

Very satisfied	
Reasonably satisfied	
Neutral	
Not satisfied	
Very disappointed	

Explain why you feel this way \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.8 How has your membership of this programme changed your life?

Have a sense of purpose – a reason to get up every morning	
Making decisions for yourself whereas family made decisions for you in the past	
Started a romantic relationship with a fellow project member	
Started a first ever romantic relationship since joining the project	
Having a sense of equality as you also have a "job" like able bodied people in your community	
Other	

If other, please explain how this programme has changed your life

\_\_\_\_\_  
 \_\_\_\_\_

3.9 How do you feel about your inclusion in the decision making of the programme?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.10 How are you included in the decision making of the programme?

Consulted about the activities and about decisions that need to be made for the project.	
Consulted on the daily schedule relating to tea and lunch times	
Consulted on the level of productivity that needs to be achieved	

3.11 Have you attended a special school for children with disabilities or any rehabilitation programme for people with disabilities?

<b>Yes</b>	<b>No</b>
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If the answer is yes, please state what the activities were that you learnt at school or the rehabilitation programme

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3.12 How was recognition given to your previous experience when you joined the project?

Tasks assigned to you were similar to what you did before	
You were asked to assist fellow project members with tasks that you were more skilled at	
You had no previous experience	

3.13 How often are you able to sell products made at the programme in the communities where you live?

Products are highly sought after in the community and sold regularly	
Products are only sold at special monthly markets held at the end of a month	
Products are sold to outlets in bigger shopping centres and not in the community	
Work at the programme is done on contract to factories in the city	

3.14 Is the activity of the programme suited for the community that you live in?

<b>Yes</b>	<b>No</b>
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If the answer is no, please state which activity/ies you think would be best suited for the community you live in.

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**4. SECTION D: GENERAL**

4.1 Which other organisations in your area are you aware of that render services to people with disabilities?

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4.2 New legislation and regulations about the rights of people with disabilities have been developed, are you aware of this?

Yes	No
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If the answer is no, who do you believe should be responsible for informing about this?

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If the answer is yes, who informed you about the new legislation?

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4.3 How has the attitude of the community changed towards yourself and other people with disabilities since the change in legislation relating to people with disabilities?

People no longer discriminate against you by calling you derogatory names	
People still sometimes call you derogatory names	
People have more respect for you and do not call you derogatory names	

*Thank you for your co-operation in completing this questionnaire.*