

UNIVERSITY OF CAPE TOWN



Experiences of social service professionals in the iLembe Municipality in rendering services to children with disabilities

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#### DECLARATION

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## **ABSTRACT:**

This study explored the experiences of Social Services Professionals in rendering services to children with disabilities in the iLembe Municipality. The study focused on their overall experiences, any challenges that they may face when rendering these services and any recommendations that they may have regarding the current state of the services they render to children with disabilities. According to the Integrated National Disability Strategy (1997), there is often a low life-expectancy for people with severe disabilities living in rural areas due to inadequate care, support and access to some of the most basic services. A high level of knowledge and access to resources is required when caring for children with disabilities which places more pressure on social workers to seek other forms of alternative care for these children (Mitchell, 2013). The research study utilized a qualitative approach using semi structured interviews with 23 Social Services Professionals from various non-governmental organizations and the Department of Social Development. The non-probability sampling method was used for the selection of participants.

The findings of the study revealed that Social Services Professionals find rendering services to children with disabilities to be both rewarding and challenging. Their main challenges in rendering these services included: insufficient facilities; policy limitations; training needs in the field of disability; misuse of the disability grant and a lack of support. They also face various challenges in placing children with disabilities in alternative care. Namely limited facilities and resources; lengthy application processes; reluctant foster parents; a lack of co-operation from stakeholders; and a lack of involvement from the government. Social Services Professionals felt that they were not adequately equipped to provide services to children with disabilities. Which they attributed this to a lack of training. Participants felt that alternative care for children with disabilities should be explored as a last resort and they recommended that state support should be the main intervention in providing better services to children with disabilities. Recommendations from the study are that there should be a prioritization of funding to train Social Services Professionals. Funding that is focused on issues of disabilities in order to educate communities should also be prioritized.

## **TABLE OF CONTENTS:**

Acknowledgements .....	2
Abstract .....	3
<b>Chapter One: Introduction</b>	
1.1 Background and context .....	7
1.2 Statement of the problem .....	8
1.3 Rationale and significance of the study .....	9
1.4 Main research questions .....	10
1.5 Research objectives .....	10
1.6 Main assumptions .....	11
1.7 Clarification of terms .....	11
1.8 Ethical considerations .....	13
1.9 Limitations of the study .....	15
1.10 Outline of thesis .....	16
<b>Chapter Two: Literature review</b>	
2.1 Introduction .....	17
2.2 Definition and conceptualization of disability .....	17
2.3 The context of disability and service delivery in S.A .....	18
2.4 Social services provision to persons with disabilities: past and present .....	21
2.5 Vulnerability of children with disabilities .....	23
2.5.1 Factors contributing to child disability .....	24
2.5.2 Access to education system for children with disabilities .....	26
2.5.3 Institutionalization of children with disabilities .....	28
2.6 Alternatives to institutionalization .....	31
2.6.1 Foster care as an alternative .....	32
2.7. Preparedness of Social Services Professionals to render services to children with disabilities .....	33
2.7.1 Challenges in rendering effective social services to children with disabilities .....	37
2.8 Theoretical framework .....	38
2.8.1 The Social Model of Disability .....	39
2.8.2 Ecosystems Theory .....	41

2.9 Policy and legislation.....	43
2.9.1 Children’s Act No. 38 of 2005 .....	43
2.9.2 The White Paper on the Rights of Persons with Disabilities .....	45
2.9.3 African Charter on the Rights and Welfare of the Child.....	46
2.10 Conclusion .....	47

### **Chapter Three: Research Methodology**

3.1 Introduction .....	49
3.2 Research design .....	49
3.3 Population and sampling strategy .....	50
3.4 Data collection .....	53
3.5 Pilot study .....	54
3.6 Data analysis .....	55
3.7 Data verification .....	57
3.8 Reflexivity.....	59

### **Chapter Four: Results**

4.1 Introduction .....	60
4.2 Biographical profile of study participants.....	60
4.3 Brief overview of organizations chosen for the study .....	63
4.4 Findings: themes and sub-themes .....	65
4.4.1 Social Services Professionals and disability .....	66
4.4.2 Challenges with alternative care .....	74
4.4.3 Preparedness of Social Services Professionals.....	78
4.4.4 Placement of and care for children with disabilities.....	81
4.5 Conclusion .....	84

### **Chapter Five: Discussion and Conclusion**

5.1 Introduction .....	87
5.2 Key findings .....	87
5.3 Main conclusions.....	93
5.4 Recommendations .....	94

<b>References</b> .....	98
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## **Appendices**

Appendix 1: Ethics approval letter from the Department of Social Development .....	110
Appendix 2: Informed consent form.....	112
Appendix 3: Interview schedule.....	114
Appendix 4: Written approval to conduct research at KwaDukuza Child Welfare .....	116
Appendix 5: Written approval to conduct research at the Department of Social Development .....	117
Appendix 6: Written approval to conduct research at the KZN Blind and Deaf Society .....	118
Appendix 7: Editor's Letter .....	119
Appendix 8: Transcribed interview transcript.....	120

## CHAPTER ONE: INTRODUCTION

### 1.1 Background and context

The estimated total number of children in the world who are living with a disability are 150 million, with the total number of people being estimated between 500-650 million (Boezaart, 2012). Children who are living with a disability have needs that differ from those of children who are not living with a disability. Which are different and specific to them. The rights of children with disabilities are continuously infringed and this is an issue that concerns both human rights and social justice (Boezaart, 2012, p.1). A lot of support is needed for both the children (Children's Act 38 No. 38 of 2005, p. 40) and primary caregivers of the children with disabilities. They also need to have access to the necessary services. The Children's Act further states that when a child is found to be in need of care and protection, they may be removed from that particular environment and placed in alternative care. According to a community survey conducted by Statistics South Africa (StatsSA, 2013), individuals living with disabilities are amongst the poorest in their communities. It has been found that people who live in poverty-stricken areas face a higher risk of acquiring a disability, and their rights are readily denied. They have also been seen to face much segregation and rejection (White Paper on the Rights of Persons with Disabilities, 2016).

The prevalence of persons with some form of impairment or activity limitation is estimated to be 7.5%, excluding children aged between the ages of 4 and below; people living with disabilities in institutional care; and those who attend boarding school (White Paper on the Rights of Persons with Disabilities, 2016). According to the Integrated National Disability Strategy (1997), children with disabilities do not receive enough support in terms of their rehabilitation and educational needs (Saloojee, Phohole, Salooje and IJsselmuiden, 2006, p. 231), especially those who live in rural areas. They also experience barriers to accessing support services, which therefore leads to a low life- expectancy. They also struggle to access services that are basic and readily available to other members of the community. A high level of knowledge and access to resources is required when caring for children with disabilities. (Mitchell, 2013) asserts that this places more pressure on Social Services Professionals to seek other forms of alternative care for these children.

This study aims to highlight the experiences of Social Services Professionals when rendering services to children living with disabilities, mainly focusing on their overall experiences; any challenges that they may face when rendering these services; and any recommendations that they may have regarding the current state of services that they render to children with disabilities.

## **1.2 Statement of the problem**

Data has revealed that 80 percent of persons who have a disability are living in low income countries, inadequately accessing basic education and rehabilitative services (McConnel, 2015). In South Africa, there is a huge variation in service availability and resources for mental health between provinces (Gwezera, Mudekunye, Alufandika and Byamukama, 2014). Children with various types of disabilities experience abuse more often than children who do not have disabilities (Lightfoot, 2014).

Experiencing maltreatment is a more likely occurrence for children with disabilities (Shannon and Tappan, 2011). Due to their vulnerable nature, they are increasingly seen to be represented within child welfare systems seeking social welfare services (Lightfoot, 2014). This therefore requires the professionals rendering services to these children to be equipped in order to render quality psychosocial support services to children with disabilities and their caregivers (Boezaart, 2012; Muchanyerei, 2016). Ideally, Boezaart (2012) suggests that these children would receive the same quality of services as children who are not disabled. However, according to past research (Shannon and Tappan, 2011; Wijemanne, 2017; Flynn & McGregor, 2017), this is not the case. According to Patel (2016), measures that are less restrictive should be advocated before Children's homes or child and youth care centers are considered. These are measures which would allow children with disabilities to be cared for at home or to remain in their communities and they should be explored (Patel, 2016). However, children with disabilities tend to be placed more often away from rather than within a family setting (Umgungundlovu Shadow Report, 2015).

Social Services Professionals are responsible for ensuring that the quality of services received by children are the same, no matter their circumstances. They are seen by Patel (2016) as taking on roles such as that of an educator, facilitator, mobiliser and advocate. However Social Services Professionals seem to have failed these children

as past research suggests a lack of necessary skills, training and knowledge amongst Social Services Professionals to provide the necessary services to differently-abled children, both at the undergraduate level and in professional training aspects (Lightfoot, 2014; Saleeby, 2007).

Research in South Africa regarding the experiences of Social Services Professionals who render services to children with disabilities is very limited (Umgungundlovu Shadow Report, 2015). The number of children who are living with disabilities is on the rise and their need for social services is also increasing (Boezaart, 2012). Thus, it is important to understand the issues faced by the professionals who are at the center of dealing with these children and to understand their experiences. The experiences of Social Services Professionals is important to understand because there is an increasing number of caregivers for disabled children who are seeking social support services. Furthermore, there is a need to also understand other elements that may have an impact on the level of service provided. This will assist in looking at ways to deal with possible limiting conditions. Literature and statistics suggest a crisis within the system with regards to the quality of current services that children with disabilities are receiving. This was identified and addressed through policies and legislation, but practically, the welfare system and government are failing children with disabilities (Saloojee et al., 2006, p. 235). Saloojee et al. (2006, p. 235) explains that they require specialized services. This research ascertained the extent and nature of this service provision through interviewing service providers.

### **1.3 Rationale and significance of the study**

Children with disabilities have special needs Crowley (2016) which are dependent on the severity of their disability. They are also more likely to be abused and they are also susceptible to experiencing neglect (Tetrault, Blais-Michaud, Marier Deschenes, Baupre, Gascon, Boucher and Carriere, 2014). Consequently, leading to them seeking the services of Social Services Professionals. The current nature of social services that children with disabilities are receiving are not of good quality and these children fail to see that their needs are adequately met and concerns adequately addressed.

This study aims to shed light on the urgent need for training, both at the undergraduate and professional level, for Social Services Professionals rendering services to children with disabilities. This study also aspires to highlight the urgent need for government to investigate institutions that accommodate children with disabilities to ensure that the staff in that particular facility are adequately trained and that the child is not at risk of undergoing further maltreatment within that particular setting. The information from this study will help Social Services Professionals to take a more active role with regards to seeking information that will help them provide better quality services to children living with disabilities.

#### **1.4 Main Research Questions**

This research study sought to respond to questions regarding the experiences of Social Services Professionals, with a specific focus on the services they render to children with disabilities. The main research questions that arose were:

- What are the experiences of Social Services Professionals rendering services to children with disabilities in iLembe Municipality?
- What are the challenges that Social Services Professionals face in rendering services to children with disabilities?
- What are the perceptions of Social Services Professionals in iLembe Municipality regarding their preparedness to provide services to children with disabilities?
- How do Social Services Professionals deal with the placement of and care for disabled children in alternative care in South Africa?

#### **1.5 Research objectives**

- To explore the experiences of Social Services Professionals in rendering services to children with disabilities in iLembe Municipality.
- To explore the challenges faced by Social Services Professionals in rendering services to children with disabilities.
- To explore the perceptions of Social Services Professionals in iLembe Municipality regarding their preparedness to provide services to children with disabilities.

- To explore how Social Services Professionals deal with the placement of and care for disabled children in alternative care in South Africa.

## 1.6 Main assumptions

- Social Services Professionals in the municipality of iLembe are unable to adequately render the necessary services required by children with disabilities.
- This problem in service delivery to children with disabilities can be attributed to a lack of appropriate training and skills to identify and render services to these children.
- There is a lack of adequately equipped facilities in place to assist Social Services Professionals who may be able to assist these children.

## 1.7 Clarification of terms

**Children** – *children* refers to individuals who are below 18 years of age (Children’s Act No. 38 of 2005, p. 22).

**Disability** – Disability is defined as a complex and constantly developing concept (White Paper on the Rights of Persons with Disabilities, 2016). Although the way in which disability is defined differs, certain common elements are shared by rights-based approaches to disability, which is the approach of the White Paper (International Human Rights of Children, 2019). These elements include: “the presence of an impairment, internal and external limitations or barriers which hinder full and equal participation; a focus on the abilities of the person with a disability; and a loss or lack of access to opportunities due to environmental barriers and/or negative perceptions and attitudes of society. Disabilities can also be permanent, temporary or episodic” (White Paper on the Rights of Persons with Disabilities, 2016, p.17). Not all disabilities are acquired at the same stage in people’s lives. It varies for every individual as some people are born with disabilities and some may acquire them throughout their lifespan. Even though some disabilities may be permanent, these may be classified as ‘episodic’ because they do not always cause distress to the person. There are periods when the person functions normally. At times, people may also be temporarily disabled due to an accident or other form of injury. The term that is deemed less discriminatory and a more positive for disability is ‘differently-abled’, which according to the United

Nations (2008) refers to “persons who are not able to ensure by themselves, in whole or partly, the necessities of normal individual and/or social life as a result of deficiency, either congenital or not, in his or her physical or mental capabilities” (Renuka and Pushpanjali, 2015, p.60).

**Children with disabilities (CWD)** - A disability is a complex phenomenon, comprising many dimensions and goes beyond physical impairment as there are various forms of disability. This could include difficulties of functioning experienced in seven different domains (both physical and mental): “seeing, hearing, walking, remembering, concentrating, self-care and communicating” (UNICEF, 2012). For the purpose of this study, a child with a disability or a “differently-abled child” is any child who is physically or mentally disabled, blind, deaf or hard of hearing.

**iLembe Municipality-** The District Municipality of iLembe in KwaZulu Natal is situated about 65km away from Durban. “There are four local municipalities in iLembe, namely Mandeni, KwaDukuza, Ndwedwe and Maphumulo. Land uses within these areas are typically urban mixed uses with high levels of infrastructural and service development and an adequate provision of social facilities and services to support the resident populations. Informal settlements with limited facilities or infrastructural services occur on the periphery of the developed areas and within the towns of iLembe. Village centres such as Maphumulo and Ndwedwe in the west and Nyoni and Mbizimbelwa in the north comprise commercial and service development in the rural areas. They largely exist in association with a magistrate’s court, clinic, pension pay point, health, education and welfare office or similar state service” (iLembe Integrated Development Plan Review, 2008, p9).

**Social Services Professionals** - Social Services Professionals are practitioners who are central to providing social support services. They include “probation officers, developmental workers, child and youth care workers, youth workers, social auxiliary workers and social security workers who are registered as such” (Children’s Act No. 38 of 2005, p. 31). For the purpose of this study, Social Services Professionals refer to social workers and social auxiliary workers.

**Alternative care** – If a child is identified as being in need of care and protection and if the child being placed elsewhere out of the home environment, is what is deemed to be “in the best interests of the child” (Children’s Act 38 No. 38 of 2005, p.39), then an alternative placement needs to be sought for the child. The child will be placed in alternative care based on his/her individual needs. Alternative care options, available to social workers if a child is removed from a family setting are: foster care, Child and Youth Care Centers (CYCCs) or temporary safe care (Children’s Act No.38 of 2005).

## **1.8 Ethical Considerations**

The process of research involves collecting relevant data from people (Van Jaarsveld 2018, p.128). Neuman (2014) states that this makes the protection of research participants essential in the research process, developing trust with them and promoting the integrity of the research by conducting research in an ethical manner is also very crucial. Issues involving ethical conduct during the process of research needs more attention (Creswell, 2014). This study took into account the ethical considerations of participants by adhering to the ethical requirements of the Higher Degrees and Ethics Committees of the University of Cape Town. Since the research included people who are in dependent relationships with organizations, the researcher obtained permission from the organizations to do the research with the professionals participating in the research. Permission was obtained in the form of formal communication from two of the organizations and an official letter was obtained from three of the organizations. The following core ethical requirements were implemented in the research:

- *Informed consent*

According to De Vos, Strydom, Fouche and Delpont (2011), only participants who are legally and psychologically proficient to undertake the agreement can give informed consent. Consent was obtained from the research participants through a discussion of the research with them and the subsequent completion of a signed informed consent form. Firstly, the nature of the study was discussed and explained to the participants. All possible goals of the research and the procedures that were to be followed, as well as possible advantages and disadvantages, were discussed with them. Researchers need to make sure that participants understand what they are getting themselves into before participating in a research study (Williamson, 2007).

Neuman (2014) indicates that informed consent, usually in the form of a written statement, is obtained after the participants have been informed of the aspects of the research. The participants were then asked to sign an informed consent form, which provided information on the nature of the research as well as its content, as a voluntary agreement in written form before the study commenced.

- *Voluntary participation*

According to Neuman (2014), a key principle in research is that participation needs to be voluntary. The researcher achieved this by giving research participants the option to partake in the study voluntarily and by informing them that there is an option to withdraw, if they no longer wish to continue taking part in the research process at any point or if they no longer feel comfortable to continue. It was clearly stated in the consent form that participants can terminate their participation at any point without repercussions and that they are not obliged to participate (Neuman, 2014; Terreblanche, Durrheim and Painter, 2006). The contents of the form included a section stating that participants are taking part of their own free will and that if they feel uncomfortable or no longer wish to continue participating in the research project, then they had the option of withdrawal. Participants were not forced by the researcher to sign the consent form, as participation needs to be purely voluntary (Creswell, 2014). This was also communicated to them verbally before they signed the informed consent form. The opportunity for participants to ask any questions was also given if they needed clarity on anything pertaining to the study before giving their consent.

- *Avoidance of harm*

Emotional harm is considered to be dominant in social science research (Neuman, 2014). Avoidance of harm was ensured by making all efforts necessary to minimise risks of physical or emotional harm. According to Corbin and Morse (2003), the interviewing skills of the researcher and a code of ethics are important in preventing the emotional distress of participants. The researcher ensured that she conducted her interviews in an ethical manner at all times throughout the process. She did not ask intrusive questions which may have made the participants uncomfortable. The researcher gave participants an opportunity to speak about any feelings or concerns they had during the research process which they felt they wanted to discuss. This was

a form of debriefing for those taking part in the study and was also a chance for them to speak freely about their feelings and to avoid any long-term emotional harm as a result of the research.

- *Privacy, Anonymity and Confidentiality*

Ensuring the right to privacy, confidentiality and anonymity of the participant was achieved by ensuring that their identities were not revealed. The release of information was not undertaken in a way that could allow people to link individuals to certain responses (Neuman, 2014; Terre Blanche, et al., 2006). These are extremely important ethical issues. All information regarding the personal information of study participants was kept private. Results from the study are presented anonymously, thus protecting the identities of participants. This was explained verbally to all participants. Such information was also clearly stipulated in the consent form, which the participants were given time to read before consenting to take part in the study.

- *Deception*

Deception occurs when researchers misrepresent their actions or true intentions to participants (Neuman, 2014; Strydom, 2015). Deception was not used in any way and clear requirements, information and possible outcomes were outlined before the data collection process. It was explained and clearly stated in the consent form that there would be no direct benefit to the participants; nor will they receive any payment for taking part in the research. The researcher was transparent regarding the process and explained that the only benefit to participating in this study was to provide valuable information.

## **1.9 Limitations of the study**

One of the limitations of this particular study could be the fact that it was conducted using the qualitative research method. Therefore, the results cannot be generalized. Another limitation could be the fact that the participants knew that the interview was being recorded and might not have been completely forthcoming with their responses. A further limitation could be found in the fact that most participants in the research were from Non - Governmental organizations, with four out of the five research sites

being Non-Governmental organizations, thus making the views of the social workers in the government sector very limited.

### **1.10 Outline of the thesis**

The thesis will comprise five chapters, the titles and brief explanations of which are provided below.

**Chapter 1 – Introduction:** In this chapter, the reason for undertaking this particular study is presented. The background to the study is addressed, as well as the rationale behind undertaking this particular study and its significance. The main research questions and objectives are also stipulated and the concepts that are of relevance to the research are explained. A brief outline of the chapters that will be covered in the thesis concludes the chapter.

**Chapter 2 – Literature Review:** In this chapter, a review of relevant literature with a focus on the overall experience, challenges and preparedness of Social Services professionals in rendering services to children with disabilities is presented.

**Chapter 3 – Methodology:** This chapter focuses on the methodology employed while conducting the study. It describes the chosen research design as well as sampling, the process of how data was collected and the tools utilized to analyse the data throughout the data collection process.

**Chapter 4 – Findings:** This chapter focusses on the overall findings of the research. It will include a discussion detailing the research findings and linking them to the research objectives and data analysis. The findings are substantiated with quotations from the interview process.

**Chapter 5 – Conclusion:** Chapter 5 concludes the thesis. Based on the findings from the research, the overall discussion, what has been concluded and recommendations made are presented.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

A literature review is an analysis of work written by other scholars in a particular field of study (Hissong and Bailey, 2015). It is important for every study to review and explore literature that already exists and come up with work that is refined (Hissong and Bailey, 2015). A literature review helps the researcher with learning and understanding how previous writers approached the problems, as well as recommendations and solutions which they suggest (Delport, Fouche and Schurink, 2011). In order to ensure that a relevant, original, helpful and timely research study is designed, a thorough review of the research topic is essential (Hissong and Bailey, 2015). This literature review critically explores literature relevant to the proposed study. It overviews various dimensions of disability, specifically as it relates to children, in an attempt to provide critical awareness of both the experiences of differently abled children and more importantly, the experiences of Social Services Professionals when providing services to them. Key aspects of this discussion include the high susceptibility of differently-abled children to abuse; the current state of services that they receive; the high risk of institutionalization of these children as compared to children without disabilities; the gaps in knowledge and training by Social Services Professionals rendering services to these children; and the alternative placement options that are available to them. By understanding this information, processes of change can be assessed and facilitated. The chapter first defines disability and provides details of the circumstances of the delivery of services to children who are differently-abled in SA in order to contextualize the discussion.

### **2.2 Definition and conceptualization of disability**

Disability is viewed by the United Nations (2008) as a complex, dynamic, multidimensional and challenged concept that is evolving. "The more acceptable and perceivably more positive term for disability is differently-abled, which according to the United Nations (2008) refers to persons who are not able to ensure by themselves, in whole or partly, the necessities of normal individual and/or social life as a result of deficiency, either congenital or not, in his or her physical or mental capabilities" (Renuka and Pushpanjali, 2015, p.60). It is stated by the World Health Organization

(2002) that disability can be defined as a broad term which covers impairments, activity confines and limitations in participation. An impairment is defined as a problem in the structure or function of the body. Encountering a difficulty during the undertaking of any task is referred to as an activity limitation. A problem that is faced by a person when participating in life situations is termed a participation restriction (World Health Organization, 2012). A disability is a complex phenomenon, comprising many dimensions not just limited to physical impairment as there are different forms of disability. These difficulties could be experienced in seven different areas, namely “seeing, hearing, walking, remembering, concentrating, self-care and communicating” (Madans, Loeb and Altman, 2010, p.4). A disability is something that one may be born with or it could occur during an individual’s lifetime. Chitereka (2010) indicates that a disability reflects an interaction between features within the body, as well as features of the community in which they live. Differently-abled children therefore face a higher susceptibility to maltreatment as well as marginalization. In addition, persons with disabilities often face exclusion in their communities.

Poverty has been identified as strongly influencing disability, which reinforces disadvantages for disabled persons. Families with disabled children need constant services from various professionals to assist them in their complex needs and challenges (Shannon and Tappan, 2011). Imperative to child health is the prevention and treatment of disabilities. Childhood disability is a multi-dimensional burden because affected children live in conditions that are restrictive for longer periods as compared to people who become disabled at a later stage in their lives (United States Department of Health cited in Grossberg, 2011).

### **2.3 The context of disability and service delivery in SA**

In SA, children who are living with a disability experience a lack of services, especially in rural areas. Patel (2016) states that their integration into mainstream society is still hampered by the inaccessibility of public facilities, stigmatization and negative views about the capabilities that persons with disabilities have. Amongst children in need of care, a different path is also experienced by disabled children that end up in care as a result of possible abuse, as opposed to children with child protection concerns but who are not disabled (Shannon and Tappan, 2011). Children with disabilities are susceptible to maltreatment (Flynn and McGregor, 2017; Shannon and Tappan, 2011).

Results from a study with professionals in the field of child protection suggested that there are many children with disabilities in child protection services (Shannon and Tappan, 2011). Flaws are seen to exist in the manner in which social services professionals in child welfare respond to cases involving children with disabilities (Lightfoot, 2014, p. 35). A neglected and very crucial area is the challenge of supporting and protecting families living with a disabled child. According to Flynn and McGregor (2017), a critical and thoughtful look should be given to the services that are rendered in the field of disability, with a focus particularly on considering how it can be enhanced. The current system that differently-abled children encounter within social services has not been established in a way that adequately caters to their different needs (Lightfoot, 2014, p. 40).

A study by Kropiwnicki, Elphick and Elphick (2014) in Orange Farm was conducted in order to evaluate the un-met needs of disabled children who live in peri-urban townships in the areas of rehabilitation, education and welfare needs. Findings revealed that the demand for services is more than the resources available (Kropiwnicki, et al., 2014). According to Strydom (2015), research conducted in South Africa found that social workers were identified as the most predominant form of social support available to 31% of respondents with a disability. When compared with professional staff members in rehabilitative care, young people were found to be more aware of social workers' role. Social workers are key to the intervention process (Saloojee et al., 2006).

In KZN, it was found that even though “the UN convention on the rights of persons with disabilities has been signed and ratified in the country” (Umgungundlovu Shadow Report, 2015, p.8), children's homes in KZN have not been transformed to be easily accessible. Staff members have also not been trained to be more competent in handling cases involving children who are living with disabilities (Boezaart, 2012; Umgungundlovu Shadow Report, 2015). Kropiwnicki, et al. (2014) echo this situation by stating that many areas of disability have been addressed by law, but are lacking in implementation. NGOs are seen to be facing unrealistic demands and are struggling to cope due to a lack of funding and resources (Umgungundlovu Shadow Report, 2015). Kropiwnicki et al. (2014) posit that in the Orange Farm community, there has been no significant impact made by progressive legislation and policies on the

realization of substantive quality for Children with Disabilities. They did however note an improvement with regards to primary healthcare and receiving social grants.

Many authors such as Oosterhoorn and Kendrick (2001) feel that the likelihood of abuse may be increased if children are placed in residential facilities or specialist facilities. Boezaart (2011, p.279) notes that even though the Children's Act No. 38 of 2005 has come very far in realizing the rights that children with disabilities have, it is however not sufficient for a statute solely to change the lives of children. According to Hernon, Brandon, Cossar and Shakespeare (2013), the experiences of differently-abled children within child protection services are often different to those of non-disabled children. During child protection enquiries, it is unlikely for children with disabilities to be consulted. Oosterhoorn and Kendrick (2001) suggested that there needs to be an improvement in the current limited access that children with disabilities have to social services. They also suggest that the demand for services is a lot more than the supply, and that there is a lot that needs to be done before the gap between the two is closed. Conclusions were drawn from a study undertaken by Taylor et al. (2014) with the aim of shedding some light on the experiences that deaf as well as disabled children who are abused have. Main issues of concern were education and the need for practitioners to be aware of issues relating to disability, whilst the provision of support services was also identified (Taylor et al., 2007).

There is continued recognition in the competence of children to "play an active role in the decision-making process" about issues that affect them directly (Gathiram, 2007, p.191) in connection with their welfare and their health (Cavet and Sloper, 2004), as being part of this competence continues to be recognized. According to Cavet and Sloper (2004), children with disabilities have, according to existing evidence, been able to put their views forward regarding matters affecting different aspects of their lives pertaining to their care and treatment, as well as choices in lifestyle (Cavet and sloper, 2004). Evidence also that suggests the need to get the input of children with disabilities in the development of issues related to service delivery. For the promotion of disabled children and youth to play an active and involved role in determining their lives, several studies advocate a variety of recommendations. It is believed that with the right support and if asked in an appropriate way, children with disabilities can give their views. The level of participation by the child will depend on the type of decision

involved, as well as the abilities and choice that the child makes (Cavet and Sloper, 2004).

(Boezaart (2012, p. 16) asserts that there has been a failure by legislation to make significant and meaningful changes in the lives of differently-abled children by helping them access equal rights and opportunities which can therefore be seen as contributing to the exclusion of people with disabilities, socially. Barriers have also been seen as being created with the aim of the prevention of people who are differently -abled from being able to access equal opportunities through legislation (Integrated National Disability Strategy, 1997). Although attempts have been made since 1994 for the identification as well as removal of legislation that is discriminatory from the South African legal framework, some discriminatory aspects are still in existence (National Disability Strategy, 1997).

#### **2.4 Social services provision to persons with disabilities: past and present**

Internationally, the discipline of Social Work has been in existence for well over 100 years. Social Work originated in England with settlement houses as well as charitable organizations, before moving to the U.S and various other places (Healy, 2016). The profession developed at different levels across countries and today Social Work organizations are now accessible globally. Chitreka (2010) postulates that a distinguishing factor of social work from other helping professionals is its commitment to assisting disenfranchised people. Social Work has traditionally been defined as playing an integral part in the facilitation of the delivery of services, communicating with them and linking up social agencies and families that require services (Malone, McKinsey, Thyer and Straka, 2000). Social Work is seen to be at the center of ensuring the promotion of justice, socially and economically, for children who are disabled and their families (Bachman and Comeau, 2010). There is a history in social work of reaching out to individuals whose power in society is limited, which includes the poor, children who are homeless, senior citizens and persons with disabilities.

According to DuBois and Miley (2011), as a helping profession, social workers' interventions aid in enhancing the effectiveness of social structures, providing opportunities and resources for clients and service beneficiaries by initiating

interventions that generally strengthen human functioning. These include people with disabilities. Social workers are also regarded as the voice on issues regarding disability within the country. Social workers therefore need to play a leading role in the process of highlighting the predicament that persons with disabilities are currently in because the social work profession is seen as playing a major role in human rights and valuing the rights of every human being. Healy (2016) states that it is also aimed at promoting social structures that are equitable which can offer security for people while their dignity is upheld (Healy, 2016). Social Work has since its inception provided services to disabled persons. In the 1920s and 1930s, there was a shift in the vocabulary of disability from 'defective' to 'handicapped'. This was a representation of the incremental change in the way in which disability was constructed that marked the start of this new era in policies for protecting children with disabilities (Grossberg, 2011).

The South African apartheid government saw persons with disabilities as needing social welfare and medical services only. They were assessed on this basis and services were provided to them based on their medical condition. Interventions were also structured with a focus on "fixing" the client and as a result, they were kept away from their communities (White Paper on the Rights of Persons with Disabilities, 2016). Interventions previously used for people who were disabled were mainly focused on physical disabilities and not so much on emotional needs. Their problems were seen as a consequence which can be directly linked to their impairment and intervention was focused towards rehabilitating the individual to be as normal as possible and also to help the individual in coming to terms with their physical limitations (Oliver and Sape, 1999).

After the democratic elections in 1994, a new dynamic social welfare approach was adopted. The South African government adopted a policy with key principles taken from the White Paper for Social Welfare in 1997. Policy-makers in the 'new' South Africa were given the task of extending services to all members of the society equally in South Africa (Hiebert-Murphy, Trute and Wright, 2008). Knight and Oliver (2007) indicate that a significant growth can be seen in advocacy over the last couple of decades, especially in advocating for children and youth, mainly those children who are differently-abled in institutional care (Knight and Oliver 2007, p. 420). Children

who are differently-abled are vulnerable and have continued to face exclusion regarding playing an active participatory role concerning issues that have a bearing on their lives, hence advocacy for them is especially important (Knight and Oliver, 2007). Hiebert-Murphy et al. (2008, p. 423) state that practice for social workers handling cases of children who have developmental delays and their relatives is widely influenced by literature advocating for a practice model that is family-oriented.

## **2.5 Vulnerability of children with disabilities**

Although no accurate prevalence rates exist, disability amongst children in South Africa appears to be high. Survey data from 2009 found that children who are disabled constituted 11, 2 percent, with a very high percentage being below the age of 4 years (StatsSA, 2013). According to the World Health Organization (2011), estimations reveal that children who are living with a disability and who are under the age of 18 in the world range between 93 and 150 million. Disability is linked to higher poverty rates and a reduction in access to health-care. Grossberg (2011) states that the prevalence of disability can be predicted to be higher in communities that are less affluent, both in the USA and in other countries throughout the world. Children with various disabilities experience maltreatment more frequently when compared to children who are not living with an impairment (Johnson - Reid, Drake, Kim, Porterfield and Han, 2004; Boezaart, 2011). Due to the nature of their vulnerability and their susceptibility to various forms of abuse, the families of these children are constantly seeking social services to assist them. Social Services Professionals who are responsible for providing social support services in South Africa include “community development workers, child and youth care workers, probation workers and auxiliary social workers” (Children’s Act No.38 of 2005, p.31). A large number of children who are differently abled live in extremely disadvantaged communities and they are not educated (DSD, DWCPD & UNICEF, cited in Patel 2005).

A great deal of evidence exists suggesting that differently-abled children are more susceptible to face maltreatment. Therefore, greater priority should be given towards efforts to recognize and respond to maltreatment concerning these children (Hernon, et al., 2013). According to Slayter and Springer (2011), the form of maltreatment that is most commonly experienced by children with disabilities is child neglect. Research suggests that in comparison to non-disabled children, children with disabilities have a

higher chance of getting neglected or mistreated (Lightfoot, 2014). A study conducted by Lightfoot (2014) aimed to explore the interaction between the child welfare system with differently-abled children and their relatives. The focus was particularly concerned with how they experienced maltreatment and how they experienced the child welfare system, with findings revealing that they are under-represented in the welfare system and the rate of maltreatment amongst disabled children is higher in comparison with children who are not living with a disability (Lightfoot, 2014). An international meta-analysis of various studies which aimed to study the prevalence of maltreatment and the involvement of child welfare with children with disabilities found that all children with all kinds of disabilities were more susceptible to maltreatment (Jones et al. cited in Lightfoot, 2014).

Lightfoot (2014) states that children who have multiple disabilities have an even greater possibility of experiencing maltreatment than children who only have one disability. Shannon and Tappan (2011) state that a lower priority is placed by police officers and prosecutors on cases that involve children who have an intellectual disability as they are not considered reliable witnesses. Criminal cases involving children with disabilities often get dropped before reaching court as there is a misconception that the testimonies of children with disabilities cannot be considered reliable (Leicester, 2011). The willingness of disabled children to report future concerns and access help may be affected by difficulties with accessing the disempowering criminal justice system (Taylor et al., 2014).

### **2.5.1 Factors contributing to child disability**

Various factors contribute to either causing disability or further exacerbating the effects of disability on individuals. Race, class, gender and geographic factors play some role in aiding disability. Research has found that Africans experience disability at higher levels compared to other race groups (Patel, 2005). Due to the environments in which some African families live, they may experience disabilities more. Health problems that include chronic conditions as well as mental health disorders will more likely be found in children living in poor households. This view of poverty and disability being linked is supported by the elevated prevalence of childhood disabilities amongst poor children (Bachman and Comeau, 2010). According to Christianson, Zwane, Manga, Rosen, Venter, Downs and Kromberg (2002) mild intellectual disability has previously

been linked to social class and parental occupation by previous studies, with these problems being potentially greatly prevalent in poor rural areas and urban ghettos.

Childhood disability has proven to have a causal association with being poor and hardships within the family, a relationship that is multi-factoral (Bachman and Comeau, 2010). Several challenges come with looking after a child who may have special healthcare needs, one of which is the impact that inadequate healthcare coverage has on the financial situation of the family (Bachman and Comeau, 2010; Krowpiwnicki et al., 2014). One of those challenges for many families is the negative financial impact that inadequate healthcare coverage has (Bachman and Comeau, 2010; Kropiwnicki et al., 2014). In the community of Bushbuckridge, there were various factors that influenced child intellectual disability, namely; the conditions in which people lived; poverty; a lack of stimulation intellectually for infants; and people giving birth at home and not being attended to (Christianson et al., 2002).

It has been estimated that 80% of all people that are disabled (United Nations Convention on the Rights of Persons with Disabilities cited in Boezaart, 2012, p. 461) are living in developing countries. A correlation seems to exist between congenital or acquired disability and poverty, as these children also face a higher risk of exposure when compared with children from more advantaged families (Christianson et al., 2002). Children with disabilities have additional health-specific expenses and are stigmatized in some communities. Therefore, the caregivers of these children are generally more stressed as compared to those caring for a typically developing child. In an analysis of national data for a study by Evans, Feit and Trent (2016), it was stated that African-American families do not receive as much early intervention services as white families (Evans et al., 2016). The findings were concerning because according to statistics, the risk of giving birth to a pre-term infant with low body weight is more common for African-American mothers than White mothers (Evans et al., 2016). In South Africa, people who are differently-abled, including their relatives experience marginalization due to different factors. Economic inequalities from the past due to the apartheid system have led to stigma and stereotypes towards persons living with disabilities. They are associated with being weak and are believed to depend highly on people and constantly needing to be cared for (Evans et al., 2016). Poverty, unemployment and social isolation are key outcomes of this exclusion. There are not

only higher rates of disability in impoverished communities (Integrated National Disability Strategy, 1997), but there is also a higher number of families living in poverty as a result of disability (Integrated National Disability Strategy, 1997).

A large number of Black children who are disabled live in extremely disadvantaged conditions; in surroundings that are inhospitable; and they cannot easily access services that are crucial to their development, nor can they access facilities for their healthcare. Due to these challenges, these children may end up feeling as though they are a burden to their families because of the economic and social impact these barriers may have, further affecting their well-being and general functioning (Integrated National Disability Strategy, 1997).

### **2.5.2 Access to the education system for children with disabilities**

Children with disabilities of compulsory school-going age experience many challenges (Kropiwnicki, et al., 2014). In a community situated in Johannesburg, an estimation has been made stating that half of them do not go to school, with over 300 children who should be going to school because they are of school-going age. There were also high educational support needs identified in the community (Kropiwnicki, et al., 2014, p.355).

School plays an integral part in the overall development of children. Therefore Boezaart (2012, p.460) states that it is important that all children access it, especially those who need special education. Schools influence children in a significant way because they are a developmental environment. Access to early childhood development is crucial and it is a service that should be equally available to all children (Boezaart, 2012). Kallavus (2010) posits that for disabled children, school plays an essential role in thorough rehabilitation, serving the purpose of enabling them to manage with the ever-changing and evolving dynamics of societies in which they live. Education is a basic need for all South Africans, to which all are entitled, but children with disabilities are often deprived from enjoying this important opportunity and exercising this basic human right that is essential in a child's overall well-being. Kropiwnicki et al. (2014) sees education as playing a role in allowing individuals to be able to access other basic human rights. A comprehensive national strategy is

envisaged by the Children's Act, with the aim of securing a sufficiently "resourced, coordinated and managed early childhood development system" (Children's Act No.38 of 2005, p.95) that gives thought to and is sensitive to their special needs (Boezaart, 2011). According to Kropiwnicki et al. (2006), some reasons given for the refusal of admission for children with disabilities at schools include: insufficient facilities or skills for the accommodation of children with disabilities; children allegedly made teachers and fellow learners feel unsafe; and they could be a distraction to other learners due to being uncontrollable. They were also informed that because the children could not read or write, they could not be admitted (Kropiwnicki et al., 2014, p. 362), as well as them failing to undergo the assessments which were deemed necessary (Kropiwnicki et al., 2006)

The Minister of Social Development is tasked with developing an early development strategy after consultation with interested persons, as well as with the various Ministers from the relevant Government departments (Section 92 (1) of the Children's Act, No. 38 of 2005, p.91). There is a need for various sectors to come together as this would play an integral part in ensuring the provision of early childhood development services (Boezaart, 2012). Provisions are according to Boezaart (2012) also made for a prioritization of funds for early childhood development. The needs of the children who the initiative is intended for should be appropriately provided for by the childhood development programme, including specific, unique needs that these children may have (Boezaart, 2011, p.269).

Section 28 of the Constitution of South Africa posits that consideration should be given to the most denied basic right for children with disabilities, which is that of education, with a focus on their nutritional, shelter and social welfare needs, as well as access to the health system. According to the White Paper on Special Needs Education (2001), calls are made for inclusive education for all children, not excluding children who are disabled. One of the proposed actions in which this will be achieved is by "converting 500 primary schools to full service schools by 2021" (White Paper on Special Needs Education, 2001, p.4). A full service school is defined by Engelbrecht, Nel, Smit and DeVenter (2016, p.530) as one providing education to learners, while ensuring that all their special needs are met, and that they are taught in a way that is of a good standard.

According to Kallavus (2010) placing children with disabilities in schools that cater to their specific needs and classrooms is a very challenging task. The Auditor General of South Africa is mandated to produce annual audited reports on various departments, including government departments (AGSA, 2019). According to a report by the National Audit Office, the basis for most problems in the field of special educational needs are a result of inadequate preventative action, the lack of a system and disintegration (Kallavus, 2010). An application was made by the Western Cape Forum for Intellectual Disability in relation to the rights of children with severe developmental delays (Engelbrecht et al., 2016). The application stated that the government does not make efforts to provide for the educational needs that these children have. It was further stated that these children have no access to the formal education sector but only to special care centres, which are not an initiative of the government but rather civil society organizations (Engelbrecht et al., 2016). Learners who are experiencing different challenges to accessing learning still experience many educational inequalities, despite the fact that policy guidelines increasingly work towards bridging the acceptance and participation gaps (Boezaart, 2011).

### **2.5.3 Institutionalization of children with disabilities**

There are 13 000 children who have been placed and who reside in Child and Youth Care Centres in South Africa as a whole inclusive of place and safety shelters (Department of Social Development, 2007). Even though some of the children identified in the survey reportedly had some type of disability, many CYCCs still fail to adequately meet the unique problems that they face structurally and with regards to their programmes (Department of Social Development, 2007). Due to the provisions in the Children's Act No. 38 (2005) with regards to removing a child from the home environment because it is unsafe for them urgent attention efforts need to be made towards gearing initiatives that will ensure that there are facilities that will adequately see to the needs of children who are severely or profoundly disabled (Boezaart, 2012; Morris, Abbot and Ward, 2002). Families' lack of capacity to care for these children is seen as a critical factor for choosing to place their children in an institution (Wijemanne, 2017).

Parents may regard an institution as their only way out, as these children may at times become a burden to their families, especially if the family is poor. In Russia, for example, at times some families are advised to seek institutional care for children with disabilities because of cultural prejudices that are seen to de-humanize people with disabilities (Johnson, Doubnya, Morozova, Richards and Bogdanova, 2014). This leads to a significant number of children with disabilities being found in Russian orphanages, making up 45.8% of the orphanage population of 0-17 years of age in 2010 (Johnson, et al., 2014, p.390). When they were moved from institutional into foster care, the percentage was seen to increase since 2005 from 38.6% (Johnson et al., 2014). Most families meeting the needs of a disabled child face many challenges (Boezaart, 2012), more so if financial issues are involved (Wijemanne, 2017). There is a high possibility that young children with disabilities will end up in CYCCs or children's homes when maltreatment has been found, than would non-disabled children (Lightfoot, 2014). Children with disabilities are more likely to be placed in placements that are not within a family setting such as foster care, but are rather likely to be placed in institutions or cluster foster care placements.

Children's homes or CYCCs should only be given consideration once all other efforts have failed, as the least restrictive measures are advocated (Patel, 2016). Placing a child in residential care is no longer the favoured option for caregivers and family of children who have moderate or severe disabilities (Boezaart, 2012, p. 469). According to Strock-Lynskey and Keller (2007) children with disabilities are now living and receiving care from their family members in their homes. However, it is not what is happening in practice as differently-abled children are more susceptible to placements that are away from their families when compared to children who are not living with disabilities (Lightfoot, Hill and LaLiberte, 2011; Slayter and Springer, 2011). Over-institutionalization is still a problem that children with disabilities face globally, even with all the efforts that continue to be made legislatively (Wijemanne, 2017). Differently-abled children are also at higher risk of having a long term care placement such as foster care being disrupted, and caregivers no longer willing to continue caring for them when compared to children who are non-disabled (Steen and Harlow, 2012). Hence, children with disabilities have a different experience with achieving permanency. There are a significant number of institutions that do not have sufficient resources or have not adequately trained members of their staff, thus there is also a

lack of supervision and monitoring in these facilities (Wijemanne, 2017). A constant change in staff may occur due to these factors which as a result affect children. Issues of this nature will be problematic in their overall care as they may become neglected and they may receive care that is not up to standard (Wijemanne, 2017, p.3). Wijemanne (2017,p.6) states that the state and different organizations need to ensure that the level of service rendered is continuously monitored and that ways to improve are constantly explored for service delivery that is impactful and relevant to differently-abled children, as well as all children in institutional care facilities.

According to Strydom (2015), professionals who render services to people living with disabilities believed that the quality of services that they get in residential facilities are of a high quality and therefore lead to quality care; there is an improvement in the overall development of persons with a disability; and family members are unable to care for them (Strydom, 2015). Service providers view residential care as a favourable option for persons with disabilities because of the positive impact they feel it has on the overall wellbeing of disabled persons. According to Giagazoglou, Kouliousi, Sidiropoulou and Fahantidou (2012), when children with developmental disabilities are exposed to institutional care at an early age, poor stimulation may lead to delays in development, thus putting children at risk of problems developmentally that did not exist when they were initially admitted. Giagazoglou et al. (2012) found that children who were raised in a family setting exhibited the highest performance in all the examined domains of development as compared to institutionally-reared children. Institutionalization adds to many delays in children with disabilities, further exacerbating the challenges they encounter (Johnson et al., 2014).

Morris, Abbot and Ward (2002) assert that children who are living with disabilities continue to be placed out of their family settings. They are also placed away from their communities at times, which is contradictory to the legislative commitment that has been made and continues to be made by the government for children with disabilities to be considered in education and that their specific needs are met (Morris et al., 2002). In an analysis conducted in England at various education and social service authorities in the area, a wide variation was found in the placing of children in residential schools (Morris et al., 2002). In these circumstances, reviews, visits and re-assessments are not always carried out by social services departments as regularly

as they should. With regard to decisions about their care, Morris et al. (2002) state that children are rarely consulted or involved effectively and parents are not usually encouraged and helped to maintain regular contact with their children.

## **2.6 Alternatives to institutionalization**

Public policy and professional practice has, since the 1960s, always advocated for community-based and family care for differently-abled children (McConnel, Savage, Breikreuz and Sobsey, 2015). Families have however been seen to prefer care that is out of the home setting for children with disabilities and most caregivers are seen to be choosing this option. According to Wijemanne (2017), the state needs to provide community-based services where a child can be cared for and protected. These should be services that are rehabilitative for the purpose of caring for children who are living with disabilities and should include day-care facilities. Adequate backing should be given by the state, in areas pertaining to training, as well as availing funds for various government organizations and NGOs (Wijemanne, 2017).

According to Draghici (2015), with the aim of offering specialized services to some social categories, day-care centres can be set up in some public institutions of social assistance and can also be an initiative of some non-governmental organizations. A variety of services are offered during the day, without night accommodation. Day-care centers make a very impactful difference in the everyday living of disabled people. Conditions allow persons with disabilities to develop their abilities; increase their independence levels and ensure they participate in the life of the community as they are also accepted as individuals with full rights. Draghici (2015) postulates that day-care centres are also seen as a support structure for families found in difficult situations. "The shadow report on the Rights of Persons with Disabilities has been generated by the Umgungundlovu Disability Forum, which consists of members from disabled people's organisations, non-governmental organisations, special schools and the Department of Social Development in the Umgungundlovu district of the Kwa-Zulu Natal province in South Africa" (Umgungundlovu Shadow Report, 2015, p. 2). Findings reported the following: insufficient number of places of safety; insufficient number of adequately equipped institutional facilities for their specific needs; and the facilities

that were available did not cater for all types of impairments or for people with multiple impairments (Umgungunlovu Shadow Report, 2015).

It has been found that care in the community for people with mental illness is better than institutional care, which has been attributed to the improvement in the lives of persons with mental disorders who have been cared for within the community setting (Patel, 2005). Caring for persons with disabilities in the community is an effective method which leads to a cut in the money that is utilized and also ensures respect for human rights. Patel (2016) states that these services can also lead to early intervention and limit stigma. In order for this to work in an effective manner, community services need to be provided with backup crisis support services, appropriate accommodation and employment (Patel, 2016).

### **2.6.1 Foster care as an alternative**

A significant and increasing proportion of children in foster care is represented by children with disabilities (Ormer, Cherry and Krcek, 2013). There are no accurate prevalence rates of standardization in agency data collection and there is insufficient training for workers who render services in social service departments on issues relating to service delivery in the disability sector (Ormer, Cherry and Krcek, 2013). It is important when seeking a foster care placement for a child with a disability that all aspects of their unique and special needs are taken into consideration, which will ensure that they are matched with a foster carer who will be able to provide adequately for them and this will ensure that they are placed in a stable home environment (Brown cited in Ormer, Cherry and Krcek, 2013). A study conducted by Ormer, Cherry and Krcek (2013) sought to establish how open foster parents are to caring for children with disabilities. Findings revealed that over 75 % of mothers in their sample said they would foster a child with all the different disabilities, except HIV-AIDS. Previous research in this field, such as that of McConKey, Nixon, Donagy and Mulher (2004), suggested that foster carers who were open to fostering children with disabilities were scarce. It was also found that their chances of adoption are much lower and they face a lower chance of being re-unified. These children go through a longer process than children who are not living with a disability (Ormer, Cherry and Krcek, 2013). They further posited that there is now a generally higher acceptance towards children who

are disabled and the authors stated that this may be the reason for the different results (Omer et al., 2013). Knowing what foster parents need will help with establishing an appropriate response to them and will help towards making them more open to the idea of caring for children with disabilities because they will see that they have support and that they are not alone. According to Manomano and Kumalo (2016), the Department of Social Development is experiencing a great deal of difficulty in finding willing foster parents.

## **2.7 Preparedness of Social Services Professionals to render services to children with disabilities**

It is vital for all professionals, especially Social Services Professionals to have knowledge on issues pertaining to disability and on the dynamics that come with living with a disability, as well as how it could possibly impact the whole family of the child who has a disability (Malone et al., 2000). Social Services Professionals need to have a general understanding and the necessary skills in the areas of disability, which will allow for them to effectively handle cases of children with disabilities and it will also allow them to have appropriate intervention and support services in place (Malone et al., 2000). Social workers play the important role of helping children with disabilities to create social bonds and social support systems (Mary, 2007) in order to ensure an improvement in quality of life. Saleeby (2007) states that there is a need for social workers to be adequately prepared for this and for the effective provision of services because of an increasing number of persons with disabilities.

There is clear evidence attesting to the fact that Social Work education fails to address issues related to the early development of differently-abled children and early intervention (Malone et al., 2000). Graduates have been seen to have some form of reluctance towards working with children who have developmental concerns, which is attributed to a failure by undergraduate-level training to include appropriate material on disability (Malone et al., 2000). Saleeby (2007) asserts that a lack of specialized educational opportunities in the Social Work field places social workers at a great disadvantage when they are faced with cases of clients who are disabled and in assisting them with their disability-specific issues. Initiatives that involve training for Social Services Professionals need to be given a priority and should be implemented

as a matter of urgency (Saleeby, 2007). According to Mary (2007), the best way for student social workers to learn about people with disabilities is to gain practical experience with them. She suggests having an internship or in-service training to gain practical learning where they have an opportunity to interact with the clients and integrate this with their theoretical knowledge. Saleeby (2007) also echoes these views by emphasizing the importance of professionals being aware of and adequately prepared for effective service delivery.

A study was conducted by Shannon and Tappan (2011) with the aim of examining the ability of child protection services to screen and investigate processes to identify children with developmental disabilities. It was discovered that unique challenges are presented by the process of screening and assessing allegations of the maltreatment of children with disabilities. A key challenge of communication can exist between child protection service investigators and children with developmental disabilities. Investigations revealed that social workers rendering services in child protection did not understand what developmental disabilities are. During their educational degrees and on-the-job training, they were not provided with any form of guidance as to what constitutes a developmental disability. Shannon and Tappan (2011) states that they used their knowledge and experience to identify a child as having a developmental disability. Concerns were expressed regarding not having enough knowledge around developmental disabilities, nor an understanding of how to serve a children who are living with a disability.

Several training concerns relating to children who are experiencing developmental delays were identified (Shannon and Tappan, 2011). Similarly, a study conducted by Oostehoorn and Kendrick (2001) in Scotland found that professionals rendering these services in the field of child disability who were unable to communicate verbally expressed difficulty when investigating abuse. It was found that physical signs are traditionally used for discovering abuse, as opposed to communication (Oostehoorn and Kendrick, 2001). The lack of an adequately and appropriately trained child welfare workforce and inadequate budgetary allocations remains a major stumbling block in achieving the country's commitments to children (Patel, 2016). Oostehoorn and Kendrick (2001) state that Communication is central within the process of service delivery to children with disabilities, especially in social services for children who are

seeking protection from dire circumstances. When working with children who are in need of care, it is important for professionals in social services to have the ability to communicate with them efficiently in order for them to have a clear understanding of what the needs of the child are and to decide on the appropriate action to take.

It is important to understand and keep abreast with policy changes in order to ensure protection of the legal rights of children for appropriate education (Boezaart, 2012). When the knowledge base of a worker in the child welfare is limited then it makes it hard for them to assess the maltreatment of differently-abled children, because of the child's disability and the service provider's ability to understand how to intervene effectively (Lightfoot, 2014). According to Draghici (2015), disabled people and their families may find themselves being isolated or excluded from society due to an absence of supporting measures from professionals. Taylor et al. (2014) stated that the field of child protection has a shortage of suitably trained foster-carers in the UK. This causes delays in the removal process (Saleeby, 2007). A study conducted by Saleeby (2007) found that a struggle exists for practitioners with the adaptation of need specific procedures and child protection processes catering for the needs of children with disabilities. Evidence exists that a higher threshold is applied at times by professionals when identifying abuse in children with disabilities in comparison to identifying abuse of non-disabled children (Stalker, Green, Lerpiner and McArthur, 2010). Some of the signs may be dismissed as something linked to their impairment or could be classified as a difficulty in the psychosocial aspect. According to Wijemanne (2017), many institutions in South Africa exist but due to a lack of resources, these are not conducive for providing adequate, quality services to children with disabilities. They also lack appropriate supervision and monitoring.

In general, the social services system is flawed in the way in which services are rendered to differently-abled children, especially those who need protective services (Flynn and McGregor, 2017). Social workers have been found to be unprepared to engage effectively in communication with children with disabilities. Skills gaps have been encountered by child protection practitioners due to a lack of adequate training, thus inhibiting them from effective child protection services (Flynn and McGregor, 2017). According to Wright, Roberts-Bowman and Crettenden (2018), a study was conducted in the U.S and findings revealed that if a family is identified as needing

services, communication is very important in order to ensure that the family's specific needs and goals are met to their satisfaction and that a proper assessment is conducted to evaluate the progress that has been made in this regard. Wright et al. (2018) suggests that if a social worker is not able to converse effectively with the family, then they should seek the services of an interpreter to combat communication breakdown. A study was conducted which aimed to identify the obstacles to mental health services in a South African Community (Schierenbeck, Johansson, Anderson and Van Rooyen, 2013). A lack of properly trained staff was listed as something that causes a further barrier to mental healthcare. Children who have learning disabilities, for example, or who are mentally disabled, need to access mental healthcare services to ensure a rehabilitation process. In a study aimed at identifying the challenges faced by disabled children and their service providers in terms of the recognition and response to maltreatment, practitioners often struggled in adapting child protection procedures to meet their special needs (Hernon, et al., 2013). According to Lightfoot (2014, p.24), it may be hard to assess maltreatment in children with disabilities due to a poor knowledge base. Lightfoot (2014) concluded that there is a need for those working in child welfare settings to be mindful of the different needs and concerns of differently-abled children.

Lightfoot (2014) advocates that Social Services Professionals in child welfare should have some form of understanding regarding issues of disability and risks to maltreatment that face children and youth with disabilities. They should also be knowledgeable about relevant policies and legislations. Consequently there needs to be more undergraduate training and professional training within agencies that are concerned with ensuring the safety of children with disabilities (Malone et al., 2011).

Social Work effectively provides services that are family-centred for children who are living with extreme developmental delays. However, for social workers to practice effectively in early intervention, they need more training than the current normal training that they are receiving (Malone, et al., 2000). Children with disabilities are over-represented in child welfare systems as they are a vulnerable population in relation to the general population. According to Malone et al. (2011) little or nothing may be done by child welfare workers to address the problems that children with disabilities may be facing and at times, may even cause harm to the children. Even

though most of the professionals in child welfare may try to see to the needs of the child, this might not be adequately achieved because of a lack of training. Bruhn (2001) warns that there can be very serious consequences for inappropriate responses when rendering services to differently-abled children. Inappropriate interventions may be undertaken because there is no knowledge base on the relevant issues affecting persons with disabilities (Bruhn, 2001). Current systems need to be assessed continuously for effectiveness in order to ensure that these systems do not cause further harm to the children (Bruhn, 2001).

### **2.7.1 Challenges in rendering effective social services to children with disabilities**

According to Dubois and Miley (2011), very crucial to the ethos of Social Work is the ability to reach out to individuals who are the most powerless in their various societies, such as the poor, homeless, children, older persons and persons with disabilities. The roles of a social worker include preventative, curative and rehabilitative services (Chitereka, 2014). Social workers are also responsible for raising awareness of issues around disability, as negative connotations about disability still exist (Chitereka, 2014; Manoman and Kumalo, 2016).

Placing a child with a disability in a permanent setting is very challenging (Cousins, 2005). Results from a study on child protection workers by Curran (2010) revealed that one of the challenges with securing placement for children with disabilities was that, locally, the services were very specific. There were strict admission requirements; there were no organizations that catered for all forms of disability; and they only catered for specific disabilities; making it hard to find a secure home for a child with a disability (Curran, 2010). A collaborative approach should be taken to ensure impactful changes occur in ensuring the protection of children with disabilities, thus collaborations between various civil society and government departments need to take place (Oosterhoorn and Kendrick, 2001). A study was conducted by Strydom (2015) with the aim of exploring views that service providers have in the current state of service delivery to children with disabilities. The study also sought to get an understanding on any challenges they may have pertaining to service delivery

(Strydom, 2015). The main issues of concern were: insufficient funding and community resources, thus causing service delivery problems (Strydom, 2015).

A lack of resources impacts the services that social workers render in communities. The absence of NGOs to provide services is perceived by service providers as very challenging and almost impossible (Strydom, 2015). Chitereka (2014) found that the main challenges faced by social services organizations include shortages of staff due to an increase in the demand for services such as orphanages, other psychosocial support services and services to persons with disabilities. There is an increasing demand in the need for services in these areas, but there is a lack of manpower to meet these demands. Knight and Oliver (2007) sought to investigate the role that encouragement plays when rendering services to children who are in need. Findings show that young children did not actively participate in decisions because of the way in which they were raised. They have been raised to believe that their views do not matter and therefore do not know how to actively participate when their opinion is required (Knight and Oliver, 2007); whilst some children may accept the suggestions of others not because they agree with them, but because they are used to being controlled (Knight and Oliver, 2007). Children with disabilities may have become so used to not being included on issues that affect various aspects of their lives that even when their opinion is required, they may not know how to give it. A study conducted by the Umgungundlovu Disability Forum (2015) found many issues with the protection of disabled children “in the Umgungundlovu District and the province of Kwa-Zulu Natal” as a whole (Umgungundlovu Shadow Report, 2015, p.1). The provision of places of safety in the province of Kwa-Zulu Natal for children with disabilities were found to be non-existent, thus leading to children who need alternative placement not being placed. Long waiting periods exist due to only a small number of residential facilities being available for children with disabilities. NGOs lack funding and resources for ensuring effective child protection services for children with disabilities, but are left having to perform statutory services in these conditions (Umgungundlovu Shadow Report, 2015; Wijemanne, 2017).

## **2.8 Theoretical framework**

The starting point for explaining human behaviour in social work is often the use of theoretical approaches (Walker, 2012). Which are used for practice models and

treatments (Walker, 2012). The main theoretical approaches of this study are the Social Model of Disability and the Ecosystems theory.

### *2.8.1 Social Model of Disability*

The Social Model of Disability asserts that the obstacle for a person with disabilities is not the impairment itself, but a problem created socially that needed to be dealt with politically and socially (Burchart, 2004). Certain aspects of the social environment are seen to be a contributing factor in causing disabling circumstances to individuals who may have a disability, such as physical barriers, personal attitudes and other features (Integrated National Disability Strategy, 1997). Some of the obstacles limiting the full social participation of persons with disabilities are inaccessibility to buildings and difficulty using transportation (Burchart, 2004). The focus of this model is to change the environment in which people with disabilities live, work and play. United Nations (2008) emphasizes that the focus is not on curing the person, but on changing society. The Integrated National Disability Strategy (1997) states that society being re-structured can go a long way towards combating the challenges and exclusions that differently-abled people continue to face. The current construction of disability needs to change. Persons with disabilities face disadvantages that are due to a large amount of discrimination, especially in the institutional context. The way in which society functions and the underlying assumptions that they may have is seen to be fundamentally influenced by this discrimination. Emphasis is placed on the inadequacies that communities show with regards to being accommodating of persons with disabilities, rather than their strengths (Integrated National Disability Strategy, 1997). Important relevant features linked to the social model are outlined in the White paper on the Rights of Persons with Disabilities (2016, p.21) and include:

- “Acknowledging that the social context within which persons with disabilities live impacts on their full participation, inclusion and acceptance into mainstream society;
- Acknowledging that disability is a social construct that results from the interaction of various actual perceived impairments with barriers in the environment;

- Focusing on the abilities of persons with disabilities, respecting their diversity and aiming to address the social barriers that result in discrimination;
- Promoting the broader systemic and attitude changes in society;
- Promoting the mainstreaming of disability; and
- Reinforcing the importance of being part of transformation processes to improve the quality of life of persons with disabilities” (White Paper on the Rights of Persons with disabilities, 2016, p. 21).

The Social Model of Disability posits that people are collective victims of a society that oppresses them and does not care, rather than as individual victims of tragedy. It is based on the premise that there are environmental hindrances or barriers that limit people with functional impairments and they are not limited by the specific disability (Shakespeare, 2006). The Social Model of Disability proposed by Hingley-Jones (2013, p.459) states that there are many factors that need to be taken into account when considering who is disabled in a particular community. Namely exclusion, stigmatization and marginalization (Hingley-Jones, 2013). This model encourages persons with disabilities to play an active role in important matters and to not merely become passive recipients (Chitreka, 2010). They are encouraged to make an input because this will be valuable to improving their current circumstances. The Social Model believes that change needs to happen in society in order for the needs of persons with disabilities to be catered to. Moreover, failure to do so means that the society needs to change. Persons with disabilities need to be given a platform to make informed decisions about factors pertaining to them, personally and those affecting their communities at large. This must be the main goal as they also need to actively participate in the process of change. The effects of disability do not only impact on the individual, but also on the family and their community, which is important to note (Integrated National Disability Strategy, 1997). Currently, ignorance exists on how the unique needs of differently-abled people are (Integrated National Disability Strategy, 1997)

This model is based on the premise that the combined contributing factors to the problems that persons with disabilities encounter come into play due to a dynamic form of discrimination institutionally, which contributes to how society operates as well as the thoughts and biases they may have towards differently-abled people (Integrated

National disability strategy, 1997). The circumstances of people with disabilities and the stigmatization are believed to be highly influenced by the misconceptions around disability that exist within their communities and society at large, and do not actually have a lot to do with the actual impairment. Emphasis is placed on two things, namely society's shortcomings in respect of disability, as well as the strengths and positive qualities of persons with disabilities themselves (Integrated National Disability Strategy, 1997). Integrated National Disability Strategy (1997) states that a framework of inclusive development is necessary in order to build towards a better society for persons with disabilities and ensure that their developmental needs are met.

The Social Model of Disability provides a theoretical framework for this study because it focusses on changing the attitudes and infrastructure of the society in order to better the lives of differently abled-children. They are being let down by society and as a result are not able to receive the necessary services required to make their lives better. Due to the discrimination faced in society, they are vulnerable and need to be placed in alternative care. This is however not possible due to the way in which society is structured. The marginalization and discrimination of people with disabilities creates a difficult environment for prevention and treatment (Integrated National Disability Strategy, 1997), which also links directly to the role of Social Services Professionals to provide adequate and effective "services to children with disabilities and their families" (Lightfoot, 2014, p. 38).

### *2.8.2 Ecosystems Theory*

For persons with disabilities to be fully understood, a multi-dimensional overview including and considering all possible influential factors to their needs is required. Even with regard to issues affecting the individual directly, families, organizations, societies and other systems are inherently involved and need to be taken into consideration when assisting and attempting to understand the individual. Social work theorist Carol Meyer (cited in Kemp, Whittaker and Tracey, 1997, p. 43) views the Ecosystems Theory as: "a meta theory that offers social work practitioners/clinicians a way of thinking about and assessing the relatedness of people and their impinging environments". Simply put, it is the process of conceiving the interaction between a person and their surroundings (Kemp et al., 1997). A person and their environment

interact with different layers in the system (Eliadis, 2005). A system is defined by Eliadis (2005) as something whole that consists of many parts that are simultaneously independent from each other and interdependent with each other. The systems all affect one another and they all come together to make a whole (Eliadis, 2005). Human functioning is looked at with a particular focus on the system. Different layers are identified and a holistic view is adopted.

The various layers are: The *microsystem* layer is closest to the person. It is concerned with how the individual interacts with their immediate surroundings and the relationships that they have (Berk as cited in Paquette and Ryan, 2001, p.83), which are the person's family, neighborhood or alternative care. Persons should not be evaluated in isolation but in the family context, as the family operates as a unit. At this level, the person's family relationships may affect the child's overall health and wellbeing. However, the child may also affect the habits and way of life of the family (Paquette and Ryan, 2001). Children with disabilities are seen to have a very big impact on the livelihood of their families. The *mesosystem* connects structures between this layer and the microsystem (Paquette and Ryan, 2001). This can be seen in the connection existing amongst the family, school and church. The *exosystem* involves the "larger social system, with which the child does not interact directly". This layer interacts with structures in the microsystem that influence the development of the child (Paquette and Ryan, 2001, p. 150). These impacts could be positive or negative forces of structures that affect the child's own system, for example, community-based services or health services (Paquette and Ryan, 2001). The "*macro system* is the outermost layer of the person's environment. It comprises cultural values, customs and laws" (Paquette and Ryan, 2001, p.130). The macrosystem has an influence on all the layers. For example, government's inability to ensure sufficient resources and access for children with disabilities results in these children being under-serviced (Paquette and Ryan, 2001).

According to Bronfenbrenner and Ceci (1994), persons are constantly interacting with their environments and are encircled within networks that can impact them or their families in both positive and negative ways. A clear understanding of various systems is necessary in order to understand human behavior. Individuals are seen as not existing in a vacuum but belonging to a family, community and culture which influences

them and they in turn influence these various 'systems'. Social work services at the *micro level* may involve counselling and supporting individuals and families (Walker, 2012). At the *meso level*, working with civil society organizations may be the intervention implemented. These groups may be involved in the process of advocating and raising awareness on effective ways for them to be able to live and function independently (Patel, 2005). At the *macro level*, interventions can include community-based strategies to strengthen the livelihood capacities of people with disabilities (Patel, 2016). Effective interventions using this theory would involve strengthening one part of the system to improve the whole (Walker, 2012), using an eco-map to understand the various relationships that surround an individual and their impact on them; using genograms in order to understand how families connect, not immediate and extended; and networking and referrals. The understanding and application of the systems theory is critical in social work (Bronfenbrenner and Stephen, 1994). Walker (2012) states that social workers help individuals to understand the different relationships that they have and how they impact their lives, as well as help them to understand how the different systems are related and the influence that they have on each other.

## **2.9 Policy and legislation**

Legislation refers to Provincial legislature and Acts of Parliament, including subordinate legislation such as Regulations issued to guide the process of how legislation should be implemented (Patel, 2005). The key pieces of legislation underpinning this study are the Children's Act No. 38 of 2005 (as amended), the White Paper on the Rights of Persons with Disabilities and the 1990 African Charter on the Rights and Welfare of the child.

### **2.9.1 Children's Act No. 38 of 2005**

According to Veriava and Skelton (2018), the two underlying and inter-linked themes in the movement of the rights of children are: the need for protection and the recognition of the autonomy of children. A balanced approach is needed, including elements of protection and elements of autonomy. These themes should be seen in the continuum of a child's development. As recognized by the Children's Act (2005)

which is seen as a significant advancement to earlier legislation that takes into account the rights of children (Boezaart, 2011). The Act recognizes the unique rights that children with disabilities have (Boezaart, 2011). In South Africa, a person under 18 years old is a child. This legislation protects children by making provisions for children against social harm, abandonment and neglect. Statutory procedures to be followed to protect children's rights are set out. Moreover, options of alternative placement options are also articulated. Children's homes or CYCCs are only to be considered in exceptional cases and the least restrictive measures are advocated instead. According to Patel (2016) this legislation also advocates for early intervention and prevention, including community-based interventions and innovation.

The Act states that the special needs that children with disabilities may have should be recognized. It advocates for non-discrimination, stating that a child should not be discriminated against because of their disability, or that of a family member. It also recognizes that children are vulnerable and need protection in an enabling environment due to their special needs. Boezaart (2011, p.271) states that the child's disability needs to be recognized and an enabling environment needs to be created, taking their needs into account.

Should "a child with any form of disability be found to be in need of care and protection by a presiding officer of the children's court" (Children's Act 38, 2005, p. 110) and if this is considered to be the best action to ensure the overall well-being of the child, the court may order alternative placement be sought for the child, with a consideration for their special needs (Children's Act 38, 2005). This section is concerned with ensuring that children are placed in an environment that will cater to their specific needs. It clearly states the significance of meeting the therapeutic needs that the child may have and they also need to have access to the court room, regardless of their disability (Boezaart, 2011). Morris et al. (2002) states that they are also allowed to give input during the children's court hearing.

### *2.9.2 The White Paper on the Rights of Persons with Disabilities*

"The White Paper on the Rights of Persons with Disabilities was adopted at the United Nations General Assembly" (Konopi, 2016, p.269) in September 2015 (The White

Paper on the Rights of Persons with Disabilities, 2016). The goal of this legislation is to accelerate redress that will work towards ensuring that persons with disabilities are included fully in their various communities and that they have equal access to services. The White Paper on the Rights of Persons with Disabilities (2016) acknowledges that persons with disabilities should equally access basic rights and this process could be facilitated by the removal of barriers and changing the current limiting environments in which they live. The White Paper gives expression to policy guidelines that aim to promote the fight against development efforts that are discriminatory, ensuring that persons with disabilities have the same access to services. It emphasizes the urgent need for disability-related challenges to form part of various departments of government and be included in their action plans. The documents also call on state organs to inter alia, improve health services, coordinate disability policies and increase resource allocation. It has identified 9 fundamental 'strategic pillars' for realizing the rights of persons with disabilities (The White Paper on the Rights of Persons with Disabilities, p. 9), namely:

**Pillar 1-** "Removing barriers to access and participation;

**Pillar 2** – Protecting the Rights of Persons at risk of compounded marginalization;

**Pillar 3** – Supporting a sustainable integrated community life;

**Pillar 4-** Promoting and supporting the empowerment of persons with disabilities;

**Pillar 5-** Reducing economic vulnerability and releasing human capital;

**Pillar 6** – Strengthening the representative voice of persons with disabilities;

**Pillar 7** – Building a disability equitable state machinery;

**Pillar 8** – Promoting international co-operation; and

**Pillar 9** – Monitoring and evaluation" (The White Paper on the Rights of Persons with Disabilities, p. 9).

This paper is crucial to this research study as its focus is specifically on persons with disabilities and their essential rights, as well as the framework of what is required to advance the effective delivery of social services to persons with disabilities.

### *2.9.3 African Charter on the Rights and Welfare of the Child*

The 1990 African Charter on the Rights and Welfare of the Child was adopted by the Organisation of African Unity in July 1990, coming into implementation in November 1999. It was ratified by South Africa in January 2000 and lists basic rights for children.

The five main principles are (Olowu, 2002, p.129):

- Non-discrimination to every child (Article 3);
- The best interests of the child (Article 4);
- The right to life, survival and development of children (Article 5);
- The importance of hearing the views of children (Article 4); and
- Conferring rights upon disabled children (Article 13).

The African Charter on the Rights and Welfare of the Child is a valuable document, acknowledging and enhancing the rights of children on the continent (Boezaart, 2011). It has been put in place to set out pre-conditions for children to function at their best and for their dignity to be restored and that this continues to happen throughout the growth process (Chirwa, 2002; Udombona, 2004). For the first time, the child is seen to possess certain rights and they are allowed to assert these rights in proceedings that are administrative or judicial in nature (Udombana, 2004). Udombana (2004) states that the approach adopted by the Charter is holistic as it relates issues concerning the rights of children by maintaining that rights and welfare are conjoined and affect one another. The Charter is firm, particularly concerning issues relevant to African children and it also has unique elements that do not appear in other legislative instruments (Chirwa, 2002). Article 31 of The African Charter on the Rights and Welfare of the Child (1990) imposes a number of duties on children. Children are required to give input in important matters related to their families, communities and globally, depending on their age and level of maturity (Chirwa, 2002). This should be done as part of their heritage, empowerment and developing citizenship (Sloth-Nielsen and Mezmur, 2008).

According to Holness (2015), The African Charter allows a platform for the human rights concerns of African children to be attended to in a manner that is sympathetic to the local context, while it is simultaneously in keeping with current developments in international law. It emphasizes and includes the child in the collaboration,

participation and innovation of all involved in child work. As it indicates, the rights of children need to be taken into their homes in order for a significant contribution to be made towards ensuring the dignity of African children.

## **2.10 Conclusion**

Young persons with disabilities form part of the child welfare system (Lightfoot, 2014). Even though these children are prevalent in this system, they seem to receive lesser quality services. The families of these children often require social support services because of the complex needs that they have (Shannon and Tappan, 2011). An analysis of the literature clearly shows a failure by professionals to render these services appropriately, mostly because of insufficient resources, understanding and training by these professionals regarding disabilities. As a result of this gap in training, these professionals may face frustrations when they are required to render services to these children and may opt not to handle cases that require them to work with children with disabilities. There is a need for appropriate teachings and more coordination amongst various departments in order for appropriate services to be provided. Children with disabilities still face the unfortunate disadvantage of being institutionalized as compared to children without disabilities. A great gap still exists between the policies ensuring the protection of differently-abled children and putting those policies into practice.

Children with disabilities still face stigmatization by South African society. South Africa is also seen to be failing with regard to meeting international human rights standards and principles in large sections of their legislative framework with regard to people with disabilities (Integrated National Disability Strategy, 1997). A large number of disabilities are believed to be preventable and therefore policy developed for disabled persons emphasizes this (Integrated National Disability Strategy, 2007). The Integrated National Disability Strategy (1997) postulates that a lack of effective coordination within the government seems to be the missing piece in the rendering of effective services to persons with disabilities. A demonstrable failure in the content and implementation of the legislation is seen to exist when viewed in particular against the Constitution's vision of substantive equality and obligations under international law (Kropiwnicki, et al., 2014). There seems to be no significant impact made by

progressive legislation with regards to the realization of substantive equality for children with disabilities in the Orange Farm community, except for social assistance and health needs. Most areas, although addressed in law, are refused in practice (Kropiwnicki, et al., 2014, p.230).

In conclusion, after a thorough review of the literature on the services rendered by Social Services Professionals to children with disabilities, one can conclude that there is extensive literature about these services internationally and in other African continents, but there is a great gap in South Africa specifically. The main focus of past research has been on the vulnerability of differently-abled children and the challenges experienced by their caregivers. It is very limited with regard to the experiences of Social Services Professionals who render services to children with disabilities (Lightfoot, 2014, p.36; Umgungundlovu Shadow Report, 2015). The number of differently-abled children is increasing and their need for social services is also increasing. Hence, it is vital to be cognizant of the issues faced by the professionals who are at the center of dealing with these children and to understand their experiences.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 introduction**

This chapter will focus on the methodology employed while conducting the study. It will describe the chosen research design as well as sampling, the process of how data was collected and the tools utilized to analyse the data throughout the research study process.

### **3.2 Research Design**

In line with Social Work principles which adhere to the provision of services that are guided by the experiences of people, qualitative research was used for this research. According to Struwig and Stead (2001) Qualitative research strives to gain sufficient knowledge about a phenomena from the perspective of the research participants. An attempt was made by this study to gain an understanding into the way in which Social Services Professionals experience rendering services to children with disabilities. Qualitative research also allows for gaining a deep understanding of a particular concern by studying it with openness in order to understand and determine different types of information that become apparent in the data (Terre-Blanche et al., 2006). This method allows for “thick-descriptions” (Terre-Blanche et al., 2006) and depth in the data, which will enrich the results.

The interpretive approach of qualitative research sees reality as being based on individuals’ particular experiences of their internal world. People are recognized as owning and being aware of how they feel and what they think. The realities taken from people’s individual experiences are seen as factual and are taken seriously (Terre Blanche et al., 2006). Different truths and different realities are acknowledged as existing amongst different people. The researcher made use of a qualitative research method which acknowledges the subjective relationship between the researcher and the participant. Through interacting with people and listening to them, the researcher is able to discover their realities. Terre Blanche et al. (2006) postulate that the researcher has the opportunity to be able to explain the individual reasons and senses that impact on the study participants’ behaviour.

Qualitative research also strives to look into and understand the views of the research participant (Struwig and Stead, 2001). Qualitative Research is different from quantitative research in that it is mainly based on questions that ask how, why and what it is like? Terre-Blanche et al. (2006) states that these types of questions are not aimed at measuring the relationship between variables, but are rather aimed at understanding phenomena. Since this research aimed to acquire more knowledge on the realities and experiences of Social Services Professionals in providing services to disabled children, qualitative research was the more fitting paradigm for the type of information that needed to be gathered for this particular research topic

### **3.3 Population and Sampling Strategy**

- *Population*

It is important to define a target population before commencing with the sampling process (Battacherjee, 2012). According to Battacherjee (2012), a population is all persons or objects that have the characteristics that the researcher in aims to study. This could be a person, group or organization. The population of this study were all social services professionals from 5 organizations. That were chosen for the study because the Social Services Professionals employed at these organizations provide various services to children within the iLembe Municipality, including children with disabilities. Each organization provides different services to children with disabilities, with some providing statutory support services and others providing overall care and psychosocial support services to children with disabilities. This particular population was chosen because they were in a position to adequately provide the facts that are required by the researcher for the study.

- *Sampling Strategy*

According to Patton (2002), the process of sampling involves the selection of participants that can give adequate information on the phenomena under study. Various sampling strategies can be used during the research process. According to Wagner, Kaluwich and Garner (2012), a choice needs to be made by the researcher

regarding their method of sampling, which could either be probability or non-probability sampling (Wagner, et al., 2012, p. 82). When there is an equal chance for everybody in the population to be selected to form part of the sample, then this is referred to as probability sampling (Wagner, et al., p.82), which is a random process (Wagner et al., 2012). Non-probability sampling does not happen haphazardly and people are included in a sample because of their availability. This method is also known as convenience sampling, whereby respondents are selected based on their availability (Creswell, 2014). The purposive technique under the non-probability sampling method was used for this study. This is achieved by focusing on certain characteristics of participants and establishing how they will help towards the step of answering the main research questions (Patton, 2002). This study was conducted with Social Services Professionals across various organizations in the iLembe Municipality. Participants were selected based on the following criteria:

- 2 years of rendering psycho-social support services to children with disabilities and their families; The researcher felt that this criterion was essential because there was adequate time for Social Services Professionals to have an understanding of what rendering services to children with disabilities entails and they would be able to give input into the information required by the researcher;
- In the service of a registered government or non-governmental organization and in a team that renders services in the iLembe Municipality; the researcher felt that it was important for the views of both government and non-governmental organizations to be conveyed. This will provide an overall overview of the current situation of services to children with disabilities from the various departments;
- Participants had to avail themselves for the duration of the study period and take part voluntarily; According to Neuman (2014), Voluntary participation is of the utmost importance in research. It was important for the participants to willingly avail themselves to participate in the study and not to feel as though they were being forced.

To access participants, the researcher engaged with two sectors that are central in providing services to disabled children within the iLembe Municipality: NGOs and the Department of Social Development (DSD). After the researcher obtained ethical clearance from the University of Cape Town, the researcher approached the various

NGOs and the Department of Social Development. The process for obtaining permission was different for the NGOs and for DSD. An explanation is provided below:

*Non-Governmental Organizations:* A copy of the ethical clearance approval and research proposal was presented to the various managers at the different organizations. The researcher called the managers and sent the necessary documentation via email. Permission was granted in the form of a formal letter from some of the organizations, with some organizations granting permission in the form of an email. The researcher then contacted the managers again in order to set up an appointment to meet with potential participants who met the requirements and who were willing to form part of the study population.

*Department of Social Development:* The researcher approached the Department of Social Development in KwaDukuza (One of the service offices within the iLembe Municipality). She was informed that permission needs to be sought from the Head of the Department of Social Development for any research projects that involve employees of the Department. The researcher made contact and was informed that her ethical clearance and research proposal should be forwarded to the office of the HOD. The researcher was then contacted after careful consideration of her proposal. An interview was scheduled for the researcher to meet with a representative from the HOD's office. She was questioned on the contents of her proposal and clarity was sought on any concerns that the Department had. The researcher was then granted permission to approach the various service offices within the iLembe Municipality and interview Social Services Professionals who met the criteria for her study. The researcher then contacted the service office managers to meet with potential participants who met the requirements and who were willing to take part in the study.

In total, the sample comprised 23 Social Services Professionals. Upon obtaining permission, a meeting was held with the participants who had been identified as meeting the criteria and who had shown an interest in participating in the study. During this initial meeting, the researcher informed them of who she is and the nature of the proposed study. She informed them of her role as a colleague who works in social welfare service delivery and assured them of her role in implementing this study objectively and without bias. All the possible goals of the research, the procedures to

be followed, as well as possible advantages and disadvantages were communicated with them. They were permitted to ask any questions that they may have had before the study process began. Furthermore, the researcher emphasized that participants were not obliged to participate simply because they met the criteria, but participation was strictly of their own free will and they were not obliged or forced to take part. The researcher then met with each participant who had shown an interest in taking part in the study individually, before the research began. They were each given a consent form to read and if they were in agreement with everything that was on the form, they signed.

### **3.4 Data collection**

A semi-structured interview schedule was used to collect the data. Wagner, Kawulick and Gardner (2012) describes the interview in research as an interaction that is purposeful and as is a two-way process. During this process, the participant is asked questions by the interviewer in order for data to be collected about different aspects of their behaviors. However, Hissong and Bailey (2015) note that there may be some difficulties with face-to-face interviews and that much effort is required in setting up such interviews. Arranging times and places that are mutually convenient and also setting up rooms for the interviews may prove a difficult task (Hissong and Bailey, 2015).

In this research, a semi-structured guide was used to interview research participants. The questions in this guide focused on the experiences of Social Services Professionals with a specific focus on the services they render to children with disabilities and placement in alternative care, including any challenges or major concerns that they may face in this regard. Their perceptions around their preparedness for rendering services to children with disabilities were also explored (See Appendix for the interview schedule).

After permission was obtained from the participants, the interviews were recorded with the use of a cellphone recording application. Recording the interviews helped the researcher get a more detailed and richer account of the information being shared. It also allowed the researcher to focus more on the interview process, paying attention

to what was being said rather than a note-taking process. The consent forms were signed by each and every person taking part in the study, in which they agreed that the researcher can record the interviews. A verbatim transcription of the interviews was undertaken.

The interviews were conducted at various organizations. The researcher requested permission from the management members of the various establishments to use their premises to conduct the interviews. Six interviews were conducted at the Child Welfare Kwadukuza offices; 3 at the Association for Persons with Disabilities offices; four at the Blind and Deaf Society offices, four at the Tongaat Child Welfare offices and six at the Department of Social Development offices. This limited the possible difficulties that could have arisen if the participants had to travel to one location, which may not be convenient for all participants due to possible time constraints because of travel time. The researcher also felt that participants may feel less anxious if they were in a familiar environment. The data collection process took place between the periods of August 2018 to December 2018.

### **3.5 Pilot study**

The researcher conducted a pilot study with 2 Social Services Professionals. According to Strydom (2015), a pilot study helps with the determination of whether or not the tool used for data-gathering is suitable. Conducting the pilot study informed the work and allowed the researcher to ascertain whether or not the data gathering tool was effective. After obtaining permission from the various organizations and meeting with study participants, two participants were interviewed. The participants were from the same organization as this organization was the first to grant the researcher permission to conduct her study. They were the only ones interviewed at this point, which allowed the researcher to test the data-gathering tool. Some minor changes were made, such as the order of questions, resulting from the engagement with participants in the pilot study.

### **3.6 Data Analysis**

Thematic Analysis is an approach which involves finding themes or patterns in the data (Wagner et al., 2012). This approach is general and is used in analysing

qualitative data (Neuman, 1991). Braun and Clarke (2006) state that the method involves seeking recurrent patterns through searching across a data-set or a range of texts. According to Wagner et al. (2012) a theme captures something important about the data in relation to the research question. It is something that can be linked somehow to the questions which the researcher is aiming to answer, a theme is recurring (Braun and Clarke, 2006). The researcher needs to use their own judgement in order to decide what they would classify as a theme. The process begins with the analyst noticing or looking for patterns of meaning and issues that could potentially be interesting in the data. The researcher needs to be writing throughout the entire analysis process (Braun and Clarke, 2006). Analysis is a self-repeating, continuous back and forth process, which should not be rushed. Braun and Clarke (2006) identified six steps that each researcher needs to go through when undertaking the process of Thematic Content Analysis. These were applied by the researcher as indicated below.

The researcher analyzed the data by adhering to the following steps:

(i) *Familiarization of oneself with the data*

The researcher did this by immersing herself in the data, which was achieved by listening to the audio recordings a number of times. The researcher also made notes while listening, in the form of transcribed interviews. The process of listening and taking notes was repeated several times to ensure that no important information pertaining to the data collection process was missed.

(ii) *The generation of initial codes*

“Codes identify and provide a label for a feature of the data that is potentially relevant to the research question” (Braun and Clarke, 2006, p.85). The researcher went through the notes from the familiarization process to determine codes that could be of importance in answering the research questions. The researcher ensured that all data was entirely coded and also ensured the collation of the data in relation to each code.

*(iii) Searching for and identifying themes*

In this phase, a shift is made from codes to themes (Neuman, 2014). Themes “capture something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set” (Braun and Clarke, 2006, p.82). The data was reviewed and areas that are similar and overlap between codes were identified. During this step, it was important for the researcher to try and ascertain whether the codes that were identified initially were the same and could be grouped together to make up one theme in order to avoid repetition.

*(iv) Reviewing the themes that have been identified*

This step denotes a process which is recursive and requires the researcher to revise and develop themes from the data that was coded in the previous step (Braun and Clarke, 2006). The researcher reviewed all themes within the collected data. Themes were reviewed by the researcher to ensure that the entire dataset was captured adequately.

*(v) Defining and naming the themes and checking for possible sub-themes*

This step involved refining the themes to check if the themes cannot be constituted as sub-themes. The naming and definition of themes was undertaken in this step of the data analysis process. Upon carefully analyzing the themes, the researcher was further able to gather all the information and get definitive themes.

*(vi) Involves producing the report by going back and linking the literature and research questions to the data analysis.*

During this step, the researcher made sure that there was a logical connection between the themes and that all connections made are meaningful in relation to the data.

### **3.7 Data verification**

Ideas that help in establishing the truthfulness, credibility or believability of findings are referred to as reliability and validity (Neuman, 2014). Social science research involves humans and, as a result possible, human error and influence cannot be ignored (Wagner et al., 2012). Hence it is important to make efforts to minimise threats to the validity of the research by being aware of them. Wagner et al. (2012) state that Qualitative researchers use the terms 'credible' and 'trustworthy' as opposed to reliable and valid. The research is designed in a way that ensures applicability, dependability and confirmability (Wagner et al. 2012). Achieving perfect reliability is rare. However, there are steps that can be taken to improve reliability, namely: clearly conceptualizing constructs; using a detailed level of measurement; using several indicators; and using pilot tests (Neuman, 2014). Researchers can enhance the trustworthiness and credibility of their research by recognising their own subjectivity and biases and using strategies to overcome them (Wagner et al., 2012).

#### *Transferability*

Transferability is the term used to explain the level at which findings from the study can be applied to other respondents (Burchett, Muriah and Dobrow, 2011). The data verification process used in this study was the use of rich, thick, detailed descriptions so that anyone interested in applying the findings of this study to other situations (transferability) will have a framework that is solid for comparison (Shenton, 2004; Wagner et al., 2012). The type of population chosen for the study allowed the researcher to obtain information that is rich and thick from the participants as they had vast knowledge about the research topic. The views of the participants were clearly described in detail.

#### *Credibility*

Credibility involves the activities that make it more credible that the findings were derived from the data. In order to ensure credibility, the researcher provides a detailed account of the study focus; the role of the researcher; the informant's position and basis for selection; and the context within which data was gathered (Shenton, 2004). According to Bhattacharjee (2012) Qualitative research is considered credible if inferences are found to be believable by the reader. This can be achieved by

transcribing interviews verbatim; having accurate records of contacts and interviews; and clear notes (Bhattacharjee, 2012). All of the interviews during the data-gathering process were recorded using a voice recorder in order for the findings to be documented. This also allowed for a rich understanding of the findings of the study. Recordings were also transcribed verbatim during the data analysis process. This process ensured the credibility of the research findings.

### *Dependability*

There is a detailed report on how the data was analysed and which strategies were used to ensure an accurate picture of procedures used during the research process, which ensures that the study is dependable and allows the process to be repeated in future should the need arise (Shenton, 2004). The researcher also familiarized herself with the organisations taking part before commencing with the process of collecting data. Dependability, according to Burchett, Umoquit and Dobrow (2011), is whether the findings from the research would be the same or not, or similar, if they were repeated with respondents who are the same as those who have taken part in the study, or similar participants. Research by Wright et al. (2018) is viewed as dependable or authentic if it is repeated by another researcher, assessing the same phenomenon and making use of the same set of evidence and draws the same conclusions.

### *Confirmability*

Assessing the reliability of a qualitative analysis can be achieved by using triangulation/ crystalization (Madill, Jordan and Shirlet, 2000; Wagner et al., 2012). According to Madill et al. (2000), this process involves using several researchers, sources, research methods or theories to measure the same thing (Wagner et al., 2012) to guarantee the reliability of the findings. This increases the trustworthiness and validity of the findings of the researcher (Wagner et al., 2012). Triangulation was utilised by involving a range of informants, as different Social Services Professionals were interviewed from different organizations and departments in this study. Site triangulation was also utilised through the interviewing of participants from various organizations at their various organizations. In order to ensure confirmability, Shenton (2004) posits that the results should be a true reflection of the participants' ideas and not the researcher's preferred outcomes which needs to be ensured by the researcher.

Investigator bias was reduced in this study by the researcher acknowledging through reflexivity and reflecting on their preferences for the results of the study to be undertaken. Confirmability was ensured by the researcher keeping the original data in the form of recordings and transcriptions. This allows for the confirmation of the results.

### **3.8 Reflexivity**

According to Finlay (2002), reflexivity is an ongoing assessment of individual responses, inter-subjective dynamics and the research process itself through a thoughtful and conscious process involving self-awareness. The researcher has ideas about the challenges experienced by Social Services Professionals with regards to service delivery towards these children. Through working with different foster parents, the researcher has some assumptions about the reasons that certain foster parents are reluctant to take in children with disabilities. This however did not affect the questions that the researcher asked. The researcher ensured that she was not biased throughout the research process. The researcher also ensured that she was objective at all times during the research process, regardless of her pre-existing ideas.

The researcher found this topic interesting as it affects many Social Services Professionals, and she looked forward to conducting research of this nature, without any biases. The researcher also felt that it was important to try and shed some light on the current nature and quality of services rendered to children with disabilities, as well as gain some kind of understanding from the Social Services Professionals around their thoughts on the services they render to children with disabilities. During the data analysis process the researcher ensured that the codes and themes that were identified were a true and objective reflection of information gathered from the interviews and that they reflected the views of the participants. The researcher was mindful and made sure that she detached her own views from those of the participants.

## CHAPTER FOUR: RESEARCH FINDINGS/RESULTS

### 4.1 Introduction

This chapter presents the findings of the research. The research findings of the research are analysed and stipulated through a detailed discussion. The findings are substantiated with quotations from the interview process.

### 4.2 Profile of participants

*Table One: Biographical profile of study participants*

<b>Partici pant</b>	<b>Gender</b>	<b>Years of experience in disability</b>	<b>Race</b>	<b>Occupation</b>	<b>Organization</b>
<b>1.</b>	Female	6 years	African	Social worker	Child Welfare Kwadukuza
<b>2.</b>	Female	7.5 years	Indian	Social worker	Child Welfare Kwadukuza
<b>3.</b>	Female	4 years	African	Social worker	Child Welfare Kwadukuza
<b>4</b>	Female	15 years	Indian	Social worker	Child Welfare Kwadukuza
<b>5.</b>	Male	2 years	African	Social worker	Child Welfare Kwadukuza
<b>6.</b>	Female	4 years	African	Social worker	Child Welfare Kwadukuza
<b>7.</b>	Female	4.5 years	Indian	Social worker	Association for Persons with Physical Disabilities
<b>8.</b>	Female	3 years	African	Social worker	Association for Persons with Physical Disabilities

<b>9.</b>	Female	5,5 years	African	Social worker	Association for Persons with Physical Disabilities
<b>10.</b>	Female	8 years	Indian	Social worker	Blind and Deaf Society
<b>11.</b>	Female	5 years	Indian	Social worker	Blind and Deaf Society
<b>12.</b>	Female	7 years	African	Social worker	Blind and Deaf Society
<b>13.</b>	Female	3 years	African	Social worker	Blind and Deaf Society
<b>14.</b>	Female	4 years	African	Social auxiliary worker	Tongaat Child Welfare
<b>15.</b>	Female	6 years	Indian	Social auxiliary worker	Tongaat Child Welfare
<b>16.</b>	Female	3,5 years	African	Social worker	Tongaat Child Welfare
<b>17.</b>	Female	2 years	African	Social Worker	Tongaat Child Welfare
<b>18.</b>	Female	7 years	African	Social worker	Department of Social Development
<b>19.</b>	Male	2 years	African	Social worker	Department of Social Development
<b>20.</b>	Female	5 years	African	Social auxiliary worker	Department of Social Development

<b>21.</b>	Female	3 years	African	Social Worker	Department of Social Development
<b>22.</b>	Female	10 years	African	Social auxiliary worker	Department of Social Development
<b>23.</b>	Female	2 years	African	Social worker	Department of Social Development

Based on the table, 23 Social Services Professionals, who were either social workers or social auxiliary workers from various governmental and non-governmental organizations participated in the study. The participants had been employed for a period of 2 – 15 years, with the average working experience for most participants being between 2 to 6 years. The Social Services Professionals were from the African and Indian race groups, with 17 African participants and 6 Indian participants. Participants in the study had children with disabilities on their caseloads. All of them met the requirements for the selection process of the study. There was a total of 21 female participants and only 2 male participants, which was very low. The researcher could attribute this to the fact that professions within the social services field are frequently described as “female-dominated professions” because throughout history, females have constituted the majority of these professionals (McPhail, 2004).

Participants in the study were Social Services Professionals who have experience in rendering services to children with disabilities within the iLembe Municipality in KwaZulu-Natal. Some of them work directly with disability as they work for an organization that only caters for persons with disabilities. Others work for child protection organizations and have children with disabilities on their caseloads who need child protection services. Participants comprised social workers and social auxiliary workers, with social workers making up the majority of the sample. According to Ness and Fusch (2015), data saturation is about the depth of the data which has

been collected and not necessarily the size of the sample. The sample was made up of 23 participants due to the possibility of data saturation. The information gathered from these participants was in-depth and provided a detailed account of what is happening within these organizations, as well as factors impacting Social Services Professionals within the iLembe Municipality. This sample size was chosen as it had the best opportunity for the researcher to gather all the necessary information. The researcher felt that further data collection would yield similar results and conclusions, and that no new themes would emerge.

**Table Two: List of organizations where participants are employed**

	<b>Name of Organization</b>	<b>Sector</b>
1.	Child Welfare KwaDukuza Society (CWK)	Non- Governmental Organization
2.	KZN Blind and Deaf Society (BND)	Non- Governmental Organization
3.	Association for Persons with Physical Disabilities (APD)	Non- Governmental Organization
4.	Department of Social Development: iLembe (DSD)	Government Organization
5.	Tongaat Child and Family Welfare (TCW)	Non- Governmental Organization

### **4.3 Overview of the organizations**

*KwaDukuza Child Welfare Society* – This organization is a registered Non-Profit organization and is also registered as a “designated child protection organization” (Children’s Act 38, 2005, p. 24). They provide social support services to children, families and the community of KwaDukuza at large (AGM report, 2012). This organization was chosen because of the statutory and psycho-social support services it renders to children, including children with disabilities.

*KZN Blind and Deaf Society* – According to information obtained from the website of the organization, it is a registered Non-profit organization rendering services to persons who are blind, deaf and partially-sighted in the province of KwaZulu-Natal. They were suited for this study because of the social services they render to children with disabilities. They offer programmes for youth and children with disabilities, which enables them to lead full and active lives in communities. The society also provides protection, care and support services within communities and institutions in order to ensure independent living for partially-sighted, deaf and blind people.

*Association for Persons with Physical Disabilities (APD)* – According to information obtained from the website of the organization, this organization is a registered Non-profit organization which helps people with various forms of physical disabilities. This particular organization was chosen for the study because they help children and adults through Social Work services in order to assist persons with disabilities and their families in resolving both psychological and physical problems. The association also helps empower them to develop towards leading a lifestyle that is independent.

*Tongaat Child and Family Welfare (TCW)* – According to information obtained from the website of the organization, TCW is a registered Non-profit organization rendering social support services to families in informal settlements in and around the Tongaat area. It is also registered as a “designated child protection organization” (Children’s Act 38, 2005, p. 24). This particular organization was chosen because of the aspect of child protection services that it renders, particularly in the rural areas to children who are found to be in “need of care and protection” (Children’s Act 38, 2005, p. 37), including children with disabilities.

*Department of Social Development (DSD)* – The Department of Social Development was chosen because of their legislative commitments to children and persons with disabilities. They strive to enhance the social well-being of children by providing supported developmental social welfare services to the people of KZN. Their role as a child protection organization is also key to achieving the research objectives for the study. One of the aims of DSD is to maximize quality of life and social well-being by providing developmental social-services (KZN Social Development, 2018). Their commitment to ensuring quality social services to all children, including children with

disabilities, and their role in child protection services as a child protection organization in terms of the Children’s Act No. 38 of 2005 (as amended) makes them a good organization to help address the key research questions.

**4.4 Findings: Themes and sub-themes**

According to Wagner et al. (2012), Thematic Analysis is an approach used to analyse data in qualitative research involving identifying themes or patterns. The researcher played the interview recordings and during the listening process, she transcribed the interviews. After the transcription process, the researcher analysed the text by looking for common themes within the text from the responses that were given by the participants. The researcher achieved this by looking for recurring words, phrases and topics (Wagner et al., 2012) within the transcribed texts. These themes were coded in order for the researcher to keep track of emerging themes. The researcher looked at the themes occurring most frequently and how they related to each other. Once the researcher had established the themes, some of the themes were further broken down into sub-themes if the information under that particular theme was comprehensive. The information was also grouped according to categories that arose from the themes and sub-themes.

**Table Three: Themes and sub-themes**

Themes	Sub-themes	Categories
1. Social services professionals and disability	<ul style="list-style-type: none"> <li>• Placement in alternative care</li> <li>• Challenges in rendering services</li> </ul>	<ul style="list-style-type: none"> <li>- Challenging and rewarding</li> <li>- Insufficient facilities</li> <li>- Unmet educational needs</li> <li>- Training in disability management</li> <li>- Unmet physical needs and neglect</li> </ul>

		- Lack of support
2. Challenges with alternative care	<ul style="list-style-type: none"> <li>• Main challenges</li> <li>• Addressing challenges</li> </ul>	<ul style="list-style-type: none"> <li>- Limited facilities and resources</li> <li>- Application process</li> <li>- Reluctant foster parents</li> <li>- Co-operation from stakeholders</li> <li>- Government involvement</li> </ul>
3. Preparedness of Social Services Professionals	<ul style="list-style-type: none"> <li>• Intervention approach</li> <li>• Perception of preparedness</li> </ul>	<ul style="list-style-type: none"> <li>- Insufficiently equipped</li> <li>- Communication difficulties</li> </ul>
4. Placement of and care for children with disabilities in South Africa	<ul style="list-style-type: none"> <li>• Alternative care and support services</li> <li>• Procedure</li> <li>• Recommendations</li> </ul>	<ul style="list-style-type: none"> <li>- Last resort</li> <li>- State support and legislative needs</li> </ul>

#### 4.4.1 Theme 1: Social Services Professionals and disability

Social Services Professionals were asked about their experiences in rendering services to children with disabilities. This included their overall experience, as well as their experiences regarding their placement of children with disabilities in alternative care. Their major challenges with regard to service delivery towards children with disabilities were also explored. This question allowed the researcher to understand how Social Services Professionals in the iLembe Municipality experience working with children with disabilities.

- **Challenging**

It was clear from the interviews that a majority of the Social Services Professionals found the experience of rendering services to children with disabilities challenging. This was evidenced in the following quotes:

*Participant 7: “It is very challenging to render services to children with disabilities, especially due to a lack of resources, which in turn impacts on service delivery. It’s like hitting a brick wall, especially when it comes to schooling. It’s really hard to get schooling for them.”*

*Participant 23: “To be honest, rendering services to children with disabilities is a huge challenge for most departments in this country, especially looking at how vulnerable these children are and how a lack of resources limits the service delivery.”*

*Participant 18 : “It has been very difficult, due to the lack of resources in our communities, particularly the placement of children living with disabilities and the lack of knowledge in our communities.”*

- **Rewarding**

It was also clear from the responses that some Social Services Professionals felt that their work was rewarding, with some stating:

*Participant 8: “My experience has been rewarding but stressful and difficult at the same time. It feels good to provide support to these children and somewhat relief to parents or caregivers. However, the difficulty in providing a good service has been stressful.”*

*Participant 12: “I won’t lie, it’s not easy providing services to children with Disabilities, but it is so rewarding because these*

*children go through so much in their daily lives, knowing that I have done something to help them makes me happy.”*

*Participant 4: “When I see the positive change in the child’s life and knowing that I made that possible, I feel a sense of reward and it makes me look forward to helping more children.*

### **Sub-theme: Placement in alternative care**

In placing the children in alternative care, the participants felt that it is challenging at times, with the most common challenge being insufficient facilities. This is evidenced in the following quotes:

- **Insufficient facilities**

*Participant 4: “It is very hard to place a child with a disability in alternative care for various reasons, such as the fact that there are not enough facilities available to cater for the special needs of disabled children. The few facilities that are available are fully occupied and as a result these children tend to get placed on long waiting lists. It is also difficult to screen foster parents for children with disabilities. They may be unwilling to care for the child because the child’s special needs may require a great deal of time and money.”*

*Participant 11: “It becomes difficult to place children with disabilities in alternative care. These children require specialised care. There are inadequate resources to cater to their special needs. Most places are usually full, so it takes time to place a child with a disability in institutional care, but then we try our best, but it’s not easy. There’s always a waiting list.”*

*Participant 6: "It is really hard to place a child with a disability once they have been found to be in need of care and protection. It is hard to find a suitable place for them where all their needs will be adequately met. There are not many facilities that we know of that cater to children with special needs."*

### **Sub-theme: Challenges in rendering services**

Social Services Professionals highlighted issues that were most challenging for them, affecting the services which they render to children with disabilities. The most common challenges were: Policy limitations, training in disability and a lack of government involvement. This is evidenced in the following statements regarding the aforementioned concerns:

- ***Unmet educational needs***

The unmet educational needs of children with disabilities on their caseloads emerged as one of their most serious challenges experienced by Social Services Professionals. Most participants felt as though they were failing these children and their families as they are unable to assist them with access to one of the most basic constitutional rights of every child in South Africa. This is in keeping with the Social Model of Disability, which states that persons with disabilities constantly face a collective disadvantage because of discrimination institutionally (Integrated National Disability Strategy, 1997).

*Participant 7: "I think my main concern is schooling because a lot of the children with a disability can go to school and also stimulation, I find that the assessment centre that we use cannot keep them once they turn 7. So I think, it's services for me because when a child is receiving all the necessary services like when a child is going to school and seeing a physio, it does help, because when we speak to parents who have children who are attending ongoing physio their conditions have improved. Also in terms of them going to school, it helps them to*

*interact with other kids, and also it gives the parents a chance to have that break because having a child with a disability is a full-time job so I think those are the things. There's just not enough being done, because sometimes we tell parents that we will help them with getting their children into a school then when the time comes, we can't find a school that's willing to take them."*

*Participant 10: "Education is such a major concern for me. It is so hard to place them in special needs schools. In the area that I service, there is no special needs school. There are only day-care facilities where children are kept but are not necessarily taught. Schools are far away as this is a rural area."*

The notion of the difficulties that differently-abled children face in accessing education is echoed by Boezaart (2011) who stated there is a low number of children who are living with disabilities going to school. Her work also agrees with Participant 7 in stating that education is not merely for acquiring a qualification (Boezaart, 2011). Kropiwnicki, et al. (2014) sought to describe the approaches that caregivers used in fighting for their children's unmet educational needs in a South African community. They found that even though caregivers had the necessary documents, their children were denied admission. Caregivers approached an average of 7 different schools seeking admission. They also spent a lot of money-making trips to the schools and various places to obtain the documents and completing assessments. Many of these children were placed on very long waiting lists or blatantly denied admission (Kropiwnicki et al., 2014).

- **Communication difficulties**

According to Oostehoorn and Kendrick (2001), the inability to use verbal methods of communication is what communication difficulties refer to. Children continue to be left out of the process of actively participating in decisions affecting their daily lives, especially those children who are unable to communicate verbally. It is noted by Sullivan (2001) that when working with children who have communication difficulties, the adult is responsible for reporting suspected abuse. This then impacts on the

quality of the service rendered to the child because clear communication is very crucial when working with children who might be in need of care.

*Participant 13: "In not being able to communicate fully with the child, it becomes difficult for me to understand how they feel about their condition. I am also unable to build rapport and assist the child efficiently. Due to the inability to communicate, assumptions are made. You never really know for sure. As a result, the children get side-lined and left out of the intervention process. Communication is usually with the caregiver. The feelings of the child get disregarded."*

*Participant 23: "It becomes very difficult for us when we have cases of children with disabilities who need child protection services. For example, if we have a child who is blind or deaf, we don't know how to communicate with them because we do not deal a lot with these cases. It becomes even harder if the caregiver is the only person who knows how to talk to the child and if they are the alleged perpetrator. It really is a big problem."*

*Participant 14: "We do not even know how to communicate if the child is deaf. How do we communicate with the child? The child cannot tell us what he is thinking. Especially if his writing skills are not yet developed. I find that to be my most major concern, the inability to communicate with the child. It is really frustrating."*

According to Knight and Oliver (2007), who investigated the role that advocating plays for children in need, especially children who are unable to communicate verbally, these children continue to be excluded from decisions concerning their daily lives, regardless of how old they are or the nature of their disability. The respondents also echo these views and feel a sense of frustration at the fact that a communication barrier exists at times between them and the child concerned.

- ***Unmet physical needs and neglect***

*Participant 17: “At times, the disability grant money is misused by the caregivers of the children. When you look at the child’s physical appearance and the conditions in which they live, it is not up to standard. The child may not have their basic needs met even though they are receiving the disability grant.”*

*Participant 22: “The children are being neglected in their homes. They are locked up in the house sometimes and not taken out of the house like other children.”*

*Participant 12: “It would seem as though in most of the families where they are getting a disability grant, they are using it more for themselves and not the child. The children at times look like they are not being properly cared for and that their basic needs are not met. They do not look like the other children that are living inside the house.”*

This concern is in keeping with findings from Slayter and Springer’s (2011) study that identified a lack of care as the most common form of maltreatment experienced by children with disabilities. According to Wijemanne (2017), it is very challenging for most families to provide effective care, particularly when there are financial issues involved. This makes the children particularly more vulnerable to neglect, abuse and violence (Wijemanne, 2017). Many families that have a differently-abled child experience an increased amount of stress, which then results in an increased risk of maltreatment. Practitioners need to ensure that they look out for changes in behaviour of children with disabilities, which might be a sign of maltreatment (Hernon, et al., 2014). Many households live on the income of grant beneficiaries (Kelly, 2017) and low income could lead to the basic needs of the children being unmet as caregivers may be prioritizing their own needs.

- **Lack of support**

*Participant 9: “Everything that we get is sponsored. We are very limited. The children need actual things like wheelchairs, not just merely things like food parcels. These are things that are not coming in. These are things we have to search for. Sponsorship for disability is very poor, extremely poor, making it hard for us as an organization to assist our clients effectively with material support.”*

*Participant 7: “I think our biggest challenge would be with material support, especially for children who have CP. They rely on their grant money for diapers, so we always trying to get organizations that can supply those to them on a monthly basis. So that helps you know in terms of that disability grant money being spent on something else. They rely most of the time on that money so diapers are like a big, big thing. State services, I think more efforts need to be made towards the state providing physio to children with disabilities after the age of 7, because the assessment centre we use is a state-run centre but after the age of 7, they do not keep them. So what happens after 7, because then they deteriorate and their condition gets worse you know. So I think there should be services for them even after 7. I just feel that the state does not provide sufficient resources for children with disabilities. Most of the facilities and services available for these vulnerable children are run by non-governmental organisations.”*

*Participant 13: “The state does not provide sufficient resources for children with disabilities. Most of the facilities that are available for these vulnerable children are run by non-governmental organizations.”*

According to Wijemanne (2017), the state should provide support to people working with persons with disabilities, and train and provide funding to these organizations.

#### **4.4.2 Theme 2: Challenges with alternative care**

Participants were questioned on the challenges, if any, that they may have in relation to finding safe and appropriate alternative care facilities for children with disabilities. This question allowed the researcher to understand the challenges that social services professionals in the iLembe Municipality face in rendering services to children with disabilities.

##### ***Sub – theme: Main challenges***

All Social Services Professionals had a common challenge in placing children with disabilities in alternative care. They all felt that there are not enough facilities and that some only cater for certain special needs. Other Social Services Professionals stated that they found the process to be challenging due to the amount of time that the process takes. Some Social Services Professionals felt that they experienced some difficulties in obtaining foster care placements for children because of their disability. They felt that the reluctance from foster parents was due to the disability of the child and the perceived added financial burden.

A unique challenge of a lack of co-operation from stakeholders was experienced by organizations specializing in rendering services to children with disabilities. Their main concern was that they are not registered to render statutory services. A “designated child protection organization”, according to Section 107 of the Children’s Act No. 38 of 2005 (as amended), is “designated by the Director-General or provincial head of social development” following a written request and being found to comply with the criteria prescribed for a child protection organization. The criteria are: being registered as a non-profit organization; having the necessary capacity and expertise to render statutory services; having a constitution embracing child protection services; having the ability to provide effective services also accommodating the needs of children with disabilities; promoting an equal distribution of services; promoting inclusiveness and representation; the ability to account for financial awards given by DSD; and supporting and committing to partnerships and collaborations with emerging organizations (Children’s Act No. 38 of 2005, as amended, Chapter 6 (31)(a-i), p. 346).

This therefore means that organizations that do not fall under this category are unable to render statutory services to these children, which further hinders the process because some child welfare and Department of Social Development organizations are not willing to take on cases of children with disabilities.

- **Limited facilities and resources**

*Participant 19: “The few facilities that are available are fully occupied. Children with special needs tend to get placed on really long waiting lists. Space becomes available between 6 months to a year, sometimes not at all. Children are then left in unsuitable environments because they have nowhere else to go.”*

*Participant 7: Well firstly, there are not enough facilities available to cater for the special needs of disabled children. For example, some children might need to be placed in alternative care and they need specialized toilets or lifts. Another challenge which I have mentioned previously is the fact that we are not allowed to render statutory services. So we cannot place children in alternative care. This causes a great deal of challenges because other organizations that actually can go to court and get a court order are not willing to do that because it is a child with a disability. This really causes delays in the whole process because, I mean, the child stays in an environment that is not conducive for much longer than they should, and there is nothing we can do about it.*

- **Application process**

*Participant 20: “I find the whole process time-consuming and I actually dread placing a child with a disability in alternative care. I also feel as though there is a lack of training of staff at these facilities.”*

*Participant 5: "Finding alternative care for children with disabilities is very difficult and therefore takes up a lot of time. Having to go back and forth and getting turned down by different facilities makes it very challenging and time-consuming. There is a lot of paperwork involved in the application process."*

- **Reluctant foster parents**

*Participant 2: "If a child is an orphan, it's very difficult. There is a lack of foster carers willing to care for disabled children. Families are just dumping the children and they are left with nowhere to go."*

*Participant 4: "Placing a child with a disability in alternative care is very hard, especially foster care placements. Foster carers are sometimes scared to take on the responsibility of caring for a disabled child as they believe that it comes with many challenges, both financially and emotionally."*

Foster care is a very crucial form of alternative care as it provides the child with an opportunity to grow up within a family setting. Findings from the study have shown that at times, foster parents are reluctant to care for children with disabilities. This correlates with research conducted by Orme, Cherry and Krcek (2013) that all factors related to the overall well-being of the child and the child's needs must be considered and an informed decision should be made when finding a prospective foster carer. There are some foster carers, even though they're very few who are willing to foster children with various disabilities if given the support they need (Orme et al., 2013). Achieving permanency for children with disabilities is met with various barriers (Cousins, 2005).

- **Lack of co-operation from stakeholders**

*Participant 7: "It is extremely difficult. Okay, so I have had a family that needed to be placed in alternative care because they did not have anyone to care for them because both the mother and grandmother were unable to care for the child. This child needed full-time care but because we do not do statutory work, I was unable to place the child in a home. I referred the matter to child welfare, I contacted the lady last week and it's been over a month. Even though I have done everything in terms of finding a place, they just had to do the statutory part of it, but today the child is still at home. So I think it's about people telling you, that they are not allowed to work with children with disabilities. So we are also tired because we do not do statutory work. Some social workers forget that a child is a child first before their disability. They look at the fact that the child is disabled and try to get out of rendering the necessary service to the child."*

*"Participant 13: "Stakeholders do not fully understand their roles in working with the organization. For example, a child welfare worker would not want to work with us to help place a child. As soon as they see child disability, they shove it to us, although there are certain aspects that they need to deal with as well. So in terms of organizations working together and pulling resources to help the family and the child, it is not being done."*

According to Mackelprang and Salsgiver (1996), even though Social Work is known to advocate for the less fortunate or most disadvantaged, social workers seem to be hesitant to take on cases with people with disabilities. Social workers need to re-examine their attitudes and beliefs with regard to working with persons with disabilities and disability in general (Mackelprang and Salsgiver, 1996).

### **Sub theme: Addressing challenges**

Participants were asked about possible strategies to address challenges that they face in the intervention process. A common mindset amongst the Social Services Professionals was that more funding needs to be prioritized towards services to children with disabilities. Government is central in the initiative towards addressing the current challenges impacting on effective service delivery to children with disabilities. They stated that:

- **Government involvement**

*Participant 8: “The White Paper needs to be passed. Rules and regulations need to be set in place for institutional care facilities, for specialized schooling and for specialised transport. All these need to come from a parliamentary level.”*

*Participant 12: “Involvement of the Department of Social Development at the grassroots level, availability of funds and availing funding to educate communities, particularly in the rural areas, I feel would go a long way in addressing the current challenges faced by social workers.”*

The findings of the study reveal that more involvement is needed from the grassroots level and at higher levels. These children being denied access to basic rights is a clear violation of what is stipulated in the Children’s Act, which clearly stipulates that a disability should not lead to unfair discrimination. The White Paper on the Rights of Persons with Disabilities (2016) is focussed on the full inclusion, integration and equality for differently abled people. This shows a clear gap between legislation and implementation.

#### **4.4.3 Theme 3: Preparedness of Social Services Professionals**

Participants were questioned on their perceived preparedness to render effective services to children with disabilities. The researcher focussed on their overall perception of preparedness and the intervention approach that they use, as well as

whether or not they thought this approach was effective. This question allowed the researcher to understand whether or not Social Services Professionals in the iLembe Municipality feel prepared to render effective services to children with disabilities.

***Sub-theme: Intervention approach***

Participants were questioned on the intervention approach that they use when rendering services to children with disabilities, as well as whether or not the approach differed to the one they implement for children who are not disabled. Most Social Services Professionals stated that the intervention approach they use when rendering services to children with disabilities is not different to the one they use when rendering services to children who are not disabled. They felt that each child is treated based on their current presenting problem. However, some felt that they need a different approach. This is evidenced by the following statements:

*Participant 2: “No, the approach which I use when rendering services to children with disabilities does not differ. Each child is afforded services based on their personal and unique circumstances.”*

*Participant 18: “It could differ if a child is found to be in need of care. You need to look at the whole family holistically or the child holistically and respond to immediate crisis that the child or family is facing. Prioritize what the child’s or family’s needs are because you have to see them as well, not just the child. See the person in distress, who is actually in distress, offer supportive services. If need be, search for alternate care and we also need to screen more families for alternate care. With a disabled child, your plan needs to fit in with his/her disability when you are making a recommendation.”*

### ***Sub-theme: Perception of preparedness***

Only 3 out of the 23 participants felt that they were adequately equipped to handle cases that involved service delivery to children with disabilities. It was clear from the interviews that Social Services Professionals do not receive formal training for rendering effective psycho-social services to these children. None of the participants reported receiving any formal training. Most of them do not feel as though they are prepared enough or trained enough to render effective services to children who are living with disabilities due to inadequate training. Those that feel that they are equipped feel that way because of the experience they have acquired over the years.

- ***Inadequately equipped.***

*Participant 11: "No I would like to learn sign language to communicate better. Ongoing training on the different types of disabilities. The latest trends on how to communicate with children that are non-verbal. Training on how to communicate non-verbally with children that are unable to communicate. Also, liaising with the board of management in securing office equipment will enhance the service we provide to children with disabilities."*

*Participant 7: "I think we need to learn more about cerebral palsy, for example. We need to learn more about it because we deal a lot with providing wheelchairs for children and when we see a physically disabled child we always assume that they need a wheelchair, only to find that some of them can't even sit on a wheelchair. I think we need to learn more in terms of how you measure a child that needs a buggy instead of a wheelchair. There's a whole lot of things that we need to learn that can help our jobs to be easier and the services that we provide to children with disabilities more efficient."*

- **Training needs**

Participant 20: *“I have received no formal training for rendering services to these children. Whatever I know I have learnt from experience.”*

Participant 15: *“It has been on-the-job training and workshops in the organisation arranged by the Department of Social Development. I think I am not adequately equipped to render effective services to children with disabilities because the training is basic at tertiary level with, no specialization.”*

A child welfare worker needs to be disability-competent and have some knowledge of matters associated with disability and maltreatment possibilities, particularly relating to young persons who are differently-abled and their relatives (Lightfoot, 2014, p.38). As the rate of disability continues to increase, Saleeby (2007) asserts that social workers need to be equipped with the necessary skills for effective practice with children with disabilities. This finding supports findings from a study conducted by Shannon and Tappan (2011, p.45) that sought to examine the ability of child protection services to screen and investigate processes to identify children with developmental disabilities. Findings revealed that child protection Social Services Professionals had no understanding of developmental delays (Shannon and Tappan, 2011). Social workers need to be more cognizant and knowledgeable on issues that are unique to persons with disabilities, thus they need to be trained on a regular basis in order to have relevant knowledge and for their services to be impactful and appropriate (Saleeby, 2007). These findings are also in keeping with the main research assumption that Social Services Professionals in the iLembe Municipality are unable to adequately render the necessary services required by children with disabilities.

#### **4.4.4 Theme 4: Placement of and care for children with disabilities**

Participants were questioned on the placement of and care for children with disabilities in alternative care in South Africa. They were also given the opportunity to make recommendations in this regard, ones that they feel would have a significant impact

on service delivery. The researcher focussed on the procedure which they followed when seeking alternative care for children with disabilities and whether or not they thought this procedure was effective. This question allowed the researcher to understand whether or not Social Services Professionals in the iLembe Municipality deal with the placement of and care for children with disabilities.

### ***Sub-theme: Views on alternative care***

Participants felt that alternative care should only be explored if it is absolutely necessary. They felt that all children should be treated equally, whether they have a disability or not. Preserving the child within the family setting should be the main objective if it is in “the best interests of the child” (Children’s Act 38, 2005, p.39).

- ***Last resort***

*Participant 6: “No child deserves to be placed in alternative care due to their disability. Every child deserves a loving home that is equipped to deal with their care.”*

*Participant 23: “Children should not be merely placed and removed from their family homes just because they are disabled. Their circumstances should be taken into consideration.”*

### ***Sub-theme: Procedure***

The procedure followed by Social Services Professionals in seeking and placing children with disabilities in alternative placements is dependent on the role which the particular organization plays in placing a child with a disability in alternative care. Social Services Professionals from designated child protection organizations felt as though the procedure was effective. With Social Services Professionals rendering services to children with disabilities not mandated to do statutory work, they felt that the process was not effective and that it causes further delays in an already time-consuming and difficult process. There were however differing views on the effectiveness of the current procedure followed in placing children with disabilities in alternative care.

*Participant 3: “The procedure which we follow includes: screening the proposed care-giver; securing pertinent documents; providing psychosocial support services to the caregivers and child; linking the family to essential resources; placing the child in foster care / institutional care via a children’s court hearing if deemed necessary; and reviewing the placement. The procedure is effective if placement is sought with a capable family and the child can thrive in a safe and supportive environment.”*

*Participant 11: “The current procedure that we follow as an organization is focussed mainly on disability and is to find a home for the child and then refer to a child protection organization such as child welfare or the Department of Social Development for the necessary statutory services. This procedure is not effective because it causes delays due to the confusion that currently exists regarding which services are rendered by which organization. This leads to great delays in the process because, without a valid court order, a child cannot be accepted into an institutional care facility.”*

The best interests of the child are also an underlying principle of the African Charter on the Rights and Welfare of the child. CYCCs should only be considered in exceptional cases as least restrictive measures (Patel, 2016). This is contrary to past findings by Strydom (2015) that service providers of persons with disabilities were of the view that residential facilities offered a higher quality of care for these children.

### ***Sub-theme: Recommendations for South Africa***

It was clear from the participants that there is still a long way to go in South Africa with regards to obtaining good alternative care facilities to ensure that the needs of children

with disabilities are met. Participants also emphasized the need for specialized facilities.

- ***State support and legislative needs***

*Participant 13: “More programmes need to be held in communities to educate people on caring for disabled children. More specialised facilities need to be established. Supportive networks need to be made more readily available and accessible to families who care for disabled children.”*

*Participant 7: “We should be allowed to do statutory work. It should not be something that is delayed because sometimes there is an urgent need for the child to leave the home. We should be able to speed up the process because we always have to look at the best interests of the child and because at times you find people neglecting a child because they have said that they cannot keep the child. It should be taken seriously and should be dealt with speedily.”*

This finding is in keeping with one of the main assumptions of study, which was that there are not enough adequately equipped facilities in place to assist social services professionals to be able to assist children with disabilities within the iLembe Municipality.

#### **4.5 Conclusion**

It is clear from the findings that there is still much that needs to be done and strategies to be implemented in improving service delivery for differently-abled children within the social services sector. The underlying assumptions of the theoretical frameworks underpinning the study, which are the Social Model of Disability and the Ecosystems Theory, prove the exclusions that persons with disabilities continue to face when accessing services. The Social Model of Disability is based on the premise that focus should be placed on changing the environment in which people with disabilities live,

work and play. The focus is not on curing the person, but on changing society (United Nations, 2008). This is in keeping with the main findings from the study. It is clear that many of the inequalities faced by children with disabilities within the iLembe Municipality are due to structural or environmental barriers.

The participants in the study also share the same sentiments because they realize that there is much that needs to be done by the government and at the legislative level in order to ensure that the lives of persons with disabilities are improved. According to Kropiwnicki et al. (2014), there has been no significant impact made by progressive legislation and policies on the realization of substantive quality for Children with Disabilities in the Orange Farm community. They are unable to access facilities that cater to their specific needs as readily and easily as children without disabilities. This is evidenced in the statements made by the participants. Emphasis is placed on the inadequacies that communities show with regards to being accommodating to persons with disabilities, rather than their strengths (Integrated National Disability Strategy, 1997). The participants in the study articulated the importance of community members being educated on matters relating to persons with disabilities, which can allow communities to have a better understanding and to treat children with disabilities better.

According to the Systems Theory, various systems are involved in and affect the lives of persons with disabilities. Based on the findings from this study, there seems to be a disconnection with regards to the social needs, educational needs and health needs of children with disabilities. For persons with disabilities to be fully understood, a multi-dimensional overview including and considering all possible influential factors to their needs is required. Even with regards to issues affecting the individual directly, families, organizations, societies and other systems are inherently involved and need to be taken into consideration when assisting and attempting to understand the individual (Kemp et. al., 1997). It is clear that much needs to be done at the grassroots level in order to improve the livelihoods and services that are currently being rendered to children with disabilities. It is clearly indicated in the research findings that Social Services Professionals are cognisant of the current state of services to children with disabilities within iLembe Municipality and they have made recommendations on how these services can be improved within their work environments and at government

level. There are many processes that need to be implemented in order to make a difference in the lives of differently abled children at the micro, macro and meso levels.

The main findings of this study, obtained during the data analysis process were consistent with the underlying assumptions. The researcher was of the assumption that Social Services Professionals in the iLembe Municipality are unable to adequately render the necessary services required by children with disabilities due to a lack of appropriate training and skills to identify and render the required services. This was proven to be true by statements made by research participants stating that they feel that they are not adequately equipped to render adequate services to children with disabilities and that they have not received appropriate training.

The researcher was also of the assumption that there is a lack of adequately equipped facilities in place to assist Social Services Professionals who may be able to assist these children. This was also consistent with the findings from the study, with Social Services Professionals stating that most available facilities do not cater to the specific needs of these children. They also stated that facilities that are available have long waiting lists. These findings show that there is an urgent need for action to be taken in equipping Social Services Professionals in the iLembe Municipality with the skills they need to render effective services. There is also an urgent need for a focus on ensuring that there are adequate alternative care facilities and schooling facilities available to children with disabilities, should the need arise.

## CHAPTER FIVE: DISCUSSION AND CONCLUSION

### 5.1 Introduction

The findings of this study show that Social Services Professionals' experiences with regard to working with children with disabilities within iLembe Municipality are met with many challenges. Even though some Social Services Professionals find the experience rewarding, others feel as though they are not rendering services that are of a good standard. The objectives of the study and how they can be linked to the key findings will be discussed in this chapter.

### 5.2 Key findings

#### *5.2.1 Social Services Professionals and disability*

Conclusions can be drawn based on the results that Social Services Professionals find the experience of providing services to children who are differently-abled, more challenging than rewarding. Some participants even described it as something similar to hitting a brick wall due to the frustrations that come with handling some of these cases. Participants even felt as though the services that they are rendering are ineffective. There was a feeling that the experience of seeking alternative care placements is challenging. A majority of the participants experienced difficulties in rendering good services. A reason for this could be provided by study findings that found that social workers need to be focussed on developing a general understanding of the nature of concerns that affect differently-abled children only, thereby making the services that they render more effective (Malone et al., 2000).

The findings from this study revealed that participants felt as though the main challenges that they have when rendering services are: policy limitations; unmet training needs on matters pertaining to disability; and the unmet needs of these children while the caregivers misuse the disability grant. This study found that the unmet educational needs of these children was also a concern and can be attributed to various challenges with schools and due to the financial constraints of the family of the child. There are only 3 schools for children with special needs in iLembe Municipality (iLembe Integrated Development Review Plan, 2008). This could be

attributed to limitations in policies because even though there are policies stating that these children should be admitted, it is not happening in practice. They are being excluded and are left with no way forward. The notion of difficulties in accessing education by children with disabilities is echoed by Boezaart (2011), who stated that a number of children who are living with a disability who should be in school are not going to school. Her findings also agree with participant 9 in stating that the purpose of getting educated is not merely to obtain a qualification (Boezaart, 2012). Kropiwnicki et al. (2014) sought to explore the strategies that were used by caregivers to help their children access their basic right to education, which was being readily denied. They found that even though caregivers had the necessary documents, their children were denied admission. They approached an average of 7 different schools seeking admission and they spent much money-making trips to the schools and various places to obtain the documents and completing assessments. Kropiwnicki et al. (2014) states that many of these children were placed on very long waiting lists or blatantly denied admission.

There was also a failure to communicate effectively with children with certain disabilities, which led to these children communicating non-verbally. Social Services Professionals felt as though the communication barrier was leading to them doing a disservice to these children because communication is of great importance in child protection. Interviewing their caregivers can cause complications in cases where there is alleged maltreatment as these usually involve the caregiver who may have an opportunity to deny these allegations and identify the child as the problem (Wright et al., 2018). According to Knight and Oliver's (2007) study to investigate the impact that advocating for vulnerable children can have, more especially those who communicate non-verbally or children who have other difficulties in expressing themselves, they are constantly not allowed input or consulted regarding issues relating to their daily lives and their disability or age are not taken into consideration (Knight and Oliver, 2007). The respondents also echo these views and feel a sense of frustration at the fact that a communication barrier exists at times between them and the child concerned. Children need to be given the opportunity to express their opinions openly and freely and these opinions should be given serious thought, especially if the child is in a position to make an informed decision.

Findings also revealed that Social Services Professionals were concerned about the high risk that these children face of being neglected; their unmet needs; and the abuse of the disability grant. During home visits, they were noticing that children with disabilities were treated differently to the other children in the home. They felt as though the children were not being cared for adequately and were even locked inside their homes at times due to their disability. This concern is in keeping with findings from Slayter and Springer's (2011) study, which identified neglect as the most common form of maltreatment that differently abled children are exposed to. According to Wijemanne (2017), it is very challenging for most families to care for a child with a disability, particularly when there are financial issues involved. This makes these children particularly more vulnerable to neglect, abuse and violence (Wijemanne, 2017). Studies have shown a relationship between caring for a child with a disability and increased stress levels, which in turn increases the risk of maltreatment. Practitioners need to ensure that they always pay attention to the behaviour of disabled children in order to look out for signs of possible maltreatment (Hernon, et al., 2013).

The findings of this research revealed that Social Services Professionals identified their main challenges in providing support for these children in areas pertaining to providing material support and state service delivery. They attributed this to limited state funding. According to a study conducted by Parish and Cloud (2006) which sought to analyze the key circumstances contributing to the increased risk of impoverishment of children with disabilities, it is difficult for most families of children with disabilities to find childcare that is accessible, affordable and of good quality. As a result of this, many parents or caregivers have to go through forced unemployment or a reduction in the amount of time that they work so that they can be home taking care of their differently-abled children, which leads to a reduction in their income (Parish and Cloud, 2006). Factors such as these may lead to a dependence on the disability grant as this may be the only source of income. The disability grant could improve the way in which people with disabilities function in society. Kelly (2017) contends that many families utilize the social grant money for daily living expenses. The low income could lead to the basic needs of the children being unmet as caregivers may be prioritizing their own needs.

### **5.2.2 Challenges with alternative care**

Participants were questioned on the various challenges which they face in rendering services to children with disabilities. They found the process of securing a safe alternative care placement for these children to be quite challenging, with most of them stating that they experience difficulties in accessing facilities that can adequately meet the needs that the children have. They also mentioned that if they do find such facilities, there are very long waiting lists because they are full.

Participants also found the process of placing children with disabilities in alternative care very time-consuming, with much paperwork involved in the whole process. It was also found that there is a sense of reluctance from prospective foster parents towards taking in children with disabilities due to the perceived added financial burden and possible emotional stress. Some participants stated that they experience difficulties of some sort in screening potential foster parents willing to care for persons with disabilities. This correlates with research conducted by Orme, Cherry and Krcek (2013) which found that it is crucial to make a very informed decision before placing a differently-abled child in foster care, with specific attention towards whether or not foster parents will provide adequate care for the child and be sensitive to their needs. There are some foster carers, although very few, who are willing to foster children who have various disabilities if they are adequately supported with all the resources and services they will need (Orme et al., 2013). Some Social Services Professionals also experienced challenges with regard to getting co-operation from stakeholders. They felt that when they referred cases to other social services departments to render the necessary services, they were reluctant to take the cases on because it involves a child with a disability.

Social Services Professionals felt that these challenges can be addressed by a prioritization of funding towards services to children with disabilities. They felt that funding focussing on the education of community members at large and on disability, especially in rural areas would have a positive impact in the process towards improving the services available to children with disabilities. Participants also felt that funding should focus on improving institutional facilities and tailoring them towards the unique needs that the children have. Boezaart (2012) states that specialised schools and

specialised transport for children with disabilities could also address some of their unmet needs. These findings are similar to those stipulated in a study by the Umgungundlovu Disability Forum (2015) that there are not enough places of safety for children with disabilities in Kwa-Zulu Natal and that due to a limited number of facilities for disabled children, the placement of children with disabilities in secure out-of-home placements is met with the challenge of long waiting periods. This was echoed by Curran (2010) who conducted a study with child protection workers. It found that one of the challenges with securing placement for children with disabilities was that the facilities available only catered for certain special needs and only accommodated persons with certain disabilities. The views of Participant 3 are in keeping with one of the strategic pillars of the White Paper on the Rights of Persons with Disabilities, which is ensuring that there are no hindering factors to active involvement (White Paper on the Rights of Persons with Disabilities, 2016).

### ***5.2.3 Preparedness of Social Services Professionals***

An investigation of the findings shows that Social Services Professionals felt that they were not sufficiently prepared to provide services to children with disabilities. A significant 90% of the participants did not feel adequately equipped. They attributed this to a lack of training and they stated that they received no formal training, both at the undergraduate and professional levels. Participants stated that they only learn through experience and continue to improve their service delivery based on what they continue to learn daily. They were of the view that having an understanding on the various disabilities would allow them to be able to deal effectively with their clients. Consequently, they would be in a position to render a better service to the children. Some mentioned training focussed on cerebral palsy; sign language; other forms of non-verbal communication; and the assessment of and identification of abuse.

The way in which Social Services Professionals view their preparedness, or lack thereof, is explained by Mary (2007), who emphasizes the need for Social Services Professionals to understand the onset and cause of a disability. A professional who is disability-competent should have some understanding of disability and maltreatment possibilities in relation to children and youth with disabilities and their families (Lightfoot, 2014, p.38). As the rate of disability continues to increase, Saleeby (2007)

postulates that social workers will need to be equipped adequately for effective practice with children with disabilities. This finding supports findings from a study conducted by Shannon and Tappan (2011, p.82) that examined the ability of child protection services to screen and investigate processes to identify children with developmental disabilities. Findings revealed that they had difficulties in understanding developmental delays (Shannon and Tappan, 2011). Saleeby (2007) emphasises the need for more awareness and training to ensure the rendering of more quality services. Bruhn (2001,p.350) states that Social Services Professionals who are not trained in disability-related topics have no resources available to them to assist in decision-making for children with disabilities and may take inappropriate action with regard to placement and services for these children. Wright et al. (2018) echo both researchers by stating that social workers should receive training when they first start out and during their professional practice as part of continued professional development initiatives.

#### ***5.2.4 Placement of and care for children with disabilities in South Africa***

Participants were questioned on their views on alternative care for children with disabilities. Findings from the study revealed that participants felt that alternative care should not be the first option for children with disabilities. They felt that children should be kept within the family setting and that alternative care should only be sought as a last resort and if it is considered to be the best action to take in order to ensure the overall well-being of the child. Social Services Professionals made recommendations for alternative care for children with disabilities in South Africa: some included programmes to educate caregivers of disabled children and some participants from organizations that are not child protection organizations felt that the process would be more effective if they were allowed to render statutory services. They felt that the referral process delays the process for children who sometimes need urgent placement due to their circumstances in the home environment.

The views of these participants are in keeping with the Children's Act No. 38 of 2005, as amended, which states that if a child is found to be in "need of care and protection by a children's court" (Children's Act No. 38 of 2005, p. 110), the court can order that alternative placement be found for the child with due consideration of their special

needs, but only if it is deemed to be what is best for the overall well-being of the child. The best interests of the child is also an underlying principle of the African Charter on the Rights and Welfare of the child. Children's homes or CYCCs should only be considered in exceptional cases as least restrictive measures (Patel, 2015). This is contrary to findings from a study conducted by Strydom (2015) that service providers of persons with disabilities were of the view that residential facilities offered a higher quality of care for these children.

However, there were however differing views on the effectiveness of the current procedure followed in placing children with disabilities in alternative care. Social Services Professionals who are part of registered Non-Governmental Organizations that are however not registered as designated child protection organizations felt that this process was not an effective one. Participants felt that them having to refer matters requiring children to be placed in alternative care caused further delays in the process and is therefore not what is best for the child. They feel that Social Services Professionals who can render statutory services are unwilling to take these cases when they are referred to them, which therefore leads to the children being left at times in circumstances that may be harmful to their well-being due to the gaps in the current process. There does not seem to be any past literature pertaining to the views of Social Services Professionals who are not in the child welfare system rendering services to differently-abled children.

### **5.3 Main Conclusions**

The overall focus of this study was on understanding the experiences of Social Services Professionals who render services to disabled children in the iLembe Municipality. This research also sought out to explore any challenges that they may have with placing these children in alternative care or in rendering psychosocial support services to them. It is clear that rendering services to children with disabilities is something that Social Services Professionals in the iLembe Municipality find to have many challenges, mainly with regard to adequate alternative care and the educational needs of these children. There are also unmet training needs that require urgent action to be taken on disability-related issues for all Social Services Professionals, both at the undergraduate and professional levels.

The researcher found it interesting that with all the organizations participating in the research, most reported that they did not have a high number of cases of children with disabilities. This is contrary to most research findings from other areas which state that these children are vulnerable and in constant need of social support services. The situation is concerning to the researcher because it could be attributed to the fact that these children need these services and they are not accessing them because they are not aware of the services available to them. Another possibility could be the fact that caregivers may be reluctant to access these services, even if they are aware of them. Findings clearly show that even children who are accessing these services are at times left with their needs unmet due to a great number of challenges that are met by Social Services Professionals when trying to render effective services to these children. This could be one of the reasons why caregivers of these children may be reluctant, because of the current state of services that others may have experienced.

A great gap continues to exist between policies and legislation and the practical implementation of these. Children with disabilities are still not accessing their basic rights as they should be and as stated in policy documents. These children are still at a disadvantage and even though it has been years since various legislation has been passed, no significant differences have occurred. Social Services Professionals seem to be aware of the current state of services that they are rendering. They are aware of their roles and they are aware of the challenges they face. They also have recommendations on how these challenges can be addressed. It would seem as though there is still a long way to go in achieving quality social services for children with disabilities. The researcher hopes that this research sheds some light and makes a meaningful addition to the current literature that exists pertaining to the experiences of various Social Services Professionals who continue to render services to children with disabilities.

## **5.4 Recommendations**

### **5.4.1 Prioritization of funding for disability training**

The prioritization of funding to train Social Services Professionals should be one of the main focuses of government when drawing up policies for services to children with

disabilities because they may be doing these children a disservice as they do not have an adequate understanding of what they are dealing with. It is clear from the research findings that Social Services Professionals acknowledge their shortcomings and they are willing to learn.

Training should also be focussed on highlighting the roles that each organization plays in rendering services to a child with a disability. Stakeholders should be made aware of what their roles are and training should be conducted in this regard.

Various organizations should also take on the responsibility of making funds available for disability training. They need to ensure that their staff members are adequately trained and are informed on the most current information that is available regarding services to children with disabilities. This will also allow them to have an understanding of the different legislative mandates that they need to follow and adhere to at all times when rendering services to children with disabilities.

#### **5.4.2 Funding for the education of community members**

Funding to educate communities should also be prioritized, which should be focussed on issues of disability and all the resources that are available to them. This could go a long way in assisting and addressing any misconceptions that may exist in communities. It could also help address the problems of reluctant foster parents who may be feeling this way due to a lack of information or being misinformed.

These could be achieved by hosting information sessions within communities and awareness campaigns. These sessions could also be in the form of question and answer sessions so that community members have a say in the information that they would like more clarity on.

Group work services can also be implemented for carers and potential carers for children with disabilities. These can play a supportive and educational role for the caregivers who are currently caring for these children. Caregivers can use this opportunity to share their experiences and those who are knowledgeable can give advice on how to overcome some of the challenges that they are experiencing.

### **5.4.3 Continuous monitoring of alternative care facilities**

The current alternative care facilities available for children with disabilities are very limited and those that are available are at times not equipped to meet the specific needs of a child with a disability. There should therefore be continued monitoring of these facilities and measures should be put in place to ensure that the appropriate equipment or building plans are suitable. Facilities need to be tailored towards the unique needs that these children have.

Continued monitoring and evaluation by the Department of Social Development will ensure adherence. Alternative care facilities need to be of a good standard in order to ensure that the children that are admitted to these facilities receive the best possible and most holistic care.

### **5.4.4 Collaboration with the Department of Education**

There is a growing concern regarding the failure of children with disabilities to access the basic human right of education. Social Services Professionals can collaborate with the Department of Education to ensure that this need is met. Many children within the iLembe Municipality are left to rely on day-care facilities for stimulation because they cannot access the education system. Measures such as special schools and specialised transport for children with disabilities could also address some of their unmet needs.

Regulations have been put in place for learners with disabilities to be able to access full-service schools, but the parents of these children face various challenges. As a result, they give up on the entire process and this leads to the children not having access to education.

### **5.4.5 Future research**

There is a lack of research focusing on the views of Social Services Professionals in the disability sector in South Africa. It is important for their current working conditions to be studied and understood, as this plays a pivotal role in the services that they are

able to render. During the literature search, it was evident that the majority of research on this subject has been conducted abroad.

In order for the situation in South Africa as a whole and its magnitude to be understood, there needs to be more research of this nature conducted in various provinces and various municipalities. This will provide a clear picture of where South Africa currently stands with the implementation of these policies nationally. It will also give government officials an understanding of where the problems are and they can take a more focused approach when implementing solutions.

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## **Appendix 1: Ethics Approval**



### **DEPARTMENT OF SOCIAL DEVELOPMENT UNIVERSITY OF CAPE TOWN ETHICS REVIEW FORM**

#### **ETHICS REVIEW FORM: JOINT STATEMENT BY STUDENT & SUPERVISOR** **This form is filled in jointly by the student and the supervisor**

#### **PROCESS:**

- Student and Supervisor need to read the UCT/FACULTY ETHICS GUIDELINES on the WEBSITE.
- The ethics pertaining to the profession of Social Work also needs to be taken cognisance of in relation to social work students/candidates carrying out research with human participants.
- Once this ethics review form has been completed it is submitted to the Departments' Post Graduate Committee which according to the Guidelines laid down should consist of all academics who will do the reviewing.
- Once the Department approves the proposal/ethics then only is it sent through to faculty.
- **This form should be completed by the research student and then co-signed by student and supervisor: Tick the YES or NO box, and write in details where appropriate. Please read the UCT Ethics Guidelines involving Human Subjects before completing the form. Ask your supervisor for clarification and help if needed.**

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**Student researcher name:**Portia PhumlaShekwa

**Student number:** SHKPOR003

**Title of research project:**The experiences of social service professionals in the iLembe municipality in rendering services to children with disabilities.

**Course Code:**HM005SWK02

**Degree:**Master of Social Science by dissertation (Social Work)

**Supervisor:**Dr.Somaya Abdullah

DSD ETHICS REVIEW COMMITTEE MEMBERS (to sign)	Individually reviewed Time spent on review	Date of completion of review
Chair :  Signature removed	30 minutes	09/07/2018

**APPROVED**

## **Appendix 2: Informed consent form**

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# **UNIVERSITY OF CAPE TOWN**



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## **FACULTY OF HUMANITIES DEPARTMENT OF SOCIAL DEVELOPMENT REQUEST FOR PARTICIPATION & CONSENT FORM**

**Name of Researcher:** Portia Shekwa

**Student number:** SHKPOR003

This research forms part of the qualification for a Master of Social Science by dissertation (Social Work) degree in the Department of Social Development at the University of Cape Town

**Title of Study:**

The experiences of social service professionals in the iLembe municipality in rendering services to children with disabilities.

**Objectives of the Study:**

1. To explore the experiences of social service professionals in the iLembe municipality in rendering services to children with disabilities.
2. To explore challenges faced by social service professionals in rendering services to children with disabilities.
3. To explore the perceptions of social service professionals in the iLembe municipality regarding their preparedness to provide services to children with disabilities.
4. To explore how social service professionals deal with the placement of and care for disabled children in alternative care in South Africa.

Please read the following and signify you agree to participate in this study.

**Research Procedures:** I understand that I will be participating in an interview process to explore the experiences of social service professionals in rendering services to children with disabilities. The interview will last approximately one hour and will be recorded with your permission using a digital recorder or by taking notes. The recording will be transcribed and the notes, the recorded information and the transcripts will be kept in a secure place. Once the research has been completed, this material will be only be used for academic purposes and the transcripts will be destroyed at a later stage.

**Risks and Harm:** There are no foreseen risks or harm in participating in this research. However, in the event of any emotional distress by a participant, there will be a debriefing session and the researcher will make a referral for appropriate assistance.

**Benefits/Incentives:** I understand that this research will not benefit me directly and that I will not be paid for agreeing to do this interview. However, through my participation, the information gathered will provide important information on the experiences of social service professionals in rendering services to children with disabilities.

**Participant's Rights:** I understand that I am free to withdraw from participating in this study at any time, without giving any reason and that there are no consequences should I decide not to participate at any stage.

**Confidentiality:** I understand that the interview process will be kept strictly confidential and that information will be available to the researcher and the supervisor. Extracts from the interviews will be included in the final research report without anyone being able to link my quotes to my identity. The final report will be examined by an external examiner and the findings will be made available to participating agencies. Under no circumstances will my name be revealed in the report or any other publications related to this research.

I understand that if at any time I would like any additional information about this research, I can contact my research supervisor, Dr. Somaya Abdullah telephonically at 021 650-4219 or by email at [somaya.abdullah@uct.ac.za](mailto:somaya.abdullah@uct.ac.za)

**I confirm that I have read this consent form or researcher has read it to me and that the study has been explained to me. I voluntarily participate in this study**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
**Signature of Researcher**

\_\_\_\_\_  
Date (dd/mm/yyyy)

### **Appendix 3: Interview Schedule**

Population group of participant:

Sex of participant:

Occupation participant:

#### **Interview schedule**

1. How long have you been working in this Organisation?
2. Are you handling many cases of children who are living with disabilities?
3. Have you received any training for rendering services to children with disabilities?

#### **Research objectives**

1. **To explore the experiences of social service professionals in the iLembe municipality in rendering services to children with disabilities**
  - How has your experience been with rendering services to children with disabilities?
  - Describe your experience of placing children with disabilities in alternative care?
  - What are major concerns related to working with children with disabilities by social service professional in general and based on your own experience?
2. **To explore challenges faced by social service professionals in the iLembe municipality rendering services to children with disabilities.**
  - What challenges, if any are you facing when rendering services to children with disabilities?
  - Specifically what challenges do you face in providing support services to children with disabilities related to psychosocial support, material support, practical support, state service delivery and resources
  - What challenges, if any are you facing when placing children with disabilities in alternative care?
  - What do you think the causes are of these challenges?

- In your opinion, how do you think these challenges can be addressed?
  - Do you have any recommendations regarding the rendering of psychosocial support services to children with disabilities
- 3. To explore the perceptions of social service professionals in the iLembe municipality regarding their preparedness to provide services to children with disabilities.**
- Describe the intervention approach you implement and procedure you follow in providing services to children with disabilities?
  - Does this approach differ from working with other children you provide services to?
  - Do you feel that you are adequately equipped with the necessary skills to render effective services to children with disabilities?
  - What skills do you think would enhance the service you provide to children with disabilities?
- 4. To explore how social service professionals deal with the placement of and care for disabled children in alternative care in the iLembe municipality**
- What are your views on providing alternative care for children with disabilities?
  - Describe the procedure you follow in placing children in alternative care?
  - In your opinion is this an effective intervention?
  - Do you have any recommendations regarding the placement of children living with disabilities in alternative care in South Africa?

## Appendix 4: Permission to conduct research at Kwadukuza Child Welfare

### CHILD WELFARE SOUTH AFRICA - KwaDukuza



NPO - 002 336

P.O.Box 240, KwaDukuza, 4450  
Telephone: (032) 551 2129 / 551 5041  
Fax: (032) 551 1922

[stangerchildwelfare@telkomsa.net](mailto:stangerchildwelfare@telkomsa.net)



Enquiries: Miss A.P. Dhaver

13 August 2018

Ms Portia Shekwa

#### RE: PERMISSION TO UNDERTAKE RESEARCH

We acknowledge receipt of your request to conduct research with the Social Workers of this Society for your Master's degree.

You are granted permission to conduct your research.

On behalf of the management committee and staff, we wish you well with your studies.

Yours faithfully

Signature removed

**MISS A.P. DHAVER**

**SENIOR SOCIAL WORK MANAGER**

## Appendix 5: Permission to conduct research DSD



social development

Department:  
Social Development  
PROVINCE OF KWAZULU-NATAL

FAX : 033-264 2075  
Telephone/Ucingo/Telefoon: 033 264 2078  
Enquiries/Imibuzo/Navrae : Mr. VW Gumede  
Email address : velaphi.gumede@kznsocdev.gov.za  
Reference/ Inkomba/ Navrae: S6/2/1

**HUMAN RESOURCE DEVELOPMENT**  
174 Mayors Walk Road  
Private Bag X9144  
Pietermaritzburg  
3200

### **Ms P Shekwa**

Number 18 Acacia Road.  
Warrenton.  
Stanger  
4450

Email: [lashekwa@gmail.com](mailto:lashekwa@gmail.com)

Dear Ms Shekwa

### **PERMISSION TO CONDUCT RESEARCH IN THE DEPARTMENT OF SOCIAL DEVELOPMENT**

This matter has reference.

Kindly be informed that permission has been granted by the Head of Department for you to conduct research in the Department of Social Development under ILembe District to fulfill the requirement of your Masters in Social Work.

The permission authorizes you to -

- (a) Approach and distribute your survey questionnaires to employees that are willing to participate in your research.
- (b) Interview Social Workers with two years' experience rendering services to people with disability at their consent deemed relevant to your research project and maintain high level of confidentiality; and
- (c) Share your findings with the Department.

Wishing you success during your research project.

Yours Faithfully

signature removed

## Appendix 6: Permission to conduct research BND



Donations to the Society is tax deductible in terms of Section 18A(1) (a) Income Tax Act  
Ref. Number 9065614159 PBO 130002948 Vat Reg. No. 4810127383 NPO No. 002-178

Tel: 031 309 4991  
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Member of  
• SA National Council  
for the Blind  
• DEAFSA

[www.bdskzn.org.za](http://www.bdskzn.org.za)

[www.facebook.com/bdskzn](https://www.facebook.com/bdskzn)



KZN BLIND & DEAF SOCIETY  
PO BOX 1109, DURBAN 4000  
TEL: 031 309 4991

To whom it may concern

24<sup>th</sup> November 2018

### RE: PERMISSION TO CONDUCT RESEARCH

This letter serves to confirm that Portia Shekwa of UCT has been permitted to conduct research with our social work department at the KZN Blind and Deaf Society.

For further details do not hesitate to contact our offices.

signature removed

Elaine Govender

Social work Supervisor

## **Appendix 7: Editor's letter**

696 Clare Road

Clare Estate

Durban

15 August 2019

To: whom it may concern

**Editing: Master's thesis-Portia Shekwa**

***Experiences of social services professionals in the iLembe Municipality in rendering services to children with disabilities.***

This letter confirms that the aforementioned thesis has been language edited. Any queries may be directed to the author of this letter.

Regards

signature removed

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MP Mathews

Lecturer and Language Editor

083 676 4778

Mercillenem@dut.ac.za

## **Appendix 8: Transcribed interview transcript**

**Population group of participant:** Indian

**Sex of participant:** Female

**Occupation of participant:** Social Worker

R- Researcher

P- Participant

R: Hi, thank you once again for agreeing to take part in this research.

P: No problem.

R: Before we start, I just wanted to remind you that I will be recording the interview. If you feel uncomfortable at any point during the interview just let me know and we will stop. Is this okay with you?

P: Yes, it is okay.

R: So how long have you been working in this Organisation?

P: 4.5 Years

R: Are you handling many cases of children who are living with disabilities?

P: I have quite a few, but majority is adults.

R: Can you elaborate on that?

P: I probably have about 16 or so on my current caseload.

R: Have you received any training for rendering services to children with disabilities?

P: No, no formal training no.

R: How has your experience been with rendering services to children with disabilities?

P: I think for me it's...uhm. Challenging and rewarding. Sometimes it's like hitting a brick wall, especially when it comes to schooling, the parents are not aware that if a child has a disability they can go to school. So u find that, sometimes it's like so hard to render the services.

R: Describe your experience of placing children with disabilities in alternative care?

P: What do you mean when you say alternative care?

R: Like placing them in foster care, temporary safe care or a children's home.

**P:** It is extremely difficult. Okay, so I have had a family that needed to be placed in alternative care because they did not have anyone to care for them because both the mother and grandmother were unable to care for the child. This child needed full time care, because we do not do statutory work I was unable to place the child in a home. I referred the matter to child welfare, I contacted the lady last week and it's been over a month. Even though I have done everything in terms of finding a place, they just had to do the statutory part of it, but today the child is still at home. So I think it's about people telling you, that they are not allowed to work with children with disabilities, so we are also tired because we do not do statutory work. Some social workers forget that a child is a child first before their disability. They look at the fact that the child is disabled and try to get out of rendering the necessary service to the child.

**R:** Mhmm I can see how this could be a problem.

**P:** Yes, because in order to place a child in a home, you need to have a court order so I think that is the problem where you find a place for a child that needs to be placed, but all the red tape becomes a problem. You then have to refer because you don't do statutory work. It has been quite a challenging experience placing children with disabilities in alternative care. These children require specialised care. There are inadequate resources available to cater to the special needs of these children.

**R:** What are major concerns related to working with children with disabilities by social service professional in general and based on your own experience.

**P:** I think my main concern is schooling, because a lot of the children with a disability can go to school and also stimulation, I find that the assessment centre that we use cannot keep them once they turn 7. So I think, it's services for me because when a child is receiving all the necessary services like when a child is going to school and seeing a physio, it does help, because when we speak to parents who have children who are attending ongoing physio their conditions have improved. Also in terms of them going to school, it helps them to interact with other kids, and also it gives the parents a chance to have that break because having a child with a disability is a full time job so I think those are the things. There's just not enough being done, because sometimes we tell parents that we will help them with getting their children into a school then when the time comes, we can't find a school that's willing to take them.

**R:** What challenges, if any are you facing when rendering services to children with disabilities?

**P:** I think it's the same as I mentioned before uhm, placement in schools, placement in alternative care, accessing physio after they leave the assessment centre and transport to get them there, so yah it's all of those.

**R:** Specifically what challenges do you face in providing support services to children with disabilities related to psychosocial support, material support, practical support, state service delivery and resources?

**P:** I think our biggest challenge would be with material support, especially for children who have CP they rely on their grant money for diapers, so we always trying to get organizations that can supply those to them on a monthly basis, so that helps you know in terms of that disability grant money being spent on something else. They rely, most of the time on that money so diapers are like a big, big thing. State services, I think more efforts need to be made towards the state providing physio to children with disabilities after the age of 7, because the assessment centre we use is a state run centre but after the age of 7, they do not keep them. So what happens after 7, because than they deteriorate and their condition gets worse you know. So I think there should be services for them even after 7. I just feel that the state does not provide sufficient resources for children with disabilities. Most of the facilities and services available for these vulnerable children are run by non-governmental organisations. |

**R:** What challenges, if any are you facing when placing children with disabilities in alternative care?

**P:** Well firstly there are not enough facilities available to cater for the special needs of disabled children. For example some children might need to be placed in alternative care and they need specialised toilets or lifts. Another challenge which I have mentioned previously is the fact that we are not allowed to render statutory services, so we cannot place children in alternative care, this causes a great deal of challenges because other organizations that actually can go to court and get a court order are not willing to do that because it is a child with a disability. This really causes delays in the whole process because, I mean the child stays in an environment that is not conducive for much longer than they should, and there is nothing we can do about it.

**R:** What do you think the causes are of these challenges?

**P:** Well with regards to the facilities, government (possibly) lacks funding towards the development of special needs facilities. With regards to the reluctance to place a child with a disability in alternative care, I think some organizations are unclear on their role and our role in terms of service delivery to children with disabilities. They know that we are an organization that specializes in services to children with disabilities but they don't know that we have limits, and there are some things that requires statutory services, which we are not allowed to do. I also think that the minute they hear child with a disability, they panic and they do not want to take the case on, it could be due to a lack of training or them being misinformed. I'm just really not sure.

**R:** In your opinion, how do you think these challenges can be addressed?

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**P:** Funding needs to be prioritised at governmental level for the establishment of special care facilities. We should be allowed to do statutory work, we should be able to go to court if necessary and get a court order to place a child in alternative care. Our organization needs to apply for this, because it will go a long way in making the process of placing a child with a disability in alternative care less of a lengthy process.

**R:** Do you have any recommendations regarding the rendering of psychosocial support services to children with disabilities.

**P:** Yes, I'm thinking we should focus more on play therapy that would come with having like a stimulation unit, the children can go there, play interact you know, because some of them cannot talk, but I think we can stimulate them and the psychosocial support for them as a child with a disability directly would come for me, in that form. I also think that caregivers for children with disabilities should be capacitated and empowered to care adequately for their children with special needs. This, in turn, has a direct impact on the mental and emotional wellbeing of children with special needs.

**R:** Describe the intervention approach you implement in providing services to children with disabilities, what procedures do you follow?

**P:** Okay, firstly you do an assessment of the child, intake interview assessment. You find out what kind of services you can provide to the child, obviously what they need and what you can provide. You include the parent and then depending on what you find from your assessment than you use whatever intervention is necessary. It's basically very specific to the needs of the client.

**R:** Do you feel that you are adequately equipped with the necessary skills to render effective services to children with disabilities?

**R:** No.

**R:** What skills do you think would enhance the service you provide to children with disabilities?

**P:** I think we need to learn more about cerebral palsy for example, because we work a lot with children that have cerebral palsy. We need to learn more about, you know we deal a lot with wheelchairs and sometimes we go to a child that is disabled and they don't actually need a wheelchair, they can't even sit on a wheelchair. I think we need to learn more in terms of how you measure a child that needs a buggy instead of a wheelchair, so there are a whole lot of things that we need to learn that can help us you know make our jobs easier and make the services we provide children with disabilities more efficient.

R: What are your views on providing alternative care for children with disabilities?

P: No child deserves to be placed in alternative care due to their disability. Every child deserves a loving home that is equipped to deal with their care and provide for their needs.

R: Describe the procedure you follow in placing children in alternative care.

P: We first provide psychosocial support services to the caregivers and child, we then do an assessment to ensure that placing the child in alternative care is in the child's best interests. We then refer the matter to an organization like child welfare that provides statutory services and to finalize the alternative care placement by attending a children's court hearing.

R: In your opinion is this an effective intervention. I don't think it is, because the referral process causes further delays and leaves the child vulnerable to further neglect or abuse.

R: Do you have any recommendations regarding the placement of children living with disabilities in alternative care in South Africa?

P: I think we should be allowed to do statutory work, because our main focus is disability so what happens is I have a client, as I told you. I found alternative care for them and because we don't do statutory work I couldn't take the matter further. So this causes further challenges. I think it shouldn't be something that is delayed because if someone tells you I cannot keep this child we should be able to speed up that process, because we always have to look at the best interests of the child because then you find that the person is neglecting the child. So I think that it should be a process that is taken seriously and that is worked on speedily, we should be able to make sure that we can place the child in alternative care when necessary. We also need more alternative care homes, for children with disabilities.

R: We have come to the end of our interview, thank you for all the information that you have provided me with and for making time to sit down with me.

P: It's my pleasure, and all the best with your studies.