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A South African NGO engaged in Physical and Sensory Disabilities: A Case Study of the paradigms of Charity and Social Justice.

April, Nqabakazi

2018

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UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

A South African NGO engaged in Physical and Sensory Disabilities: A Case Study of the paradigms of Charity and Social Justice.

A research project submitted to:

The School of Social Sciences, University of the Witwatersrand

In partial fulfilment of the requirements of the degree of Master of Arts in

The field of Diversity Studies Course Code: SOSS7074

BY:

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February 2018

DECLARATION

I, Nqabakazi April, declare that this research report is my own unaided work except where I have explicitly indicated otherwise. It is submitted for the degree of Masters in the field of Diversity Studied at the University of the Witwatersrand. It has not been submitted before for any other degree or examination in any other university. I understand that the University of the Witwatersrand may take disciplinary action against me if there is evidence that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.

Signature: …… date: ……

ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to the Lord of my life Jesus Christ, the joy and source of my strength. The word of God gave me strength and excellence to complete this project.

Special thanks to my supervisor and mentor Professor Melissa Steyn, for her excellent guidance, support, patience and guidance in the completion of this study.

I would like to give my sincerest gratitude to the NGO and the participants for giving the opportunity to conduct my study and share their experiences with me. Without them this study wouldn't have been possible.

I would like to acknowledge the financial support of the DST-NRF South African Chair in Critical Diversity Studies. Any opinion, finding and conclusion or recommendation expressed in this material is that of the author(s) and the NRF does not accept any liability in this regard.

To my precious family, I am forever grateful for your endless support, prayers and love you have given throughout the year. I appreciate you all glory be to GOD.

DEDICATION

I dedicate this project to my late uncle Mabhelandile Lucas April who supported my dream from a very young age, you hold a very special place in my heart.

ABSTRACT

This study explores how a South African non-governmental organisation engaged in service provision to people with physical and sensory Disabilities makes sense of its position within the differing paradigms of charity and social justice. The lives of disabled people are at the hands of service providers who intervene on their behalf. Acts of goodwill by non-governmental organisations are often not the result of the dominant and exclusionary medical model of disability that oppresses and marginalises disabled people. These acts of goodwill by organisations are often co-opted by dominant positions of power that valorize the non-disabled at the expense of disabled people occupying non-dominant positions. South Africa is amongst the countries that struggle with issues of social justice and often, but not all the time, organisations representing disabled people are accused of promoting dependency on their services rather than pursuing social change/development. Using a case study as a qualitative inquiry method, the researcher sought to establish evidence of how this organisation makes sense of its position between the differing paradigms of charity and social justice. The research sample constituted of ten participants; four were beneficiaries at the organisation (two males who identify as deaf and two females who identify themselves as disabled with Cerebral Palsy; four Social Workers; the CEO and a Job Placement Officer). These participants enabled the researcher to understand the process of sensemaking holistically. An interpretive technique, in the form of semi-structured interviews, was used for data collection as well as a professional interpreter for participants using Sign Language. Finally, thematic analysis was used to develop themes and an Atlas.ti software for coding and data capturing. The findings of the research indicate that the organisation uses both the charity and social justice paradigm, but that the charity paradigm is more prevalent than the social justice paradigm. The participants argued that to practice social justice is very costly and as a result, the organisation tends to do more charitable work rather than pursue social justice issues.

Keywords: *Physical and Sensory Disabilities, Charity Paradigm, Social Justice Paradigm, NGO*

DEFINITION OF TERMS

Paradigms

Paradigm refers to the different ideologies that govern our everyday life. As Naiker (2000) confirms, paradigms "include not only thinking, ways of seeing and evaluative judgements, but also, crucially, practices" (p.5).

Charity paradigm

Charity paradigm according to Kirk (2012), is a paradigm that "operates within an understanding of the world as it is currently, and does not reach into the realms of radical or systemic change" (p.248).

Social justice paradigm

Social justice paradigm is defined by Mureriwa (2011), as a paradigm that "moves beyond the relief of immediate needs and dependency and seeks to change the conditions and structures that cause or aggravate dependency" (p. 5).

Non-Governmental Organisation

This is a very difficult term to define, considering the diverse roles that NGOs play globally. However, they share something in common. NGOs are differently motivated and maybe flexible, bureaucratic, formal and informal, and they generally lean towards achieving social change or development (Lewis & Kanji, 2009).

Physical and Sensory Disability

Physical and Sensory Disability (PSD) is defined by (Tripney et al., 2013), as referring to people "who have full or partial loss of one or more senses. Impairments to a person's sight, hearing, smell, touch, taste and/or spatial awareness may cause them difficulty with communication, gross-motor skills, fine-motor skills, and/or access to information" (p.5).

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CHAPTER ONE

INTRODUCTION

This chapter will provide a brief background of the study and the context in which it was conducted. I will highlight the problem statement, purpose, the research question, as well as further outline the structure of the research.

1.1 Background

South Africa has a history of fragmenting colonialism and apartheid that left behind a legacy of inequality, oppression, and marginalization, specifically affecting people of colour, women, children, queer people, and people with disabilities. Disability during the apartheid governance was a health and welfare issue with little or no government intervention. The disabled population was excluded from mainstream society and prevented from accessing fundamental human rights (Dube, 2005; Office of the Presidency, 1997). The struggles against apartheid provided a revolutionary context for disabled people to mobilize. Organisations such as Disabled People South Africa organization actively promoted the rights of people with disabilities when the government ignored the International Year of Disabled Persons by the United Nations in 1981 (Office of the Presidency, 1997).

The Journey of Disabled People of South Africa in the fight for equality

History records that during negotiations and reconciliation in the early 1990s the Disabled People South Africa Organisation was able to "articulate and elevate disability as a social justice issue rather than an under-theorized or apolitical group to be managed by charity, and the health and welfare sector" (Laclave, 2006, p.1). The post-apartheid government took on the massive task of redressing the injustices of the past government when a new constitution was adopted which recognized the rights of people with disabilities (Office of the Presidency, 1997). The transition into a democratic governance had a negative unintended consequence on the funding of non-governmental organizations (Finkelstein, 2001). This resulted in the foreign funds being redirected away from most non-governmental organizations towards the state, resulting in many non-governmental organizations closing down or having to change their modes of functioning so that they could secure funding (Finkelstein, 2001; Habib, 2005; Heinrich, 2003).

Laying foundation on the survival of NGO's after funding aid was changed

In addition, this shift impacted the non-governmental organizations negatively and they had to form new partnerships with the state, these partnerships caused a lot of unsettling concern regarding whose interests NGOs serve – is it the needs of their clients or the expectations of the funders (Banks, Hulme & Edwards, 2015; Finkelstein, 2001)?

Despite the fact that NGOs fought for human rights and against the apartheid regime in South Africa, history shows that NGOs have traditionally been associated with the charity paradigm towards addressing the challenges faced by people with disabilities. Scholars such as Oliver challenged this approach, hence the social model approach in understanding disability has developed. This is the gap that I feel needs to be filled especially in disability studies, in terms of understanding the different paradigms for approaching disability in society, and how the choice of paradigm will affect the ways in which an organisation serving people with disabilities goes about its work.

Disability rights, policy framework and legislations

South Africa has one of the best constitutions in the world, and has put in place policies and frameworks such the UN Convention on the Rights of Persons with Disabilities (CRPD). The UN Convention for the Rights of people with Disabilities (2006) was ratified, but not passed as a legislation. This move resulted in the new South African White Paper on the Rights of People with Disabilities (2015). The White Paper on the Integrated National Disability Strategy (1997), the White Paper on the Special Needs Education (2000), Employment Equity Act (Act 55 of 1998), and more others, to ensure the inclusion of people with disabilities in mainstream society.

However, despite the recognition of the human rights of persons with disabilities authors such as Ngwenya (2014), argue that "disability is a site of severe discrimination and marginalization in South Africa" (p.275). This claim is relevant because the rights of people with disabilities, women, children, queer people and people of colour are not fully upheld even though they remain strongly recognized in the policies and legislations (Ngwenya, 2014). There is lack of proper implementation to oversee that these policies and legislations fulfil their purposes. South Africa continues to struggle with issues of social justice, inequality, and racial inequities amongst many other issues in relation to disability. Disability

is still understood through a medical and welfare gaze which has resulted in the avoidance of broader societal needs and issues of exclusion of people with disabilities (Maart, Eide, Jelsma, Loeb & Ka Toni, 2007). It is argued that the forms of organising that non-governmental organizations have adopted makes them complicit in strengthening the broader oppressive society on the lives of people with disabilities (Barnes & Mercer, 2005; Oliver & Barnes, 2012). In support of this claim, Van Der Byl (2015) argues that the medical model discourse continues to dominate various laws, policies, strategies, programmes and practice in the local contexts where implementation occurs.

The study acknowledges that there is a wide knowledge base on disability, however it embraces a critical diversity approach for improving the lives of people with disabilities. An assumption informing the study is that a non-governmental organization has direct access to the most vulnerable and oppressed groups in society, thus may be in a good position to understand how power operates in the daily operation of the organization and how it influences their approaches. Methodologically, the study gives the participants an opportunity to speak about their everyday life experiences within a context of social power relations and as they contend with dominant ideologies that seek to make their embodied subjectivities invisible.

1.2 Research problem

Society has been divided into two groups the able and the disabled in normative discourse about disability. The non-disabled class subordinates the latter group, which continues to experience exclusion, oppression, and marginalisation from mainstream society. People with physical and sensory disability have been constructed as lacking mental competence, and as a result this construction has reduced their capacities and active participation, exacerbating their marginalisation, oppression, neglect, and abuse (Simcock & Manthorpe, 2014). This is the consequence of belonging to the disabled group.

This study was prompted by the ongoing exclusion of people with physical and sensory disabilities within mainstream society in spite of highly structured policies and administrative procedures in South Africa concerning the rights of people with disabilities. There are gaps remaining within approaches and initiatives undertaken by non-governmental organizations representing people with disabilities.

It is essential to explore the subtle layers of exclusion that are too often masked as ‘acts of goodwill’. Acts of goodwill are often, although not always, a result of the exclusionary dominant medical model of disability that oppresses and marginalize disabled people.

These acts of goodwill by organizations are often co-opted by the dominant positions of power that valorises the non-disabled at the expense of the disabled people occupying non-dominant position (Kirk, 2012). Organizations representing people with disabilities occupy a position that gives them direct access to disabled people, however they have been criticised for not serving the interests of the people they represent as the oppressive system as a whole remains intact. Furthermore, their approaches have been critiqued of promoting dependency on their services rather than pursuing social change/development. The power imbalances that are interplaying here result in the maintenance of the status quo at the expense of the disabled people (Banks et al., 2015; Kirk, 2012; Oliver, 2013), and this study aims to interrogate these.

1.3 Purpose of the study

As the researcher, I felt that the study was relevant as it can help build more comprehensive approaches towards emancipation of disabled groups in South Africa by the non-governmental organization sector. The study raises important questions about how non-governmental organizations can organize and be prepared when and/ if they are to contribute to a socially just society, working in ways that avoid repetition of exclusion and dependency of people with disabilities. The study anticipated that understanding how a non-governmental organization engaged in assisting people with sensory motor disabilities would understand its position between the charity and social justice paradigm, revealing how they are organizing to meet the needs of their service users. I felt that the study would further contribute in understanding what has changed and what has remained the same since the change to democracy and new legislation in the forms of organizing in non-governmental organizations serving people with disabilities. Lastly, I believe that the study may contribute to the development of contextually grounded knowledge and approaches that may be of use to the transformation of non-governmental organizations wishing to develop more inclusive communities in the field of disability.

1.4 Research question

Given the context outlined above, this study aims to explore the following question:

How is a South African non-governmental organization engaged in service provision to people with physical and sensory disabilities making sense of its position within the differing paradigms of charity and social justice?

Research sub-questions

1.4.1 How do the organization's staff understand the conflict between the paradigms of charity and social justice?

1.4.2. How does the choice between a charity and social justice paradigm affect the subjective experiences of the staff?

1.4.3. What do the clients of the organization understand about the conflict between the paradigms of charity and social justice?

1.4.4. How does the choice between a charity and social justice paradigm affect the subjective experiences of the clients?

1.5 Research Aim

This study seeks to contribute to the improvement of the lives of people with disabilities through raising awareness of how paradigms may influence the manner in which organisations approach service provision.

1.6 Organization of the report

This chapter provided a brief background and contextualized the study. Chapter Two will focus on the literature review and the theoretical framework. Chapter Three describes the research design and methodology in depth, while Chapter Four provides analysis and discussion of the data collected in the study. The final chapter summarizes the conclusion and proposes future research recommendations that emerged from the study.

CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

INTRODUCTION

2.1Theoretical framework

Devlin and Pothier (2006), state that critical disability theory (CDT) is a theoretical framework that is used to deconstruct dualistic binary perceptions of disability that create a division of able-bodied versus disabled persons. This framework critically engages with the binary that creates a difference hierarchy and supports ableist hegemonic beliefs that oppress the people who are disabled. CDT aims to show how the ableist ideologies/assumptions create division in society and how the dominant understanding of normalcy impacts negatively on the people who do not meet the expectations of the ableist hegemonic ideology (Devlin & Pothier, 2006; Hosking, 2008).

I chose this framework because it speaks to the role power plays in controlling how society views difference and creates subjectivities that are othered. Devlin and Pothier (2006) confirm that "issues of disability are not just questions of impairment, functional limitations, or enfeeblement; they are issues of power: of who and what gets valued, and who and what gets marginalized". Disabled people have been othered, marginalized and excluded because of their disability. This depicts the power of the paternalistic hegemony of normalcy that values 'able' bodies over those 'dis-abled'. In order to understand the role of power, Devlin and Pothier (2006) further explain that ableist assumptions automatically oppress and marginalize disabled person based on their nonconformity of the ableist bodily assumptions.

This assumption means that the dis-abled binary has little chance of avoiding being stigmatized or marginalized. Steyn (2011) confirms that when it comes to binary opposites "one side of the binary is valorized above the other. These binaries obscure and repress human variation along the axis in question, sedimenting social understandings into an ultimately self-fulfilling 'common sense" (p.381). The essentialist understanding of disability has been constructed and measured on the grounds of what is regarded as 'normal'. Hence, the normal body is valorized over the disabled body, creating the disabled groups versus the non-disabled groups (Devlin & Pothier, 2006; Hosking, 2008; Steyn, 2011). This binary

reflects the socially constructed understanding of the disabled body, how it is controlled and restricted by ableist-society and its systems.

Additionally, Thomson (1997) states that disability should be understood as bodily reading in a context of social power relations and not pathology. If such understanding is widely accepted by the dominant hegemonic 'normal' body construction assumptions, disability movements or organizations that represent people with disabilities would not labour in vain. However, this understanding of disability as a bodily reading in a context of social power relations, is not widely accepted in society and it continues to face resistance.

Young (1990) argues that marginalization is one of the "most dangerous forms of oppression" (p.3). The word marginalization is emphasized above because "a whole category of people is expelled from useful participation in social life and thus potentially subjected to material deprivation and even extermination" (Young, 1990, p.53). Many people with disabilities in the world suffer from this form of oppression and South Africa is no exception. People with disabilities are excluded from actively participating in the economic, political, and social spheres of society (Maart et al., 2007) on the grounds of their disability, measured on dominant hegemonic normal body construction (Charlton, 2002; Thomson, 1997). This has been and continues to be part of the disabled population's struggle against the division of difference, constructed mainly on the dominant 'ideal' body that refuses to acknowledge body differences and oppresses difference that doesn't 'fit' into the ableist constructions and understanding of the human body (Devlin & Pothier, 2006; Thomson, 1997).

CTD aims to critically engage with such binaries, as it specializes in the deconstruction of the so-called binaries. This framework attempts to speak about the 'difference' in a way that doesn't silence/melt away disabled subjectivities (Hosking, 2008). The framework attempts to engage with 'difference discourse' of disability in a way that respects difference without oppressing or othering the disabled population. CTD is associated with the social model of disability and can be further associated with human rights/social justice framework. Young (1990) asserts that a social justice or human rights framework "requires not the melting away of differences, but institutions that promote the reproduction of and respect for group differences without oppression" (p. 47). Therefore, CTD seeks to challenge the dominant understanding of disability. It positions disability as a form of human difference embedded in the context of human rights. It views disability as a social construct and not an individual tragedy as indicated in the medical model.

The sad reality of our society is that, as Herring and Hendersen (2011) argue, "many forms of social inequality, oppression, and stratification revolve around issues of difference and therefore render the status quo social arrangements inherently unstable" (p.1). This instability has resulted with what a feminist scholar referred to as a "single, reductive, exclusionary social category that conflates and stigmatizes a range of differences a subordinating discourse" (Garland-Thomson, 2005, p. 1558). This is the root of ableism in our society and has resulted in the construction of disability as a deficient, pathologized subjectivity which dissolves or melts away disability as a form of human difference (Devlin & Pothier, 2006; Gerald-Thomson, 2005; Hosking, 2008). With this framework, the researcher seeks to disrupt such discourses and bring back the argument of disability as a bodily reading in a context of social power relations rather than a personal tragedy (Thomson, 1997). Hosking (2008) confirms that the purpose of critical disability theory is to "explain oppression and to transform society with the objective of human emancipation" (p.3). This framework is best suited for this study, given the struggle for social justice in the country.

The following section will present literature on social model, medical model, charity and social justice model. It will discuss the above discourses in depth and how they are relevant to the study. It begins with an account of the three models, these three models directly influence the way in which people view disability and decide on the approach that will be suitable. For example, NGOs providing services to people with disabilities use different approaches to carry out their services. All three models will be examined and their differing approaches to disability.

2.2 Paradigms that construct Disability

As mentioned earlier, there are different paradigms for approaching disability in society, and the choice of paradigm will affect the ways in which an organization serving people with disabilities goes about its work. However, recently NGOs providing services to people with disabilities have been accused of promoting dependency on their services, rather than challenging systems that oppress people with disabilities.

Yeo (2001) in her study shows that the NGO sector historically has been documented as having a background of charity related forms of organizing in working with people with disabilities. According to Yeo (2001), "charities have overwhelmingly adopted patronizing disempowering ways of working with people with disabilities" (p.16), which resulted in passive recipients who are dependent on them. This approach had little or no focus on broader societal and attitudinal oppressive barriers that disabled people experience as a

group, and thus contributing in the social exclusion and oppression of disabled people (Yeo, 2001).

Furthermore, a study by Oliver and Barnes (2012), further shows how church intervention and the development of charity organizations in early 1900s have created helpless victims. Individuals dependent on the aid of the able-bodied and people constructed with disabilities as vulnerable groups. It can be concluded that this is the root that constructed people with disabilities as passive recipients rather than as active participants in society. This study finds this form of organizing to be very problematic especially for an organization that is committed to help the marginalized and vulnerable groups in society, which further co-opts the good intentions of the organizations to serving the interest of the minority in the dominant positions of power at the expense of the non-dominant positions people at the bottom (Banks et al., 2015; Charlton, 2000; Oliver & Barnes, 2012).

Disability studies show that the charity model has been the dominant approach amongst organisations that provided services to people with disabilities. The oppressive nature of the charity paradigm adopted by organisations was regarded as ineffective in terms of addressing the plight of people with disabilities which led to the repositioning of disability issues (Charlton, 2000; Morley & Scott, 2011; Oliver & Barnes, 2012). This idea will be discussed shortly in this section below.

The danger of the charity model is that it doesn't address broader societal structures (Charlton, 2000; Oliver & Barnes, 2012). Thus, the charity model supports and reflects the attitudes of hegemonic state ideologies, maintaining the status quo and control of social functions, thus ignoring transformation at the structural system and remaining complicit with the perpetuation of oppressive structural power relations (Artiles, Dorn & Bal, 2016; Bhanushali, 2007). It is such discourses that continue to construct people with disabilities as the subordinate group, with a subordinate difference (Artiles et al., 2016).

This is not to claim that all organisations used or still use the same approach because different non-governmental organizations use different models to carry out their services. As Morris-Suzuki (2000, p. 68 cited in Lewis & Kanji, 2009, p. 4), argue that "NGOs may pursue change, but they can equally work to maintain existing social and political systems". Thus, the paradigm that a non-governmental organisation ascribes to have a direct impact on the type of change it will achieve, hence NGOs have been accused of promoting dependency rather than pursuing structural transformation (Banks et al., 2015). Hence, it can be argued

that depending on the model that a non-governmental organisation ascribes to different subjectivities are constructed.

2.3 Medical model understanding of disability

The charity model and the medical model of disability are similar in nature because they are understood to have established a legacy of appalling levels of inequality, oppression, marginalization, and increased gap in opportunities that condemn the lives of disabled people (Crow, 1996; Linton, 1998; Lord, 2009). As mentioned above, different models construct different subjectivities. Foucault (cited in Tremain, 2012, p.83) supports this claim by stating that "to be situated within a discourse of 'pathology' is to be delegitimized." This suggests that disabled people are under surveillance in the medical model, as pathologized subjects that need to be fixed and that are dependent on able-bodied people.

The medical model constructs disabled people as objects of care that can be medically fixed to fit into society. The medical model constructs disability as an individual problem and that a presence of an impairment automatically signals that the individual is unable to fully function without the aid of others (Anastasiou & Kauffman, 2013).

Individualism in the medical model is very rife and problematic because it fails to recognise disability as a collective experience and seeks to suppress that identity that challenges the 'norm' (Foucault cited in Tremain, 2012). This claim is further supported by Oliver (2013) who locates the root of the problem in the individualistic approaches that are used in creating policies at structural level. Hence, the perception of persons with disabilities as individual, abnormal bodies in need of repair (Lord, 2009). The disabled body is deemed as other and unwanted.

Critical disability studies (see for example Ghai, 2009; Lipson & Rogers,2000; Nussbaum, 2004; Tremain, 2012) show that the medical model does not view disabled people as whole people and this results in further exclusion and marginalization of disabled people to the margins of society. The underlying binary of the able-bodied versus the disabled can be recognised as a political agenda, enabling the domination of the non-dominant group (Goodley, 2011 cited in Vehmas & Watson, 2013). This is the most widely known and used model in normative disability discourse, as an organisation that use this type of approach influences the type of services that can be provided. Such service delivery is often controlling over people with disabilities, this takes away their independency and enforces dependency. The cycle of treating people with disabilities differently from other people continues. They

are still treated as helpless victims because of their differently able-bodied bodies. Therefore, this does show that the recognition of the oppressive nature of the medical model led to the rise of disability movement groups, which began to argue that disability is a form of social oppression. The birth of the social model of disability developed as an alternative model of the dominant medical model (Lord, 2009).

2.4 Social model understanding of disability

The social model of disability positions itself differently from the medical model. Below is a way of thinking about disability provided by Anastasiou and Kauffman (2013):

> Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. To understand this, it is necessary to grasp the distinction between the physical impairment and the social situation, called 'dis-ability' of people with such impairment (p.442).

This understanding views disability as a social construct, whereby society is viewed as the main disabling factor, not the presence of an impairment. According to the social model "the problems disabled people face are the result of social oppression and exclusion, not their individual deficits" (Shakespeare, 2010, p. 269). As a result, this model argues that it is the social environment which favours the normative over the disabled. It is not the impairment that disables, but the societal structure (Charlton, 2000; Marumoagae, 2012; Thomson, 1997; Oliver & Barnes, 2012).

However, the social construct model is critiqued for its failure to recognise bodily limitations. The model fails to account for the limitations that a person may have, to participate in the activities within the society, owing to the impairments that they may have (Shakespeare, 2010; Anastasiou & Kauffman, 2013). The social model views the presence of an impairment as not a cause for the disability. Rather, the disability is caused by the society, as according to the social model (Du Plessis, 2013). However, the social model discourse remains relevant in challenging and naming the oppression, exclusion and marginalization of people with disabilities in or by their societies (Oliver, 2013; Anastasiou & Kauffmann, 2013; Shakespeare, 2010).

The social model is continuously used as a tool to deconstruct the oppressive social structures and social orders that police and govern disabled bodies as other and unwanted.

The social model is against the oppression of disabled persons at the hands of the dominant able-bodied society. The social model seeks to remove barriers that limit the potential and opportunities, and to rearrange social orders so that disability may be recognized as a human 'difference' (Oliver, 2013).

Despite criticism this model has warranted changes in policies that violate and discriminate against disabled people (Charlton, 2000; Barnes & Mercer, 2005; Oliver, 2013). The policies restrict and open opportunities for a few disabled persons and not all, which is an approach that can viewed as individualistic. Disabled people experience oppression as a group and not as individuals. Hence, if policies are designed for a few disabled people to be accommodated, then what about the rest of the disabled population? Furthermore, Howell et al., (2006 cited in Van Der Byl, 2015) argues that the social model is widely documented however, it does not mean that it is being understood and addressed at grassroots level, especially in the delivery of services.

Charlton, 2000; Thomson, 1997; Oliver,2013 studies show that disability as part of human difference is the dialogue which the social model is making society aware of, and it challenges how the dominant social structures of normalcy discriminate and exclude groups that fall outside them. Disability means simply being different a human being that deserve equal participation and access to resources, just like able-bodied people (Charlton, 2000; Thomson, 1997; Oliver, 2013).

Mint (2002, p. 162 cited Goodley, 2013, p.639), confirms that "social discourses around disability are not about disability at all. Rather, they relate to the need to guarantee the privileged status of the non-disabled individual; a need that, in turn, emerges from fears about the fragility and unpredictability of embodied identities".

The social model recognises disability as a bodily reading in a context of social power relations, and it attempts to fight for disability to be recognised as a human difference. Hence, the social justice model.

2.5 Social justice model

Social justice model is a stream within the social model, which focuses specifically on the rights of people with disabilities. It is a model according Marumoagae (2012) that seeks to create more opportunities for people with disabilities to participate in the economic sector through creating job opportunities which is their fundamental human right.

The social justice model can be viewed as a tool that seeks to address structural limitations, recognise disability as a human difference and delegitimise individualistic

approaches that have favoured the able-bodied body. Flynn (2011) states that the only way people with disabilities can be fully integrated into society is through the adoption of social justice model, and challenging hegemonic structures.

Therefore, it can be deduced that it is the unchallenged and untransformed systems that maintain the subornation of the disabled group. Often, but not all the time, this is perpetuated by organisations that provide services to people with disabilities. It is in this context that this literature review was conducted: to explore the ways in which the organisations that represent people with disabilities are organising in relation to the struggles with issues of social justice and the continued oppression of disabled people (Ngwena, 2014).

2.6 Disability and poverty

The social justice model and charity model speaks directly to the existing socio-economic inequalities, in various societies, with high levels of poverty being experienced mostly by people with disabilities. The two models also attempt to bridge the gap between the disabled people and the rest of the society. People with disabilities are amongst the world's poorest groups in the societies that live below the poverty line (Integrated National Disability Strategy White Paper Office of the Deputy President, 1997). According to the White Paper on the rights of people with disabilities (2015) only 0.9% of people with disabilities participate actively in the economic sector. This is a very small portion of the people with disability, actively participating to the economy of the country. Most of the people with disability rely on the service delivery provided by various organisations, governed by different types of models. Social justice model and charity model, therefore, seek to influence the types of the approaches that organisation may utilize in their service delivery.

2.7 History of organising methods in NGO sector internationally and in South Africa

The most dominant model used by NGOs both in developed and developing countries is the medical model, it is used in carrying out their services to people with disabilities. A study by Yeo (2001) provides a clear understanding of how non-governmental sector operates and the outcome of the approach is used in addressing issues of people with disabilities. There have not been many studies on the types of approaches however, this study does provide insight into my research.

Yeo (2001) states that many organisations both locally and internationally did not include people with disabilities in their development plan until the 1990s. Despite this shift, her study shows that both government and non-governmental organisations services to people

with disabilities are "still small-scale rehabilitation projects separated from the rest of the community. These are extremely high cost, meet the needs of only few disabled people and do not address the underlying causes of chronic poverty: exclusion and lack of equal rights" (Yeo, 2001, p. 18). Although this study was conducted in 2001 it does provide background to the work done by (Banks et al., 2015) which states that NGOs providing services to people with disabilities adopt approaches that makes them complicit in maintaining status quo rather than pursuing structural transformation. This supports the concern that Yeo (2001) raised in her study which is presented below:

> "Most mainstream development NGOs; still do not have inclusive approaches to working with disabled people. Many organisations still consider disability as a specialist issue that they are not qualified to address. Others claim to work for the whole community, whilst giving little, or no, consideration to the access requirement of disabled people. In practice, this also excludes disabled people. These approaches are still widely considered acceptable" (p. 21)

This study assumes that the type of approach used by an organisation will result in different subjectivities. Although there is adequate literature on disability discourse, there seems to be to no literature that is readily available on the types of approaches used by organisations, and how that approach influences the services carried out by the organisation, and the type of subjectivities it produces.

In South Africa, for example, disability was viewed as a health and welfare problem. People with disabilities were seen as people that need fixing. This discourse is widely influenced by the medical model gaze that was significantly dominant pre 1994 (Van Der Byl, 2015). However, post 1994 a social and human rights gaze emerged which viewed disability differently (Van Der Byl, 2015; White Paper on the Rights of People with Disabilities, 2015).

In South Africa I could find no literature that focuses particularly on my topic, even a book written by Watermeyer, Swartz, Lorenzo, Schneider and Priestley (2006) that writes about disability issues does not cover the topic specifically. Furthermore, the study

2.8 Summary

This chapter has presented the literature review and the theoretical framework that was used in this study. Chapter three will provide an in-depth outline about the research, highlighting the research design, methodology, research site and conclude with a self-reflection.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

Introduction

This chapter will describe the mainly qualitative research design used in this study to answer the research question: How does a South African NGO engaged in service to people with Physical and Sensory Disability make sense of its position within the differing paradigms of charity and social justice? It describes the methodology used and the data collection tools that were used. It explains ethical issues that were considered and the procedure followed in obtaining the information, as well as the limitations of the study. To conclude the chapter, a personal reflection will be presented.

3.1 Research objectives

The objectives of the study were to:

1. Explore the factors that influence the choice of paradigm which the NGO operates under;
2. Explore how employees and clients make sense of the organization's position;
3. Explore the weaknesses and strengths of the choice of paradigm that the organisation utilizes.

3.2 Methodology

This study used a qualitative approach. Boeije (2010) states that the purpose of qualitative research is to:

> Describe and understand social phenomena in terms of meaning people bring to them. The research question studied through flexible methods enabling contact with the people involved to an extent that is necessary to grasp what is going on in the field. The methods produce rich, descriptive data that need to be interpreted through identification and coding of themes and categories leading to findings that can contribute to theoretical knowledge and practical use. (p.11)

Ormrod and Leedy (2013) confirm that a qualitative approach is concerned with deeper meaning in discourse and understanding multiple realities from the participants'

opinions, perceptions, and experiences. This method views participants as the experts on their social world and the meaning that they award to their experiences (Boeije, 2010).

3.3 Research design

To capture the depth of this phenomenon a case study design method was used. Somekh and Lewin (2011) define a case study as an approach that assumes that "social reality is created through social interactions, albeit situated in particular contexts and histories, and seeks to identify and describe before trying to analyse and theorise" (p.53). A case study method was suitable for the study, because the researcher wanted to engage with and report on the participants' views and experiences of their social world from the meanings they attach, as they occur within their setting and by interacting with them. The researcher had very limited time to spend with participants and had to ensure that their perspectives were accurately captured by interacting with them.

One of the advantages of using a case study design is that it allows the researcher to focus on a single case, studied as it occurs in its context. However, the findings generated from the single study cannot be generalized to other situations (Leedy & Ormrod, 2013). Nevertheless, resonances can be recognized as similar dynamics operate in other NGOs that work within the same conflictual paradigmatic space, which can be helpful to other researchers.

3.4 Research site and sampling procedures

The researcher approached non-governmental organisations that provide services to people with physical and sensory disabilities and were based in the greater Johannesburg area. The selection criteria included NGOs that had to be located in the Gauteng province and rendering services to people with physical and sensory disability. There are different types of disabilities, for this study physical and sensory disability was chosen because people with these, subjectively yet occasionally experience dual impairments which make service delivery complicated. Furthermore, the decision to focus mainly on physical and sensory disability was informed by the limited amount of time that the researcher has. However, this does not make physical and sensory disability more important than others. The researcher sent emails and called various organisations seeking their participation in the study. After meeting with a CEO from one organisation to explain the study, permission was granted. The organisation is committed to providing services to people with disabilities and the surrounding areas that are poverty stricken in the Gauteng North region. It has been operating since 1941, however it has undergone several changes and now is widely known for its

commitment in fighting for integrating people with disabilities into the mainstream society. One of the reasons given for the organisation to participate was that the final report would be submitted to the organisation to enhance their effectiveness and understanding of the approaches they are using.

Once access to the site of the study was granted the researcher used a purposive sampling technique to gain interview participants. Purposive sampling is categorised as non-probability sampling. In this sampling method, a researcher purposefully chooses the participants that he/she believes will articulate their thoughts and experiences which would enhance the researchers understanding about the research question (Leedy & Ormrod, 2013).

The researcher initially planned to interview four staff members, four clients and two funders of the organisation. The initial proposed sample was not successful due to complications that the researcher encountered at the research site. At the site, the researcher learned that the organisation does not have funders as it solely depends on donations. The sample had to be changed to interviewing six staff members and four clients, and the funders were not included as part of the sample anymore. However, it should be noted that the researcher's primary objective in qualitative research is not to generalise but rather to describe and understand the research topic (Creswell, 2009). Hence, the new sample consisted of four social workers; four clients (two deaf participants and two participants with cerebral palsy); the head of the organisation, and a job placement officer. This covered the main constituencies that were being researched and provided a good representation of the site.

The director of the organisation informed the staff and clients about my study and that is how I gained access to the participants. The participants assisted the researcher to explore and understand the research question in-depth. Permission to conduct the study was authorised by the head of the organisation and consent to participate in the study was obtained from the participants. The researcher explained that the research was conducted for academic purposes and all ethical issues were explained upfront. See, Appendices A, B, C. The table below provides an outline about the participants' details.

Pseudonyms	age	gender	Type of disability	Years being a client	Race	Years being a staff
Charlotte	45	Female	Cerebral Palsy	10 years	White	

Hope	30	Female			White	1 year. Job placement officer
Grace	54	female			White	22 years. CEO
Peter	32	Male	Deaf	3 years	Black	
Edward	47	Male	Deaf	6 years	Black	
Alice	45	female	Cerebral palsy	12 years	White	
Portia	27	female			Black	1year. Social worker
Sipho	27	Male			Black	3years.Social worker
Mandla	29	Male			Black	1 year. Social worker
Pamela	55	Female			Black	2years.Social Worker

3.5 Data collection

Creswell (2014) states that, "data collection often involves observations and interviews" (p.14). In this study, data was collected through face to face interviews except for one participant, who did her interview via email due to a crisis that required her urgent attention. The researcher also made use of observation and studied the documents that participants voluntarily availed to the researcher. These are discussed separately below in-depth.

3.5.1 Interviews

King and Horrocks (2010) state that, "interviewing is one of the most frequently used methods when generating data" (p.6). Participants were individually interviewed by the researcher. The duration of the interviews ranged from twenty-five minutes to an hour. A professional interpreter was also used for participants that used Sign language to communicate, as the researcher does not understand Sign language. The researcher used semi-structured interviews, as they enabled the researcher to facilitate the best outcomes of the research. Barriball and White (1994) suggests that semi-structured interview schedules "are well suited for the exploration of perceptions and opinions of respondents regarding complex and sometimes sensitive issues and enables probing for information and clarification of answers" (p.330). Two different semi-structured interviews were utilized, one for the beneficiaries and the other for staff members working at the organization to elicit the required information. These are attached as Appendices **D** and **E**.

Consent to participate in the study and audio-recordings were obtained separately. Where possible the interviews were audio recorded taking care that no identifying information was mentioned in the recording to enhance confidentiality and anonymity of participants. There were participants who were uncomfortable with being recorded and the researcher asked for their permission to write down notes, to which participants consented. Holstein and Gubrium (1995, cited in Geeff, 2002) suggest that where consent to tape record an interview is not granted, one should write down detailed notes immediately after the interview. This is done to avoid losing data due to other issues that may occur that are out of the researcher's control. Soon after the interviews the researcher wrote down in depth notes of the interview to capture vital information and to prevent memory loss of information.

3.5.2 Documents

Creswell (2009) states that during data collection researchers can also make use of other documents such as newspapers, office reports or any other documents that could be important for the research. During data collecting the researcher was given the organization's annual reports to familiarize herself with the organization's achievements. No detailed analysis of the reports was done, rather the researcher used the report to enrich her contextual understanding. This information provided rich information as well statistics of the number of people with disabilities waiting to be placed or connected with job opportunities were made available. However, the researcher cannot use this information on the research report, for reasons of confidentiality and organisational procedures.

3.6 Data analysis and interpretation

Thematic data analysis method was used to analyse the data collected. Thematic data analysis is a method that searches for patterns that emerge as being important to the description of the phenomenon being studied (Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2006). Once the data was transcribed, the researcher familiarised herself with the data by reading and re-reading the texts carefully and thoroughly. The researcher then summarised the data collected and began to extract patterns and themes into different categories to analyse the data. This was done in conjunction with the literature relevant to the study, and bearing in mind the research question of the study. The researcher also made use of Atlas.ti software to analyse the interviews. This assisted in managing the data. Atlas.ti is software that "manages research data effectively by arranging codes alphabetically, presenting strength of codes and depicting data graphically" (Vosloo, n.d, p.368). During data analysis the researcher used Atlas.ti

together with a manual check to ensure that the data was reported fairly and thoroughly. For example, to check, the researcher read the transcripts and checked Atlas.ti to verify if all the data was accurately recorded. This was not time consuming as the researcher was already familiar with the research transcripts. The researcher could verify if there are any inconsistencies or contradictions to obtain as accurate information as possible. Atlas.ti was very efficient and it was used in conjunction with the steps provided by Creswell (2009) to analyse the data. These steps were used as follows:

Step 1: Familiarisation with the data. The researcher read the interview transcripts and listened to the audio recordings a number of times to ensure that accurate data was captured during transcripts. Five audio recordings were listened to and transcribed by the researcher altogether. By transcribing the data, the researcher familiarised herself with the data and began to make meaning of the data. The other five hand written interviews that were not audio recorded because the participants were not comfortable with were read and reread. The real names of participants were changed to ensure anonymity within the writing up of the analysis.

Step 2: The researcher imported the transcripts and the handwritten notes into Atlas.ti software and began the coding process. The researcher began to look at patterns that emerge as she tried to answer the research questions. The researcher grouped the responses into two groups namely, the staff and clients of the organization.

Step 3: Using Atlas.ti was very beneficial as it counted the number of codes that the researcher can develop. The researcher had a maximum of ten codes that she could develop using the software. Initially the codes that the researcher developed were as follows: accessibility, education, social justice and charity discourse, factors hindering practice of social justice by the NGO, equality, disability, development, social attitudes towards disability, deafness. The software was very good in terms of calculating the frequency the participants use a word. For example, the word ‘deaf’ was used 134 times. This gave the researcher an understanding of the distribution of concepts within data.

Step 4: The researcher reduced the themes into five major themes. Creswell (2009) confirms that “these themes are the ones that appear as major findings in qualitative studies and are often used to create headings in the findings sections of studies” (p.189). The themes are as follows: (1) Making sense of the organization’s position; (2) It’s not about disability, it’s about potential; (3) Type of paradigm used constructs different subjectivities (4) Strengths of

paradigm by NGO influences its service delivery; (5) Constraints of paradigm used by the NGO influences the type of approach. This process as suggested by Creswell (2009) is important in designing a detailed description of case studies.

Step 5: Creswell (2009) states that, the "final step in data analysis involves making an interpretation or meaning of the data" (p.189). During this stage, the researcher attempted to support the findings by answering the research question and using relevant literature. The full discussion of the findings is presented in chapters four and five.

3.7 Limitations of the study

The notion that qualitative research should generalise to other settings is inappropriate. It should however be noted that the findings might be useful to other settings as the research offers beneficial insight that might be used in ensuring that social justice is prioritised and continues to be practised. It should be noted as well that the participants may have withheld important information that they found sensitive or not comfortable to share with the researcher although confidentiality was stressed. Furthermore, the researcher wanted to spend more time on the site however, due to certain events that took place at the research site the researcher had to stop conducting interviews. Also, the researcher was also advised not to ask participants about the funding of organisation. All of these factors may have affected the data collected.

3.8 Ethical considerations

The researcher followed careful research ethics when conducting the study. Firstly, permission to conduct the study was obtained from the organization. The name is omitted to protect the identity and reputation of the organization. Only staff and clients who are interested in the study were drawn into the sample. Participation was voluntary and based on informed consent. Participants were informed about their right to withdraw from the study at any given time, without incurring any negative consequences. Confidentiality was discussed with participants before or during the interview and permission to audio record or taking down of notes was obtained. In cases where the participants required an interpreter the organization provided a professional interpreter to assist during the interview. Lastly, ethics clearance to conduct research was obtained from the University of the Witwatersrand Research Ethics Committee (Non-Medical).

3.9 Self-reflection

Being at the research site as an outsider participant was very difficult, however this is normal process in data collection and eventually the researcher must develop rapport with the participants. The only barrier that I encountered was sign language and the use of an interpreter. The education level of the participants that used sign language was a huge barrier in communication and the interpreter guessed most of the time what the participant could be saying. Also, I felt that the interpreter was articulating her experiences of the everyday struggles of deaf clients, which I think are also valuable in the study but may have introduced a bias into the data. However, this was the only way to conduct research with participants who were deaf.

The views expressed by the participants represented some of the views that research studies have shown, of the ableist society that oppresses, marginalizes, and discriminates against people with disabilities. The disability and inability binary came out as the most disabling barrier in the lives of people with disability and participants made the cry for disability being recognized as a human difference. As a researcher, I can never speak for people with disabilities. However, this study is also close to my heart. I embody the experience of being 'othered' based on being different, not conforming to the standards of what 'normalcy' is. The 'other' causes discomfort to those that view themselves as the norm.

As a child, I developed a tumour that disfigured my face, as a result I was isolated and discriminated against. I had to undergo a medical surgery to 'fix' my disfigured face because the onset of the deformity was met with stigmatization, marginalization and oppression, which pushed me to be fixed by surgery that I can fit the normal standards of the 'normalcy construction. The moment a person defies the construction of normalcy they risk the threat of being 'othered' and excluded. People of colour, queer people, and people with disabilities, who do not conform to the 'ideology of normalcy' suffer as they become a site of oppression and subjects that are inferior and in need of fixing. People with disabilities face even more disabling barriers than that of the mine, however what is common is the silencing of the voices of the non-dominant groups. I was never given the opportunity to embrace being 'different.' That is how power operates to limit and restrict the exercise and the embracing of difference.

This research attempts to narrow that gap by giving the 'silenced voice' the opportunity to speak against the dominant ableist society discourse of disability as inferior. This research attempts to give people with disabilities the voice for social justice to prevail and the acceptance of disability as a part of human difference.

3.10 Summary

This chapter provided an in-depth outline of how the research was conducted. It highlighted the research methodology, the design, and self-reflection. The ethical considerations were described in detail. Chapter four will focus on presenting and discussing the findings of the research.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

Introduction

This chapter presents the findings and discussion of the research themes that emanated from the data. The following themes will be discussed in depth: (1) Making sense of the organisations position (2) It's not about disability it's about potential (3) Type of paradigm used constructs different subjectivities (4) Strengths of paradigm used by NGO influences its service delivery (5) Constraints of paradigm used by NGO influences the type of approach.

4.1 Making sense of the organisation's position

As it was mentioned earlier in the report, this study seeks to understand how a South African non-governmental organization engaged in service to people with Physical and Sensory Disability makes sense of its position within the differing paradigms of charity and social justice? Sense making, according to (Weick, 2001, p.15 cited in Sonpal & Kumar, 2012), is "a process of social construction and committed interpretation that introduces stability into an equivocal flow of events by means of justification that increase social order". Therefore, understanding the position that the organization ascribes to when providing services to people with disabilities will help us understand how the organisation views, treats, and approaches issues faced by the group they represent.

In the process of sense making, the participants referred to the ideologies and ethical principles that inform their work and practice. This is articulated below:

> *I think because of the profession [the Social Work Profession] we don't view them as charity cases. I would say we utilize the social justice model. We are talking about human rights, we are talking about employment opportunities and equalization of opportunities for disabled persons and those that are said to be normal persons. I would say that is the framework that the organization is using*. (Mandla, Social Worker, 29)

This participant draws his understanding from the Social Work profession's values of social justice, how the profession informs their practice, and how they view people with disabilities. This speaks to the discourse, which according to Foucault (cited in Lemke, 2002), refers to "practices which systematically form the objects which they speak" (p.50).

The participant states that as the organisation they do not view people with disability as 'charity cases' but rather, as a group of people who have equal rights as their non-disabled peers. It can be deduced that phrases such as 'charity cases' is used by the participant to show the type of discourse that is widely and socially used in society because of the charity model discourse. However, the participant uses this phrase to voice out the stigma attached to it and how, as an employer, this organisation holds a different view of people with disabilities informed by a different paradigm. The charity model constructs people with disabilities as pathologized subjectivities that need charity and leaves oppressive social structures intact, and make people with disabilities 'fit' into society (Charlton, 2000; Barnes & Mercer, 2005; Goodley, 2013; Schneider, 2009; Oliver, 2013). He discards that discourse and promotes social justice paradigm. The social justice model is more focused on challenging and changing restrictive social structures and promotes equal rights for all. The participant also supports a claim by Garland-Thomson (1997) that, once organisations representing people with disabilities begin to see and understand disability as a bodily reading in a social context and not pathology such organisations do not labour in vain.

The participants said "*I would say we utilise social justice...equalization of opportunities for disabled persons and those are said to be normal persons…"* he is referring to the binary of abled-bodied versus disabled bodied. He acknowledges the body difference without silencing the disabled people subjectivities. The participants speak of access to equal opportunities for both people with disabilities and without disabilities. The participant strongly disapproves of the individualistic approach of charity model and speaks of collective experience that people with disabilities encounter as a group, and seeks to promote "group difference without oppression" (Young, 1990, p. 7). The above quotation suggests that people with disabilities are socially oppressed as a group based on their non-conforming bodies, and it shows that social justice is being practiced.

To further unpack the sense making process, these are some of the responses that were given:

> *Okay the organization itself in terms of charity it's doing quite a lot, you know in helping the disabled especially in the provision of wheelchairs. There is also a facility for disabled people where they can come and stay here and pay a certain fee, with accessible rooms and cleaners and all that in terms of charity the organization is doing a lot! And on the side of social justice, as social workers working within the organization, we are trying our best to ensure that societies out there understand the needs of a disabled person/child. We are also trying our best to change the way*

society sees a disabled person. I remember, at one point the organization itself advocated for the Tshwane buses with access for disabled people, that at least one bus comes through this route there are a lot of disabled persons. So, it advocated that at least one bus comes at a specific time to pick up all those disabled people who are staying around this area. In terms of social justice, the organization is also doing quite a lot. (Sipho, Social Worker, 27)

In the quotation above, Sipho states that the organisation uses both the charity and social justice model, whereby he says that *"...the organisation in terms of charity is doing quite a lot...helping the disabled especially in the provision of wheelchairs…".* providing people with disabilities with wheelchairs is viewed as part of the charity model being carried out by organisation, whereby few individuals get the opportunity to actively participate in society. Hence, providing wheelchair is a way of showing act of goodwill, that it done for the individual and it is for their good. However, the participants also give the idea that no matter how different the charity and social justice model are, the organisation is using them both in carrying out their service. For example, the participant indicates that social justice model is being used through the organisations advocacy work whereby *"...the organisation itself advocated for the Tshwane buses with access for disabled persons…"* meaning that if it was for and individual person it wouldn't have been possible however, there are many people with disabilities that use public transport. Suzuki (2000 cited in Lewis & Kanji, 2009) states that NGOs may pursue change and at the same time leaving social structures intact. However, this quote suggests that NGOs like this one do pursue structural transformation and promote the discourse that people with disabilities are not an inferior group, with a subordinate difference (Artilles et al., 2016) but are a group of people that have the right to access resources. People with disabilities in South Africa are severely excluded from accessing basic resources that they need; this work by the organisation indicates that there is something that is being done to reduce that form of inequality.

The danger of using the charity model of disability is that it fails to remove restrictive social structures that oppress people with disabilities as a group (Charlton, 2000; Morley & Scott, 2011; Oliver & Barnes, 2002). The quotation below nicely demonstrates the shortcomings of the model, and its lack in addressing broader social structure.

I would like them to work together like I said a handout is temporal, charity is okay but it is not a lasting effect so we need both. Yes, in some cases we have critical

> *problems where people do not have food to eat, we cannot discuss why people don't have food now they are hungry give them food. That will be the appropriate solution now but tomorrow they won't have food again then we talk about long term solution* (Charlotte, Client, 45)

The participants clearly states that *"charity is okay but it is not a lasting effect so we need both"* it can be argued that whilst organisation is pursuing social transformation the charity model can be used together with social justice to provide temporary change, whilst waiting for structural change. Disability is a human difference that is rooted in human rights and this is what the above quotations demonstrate. The struggle of people with disability against difference division of the abled versus the disabled, is still a huge problem. For example, in the quote below the participant demonstrates a different view from the other participants.

> *There is always a need for charity although it is often abused. With Social Justice people with disabilities will always be seen differently, equality will always be seen different whether treat all people equally. Deaf speak a different language and therefore will always be isolated as a different group of people* (Hope, Job Placement Officer, 30)

Although it is not quite clear to understand why the participant feels like charity work is often abused, there is something striking that she mentioned. She said *"...with social justice people with disabilities will always be seen differently, equality will always be seen different whether treat all people equally…"* however the critical disability theory and social justice model do not seek to melt way difference but rather promote difference within the context of human rights (Devlin & Pothier, 2006; Hosking, 2008). Disability as form of human difference is what organisation such as this pursue, because people with disabilities are excluded and marginalised in society.

Garland-Thomson (1997) asserts that disability should be seen a bodily reading within a context of power relations rather than an individual tragedy. The participant's responses above agree with literature, and state that disability is part of human difference, disabled subjectivities should not be silence but rather be promoting within human rights context. People with disabilities experience social oppression as a group and not as individual (Young, 1990). The participant's responses indicate that both charity and social justice models influence the functioning of the organisation, in terms of how it carries out its services to

people with disabilities. Organisations such as this are compelled to attend to the pressing needs of the people whilst aiming towards systemic change.

From the response responses above, it can be inferred that the charity model is easy to practice and is necessary for providing immediate relief even if making people with disabilities dependent on the organisation. Bhanushali (2007) states that the charity model is deliberately designed to prevent people with disabilities from enjoying full benefits of social life, such as economic, social, political, and other factors that people with disability are entitled to. From the responses, the organisation utilizes both models to provide services to people with disabilities.

4.2 It's not about disability, it's about potential

This theme was stressed almost by all ten participants that it is society that disables and not disability itself, this finding is consistent with the claim of Oliver (2013) which states that "we are disabled by our impairment but by the disabling barriers we face in society" (p.1024).

People with disabilities encounter disabling attitudes that limit their opportunities to reach their full potential. This conscious is expressed immediately by Edward in his response:

Communication is a big problem. For example, for me, I know sign language but others who don't know it, it is difficult to communicate. Secondly finding a matric certificate. There is no mixing of hearing and deaf people. It is hard to find another job; deaf people have been put aside which make it very hard for deaf people. As soon as they find out that you are deaf, they don't want to employ you but I have skills what is the problem? Is it because I am deaf? The body and everything is the same because a hard hearing person can lip read they hire him, why? Physically we are the same! (Edward, Client, 45).

Edward clearly explains the binary of non-disabled versus the disabled body. The ableist normative body imposes its limitation on the body that doesn't conform to its standards and further robs him from equally and to opportunity to actively participate in society. Automatically, the presence of impairment positions him as lacking the ability to access job opportunities. This is the danger of both the charity and the medical model in society (Oliver, 2013; Oliver & Barnes, 2012; Charlton, 2000). Edward states that "*It is hard to find another job; deaf people have been put aside which make it very hard for deaf people. As soon as they find out that you are deaf, they don't want to employ you but I have skills*

what is the problem? Is it because I am deaf? This is form of social oppression that delegitimizes and stigmatizes Edward and views him as other which costs him employment, not because he is unable to but rather because his body is viewed as inferior and other (Hendersen, 2011). The oppression of people with disability is based on difference and not ability, Edwards states that his not being employed because he's deaf not because he lacks the skills. This still prevalent in the midst of policies and regulations such as National Disability policy and the promotion of Equality and Prevention of unfair discrimination Act of 2000, however, they seem to be ineffective in addressing issues of discrimination because of disability. Another contributing factor to the exclusion of people with disabilities is that most of the policies are poorly implemented, further exacerbating the oppression of people with disabilities.

Gray (2009) suggests that close attention must be paid to the meanings of disability or inability because often "disability is equated with inability" (p.321). This binary normalizes the continued oppression and marginalization of people with disabilities. Society disables people with disabilities, not the disability itself (Oliver, 2013). The disability versus inability binary serves to secure normative systems at the expense of people with disabilities. Other participants shared similar thoughts as Edward:

> *To me, it means that everybody must get the same opportunities, everybody even though you are disabled you need to get the same opportunities to reach your full potential. It's not a disability thing it's about a potential for me* (Charlotte, Client, 45)

Charlotte in her responses demonstrates a view shared by scholars such as Corker, (2001), Gray (2009), Thomson (1997) which states that disability is a form of human difference that is not inferior or incapable but bodies that are different. Charlotte said *"even though you are disabled you need to get the same opportunities to reach your full potential. It's not about disability it's about potential for me"*. This suggest that whether you are non-disabled or disabled you both have to have equal rights and opportunities. The oppression of people with disabilities are socially constructed and are not the result of disability itself.

In the quotation below Hope shows how social attitudes and lack of acceptance of disability as form of human difference constructs the disabled body as undesirable and other (Barnes & Mercer, 2005; Gray, 2009; Steyn, 2015; Young, 1990). Hope highlighted that:

> *As a job placement officer, I try to find jobs for Deaf people. As soon as you say they are Deaf, they ask how are we going to hear them? (communicate) or how are they*

> *[Deaf people] going to carry over their responsibility henceforth? But the Deaf people feel that communication shouldn't be a problem, simple hand signals are enough. For example, companies that have a Deaf person only require an Interpreter on the first few days to inform them about their job description and requirements. From then they use signals and the Deaf person can do his/her job"* (Hope, Job Placement Officer, 30)

All the participants show a dialogue of disability and inability is emerging and that it is beginning to challenge that binary and will take the construction of disability as part of human difference to the next level. The problem is not with disability but rather the ableist society, research studies seem to validate the view that people with disabilities are not actively participating in the social, economic and political spheres because of discrimination, prejudice, inaccessibility of the workplace, lack of accessibility to education and it not because of the disability (Ngwena & Albertyn, 2014; Ngwena, 2007; Tripney et al., 2013; QuadPara Association of South Africa, 2009). This is not because people with disabilities do not participate by choice but rather it is society that restricts their level of participation.

This suggests that, people with disabilities should be given equal opportunities to participate in society, it's not about the disability but the potential that a person with disabilities has and addressing disabling structural barriers that may obstruct the person's participations. People with disabilities can be valuable and productive employees if they can work in an accessible and inclusive environment.

People from non-dominant groups are resisting the dominant ideologies of the ableist society by engaging in a discourse of disability and inability. All the participants are showing are resisting the stigma attached to the disabled body, by talking about difference into the along with skills which speaks to ability binary. Participants acknowledge disability and also speak about equal participation in a social context of human rights which is major indication of the social justice model. The participants show a strong link between disability and poverty, as well as the amount of people with disabilities who do not actively participate in the economic, social and political spheres.

Hosking (2008), argues that "when the disabled voice says what the able-bodied perspective wants to hear, it is heard, when it says something that the able-bodied perspective does not want to hear, it can simply be dismissed as the inappropriate response of a person who has developed an unhealthy response to the impairment" (Hosking, 2008, p.12). Hence, what the participants voiced out is not inappropriate, and it should hold weight as it would for

an able-bodied person response. It is through open dialogues through which hegemonic orders of normalcy can be dismantled and begin to view disability as social category like gender or race (Gray, 2009; Steyn, 2015; Goodley, 2013).

4.3 Type of paradigm used constructs different subjectivities

The participants were asked how does a charity or social justice model affect their subjective experiences. The individual differences of lived experiences, and work experience shaped their perception of the question.

Their responses are strongly embedded in the discourse of charity and social model of disability. In which the participants clearly argue that people with disabilities are the most marginalized and vulnerable group in society, not because of the disability but because of limited choices, and other factors that are not inclusive towards people with disabilities.

For example, see Hosking (2008) who states that it is the "environment which fails to meet the needs of people who do not match the social expectation of normalcy) (p.7). In attempt to answer the question this is what Charlotte said:

"Yes, it is partly because of my disability and partly how the South African infrastructure/environment is built. We do not have the same type of infrastructure that other developed countries have. South Africa is not able to give many services to disabled people like in other developed countries. I have never been abroad but I talk to people who have been outside the country, they tell me that 'if you were a disabled person overseas you would have no trouble of being employed. Here in South Africa disabled people's problem is not only related to transport but it also limited choices, as in what disabled people can do" (Charlotte, Client, 45)

Charlotte does not hesitate to acknowledge that her subjective positionality as a person with a disability, is that her disability does play a part affect her but also the other factors that outside of her control that limit people with disabilities. Charlotte speaks about *'limited choices as in what people with disability can do'*. Charlottes response strongly resonates with a study conducted by Ngwena (2014) which states that "given the heterogeneity of impairments, it is not impairments that constitute disabled people as a social group when thinking about an enduring and more embracing inclusive equality, but a common experience of exclusion from equal participation in society" (p,305). The charity and medical have constructed people with disabilities as helpless victims that are need of care (Oliver, 2013;

Yeo, 2001), which disregards the fact that people with disabilities experience oppression as a group not as individuals.

In the context of social justice people with disabilities continue to experience barriers due to societal attitudes, institutions that are not inclusive and not the disability. This what Hope below voiced out:

"I think there are a lot of limitations because many companies or organizations see it as a burden to employ someone with a hearing disability especially if that person is going to interact with people who can hear. That would mean that the person they have employed must have an interpreter thus they see that as being costly so, they would normally go for someone who can hear. I think that few companies are willing to employ and accommodate people with hearing disability" (Pamela, Social Worker, 27)

The above response clearly shows that the normative society values the non-disabled body at expense of the disabled body, further constructing the disabled body as 'other' and 'unwanted' (Steyn, 2015; Hosking, 2008). This finding supports the study conducted by Hirschmann (2016) states that "we find a reality that disabled persons are still often treated as second-class citizens, perhaps even second-class humans, to whom the state may make charitable concessions, but who are not properly the subject of true human rights" (p.44). For example, see Edwards statement below:

"When I was 18 years old I was told that I has reached the limit and had to leave school. The school trained me with skills that I now use to find work. Maybe I would have been a student at the university like my mom and dad, I would have been a carpenter. I couldn't study further because I do not have a matric certificate. If I was a hearing person, I would have had matric and studied further. We must be given work; we are not lazy give us jobs. We grow up in hearing homes so why can't we work with hearing people? Give us jobs! Disability whether you are deaf, blind, using a wheelchair we are all the same like the normal people" (Edward, Client, 45)

The findings show that people with disabilities do not experience oppression individually but rather as a social group which exacerbates the high level of poverty, and deprivation of equal participation in society like their non-disabled peers (Ngwena, 2014; 2007). Furthermore, the findings show that the participants responses cannot be separated from the conflictual nature of the models being used in understanding disability. For example, the charity and medical model have legitimized the oppression of the exclusion of

people with disabilities whereas the social justice seeks to delegitimize this gaze by advocating for equal human rights.

From the responses above, there seems to be a pattern that feeds into the hierarchy of difference binary. Difference that privileges non-disabled body over disabled body, this binary shows the result of the discourses of charity, medical and social models of disabilities. Showing how the oppression of people with disabilities does not arise in the individual or impairment but rather are deeply embedded on hegemonic systems that seek to secure their privilege (Devlin & Pothier, 2006)

The participants show evidence that struggles of people with disability are not only understood from a pathological gaze but also in a context of social power relations. Indicating who and what gets valued which further supports the finding made by Hirschman (2016) which states that "ethical thinking about justice works against disability rights and undercuts them; it is part of the reason the rights on paper for disabled persons end up in practice being so difficult to access and unevenly applied" (p.43). This is what a participant said regarding this statement:

With the education, I'm not happy at all! I think that is where discrimination occurs on a large scale because the kind of education you get determines the kind of education that your children will have access to. It's going to determine the kinds of opportunities that you will have and ultimately the kind of opportunities that your children will have. For me, that needs to be sorted out as a matter of urgency. ...When it comes to the framework and policy guidelines that government has designed is not enough. It's almost like the disabled people are an afterthought we craft the labour laws and say oh, by the way, there are disabled persons. Each company must have I don't know if its 2 or 20% something of that sort. For me again I don't know hey… you are creating opportunities for them simply because you feel there should be a disabled person in the organization. No, it is about empowering them to take or create their own opportunities, why should we have a policy that makes it easier one or two disabled people to get a job? I say one or two because of the kind of education they receive is such that none of them will be able to reach the levels of management anything of that sort. If they can they are a cleaner if they are lucky a data capture in some instances just a clerk. There is sort of like a ceiling when it comes to

opportunities that they have education wise. For me, that needs to be sorted out (Mandla, Social Worker,29)

The accounts above show that the dominant discourses of disability influence and shape the subjective experiences of both clients and service providers. This results in many challenges as the discourses are different in nature and forms of subjectivities that they construct. However, what was significantly prevalent from the participants was the shift in how this organisation understood disability in the form of social power relations, in which its services are influenced by the type of model used. The strengths and weakness of the models are discussed in-depth in the themes below.

4.4 Strengths of paradigm used by NGO influences its service delivery

The charity and social justice model serve different purposes that have conflictual discourses. However, this organisation operate using both models in parallel as an approach for rendering services to people with disabilities. This position was clearly stated by Grace:

It is Not necessary to make 'sense of the organisations' position as both charity and social justice is imbedded in the organisation's mission and objectives (Grace, CEO, 54)

This position can be directly linked to the high levels of socio-economic inequalities in South Africa, negatively affecting, mostly, people with disabilities. This occasionally leaves people with disabilities in high poverty owing to the difficulties in accessing basic services. Thus, organisations like this adopt a dualistic approach in a plight to address both immediate and systemic challenges that people with disabilities encounter. For example, Charlottes' response, below, appreciates the service that the organisation provides. She clearly voices out that people with disabilities have the right to be treated equally in the society, as non-disabled people:

Yoh! The organization is doing a lot. We need better infrastructure so that the people can be mobile. For starters, we need people to not just to tolerate disabled people but to embrace disabled people as people who have abilities that can contribute, with the right support can contribute to society. This means with the right support, right infrastructure, it's expensive to make society disability friendly that's the biggest challenge (Charlotte, Client, 45)

Charlottes' response resonates with Ngwena's (2014) study which indicates that disablism does not come from the individual but from the society. Furthermore, people with disabilities are systemically oppressed as a non-dominant group, where all are denied equal participation in the society, like the non-disabled people.

This theme seeks to unpack how NGOs can organize and prepare (if they do), to contribute to a just society, by working in ways that avoid repetition of exclusion and dependency of people with disabilities, within the organization. This is done through analysing the types of services they provide. Grace, below, speaks about how the organization renders services that emancipate people with disabilities. She states that:

> *"All objectives as stipulated in the Founding Document and Social Development Business plan are achieved on an annual basis and is reported on in the Annual Report at the AGM i.e.: 302 pre-school children have been transferred into the educational infrastructure since 2005; during 2015-2016 22 persons with disabilities have received IT training; 20 unemployed and uneducated women have been trained as seamstresses; 18 unemployed persons with disabilities have been placed in employment; 2 accessibility audits had been done and renovations supervised; sensitivity to disability training took place at 2 state departments as well as at NPA etc."* (Grace, CEO, 54)

This type of service delivery from the organisation that renders services to people with disabilities is stipulated in the White Paper on the rights of people with disabilities (2015). The White Paper states that organisations should contribute to reducing economic inequalities, lack of skills and creating decent work. This is the strength of the social justice approach, as it seeks to reduce organisational dependency for people with disability.

Emancipation of people with disability is what the social model emphasise so that the subjectivities of people with disabilities remain intact and unchanged to fit into societal normative standards (Devlin & Pothier, 2006). On the similar response as Grace's above, Hope also shared her response:

> *"…I have few successful placements, only one guy has been placed. Many companies offer Learner ships and they all say that they cannot teach in Sign language. Opportunities are available but they are not easily accessible for Deaf people. For example, only eDeaf offer learner ship in Sign language and they have placed people in many chain stores, like Woolworths etc. There are two people [with hearing*

disability] who have been working for our organization for many years now. The organization receives a contract for ceiling boards, they paint and repack them" (Hope, Job Placement Officer, 30)

On the contrary Portia shared a response that showed the charity and social justice models blended together:

> *I think the organization is doing a lot, we try and accommodate. If you can check, we have a project where they employ people with a hearing disability and we also have an interpreter. The interpreter is teaching all the social workers that are interested how to use sign language. I think we are trying, we are in a position whereby now I meet someone with a hearing disability I can say how are you using sign language, you would see the reaction on their face they would be so happy. Yes, they are trying to empower and include them. If you have noticed in this organization, we have organisation XYZ which is not really part of the organization we are in the same premises. They have employed a lot of people with different disabilities, it gives them a purpose and something to wake up to and say I am going to work. I think it's very good because when you see them they get a chance to interact and it makes them feel included in society* (Portia, Social Worker, 27)

The use of the words such as "…*we try and accommodate…"and "…it gives them a purpose and something to wake up to and say I am going to work. I think it's very good because when you see them they get a chance to interact and it makes them feel included…",* shows that to some extent people with disabilities, in agreement with the charity model, remain constructed and perceived as objects of pity whose lives are at the mercy of service providers (Kirk, 2012; Oliver, 2013;Yeo, 2001).

Thus, it can be argued that from the participants responses, this organisation is operating in a manner that avoids repetition and exclusion of people with disabilities. Their service is aimed at reducing dependency and understanding disability in a context of human rights. Yet paradoxically, the organization views people with disabilities as objects of pity and charity. Hence their approach is palliative and less transformative.

4.5 Constraints of paradigm used by the NGO influences the type of approach

This theme discusses limitations of the charity and social justice models, as models used by the organisation. The participants mentioned limitations that the social justice model has,

especially where disability is understood as part of human difference or rights. Consequently, organisations have been accused of remaining complicit in the exclusion of people with disability, and their maintenance of the status quo. However, Danforth and Rhodes (1997) claim that "within the hierarchical power scheme of bureaucratic organization consensus is not agreement but a moment of leveraged conformity" (p.362).

Sipho's response indicates that the social justice model in theory is very good but difficult to practice. This affects the type of service that the organisation is likely to render, for example, Sipho stated that:

> *"…If you looking at social justice there's a lot of red tapes involved. There's a lot of issues that… there's a lot of people that need to be consulted for instance to change policies, so it kinder affects the way in which the organization is going to bring about change for the disabled person. I think now the organization would be more focusing on the tangible things. Will be focusing more on charity instead of focusing more on what it can change as an organization".* (Sipho, Social Worker, 27)

Thus, this suggests that the acts of goodwill by the organisation as a result of structural and systemic powers, limit effective implementation of the social justice model. The organisations' efforts appear to be harmful rather than helpful.

The theme on limitations of the charity and social justice model is embedded in the dominant ableist discourse of power. This serves to limit anything that threatens the privilege status and ensure that resistance is eliminated. For example, Mandla states that their services are constrained:

> *"I would really like to believe that the work that we do, falls under the realm of social justice. It's unfortunate that as an organization we are limited in the interventions that we can offer because of the regulations and frameworks that we follow. So, that is why I was talking about the disability Act; I know that they are involved in the labour Act; there is a section that covers disabled persons but I don't think it's enough. I think we need a disability specific Act that would open it up! Organization wise I think we are doing the best that we can, we don't regard them as charity cases. We regard them as individuals that deserve dignity, respect just like any other person. We don't work from self-pity or from a pity point of view or we feel pity for you because you are disabled. I think being disabled simply means, being differently abled"!* (Mandla, Social Worker, 29)

The participants report on structural barriers that prevent the organization from fully practicing social justice, leaving it without a choice but to resort to charity paradigm. This indicates that in theory it is easy to separate the approaches whereas in practice it is difficult to do so. Charity is an alternative approach in rendering services to people with disabilities, such limitations results in organisations being accused of political passivity (See, Watermeyer, 2013).” (p. 150).

The participants’ responses further indicate that efforts despite these constraints, the organization’s model of choice, still offer services that are good for the well-being of their clients. They may not challenge systems of power but do offer empowerment of people with disabilities. The social justice model also faces attitudinal barriers, Mandla and Charlotte elaborates on this point below:

> *“…I think the challenges that we face is that skills gap, I think it’s lacking. Ahh, the attitudes of some companies as well it's almost like, some of the companies feel they are doing a disabled person a favour and it's not like that. If you employ me, you are saying that I have requisite skills and knowledge to do the job. On that basis, I deserve to be respected regardless of my disability. So, those are some of the challenges include the attitudes of the companies, the skills gap that some disabled persons have then limit the extent to which they become effective when employed*” (Mandla, Social Worker, 29)

> *“Society must conclude, it’s in their best interest to help disabled people to become as independent as possible. If the organization is unable to convince society that disabled people can do things, you need their abilities to help push this nation forward before you can convince them that you won’t get anywhere”.* (Charlotte, Client, 45)

The participants provided evidence which suggests that there is practice of social justice, especially for people with disabilities, in South Africa but it is struggling to find its fit. It is deeply embedded in dominant ableist ideology of power that seeks to maintain its privilege status.

4.6 Summary

This chapter presented a detailed discussion of the findings that emanated from the study. The findings were based on the views and perceptions of the participants with the aim to

answer the research question and further supported with literature. The final chapter five, will provide the major conclusions drawn from the discussion of the findings.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

Introduction

This chapter summarises the main conclusions and provides recommendations.

5.1 Conclusion

Ten in-depth interviews were conducted in a non-governmental organisation that provides services to people with physical and sensory disabilities in Johannesburg, South Africa. Five themes emanated from the study. The themes were centred on how the organisation make sense of its position between the differing paradigms of charity and social justice. The themes were: Making sense of the organization's position; It's not about disability, It's about potential; Type of paradigm used constructs different subjectivities; Strengths of paradigm by NGO influences its service delivery; Constraints of paradigm used by the NGO influences the type of approach.

Thematic analysis was used to generate findings of the study through sense making, which is "a process of social construction and committed interpretation that 'introduces stability into an equivocal flow of events by means of justification that increase social order' (Weick, 2001, p.15 cited in Sonpal & Kumar, 2012). The participants constructed and reconstructed the ways they perceived disability and the position of the organisation between the two paradigms, in their approach to service delivery, for people with disabilities.

The findings also indicate that the acts of goodwill by organisations are often co-opted by the dominant positions of power that threaten to limit anything that challenges its privilege at the expense of people with disabilities. Therefore, this highlights the need for organisations and policy makers to think of ways to organise and be prepared to contribute towards a socially just agenda. They can do this by working in ways that avoid repetition of exclusion and challenge people with disability's organisational dependency.

Although, there is not enough readily available literature on the ways and paradigms used by organisations to organise, the research findings suggest that, in theory it is easy to separate the charity and social justice paradigms, whereas in practice it is difficult to do so. However, the charity paradigm seems to be significantly dominant in practice whereas the social justice

paradigm is limited. Owing to this, the organisations' services are more palliative orientated and less transformative. This is similar to most research findings on disability.

The study also showed that disability is largely understood in a context of human rights discourse. Participants in the study perceived disability as part of human difference. Thus, it can be concluded that indeed social constructions of disability embedded in the charity and medical model discourse contribute in continued exclusion and marginalization of people with disabilities in the society.

Furthermore, the participants constructed their subjective experiences as people with physical and sensory disabilities, as well as service providers. Inability-ability binary on lack of access to equal opportunities was outside of the participants' control, it was rather societal and attitudinal barriers and not the disability that imposes on their lived experiences.

5.2 Recommendations

The study was constrained by time, thus, it is important that more research be done that could contribute towards developing a monitoring and evaluation tool using the paradigms to measure how disability is included in services. More, research that emphasizes on the subjective lived experiences of people with disabilities should be done, to give more voice to people with physical and sensory disabilities and other types of disabilities.

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Appendix A: Participant Information Sheet

Good day

My name is Nqabakazi April; I am a registered student at the University of the Witwatersrand for a Master of Arts Degree in Critical Diversity Studies. As part of the requirements for this degree, I am conducting a research that focuses on understanding how a South African NGO engaged in Sensory Motor Disability makes sense of its position within the paradigms of charity and social justice. It is hoped that this research may provide important information on how NGO are positioning themselves in the paradigms of charity and social justice, what has changed and what has remained the same.

I therefore wish to invite you to participate in my study. Your participation in the study is entirely voluntary and there is no reward for participating in the study. Refusal to participate will have no negative consequences on you, if you agree to participate. I shall arrange to interview you on a time, date and place most convenient for you. The interview will be approximately one hour long; you may refuse to answer any questions that you are uncomfortable with or withdraw from the study at any given time with no negative consequences.

With your consent the interview will be audio recorded. Your personal details will be kept confidential and no identifying information will be included in the interview schedule and final report. All raw data collected will be submitted to the DST-NRF South African National Research Chair in Critical Diversity Studies at the University of the Witwatersrand that is funding this project.

Please feel free to ask any questions regarding the study; I shall answer them at the best of my ability. I may be contacted at 0785139320 or send an email to 672914@students.wits.ac.za. Copy of the research findings will be made available to you at your request upon completion of the study.

Thank you for taking time to consider participating in the study

Yours Faithfully

Nqabakazi April

Appendix B: Consent Form

I am not comfortable with or withdraw from the study at any given time without I …….. hereby consent to participate in the study titled "A South African NGO engaged in Sensory Motor Disability: A case study of the paradigms of Charity and Social Justice" and confirm that I have read and understood the participant information sheet regarding the purpose of the study. I understand that my participation in the study is voluntary and that I may refuse to answer any questions that any negatives consequences. I understand that my responses will be kept confidential and that they are part of the Chair Research that will be archived and reused in future. I understand that the findings of the study will be availed to me at my request.

Please tick below:

I agree to participate in the study

The interview will be anonymous (yes/no)

My participation is voluntary (yes/no)

I agree that the anonymised data will be archived by the research Chair and re-used in future (yes/no)

Signature ……. Date ……

Appendix C: Audio Recording Consent Form

I ……. hereby consent to an audio recorded interview. I understand that the interview is audio recorded so that the researcher may accurately reflect on my responses for the research analyses. I understand that my personal or any other identifying details will be kept confidential. I understand that the audio recorded interview will be safely stored by the Chair research.

Signature …… date ……

Appendix D: Interview Schedule for Clients

1. Do you mind telling me about your dis/ability? (What is it?) [dis/ability because some people do not see themselves as disabled] (What are the challenges you experience because of your dis/ability?) (How do you feel about your dis/ability?) (How does your family, friends, community, organization view your dis/ability?)

2. How did you find about this organization? (What are your experiences with the organization and the impact it has on your life? how long have you been a client of the organization? what made you stay a beneficiary this long?)

3. What is your understanding of charity and social justice?

4. How are you making sense of the organization's position (between the charity and the social justice paradigm?

5. How has the organization been of assistance to you? (What are the gaps between your needs and the organizations services to you?)

6. What would you say are the potential challenges that you experience with the organization's adopted paradigm? (with regards to the challenges you have)

7. In your view what could be done differently by the organization to address those challenges with the paradigm.

Appendix E: Interview Schedule for staff

Biographical details

Name of the participant……

Age of the participant……

Home language……

Nationality…….....

Background information

1. What is your profession?

…….....

2. What is your role at the organization?

……

3. How long have you been working in the organization

…….....

.....

4. Where were you working before?

……

5. What is your understanding of charity and social justice? (Within disability discourses) (which of these paradigms you have experience of employing in your service provision?

6. What is your understanding of the organization's position in terms of addressing challenges faced by people with SMD?

7. How are you making sense of the organization's position between the two paradigms (charity & social justice)?

8. Can you briefly comment on the overall performance of the organization in terms of achieving its goals/mission?

9. How is the organization improving or contributing in addressing challenges faced by people with SMD?

10. How would you describe your role in terms of addressing these challenges and improving the status of people with SMD?