BARRIERS TO CAPACITY DEVELOPMENT OF ADULT PERSONS WITH DISABILITIES IN MPUMALANGA PROVINCE

A Research Report Presented By

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Abstract

Adult persons with disabilities face a myriad of barriers to capacity development, in South Africa and globally. The researcher sought to understand barriers which impinge on capacity development of persons with disabilities. The study employed a qualitative case study approach which entailed interviews with 14 Adult Persons with disabilities, through convenient sampling, two social workers and one senior Mpumalanga Association of Persons with Disabilities official through purposive sampling. Face-to-face interviews and document analysis were the data collection tools utilised to gain insights. Persons with disabilities face additional barriers to capacity development compared to their non-disabled counterparts, these barriers are lack of access to educational, training and skills development opportunities, societal attitudes and conceptualisation of disability, lack of access to information and funding and ineffective Protective workshops were cited as main barriers. Improving access to education, training, business support, involvement of persons with disabilities in key decision-making structures will address some of these barriers. Shifts in attitudes, appreciation of the social model and capability approach will ensure effective interventions in disability programmes.

Declaration

I, Sandy Londiwe Dlakude, declare that this report is my own, unaided work. It is submitted in partial fulfilment of the requirements of the degree of Master of Management (in the field of Public and Development Sector Monitoring and Evaluation) in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other university.

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Glossary of Terms

Term	Definition
Agency	The capacity of individuals to have the power and resources to fulfil their potential or the ability to personally choose the functionings one values.
Barriers	Factors in a person's environment that, through their absence or presence, limit functioning and create disability.
Capability	Refers to the set of valuable functionings that a person has effective access to. Thus, a person's capability represents the effective freedom of an individual to choose between different functioning combinations, and between different kinds of life that she has reason to value.
Capacity building	Is defined as the process of developing and strengthening the skills, instincts, abilities, processes, and resources that individuals, organisations and communities need to survive, adapt, and thrive.
Conversion factors	There are three conversion factors that inhibit or encourage the transformation of characteristics into functionings. These factors are: (a) personal characteristics; (b) social characteristics; and (c) environmental characteristics.
Discrimination	Discrimination is any act or omission, including a policy, law, rule, practice, condition, or situation which directly or indirectly (a) imposes burdens, obligations, or disadvantages on; and/or (b) withholds benefits, opportunities, or advantages from, any person on one or more of the prohibited grounds, which include disability and any other ground that might disadvantage a person, undermines human dignity, or adversely affects an individual's rights and freedoms.
Freedom	Implies not just to do something, but the capabilities to make it happen.

Functionings	Are states of being and doing.
Impairment	Refers to all categories of disability (physical, mental, visual, hearing, sensory).
Mainstream school	A mainstream school is an ordinary neighbourhood school that all children attend.
Persons with disabilities	Persons with disabilities include those who have perceived and or actual physical, psychosocial, intellectual, neurological and/or sensory impairments which, because of various attitudinal, communication, physical and information barriers, are hindered in participating fully and effectively in society on an equal basis with others.
Physical impairment	A physical impairment means "a partial or total loss of a bodily function or part of the body".
Social integration	Social cohesion is the degree of social integration and inclusion in communities and society at large, and the extent to which mutual solidarity finds expression among individuals and communities. A community or society is cohesive to the extent that the inequalities, exclusions, and disparities based on ethnicity, gender, class, nationality, age, disability, or any other distinctions which engender divisions distrust and conflict are reduced and/or eliminated in a planned and sustained manner. Community members are therefore active participants, working together for the attainment of shared goals, designed, and agreed upon to improve the living conditions for all.
Special school	Special schools are primary and high schools that are equipped to deliver a specialised education programme to learners requiring access to highly intensive educational support.
Stimulation centre	Stimulation Centres/Partial Care Centres for children with disabilities. To provide the best possible conditions for children with disabilities who cannot be cared for in their families during the day. The purpose is to stimulate the children to encourage development.

Impairment	Impairment: Refers to all categories of disability (physical, mental, visual, hearing, sensory).
Visually impaired	Complete or partial loss of ability to see, caused by a variety of injuries or diseases including congenital defects. Legal blindness is defined as visual acuity of 20/200 or less in the better eye with correcting lenses, or widest diameter of visual field subtending an angular distance no greater than 20 degrees.

List of Abbreviations

ABET	Adult Basic Education and Training
AET	Adult Education and Training
APwDs	Adult persons with disabilities
ATM	Automated Teller Machine
DHET	Department of Higher Education and Training
DSD	Department of Social Development
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
GSDRC	Governance and Social Development Resource Centre
IAC	Independent Advisory Council
MAPD	Mpumalanga Association of Persons with Disabilities
NDP	National Disability Policy
PSET	Post-School Education and Training
PW	Protective Workshops
PwDs	Persons with Disabilities
SARS	South African Revenue Services
SDG	Sustainable Development Goals
SEDA	Small Enterprise Development Agency
SETA	Sector Education and Training Authorities
UNCRPD	United Nations Convention on the Rights of People with Disabilities
UNESCO	United Nations Educational, Scientific, and Cultural Organisation
WHO	World Health Organization
WPRPD	White Paper on the Rights of Persons with Disabilities

CHAPTER ONE: BACKGROUND TO STUDY

1.1 Introduction

The barriers and challenges faced by persons with disabilities (PwDs) are complex and often a result of a myriad of interdependent factors, such as lack of access to education, employment opportunities, health care, information, and inadequate family support (Cramm et al., 2013). All of these have a negative impact on the ability of disabled citizens to fully exercise their agency, freely use their capabilities and realise their functioning to secure their economic livelihoods. Understanding these complexities is required if barriers to capacity development are to be addressed, particularly for adult persons with disabilities (APwDs). Individual capacity development can be defined as "making sure people with disabilities and their families have the skills, resources, and confidence they need to participate in the community or access the same kind of opportunities or services as other people" (Independent Advisory Council to the National Disability Insurance Scheme [IAC to the NIDS], 2015, p. 31).

Persons with a condition of disability are an integral part of the broader society. Ensuring their participation, contribution and inclusion within society and the economy arguably requires a systemic approach in contrast to a medical approach which pathologises their condition(s) (Watermeyer et al., 2006). The study proposes a shift from defining disability and related policy interventions based on the "medical model" to that of a "social model". The latter provides relevant insights for more effective policy strategies towards the empowerment of persons who are living with a condition of disability.

Significant literature on the subject argues that globally, individuals with a condition of disability remain trapped in a poverty cycle due to their socioeconomic conditions and deprivation of opportunities to participate in the economy (World Health Organization [WHO], 2011). While government support systems such as social grants help to alleviate extreme poverty in South Africa (Loeb et al., 2008; Graham et al., 2013), most citizens with a disability continue nevertheless to have low levels of participation in communities and mainstream economy (Steyn et al., 2020). The study sought to establish explanations about why this persists and how policy inadequacies perpetuate the noted challenges.

In providing a response to the aforementioned concerns, the researcher sought to understand multiple stakeholders' views about barriers to capacity development based on the work and experiences of the MAPD, a key non-profit organisation established to support persons living with disabilities in Mpumalanga Province. The APwDs who participated in the initiatives of MAPD identified a number of barriers to capacity development. The information they provided was useful in developing recommendations linked to a social model of disability framework and Sen's capability approach. The aim of the study was to illuminate substantive policy related concerns linked to the social rights of citizens living with physical disability (whereby a person's physical function such as movement, dexterity and stamina is affected) and visual disability (people living with blindness or visual impairments). Persons living with mental and communication impairments were not included in the study.

1.2 Problem Statement

The challenges faced by PwDs in meaningfully exercising their social rights continues to be a global problem, a contrast to social citizenship. Social citizenship implies the right to access a basket of social welfare, education, and health services consistent with full inclusion in society provided as an entitlement of citizenship by the state and not as an act of charity (Marshall, 1950). A person with a disability has the right to access education, health, social and economic opportunities. However, barriers still exist in accessing these rights (Hussey et al., 2017). Addressing these barriers to social rights of citizenship and promoting equal access to employment and other socioeconomic needs and opportunities for the disabled is consistent with the social model of disability (Du Plessis, 2013). Conceptual barriers also still exist in defining and understanding disability and in the effective design of policies aimed at capacitating persons with a disability.

According to the Department of Planning, Monitoring and Evaluation (DPME, 2014,19), "(A) gap exists in understanding the extent to which these barriers perpetuate the state of disability, thus preventing participation". Evidence further indicates that data on the nature and extent of these barriers is inadequate, therefore, further research is required for a better understanding of the barriers (Lorenzo & Cramm, 2012; Vergunst et al., 2017). In addition to individual capacity building for the disabled, family members living with the disabled and disability organisations are also critical agents to ensuring skills development and knowledge transfer (Lorenzo & Cramm, 2012).

Globally, the design and implementation of effective capacity development programmes to upskill PwDs in educational and entrepreneurial opportunities are not well developed (WHO, 2011). The living conditions of the disabled continue to be characterised by poverty, low levels of education and exclusion – all of which prevent full participation in communities and mainstream economy (Krahn et al., 2015 cited in Vergunst et al., 2017). According to the IAC to the NIDS (2015, p. 8) "there is very little research on evidence-based practices relating to capacity development for the disabled", thus posing a challenge to the design of effective capacity building approaches and programmes.

The socioeconomic conditions in which APwDs live are often a result of underlying barriers that are complex and interrelated – where policy intervention in one sector may also be affected by the outcomes from an intervention in another sector in ways that are not mutually reinforcing (DPME, 2014). Therefore, understanding these barriers and their connections requires systemic investigation and analysis to ensure inclusion of the disabled (Ned & Lorenzo, 2016).

The study acknowledged the complex nature of disability and sought to understand the multiple barriers to capacity development experienced by APwDs in Nkomazi, in the province of Mpumalanga. Furthermore, the different definitions of disability continue to contribute to these complexities. The medical model has not provided sufficient insights into defining the contexts in which these barriers limit participation of the disabled (Brunton & Gibson, 2009). This is because the medical model defines disability based on the physical impairment of the individual and directs interventions towards clinically resolving the impairment (Tugli et al., 2014).

According to Ncube (2005), understanding the interconnectedness between the physical and social conditions that PwDs are subjected to remains limited; as a result, the lack of understanding continues to limit the participation of PwDs in policy making. This study contributes to existing knowledge and provides insights on policy alternatives from a social approach perspective. The outcome of this research serves as a contribution to the policy literature about disability studies and critical scholarly reflections on the formulation of policies for effective planning of capacity development programmes for the disabled.

1.3 Study Area (Rationale)

The study was based in Nkomazi Local Municipality in the province of Mpumalanga. Mpumalanga Province was chosen as the site of research because it is not a commonly researched province in South African disability studies. The literature reviewed for the study revealed minimal insights concerning this context in Mpumalanga. According to Statistics South Africa and Lehohla (2014), the disability prevalence rate in Mpumalanga is 7%, almost equal to the nation average of 6.5%. The Nkomazi Municipality (2017) in its Integrated Development Plan cited unemployment and poverty as key challenges faced by PwDs in the municipality, with most of the unemployed PwDs categorised as part of the country's youth population. Of note, is that the overall youth unemployment rate in the municipality is 42.3%, an outlier for unemployment nationally.

The PwDs in Mpumalanga Province are among the poorest due to lack of access to education and employment opportunities (Wright, 2015). There is also only one school for PwDs in the municipality, which only offers primary education. Furthermore, PwDs believe that access to economic and capacity development opportunities remains a barrier. These impediments, while systemic, are the result of how society conceptualizes disability, with PwDs perceived to be recipients and subjects of a charity-based model. These factors contribute further to the challenges of unemployment and poverty (Ned & Lorenzo, 2016), Understanding how disability is defined by APwDs and by the MAPD is instrumental as disability models are key in understanding disability, thus shaping disability initiatives to capacity building. These models are discussed in detail in chapter 2. The researcher's aim to undertake in-depth research on the barriers to capacity development faced by APwDs in the Nkomazi Local Municipality.

1.4 Research Questions

The primary research question is therefore: What are the barriers to capacity development for APwDs in Nkomazi, Mpumalanga Province?

To answer the main research question, the following sub-questions were formulated:

i. What is disability and how is disability defined by the MAPD and APwDs in identifying and addressing these barriers?
ii. What understanding do APwDs and the MAPD have of the social model of disability as reflected in the MAPD's policy discourse and how, if the model is applied, is it used in identifying and addressing these barriers?

iii. What are the strategies employed by APwDs to overcome the barriers to capacity development, and how have MAPD's capacity development initiatives enabled them in overcoming these barriers? What type of support and strategies are required by APwDs to address the barriers to capacity development?

iv. What implications can be drawn for disability policy/ies to address the social inclusion of APwDs in Nkomazi, Mpumalanga Province?

1.5 Purpose of the Research

The purpose of this study was to understand the barriers to capacity development and the strategies required to address these barriers, by critically assessing the intervention model that informs policies directed at APwDs in Mpumalanga Province, Nkomazi.

1.6 Research Objectives

The research objectives were as follows.

i. To determine how MAPD and APwDs define disability and understand the social model in informing capacity development strategies for citizens with disabilities.
ii. To determine the barriers to capacity development experienced by APwDs in relation to mainstream economic participation.
iii. To understand how APwDs have engaged with the barriers to capacity development and determine further how MAPD's capacity development initiatives have enabled them to overcome these barriers for their full participation in communities and the mainstream economy.
iv. Determine the type of support and strategies required by APwDs to enable participation in the mainstream economy and to address barriers to capacity development in Mpumalanga, Nkomazi.

1.7 Organisation of the Study

This report is organised into five chapters.

Chapter One introduced the study, problem statement, rationale study area, research questions, purpose, and objectives of the study. ***Chapter Two*** provides a review of relevant literature concerning the experiences of persons living with disabilities in South Africa and globally. The chapter also analyses literature on the social model, the theoretical framework adopted for this study, in line with the objective to understand the barriers faced by APwDs.

Chapter Three describes the research methodology in-depth. Sampling procedures including the criteria for inclusion and data collection methods are explained. The procedures for data analysis are delineated and ethical considerations explained.

Chapter Four presents the findings of the study and a discussion of the results. Finally, ***Chapter Five*** summarises the main findings, conclusions, and recommendations from the study.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This section is based on the review of literature on barriers experienced by PwDs in relation to capacity building and the freedom to exercise agency to achieve the desired functionings. The main research question guides the structure of this section by discussing past research on barriers experienced by PwDs based on international and South African literature. Lastly, the section also reflects on the two models of disability, i.e., the medical model and the social model's common tenets with Sen's capability approach. The section also outlines why the latter is the preferred model which was subsequently adopted as the theoretical framework for the study.

Relevant studies from South Africa and other contexts across the world have revealed that most PwDs are poor due to a number of overlapping factors and barriers. Disability United Nations (2018) indicated that more PwDs than their non-disabled counterparts still live below the poverty line. This corresponds with what Ned and Lorenzo (2016) noted when they reported that disabled youths in South Africa face higher unemployment rates than those without disabilities. Graham (2020) also indicated that the high unemployment rate among disabled adults perpetuates high rates of poverty within this population group. In the same vein, Palmer et al. (2015) indicated that most PwDs continue to live in poverty, and most PwDs still live in poverty due to barriers linked to inclusion and participation**.**

Disability United Nations (2018) indicated that understanding barriers experienced by the disabled is important in addressing poverty and exclusion. The organisation further called for these barriers to be addressed by developing and prioritising strategies aimed at overcoming these challenges. This is, therefore, consistent with the research objectives of the study as it sought to understand these barriers and the proposed strategies required by APwDs, based on their lived experiences. Even though literature indicates that impairment and disability do present challenges and barriers to inclusion and participation, disability is mainly exacerbated by the societal barriers and the environment in which PwDs interact (Mira, 2021). It is important to note that alongside these factors and barriers, PwDs face day-to-day, interdependent, and systemic barriers (DPME, 2014), which are often a result of society's

arrangement and barriers, thus further disabling individuals with impairment. Hui (2017) further indicated that these barriers are a result of interconnected and complex social practices forming a system through social practices. Therefore, understanding these complex social barriers requires an application of the 'social model of disability' as a tool of analysis, a model inspired by Oliver in 1983. The social model will be further unpacked in the last section of this chapter.

2.2 Discussing Barriers and Capacity Development

According to the WHO (2011, p. 302), barriers are "factors in a person's environment that, through their absence or presence, limit functioning and create disability". Therefore, understanding the contributions to disability requires a comprehensive understanding of disabled persons' lived experiences. According to Adjei-Amoako (2016), the lived experiences of PwDs are not well known due to limited published research on the experiences of PwDs in development initiatives. Singh and Chopra (2020) further indicated that research on disability has been traditionally medicalised and heavy on the quantitative approach, was non-inclusive and failed to capture the full account of the lived experiences of PwDs.

The disabled individuals themselves also indicated that it is the structures around them that enable or continue to disable their day-to-day activities (Watson, 2003 cited in Williams et al., 2018). Understanding the underlying causes of the disabling barriers is key in changing and informing policy implementation. In so doing, involving the disabled in sharing their lived experiences cannot be over emphasised. Some analysts have categorised barriers as attitudinal, political, financial, lack of family support, social, physical, environmental and communication barriers (Loeb et al., 2008; Majinge & Stilwell, 2013; United Nations, 2018). The United Nations (2018) added lack of access to assistive technology, rehabilitation, and stigma to the list of barriers experienced by the disabled. These barriers are discussed in further detail during the study.

Literature does acknowledge that although progress has been made through disability initiatives, and with the provision of disability grants in South Africa and other states thus providing a short-term ameliorative solution, the continued limited access to inclusion and participation in economic and other opportunities that can ensure longer term self-sufficiency (WHO, 2011) is still prominent due to barriers that the disabled continue to experience (Loeb et al., 2008; United Nations, 2018). Du Plessis (2015) also added that access to education for

PwDs is still a challenge in South Africa and globally. The United Nations (2018) further indicated that the removal of these barriers to inclusion and participation will require institutional reform. In a study conducted by Palmer et al. (2015), PwDs indicated that they experienced barriers in the labour market due to inadequate skills caused by limited access to educational and vocational opportunities. Therefore, PwDs had to resort to informal employment, where some of those in formal employment reported that they receive lower wages than their non-disabled counterparts (Palmer et al., 2015). Furthermore, these barriers are not only experienced in the employment and education sectors, as Waltz and Schippers (2021) indicated that the participation of PwDs in politics also remains low, with only 1% of PwDs in political positions and activities. In the study conducted by Waltz and Schippers (2021), PwDs indicated lack of resources to participate in political activities as a barrier. Wilson-Kovacs et al. (2008) further indicated that even though some PwDs do secure employment, little is known of their experiences in the workplace. Putman (2005) indicated that understanding these barriers and how disability and impairment intersect is necessary for developing needs-based and effective interventions.

Palmer et al. (2015) indicated that including PwDs in vocational education and training and entrepreneurial opportunities would ensure that they are capacitated for employment opportunities. The UN (2018) further indicated that programmes for PwDs are behind in the attainment of the Sustainable Development Goals (SDGs). One of the objectives of the regional meetings in the SDG agenda is to review national experiences in disability measurement, including identifying challenges faced and lessons learnt. Therefore, capacitating the disabled to exercise their rights to access opportunities, achieve functionings and capacitating disability organisations and service providers is crucial. This is because some of the service providers working with PwDs on disability programmes lack understanding of disability and its issues (United Nations, 2018).

Capacity building is therefore a potentially significant enabling mechanism to ensure that PwDs are empowered to participate in the economy. Capacity here is defined as “the opportunities to achieve particular states of being and undertake particular activities” (Burchardt, 2004, p. 738.). Capacity building furthermore is about substantively transforming the lives of the disabled to become citizens who will engage economically, socially, and culturally and become independent within their communities (Independent Advisory Council to the National Disability Insurance Agency [IAC to the NDIA], 2015). According to Sen (1999

cited in Burchardt, 2004), capabilities include a mix of components contributing to the functioning of an individual. Mitra (2006) argues that different components such as lack of resources and income, the environment, the physical impairment itself and inadequate opportunities, all impede PwDs to fully exercise their agency. The IAC to the NDIA (2015) defined individual capacity development as a state "when a disabled individual gains skill, knowledge, and support for their individual development". Rudsam et al. (2001) further stated that capacity building consists of interventions aimed at strengthening the skills, knowledge, abilities, and behaviour of individuals.

2.3 Models of Disability (Social and Medical Model)

There are two models of disability that are relevant to this study, the "medical model" and the "social model". There are debates on these two models in terms of which model offers a more insightful definition of disability in ways that allow for interventions in support of the disabled to be more effective. Finkelstein (2007) also indicated that the relevance of a model depends on a context, as a model can be context-specific, with its relevance affected by the changes in context.

Evidence suggests that policies aimed at capacitating the disabled have been designed primarily based on the medical model (DPME, 2014). The medical model defines disability using an individualistic approach and relies on the medical profession to define disability, thereby pathologising the condition of disability (Retief & Letsosa, 2018). Interventions designed on the medical model focus on the cure and rehabilitation of an individual. The medical model defines disability furthermore as an "impairment" that only requires medical or clinical intervention to improve the functionality of the disabled individual and fails to consider the social and physical structures, environment, institutional norms, and social attitudes that constrain the agency of disabled individuals (Goering, 2015).

The social model by contrast is known as an "extended model" in that it addresses disability through interventions aimed at removing the disabling barriers to exercise agency. Fatoye et al. (2019) further argued that only treating a medical condition is not an inclusive intervention, and barriers need to be removed through the social model; therefore, both models are not effective when applied in isolation. It is for this reason that the medical model is regarded as a "single approach" model. Against this background, the social model offers an arguably more insightful definition of disability in that it acknowledges that it is the structural environment

which reinforces barriers and which the disabled are compelled to interact with, and which is a major influencing factor in the disabled's ability to secure a social and economic livelihood.

The social model, furthermore, regards disability as a "socially constructed phenomenon" (Gallagher et al., 2014). Disability, should therefore, be understood in relation to how the physical and social environment impose barriers on the PwDs (Retief & Letsosa, 2018). It is for this reason that the "social model" is also referred to as a "barrier approach" and an extension of the medical model, also known as an "individual model", as it shifts the focus from the individual to society. The social model, however, does not completely disregard the medical model, as an impairment will always exist and will require medical intervention (Fatoye et al., 2019). Therefore, the medical model was not the better model to apply in this study because of the above discussion.

2.3.1 About the social model and capability approach

The social model gained prominence during the Second Declaration on the Rights of Disabled Persons in 1975. This second declaration was rights-based oriented as it promoted social inclusion of PwDs. This saw the transition of the medical/social welfare model to a social/human-rights model. The social model was first seen in the publication of the Fundamental Principle of Disability by the Union of the Physically Impaired Against Segregation (UPIAS, 1976). In the 1980s, the social model was applied by British organisations for PwDs and adopted by the British Council of Organisations of Disabled People. In 1983, Oliver formalised this model of disability. However, in the period between 1988 to 1990, this model started to receive much criticism, but its application continued to be upheld by various disability rights institutions (Oliver, 2004).

Oliver (1999) indicated that the social model shifts from the functional limitations caused by an impairment to problems caused by barriers and society. Oliver (2004), in favour of the social model, still acknowledged the role of medical interventions and rehabilitation required by PwDs through the medical profession. Shava (2008) also elaborated that the social model in no way suggests that the removal of barriers would mean the absence and disappearance of an impairment but acknowledges the importance of medical intervention from time to time, with the social model focusing on the challenges impeding participation, inclusion, and autonomy.

Criticism against the social model gained prominence, as it was believed that the model fails to acknowledge the impairment aspect of the disability and that consequently the need for medical intervention is also undermined. Opponents and critics of the social model called for the renewal, rectification or strengthening of the social model as indicated in the work of Crow (2010) and Levitt (2017), who argued for an alternative stronger model. Debates on updating the social model continued into the early 2000s, due to the belief that the model was unfairly limiting in its definition of "barriers" (Chitereka, 2010). This then shifted the focus of the model to be enshrined into "social rights" and led to an extension of the social model into a rights-based approach in the 1990s (Filkenstein, 2007). The rights-based approach of the social model was further adopted through the United Nations Convention on the Rights of PwDs in 2006 (United Nations, 2014).

Proponents of the social model such as Oliver (2004) indicated that the social model has been overly criticised due to its limitations, but with little focus on the positive implications of its application in practice. Riddle (2020) also indicated that contesting the model is not important, as its usefulness and application is what should be prioritised. Riddle (2020) further elaborated that there is no need for a "stronger" or "updated" social model, rather a more thorough understanding in conceptualising disability.

Furthermore, applying the social model should be embraced to promote the social citizenship approach in that PwDs should contribute economically and politically while being morally recognised as active citizens. Adopting a social citizenship approach would ensure that disability interventions are not only designed for humanitarian and compliance purposes. Love (2018) further advocated that PwDs lead disability organisations and be active agents in policy making in an effort to strengthen their voices in decision making.

Proponents of the social model further advocate the usefulness of the model as it has been used by PwDs in disability campaigns and legislative advocacy. It has also been used as a tool to analyse the societal structures that create barriers which exclude the disabled (Newton et al., 2007). The social model, has therefore, shifted into a rights-based approach as PwDs are equal holders of rights to inclusion and participation. Berghs et al. (2019) and Oliver (2013) advocate a social model enshrined in upholding human rights and one that promotes participation in legislating the social model and in allowing PwDs to define disability, as in the past, this has been left in the hands of academics (Finkelstein, 2007). Wilson-Kovacs et al. (2008) further

indicated that the lack of understanding and proper definition of disability are also challenges in workplaces, where employers often lack an understanding of disability and continue to limit PwDs in career development opportunities.

Frehe (2008) further supported that a transition from a medical model of disability to a social or human-rights model empowers PwDs and strengthen their voices in political agenda and decision making. It was therefore an objective of the study to also understand how disability is understood and defined by APwDs.

The social model of disability is currently viewed as the dominant model by disability activists and academics because of its strength in understanding disability through the disabling environment (Majinge & Stilwell, 2013). The social model is also a preferred conceptual model as enshrined in the United Nations Convention on the Rights of People with Disabilities (UNCRPD). Furthermore, the South African White Paper on the Rights of Persons with Disabilities (WPRPD) indicates that the social model, enshrined in human rights, underpins the South African government's disability agenda (Department of Social Development [DSD], 2016). It is, therefore, important to note that this model, given its aforementioned strengths, is without criticism(s).

The social model is criticised for (i) separating physical impairment and disability and in separating the two, it is believed that this model ignores the restrictions caused by the physical impairment with an inappropriately singular focus on adjusting the social and environmental factors that limit the disabled and, (ii) not being readily applicable to all types of disability.

Proponents of the social model such as Du Plessis (2015) and Olivier (2013), however, argue that the social model does not completely disregard the physical impairment, nor the role played by the medical profession. Instead, these perceptions are a result of how the social model was popularised and, therefore, this criticism can be addressed by ensuring that the model, in its application, does not disregard the impairment and the role of the medical profession. Alan (2006) also indicated that the social model has been adopted by other states as they focused their attention on the removal of barriers created by social structures, practices, and systems. Gottlieb et al. (2010 cited in Tinta et al., 2020) further indicated that positive outcomes on employment of PwDs have been realised through the social model in the United States, Canada, and Australia.

According to Goering (2015), while others argue for the cessation of the social model, it is also important to note that less has been done in actually applying the model other than debates and criticisms of this model. Finkelstein (2001) indicated that there is no need for the cessation of the social model and advocates a social model of human rights, with PwDs shaping the new "human-rights social model" with society enabling these rights. Levitt (2017) favours the social model as a model relevant for the understanding of disability and that contributes to the socioeconomic wellbeing of PwDs. Levitt (2017) further indicated that the impact of this model can be realised and strengthened if social conditions, such as poverty and geographical factors in the context in which this model is applied are understood.

The scope of the social model needs to be widened through its application in exploring the society's understanding of disability. Oliver (2013, p. 3) further indicated that the social model is a "tool to be applied in improving people's lives and that re-examining the emphasis of the social model will achieve impact".

Turning to the South African context, according to the Department of Planning, Monitoring and Evaluation (DPME, 2014), the design and implementation of policies in South Africa is still centred on the medical model. The DPME (2014) further argued that, for some time, the medical model posed limitations, in that it influenced policy development in ways that excluded the participation of the disabled in the mainstream economy. The social model is also argued to be more consistent with a rights-based advocacy approach and provides a better definition for disability through its developmental and rights-based approach. Mitra (2006) and Finkelstein (2001) also indicated that the social model is a tool for understanding the way in which society understands disability and the disabling barriers. The social model, therefore, provided an analytical framework as it strives to be a tool to understand and remove the barriers and factors that prevent the disabled from participating in society and mainstream economy (Du Plessis, 2013).

The engagement with the contrasting models and approaches to the condition of disability was conceptually informed by the theoretical of work of Oliver and Amartya Sen. Sen (1993) defined capability as the ability to exercise freedom to undertake economic, social, and political functionings aimed at overcoming the condition of poverty. Sen (1999) further indicated that poverty, illiteracy, unemployment, and other social problems point to the deprivation of these capabilities, whereby individuals do not exercise their freedom in social initiatives such as

skills development thus resulting in social exclusion. Sen (1993) also noted that the capabilities set of any individual depends on their personal and social arrangements as attested by the social model, and they will only thrive when their social environment enables the individual.

The capability approach applied to the condition of disability draws attention to three key factors: the individual's characteristics, their resources, and finally, their environment (physical, social, political, and economic in line with the social model) (Mitra, 2006). Sen (1999) described disability as a deprivation of function (what the person can achieve through doing) and capability (practical opportunities). This is consistent with the social model which centres on the role of policies and interventions to address exclusion by removing societal barriers. Sen's capability approach also embraces "agency" which focuses on the individual's ability to fully engage and participate in social, economic, and political activities. This is also supported in the work of Wilson-Kovacs et al. (2008) that noted that the disabled individuals interviewed for their study indicated that the failure to achieve their potential is attributed to the lack of opportunities to recognise their abilities and a lack of inclusion in professional capacity development to ensure equal opportunities.

Furthermore, the social model is consistent with Sen's capability approach in that they both posit that citizens with a disability need to exercise functional capabilities to promote their own economic wellbeing. Furthermore, the approaches taken need to be sensitive to their personal characteristics and how this relates to their structural environment.

2.3.2 Adopting the social model in this research

The social model is a better framework for this study. It draws some insights from the capability approach as it has been used in understanding disability and societal barriers. Oliver (1996) also indicated that the social model helps with the organisation of disability categories, based on different impairments, to collectively address common and different barriers, with the social model as a tool to link the different experiences of the disabled. Applying the social model of disability in this study is grounded in the principle that disability is located within society and has barriers imposed by society and conversion factors that limit the disabled from being capacitated, in exercising agency and in achieving their functionings as depicted in Figure 2.1 below. This is also supported by the work of (Wilson-Kovacs et al., 2008), whereby the social model was applied in understanding barriers to career advancement.

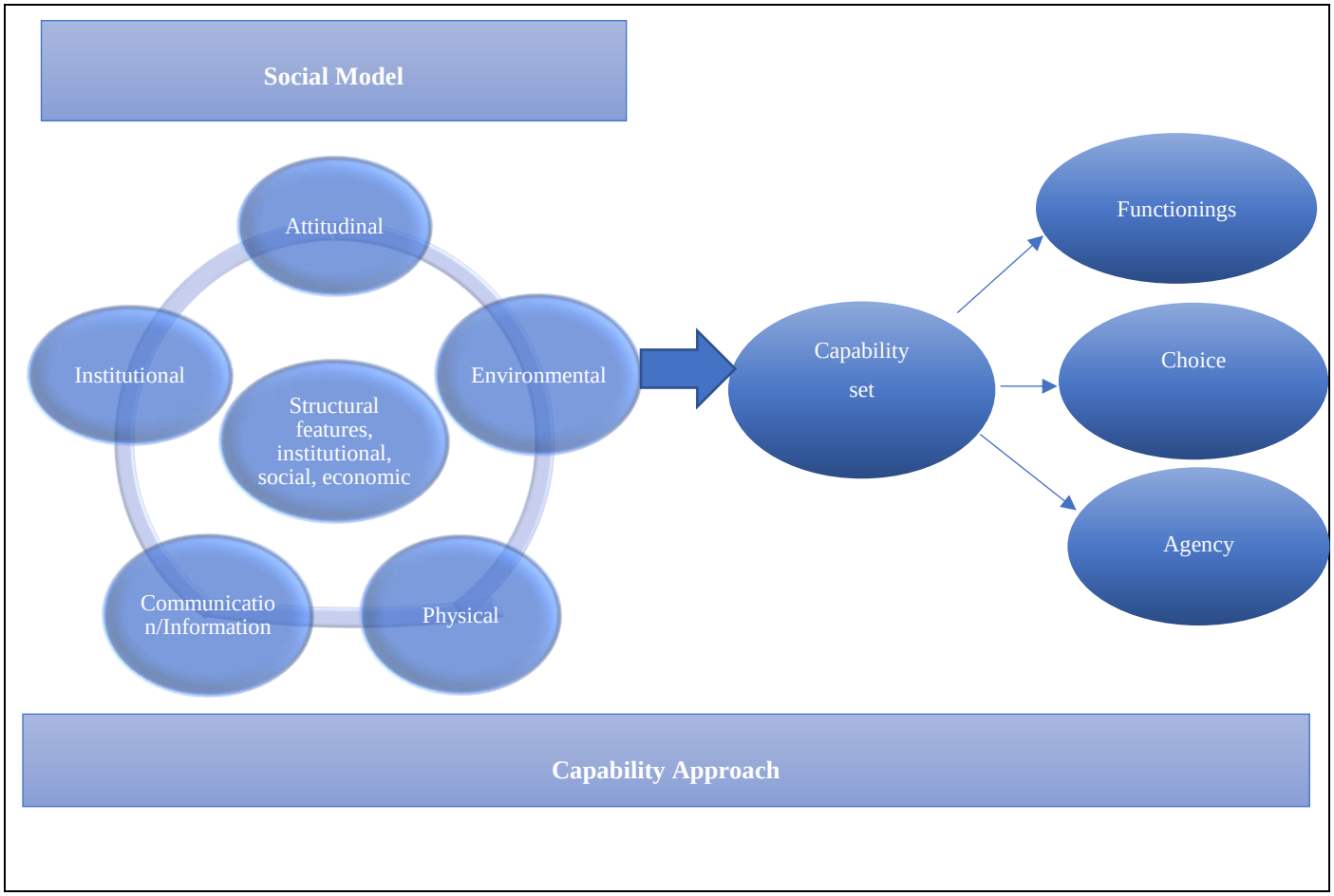

Figure 2.1: Depiction of the social model – a person's social and personal context and capability approach

The social model pays attention to existing social barriers which prevent PwDs from unequal inclusion and participation in their settings (Guambe, 2017). Seelman (2004) also indicates that the social model is applicable in gaining insights on the experiences, views, and practices of person with disabilities and this study sought to understand the barriers based on the lived experiences of APwDs. Roulstone and Warren (2006) and Tinta et al. (2020) indicated that the social model also provides insights for employers, policy makers and disability organisations with regard to the following:

- provides information and insight on what limits PwDs;
- provides insights linked to the understanding of how barriers are created or how they emerge, and how to address these barriers; and
- provides insight on the nature of barriers and what can be done to eradicate them.

According to the DSD (2016) in its South African WPRPD the social model is the model that underpins this South African White Paper. This White Paper encourages PwDs to participate in society, focuses on people with disabilities' abilities and asserts that incorporating the social model into disability mainstreaming initiatives is critical to achieving the National Disability Policy (NDP) outcomes and creating a barrier-free environment. It goes on to say that education and skills are critical in enabling disabled people to participate equally in the economy and society.

The social model also acknowledges the shortcomings of society and its impeding role on PwDs. Therefore, according to the social model, society should remove barriers impeding capacity development to empower and enable participation and inclusion in economic, social, political, and other activities. Based on the above discussion, the social model of disability is applicable to the study, and is therefore, a preferred model, as it is rooted on understanding disability and barriers, advocates the removal of these barriers, promotes autonomy and the right to make choices to exercise agency to achieve functionings.

The following points were derived from the work of Aylot (2003) who examined the lived experiences of PwDs with autism in relation to the components of the social model:

- the physical environment;
- information processing; and
- social understanding and social relationships.

The social environment is the focus of the social model of disability and the central point in the complementary relationship between the social model and the capability approach as they are both centred on addressing social barriers. They also share similar tenets such as (i) promoting capability and autonomy, (ii) addressing societal and individual barriers, (iii) viewing disability from a rights-based approach and social justice position, and they both argue that (iv) disability challenges can be addressed from a structuralist perspective (Burchardt, 2004; Sen, 1993, 1999). Furthermore, according to Burchardt (2004, p.10), "the social model and capability framework are complementary in that the capability framework provides a theoretical framework to locate the social model, whilst the social model also provides a thorough-going application of the capabilities framework". Both the social model and capability framework are important in understanding disability in that they (i) appreciate that

there are disabling barriers in the society (left-hand side of Figure 2.1) and (ii) addressing these barriers requires a holistic and systemic collaboration (Swain & French, 2013).

Sen (1999) indicated that wellbeing is determined by the capability set of an individual (opportunities). According to Sen (1999), capability refers to the freedom to be or to do something, where this freedom is often constrained by the social, economic, and physical environment and attitudinal barriers. This is depicted in the social model (left-hand side of Figure 2.1). The aim of this study was to understand the barriers to capacity development for the disabled. This is because the social factors, known as conversion factors in Sen's capability approach, interact with the environment to inform capabilities (freedom to do something) for functioning and exercising agency as depicted in Figure 2.1. According to Nambiar (2013), "Conversion factors are in the capability approach; a person converts the vector of commodities into functionings. This conversion depends upon personal, social, and environmental factors. These conversion factors are important because they constrain the capability achievement of individuals". The societal barriers reflected in both the social model and capability approach are central in the removal of these barriers. Therefore, the social model and capability approach provided insights in the undertaking of this study by developing the researcher's understanding of disability and how the APwDs interact with the environment vis-à-vis the disempowering barriers imposed by the environment.

The NDP further indicates that the social model assists in understanding disability from a capability approach and the interaction of the individual with the environment. This model provides a better lens through which to understand disability, and it inspires the development of effective disability policies and programmes that will ensure inclusion.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter presents the research methodology used in the study. The chapter first discusses some considerations when conducting research with vulnerable individuals. Furthermore, the chapter discusses the study design, study area, population of the study, sampling, how data was collected, and instruments used. In ensuring the credibility of the study, the chapter also discusses the validity and reliability, and the process followed in pre-testing the research instruments. The interview process and ethical issues and data analysis processes adopted for the study are also discussed. Understanding the experiences of PwDs is complex as these barriers are systemic and multisectoral, and in this study, I argued for a qualitative research methodology. According to Adjei-Amoako (2016), a qualitative approach allows for in-depth understanding of barriers, and Singh and Chopra (2020) further allude that this approach is prominent in disability research because it aims to provide insights and allows PwDs to have a voice in research.

3.2 Conducting Research with Vulnerable Individuals

The conceptualisation of vulnerability is a contentious issue as vulnerability is context-specific; therefore, a blanket approach is not suitable for all individuals who are considered vulnerable in society such as PwDs. According to Bracken-Roche et al. (2017), human subjects research is ethically challenging, and proposals must be approved by independent ethics committees to balance risks and benefits. Furthermore, in order to achieve this balance, recruitment of respondents to participate in research must be fair, voluntary, and based on informed consent. The opportunity to conduct research with vulnerable populations is a privilege extended by the respondents to provide evidence-based data to inform policy decisions and improve the lives of the vulnerable individuals (Thynne, 2010). Kuran et al. (2020) further elaborated that research that considers individuals' vulnerabilities will ensure that data is generated that ensures the needs of the vulnerable population are met.

The definition of vulnerability is a concept criticised in research, especially with regard to how vulnerability is conceptualised. This is because vulnerability has always been defined within the parameters of fairness and informed and voluntary consent, particularly in contexts where the respondents are unable to protect their interests. Vulnerability is defined when participants do not have autonomy or when they are unable to provide informed and voluntary consent. These individuals are then regarded as susceptible to harm (Aldridge, 2014). Aldridge (2014) further indicated that the definition of vulnerability should not be broad or narrow but should be adequate to protect individuals who have limited capacity to protect their interests.

Vulnerability can be a function of one or multiple factors such as individual characteristics. In this, the impairment, environment, or context in which the individual interacts can subject the individual to vulnerability, thus creating context-dependent vulnerability. According to Larkin (2009), inadequately managed research processes can also lead to vulnerability. According to Bracken-Roche et al. (2017), the International Conference on Harmonisation, Good Clinical Practice (ICH, GCP), Council for International Organizations of Medical Sciences and Tri-Council Policy Statement (2nd edition) (TCPS2), which are governance guidelines in research, all define vulnerability as a factor arising from a respondent's inability to protect their own interests, inability to provide informed consent, and the environment in which the individual interacts. These guidelines are enshrined in the principle of human rights as it provides that individuals with diminished autonomy should be protected from coercion and undue influence.

According to Larkin (2009), dilemmas often arise when conducting research with vulnerable groups, with some challenges arising by design or by default. Therefore, the design of this study had to be ethically sound and responsive to the needs, priorities, and benefits of groups under study. Physical disability in itself may render individuals vulnerable. More so when these individuals are involved in research, thus perpetuating vulnerability. Aldridge (2014) also shared a different perspective that some researchers, after conducting research with vulnerable individuals, sometimes get a different perception about these individuals, as some of the individuals may not perceive themselves as vulnerable altogether.

Steel (2004, as cited in Aldridge, 2014) indicated that these dilemmas are immaterial; what is imperative is for the researcher and the concerned institutions to adhere to ethical protocols to avoid harm and to ensure that vulnerability is not exacerbated by research processes. Ethics is regarded as the morality of human conduct (Ichendu, 2020). This is because vulnerable

individuals do have a right to participate in research and to benefit from the results of research, while others argue that the exclusion of vulnerable groups in research is meant to protect them. Therefore, in research with vulnerable groups, the need to ensure voluntary, informed consent cannot be overstressed. The researcher therefore ensured that this study was conducted in line with ethical principles. Furthermore, though an impairment in itself presents some level of vulnerability, in ruling out vulnerability, the study included individuals with capacity to provide verbal informed consent. This is the reason why persons with communication, hearing and mental disabilities were excluded in the study.

The Nuremberg Code of 1946 focused on the necessary steps to be taken in research processes. They include informed voluntary consent, avoidance of unnecessary suffering, protection of participants from harm and a need for research to be conducted by qualified people. The WHO and Universal Declaration on Bioethics and Human Rights adopted by the United Nations Educational, Scientific, and Cultural Organisation (UNESCO) expanded the code to include the right to be able to withdraw from participation in research at any given time. Furthermore, the Helsinki protocols added by advocating the need for research proposals to be presented to ethics committees (Bracken-Roche et al., 2017). All of these were cautiously exercised in this research, where respondents self-volunteered, provided verbal consent, and were informed of their right to withdraw before or during the interviews.

The researcher introduced the study in protective workshops (PWs). According to Soeker (2018, p. 304) a protective workshop is defined as "a work setting that enables PwDs to engage in various types of work-related activities at a workplace that is conducive to the skills and abilities of the individual". Therefore, interested APwDs who were members of the PWs, self-selected to participate in the study. In order to address the issue of harm, the researcher further engaged with the interested individuals to discuss the preferred interview setting to ensure confidentiality, and most of these interviews were conducted in a separate, private room in the PWs. To ensure confidentiality during reporting, the respondents were provided with pseudonyms such as P1, which stands for Person 1, etc. For convenience, the researcher conducted the interviews in the PWs to rule out travel-based concerns and further harm such as disrupting the individual's daily activities, except for three individuals who were interviewed in their households for convenience. In addition, the researcher ensured that adequate time was spent explaining the aims and objectives of the study to ensure that the individuals fully understood the purpose of the study prior to consenting. The researcher also took time to clarify

that participants were allowed to withdraw from the study at any point, in line with the WHO and UNESCO guidelines referred to earlier in this section.

In addressing the issue of vulnerability as defined above, individuals are regarded vulnerable when they have no capacity to provide informed consent. Therefore, the researcher did not include people with cognitive (mental) or communication impairments due to difficulties in obtaining informed consent. This is discussed in more detail in the sampling section of this chapter. According to Richards and Schwartz (2002), vulnerable participants in research often consider participation as an opportunity to tell their story. However, according to Cooper (1999), this does not always hold true as other participants may experience distress when relaying information about past unpleasant experiences. As a result, in research with vulnerable groups, an individual's wellbeing is valued far more than getting them to answer research questions.

It is against this background that the researcher coined questions in a manner which did not directly require individuals to speak about their impairment or impairment-related experiences. Furthermore, a distress protocol was also designed to ensure that the researcher was well prepared to handle any distress during the interviews. However, none of the respondents became distressed during the interviews.

Confidentiality in research is an important principle in order not to compromise the research. Respondents respond better where confidentiality and anonymity are guaranteed. To ensure confidentiality, it is important to address the issue of gate keeping in order to eliminate undue influence on potential participants. In this case, as participants were beneficiaries of the MAPD, there was a risk that participants who were affiliates might feel coerced to participate in this study, fearing that refusal to participate could disadvantage them from potential social assistance from the organisation. Prior to each individual interview, the researcher stated that APwDs were not coerced to participate because of their affiliation with the MAPD. If not handled well, this carried the risk of undermining the right of participants to exercise freedom and autonomy in choosing to participate or withdraw from the study. To address confidentiality and gate keeping, the study followed an introductory, voluntary approach. In further strengthening confidentiality and anonymity, collected data was transferred onto a password protected laptop, with pseudonyms such as P1 used to anonymise the participants.

3.3 Research Methodology

This research followed a qualitative design using the case study of MAPD. The association was chosen because of its relevance as it sought to address challenges linked to barriers to mobility, access, and capacity building for APwDs through job placements, skills development, and training interventions, among others. The study sought to understand the barriers to capacity development for the APwDs in Nkomazi, Mpumalanga Province. A qualitative case study approach was adopted as it enabled the facilitation of in-depth exploration and understanding of attitudes, experiences and opinions about the barriers faced by APwDs in a specific setting (Ned, 2017).

Case studies are also known to provide better understandings of issues (Wagner et al., 2012). In this case, the researcher was able to identify barriers to capacity development of APwDs who were affiliated with the MAPD PWs. According to Creswell (1998, p.1), a "qualitative research design provides an opportunity to build complex, holistic pictures and reports" with detailed views from respondents to ensure a better understanding of their social context, which is a strength that cannot be provided by a quantitative approach.

Therefore, a qualitative approach was found to be relevant in the context of this study due to the complex and interdependent nature of issues affecting the lives of PwDs in the area of capacity building. Furthermore, qualitative research has proven to be preferred when little is known about a phenomenon, as it allows for probing to generate themes based on experiences cited by participants (Stone, 1999). The usefulness of qualitative research in disability studies cannot be over emphasised as this approach has been adopted by many disability researchers in studying and documenting the lived experiences of PwDs. An example of a study that employed a qualitative approach is one by Mutanga (2013); this research employed a qualitative methodology to understand the experiences of disabled students at two South African universities. Majinge and Stilwell (2013) also employed a qualitative approach in an effort to gain a better understanding of Tanzanian academic library services' provisions for people with visual impairments and those in wheelchairs. Palmer et al. (2015) also employed a qualitative approach in studying the economic lives of PwDs in Vietnam.

Research on disability is minimal, and little is known of the experiences of PwDs, especially in terms of how they can be capacitated to exercise agency for employment and entrepreneurial opportunities, education and skills development, and participation in communities. Even

though a qualitative approach was best suited for this study, it cannot be overlooked that the approach has been criticised for not being scientific. Discussing the criticisms of qualitative design is not the focus of the study and cannot be stressed as the researcher chose this research design because of its ability to help obtain relevant answers to the research questions and in meeting the objectives of the study. Similarly, the in-depth interview method allows for probing which would not be possible with quantitative methods such as surveys.

Qualitative methods are not meant to provide trends or make claims but rather to provide a description and explanation of events or experiences. Qualitative research provides an opportunity to triangulate, as multiple data collection methods can be used such as interviews, document analysis and observations. In this study, the researcher employed semi-structured interviews along with document analysis to strengthen the credibility of the data (Wagner et al., 2012). The data collection methods employed in the study are discussed below.

3.4 Research Process

3.4.1 Area of study

The study was conducted in the municipality of Nkomazi, in Mpumalanga Province. The study was based on the work of the MAPD, an association responsible for ensuring mobility access, capacity building, job placements of PwDs and general advocacy for PwDs. The MAPD was used as a sampling frame to identify the PWs in Nkomazi municipality. The researcher approached the MAPD to request permission and access to PwDs (physical and visual impairment), where the study was introduced to the APwDs who volunteered to participate in the study.

3.4.2 Population and sampling of the study

Shukla (2020) defined a research population as the total group of persons that is of interest to the researcher and meets the characteristics that the researcher is interested in studying. In this study, the population included APwDs who were members of the MAPD PWs in Nkomazi. Three PWs were selected through convenience sampling, from different tribal authorities within the municipality. These participants were APwDs who were members of the PWs that were receiving capacity building interventions from these PWs at the time of the study.

There were two MAPD social workers who were directly involved in the capacity building initiatives within the local municipality, and they were purposefully selected. Because the population of social workers in the municipality was small, both social workers were purposefully included in the study. One MAPD senior official was purposively selected because of their policy influence in the area of capacity building initiatives. In terms of the APwDs, a total of 14 persons who self-defined themselves as either physically or visually impaired in the PWs were sampled. Convenience sampling was employed since only members who were present at the PWs on the day of the visit were voluntarily interviewed through self-selection.

3.4.3 Sample size and sampling techniques

"Sampling refers to the researcher's process of selecting the sample from a population to obtain information regarding a phenomenon in a way that represents the population of interest" (Wagner et al., 2012, p. 87). In qualitative research, the size of the sample does not need to be too large as data saturation can be reached with at least 12 interviews. Limited funds, time constraints and mobility constraints associated with Covid-19 restrictions were considered when determining the sample size. According to Vasileiou (2018), data saturation is reached within the first 12 interviews, who therefore recommends 12 to 20 interviews to achieve maximum variation for a heterogeneous sample and that it is unlikely to obtain new themes after the 12th respondent. Furthermore, being pressed for time and with limited resources, the researcher managed to interview a total of 17 participants (14 APwDs, two MAPD social workers and one senior MAPD official). Visual and physical disabilities are the most prevalent impairments in Asia, Africa and in most of South Africa's provinces. According to Phillips Noumbissi (2004), Mpumalanga has the second highest prevalence rate in terms of people living with visual disability and is the third province with the highest prevalence of physical disability in South Africa.

In this study, non-probability sampling was employed as it refers to the sampling whereby each participant in a population does not have an equal chance of being selected. Non-probability sampling includes accidental or convenience, purposive or judgement, quota, dimensional, spatial and snowball sampling (Wagner et al., 2012). The self-selected APwDs, social workers and the senior official had knowledge of the phenomenon being studied. The pandemic allowed the researcher to employ purposive, convenient sampling, as during data collection, Covid-19

was still prevalent in the country; with physical attendance at a minimum in the PWs, only those individuals who were in attendance volunteered to participate.

Campbell et al. (2020) indicated that purposive sampling is used not to generalise to a larger population but to gain a deeper understanding of cases and issues being studied. Furthermore, samples on lived experiences are not meant to be a representation of the population but rather should provide in-depth understanding of the lived experiences of participants which may relate to the experiences of others experiencing similar challenges.

Data collection took place between 7–11 September 2021 at the MAPD Nkomazi satellite office. The disability centre managers and members of these centres were first contacted by telephone by the social worker and the researcher, informing them of the visit by the researcher who was set to formally introduce the study. Due to the pandemic, it was noted that attendance in the PWs was poor. The centre managers agreed to assist in providing dates when APwDs were most likely to be in attendance. The researcher then worked on travelling to the area on those days. It was noted that some centres were not as active due to the pandemic. For one centre, the researcher had to visit the members in their homes and one member in his place of business. The introductory visit was convened at a date and time proposed by the respondents. Therefore, in this research, APwDs were the key subjects and the relevance of including MAPD social workers working directly with them cannot be overemphasised.

In the 'Request for permission' letter (see Appendix 1), the researcher requested to interview the two social workers based in Nkomazi and one senior official with policy influence and fortunately permission was granted. The two social workers as well as the senior official agreed to be interviewed. Participants included 14 people with visual and physical impairments, two social workers and one senior official. The APwDs interviewed came from four PWs situated in the four tribal authorities within Nkomazi Local Municipality: Steenbok, Sibange, Silindokuhle in Mbuzini and Zamani in Hoyi trust. Table 3.1 shows the sample of respondents who were interviewed.

Table 3.1: Number of respondents per protective workshop areas

Participants	Steenbok	Sibange	Silindokuhle	Zamani
Adult persons with disabilities	2 (physical) 1 testing	5 (physical)	1 (physical) 3 (visual)	3 (physical) 1 (testing)
Social workers	2 (Nkomazi satellite office)			
Senior official	1 (MAPD head office)			

Source: Field data (2021)

3.4.4 Data collection and instruments

Semi-structured, in-depth, face-to-face interviews were employed to collect data from the 17 participants. Interviews allow for purposive interaction, which is beneficial when seeking information relating to participants' experiences and opinions. An interview guide was used to conduct the semi-structured interviews. This allowed for probing and clarification of information related to the phenomenon of capacity building of APwDs.

In-depth interviews are useful when one has the intention to reach deeper thoughts and emotions, subject to what participants choose to share from their experiences (Wagner et al., 2012). The interview data served as primary data, with secondary data collected through analysis of relevant policy documents as detailed below.

3.4.4.1 In-depth interviews

In-depth interviews have been used in disability studies to explore the lived experiences of PwDs. The researcher drew inspiration from researchers who used in-depth interviewing as a method of data collection, such as Mutanga (2017), who explored the experiences of disabled students in two South African universities, among other relevant sources. Due to the heterogeneous nature of disability, other qualitative data collection instruments such as focus group discussions were not an alternative approach. Participants were interviewed individually, in their own settings, the majority at the PWs, three individuals in their households and one individual in their business premises at their convenience. The social workers and the senior

official were interviewed in their offices for convenience purposes. The researcher ensured the participants were comfortable and that there was a relaxed atmosphere during interviews. Detailed notes were taken, and cell phone audio recordings were made during the interviews and later transcribed verbatim in Excel for thematic analysis.

3.4.4.2 Document analysis

To increase the reliability of the data, the researcher undertook document analysis by requesting MAPD's policy documents that focus on capacity building. During the interviews with the social workers and one senior official, it was indicated that the organisation does not have specific policies but rather implements and draws from the DSD NDP of 2015 and the WPRPD of 2016. These policies were readily available online, downloaded and critically analysed to understand how they articulate barriers to capacity development, the solutions proposed and the preferred model of disability. The analysis of these policies was aligned to the research questions and objectives. Furthermore, these documents provided an understanding on how MAPD and the province respond to disability issues and the model of disability outlined in these policy documents. This further enhanced the researcher's understanding about how policy and practice interact as discussed in Chapter Four.

3.4.5 Process of analysis

Interviews were conducted in Swati with the APwDs. The researcher had initially prepared English and Swati interview schedules, but during testing it was found beneficial for respondents to speak in Swati due to their educational background. Data cleaning entailed the translation of text from Swati to English. This was done by paying attention to each interview transcript to ensure that important themes and elements were reflected and that the essence of the meaning of the original text was not lost when translating from Swati to English. Data was audio recorded and transcribed verbatim into Microsoft Excel in English and password protected.

Prior to and during data collection (upon introduction of the study and upon requesting consent), the researcher requested consent to record the interviews using a mobile phone application. The majority of the respondents agreed to be recorded. Only two of the interviewed APwDs and one social worker did not consent to being recorded. In this instance, the researcher indicated that it was still within their rights to consent or not to audio recording as they were not supposed to be coerced. In such cases, notes from the interviews were captured in a

notebook and later captured in Excel. The recorded data was also transcribed into Excel and analysed using thematic analysis and an inductive approach was followed to code data and determine key themes. The thematic analysis process for this study entailed assigning of codes to emerging themes (Wagner et al., 2012). The themes were then used to identify the type(s) of barriers to capacity development, strategies required to address these barriers and the effects of these barriers.

3.4.6 Reliability, validity, and dependability

Following the introductions facilitated by the MAPD Nkomazi office, the face-to-face interview guide was pre-tested by interviewing one APwD from a Steenbok PW. In pre-testing, the researcher randomly selected one PW to attend and tested the interview guide with one individual as they were available at that time. Pre-testing provided the researcher an opportunity to rephrase the questions to allow for better articulation and comprehension by the APwDs. The original interview schedule was not materially adjusted after pre-testing, except for better articulation and the order of questions, to allow the conversation to flow. The interview guides were prepared in both English and SiSwati, however, during pre-testing, the researcher discovered that the APwDs were more comfortable to relay information in SiSwati rather than English, and therefore, the rest of the interviews with the APwDs were conducted in SiSwati only. The researcher was granted permission to interview APwDs from the available individuals in the PWs in Nkomazi. The Wits School of Governance Ethics Committee provided ethical clearance. To strengthen the credibility of the data, a combination of data collection methods comprising semi-structured, face-to-face interviews and document analysis through critical analysis of policy documents were employed (Wagner et al., 2012). To ensure reliability, member checking was also done during the interviews whereby the researcher confirmed the participants' responses before moving on to the next question.

Follow-up meetings and member checking are important during data analysis to verify factual correctness. However, with member checking done during interviews, this ruled out a need to return to the respondents during data processing and report writing to validate the responses, which would have been a costly exercise given the distance and the research being self-funded. Furthermore, opinions and views expressed by the participants were captured correctly from the recordings and time was taken to ensure the accurate reflection of their experiences. The

researcher listened to each interview several times in order to grasp the responses and reflect on the experiences relayed.

To further strengthen the reliability of the findings, the findings that emerged from the field were compared and linked with findings from existing literature. This is reflected in the data presentation and discussion sections (see Chapter Four) where references are made to previous studies in connection with the emerging themes discussed.

Participants' right to receive information about the findings and analysis of the research was indicated during the face-to-face interviews with each respondent. Report sharing is also deemed to be important, not only as a means of validating the findings, but as a symbol of respect for the participants' time and involvement (Richards & Schwartz, 2002).

CHAPTER FOUR: PRESENTATION OF FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents the findings from the interview schedules of 14 adult PwDs and three MAPD officials. The interviews were analysed through thematic analysis. This study was conducted in accordance with the design and procedures highlighted in the methodology chapter. The chapter will also show the contrast between the medical and social models of disability and reflect on the usefulness of the social model in understanding barriers to capacity development of APwDs. Furthermore, Sens's capability approach, as discussed in the theoretical framework section, is engaged with in this chapter, relative to the conceptual issues the chapter seeks to address as reflected by the research questions. The findings of the study are organised and discussed according to the main research question and the sub-questions, with the themes arranged relative to the research questions and objectives. The main research question was: *What are the barriers to capacity development for APwDs with visual and physical impairment, in Nkomazi, Mpumalanga Province?* The sub-questions were:

i. What is disability and how is disability defined by the MAPD and APwDs in identifying and addressing these barriers?
ii. What understanding do APwDs and the MAPD have of the social model of disability as reflected in the MAPD's policy discourse and how, if the model is applied, is it used in identifying and addressing these barriers?
iii. What are the strategies employed by APwDs to overcome the barriers to capacity development, and how have MAPD's capacity development initiatives enabled them in overcoming these barriers? What type of support and strategies are required by APwDs to address the barriers to capacity development?
iv. What implications can be drawn for disability policy/ies to address the social inclusion of APwDs in Nkomazi, Mpumalanga Province?

Through face-to-face semi-structured interviews, the researcher was able to collect rich and meaningful information from 14 adult people with disabilities (seven males and seven females) and three MAPD officials. The number of respondents interviewed from the respective PWs within the local municipality are listed in Table 4.1 below.

Table 4.1: Respondents by nature of impairment

Protective workshop	Visual impairment	Physical impairment	MAPD officials
Silindokuhle	3	1	
Zamani	0	3	
Steenbok		2	
Sibange		5	
Nkomazi satellite office, and Head office			3

Source: Field data (2021)

It is worth noting that no questions about the respondents' ages were asked. I observed that as the respondents reached a level of trust, they disclosed their age and educational status without prompting. It could plausibly have been expected for the young age group (18–30) with greater educational opportunities in the democratic era to have better educational outcomes than their older counterparts; however, this was not the reality, as most of the respondents had primary level education, with some secondary education, and none of the respondents had a tertiary qualification, as depicted in Table 4.2 below. This unsettling reality indicates that the cycle of barriers for PwDs continues from generation to generation, and it supports the findings of many scholars who have noted that a lack of access to education perpetuates the state of poverty among PwDs and their families. Table 4.2 shows the age distribution of the 14 APwDs and Table 4.3 their qualifications.

Table 4.2: Respondent's age distribution

Age	Number of respondents	Percentage
18-30	2	14%
30-40	5	36%
40-45	4	28%
+50	3	21%
Total	14	100%

Source: Field data (2021)

Table 4.3: Level of education

Level of education	Number	Percentage
Primary education	7	50%
Secondary education	7	50%
Matric	0	0%
Professional education	0	0%
Total	14	100%

Source: Field data (2021)

Except for two adult persons who were temporarily employed and self-employed, all the interviewees were unemployed. This is consistent with Ned and Lorenzo's (2016) findings that PwDs have higher unemployment rates than their non-disabled counterparts. Table 4.4 below

shows the employment status of the respondents, with all respondents within the working age population. What was noted is that most respondents with a physical impairment indicated that they were capable and willing to work and did not identify themselves as incapable. From the respondents, only one individual was self-employed, and another individual was temporarily employed. McKenzie and Hanass-Hancock (2017) further indicate that disability does limit the prospects of inclusion in the labour market and that households with PwDs have lower household income when compared to household of persons without disabilities. The impact of unemployment will be further discussed as indicated by the APwDs.

Table 4.4: Employment status of respondents

Employment status	Number	Percentage
Unemployed and never been employed	12	86%
Temporarily employed	1	7%
Self-employed	1	7%
Total	14	100%

Source: Field data (2021)

4.2 Analysis of Themes from Face-to-face Interviews

Thematic analysis is a significant research method and allows one to identify themes and patterns within qualitative data (Maguire & Delahunt, 2017). Thematic analysis provides flexibility in interpreting qualitative data (Nowel et al., 2017) and allows the researcher to follow an inductive approach. In this case, the researcher carefully read the data and allowed the data to determine the themes. Themes that emerged from this research answered the research question and met the research objectives.

The first section of the themes will be based on interviews with the APwDs. The themes emerging from interviews with the three MAPD officials are also aligned to these themes and discussed later in this chapter. The themes are arranged as follows:

- Theme 1: Understanding of disability.
- Theme 2: Barriers to capacity building.
- Theme 3: Role of protective workshops in capacity building of persons with disabilities.
- Theme 4: Strategies required to address these barriers.

4.2.1 Theme 1: Understanding and defining disability

i. What is disability and how is disability defined by the MAPD and the APwDs in identifying and addressing these barriers?

Disability is a complex subject and disability models have been adopted to assist in the conceptualisation of disability and in informing disability policies and initiatives. Bergh et al. (2019) and Oliver (2013) advocate a social model that enshrines and upholds human rights, through legislating the social model while also allowing PwDs to exercise agency in defining the condition and meaning of disability. This is in contrast to previous practice, in which defining disability at the policy level was limited to academics (Finkelstein, 2007). The Convention on the Rights of Persons with Disabilities (CRDP) Article 1 (General Assembly, 2006) appreciates that the category of PwDs includes persons with long-term physical, mental, intellectual, or sensory impairments who encounter barriers that hinder their full participation in society. As a result, disability advocates support the need for people with disabilities to define disability. This is because people with disabilities have not been fully involved in both defining disability and designing disability programmes (Waddington & Priestley, 2021).

It was therefore the objective of the study to understand how APwDs understand and define disability, primarily using the concept of capacity development. The researcher also sought to establish the approach or disability model which shaped participants' understanding of disability. According to the interviews, it was observed that the APwDs do not view disability as a personal catastrophe, nor do they pathologise disability as reduced to physical impairment and as defined by the medical model. The APwDs acknowledged the presence of a physical impairment as a personal conversion factor according to Sen's capability approach. They viewed disability as a condition that they have accepted and refuse to be limited, discriminated against, and labelled as "disabled" or "impaired" with the implied connotation of diminished exercise of personal agency. The APwDs shared the following insights when defining and understanding disability.

P8: I am not supposed to hide my disability and I believe that one should accept her disability.

P6: Being disabled starts with acceptance, and once you accept your condition, you will live well.

The APwDs indicated therefore that they have accepted the presence of an impairment and that "acceptance" is deemed important. However, the presence of an impairment was not viewed as a dilemma, where barriers such as lack of freedom for social functioning and inclusion as well as prejudicial social and attitudinal barriers are the disabling factors to the exercise of agency. These experiences are therefore in line with the social model that defines disability based on barriers.

- **Disability doesn't mean "unable"**

The APwDs did not view disability as a condition that restrict their talents, choices, and freedoms. The APwDs recognised that their condition does not imply they are unable to perform and accomplish tasks and certain functionings, but rather that they are differently abled in the sense that they require assistive devices to function in the same way as their able-bodied counterparts.

P2: Disability is a condition that I live with, it therefore, doesn't mean I am unable to work with my hands. We should not be discriminated because of our condition, we just need the environment to be enabled, for us to be able to do what other people can do. Blind as I am, I can work with a laptop, provided it has the required software.

P3: As a disabled person, I need support and assistive devices; and what distinguishes us is a need for assistive device. If these devices are made available, we can be able to accomplish the same as able-bodied individuals.

P1: Our province has not understood or [clearly conceptualised disability], our leaders always have to be reminded that there are persons with disabilities in the community.

P1: There is a misconception in understanding and prioritising disability issues by the society, and those charged with disability issues. Our leaders should not forget us because we also need access to employment and entrepreneurial opportunities.

P3: Disabled as I am, I don't see disability as an issue since I can work with my hands. A condition of a disability doesn't mean I am unable to do certain things. We are not supposed to

> be deprived of opportunities because of our disability; and we are often dismissed when seeking opportunities before they could learn of our capabilities. Disability doesn't mean I am incapable, blind as I am, I can be a receptionist and answer a telephone.

The social model acknowledges that there are disabling barriers that are personal, social, and environmental, referred to as conversion factors in Sen's capability approach. These barriers or conversion factors need to be addressed or fixed in order for PwDs to exercise freedom and accomplish their functionings. Conversion factors, according to Sen (1999), are abilities to convert resources to functionings, and these conversion factors can be personal, social, and environmental. This is consistent with the argument of Imonje and Nyagah (2018), who contend that disability is built into the system and environment, and when combined with societal attitudes, influences the ability of PwDs to exercise freedom in using their capabilities and achieving the valued functionings.

It was evident from the interview informants that the APwDs do not view disability based on their impairments but rather on their capabilities. This derives from their understanding that to improve their employability, people must be capacitated and provided the freedom to pursue opportunities. The experiences shared above suggest that society is not inclined to understand disability from a social model perspective; according to Retief and Letsosa (2018), it is society which disables people with impairments. The views of the interview informants below (P5, P7 and P8), draws attention to the importance of skills development in the PWs. The APwDs were concerned that relying on social grants as the only source of income did not improve their long-term wellbeing and that of their families. Sen (1999) indicates that the lack of freedom to make choices on what is valued is detrimental to the wellbeing of persons because this perpetuates underdevelopment.

Sen (1999) also indicates that denying PwDs the right to exercise the freedom to be employed is a deprivation. Sen (1999) further indicates that persistent deprivation denies people with disabilities opportunities to participate in economic activities such as employment which is not only measured as a loss of income but also as a loss in terms of applicable skills. Deprivation from non-participation in economic activities may have other causalities such as low-self-esteem due to discouragement, as echoed by interviewee P8, who indicated that they are discouraged to continue seeking employment as they are not prioritised in community

employment projects. Dubois (2009) also indicates that disability programmes should shift from complacent service provision to ensure the wellbeing of PwDs.

> **P7**: It is important for us to be trained in skills development- depending on a disability grant is not sustainable, [therefore], using our skills and prioritising handwork will indeed sustain us.
>
> **P5:** This disability centre was meant to develop and capacitate persons with disabilities with skills so that they don't only depend on social grant. I understand that disability should not be a condition that hinders us from accessing employment opportunities, [therefore], we should not be discriminated when accessing employment opportunities because of our impairment.
>
> **P7**: The understanding of disability by community leaders remains a challenge. Our previous councillor used to recognise persons with disabilities, but the instability in leadership is a challenge, as the current councillor does not prioritise persons with disabilities in community agendas. It is important for persons with disabilities to be capacitated with skills and business opportunities so that they can work or attain self-employment. We believe that waiting for charity initiatives and relying on social grants is not sustainable.
>
> **P8**: The main challenge we are experiencing is unemployment, as a result, we are discouraged to continue applying for jobs. The social grant is not adequate as relying on a grant is not helpful. I used to sell food at a local school, however, I am now not able due to mobility issues.
>
> **P11:** Disability doesn't mean you cannot do anything; we are encountering educational barriers as persons with disabilities. I have obtained grade 11, and I wanted to further my studies, but I couldn't. There is a lack of understanding of disability [and understanding] of what we are capable to do.

The APwDs were concerned about the condescending approach used in these PWs, which have been reduced to feeding scheme programmes. They believed that these are places that should ensure capacitation, where skills could be learnt so that they can be self-sufficient and not rely on social grants. According to Soeker (2018), redefining the model and strategy of these workshops would improve their efficacy, as these institutions are viewed as enablers that should empower and transform APwDs and ensure readiness to participate in the labour market.

What also emerged from the interview engagement was that the APwDs recognised that disability is not homogeneous, and that individual skill sets, and capabilities must be valued in these PWs. The interviewees argued that using a blanket approach to implementing capacity building efforts is ineffective, and that appropriate skills needs analyses should be undertaken in these centres. This was obvious in most of the centres visited, where basic crop farming was the most popular current daily activity. Furthermore, the APwDs indicated a variety of skills interests that they value but are not available in these centres, indicating a level of deprivation as indicted by Sen (1999). According to Sen (1999), deprivation is caused by the environment and a lack of resources rather than by an impairment itself. Furthermore, in line with Sen's (1999) insights, it was noted that the APwDs do not associate the barriers to discomfort or limitations caused by an impairment but rather it is the social, economic, environmental, and institutional arrangements that remained disabling factors.

The account of how the APwDs understand and define disability demonstrates that APwDs do not self-identity based on their physical impairment, but rather on the barriers and deprivation from lack of opportunities and the freedom to do what they value, all of which result from the societal understanding of disability – this thus perpetuates exclusion from capacity building, employment, and other economic activities. According to the APwDs' accounts, they want to be active citizens who participate in and contribute meaningfully to society and the economy. As a result, these participants present themselves as active agents with the ability to direct the course of their own lives. The findings of this section are consistent with the social model and capability approach, as society and the environment cooperatively perpetuate the state of disability. This brings us to the next theme, which is a better understanding of the societal, environmental, and institutional barriers to capacity building as perceived by the APwDs.

4.2.2 Theme 2: Barriers to capacity development

This section discusses the challenges and barriers that the APwDs faced and the factors that continue to prevent and deprive PwDs from being capacitated, exercising their agency, and achieving functioning. According to Gupta et al. (200), it is a basic human right to have access to opportunities and participate in society and the economy; however, PwDs frequently do not have the opportunity to live and exercise these rights. These barriers are complex and interconnected, with poverty, inequality, low levels of education and unemployment being

some of the complex interconnected barriers. According to Gathiram (2008), APwDs face a myriad of interconnected barriers to economic and self-sufficiency.

When compared to their adult abled counterparts, the APwDs indicated that they face additional barriers. The first barrier created by society is discrimination resulting from the attitudes of members of society. Discrimination was cited as the most significant barrier to capacity development by all APwDs. This demonstrates a societal lack of understanding about disability. As a result, they continue to deprive APwDs by defining them based on impairment perceptions. Discrimination has been identified as the most significant impediment in communities, the labour market, and educational institutions.

4.2.2.1 Discrimination (attitudinal barriers)

Discrimination was a barrier experienced by all respondents. Discrimination within the context of this study, as indicated in the DSD (2016, p. 17) in its WPRPD refers to "any act of omission, including policy, law, practice, condition or situation, which directly or indirectly impose a burden or withholds benefits or opportunities from any other person based on grounds such as disability".

The APwDs indicated that they suffer discrimination in different contexts, including when searching for employment, participating in community activities and in accessing education. Interviewees P1 and P3 also stated that they are discriminated against, dismissed, and denied opportunities to demonstrate their abilities when seeking employment.

> **P1:** We are discriminated and judged based of the impairment before understanding our capabilities and judged as incapable. We need to be included based on our capabilities and not based on our impairment.

> **P3:** I'm not supposed to be deprived of an opportunity because of my impairment, we need to be afforded opportunities, we are dismissed before they could learn of our capabilities. Disability doesn't mean I cannot do anything, blind as I am, I can be a receptionist and answer a telephone.

The APwDs believed that prejudice extends to the labour sector, where they are unable to find work and their credentials are overlooked due to their disability. This discrimination extends to their communities, as they are barred from participating in communal or contractual employment creation schemes such as the Expanded Public Works Programme (EPWP). Gupta

et al. (2021) further indicate that exercising agency is dependent on contextual factors such as skills, motivation, confidence, and other external factors imposed by the environment. The UNCRDP, Article 27 states that PwDs should have access to employment opportunities, be able to earn a living and be freely accepted in the labour market. In achieving this, the article indicates that this should be achieved without discrimination across the employment value chain.

The article further states that PwDs should be afforded opportunities to access effective and guided technical and vocational training and placements and to promote opportunities for self-employment and entrepreneurship.

In addition, discrimination also persists in health care services, police stations and in other public service institutions. This is consistent with the findings of a study by Imonje and Nyagah (2018) that claimed that society lacks the necessary skills and understanding required to interact with people with disabilities. In a study conducted in Ghana, Adjei-Amoako (2013) discovered that the negative attitudes of public service employees such as bus drivers and station attendants, among others, contributed to the issues faced by PwDs.

Youth with disabilities have also reported being turned away from facilities by practitioners and service providers who are not trained to handle persons with impairments (Ned & Lorenzo, 2016). As a result, these attitudinal barriers continue to discourage PwDs in their efforts to seek inclusion. Access to information on capacity building and employment opportunities remains a barrier for people with disabilities owing to societal perceptions.

> **P15:** We are undermined and discriminated. We have to search for information by ourselves as there is no sharing of information in our communities, and we are not informed about employment opportunities.

All of this shows how these barriers are interconnected – the lack of access to education will be discussed further below.

> **P1:** We experience discrimination in the mainstream schools, and we dropout as a result. This is the reason why most of us persons with disabilities remain uneducated.

According to the participants, discriminatory attitudes contribute to non-prioritisation and a lack of understanding of disability.

4.2.2.2 Prioritising and understanding disability

According to the APwDs, there is a lack of understanding of disability among community members, programme managers and role players. Therefore, the medical approach is still applied in understanding disability, as indicated by interview participants P2 and P5, who noted that those providing services do not understand the needs of PwDs. Interview participant P3 also noted that the needs of PwDs are not prioritised; there are platforms such as "disability indabas" but there are no results, such as programmes that aim to address the complex challenges raised by APwDs on these platforms.

Gathiram (2008) also indicated that limited resources have led social development practitioners to adopt a "make-do" approach rather than a needs-based or priority-based approach. This could be linked to the following experiences.

> **P3:** Our issue of underdevelopment needs urgent attention, as the needs of persons with disabilities are not prioritised. We always attend disability indabas and seminars, [but we benefit nothing from these] forums.

> **P5:** Our municipality doesn't recognise us; we also want to be developed and recognised. We are only recognised when it is time for the elections.

According to the APwDs, society's definition and conceptualisation of disability proves to be an impediment to their development, capability, and inclusion. The misunderstanding of disability by society is caused by discrimination, as society's beliefs influence the capabilities and functionings of people with disabilities. Interview participant P1 stated that society considers disabled persons as persons to be pitied, and this is against how PwDs wish to be perceived by society. Furthermore, the APwDs indicated that the system is neither ready nor prepared to effectively address capacity building challenges of PwDs. This, among other barriers, demonstrates that while policy advocates the inclusion of PwDs in the country, the referenced barriers indicate the lack of readiness of the system in ensuring capacity building of PwDs.

> **P1:** Our province has not understood or clearly conceptualised disability. Our leaders always must be reminded of persons with disabilities. As persons with disabilities, we also desire to be employed and own businesses, however, we are forgotten as persons with disabilities.

> **P1:** Persons with disabilities should be involved to drive disability programmes, in government departments and municipalities. We are not pleased that disability programmes are headed by non-disabled, [therefore], ensuring this will contribute to the conceptualisation of disability and strengthen the voice of persons with disabilities.

> **P1:** Our province has not understood or clearly conceptualised disability. There are misconceptions in prioritising disability. The society and those in leadership should not forget about us as we also want to be employed and own our businesses. Our communities define us based on our impairment and not based on our capabilities.

Most interviewed APwDs believed that the system of disability centres is not ready to adequately address, implement and track disability issues in South Africa. They also indicated that these centres are not as effective as they should be. According to Rohwerder (2015), these barriers are exacerbated by a lack of awareness and funding as well as a lack of suitable human resources, ineffective policies and institutional frameworks, inadequate and unresponsive services, poor service coordination and attitudes. According to Ncube (2005), the conceptualisation of the interrelationship between the physical and social barriers faced by PwDs is not well understood, and as a result, the participation of APwDs in policymaking remains limited. Dubois and Trani (2009) further posited that there is a gap in perceiving individuals and communities as actors and partners rather than as recipients. The understanding is that these centres were established for socialising without clearly mapping the role of workshops in capacitating PwDs. Furthermore, as indicated by Dubois and Trani (2009), including PwDs as actors in the design, implementation and evaluation of these programmes does not appear to be a reality on the ground in terms of capacity building.

The APwDs indicated that they are encouraged to participate in these centres; however, these centres are not ready to empower PwDs because they have not derived value and impact from them. This is because respondents believed the centres do not equip them with skills, and in some centres where skills development is done through handwork, this has ceased because of a lack of resources. Gathiram (2008) indicates that disability inclusion will not be realised because of a lack of coordination and communication among programmes, government departments and civil society – all of which are critical factors undermining the prioritisation of disability issues.

> **P1:** The system is not ready to respond to the needs of the disabled, we were told to join these centres so that we can be developed, but nothing is happening.
>
> **P8**: We only do elementary food gardening in this centre; we don't get anything or income from the centre. We were told to join these centres, but nothing is happening. It is difficult for us PwDs to find employment, we are not even recognised for community work such as EPWP, and [we believe] that the 2% employment rate of persons with disabilities in any organisation is not being implemented.

The APwDs believed that some disability policies implemented and monitored by the government are ineffective. Most of the APwDs stated that the 2% requirement for people with disabilities in the workforce is neither enforced nor monitored to ensure compliance. This is due to a lack of awareness among people with disabilities about opportunities in community employment programmes such as the EPWP, implying that the 2% rule is not being implemented.

> **P1:** Labour and employment organisations are fully aware of the 2-4% policies of persons with disabilities in a workplace in including persons with disabilities, but the implementation of these policies is very slow and not monitored.
>
> **P10**: Disability organisations need to be a voice for persons with disabilities. The exclusion experienced by persons with disabilities in [attaining skills] training and other initiatives due to age limits is of concern. The representation of persons with disabilities in a work force remains low.

PwDs, such as P2, have expressed concerns about the design and management of these PWs and disability programmes, citing the fact that some of these centres are not managed by PwDs, and some disability programmes in municipalities are not managed by PwDs. As a result, a lack of contextual understanding persists in the design and implementation of disability programmes.

> **P4:** We require skills mapping to be prioritised in these centres to ensure that the centres promote effective skills development. Government needs to intervene by administering skills development and not only allocate funds to these centres because the monies cause conflicts. [Furthermore] ensuring that persons with disabilities are included in managing these centres and decision making is important. Government should also monitor the funds to measure the impact. It is also important that the skills investment is matched with the economic activities in

> the area [so that we respond to the economic needs in our area] e.g., Mbuzini is surrounded by two countries, therefore, tourism will be a sector that will drive the economy in the near future.

The lack of consultation to inform targeted needs-based programmes and effective capacity building initiatives is discussed as the next barrier.

4.2.2.3 Lack of skills mapping/needs analysis and consultation

It is critical to consult with people with disabilities when defining barriers, solutions, and programmes. This is consistent with the findings of Flieger and Naue (2018), that PwDs should be recognised as experts because they have experience and exposure to their situations. They further elaborated that in Australia, people with disabilities are actively involved in assessing the needs for social programmes and living conditions, and the barriers to access and mobility that they face. This is what the group of APwDs interviewed aspire to, as they all emphasised the importance of being consulted on disability and personal development issues. Sen (1999) stated that PwDs must play an evaluative role in order to ensure development through their freedom.

The evaluative role implies that "progress and assessment need to be done primarily in terms of whether the freedoms that people have are enhanced" (Sen, 1999, p. 1). It is critical to consider the barriers and the needs of PwDs. Participation of PwDs in assessment and policy design is a significant concern raised by the interviewees. Consultation with disability organisations will ensure that strategies are effective and responsive. According to Dubois and Trani (2009), such consultations entail including APwDs in planning, development, implementation, and evaluation of disability programmes. This is also enshrined in the human-rights approach as per the CRDP. Agency not only concerns what people want to achieve, but it is also about freedom of expression. The APwDs expressed concerns about the one-size-fits-all approach of capacity building initiatives in the PWs.

Understanding the needs of beneficiaries influences the utility and efficacy of an intervention during programme planning and design. Sheppard-Jones et al. (2018) argues that in ensuring capacity building, it is important to (i) Assess capacity needs, (ii) Formulate a capacity development response, (iii) Implement a capacity development response, and (iv) Evaluate capacity development. This is consistent with the concerns expressed by PwDs, as indicated

by P1 and P2, who emphasised the importance of conducting a skills needs analysis and implementing a capacity building programme informed by the results of the analysis.

> **P1:** The skills needs should be mapped well at these centres according to the type of impairment, interests and capability set of an individual.
>
> **P4:** I love carpentry, but our centre never provided skills or training in carpentry.
>
> **P2:** A task team is required to assist with skills maps and proper needs analysis as far as skills development is concerned in these centres rather than provide money. They must intervene by bringing skills development as the money allocated to the centres brings conflicts. It is important to ensure opportunities for skills in these centres. Those charged with the centres must administer effective interventions, [furthermore], our government should monitor if these funds achieve impact or not.

While it may not be possible to administer to everyone's skills and needs at the centres, there are several common skills needs and opportunities identified by the interviewees, such as carpentry and craft (knitting baskets, sewing) and fence making. Although it is acknowledged that resources are limited in these centres, it is critical to provide beneficiaries with opportunities to do what they value as advocated by Sen's capability approach. Furthermore, Sen's capability approach argues that individuals' goals and choices should be recognised and understood. According to the WPRPD (DSD, 2016), PwDs must be consulted on these programmes, and they must participate in evaluating these programmes. However, even though policy emphasises the importance of consultation, this does not appear to be a practice as revealed by the experiences shared by the participants in this study.

Dubois and Trani (2009) further emphasise that weaknesses in disability policies must be addressed, such as lack of knowledge and understanding of the needs of PwDs, lack of understanding of contexts, lack of resources and limited coordination with various stakeholders. According to Sen (2000), social exclusion is a form of capability poverty because poverty also amounts to the lack of freedom to do the activities valued by individuals. Sen (2000, p. 4) further indicates that "an impoverished life is one without the freedom to undertake important activities that a person has reason to choose. Living a decent life is not only a function of income; but the freedom to choose what you value in life is also important".

4.2.2.4 Lack of access to educational/vocational opportunities within the municipality

The most significant barrier identified in this local municipality is a lack of educational and training facilities. All respondents expressed concerns about the shortage of schools in the municipality, as there is only one school which has limitations in that it cannot accommodate persons with different forms of impairment as indicated by interview participant P1. According to the participants, their low socioeconomic status is due to a lack of timely access to education and training opportunities. Furthermore, because these barriers are interconnected, some respondents stated that their low levels of education had a cascading effect, limiting their ability to send their children for further education and training, resulting in a cycle of uneducated families for PwDs. Hunt et al. further support this (2021) and show that disability reduces these families' ability to earn income and acquire social capital. Furthermore, as indicated by Hunt et al. (2021), the increased costs of caring for persons with disabilities further perpetuates the social exclusion of families living with people with disabilities; as a result, families with PwDs are generally poorer than families with non-disabled counterparts.

> **P1:** Lack of training, educational and skills development facilities is a challenge. There is only one primary school within the municipality, which only accommodates the deaf as a result, individuals need to travel to other provinces such as Limpopo to access secondary education. This is the reason that we as disabled persons, remain uneducated.

Tondori (2016) further claims that people with disabilities tend to have low literacy levels and lack of access to training and skills development aggravates their vulnerability by perpetuating exclusion which has an intergenerational impact on their families. According to Rohwerder (2015), families with disabled children have low-income levels and little or no assets due to limited access to economic possibilities caused by social marginalisation. The WPRPD (DSD, 2016, p. 8) indicates that "the primary responsibility for disability equity lies with national, provincial and local government; and other sectors of society but also allocates responsibilities to persons with disabilities and their families", and further echoes:

> For many years, disability remained one of the key reasons for the exclusion of learners from receiving an education in ordinary schools. Children with disabilities were frequently sent to special schools, that were far from their homes, and often in environments which were not safe, and did not necessarily provide access to the curriculum or quality education.

According to the WHO (2011), most PwDs are denied access to education, healthcare, and work prospects. Two APwDs effectively echoed this unsettling concept. Education, according to Sen (1999), improves human development and freedom to unleash possibilities. Low or no access to education was viewed as a cause of the APwDs' low socioeconomic status. This is consistent with the findings of Zahari et al. (2010) in Malaysia, who found that PwDs struggle to secure employment even after completing their educational and vocational training. Ned and Lorenzo (2016) also found that a lack of skills is a barrier to employment for PwDs.

According to the social model, institutional barriers include a lack of access to education and skill development. It is institutional arrangements that do not prioritise policy implementation for PwDs. This is echoed by Donohue and Bornman (2014), who state that ambiguity in inclusion (and the means of inclusion) for PwDs results from a lack of clear policies and poor policy implementation. However, in the South African context, strategies on the inclusion of PwDs are indicated in the South African WPRPD and the NDP.

Twelve of the 14 participants stated that they dropped out of mainstream school due to a lack of access to inclusive education as indicated by interview informants P2, P3 and P4. It is worth noting that none of the respondents had completed matric, and those who indicated to have been in a matric class, did not pass matric. This highlights the systemic issues that fail to create an enabling environment for policy implementation to ensure access to inclusive education and training opportunities for PwDs. The WPRPD (DSD, 2016) also echoes that the literacy levels among PwDs are often low due to exclusion from education.

> **P2:** There is no secondary school in the municipality. People need to travel to other provinces to access secondary education, and experience language barriers. The local mainstream schools are also not inclusive.

Discrimination against disabled students in schools was identified as a challenge that contributed to their dropout rates. Three of the participants indicated that they dropped out of school because the mainstream school conditions were not welcoming as indicated by P1 and P8. They were ridiculed and degraded due to their physical appearance. This is consistent with Lamichhane (2013), who claims that societal views influence the attainment of schooling for children with impairments. P1 further echoed that the discrimination contributed to his delays in schooling because he had to take breaks from school to recover from the effects of the humiliation from peers.

> **P1:** I felt excluded at school because of stigma as people did not understand disability. I delayed my schooling and had to take breaks due to the humiliation and discrimination.
>
> **P8:** I almost quit school because of the stigma and discrimination. Other learners used to tease by imitating how I walk.

Furthermore, a disconcerting trend emerged throughout all the interviews: access to learnership opportunities is hampered due to age restrictions. As a result, APwDs are further excluded from these vocational training opportunities as most of them access or learn about opportunities later in life that their non-disabled counterparts. The lack of vocational training facilities and Adult Education and Training institutions that accommodate PwDs continue to be a barrier. According to the Department of Higher Education and Training (2018), PwDs are still excluded from the Post-School Education and Training (PSET) systems, due to a lack of understanding of their needs and a lack of proper and timely interventions to address their needs in the PSET system. This also points to neglect and discrimination as reasons for their exclusion from the PSET system.

> **P2:** Age restrictions in accessing educational centres for those above 18 is a challenge. Once we are above the age of 18, we cannot access special schools. Learnership opportunities also have age limits, thus excluding us from these opportunities.
>
> **P3:** There are no training centres and there is only one school and doesn't accommodate all impairments.
>
> **P4:** There are no adequate educational facilities for adults and children. I love carpentry but our centre never provided an opportunity to learn carpentry. I also could not complete my secondary education because of access within the municipality and the province at large.

P3 further echoed that PwDs still cannot access Adult Basic Education and Training (ABET) as the facilities in the mainstream education system does not accommodate PwDs. The WPRPD (DSD, 2016, p. 94) indicated that in ensuring empowerment of PwDs, it is important to

> ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education, and lifelong learning without discrimination and on an equal basis with others by, among others ensuring that reasonable accommodation is provided to persons with disabilities.

However, this is not a reality as echoed by P3 and others.

According to Tondori (2016), poor literacy levels present challenges for persons with disabilities to find employment opportunities, and PwDs indicated a need for ABET education to assist with literacy skills. This has been identified as the primary contributing factor to illiteracy in APwD populations. Mutanga (2017) also indicated that lack of access to basic education is a major impediment to attaining inclusive higher education.

> **P3:** If we can have skills training centres within our municipality, this will make life easier for us. It is also difficult for us to access ABET education, as this will assist us with basic literacy.

Access to education within the municipality and throughout the province is a significant barrier. According to Lamichhane (2013), reflecting on the Nepal experience, the exclusion of PwDs from education is due to a lack of support in schools, financial constraints faced by families of PwDs and scarcity of schools for PwDs. Numerous studies show that PwDs have limited access to education because few educational institutions offer inclusive accommodation for them. According to Rohwerder (2015, p. 15), "A large majority PwDs are either unemployed, underemployed, or earn lower wages". From the interviews conducted for this study, only two individuals were temporarily employed and self-employed respectively.

According to Alkire (2005, p. 122), Sen's capability approach, states that "social arrangements should be primarily evaluated according to the extent of freedom people have to promote or achieve functionings they value". In the same vein, individual conversion factors like unemployment and a lack of income are consistent with these concepts. The limited access to education and functionings is further perpetuated by these conversion factors. This is because personal characteristics, like employment, affect people's possibilities and choices. In addition, people who have little to no income often do not have disposable income that could be used for personal development. This then makes it difficult and limits the chances for PwDs to compete in the labour market and in entrepreneurial opportunities. Although the National Skills Development Strategy is also meant to integrate the marginalised population in skills development opportunities, however, the majority of PwDs, as echoed by the participants in this study, continue to experience barriers to skills development, employment, and entrepreneurial opportunities. The next section discusses barriers to entrepreneurial opportunities.

4.2.2.5 Lack of funding and enterprise support

Almost all respondents indicated that they confront obstacles both in starting businesses and in successfully operating one. The APwDs confronted significant challenges in business start-up, upscaling, maintaining and sustaining the business. Barriers are created by funding structures that set requirements that eventually exclude PwDs. In addition, their low levels of education and lack of employment further exacerbates these barriers. Most respondents stated that they need to start and operate enterprises to supplement their social grant income and improve their wellbeing, which is consistent with Burchardt's findings (2004). According to interview participants P1, P3 and P8, the main challenges cited by the APwDs when engaging in entrepreneurial activities include a lack of information, start-up funding and general enterprise support.

Furthermore, with no other source of income other than social grants to be used as collateral this creates additional barriers to obtaining loans from banks as they are deemed ineligible. This further adds to the already complex barriers in the lives of APwDs. Although demonstrating the relationship between these barriers was not the aim of the study, it is important to note that these barriers and the associated outcomes and effects are interconnected.

> **P1:** I have tried to approach SEDA (Small Enterprise Development Agency) for funding, but I was not successful.

> **P3:** We don't receive feedback on these funding mechanisms; we were verified for a funding application, as we were told that we were excluded from the criteria-as they want us to have established business premises. They verified the poultry house at home, and I was told that the poultry house doesn't have equipment, and therefore doesn't qualify for funding.

> **P8:** I have tried to apply for a loan at a bank to start a business, but I was told I do not qualify since I am a social grant recipient.

During the interviews, some of the respondents indicated that they were encouraged to register businesses, however, no follow-up assistance was provided. P3 and P4 indicated that they were approached and screened by an agricultural advisor for funding opportunities, but this did not materialise, and no feedback was received.

> **P4**: We were advised to register businesses so that we can apply for employment through government tenders, but we have not accessed some of these government opportunities. I have applied for funding to start farming with no feedback.
>
> **P5:** We are unable to find entrepreneurial opportunities from government and employment in general. We have families, and as a result, we cannot send our children to institutions of higher learning due to lack of financial resources. Working in these centres is voluntarily, there is no income derived. We were encouraged that by registering these businesses, we will find employment from government or tenders. What are these companies for if they don't benefit us?

It was clear that some of the participants have business ventures they would like to pursue but lack guidance on business start-ups. P2 and P3 indicated that they face exclusion before they can even attempt them. The criteria also excludes PwDs from participating in entrepreneurial opportunities, as it is often challenging for them to meet these criteria without foundational start-up assistance. The WPRPD indicates that PwDs should be active participants in various sectors of the economy such as mining, construction, manufacturing, agriculture and agro-processing, higher education, tourism, and business services. During the interviews, the majority of the APwDs expressed interest in the areas outlined in the WPRPD; however, a lack of business support remains a challenge.

> **P2:** It will help if they can provide us with equipment to manufacture products such as pampers, and cleaning materials. I have an interest in manufacturing of these products so that we can supply major retail shops such as Shoprite.

This demonstrates that there are no properly designed business or entrepreneurial support interventions targeted at assisting PwDs. This is because they currently seek support under mainstream interventions, rather than support packages tailored for PwDs. The lack of disability specific packages continues to exclude PwDs, as most of them do not have financial capacity and collateral and have a low level of education – these continue to undermine their ability to compete with non-disabled educated counterparts.

Evidence from this study supports the assertion that PwDs desire to take up self-employment and be self-sufficient. However, barriers to entrepreneurship are exacerbated by other factors such as age restrictions, as in the case of P1, who was disqualified from a specific funding instrument due to age restrictions. This necessitates properly designed policies to remove

barriers to entrepreneurship for PwDs. Arnold and Ipsen (2005) also indicated that funding instruments should consider the heterogeneity of disability and should not be generalised but should instead consider tailored support programmes for PwDs.

The APwDs advocate group-specific interventions because they understand that disability is heterogeneous, with individuals differing in their entrepreneurial and skill aspirations. This is true because some APwDs interviewed expressed an interest in carpentry, manufacturing, farming, crafts (basket making) and so on. The PWs do not currently provide most of these areas of aspiration. It is also recognised that the heterogeneity of impairment characteristics has policy implications for how to engage and support individuals' entrepreneurial capabilities. Sen's capability approach advocates freedom, choice, and achievement of functionings and wellbeing. This, among other barriers, demonstrates that while policy advocates the inclusion of PwDs in the country, the identified barriers show that these PWs are far from assisting APwDs.

4.2.3 Theme 3: The role of protective workshops in capacity building of persons with disabilities

The MAPD's role is to ensure the removal of barriers that prevent people with disabilities from participating in the mainstream economy. According to the MAPD officials interviewed, the organisation focuses on capacitating APwDs by removing barriers such as mobility access through wheelchairs and other capacity development initiatives such as skills development. Furthermore, MAPD assists in referring APwDs to learnership and job placement opportunities. Apart from these initiatives, the organisation promotes market access for APwDs and enterprise support. According to Gathiram (2008), people with disabilities must constantly compete with the rest of society for limited resources.

The social model advocates the removal of barriers to ensure PwDs are capacitated, exercise agency and achieve functionings. It acknowledges that disability is a result of social, physical, institutional, and environmental barriers. Gathiram (2008) further stated that PWs are meant to provide skills to prepare PwDs for employment. According to Terreblanche (2015), the DSD model on PWs is to provide psychosocial support, skills development, and entrepreneurial development. However, little can be said about the success and impact of these workshops that are subsidised by the DSD to ensure capacity building.

Below are the narratives from the MAPD officials, represented as official 1 (O1), etc.

> **O1**: The role of MAPD in capacity building is to ensure that persons with disabilities are skilled. We advocate for them for business opportunities so they can be able to sell their products.

> **O2:** Through skills development, we advocate for those with businesses to sell their products for income generation of the centre or individual income. We try and advocate for market access and job opportunities by assisting with job applications and interview preparations. We also engage with companies to accommodate persons with disabilities in the workplace, e.g., engage with employers to ensure that there are ramps in the workplaces, assist with assistive devices such as wheelchairs. We have assisted with training in handwork, carpentry, fence making and crop production.

> **O3**: MAPD focuses mainly on people with physical impairment, and we have assisted in improving mobility by providing wheelchairs etc. We also empower persons with disabilities with skills so that they can be independent once they exit these protective workshops.

In addition, the organisation promotes the removal of barriers through partnerships with other social actors, such as the elimination of attitudinal and physical barriers in the transportation sector, in addition to other amenities as suggested by O2.

> O2: We have approached businesses such as local bus companies, some of the community buses now have wheelchair ramps. We have also advocated for the adjustments of some of the Automated Teller Machine (ATMs) to accommodate wheelchair users, with some hotels also requested to be modified to ensure access by persons with disabilities.

Even though the organisation has assisted PwDs in the removal of barriers and capacity building to some extent, collaboration with other role players in capacity building still needs to be improved. They stated that, due to limited resources, the current capacity building initiatives are minimal and that other stakeholders such as the Department of Economic Development have a duty to provide ongoing enterprise support to ensure that APwDs are self-sufficient once they have been capacitated through these centres. Furthermore, as indicated by MAPD officials, the goal of these centres is to empower APwDs so that they can become self-sufficient and start businesses, however, the system is not fully equipped to ensure this transformative role. This is echoed by the WPRPD (DSD, 2016), which states that reducing barriers and inequalities in economic opportunities for people with disabilities requires coordinated efforts

from all government departments, labour unions, skills development agencies and other relevant actors.

> **O3:** We empower PwDs with skills to ensure that they are independent and economically sustainable once they exit the PWs.

In addition, given the MAPD's transformational role, the officials cited a wide range of barriers that, in their opinion, prevent effective capacity building programmes for PwDs.

4.3 Barriers to Capacity Building Experienced by APwDs (Reflections by MAPD Officials)

4.3.1 Lack of understanding of disability

All the MAPD interviewed employees indicated that disability is merely a term used to identify people. Nevertheless, the concept of disability is poorly understood and does not imply that someone is incapable. As a result, according to the social model, people with disabilities must be enabled by removing barriers. According to O1 and O3, it is the environmental barriers that perpetuates the condition of disability. All officials indicated that the society still defines and identify disability in terms of an impairment rather than an individual's capability. O2 further indicates that disability is not a one-size -fits- all approach. This conceptualisation is important as it assists in ensuring that programmes are tailored, and sensitive to the needs and capabilities of different impairments.

> **O1:** The presence of an impairment doesn't mean the person is different from the rest of the society.

> **O2:** Disability is not a one-size-fits all, as it admits of degrees of impairment.

> **O3:** Persons with disabilities also have needs, however, the society creates barriers for APwDs. Disability is broad and misunderstood. The society regard persons with disabilities as someone who cannot do anything. The society tends to forget that persons with disabilities have capabilities. Disability has never limited anyone from achieving their goals. It is the environment we create and the stereotypes that hinder them from achieving their full potential.

All the officials indicated that ensuring that society conceptualises disability in more complex and holistic ways needs to be prioritised in order to disability issues. O2 stated that awareness assists communities in understanding disability and to encourage employers to employ people

with impairments. However, little progress has been made thus far. The contributors to capacity development challenges in support of the inclusion of PwDs, according to Kaplan (1999, as cited in Ned and Lorenzo, 2013), cited a lack of understanding of disability by service providers and those charged with disability programmes as a major challenge.

> **O2:** I don't know why the society struggles to understand persons with disabilities because, as MAPD, we always conduct campaigns in radio stations to encourage the community and companies to employ persons with disabilities.

O3 indicated that disability is not well conceptualised. This is because society confines PwDs to an impairment that contrasts with the social model, which supports that it is the environment that impedes persons with disabilities from exercising their freedom to achieve their functionings in accordance with Sen's capability approach. As evidenced by community behaviour, the communities where these disability centres are located have no understanding or prioritisation of disability issues**.**

> **O3:** The concept of disability is broad and misunderstood. Disability has never limited anyone from achieving their potential. It is the environment we create and the stereotypes that hinder the realisation of their full potential. As much as we are encouraging communities to take part, stereotypes in the communities still persists. We have communities vandalising fences, and stealing the fresh produce produced in the centres etc. The community still doesn't understand the importance of these centres as models of rehabilitation.

O2 further indicated that the discrimination experienced by APwDs in finding employment is due to a lack of effort to conceptualise disability as a condition that does not impair economic social function.

> **O2:** There is also a tendency by employers to discriminate and disregard CVs of persons with disabilities, without an effort to understand the type of impairment of that individual.

Pinto and Pinto (2020, p. 27) indicated that the "human rights model in Article 27 of the CRDP defines the right to work for PwDs; and this includes the opportunity for PwDs to earn a living by freely choosing employment in an open, accessible and inclusive labour market". O1 also indicates that the rights of PwDs need to be ensured.

> **O1:** As a country we still have a long way to go. Human rights should not be a matter of being documented, but rights must be lived. A child born with a disability should have the required assistive devices needed to function like any other child.

Contributing to the lack of conceptualisation of disability is that those entrusted with disability programmes are not delivering effective and relevant interventions. This perceived problem is in line with what was echoed by PwDs who indicated that seminars are held to discuss disability issues with no subsequent actions in terms of effective programmes being implemented. O3 also indicated that various partners invited to discuss disability issues, do not prioritise such engagements. This is consistent with Yam (2013), who indicates that lack of multi-agency collaboration that brings together government agencies and private sector actors is a barrier impeding inclusive development of PwDs. Hess-April (2006, as cited in Ned & Lorenzo, 2013) indicated that there is a need for multisectoral collaboration to strengthen the systems for the inclusion of PwDs.

> **O3:** Municipalities and government departments have transversal units to coordinate issues of disabilities. In my view, disability issues are now a talk shop, as meetings are held with no implementation.

4.3.2 Educational barriers

According to the three officials, APwDs face additional challenges than their non-disabled counterparts. These barriers, according to officials, are consistent with those indicated by APwD above. The major impediment for APwDs, according to all officials interviewed, is access to education. According to O3, the barrier to education is systemic since PwDs face barriers to access from Early Childhood Development Centres (ECDs) as there are no inclusive ECD centres or those specifically dedicated to children with impairments. It is also claimed that a large share of the population of disabled people is illiterate, with those who succeed to matric level, very minimal. In supporting this, research evidence found that none of the PwDs respondents attained matric. This lack of access to education limits their employment prospects. O3 indicated that schools are not inclusive.

> **O3:** Educational access is the main barrier as the mainstream schools are not inclusive, and majority of the persons with disabilities don't have a matric qualification- we struggle to place most of them in vacancies requiring matric, as majority of PwDs do not have matric. Furthermore, strengthening the foundation at Early Childhood Development (ECDs), will also

improve their educational outcomes, as most of the ECD centres do not accommodate children with disabilities.

O2 also indicated that the municipality and province's lack of adequate special schools is indeed a barrier to educational access; and indicating that there is only one primary special school, with no secondary school within the municipality. Access to education has been identified as the main barrier to capacity development.

> **O2:** The lack of special schools in Nkomazi is a challenge and accessing special schools elsewhere is a challenge, and a tedious application process. We only have one school accommodating children with communication impairment. It doesn't accommodate learners with intellectual disabilities etc. Therefore, these other learners end up attending at the stimulation centres, and these centres are not effective in addressing the educational aspects as they are not designed for that.

> **O1:** Persons with disabilities face additional barriers in accessing education, therefore, we need schools within our community so that these learners don't have to travel to other provinces.

4.3.3 Unemployment

The barriers experienced by PwDs in securing employment cannot be over emphasised. The inability to secure employment impedes their livelihoods and undermines their ability to ensure further capacitation and development. Access to employment positions one to be able to earn disposable income, which can be used for human developmental interventions such as further education and entrepreneurship. These barriers are therefore interconnected, forming a system of barriers, requiring systematic interventions. Sen (1999) indicates that unemployment contributes not only to a loss of income, but loss of skills and freedom to apply in practice.

Lack of employment also affects the overall wellbeing and self-esteem. The WPRPD (DSD, 2016) also echoes that employment contributes to general personal wellbeing, with income raising standards of living and independence. The UNCRDP, Article 7 further indicates that PwDs should be afforded equal access to employment opportunities and should not be discriminated to access employment on the basis of an impairment. However, as echoed by PwDs, this is not a reality as PwDs cited discrimination in searching for employment as a barrier in accessing employment and other economic opportunities.

> **O1:** There are adult persons who receive funding for Administrative related trainings from the Sector Education and Training Authorities (SETA), etc [but] they still don't find employment after these trainings. Even though adverts indicate that persons with disabilities are encouraged to apply, they still remain unemployed.

4.3.4 Resource constraints

The lack of adequate resources to fully execute disability initiatives is a challenge cited by MAPD officials. This, therefore, limits the organisation in further capacitating PwDs. This is consistent with the findings of Adjei-Amoako (2013) and Ned and Lorenzo (2013) who indicated that disability organisations work within limited human and financial resources, thus impinging on the delivery of their mandates. Terreblanche (2015) also indicated that the subsidy from DSD on PWs is for start-ups and running costs, as such PWs are required to complement their incomes as these subsidies make provision for once-off funding to be used for capital and running costs for the workshop. PWs are at liberty to complement their incomes from business activities, donations, and fundraising. However, the sustainability of these PWs have been a concern in the past years due to limited funding. O3 and O1 indicated that resources are not adequate to ensure the implementation of effective capacity building initiatives.

> **O3:** Resources of any nature are not adequate; we are given a minimum to implement regardless of the magnitude of the needs. The budget on disability mainstreaming has never achieved results.

> **O1:** MAPD is an NPO, therefore, a lack of resources and other barriers limit the ability of MAPD in extending its scope.

4.4 Document Analysis

In triangulating data for this research, the NDP (DSD, 2015) and the WPRPD (DSD, 2016) being the main policy document in transforming the lives of PwDs were assessed. The WPRPD is an update to the Integrated National Disability Strategy White Paper (DSD, 1997). These two policies were critically analysed to understand how capacity building initiatives are articulated in these documents in comparison to the realities outlined by the respondents. Furthermore, the policy documents were critically analysed to understand how capacity building issues are catered for in policy and the models applied to inform capacity building initiatives. The analysis was guided by the following research question: What is disability and how is disability defined in identifying and addressing identified barriers? The barriers

experienced by PwDs, the model of disability used to respond to capacity building programmes of PwDs and the strategies employed in addressing capacity building of PwDs.

4.4.1 The National Disability Policy

The NDP (DSD, 2015), acknowledges that PwDs still experience a myriad of barriers that inhibit their equal participation in the society as indicated in the quote below, extracted from the NDP (DSD, 2015). *"*However, People with Disabilities still face extreme social, economic and political levels of inequality and discrimination, contributing to their underdevelopment, marginalization, unequal access to resources and lack of service provision" (DSD, 2015, p. 2).

4.4.1.1 Lack of effective capacity building programmes

The understanding of disability in the NDP policy document follows a capability approach and the social model and supports a shift from the charity-based or welfare approach and medical model. However, this is not the reality as the respondents did not provide evidence that the society has completely shifted from a medical model. Furthermore, the NDP acknowledges the limitations in implementing the social model in practice "Although government has adopted the "social model" approach, the delivery of social services by the DSD, to People with Disabilities remains focused on provision of grants" (DSD, 2015, p. 10). Evidence to this lack of implementing the social model, the NDP indicates that there is a lack of effective programmes that address the needs of persons with disabilities, thus perpetuating poverty and unemployment amongst PwDs.

Furthermore, the experiences shared by PwDs revealed that the programmes administered in the PWs are not effectively capacitating and empowering. This therefore limits their freedom to exercise agency, to achieve functionings. According to Sen (2000), such experiences are indications of deprivation. Furthermore, the lack of educational and skills development facilities and opportunities, in the province and the local municipality are all symptoms of a system that is not ready to remove barriers to capacitate PwDs. The NDP also echoes that stereotype continue to disable PwDs, with discrimination continuing to exclude PwDs.

Other key challenges that continue to exclude PwDs from mainstream society are

> prejudice and social stigma, isolation, lack of access to support networks and resources for an independent daily existence, lack of access to infrastructure, services, communication, transport, opportunities, resources, education, technical aids, etc that allow them independence and promote their dignity, self-sufficiency, and responsibility. (DSD, 2015, p. 13)

The WPRPD indicates that PwDs continue to face exclusion due to attitudinal barriers. This is consistent with the responses provided by PwDs and the MAPD officials. They all cited societal attitudes as a barrier to participation and inclusion in economic activities.

4.4.1.2 Lack of access to educations, training, and vocational opportunities

Lack of access to education and training opportunities is indicated as a contributor to unemployment, and ultimately to poverty amongst PwDs. According to Dubois and Traini (2009), "The proportion of non-disabled children aged 7 to 14 years who are accessing public school today is almost twice as high (65.4 %), compared to the proportion of children disabled before school-going age (36.1%) regardless of where they live or gender". The NDP (DSD, 2015, p. 12) also states that this is "mainly attributed to the shortage and lack of appropriate skills, inadequate training, and a shortage of resources to support the employment of People with Disabilities." This is a challenge indicated in the Integrated National Disability Strategy (DSD, 1997). This is a sad reality that since the Integrated National Disability Strategy was developed in 1997, APwDs still face barriers to access to education, skills development, and vocational opportunities. This clearly indicates that the needs of APwDs haven't been prioritised to ensure development of PwDs and as cited by P2.

4.4.1.3 Lack of access to employment opportunities

According to the NDP (DSD, 2015, p. 12), "The formal employment of People with Disabilities, in accordance with the Equity Employment Act, is occurring at a slow and rather tedious rate". This is mainly attributed to the shortage and lack of appropriate skills, and inadequate training amongst PwDs, and shortage of resources to empower and capacitate PwDs for employment.

The policy further indicates that most PwDs continue to be employed in disability centres/PWs, which are sustained by subsidies and fundraising. The policy was developed in 2015, however, 6 years later this continues to be a reality, as all the respondents indicated some of these PWs have ceased their income generating activities.

4.4.1.4 Lack of readiness to implement disability programmes and intersectoral collaboration

The NDP (DSD, 2015) acknowledges that the system needs to be socially integrated to inform planning and effective implementation of disability programmes. This lack of social integration

continues to limit PwDs in accessing opportunities and being socially active in the economy. This is a reality, as most PwDs still encounter a myriad of barriers that require multisectoral integration such as access to funding and business support, vocational opportunities, etc. Additionally, MAPD officials also indicated that the province is not well coordinated in effectively addressing the challenges experienced as engagements on disability issues continue to be a matter of routine rather than implementation on the ground.

The NDP (DSD, 2015) further acknowledges that promoting economic opportunities of PwDs is a secondary role of the DSD, where NGO's, academic institutions and other parties are entrusted with a role to develop and implement capacity building programmes. The NDP (DSD, 2015) further indicates that capacity building initiatives of PwDs should focus on skills development to promote employment. However, respondents in this research have lamented on the ineffectiveness of these PWs in ensuring effective skills development initiatives.

4.4.2 White Paper on the Rights of Persons with Disabilities of 2016

Turning to the WPRPD (DSD, 2016), which is anchored on nine pillars: 1) Removing Barriers to Access and Participation, 2**)** Protecting the Rights of Persons at risk of Compounded Marginalisation, 3) Supporting Sustainable Integrated Community Life, 4) Promoting and Supporting the Empowerment of Children, Women, Youth and Persons with Disabilities, 5) Reducing Economic Vulnerability and Releasing Human Capital, 6) Strengthening the Representative Voice of Persons with Disabilities, 7) Building a Disability Equitable State Machinery, 8) Promoting International Co-operation, and 9) Monitoring and Evaluation.

According to WPRPD, there is no universal definition of disability, thus admitting the complexities in defining disability. The UNCRDP states that disability results from an interaction of an impairment with the environment. According to the WPRPD, post democracy, South Africa recorded a change in disability agenda and in its conceptualisation of disability through the social model, which was not a case pre-democracy, where the medical model shaped disability agendas and policies. On the contrary, the WPRPD further acknowledges that, mainstreaming disability has not been sustainable as interventions were not effectively planned and coordinated.

Access to education is a barrier acknowledged in the WPRPD, as it states that the majority of APwDs who are above the age 20 have no formal education; and that only one-fifth of the

disabled people population, mainly black Africans have access to tertiary education. This is consistent with the educational status of respondents above, who only have some primary and secondary education. The WPRPD further indicates that the NDP acknowledges the role of inclusive education in promoting skills to PwDs.

Access to employment opportunities continues to be a barrier as echoed in the WPRPD, and that access to education by all children with disabilities will assist in the attainment of employment equity. The white paper further acknowledges that attitudes, lack of assistive devices, lack of access to transport are all contributing factors hindering APwDs in seeking employment. The UNCRDP, article 7, stresses that PwDs should be afforded equal opportunities to participate in employment and attain decent livelihoods.

The WPRPD also indicates that PwDs should be afforded opportunities to actively participate in the economy and in key economic sectors such as mining, construction, mid-skill manufacturing, agriculture and agro-processing, higher education, tourism, and business services. However, most respondents are not actively participating, even those with interest in manufacturing and tourism currently do not have guidance on how to exploit these opportunities. Respondents above indicated interest in some of these sectors such as manufacturing as indicated by P2 and tourism as indicated by P4.

Lack of access to business opportunities, funding and information were barriers cited by PwDs, and the WPRPD also indicates that the cost of business and compliance should be reduced for PwDs and their families. However, this is far from being a reality as the respondents lamented to a myriad of challenges in starting businesses.

In realising the social model, the WPRPD acknowledges that PwDs should be afforded economic rights to be enable the attainment of basic needs. The WPRPD further indicates that, in realising the social model, PwDs should be consulted afforded an opportunity to conceptualise, develop, implement, and monitor the development policies and programmes. The working paper further advocates for the removal of barriers in realising the rights of PwDs, through ensuring access to transport, the built environment, information, and access to inclusive ECD. Lack of access to ECD was cited as a barrier contributing to lack of access to basic education. Furthermore, the WPRPD also states that PwDs have a right to secure employment of choice without discrimination, with access to opportunities, technical and

vocational training, career development and to self-employment. However, from this research this is not a reality as only two individuals had access to some level of vocational training.

In conclusion, both policy documents indicate that PwDs continue to face barriers as discussed above. These barriers to education and training are major threats to capacity development. The NDP (DSD, 2015) further acknowledges that although legislation exists, however, systems and structures continue to exert barriers and marginalise PwDs. The NDP (DSD, 2015) also indicates that PWs should be places that ensures the empowerment of PwDs in attaining sustainable livelihoods, however, the ineffectiveness of these PWs is a concern as they currently not inclined to provide sustainable income and economic opportunities for PwDs. This is consistent with the responses of PwDs who indicated that the centres do not provide sustainable and impactful capacity building initiatives.

Drawing from the Integrated National Development Strategy, the WPRPD embraces the social model of disability. However, in practice, this is not the case, as PwDs still experience barriers to capacity building. The white paper as quoted below admits that the initiatives are still designed based on the medical model due to a lack of evidence-based research to inform planning of government programmes.

> Policy review and design of programmes and services often lack evidence-based research on the exclusion and/or successful inclusion of PwDs, as disability related research is currently in the main not directed to inform the national disability rights agenda but is to a large extent still conducted within the medical model approach (impairment-deficit focus) and lack a system of informing government planning. (DSD, 2016, p. 119)

PwDs desire PWs that are enabling, capacitating, promote independence, developmental and sustainable. From the experiences of PwDs, these PWs are far from achieving impact in terms of meeting the developmental needs of PwDs. This then leads us to the next section which serves to answer the third research question on the understanding and the application of the social model by APwDs and MAPD Officials, and the model used in capacity building.

4.5 Understanding of the Social Model by Adult Persons With Disabilities and MAPD Officials

> What understanding does the APwD have of the social model of disability as reflected in its policy discourse and how, if the model is applied, is it used in identifying and addressing these barriers?

One of the objectives of the study was to understand how the social model is understood by the APwDs and how it informs MAPD's capacity building programmes. All three MAPD officials indicated that the social model is used to inform capacity building initiatives, as the organisation's mandate is to remove barriers to ensure inclusion and participation of PwDs as advocated by the social model.

All the officials stated that a social model approach is applied as they strive to ensure that physical, educational, entrepreneurial, and training barriers are removed. This has been achieved by providing mobility aids and advocating structural or environmental adjustments, skills development/training through SETAs, job placements, etc. O2 indicated that the organisation has advocated the removal of physical barriers in the public transport system, citing the modification of local buses to accommodate wheelchair users. Part of their responsibilities include assisting PwDs to source donations to assist with business start-ups.

O3 further indicated that disability is socially created and that communities have a duty to eradicate attitudes and prejudices to better comprehend disability. What is noteworthy, according to O1, is that while the social model is being used to define capacity development initiatives, the medical model is not being overlooked, but rather valued alongside the social model. This is because, while the environment can be altered, it will not eliminate the impairment, which will necessitate medical intervention. The adoption of the social model is consistent with findings by Du Plessis (2013), who claimed that while the social model is frequently criticised for neglecting the medical model, this is not the case, as the social model is an extension of the medical model. This is also in line with the arguments of proponents of the social model such as Oliver (2013), who argued that the social model does not completely ignore the physical impairment nor the role of the medical profession, but that these perceptions are a result of how the social model was popularised. As a result, this criticism can be addressed by ensuring that the model in its application does not disregard impairment or the role of the medical profession. This is also echoed by the WHO (2011), that a balanced approach is essential in conceptualising disability because it is neither medical nor physical and that all disabilities should be treated equally.

> **O1**: There are social and medical barriers experienced by PwDs. We engage with Occupational Therapists who also assist in referring PwDs for medical interventions. We also apply the social model in our capacity building initiatives. There are instances where other PwDs possess certain

skills but lack guidance. We, therefore, as MAPD assist in sourcing donations on their behalf to start businesses.

O2: We use the social model in framing our initiatives, as we do not define disability by a condition because we believe that an environment can be altered to accommodate PwDs e.g., we have managed to advocate for the alteration of some ATMs to accommodate wheelchair users. The social model has worked, some of the PwDs are now employed. We have also approached businesses such as local bus companies; as a result, some of the community buses now have wheelchair ramps.

O3: We apply a social model, and we believe that persons should not be taken out of their communities and be treated differently. Disability is socially constructed; therefore, the same community has the responsibility to build PwDs, therefore, removing PwDs from their communities and rehabilitate independently, will not help because PwDs need to go back to their communities once they exit the centre. This is the reason; we have strived to establish these centres in the communities where PwDs live; and the entire community has the responsibility to rehabilitate PwDs.

The above quotations demonstrate that the social model guides MAPD initiatives. However, according to the APwDs interviewed in this study, the social model has not been fully implemented in these centres. This is because in addressing barriers, the social model takes a holistic and systemic approach which is not the case at the moment. The APwDs, on the other hand, continue to face systemic barriers. The inability to engage in activities that they value in these centres demonstrates that the APwDs' freedom and rights are not prioritised. The social model is enshrined in the Convention on the Rights of Persons with Disability's human-rights approach, which emphasises the importance of consulting PwDs in the design, implementation, and evaluation of disability programmes. The lack of or limited access to educational and vocational opportunities as well as limited access to entrepreneurial support are all symptoms that a social model has not been fully implemented in practice.

The majority of the centres are over a decade old, yet little was said by the participants about the socioeconomic impact of these centres. In addition to Covid-19 related challenges, such as closure and operating according to risk guidelines, most centres no longer operate effectively. Three of the four centres confirmed that they are no longer undertaking the activities that they used to undertake at these centres, raising concerns about their continued existence, effectiveness, and commitment among the members.

P2: I have not been assisted yet at the centre, as we have not been doing any impactfull activities. If they can provide equipment to manufacture e.g., pampers, cleaning materials etc, this will help. I have an interest to learn how to manufacture these products, so that we can supply major retailers such as Shoprite.

P4: I have not been assisted at the centre. There's no unity in these centres and there is a lack of transparency. The funds donated into these centres are not used for the intended purpose. e.g., Poultry farming has been the only activity undertaken in these centres for a number of years. [We] understand that the purpose of the centre is to capacitate individuals through skills development [but]we do not have access to such initiatives. We need equipment and infrastructure to be provided in these centres. Furthermore, attendance in these centres has decreased. These centres should also have initiatives such as loans to assist individuals with start-up capital. I can make baskets, but I do not have assistance to start.

P5: We used to sew clothes, do welding and make fence at the centre. However, due to infrastructure challenges at the centre [and also] and financial challenges we no longer undertake these activities.

P6: I was trained in handwork (bead work, traditional mats and sewing), although it was not a success because we didn't proceed further due to a lack of funds to buy material. We would sell the beadwork and clothes at a market.

P9: We were told that participating at the centre will assist us find employment, but with time this is not happening. So far nothing helpful or beneficial is happening at this centre. Things are not progressing well at the centre, [and] attendance is poor.

P11: There is nothing tangible happening in capacity development. Disability doesn't mean you can't do anything. We only do elementary food gardening at the centre, sell the produce [and] use the proceeds from the produce to maintain the centre.

Despite the capacity building barriers encountered by APwDs, some APwDs have developed strategies and coping mechanisms to address the barriers to capacity building and to sustain their livelihoods.

4.6 Coping Strategies Adopted by APwDs to Address Identified Barriers

What are the strategies employed by the APwDs to overcome the barriers to capacity development, and how have MAPD's capacity development initiatives enabled them in overcoming these barriers?

The APwDs exercised their agency in adopting a variety of strategies to obtain, strengthen, maintain, and develop some of the already existing capability sets in addressing the limitations experienced at the PWs to achieve their own development. In addition, some of these coping strategies provide some level of sustenance and livelihoods and ensure continued personal development. These range from individual initiatives undertaken at a household level and those undertaken collectively in the PWs. Coping strategies employed for capacitation include subsistence farming, informal businesses, requesting donations from established businesses, skills transfer from peer-to-peer, self-taught skills, applying for funding and knowledge gained from visiting stakeholders, and family support.

4.6.1 Informal businesses

The social grant of R1 990, according to the majority of APwDs interviewed, is inadequate to meet some of their basic needs, given the cost of living of R37 being the daily poverty line. As a result, they regard trading (selling) as a secondary source of income. Eight of the 14 respondents indicated that they are recipients of the social disability grant and also undertake informal trading. This is in line with Tondori' s (2016) findings, which revealed that women with disabilities in Zimbabwe resorted to buying and selling as a coping mechanism. Consistent with these findings, some of the female respondents sell items such as vegetables and traditional mats. In addition, the male respondents mentioned welding and shoe repair as additional sources of income.

> **P6:** I make traditional, knitted mats, and sell them.

> **P8:** I sell ice cream, snacks at a local school and to the local community.

The APwDs valued business as an alternative resort to supplement their social grant income, most of them through informal businesses. This points to a need for business development support.

4.6.2 Skills transfer

Peer-to-peer skills transfer was one of the strategies employed by the APwDs within the PWs. All the APwDs believed that these PWs are intended to empower and develop their lives by providing skills and various capacity building initiatives as echoed by P1.

> **P1:** The aim of the centre was to unite PwDs so that we can teach each other and transfer skills, and we acknowledge that the DSD provides funds to ensure the centres are food secure, but there has to be skills transfer and development in these centres to improve our wellbeing.

Furthermore, some of the APwDs indicated that these PWs have, to some extent, provided skills transfer through peer-to-peer learning. Five of the respondents stated that they have gained skills such as beadwork, sewing and welding from their peers.

> **P6:** I was trained in handwork which includes beadwork, knitting traditional mats and sewing clothes by our peers, however, some of these initiatives didn't progress further due to lack of funding and support.

> **P7:** I have learnt welding at the centre.

4.6.3 Self-taught

While some APwDs benefited from skills transfer in these centres, what was noticeable was that other APwDs indicated that out of interest and passion, they had to develop themselves through self-taught skills, such as P1 with shoe making and repair skills.

> **P1:** Out of passion, I taught myself shoe making and repair as I was passionate about it.

4.6.4 Self-employment

The APwDs mentioned several livelihood-related coping techniques in addition to the coping strategies for capacity building. All disability grant beneficiaries stated that the grant is insufficient to sustain their livelihoods. Three of the respondents stated that they were encouraged to register businesses so they could secure businesses through government tenders. Unfortunately, this initiative did not bear fruit, since none of the respondents were able to find employment from the government in the form of tenders, etc. This is further supported by Schneider (2017), who indicated that the Preferential Procurement Policy Framework Act, Act 5 of 2000 was revised to ensure the inclusion of PwDs in entrepreneurial opportunities, however, this has not been the reality as the progress of this Act remains vague.

> **P4:** I have registered a company, but I wasn't able to find business from government. We have to pay SARS (South African Revenue Services) and renew business tax clearance, but we get nothing from it.

P1: I have approached The DSD and SEDA to be assisted with business planning and funding, however, I didn't receive any assistance.

4.6.5 Donations

One of the coping strategies employed by the APwDs to sustain some of the capacity development activities is to request donations from local businesses. The APwDs cited lack of funds to develop and continue with some of the capacity building activities as echoed by P5. However, despite the concerted efforts by the APwDs in requesting donations, these efforts are not supported as most of them are not successful in these efforts.

P4: We try and request for donations to meet the centre's needs.

P5: We cannot continue with welding at the centre due to financial challenges and our electricity infrastructure. We used to transfer welding skills from our centre to other centres. We also have no reliable water supply in this centre, and as a result, we cannot continue with our agricultural activities. We have asked for donations from local hardware stores for assistance with our water challenges and other needs of the centre, however, this was not a success.

4.7 Strategies Required to Address Barriers to Capacity Building

The APwDs suggested a myriad of strategies required to overcome and address the barriers to capacity development. The strategies suggested by the APwDs are intended to address concerns such as attitudinal barriers, structural barriers and educational, employment and entrepreneurial barriers. Worth noting is that all the APwDs indicated a need for access to effective educational and training centres within the municipality and province as a priority, and a plan for bridging the educational and employment gaps among PwDs. The strategies suggested are as follows.

4.7.1 Prioritise access to education, skills development, and training centres

All APwDs indicated a need for skills development and access to vocational training centres to train in areas such as carpentry and manufacturing. This is because the existing training provided by the PWs does not meet their needs, interests, and abilities. They also stated that educational interventions such as Adult Education and Training (AET) should be included in the PWs. They further stated that integrating AET programmes is required to ensure basic education, as some APwDs acquired disabilities later in life and are unable to continue with normal schooling or gain acceptance into special schools due to age restrictions. Other APwDs

who have never had the opportunity to receive a basic education would benefit from AET programmes.

> **P2:** These protective workshops should be educational and incorporate adult education.

Access to education was cited as a main barrier to capacity building for the APwDs. The officials indicated that a lack of schools and training centres for PwDs contributes to the cycle of uneducated and unemployed population of PwDs. O3 indicated that sourcing a person with a disability with just a matric qualification for placement in employment and other vocational opportunities continues to be a challenge due to the limited number of PwDs who are able to further their studies and progress to the matric level. The need to build schools and institutions for PwDs cannot be stressed enough as access is a challenge in Nkomazi, with only one school for children with disabilities.

It is crucial for the Department of Education to be more visible in disability interventions to ensure that educational initiatives are incorporated into the programmes of these centres. It is indicated that the department comes to train care givers in stimulation centres, but more visibility and impact needs to be seen in these PWs through the establishment of AET programmes. This is consistent with the strategies recommended by APwDs themselves who indicated a need to incorporate educational initiatives in these centres.

> **O1:** There is a need to ensure capacitation of teachers to teach PwDs, the education system also need to ensure that facilities in the mainstream schools are accessible for PwDs, so that they do not travel to other provinces to access education. There is a need to strengthen educational partnerships with stimulation centres to ensure that children with disabilities have access to early education as a basic right.

The NDP (2016, p. 14) advocates the need to improve access to education and capacity building initiatives to ensure inclusion.

> To complement the process, there must be capacity building and widespread public education.... This can only be done if there is a proper understanding of the concerns, challenges and needs of People with Disabilities that will inform the nature and content of the integrated service delivery system, which the department will develop and implement.

Access to education and capacity building initiatives was cited by all the interviewed participants. The WPRPD (2016) further indicates that there is a need to understand disability at a systemic level. This is however inconsistent with the findings of this research, as the APwDs indicated a need for proper needs analyses and skills needs assessments, especially in the disability centres. The APwDs often settle for any programme offered, which is not aligned to their values and capability sets, needs and aspirations. All officials from the MAPD also indicated that the major barrier to capacity development is access to education, with the lack of special schools in the municipality being the root cause. Even though the WPRPD indicates access to education as a strategy, the reality is that PwDs are still facing exclusion from education due to access barriers. Having only one primary special school in the municipality is a symptom of an education system that is not inclusive, as most PwDs travel to other provinces to access secondary education.

4.7.2 Skills/capability needs analysis/mapping

According to the participants, the most prevalent work done in the PWs is farming (growing of vegetables). Even though the aim for establishing food gardens in these PWs is to ensure food security and to lessen dependency on DSD's financing for food at the PWs, farming is not an activity that many PwDs value to participate in these PWs. In addition, they each have their own sets of capabilities that require empowerment to ensure capacity building. In the same vein, the APwDs indicated a need to prioritise skills needs analyses and matching in these PWs rather than administering the prescribed, one size-fits all approach currently applied in a piecemeal fashion. In these PWs, comprehensive and systemic interventions in terms of skills and other capacity building activities is required. According to Kacker (2013, p. 8), "Improving the knowledge and skills of PwDs to make them competent at performing varied activities in the labour market requires attention".

> **P3:** I love carpentry, but the centre is not providing that. I know how to make baskets, but there ae no resources at the centres.

The APwDs further indicated that the skills provided in the PWs should be evidence-based. The WPRPD also echoes that a lack of evidence-based planning that is needs-based is a challenge impeding the design of effective disability programmes. Furthermore, proper skills needs analyses should be conducted to ensure that skills training and other capacity building initiatives taught in the PWs are effective and meet the capabilities, needs and freedoms of

PwDs. The lack of appreciation of the needs of PwDs in the PSET system contributes to exclusion (Department of Higher Education and Training, 2018).

> **P1:** There is a need to provide skills according to our capabilities and skills needs. There is therefore a need for skills mapping to ensure that the skills provided fit the prevailing impairments in these PWs.

4.7.3 Improve enterprise development and support

Access to effective business development and support programmes was indicated by APwDs as a strategy that would improve their livelihoods. All APwDs interviewed showed interest in business opportunities, with some operating informal businesses. However, the limited enterprise support such as funding and mentorship remains a barrier.

> **P1:** There is a misconception in understanding disability. Our leaders should not forget that we need employment and aspire to own businesses, just like other non-disabled counterparts.

In addition, the funding criteria should be reconsidered to ensure that they accommodate PwDs and to prevent further exclusion from the funding system as echoed by P4.

> **P4:** The Funding criteria excludes us as they want us to have established infrastructure and businesses in place before we can be considered for funding.

> **P2:** We don't know how to apply for funding. I cannot even start with drafting a business plan.

In addition to enterprise support, APwDs cited a need for market access and start-up capital.

> **P12:** If we can find markets to sell our products, the money will sustain our centres and APwDs. We used to do beadwork and manufacture candles, but not anymore. The people who used to train us disappeared as some were impatient and not equipped to capacitate or train PwDs. Attendance was also halted due to Covid-19 regulations. We need government to intervene and understand that persons with disabilities also have needs and want to be prioritised like their non-disabled counterparts. Awareness campaigns are also vital.

Assistance with start-up capital was listed as a strategy to ensure that PwDs have the means to start their businesses.

> **P8:** The funding criteria are stringent because for us to be funded they want you to prove that a business already exists.

P10: We need business advice, opportunities, mentorship, and market access- sometimes we don't know where to sell the products because we lack information.

P4: I wanted to start a bakery, but I did not receive funding from SEDA.

4.7.4 Strengthen the effectiveness of the protective workshops

According to the WPRPD (DSD, 2016, p. 23), PWs are "institutions meant for PwDs to socialise, learn skills, and engage on some basic work to earn income to supplement their social grants".

The effective management of these centres and the funding model requires reform to ensure that funds are allocated to more impactful programmes. The APwDs indicated that the funding allocation should be mainly for capacity building and skills development programmes, and that these funds, where possible, should be structured as loans to assist those PwDs who require funding to start businesses. Attendance is also a challenge since most APwDs do not view these centres as effective anymore. Therefore, strengthening the role of these PWs in capacity building should be prioritised.

P2: My understanding of these centre is that it is meant for persons with disabilities to learn and be capacitated with skills.

P4: There is a need for needs assessment of these centres to ensure skills provision. These centres should be equipped with proper facilities, workshops, and infrastructure.

4.7.5 Conceptualising and understanding of disability by stakeholders, communities, and all role players

The APwDs indicated that there is a need for continued education and awareness on disability issues to ensure that communities clearly conceptualise disability to encourage inclusion and overcome the identified challenges. Furthermore, the APwDs indicated that a blanket approach has been used in addressing disability issues which leads to unfruitful efforts because of the heterogeneric nature of disability. Understanding the capability sets of APwDs is critical in the conceptualisation of disability and disability initiatives should be capability informed. Furthermore, the interviewed APwDs argued that the ineffectiveness of these centres is due to a lack of understanding of disability. This is in line with Kacker (2013), who claimed that society demands a shift in how disability is viewed and the importance of problem analysis in disability issues.

> **P4**: I understand that the purpose of the centre is to capacitate in a form of skills development. We do not have assistance to do hand work activities and develop our skills.

According to the APwDs, improved awareness of disability will assist in alleviating stigma and discrimination faced by PwDs in society, as echoed by P10. They indicated that the society around them views disability through the lens of a medical model. This is in line with Kumurenzi's (2011) findings in the Western Cape, whereby some disability organisations shape disability initiatives using the individual medical model.

> **P10:** If we can stop being undermined as PwDs, this will help, [furthermore] continued awareness campaigns are required for those in government to understand and work with PwDs well.

> **P11:** People should understand disability based on capabilities. We are not employed because we are discriminated against as disabled people-we are also not employed in community projects such as EPWP.

> **P14:** Disability is all about ensuring accessibility, and accessibility should start from our families to the communities.

The APwDs indicated that improved understanding(s) of disability would assist with the prioritisation of disability issues and ensure effective programmes that would enhance their capabilities. In better understanding and conceptualising disability, the APwDs indicated that disability policies and programmes are not monitored effectively and indicated that APwDs remain unemployed because of the labour polies on PwDs not being implemented or closely monitored to ensue APwDs are included in the labour market. In addition, the MAPD officials such as O3 also echoed the same thought, that a lack of conceptualising disability is a contributor to the many complex challenges experienced by PwDs.

> **O3:** There is a need to start engaging our communities, so they understand disability. Community's stereotype definition is that persons with disabilities cannot do anything, yet PwDs, when afforded opportunities, can be active members of the society, who can contribute meaningfully to the society.

4.7.6 Improve Monitoring of disability legislation, policies, and initiatives

The APwDs indicated a need to ensure that disability initiatives are monitored to reflect on their progress and challenges, as they believed that implementation of disability programmes

is not prioritised as there is a lack of monitoring and prioritisation of these policies and programmes. According to the APwDs, the results of these programmes and policies targeted at capacitating APwDs are yet to be seen. The APwDs also indicated that some of the disability-based organisations, mainly those advocating their participation in the labour market, should provide feedback on the progress on the labour market participation of PwDs and their participation in community projects. This has been an issue since the revision of the white paper in 2016 and continues to be a challenge as echoed by the APwDs in this research "the centralised collection and dissemination of disability specific data and information is an area that must be prioritised, not only by government but by the disability sector as a whole" (DSD 2016, p. 22).

> **P1**: We understand that labour organisations are aware of policies of 3% policy, however, the implementation of these policies is very slow, we need effective monitoring of these policies, since many of us persons with disabilities remain unemployed.

> **P4**: Government should monitor the funding into these centres and measure if indeed these centres achieve impact.

4.7.7 Improve access to employment opportunities

The APwDs stressed the need for employment opportunities to complement the social grant income. The lack of employment opportunities was cited by all APwDs as a contributor to their low socioeconomic status. They all stated a need for employment, formal and self-employment through skills development, training, and business opportunities.

4.7.8 Strengthening social integration through relevant stakeholders

Ensuring effective capacity building requires a social integration response by relevant role players. The NDP (DSD, 2015, p. 12) states that "social integration of People with Disabilities requires an integrated response that involves a number of interrelated role players". The MAPD officials echoed the need to collaborate and strengthen partnerships with role players in the skills development sector including SETAs and to ensure that skills' development interventions in these centres are accredited. Furthermore, a systemic approach in improving the employability of PwDs, including individual development of PwDs through education and training is required, as currently, the interventions are administered unsystematically and in a piecemeal fragmented approach. Ned and Lorenzo (2013) also indicated the importance of a

systemic approach in addressing education, skills development and employment challenges experienced by PwDs.

> **O2:** It is important that we collaborate with other entities to provide training such as SETAs. There is also a need for computer centres and access to accredited training providers to train our beneficiaries.

> **O1:** Funding is a constraint**,** if MAPD can access additional funding, MAPD can expand its scope. We also need staff members with other qualifications not just social workers. The allocation received from Social Development is mainly meant for social services as persons with disabilities have more needs than just social support. We must provide training and source people to assist since social workers are not trained to capacitate and train people in skills development such as carpentry, dress making, etc.

The two officials indicated that as MAPD, their role is to enable the environment for the inclusion of PwDs. This role should be exercised through skills transfer and partnerships with relevant parties. Furthermore, it is important for these PWs to partner and integrate with relevant institutions to diversify its capacity building offerings. Furthermore, a need for well-coordinated partnerships will ensure that the programmes are well planned and implemented in a coordinated approach rather than a reactionary approach.

Addressing the barriers experienced by PwDs requires some policy reform and effective implementation of the existing policies. The last research question seeks to respond to policy inclusion as echoed by the APwDs.

4.8 Implications for Policy

What implications can be drawn from disability policy/ies that address the social inclusion of APwDs in Nkomazi, Mpumalanga Province?

This last session interrogates the WPRPD in order to assess how well capacity building is addressed in this policy as discussed below.

4.8.1 Promote the involvement of PwDs in disability related decision-making structures

The DSD (1997, p. 1) in its Integrated National Disability Strategy, now replaced by the WPRPD indicates that “a key principle of disabled people’s movements throughout the world and indeed of the social model itself, is the involvement of people with disabilities in the

process of transformation". One of the strategies required in addressing barriers and in transforming the lives of PwDs is through their participation in problem identification, needs analysis and decision making. This is consistent with the responses from participants, where they emphasised that for society to understand disability the involvement of PwDs in workplaces, service centres and decision-making structures is key. Furthermore, the APwDs indicated a need to improve consultation to share evidence-based on their lived experiences. Finkelstein (2007) also indicates that defining disability has been left in the hands of academics rather than an understanding garnered from the lived experiences of PwDs.

Kacker (2013) also emphasised the importance of including PwDs in decision making and at various levels of policy i.e., policy formulation, monitoring and implementation. Emanating from the research, the participants shared a myriad of capacity building strategies, skills needs and capabilities that when supported, will improve the lives of PwDs. The WPRPD (DSD, 2016) further echoes the same, that policy design on disability issues is not evidence-based to inform systemic planning of disability initiatives.

4.8.2 Inclusive programmes in the protective workshops

The WPRPD (DSD, 2016) advocates inclusive interventions for PwDs; however, there is a need for a holistic approach to improve the relevance and effectiveness of the interventions in these PWs. The removal of these barriers requires systemic integration by developmental structures as some of these barriers are interrelated, requiring intersectoral integration and partnerships.

The APwDs indicated a need to integrate educational initiatives in these centres such as AET programmes and other skills development, training initiatives and empowerment initiatives. The need for skills development, business coaching and enabling the environment for employment opportunities were also cited as programmes that should be incorporated at the centres. The APwDs believed that this integration would ensure livelihoods and sustainability even after exiting the PWs. Ensuring inclusive and effective programmes requires social integration by all parties with a developmental agenda in capacitating the lives of PwDs.

> Inclusive programmes, and accessible services that would ensure the necessary special support for women and girls with disabilities, remains the only form of systems of ensuring respect for, protection of the rights and empowerment of women and girls with disabilities. (DSD, 2015, p. 13)

Although the NDP seems to favour the social model in administering interventions for PwDs, the lived experiences shared by the APwDs suggest that the social model is not fully applied. The model is referred to as a 'barrier approach', in that it focuses on the removal of identified barriers to enable PwDs to thrive in their environment through access to opportunities to achieve their functionings. This is where the social model and the capability approach converge due to conversion factors i.e., the environment that may enable or disable an individual. The APwDs themselves perceived the programmes as ineffective as they do not respond to their capacity development needs to improve their socioeconomic conditions. Furthermore, the participants indicated that the interventions have not adopted a needs-based approach but rather a one-size-fits all capacity building approach that is reactionary and based on availability. Lack of resources is also a challenge limiting the MAPD in fully capacitating PwDs. Therefore, addressing the barriers experienced by PwDs requires a systemic approach due to a myriad of interrelated, complex barriers that continue to deprive PwDs the right to achieve their functionings.

The policy approach should be developmental, capacity-oriented and barrier-eradicating. This cannot be achieved if institutions continue to operate in silos, and where seminars are held with no results and no activities and impactful programmes emanating from these engagements. Therefore, a results-based approach in administering disability interventions requires attention as indicated by Edmonds (2005), who indicated that organisations need to consider the needs of PwDs in capacity building issues by adopting a results-based approach. According to Zwart (2017), a results-based approach means ensuring that interventions develop and impact the lives of the individuals.

The conceptualisation of disability requires prioritisation as it impacts how the interventions are being administered. The lack of business and entrepreneurial support for PwDs also require prioritisation and the design of funding instruments and packages that accommodate PwDs require policy interventions.

The NDP (DSD, 2015, p. 16) indicates that the DSD is responsible for setting targets and indicators

> for assessing, monitoring, and evaluating the impact of its services on improving the lives of People with Disabilities, reducing levels of poverty and unemployment amongst People with

Disabilities, and facilitating their full inclusion and participation in all social and economic activities.

However, from reality and based on the experiences shared by APwDs, this is currently far from being a reality.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The study sought to understand barriers to the capacity development of APwDs. The purpose of this chapter is to summarise the findings and draw conclusions on the barriers experienced by APwDs in Nkomazi. The chapter reflects on relevant strategies suggested by participants. It also provides recommendations on measures that need to be taken to ensure the inclusion of PwDs in the mainstream economy. Furthermore, the chapter pulls out and weaves together all elements of the study by highlighting the research questions and objectives of the study, and sheds light on the methodological and theoretical frameworks of the study as they relate to the findings. The social model and capability approach were noted as complementary elements for successful intervention. Conclusions relayed in this chapter were drawn from the analysis of the findings and the results. The recommendations were deduced from the analysis of the results and aligned to the objectives of the study.

While progress has been made in developing policies to ensure mainstreaming of persons with disabilities in society and economy, in practice, PwDs still experience a myriad of barriers to capacity building, thus preventing the full integration of persons with disabilities into the mainstream economy. While most PwDs have access to social grants which assist with basic livelihoods, they believe they have capabilities, that when harnessed in an enabling environment and through capacity building initiatives, will present them and their families with decent standards of living, rather than solely relying on the social grant income. The relationship between disability, poverty, lack of access to education and employment continues to be a reality in South Africa. The PWs were established as centres for PwDs to learn skills and be sources of employment for most PwDs, however, most of these PWs do not provide PwDs with these developmental capabilities and opportunities. This study sought to understand the barriers to capacity building by drawing from the lived experiences of APwDs.

The chapter firstly discusses how each of the research questions were addressed and then discusses the findings and recommendations of the study. The main research question of the study was: *What are the barriers to capacity development of APwDs and the strategies required to address these barriers?* This, in addition to auxiliary research questions provided

a basis to conclude that the current approach is not systematic but individualistic and charity-based, owing to the non-conceptualisation of disability and limited consultations with PwDs to understand their needs. This is a reflection that the medical model is still dominant in practice and the system needs to transform to a social model. The unsystematic nature of addressing disability issues continues to pose additional barriers for PwDs. The study also elaborated on the implications, limitations, and areas for future research, drawn from the findings, analysis, and conclusion.

5.2 Reflections on Research Questions

Main Research question: What are the barriers to capacity development of APwDs and the strategies required to address these barriers?

Understanding barriers to capacity development was at the heart of the research study and this section will draw on experiences and barriers shared by APwDs and those shared by MAPD officials (social workers and manager). The study included persons with physical impairments and those with visual impairment, therefore, even though disability is not homogenous, what emerged was that all capacity development barriers experienced by both groups of PwDs were consistent. In addition, barriers indicated by MAPD officials were consistent with those shared by APwDs themselves, but I will not claim the generalisability and universality of these barriers.

5.2.1 Educational and skills development barriers

All APwDs indicated a lack of access to education, training, and skills development opportunities as the main barrier to capacity development, where education, training and skills are all factors pivotal in harnessing the capabilities and freedoms of any individual. Access to vocational/educational opportunities stems from the lack of access to foundational or basic education, as most of the respondents had some primary education, with only one individual with matric. At the heart of access to education is the availability of schools and learning institutions. This then presents a need for educational policies to ensure inclusivity from ECD through to basic education and higher education and training. Therefore, as indicated by respondents and MAPD officials, this study revealed that there is only one special school in the municipality, which is a barrier to both access and inclusion in the province at large. This shows that the barriers are mainly at the basic level of education.

In addition to barriers to education, a myriad of socioeconomic challenges are experienced by PwDs and are interlinked. Even though the DSD (2016,2015) in its White Paper and NDP suggest the inclusion of PwDs in educational or skills development or capacity development opportunities, in practice, this is not the case as noted from the experiences shared by APwDs in this study. Effective policies on capacity building, access to basic education and vocational training remain a challenge.

5.2.2 Conceptualisation of disability and employment barriers

Among other barriers, all APwDs cited the lack of conceptualisation of disability as a barrier. This is further supported by a lack of assessment of capacity building needs of PwDs in these PWs, a true reflection of the medical and charity approach which is contrary to the social model and Sen's capability approach. It was evident that PwDs, although they acknowledge the presence of an impairment, do not view impairment as a barrier and are strong opponents of the medical model and charitable approach in defining disability. Furthermore, the study noted that the lack of access to employment and business opportunities is a result of institutional, attitudinal, and social barriers imposed by society. In the same vein, unemployment is a function of lack of access to education, skills development, information access and to other capacity building initiatives. Therefore, in realising the full application of the social model in disability initiatives there is a need for all relevant stakeholders to implement policies and programmes that will ensure that PwDs are socially integrated.

5.2.3 Ineffective role of protective workshops

Drawing from the social model and Sens's capability approach (1999), PwDs should be consulted and afforded the right to voice their views and inform programmes. The CRDP article 4 advocates the consultation of PwDs in decision making and the WPRPD also promotes the involvement of PwDs in the design, monitoring and evaluation of capacity building initiatives. However, the findings of the study revealed that there are gaps in ensuring that PwDs are included in decision-making structures, and where they are afforded an opportunity, little is realised in implementing impactful initiatives. From the findings of the study, it is clear that capacity building initiatives at the centre have followed an unsystematic, charity-based approach. In the charity model of disability, PwDs are not consulted, but are rather receivers from those endowed with resources. On the contrary, Sen's capability approach advocates freedom for PwDs to engage in activities they value, based on capabilities to achieve

functionings. However, in achieving these functionings, there are conversion factors: social, personal, and environmental that may enable or constrain the capability of an individual, which in the social model are referred to as barriers already discussed in the findings section. Of these conversion factors, the study revealed that personal factors (levels of education, income, impairment) and social factors (poverty, family structures, society's attitudes) all impede the capabilities of PwDs to achieve functionings and exercise agency. The activities at the PWs have not afforded the APwDs with the freedom to engage in meaningful and valued capacity building activities. According to Sen (1999), being provided the freedom to do what they value promotes an individual's wellbeing. The study revealed that APwDs in these PWs have not been afforded the freedom to achieve their functionings.

The findings of the study, as echoed through the experiences of PwDs, indicated that even though the national policy on disability indicates that the social model informs the design of capacity building policies there is a need for improvement on the application of the model. Oliver (2013) indicated that the social model is a tool used to identify where policy reform is needed. It provides orientation for reform as illustrated by its role in the drafting of the Convention on the Rights of People with Disability and its use as a tool and a principle to inform social change interventions.

Sub-question 1: What is disability and how is disability defined by the MAPD and the APwDs in identifying and addressing these barriers?

Understanding disability proves complex. Attitudes and stereotypes still shape the definition of disability. The findings of the study indicated that PwDs do not define disability based on the presence of an impairment but rather based on their capabilities. Persons with disabilities (PwDs) appreciate their capabilities and desire for society to apply this lens in understanding disability. However, the study revealed that society continues to define disability from the medical and charity model, where society sees an impairment and often does not appreciate the capabilities of the individual. Furthermore, the lack of assessment of the proper capacity building needs of PwDs and the unsystematic, reactionary approach in administering capacity building initiatives, are all symptoms of gaps in the full application of Sen's capability approach and the social model of disability.

The MAPD officials also indicated that contributing to the barriers experienced by PwDs is a lack of understanding and prioritisation of disability issues by society and those charged with

disability programmes. This, as indicated by Sen (2000), is a form of deprivation whereby the developmental needs of PwDs are not prioritised. From the experiences shared by persons with disabilities, little can be said of the impact and effectiveness of the PWs in enabling PwDs to transform and participate in the formal labour market or in viable business opportunities. None of the participants supported the value of these PWs in transitioning them to self-reliance or inclusion in economic opportunities as advocated by the social model and capability approach.

The social model, also known as a barrier approach, advocates the full participation of PwDs through understanding their social context, thereby addressing the barriers. The DSD (2015), in its NDP indicates that post-1994, the South African government adopted a "social model" focused on people's abilities rather than their differences. This model further advocates the full participation, inclusion, and acceptance of PwDs in the mainstream economy by analysing their social contexts and addressing systemic and attitudinal changes (DSD,2015). This comprehensive understanding on the needs of PwDs is vital in order to ensure that they develop the capacity to determine their lives and wellbeing. The experiences of the participants in this research indicated that in practice, these policy aspirations are far from achievable. From the analysis of the findings, respondents indicated that the social model is not fully applied. In addition, the WPRPD advocates an evidence-based programme design based on the needs of PwDs, however, this is not the reality in practice. The case study revealed that the PWs that are meant to address the capacity building needs of PwDs do not seem to have aligned their programmes with the social model or capability approach in applying a needs-based approach. In addition, the APwDs indicated a variety of capabilities and skills needs, that when harnessed, developed, and supported, will enable them to achieve their functionings.

Furthermore, the definition of the PWs is currently contrary to the realities as expressed by the APwDs and little can be said of the impact of the programmes, where poor attendance and drop-outs are all symptoms of gaps in these PWs.

The MAPD officials appreciated the social model in informing the capacity building initiatives, however, due to limitations, in practice, the social model has not been fully applied. Drawing from the experiences of PwDs and the barriers they still experience, such as lack of access to basic education, training, and vocational and employment opportunities, one can conclude that the social model is not applied in practice or where applied, it is to a very limited extent. This is because the social model is about participation and inclusion of PwDs, and the case study

participants cited minimal effort in this regard. Therefore, there is a need for policy and community-level programmes that will ensure multisectoral integration and partnerships, with clearly defined responsibilities for successful implementation of disability programmes. Currently, there is a lack of collaborative implementation of disability initiatives at a grassroot level.

Despite these barriers, some of the APwDs have thrived by employing coping strategies to further capacitate each other and supplement their social grant income.

Sub-question 3: What are the strategies employed by the APwDs to overcome the barriers to capacity development and how have MAPD's capacity development initiatives enabled them in overcoming these barriers? What type of support and strategies are required by the APwDs to address the barriers to capacity development?

The findings revealed that all the participant PWs have requested donations to sustain some of the capacity building initiatives from local businesses and other relevant institutions, however, these efforts are often unsuccessful. The PW policy allows for members of these PWs to request for donations and use the proceeds from selling products produced from these PWs to sustain the PWs. However, amid concerted efforts to secure donations to fund basic infrastructure and equipment, most of these workshops have had to halt some of the previous income generating activities, such as welding, fence manufacturing and beadwork.

In addition, other strategies employed by the APwDs include peer-to-peer skills transfer, self-taught skills and knowledge transfer from other institutions visiting these centres. In addition to these capacity building coping strategies and to ensure their livelihoods, some of the APwDs engage in informal businesses, such as selling vegetables and shoe repairs.

Despite the coping strategies employed by persons with disabilities, enablement and support is still desired by APwDs to ensure that these coping strategies are further developed to ensure that PwDs operate in organised structures. The study revealed that APwDs require business support, funding, access to information and more capacitation to further develop these coping strategies. As APwDs experienced a myriad of barriers, a variety of strategies were suggested to address these barriers. Furthermore, there was consistency in the strategies suggested by APwDs and those suggested by the MAPD officials. This shows that MAPD officials are well informed about the capacity building needs of PwDs. Furthermore, consistency in the barriers

cited and the suggested strategies was also noted between persons with visual impairments and those with physical impairments. The common strategies indicated by all respondents included:

1. Ensuring access to educational and skills/vocational opportunities within the municipality and the province of Mpumalanga;
2. Enterprise development and support;
3. Conducting a needs analysis on skills and capacity building initiatives;
4. The need to reform the PWs to ensure they are impactful to position PwDs for economic opportunities;
5. The multisectoral integration by communities, funding institutions, economic development institutions and municipalities on disability issues;
6. Ensuring timely access to information;
7. Strengthen monitoring and evaluation of disability programmes and employment policies and implementing programmes to re-educate society to ensure their conceptualisation and understanding of disability. The MAPD officials also pointed towards a need for educational or vocational opportunities, partnerships with skills development institutions and prioritisation of disability issues by the province. The proposed are developmental in nature and they could ensure the wellbeing of PwDs. Furthermore, these strategies are systemic, requiring integrated multisectoral efforts thereby ensuring the removal of systemic and institutional barriers.

In carefully analysing the strategies proposed by the APwDs, they did not propose any strategies related to rehabilitation or individual specific interventions, thus proving that these APwDs do not define their barriers with reference to their impairment. The APwDs valued themselves as capable individuals, requiring social and systemic integration to further enable their environment. Furthermore, these strategies that stemmed from the identified barriers, indicate that PwDs have not fully experienced their rights as their right to education and freedom to engage in capacity building activities they value in these PWs is limited or non-existent, pointing to some level of deprivation. Furthermore, personal, and social factors continue to negatively impact PwDs in achieving their functionings.

5.3 Recommendations

The following recommendations are proposed to contribute to effective results and impact-driven programmes to address barriers to capacity development experienced by PwDs in Nkomazi. The recommendations are action and results-oriented to ensure that PwDs are included in society and the mainstream economy. The most outstanding concern relates to promoting the understanding and conceptualisation of disability by society and those charged with disability programmes. Recommendations are concentrated in addressing the barriers as per the objectives of the study.

Objective 1: To determine how MAPD and APwDs define disability and the understanding of the social model in informing capacity development strategies for citizens with disabilities.

From the analysis, it was discovered that APwDs and MAPD do not view disability from an impairment perspective but from a capability approach. It was clear that there is a general understanding that disability is perpetuated by the barriers in the environment. The following recommendations emanated from the analysis of barriers and reflections on feasible solutions.

5.3.1 Strengthen awareness on disability

To educate society in understanding disability and for communities to be part of the disability agenda, society needs to understand that disability is not only the presence of an impairment but is socially constructed through the presence of barriers. For this to be a success, government and other stakeholders need to view disability issues more from a social model than a charity approach and medical model perspective but should still ensure capability entrenched programmes.

5.3.2 Effective and structured planning of capacity building programmes in the protective workshops

The programmes in the PWs should not be implemented from a charity approach but from a capability and social model perspective. Efforts should be made in the design and conceptualisation of these capacity building initiatives to ensure sustainability and impact. Persons with disabilities value these centres, however, the sustainability of these centres is now a concern for most PwDs. Improving the effectiveness of these centres requires policy reform and the redesign of these centres and ensures consultation-based decision making and needs assessments.

Objective 2: To determine the barriers to capacity development of the APwDs in participating in the mainstream economy.

The barriers to capacity development identified above are as follows:

1. Unemployment.
2. Systemic barriers/lack of readiness to implement disability programmes.
3. Attitudinal and communication barriers.
4. Lack of understanding/conceptualisation of disability.
5. Lack of readiness by the system to address disability issues.
6. Lack of access to information.

7. Lack of access to educational, skills development and vocational opportunities.
8. Lack of entrepreneurial support.

Recommendations and strategies identified by APwDs and by the officials from MAPD relating to objective 3 are listed below.

Objective 3: Determine the type of support and strategies required by the APwDs to enable participation in the mainstream economy and to address barriers to capacity development in Mpumalanga, Nkomazi.

5.3.3 Skills mapping and skills needs assessments as perceived by persons with disabilities

Disability programmes should not be implemented based on a one-size-fits-all approach. Persons with disabilities (PwDs) have different career aspirations, skills needs, and capability sets. Therefore, it is recommended that skills-based need assessments are prioritised to ensure that the programmes align with the desired capacity development needs to improve the lives of PwDs. This approach will ensure positive impacts based on responses to identified challenges and needs. This is an essential approach that needs to be adopted when planning any social intervention that is meant to deliver results and have a positive effect.

5.3.4 Enterprise development and funding instruments for persons with disabilities

Enterprise support is the major requirement perceived by PwDs in terms of strategies to improve their livelihoods and to complement their primary sources of income. Most PwDs seem to experience predicaments or lack access to information to explore business opportunities.

5.3.5 Review funding instruments with criteria that do not exclude persons with disabilities

The current funding requirements exclude PwDs because of age requirements and lack of collateral. Disability organisations should collaborate with funding institutions to advocate the adjustment of some funding criteria for PwDs by considering their contextual/social/environmental barriers. Presently, PwDs cannot compete with their non-disabled counterparts for the same funding and criteria.

5.3.6 Improve access to information on business planning, start-ups, and employment opportunities

Information access is a major barrier impeding PwDs from venturing into businesses. Low levels of education also contribute to this problem. There is a need for proper business coaching and mentorship to be availed through the disability centres. Partnering with relevant institutions to provide mentorships and coaching in these centres is recommended.

Access to information has not proven to be the only barrier experienced in an effort to access business opportunities. Persons with disabilities (PwDs) also indicated a lack of access to information on employment opportunities and community-based projects. Communities should recognise PwDs by including them in community structures. Furthermore, disability centres are within communities, therefore, the effectiveness of these centres as a platform for information access and sharing is recommended as others might not have access to information at the household level.

5.3.7 Promote the inclusion and voice of persons with disabilities in economic agendas and discussions

The APwDs expressed the need to partake in various sectors of the economy through businesses. It was noted that they indeed have a desire to form part of the economy and understand the economic activities in their communities. One participant indicated the need for PwDs in that area to venture into tourism initiatives as the area is bordered by two neighbouring countries. This shows that they indeed have the capacity to identify context-based economic opportunities.

5.3.8 Access to education and strengthening partnerships

Access to education and training opportunities is a major barrier faced by PwDs. Efforts are required to ensure that the education and training system is inclusive and effective for PwDs. The education system needs to be functional to ensure that PwDs enrol in education and vocational training programmes of choice so that they can exercise their freedom. Skills mapping and matching is a strategy proposed by PwDs. This will ensure that PwDs enrol and are skilled in qualifications and trades of choice rather than resorting to job placements in community service spaces. It is the responsibility of society and partners in education and training sectors to ensure that the results are outcome-based and impact-driven in capacitating PwDs. This, therefore, calls for a shift from a medical model towards models that place and

recognise PwDs as individuals with rights, needs and capabilities to exercise freedom and choice. Ensuring equitable access to education for PwDs requires a systemic approach that will clearly map the problem to ensure well and coordinated planning. Partnerships with SETAs and other players in the education and training sector is recommended. Furthermore, for a more inclusive education system, it is important that these disability centres be relooked at as agents for literacy and for clearly mapped skills development opportunities.

5.3.9 Improve capacitation to improve employability levels

The barriers to employment experienced by PwDs point to several interrelated causal factors. Lack of access to educational and training facilities, interacting with attitudinal barriers, stigma, and poverty, all contribute to the unemployment of PwDs. Therefore, the recommendations required to address unemployment are multifaced and they require coordinated efforts. Improving access to education, skill development and entrepreneurial support are all determinants for employability. Furthermore, enrolling and training PwDs through proper skills matching based on their choices and capabilities is recommended and better than a one-size-fits-all approach. The social model of disability advocates an education system in which disabled people have choices equivalent to those of their non-disabled counterparts. This will ensure sustainability and self-employment as most of the participants perceived entrepreneurship as a strategy for employment.

5.3.10 Awareness of the conceptualisation and understanding of disability

Disability has been conceptualised from a medical model of disability and the experiences shared by PwDs indicate that a charity approach is also employed. However, PwDs and MAPD officials conceptualised disability from a social model and capability approach. Therefore, society creating an enabling environment is key for effective disability programmes and in shifting the attitudes of society and communities. The understanding of disability is a function of the environment as it includes systems, policies, and attitudes of society. Therefore:

a. Persons with disabilities should be seen as individuals with rights as enshrined in the UNCRPD; therefore, interventions and policies should be designed by recognising that PwDs have rights.
b. Persons with disabilities (PwDs) should form part of decision making and policy making and be part of advocacy roles for PwDs. Disabled persons believe that if they are placed in the centre of decision making and in managing some of the disability programmes, interventions will be more inclusive and effective. Their

participation in disability structures needs to be reconsidered and the participation of those charged with disability programmes needs to be relooked.

c. Understanding disability is embedded in viewing the persons with disability from a social and capability approach and not from a charity or individual model. Therefore, disability programmes and interventions in the centres under study should strengthen capacity and move from a charity approach to consultative processes. This calls for the programmes to be clearly mapped in a results chain to identify the outcomes and impact of these programmes. APwDs have identified this weakness and expressed the need for more impactful centres projects. The impact of these programmes will be realised if APwDs are also included in the planning and design of these programmes, as research has proven that they have so much to offer as far as programme planning and design is concerned.

Strengthening monitoring and evaluation of disability programmes:

a. The monitoring of disability initiatives should be prioritised. Disabled persons are concerned about the minimal impact derived from the funds allocated to centres. For them, the centres should not be kitchens/feeding schemes. They should serve as instruments for capacity building to improve livelihoods. The success of any programme is in the planning and design and time needs to be invested in developing impactful indicators to regularly track and measure the impact of the programmes administered in these centres.
b. Strengthening the monitoring and evaluation of disability initiatives is recommended at a national policy level. Data needs to be collected on the successful implementation of the 3% disability allocation in the workforce to measure the success of policy implementation. According to the SAHRC (2015), various employers are below target in employing PwDs. Ramburan and Othman (2007) also indicated that the monitoring of policies and programmes for PwDs needs to be prioritised to ensure implementation.

5.4 Suggestions for Future Research

Further research can be undertaken to understand barriers to capacity building at district, provincial and national levels. Furthermore, the study can be expanded to understand barriers by including those with communication barriers. An evaluation study to assess the impact of PWs is recommended. Also, the study was conducted in a rural municipality setting, therefore, it might be interesting for a similar study to be commissioned in an urban setting to compare the differences in experiences and the significance of noted differences, if any. This study forms a good baseline for future research and there is a need to commission further research on a wider scale. Conducting further research and widening the scope would encourage further

exploration and understandings of barriers at a national level which may not have been identified in this research and would be beneficial for policy directions from a national level.

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Appendices

Appendix 1: Permission Letter to Conduct Research

APD
MPUMALANGA
Association of & for
Persons with Disabilities

No.2 Silver Oak Street, P.O. Box 14099
West Acres, Mbombela 1201, Mpumalanga
Tel: +27 (13) 741 3699
Fax: +27 (13) 741 3534
Email: director@apdmpumalanga.org
Website: www.apdmpumalanga.org

NPO 023 972 | VAT 4620 212 557

12 March 2021

Sandy Londiwe Dlakude (Researcher)
University of the Witwatersrand
Johannesburg
066 205 7080
dlakudesandy@gmail.com/ or 0505038v@students.wits.ac.za

Dear Madam,

We are pleased to inform you that permission has been granted for you to pursue your research within our organisation. We are delighted that you chose our organisation for your academic advancement and we hope that this will cascade down to our beneficiaries as participants in the general body knowledge on issues pertaining to people with disabilities.

You will be based at our Nkomazi office, the staff there have been informed and are eagerly awaiting to be of assistance.

We hope and trust that we will benefit from your presence in our organisation.

Regards,

Steven Mthombeni
Provincial Director
Mobile: +27 (79) 505 0216
Email: director@apdmpumalanga.org
No.2 Silver Oak Str. Mbombela | P.O. Box 14099 Mbombela 1200

APD
MPUMALANGA
Association of & for
Persons with Disabilities

Appendix 2: Ethics Clearance Letter

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Dlakude

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H21/07/10**
PROJECT TITLE	Understanding barriers to capacity development for Adult Persons with Disabilities: The case of Nkomazi, Mpumalanga Province
INVESTIGATOR(S)	Miss S Dlakude
SCHOOL/DEPARTMENT	Wits School of Governance/
DATE CONSIDERED	23 July 2021
DECISION OF THE COMMITTEE	Approved Risk Level: Medium
EXPIRY DATE	01 September 2024

DATE 02 September 2021 **CHAIRPERSON** _____
(Professor J Knight)

Appendix 3: Participant Information Sheet

Research topic: Understanding barriers to capacity development for Adult persons with disabilities: A case for Nkomazi, Mpumalanga Province

Participant Information Sheet: Adult Persons with Disabilities

Dear Sir/Madam

My name is Sandy Dlakude and I am a Masters student in Monitoring & Evaluation at Wits University in Johannesburg. As part of my studies I am undertaking a research project to understand barriers to capacity development for the Adult persons with disabilities. The case study has been identified as Nkomazi in Mpumalanga Province. The aim of this research project is to understand the barriers to capacity development and the strategies required to addressing these barriers in Mpumalanga Province, Nkomazi.

As part of this project, I would like to kindly invite you to take part in a face-to-face interview, participation is voluntarily. This activity will involve a set of questions on the subject and will be of 40 minutes' duration. With your permission, I would also like to record the interview using a digital device. This recorded data and any captured data from the interviews will be safely stored in password protected computer for a period of 3 years then destroyed thereafter.

You will not receive any direct benefits from participating in this study, and there are no disadvantages or penalties for not participating. You may withdraw at any time or not answer any question if you do not want to. This interview will be conducted in your setting where you feel comfortable. The interview will be completely confidential, and your name will not be identifiable as I will not be asking for your name or any identifying information, and the information you give to me will be held securely and not disclosed to anyone else except for my supervisor. I will be using a pseudonym (false name) to represent your participation, in my

final research report. If you experience any distress or discomfort, we will stop the interview and you can choose to resume or not at another time. If you need some support or counselling services following the interview, an auxiliary social worker is available to arrange for counselling and the service is free.

If you have any questions afterwards about this research, feel free to contact me on the details listed below. This study will be written up as a research report and if you wish to receive a summary of this report, I will be happy to send it to you upon request. If you have any queries, concerns, or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (non-medical), telephone + 27(0)11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,

Sandy Londiwe Dlakude (Researcher)

University of the Witwatersrand

Johannesburg

066 205 7080

dlakudesandy@gmail.com/ 0505038v@students.wits.ac.za

Prof Robert Van Niekerk (Supervisor)

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0117173583

Appendix 4: Consent Form

Consent Form: Adult Persons with Disabilities

Researcher's name: Sandy Dlakude

Research Project Title: Understanding barriers to capacity development for the Adult Persons with Disabilities: The case of Nkomazi, Mpumalanga Province

I, ……., agree to participate in this research project. The research has been explained to me in the information sheet and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options below).

I agree that my participation will remain anonymous (no one will know of your participation)	YES NO
I agree that the researcher may use anonymous quotes in her research report	YES NO
I agree that the interview may be audio recorded	YES NO
I agree that the information I provide may be used anonymously (without my name reflected) after this project has ended, for academic (for research and educational	YES NO

purposes) purposes by other researchers, subject to their own ethics clearance being obtained.

…… (signature)

…… (name of participant)

…… (date)

…… (signature researcher)

…… (name of person seeking consent)

…… (date)

Appendix 5: Interview Schedule: Adult Persons with Disabilities

Research Topic: Understanding barriers to capacity development for the Adult Persons with Disabilities: The case of Nkomazi, Mpumalanga Province

Participant Interview Guide: INDICATIVE INTERVIEW SCHEDULE

University of the Witwatersrand

Wits School of Governance

2 St Davids Place

Parktown, Johannesburg

2050

Thank you for the opportunity to interview you on your understanding of barriers to capacity development for adult persons with disabilities. I anticipate the interview will be of no more than an hour's duration. You are at liberty to respond to the questions entirely as you deem fit and are comfortable with. At any point that you feel you wish to terminate the interview you may indicate as such (researcher will explain the distress protocol)

1. Could I please begin by asking you how long have you been participating in the MAPD protective workshops?
2. and how has your participation in these workshops assisted you in life? Please elaborate
3. Could you please share your understanding of disability as Adult PwDs) and how you understand disability in capacity development of adult PwDs?

4. Do you think the adult PwDs face additional barriers and challenges to capacity development and in participating in economic activities than their non-disabled counterparts?
5. And could you please indicate these barriers and the nature of these barriers?
6. Could you please indicate how these barriers affect ethe the ability of Adult PwDs to secure livelihoods or participation in economic activities?
7. Could you please indicate what strategies do Adult PwDs use to cope and overcome the barriers indicated above?
8. And what do you think could be done to address these barriers experienced by Adult PwDs? what type of support and strategies are required to address these barriers to capacity building?
9. How would you describe the availability and accessibility of skills development/ learning/educational centres for the Adult PwDs?
10. Could you please indicate the support and strategies required to address the availability and accessibility challenges indicated above?
11. Could you please indicate if there are any disability policies you are aware of?
12. and in your opinion how do you find these policies to be benefiting Adult PwDs in being capacitated to participate in the economy? and in your understanding, what model informs these policies

THANK YOU FOR PARTICIPATING

Appendix 6: Interview Schedule: Social Workers

Research topic: Understanding barriers to capacity development for the Adult Persons with Disabilities: The case of Nkomazi, Mpumalanga Province

Participant Interview Guide: INDICATIVE INTERVIEW SCHEDULE

University of the Witwatersrand

Wits School of Governance

2 St Davids Place

Parktown, Johannesburg

2050

Section A: Interview Guide for the Social Workers

Thank you for the opportunity to interview you on your observations and experiences of working with citizens with a condition of disability. I anticipate the interview will be of no more than an hour's duration. You are at liberty to respond to the questions entirely as you deem fit and are comfortable with. At any point that you feel you wish to terminate the interview you need to indicate as such.

1. Could I begin by asking you to please indicate what you understand to be the role of the MAPD in capacitating adult persons with disabilities within Nkomazi and how have MAPD's capacity building initiatives enabled Adult PwD in addressing barriers to participate in the mainstream economy?
2. Could I now ask you what are your particular responsibilities in capacity building activities involving Adult PwD within MAPD?

3. Could you please define your understanding of disability and how in your understanding the concept of capacity building informs MAPD's disability and capacity building programmes? What model of capacity development would you describe this as?
4. And related, how is the model (of capacity development) used to inform capacity building initiatives for the adult persons with disabilities?

5. Could you please indicate how does MAPD's understanding of the social model of disability and how does it inform MAPD's capacity building initiatives?
6. Could you please indicate if MAPD has policies and programmes to promote the inclusion of the adult persons with disabilities for community involvement and participation? Which policies or programmes for capacity building does MAPD implement?
   [Note for the researcher: Request the policies for documentary analysis if publicly available]
7. Could you please indicate how these policies and programmes in your opinion promote inclusion for the Adult PwD in capacity development and in the mainstream economy?
8. Could you please indicate if there are adequate resources, programmes, and opportunities available within the municipality in capacitating adult citizens with a disability to enable the disabled to fully participate in the economy and for MAPD to execute its mandate effectively?
9. Could you please indicate if there are adequate skills development centres/educational learning centres for adults with disabilities within the municipality? If no, what are the barriers? And what are the strategies and support required to address these barriers?
10. Could you please indicate if Adult PwD in Nkomazi in your experience face additional challenges and barriers in in finding opportunities for education and employment compared to their non-disabled counterparts? If yes, what are these challenges and barriers to capacity development?
11. Could you please indicate how these barriers be addressed in your opinion to ensure that the Adult PwD are fully capacitated? And what strategies and other support initiatives can be explored to address these barriers
12. What finally do you think can be done to improve the effectiveness of MAPDs capacity building programmes and other capacity building programmes for the Adult PwD in Nkomazi?

THANK YOU FOR PARTICIPATING

Appendix 7: Editor's Letter

Nikki Watkins

Editing/proofreading services

Cell: 072 060 2354 E-mail: nikki.watkins.pe@gmail.com

2 September 2023

To whom it may concern

This letter confirms that I have done language editing and proofreading of the master's thesis:

UNDERSTANDING BARRIERS TO CAPACITY DEVELOPMENT OF ADULT PERSONS WITH DISABILITIES: MPUMALANGA PROVINCE

by

Sandy Dlakude

UK Centre of Excellence Editing and Proofreading Diploma
SA Writers College Certificate of Copy-Editing and Proofreading

All changes were indicated by Track Changes (MS Word) for the author to verify. As the editor I am not responsible for any changes not implemented, any plagiarism or unverified facts. The final document remains the responsibility of the author.