Singabantu, Singanika[1]

Residential facilities for adults with intellectual disability in the Western Cape

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Estimates of the prevalence of intellectual disability range from 0.27% of the population to 3.6%. Intellectual disability is likely to be more debilitating in the African context due to the impact of poverty and poor nutrition as well as lack of appropriate services[5]. Despite this probable high prevalence, there is a dearth of research on the impact of intellectual disability on individuals and families in Africa. Research needs to be expanded across the lifespan and to take into account the rights of citizenship of disabled people as specified in the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

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Aim of the study

To develop acceptable and feasible options for housing and support for adults with intellectual disability in South Africa by taking into account past and current practices. This will have relevance to other African countries. This poster reports on current practices within residential facilities in the Western Cape.

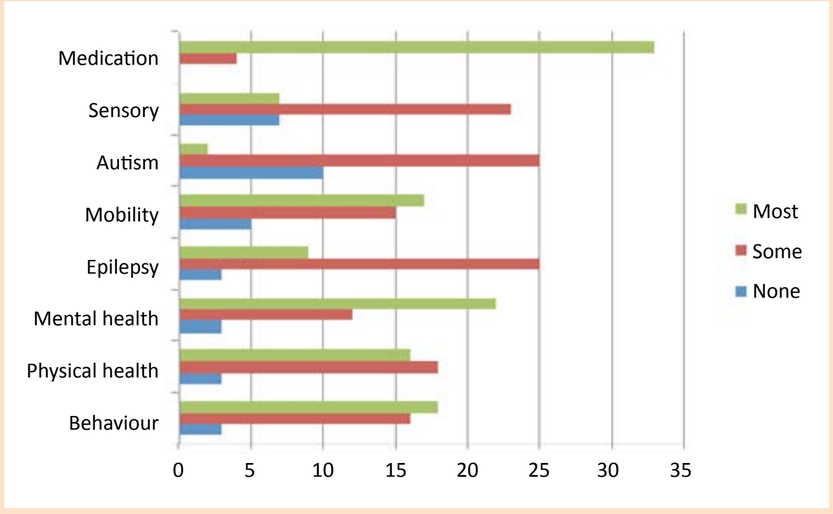
Method

A survey of existing residential facilities was conducted in the Western Cape. Thirty seven facilities catering to adults with intellectual disability in the non-governmental sector were identified in the province. The management of these facilities completed a survey, mostly in interviews with the researchers. Government institutions are not included in this preliminary report.

Results

There are 2098 adults in residential care in the non-governmental sector. There is a disproportionate number of women (1130; 56%), which is possibly related to the high levels of sexual abuse of women with intellectual disability. The racial representation is skewed toward residential placements for Whites (66% of total places).

Thirty three facilities report that most of their residents require medication, with mental health, behaviour and mobility support being the next highest areas of need. The high levels of medication do not reflect treatment for physical health only but are also used for mental health and behavioural issues.

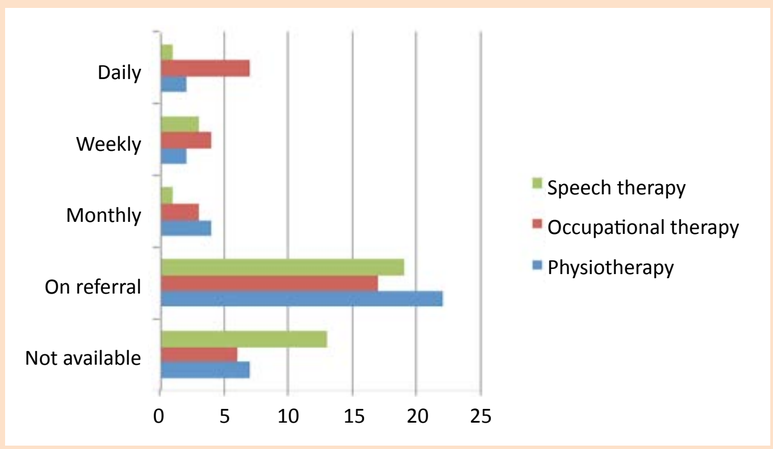


Proportion of residents requiring assistance with health needs

The most common activity in the community for residents is attending religious services followed by visits to and from the family. Sport and going to the cinema, restaurant or a social club do not occur in a sizeable number of facilities.

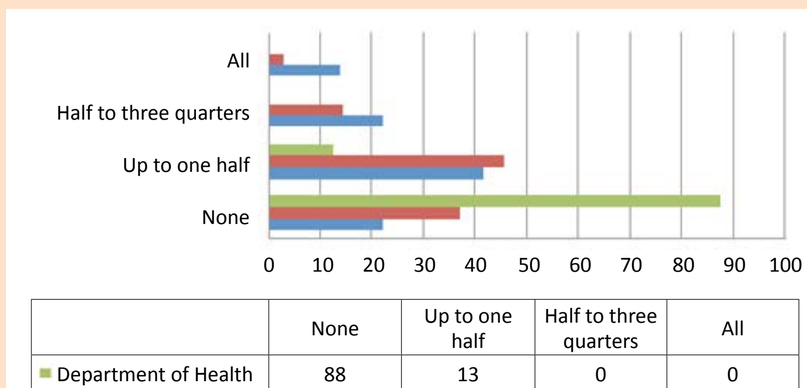
Proportion of residents partaking in different community activities at least once a month

Speech therapy is the most difficult rehabilitation service to access and yet there are significant communication difficulties amongst this group. Twenty seven facilities report that some to all of their residents have difficulties in this area. Lack of communication can lead to frustration and behavioural difficulties.



Frequency of provision of therapy

The Department of Health provides no financial support to 88% of the facilities in the province. Social Development provides up to half of funding in 45% of facilities. The Disability Grant is a major source of income.



	None	Up to one half	Half to three quarters	All
Department of Health	88	13	0	0
Social Development	37	46	14	3
Disibility grant	22	42	22	14

Proportion of funding from different government sources

Key considerations

As a result of historical and long-term policy and planning in mental health, residential facilities are under-resourced and under-prioritised.

Communication and mental health needs are not being met and possibly result in behavioural difficulties.

There are exemplary residential facilities that serve as best practice models for further development but there is a of lack exemplary community models.

Alternative models to consider include:

a) opening up and funding more places to provide good quality of care consistent with human rights

b) appropriate care and support of clients at community level

c) support of families and communities to provide for the dependency needs of adults with intellectual disability

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1 Singabantu, singanika (Xhosa: We are people, we can give) is the name chosen for this project to reflect the contribution that people with intellectual disability can make when they receive the right support.

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5 Adnams, C. (2010) 'Perspectives of Intellectual Disability in South Africa: Epidemiology, Policy, Services for Children and Adults' in Current Opinion in Psychiatry, Vol 23 (Issue 5) 436-440.