PSYCHOSOCIAL SUPPORT PROGRAMMES FOR PROTECTIVE WORKSHOPS OF PEOPLE WITH DISABILITIES

Submitted by

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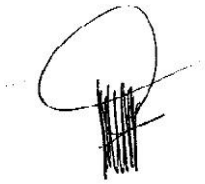
DECLARATION

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work**.**



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ABSTRACT

The study explores the psychosocial support programmes offered in protective workshops (community day-care organizations that provide rehabilitation services and “work” opportunities for persons with developmental disabilities). These programmes are intended to improve the personal and social skills of persons with developmental disabilities, and provide them with support to undertake the different roles in their social and community lives.

The aim of the study is to investigate whether the staff members that were trained on the psychosocial support programmes provided by the Department of Social Development are able to implement what they have learnt and support persons with developmental disabilities in protective workshops.

The majority of studies conducted on protective workshops focus more on the responsiveness of the programmes to service users. This study assumes a different approach in that it explores the support given to the staff members tasked with the implementation of programmes to service users.

The study is informed by Erikson’s (1994) psychosocial theory, and Bandura’s (1977) social theory, which provide for understanding and explaining how personality behaviour develops in people, and how people can learn new information and behaviours by watching other people (George, 1997). It is also anchored in the statements of the Clinical Practice Guidelines for Psychosocial Interventions in Severe Mental Illness (2009) on the need for more intense study on the support of professionals, caregivers and staff members tasked with the implementation of psychosocial support programmes. The study brings out the large absent reactions of those exposed to the task of implementing the programme,

Two focus group sessions (a pilot study and a focus group study), involving trained workshop staff members highly involved in protective workshops, was conducted. The focus groups explored concrete experiences of implementing the programme,

the support received from supervisors and managers of workshops and the staff's perception and thoughts on the implementation of the programme.

The sessions were manually recorded using two scribes and a flip chart, and the results were coded and analysed. A number of themes emerged from the findings, including perceived limited support to staff, dependence on team work to understand the work in workshops, therapeutic programmes not being implemented due to lack of understanding amongst staff, lack of involvement of professionals in workshops and the lack of continuous and supported capacity building programmes. Focus group participants felt there was a need to have continuous or incremental training programmes, supervision, promotion/advocacy work to popularise and advertise the work workshops are doing to attract professionals, and most importantly, to get adequate support to respond to the workshop demands. The main findings of the study suggest that the intervention implemented in the workshops for persons with disabilities is ineffectual and requires some improvement.

The study opens the door for more in-depth studies involving the role that protective workshops play in integrating persons with developmental disabilities in economic initiatives, and in generally improving the quality of their lives.

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CHAPTER 1 – INTRODUCTION

1.1. Background of the Study

Persons with disabilities represent a significant proportion of the world's population. Globally, the needs of persons with disabilities are largely unmet because disability is excluded as a core component in the policies of many countries, and there are gaps in service delivery to persons with disabilities (WHO, 2011:25). South Africa however, has developed a range of advanced policies that address the circumstances which persons with disabilities find themselves in. These policies provide the framework for holistic and integrated interventions that respond to the social, psychological, economic and political needs of persons with disabilities (Presidency, 2007: 39).

Despite these advances, the majority of persons with disabilities in South Africa remain excluded from mainstream society, and have thus been prevented from accessing their fundamental social, political and economic rights. (Watermeyer et.al, 2006). According to Watermeyer.et.al (2006), a single model of support services to address and meet the needs of persons with disabilities will not work in all contexts. A diversity of programmes and models is required, entrenched around person-centred services that facilitate individual involvement in making decisions about the support they receive, and to maximise control over their lives.

Protective workshops in South Africa are a community based intervention developed as an attempt to address the social and employment needs of persons with developmental disabilities. (Department of Social Development (DSD) 2007:9). They were initially established as a sheltered workplace for persons with disabilities who were unable to find employment elsewhere. The workshops are not considered part of the mainstream economy, and persons with disabilities working in these workshops do not earn minimum wages (Disability Workshop Development Enterprise (DWDE), 2009:13). They were developed specifically to provide protective services to persons with developmental disabilities. However, currently persons with different disabilities work in workshops (DSD, 2007:10). Lavin (1998) describes persons with developmental disabilities as having explicit needs which will affect them throughout their lifespans and that, with support, these needs can be addressed.

Also, within the theoretical framework of disability, the social model of disability dictates an equalization of the rights of persons with disabilities through a stronger focus on harnessing the abilities of persons with disabilities; and of providing for their needs through ensuring medical, social, economic and accessible environment at all times" (The Presidency, 1997: 19). Globally, over the past quarter century, a shift has occurred from traditional institution-based models of care for persons with disabilities to more individualized community-based services putting more emphasis on thinking about the potential of persons with disabilities (Trochim; Cook & Setze, 1994). As also articulated in the Health System's Trust Magazine, Version 41, the central issue in the development and success of support programmes is the ability of a person with a disability to hold a regular full-time job for a sustained period of time (Health Systems Trust: 1999).

A number of studies and initiatives were undertaken in an attempt to develop novel and radical interventions designed to support protective workshops and conform to the social model of disability (Umsobomvu Youth Fund, 2009;13 & Beukman and Dibetso, 2006: 33). The aim was to ensure that protective workshops fostered change in the services they provided, as well as in their structures and functioning. However, little has fundamentally changed over the past ten years in respect of the business component of protective workshops, and with the intervention programmes that they offer (Dibetso et al, 2006). Protective workshops have a habit of focusing more on economic gains, a move which is influenced by the need to augment its financial support base. However, theory suggests that sustained employment and living in the community does have important therapeutic benefits for persons with disabilities, in addition to the obvious economic ones (HST: 1999).

As a result Lavin (1998) submits that persons with disabilities require a combination and sequence of special, inter-disciplinary or care treatment and other services which are of lifelong or extended duration, individually planned, coordinated and advanced throughout their lives. They are eligible for a number of targeted services addressing their inherent right "to live independently, to exert control and choice over their own lives, and to fully participate in, and contribute to their communities through full integration and inclusion in the economic, political, social, and cultural life" (Lavin,1998).

1.2. Research Problem

The development of psychosocial support programmes was a response to a number of studies undertaken in protective workshops that identified a need to develop responsive interventions designed to support persons with disabilities in protective workshops (McClaren et al, 2005: 59 & Dibetso et al 2006:79).

Most of the South African studies conducted on protective workshops are focused on employment outcomes and economic returns for persons with disabilities (Dibetso et al, 2006**).** Additionally, staff employed at sheltered workshops, or similar facilities, are often not adequately trained to deal with an environment with such high demand (Deva, 2006). Ambivalence is often created as staff and workers are expected to maintain high levels of production to ensure the financial survival of the workshops, instead of upholding a balanced holistic programme that can contribute to sustainable empowerment of persons with developmental disabilities (Trochim et al, 1994).

To facilitate the development of such services a developmental model aimed at fostering change in the quality of lives of persons with disabilities, articulating service delivery systems that are inclusive of psychosocial support programmes, skills development and entrepreneurial development was developed (DSD, 2007: 22). No formal evaluations have been undertaken since the implementation of the psychosocial support programme to determine the effectiveness and impact of the programme, which has been designed to respond to the psychological and social needs of people in protective workshops (Trochim et al, 1994).

A similar study, conducted by the Human Science Research Council (2009: 8), on the evaluation of psychosocial support for caregivers providing HIV & AIDS services provides insight and an indication of the dire shortage of trained professionals and practitioners to implement psychosocial programmes in South Africa, and the scarcity of information focusing on these programmes.

This study therefore endeavours to evaluate the psychosocial support programmes introduced in protective workshops and in the process ascertain whether they are implementable, easily comprehensible and effective in making a meaningful and

positive difference in the lives of persons with disabilities in protective workshops. This will be done by ascertaining from staff working at the protective workshops whether they have been able to apply the knowledge and skills they acquired from the psychosocial support training they received.

The five questions that will form the basis for the evaluation of the psychosocial support programmes and which will be used to collect data are:

1. What is your understanding of psychosocial support following the training?
2. What part of the programme were you able to implement?
3. What has been useful about the programme?
4. What has not been useful about the programme?
5. What would you change to improve the implementation of the programme in protective workshops?

1.3. Justification of the Study

The continued concerns about whether the services provided by protective workshops support the participants to function better necessitated a thorough evaluation of the impact of the psychosocial support programme provided to care-givers and personnel responsible for implementing programmes within protective workshops. Experience has shown that lack of support often makes it difficult to implement programmes aimed at addressing the psychosocial needs of persons with disabilities.

This study, although relatively small in nature, seeks to evaluate the psychosocial support programme, measure its impact and refine and improve the programme should a need arise.

The research will be useful in providing preliminary information on psychosocial support programmes and how protective workshops are supported and developed, focusing on the programmes and services that could be improved to benefit the facilities and their participants (McLaren et al., 1999). It widened opportunities for

more in-depth studies involving the role that protective workshops may play in the total integration of persons with developmental disabilities.

Furthermore, this study forms an integral part of a holistic community based programme to support initiatives geared towards improving the services provided to persons with disabilities. It will contribute to the knowledge and information about the psychosocial support programmes and build on the theory and practices of these programmes, especially within protective workshops. The result of this study hopes to achieve and impart knowledge, support the urgent need for the development of community oriented psychosocial support programmes that will provide meaning and a sense of management to its community members.

1.4. Methodology

The research utilized focus groups to acquire deeper understanding and insight of the psychosocial support programme and its implementations and impact in protective workshops. Two focus group discussions (a pilot focus group to test and authenticate the questions, and the actual focus group) and interviews, using qualitative measures were facilitated. The focus group method was utilized to facilitate group interaction and non-verbal communication. This emerged as a benefit to the study in that through interaction participants were stimulated to make connections with various concepts and practices they engage with on a regular basis, taking into consideration that participants engage with clients on regular basis.

In conceptualizing the research topic, the study population (focus group participants), who are the employees of protective workshops tasked with implementation of the designed programmes, were defined. (Nagle and William: 2008). It was also ensured that the focus group participants, who are a subset of the population that was analysed, reflected characteristics of the individuals of the overall population which contributed in gaining a greater understanding of the topic. (Nagle et al: 2008)

Since the participants were from different protective workshops and engaged in diffirent responsibility levels, it was ensured that employment and responsibility level

of the selected participants, which threatened to have some bearing on the group dynamics and the group interaction, had minimal impact on the final results.

A focus group guide was used as a tool to provide information to all participants on the purpose of the focus group, explain the ground rules suggested, and to provide other information that will have direct impact in the running of the focus group. A standardized interview schedule consisting of five (5) open-ended questions was utilized for data collection purposes. Comprehensive note taking and summarization of the discussion with the participants during the focus group session facilitated more efficient analysis. Observation of body language and non-verbal cues was used to gain more understanding of the programme, the perceptions and feelings of the participants about the programme.

Even though a focus group guide was used, there were ideas and discussion points from the participants that did not match with the designed questions. Two scribes were provided to capture all deliberations and to use a flip chart to verify and capture all relevant issue emanating from the discussions. The facilitator utilized her skill to observe the non-verbal cues from the participants, especially those that had impact on the discussions and interactions of the group. All the interview results were coded before they were analysed to identify and capture all emerging themes and sub-themes and the ultimate finding were analysed to identify the key findings.

1.5. Outline of the Study

The structure of the research report is organised as follows:

Chapter 1 covers the background to the study, discusses the problem studied, justifies the study and looks at the methodology used. It unpacks the definitions of vocabulary used in the study, discusses the methodology used (including its limitations) and addresses the value of this study.

Chapter 2 which explores the literature on the topic examines the status of the psychosocial support programmes in South Africa; examines the understanding of developmental disabilities and addresses the impact of psychosocial support on persons with developmental disabilities.

Chapter 3 explores the methodology utilized to collect data from the protective workshop members during the study as well as the design and research procedures utilized in the study. It also explores the data collection processes and provides the research questions utilized in the study.

Chapter 4 gives an outline of the research findings, provides an analysis of the data collected, evaluates the efficacy of the psychosocial support programmes**,** with particular reference to the examination of the impact on the quality of life for people with disabilities.

Chapter 5 deals with the analysis of the collected data, creating a linkage between the purpose of the study and the findings.

Chapter 6 highlights the conclusions drawn from this study and offers recommendations for further research. It highlights the strengths of the study.

1.6. Definition of Terms

Programme Evaluation

The systematic collection of useful information about the characteristics, activities and outcomes of intervention programmes to make judgements about the programme's effectiveness and/or to inform decisions about future programming.

Community Based Intervention

A process of facilitating resilience within individuals, families and communities enabling them to bounce back from the impact of crises and helping them to deal with such events in the future. This approach is based on the idea that if people are empowered to care for themselves and each other, their individual and communal self-confidence and resources will improve. (Psychosocial interventions-A handbook, 2009: 12)

Psychosocial Support

A scale of care and support which influences both the individual and the social environment in which people live and ranges from care and support offered by caregivers, family members, friends, neighbours, teachers, health workers and community members on a daily basis but also extends to care and support offered by specialised psychological and social services (ARC resource pack, 2009). It depicts a close connection between psychological aspects of human experience and the wider social experience.

Psychosocial Intervention Programme

A continuum of care and support programmes and services, denoting a myriad of interventions, which influence both the individual and the social environment in which people live and addresses the social, emotional and psychological wellbeing of a person; wellbeing is achieved through processes oriented towards empowerment and competency (Le Rhun, 2009: 64 ; REPSSI, 2005, cited by SAHA, 2009: 15).

Social Model of Disability

The social model of disability sees the issue of "disability" as a socially created problem and a matter of the full integration of individuals into society. In this model, disability is not an attribute of an individual but rather a complex collection of conditions, many of which are created by the social environment. Hence, the management of the problem requires social action and it is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life. The issue is both cultural and ideological, requiring individual, community, and large-scale social change. From this perspective, equal access for someone with an impairment/disability is a human rights issue of major concern. (Definitions of The Models of Disability, 2010)

Social Wellbeing

The improved ability to assume socially appropriate roles which appears to be linked to a greater sense of being appreciated by the family and belonging to their community (ARC resource pack, 2009)

1.7. Limitations of the Study

It is essential that the limitations to this study be mentioned especially when considering the size, nature and implications of this study.

The following limitations were identified:

- The sample selection is based mainly on convenience and is not representative of the entire protective workshop sector. Therefore, the results may not be used to generalize the entire workshop population.

- In a developing country like South Africa, self-reporting methods, for example, may not be suitable and should therefore not be considered. Alternative and simpler instruments may be more appropriate. This study had several potential limitations reflective of the difficulties inherent in conducting population-based research within a developing country such as South Africa and was unable to utilize the culture that is so vastly different.

- Also while the precinct sampled is reflective of the impact of community-based intervention programmes generally, the study cannot be certain that the sample is truly representative of the country's overall workshop population representing the community-based intervention programmes in the country.

- The sample was drawn exclusively from a protective workshop forum comprising of representatives from 27 protective workshops. It may not truly reflect other community based intervention programmes in other workshops. A more representative sample would have provided an opportunity to examine intervention programmes across the wider spectrum of protective workshops.

- The greatest limitation of this study is putting the focus group participants of different workforce levels together (caregivers, programme implementers and managers).Though the interviews were conducted in English, it was difficult to determine if there was a language barrier as none of the participants expressed concerns with regard to language. The participants information and findings derived from this study may not be generalized to the wider population of protective workshops

1.8. Value of the Research

This study is intended to contribute to filling the knowledge gap from the existing studies on psychosocial support programmes in protective workshops. Although it is based on an existing but newly developed psychosocial support programme, for which training was provided and that was supposed to have been implemented, it remains critical to acquire an extensive programme evaluation to measure its impact in order to refine and improve the value of these programmes.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

This Chapter appraises the current practices in protective workshops, explains the psychosocial intervention programme, and speaks to the psychosocial intervention practices that protective workshops seek to integrate in their practices in tackling aspects of the social and emotional wellbeing of persons with disabilities. The Chapter also touches on the successes and failures of psychosocial programmes, their effectiveness, and the lessons learned from the implementation of these programmes. The Chapter is concluded by providing an analysis of the programmes and how the workshops can benefit from them.

2.2. Appraising Protective Workshops

Protective Workshops are facilities that are managed by Non-Governmental Organizations and the Government. They are funded and subsidized by the Department of Social Development (DSD, 2007:9). The primary objective of the protective workshops is to create socio-economic opportunities by providing diverse service baskets including social services, skills development, training and self-help programmes to enhance the work ethics and skills of persons with disabilities.

As community day-care organizations, they provide rehabilitation services and “work” opportunities for persons with developmental disabilities, who, due to their disabilities, environmental and / or social situation experience barriers in accessing the open labour market (Meistrie et al, 2001, & Dibetso et al, 2006). A government subsidy scheme for protective workshops was introduced for the first time on 1 April 1977 and currently covers 260 protective workshops nationwide (Dibetso et al, 2006). The purpose of the scheme was to assist workshops to provide work opportunities for persons with disabilities who could not access the open labour market. Consequently, a large number of persons with developmental disabilities accessed protective workshops with the hope of finding gainful and financially rewarding work.

South Africa's Integrated National Disability Strategy (INDS) 1997: 9 is the key policy that guides government on the provision of services to persons with disabilities. The Strategy recommends that service providers implement the Human Rights and Social Development Model in the provision of services to persons with disabilities. It further recommends an integrated and collaborative approach between government departments in order to provide holistic and sustainable services to persons with disabilities.

The business day of protective workshops is characterized by repetitive work, mainly of basket-making or rug-making and other small products, with few incentives and social measures to improve the quality of life of the participants, and little is done to rehabilitate them in accordance with the concept of psychosocial rehabilitation. (Deva, 2006)

Protective workshops are presently facing great challenges in determining the relevance of their current approaches within the changing processes in a democratic South Africa (The Presidency, 1997: 77) The human rights and development approach that underpins the advancement of persons with disabilities in all spheres of society has implications for the protective organizations (HST,1999). Protective workshops need to evolve in order to remain relevant. They are in a position to add specific value to the movement of expanding and strengthening initiatives for the economic empowerment of persons with developmental disabilities (DSD, 2007:11). It is also important to note that while the need for transformation has been identified, a credible and uniform model does not exist to guide the provision of support services, reduce dependency on donors and government grants, and to enhance collaboration amongst key stakeholders (DWDE, 2009:12).

The implementation of valued psychosocial support that is responsive to the social and psychological needs of persons with disabilities and with an empowerment aspect for programme personnel (caregivers, supervisors, managers), is one of a myriad of solutions to address the development of people with developmental disabilities (DSD, 2007: 23).

The majority of persons with developmental disabilities require assistance and support to achieve a good quality of life, and to participate in social and economic activities on an equal basis with others (Lavin: 1998). However, the overall improvement in the socio-economic development or quality of life and independence of people with

disabilities in protective workshops undisputedly depends on the relevance and appropriateness of the interventions (HST update, 1998).

Deva (2006), in her article on psychiatric rehabilitation (one of the psychosocial interventions for persons with mental disabilities) in developing countries, identified a trend in the practice of rehabilitation and raises a concern about the minimal opportunities for developing responsive psychosocial programmes for persons with developmental disabilities because of a lack of trained personnel in the programmes.

The management and operation of protective workshops, as well as the services that they provide, varies from one workshop to another (Lang, 2001) and there has not been any policy developed (until 2007) to guide a single credible and uniform model for these workshops that would, among other things, address the human resource management and development needs of persons with developmental disabilities (DSD, 2007:8).

While different notions of workshops exist, different research conducted on the topic and the literature confirms the ability of these facilities to add value and benefit to persons with developmental disabilities, as long as they conform to the social model approach which espouses alignment with social justice, rights, empowerment and addressing basic needs of the recipients (Boyce, 1997). Programme staff in protective workshops has received capacity building support to implement the different programmes proposed for protective workshops. However, the introduction of psychosocial support programmes in protective workshops seems to be an unpleasant process because, in existing workshops, the introduction of programmes impacts on and changes the existing structures and paradigms that have been the accepted norm of the particular workshop (Meistrie et al ,2001, & Dibetso et al 2006).

Barton (1999) outlines psychosocial interventions as part of the community support services for people with developmental disabilities - a service targeting persons with functional impairment. For its effective implementation, it needs to be part of a comprehensive programme. Applied within the context of protective workshops, psychosocial intervention programmes refer to a range of interventions and support services applied to lessen the long-term effects of disabilities, and to give persons with developmental disabilities the support they require at all levels to improve the quality of

their lives (HST update: 1998). This includes services such as Counselling, Rehabilitation, Life and Skills development, Health Promotion and Education (DSD, 2007:29). In accordance with a psychosocial intervention programme, protective workshops currently focus more on counselling and behaviour change, the empowerment of people by helping them to understand their own internal processes so that they can adequately take control of their own responses and decision-making processes, and ensuring that psychosocial services result in enhanced wellbeing, confidence, and improved social functioning (DSD,2007:29-30).

The current situation is that the Department of Social Development has taken responsibility for the facilitation of all the services provided by the protective workshops. As part of the management of protective workshops, a developmental model was established aimed at providing integrated socio-economic support services that contribute to the development and empowerment of persons with disabilities, promoting their self-worth, self-reliance and self-sufficiency (DSD, 2007: 22).

The provision of services within a protective workshop incorporates the following areas of service: a Psychosocial Intervention Programme, an Enterprise Development Unit and a Skills Development Unit. This study focuses on the Psychosocial Intervention Programme provided to persons with disabilities within workshops and further explores the capabilities of persons implementing this programme, its effectiveness and its impact on the lives of persons with disabilities.

2.3. Psychosocial Support Programme

2.3.1. Conceptualising psychosocial support programme

The ARC resource pack (2009) explains psychosocial as a term used to emphasise the close connection between psychological aspects of the human experience and the wider social experience. It affects different levels of functioning including cognitive (perception and memory as a basis for thoughts and learning), affective (emotions) and behavioural. Social effects concern relationships, family and community networks, cultural traditions and economic status, including life tasks. The use of the term

psychosocial is based on the idea that a combination of factors are responsible for the psychosocial well-being of people, and that these biological, emotional, spiritual, cultural, social, mental and material aspects of experience cannot necessarily be separated from one another (ARC resource pack , 2009).

A number of authors characterize a psychosocial support programme as a continuum of care and support interventions which influence both the individual and the social environment in which people live. It further addresses the social, emotional and psychological wellbeing of a person achieved through processes oriented towards empowerment and competency. (Le Rhun, 2010: 64; REPSSI, 2005, cited by SAHA, 2009:15).

Le Rhun et al (2010:64) on the other hand, define psychosocial programmes as support to improve patient coping abilities and quality of life. Within the broader context of coping abilities and quality of life are the development of knowledge, abilities and skills, and the enhancing of the individual's quality of life. He further attributes the development and success of psychosocial (support and education) interventions over the years to the involvement and participation of professionals and caregivers/ practitioners in their provision.

Adebayo (2010) brings a different perspective. He relates psychosocial programmes to needs which are psychological and social components of the individual's personality and the environment, are expected to guarantee his adaptive capacity to achieve stability within the environment, and optimize ability that is consistent with personal goals. In essence, he has a conviction that psychosocial needs resonate around the empowerment of individuals by helping them to understand their own internal processes so they can adequately take control of their own situational responses and decision-making processes.

Barton (1999) outlines psychosocial interventions as part of community support services for persons with developmental disabilities - a service targeted at people with functional impairment and which, for its effective implementation, needs to be part of a comprehensive programme.

Practically, psychosocial interventions are a myriad of interventions centred on the social, emotional and psychological wellbeing of individuals which embraces the psychological and social components of the individual's personality and the environment (DSD,2007: 28). They further promote support for improving coping abilities and quality of life, the development of knowledge, abilities and skills and enhancing the individual's quality of life (DSD, 2007:29). There are interventions, activities and community support structures whose aim is to facilitate social integration into a context. Social interventions include different types of strategies and programmes (Clinical Practice Guidelines for Psychosocial Interventions in Severe Mental Illness, 2009).

Effective psychosocial support programme is accomplished with the involvement and participation of professionals and caregivers/ practitioners in their provision, whose focus is the empowerment of individuals requiring assistance by helping them to understand their own internal processes so they can adequately take control of their own situational responses and decision-making processes. (SAHA, 2009; Le Rhun: 2010; Adebayo,2010 & Barton,1999).

In summary, designing psychosocial support involves considering a wide range of models adopted for psychosocial assistance, each reflecting a distinctive emphasis and approach to the interrelationship between the social world, the health and the well-being of the concerned individuals, placing some concepts centrally within their understandings. (de Jong, 2011:30)

2.3.2. Describing psychosocial support programme CLINICAL PRACTICE

According to the Guidelines on psychosocial rehabilitation interventions (2009) the aim of psychosocial ***support programme***, as part of the integral care of persons with mental illness, focuses on the functioning of persons, improving their personal and social skills and providing support to the different roles undertaken in their social and community lives. They aim to improve the quality of life of people affected and their families by supporting their social participation in the community in the most active, normalised and independent possible way. They are organised individualised process

that combines, on the one hand, training and development of the skills and competences that each person requires to effectively function in the community and on the other hand, actions on the environment.

Thembela (2007) states that interventions for psychosocial programmes are geared towards strengthening participation, integration and cooperation between members of the community. Similarly de Jong; (2011) articulates what the delivery of psychosocial interventions requires. He argues that the relationship and the interdependency between the individual and his or her environment present an important element in the delivery of psychosocial interventions. In psychosocial projects, a joint approach of both individual care and community support is vital. The *'psycho-'* and *'socio-' components* should be complementary in order to ensure that individual and environmental healing capacities are mobilised.

Psychosocial support programme

As outlined in the Clinical Practice Guidelines for Psychosocial Interventions in Severe Mental Illness (2009) Psychosocial support programme incorporates the following different extrapolated strategies, adapted from the field of psychology: Social learning, behaviour modification, social intervention and human resources, including, among others: training and development of personal and social skills, psycho-educational and psychosocial intervention strategies with families /caregivers and users, development of social networks and social support. (Clinical Practice Guidelines for Psychosocial Interventions, 2009).

i) Assessment

Watermeyer et al (2006) characterizes assessment as one of the important interventions of psychosocial programmes as it helps in understanding the abilities and limitations of a person with a disability, i.e. his aspirations, hopes, goals, etc. In line with the International Classification of Functioning (ICF), disability assessment offers a comprehensive view of interrelated and interacting factors that have an impact on the person's health, well-being and functioning (WHO, 2001). During the assessment process

of individuals in protective workshops, the social environment remains the subject matter as it covers the person's needs, aspirations, and functioning. The environmental factors, while they are beyond a person's control, may offer access, opportunities, positive challenges and choices or may present constraints and restrictions. Assessment should facilitate the participation and inclusion of the person in the environment they find themselves in and facilitate the change required to ensure inclusion of the person in the environment. No objectives and type-of-interventions evaluation can be determined without a thorough assessment (Watermeyer et al, 2006).

ii) Cognitive-behavioural therapy

The psychological intervention designed to help people identify, test reality and correct dysfunctional conceptions or beliefs. Persons are helped to recognise the connections between cognitions, affection and behaviour, together with their consequences, to make them aware of the role of images and negative thoughts on maintaining the problem.

iii) Social Skills Training

Social skills are specific response capacities required for effective social performance behaviours carried out by an individual in an interpersonal context that express feelings, attitudes, desires, opinions or rights of that individual in a way that adapts to the situation, respecting that behaviour in others, and which generally solve the problems of the situation at the same time as they reduce the probability of future problems to a minimum. Social skills training programmes that integrate structured psychosocial interventions are derived from the basic principles of learning that include operational conditioning, experimental analysis of behaviour, and the theory of social learning, social psychology and social cognition

iv) Interpersonal therapy

The Interpersonal Therapy is an adaptation of interpersonal psychotherapy that is based on the fact that stability and regularity of the social routine and interpersonal relations act as a protection factor in mood disorders. The treatment focuses on the relationship between the mood symptoms, the quality of social roles and relations and

the importance of maintaining daily routines on a regular basis, as well as identifying and managing potential events that trigger the circadian or biological rhythm.

v) Supportive therapy

Supportive therapy is defined as the psychological intervention where “the intervention is facilitative, non-directive and relationship-focused, with the content of sessions largely determined by the service user.

vi) Family interventions

These interventions are designed to improve the relationships between family members, reduce the levels of “expressed emotion” and, in some way, reduce the relapse ratios and improve the quality of life both of the patient and of the families/caregivers. The intervention involves a combination of antipsychotic medication (where necessary, education of users and their caregivers to cope more effectively with environmental stress, and Assertive Community Treatment that helps resolve social needs and crisis, including symptomatic exacerbation.

vii) Pyscho-educational interventions

This intervention involves transmitting adequate information about the disease to patient and families/caregivers. It is not always done in an organised manner and the inclusion of family members is not normal practice. It is important to know the effectiveness of these interventions, which are usual in practice.

viii) Cognitive rehabilitation

This intervention focuses on improving cognitive functioning by applying repeated practice of cognitive tasks or by the training of strategies for compensating cognitive impairments- associated with low efficiency in different aspects of cognitive processing, such as processing speed, attention maintenance, work memory, verbal learning, cognitive functioning or social cognition.

Examples include:

- Repetitive exercises of cognitive tasks presented in a computerised or paper and pencil version.
- Compensatory strategies, which imply the learning of strategies to organise information (for example, categorization; or adaptive strategies, with use of reminders or other environment aids.
- Behavioural and didactic learning techniques, such as positive reinforcement instructions, etc.

ix) Social interventions

These are interventions, activities and community support structures aimed at facilitating social integration and they include different types of strategies and programmes, e.g. daily living programmes(include aspects such as self-care, handling money, organising the house, domestic chores, and even interpersonal skills), residential programmes in the community (this include alternative housing, temporarily or permanently and whose aim is to train them in those skills required for them to independently adapt to daily life, insofar as possible) and programmes directed to leisure and spare time.

x) Problem-solving therapy

Problem-solving therapy has a cognitive and behavioural component. It tries to establish a link initially between the symptoms and the practical difficulties to be developed in several stages (explanation about the therapy and its fundamentals, identification and breakdown of the problem, establishing accessible objectives, generating solutions, assessing them, implementing them and assessing the result of the solution implemented).

The main objectives of the therapy are to make the people have a better understanding about the relationship between their symptoms and their problems, increasing their capacity to define them.

xi) Programmes aimed at leisure and spare time

The objective of these programmes is to help people with SMI recover, fostering social relations and the use of free time, fostering participation in community atmospheres and meeting activities, holidays and activities of personal enrichment.

xii) Employment-oriented programmes

This is a labour rehabilitation intervention strategy that uses work in the recovery process to develop competences and improvement of personal functioning, and also as an element for social exchange and economic independence.

Service level interventions

The different community care models are based on the need to help people with SMI have access to health resources and to coordinate the different interventions. This covers the following:

- Day centres and/or psychosocial rehabilitation centres
- Community Mental Health Centres (CMHC)
- Assertive Community Treatment (ACT),
- Case Management (ICM)
- Day Hospitals and Case Management (CM)

The psychosocial Intervention Programme in protective workshops includes few but relevant therapeutic interventions used, especially those that do not require the continued presence of professional at all times. These include interventions such as: Assessments, Social Skills Training, Supportive therapy, Family interventions, Cognitive rehabilitation, Social interventions, Employment-oriented programmes and Service level interventions

To enhance participation and diverse approaches in the focus group, elements located in the Psychosocial Rehabilitation -Assertive Community Treatment (International Journal of Psychosocial rehabilitation, 1986) template was used to build on strengths

and abilities of participants, and was utilized to solicit answers from the programme personnel who participated in the focus group. The elements were used to enhance a comprehensive insight into psychosocial programmes. Elements within the template, which are mostly used to set the stage for an approach that builds on the strengths and abilities of participants, were utilized to, among other things, get the programme personnel to assess themselves on the support they provide, the provision of the individualized programs custom tailored for each workshop participant and the provision and application of the psychosocial support programme. The elements were used to develop the themes around which the analysis of the data is based.

Themes	**Descriptions**
Individualization	Accustomed and tailored services driven by individual choices.
Hope	The belief of all individuals with disabilities, in the potential to change and grow.
Client directed	People's rights and responsibility for self-determination.
Focus on skills	The core of the programme is increased competencies through skills acquisition.
Skills & Environmental support	Modifying the environment and building external support.
Partnership approach	The creation of an intimate environment with no professional authoritative barriers.
On-going support	Programmes not time-limited but geared to an individual programme by individual choice.

Table 1: Psychosocial Rehabilitation - Assertive Community Treatment (International Journal of Psychosocial rehabilitation, 1986)

2.3.3. Theoretical Framework

This study is guided by Erikson's (1994) psychosocial theory and Bandura's (1977) social theory, which provide for understanding and explaining how personality behaviour develops in people and how people can learn new information and behaviours by watching other people (George, 1997). Both of these theories postulate that everyone can change and grow, no matter what has gone before. Contents of both theories help to enable meaningful understanding and personal growth. Both theories further indicate that the individual has specific needs which will last throughout his lifespan, and that, with support, these needs can be met.

The term psychosocial support arose in the early 1990s as a reaction against the overly medical and often decontextualized post-traumatic stress disorder (PTSD) model of response to individuals affected by different circumstances (ARC resource pack,2009). The psychosocial approach shifts the emphasis from individual's vulnerabilities to a view of individuals as active agents in the face of adversity and adopts a model of service delivery which recognises and strengthens resilience and local capacities.

It is seen as a resilience building approach to psychosocial wellbeing; builds upon an individual's natural resilience, family and community support mechanisms; and attempts to provide additional experiences aimed at promoting coping and positive development, despite the adversities experienced.

Applied within the context of protective workshops, psychosocial support programmes refer to a range of interventions and support services applied to lessen the long-term effects of disabilities, and to give people with disabilities the support they require at all levels to improve their functioning level and improve the quality of their lives (HST update, 1999). This may include, among others, education and counselling services, rehabilitation services, skills development, life skills training and family/peer support services (DSD, 2007: 29).

The overall objective of a psychosocial support programme is to reduce psychological and social consequences (de Jong, 2011:13). To achieve this, two elements are identified. The '*psycho*-' *component* provides support on the individual level. It

facilitates the reconnection of the affected individual to his or her environment, community, and culture. The '*socio-*' *component* aims to create an environment that facilitates the individual or groups of affected individuals to re-integrate. Both elements need to be addressed in any psychosocial programme, ensuring that developed objectives take cognisance of both the psychological component and the social factors of an individual.

The Psychosocial support Programme seeks to promote social change, problem solving in human relationships and the empowerment of people to enhance their well-being. The programme transcends counselling and advice on behaviour change to instead empower people by helping them to understand their own internal processes so that they can adequately take control of their own responses and decision-making processes.

Its outcomes result in enhanced social functioning, well-being and confidence and are centred around counselling, advice on behaviour change and the empowerment of people. It includes a range of interventions and support geared towards improvement of the psychological and emotional well-being of individuals (DSD, 2007:31).

2.4. Framework for questions

The study revealed that in 2009, more than 119 million people were affected by natural disasters, and 36 armed conflicts were recorded in 26 countries (Tol et al, 2011). It has demonstrated the negative impact of humanitarian crises on mental health and psychosocial well-being, including increased psychological distress, social problems, common mental disorders (depression and anxiety, including post-traumatic stress disorder [PTSD]), and severe mental disorders e.g., psychotic disorders (Tol et al, 2011).

This presents a better focus upon which a consensus-based research agenda for the area of Mental Health and psychosocial support can be based. On the other hand recent international policy indicates a growing consensus in the approaches recommended for mental health and psychosocial support interventions in humanitarian settings, despite a weak empirical evidence base to support specific

approaches broadly aimed at mental disorders and psychosocial issues. Betts et al (1996) and Miles & Huberman, (1984) state that the framework of any study on mental health and psychosocial support interventions in humanitarian settings, and the questions, need to be based on the same theory as the eventual intervention. The focus and research priorities on mental health and psychosocial support interventions is on the achievement of tangible benefits for programming and that gives emphasis to participation with, and sensitivity to, the specific sociocultural context. The questions will assume the behaviours and personal characteristics, while touching on the environmental factors that could influence personal behaviours (Keim, 1999).

2.5. Programme Evaluation

Part of the purpose of this study is to evaluate the psychosocial support programme developed for protective workshops. Ng'ambi & Brown (2004) explains the main purpose of programme evaluation as to check the effectiveness of a programme and evaluate it in terms of necessity, efficiency and validity, to improve planning and implementation processes. Ng'ambi et al (2004) further define programme evaluation as the systematic collection of useful information about the characteristics, activities, and outcomes of intervention programmes that makes judgments about the programme's effectiveness, and/or informs decisions about future programming. The evaluation of the psychosocial support programme will help determine the relevance of the programme, improve on the delivery mechanisms to be more efficient and identify the programme's strengths and weaknesses to improve the program (Ng'ambi, et al, 2004). It further improves the knowledge of, and facilitates management's thinking about a programme, including how it meets its goals and how it will know if it has met its goals or not.

Similarly, Stufflebeam (1999**)** defines program evaluation as a study designed and conducted to assist some audiences to assess an object's merit and worth. He further characterizes it as a process to carefully collect information about a program, or to determine the strengths of the programme and improve delivery mechanisms of the programme. Within this study, this presents a process to make necessary decisions

about the findings of the psychosocial support program, or a process to facilitate management's thoughts about the findings of the study, especially where the decisions are to be made on the usefulness of the programme. The findings indicate the minimum information required and a need for supported trained personnel to implement the programme.

There are still limitations in the evaluation of the overall social services provided for by government and the NGO sector to assist in the provision of accurate data and analysis on the extent to which the programmes and services are being implemented (Patel et al, 2008). While evaluation allows an organization to be self-accountable and react quickly to change to improve programmes and operations through results-based decision making (Fetterman,2001); resource-stretched non-profit organizations and NGOs require staff, skills, or resources to engage in effective evaluation when limited funds are channelled directly into service delivery (Lang, 2001).

CHAPTER 3: RESEARCH METHODOLOGY

3.1. Introduction

This Chapter seeks to explain the methodology to be utilised when conducting the study. It became quite apparent that the best way to meet the requirements of this study was to utilize a qualitative research design. As an introductory process to the study, it remained important to introduce the study to the participants. All participating members signed a written consent to indicate their consent to participate in the focus group discussions. Shore (1996) defines the concept of consent as the aim of introducing the study to the participants to ensure that the members make an informed decision whether to take part in the study or not. He further outlines informed consent as a process whereby prospective participants are informed about the general nature of the investigation and their expected role in research.

The introduction covered the characteristics of the study, the objectives of the study, the member's selection criteria, the process of selection, the participation and how confidentiality of all members was maintained. Shore (1996) further mentions that to ensure that members are protected; rigorous procedures will have to be followed

3.2. Research Participants

This section describes the research participants and their setting. The target group for this study included protective workshops forum members who were, at the time of the research, working and actively involved in protective workshops. Other criteria used to select the candidates for the focus group was that all members should have undergone a disability sensitization programme and training on the Psychosocial support Programme, as well as be actively involved on a day-to-day basis in implementing the psychosocial support programme as part of the protective workshop programmes.

Participants were nominated on the basis of being care givers, general workers and managers in protective workshops placed in the position of experts whose knowledge

and experience is essential to advancing the theoretical discussion on psychosocial support. The study used a sampling of convenience, where participants were drawn from an existing protective workshop forum consisting of 27 members. Two focus group discussions were conducted, where two groups of six (6) members (a pilot group) and eight (8) members respectively were constituted. The average age of the two groups of participants was between 21 and 47 years. In terms of gender, the two groups had a majority of females (8) and six (6) males. In terms of ethnic distribution, the members represented both black and white South Africans with considerable experience in workshops, in that most of them had worked in workshops for periods ranging between 5 -20 years. Most members had a secondary (matric) qualification and a few had a college and tertiary qualification. Basically the education level of members placed them in a better position to be able to comprehend the content of the programme.

The facilitator had the necessary competency and was able to relate to participants being interviewed. In line with Bulmer's (1983) affirmations, the interviewer should be able to speak the subject's language and understand the culture within a setting. The language of communication during the interviews was English, agreed to by all members as a central language that everybody understood. The choice of the sample made it possible to work in only one language, a language that both the researcher and the participants were familiar with.

The interaction among group participants reduced the amount of interaction between the facilitator and the individual members of the group. In this way, the dynamics within the group decreased the influence of the facilitator over the interview process and hence gave a more prominent role to the participants' opinions, and the group dynamics that stimulated thinking and verbal contributions (Kruger, 1994). As stated by Kruger (1994), all responses from focus groups are considered as more appropriate to elicit responses that better reflect the social realities of the interviewees.

Participants were recruited through letters of invitation which were distributed through the forum.

3.3. Research Instrument

The design of the study instrument was aimed at determining the member's concerns, experiences, opinions, viewpoints and insights concerning the psychosocial support programme in protective workshops. It was meant to obtain a participant's understanding of psychosocial support and how the effective and efficient implementation of the programme would improve the quality of life of persons with disabilities. All the questions in the research instrument were open ended and dealt more with the general views pertinent to provision of psychosocial support.

The study instrument comprised of the following set of questions used for data collection:

1. What is your understanding of psychosocial interventions following the training?
2. What part of the programme were you able to implement?
3. What has been useful about the programme?
4. What has not been useful about the programme?
5. What about the programme would you change to foster improvement in the implementation of the programme in protective workshops?

3.4. Pilot study

A pilot study was conducted before the actual study to test the research instrument, examine its appropriateness for the population group being studied and assess the feasibility of the proposed study (Gasa, 1999).

The pilot also added value to the study by enabling the facilitator to gain insight into a diverse range of responses to be expected from the study, enabling him to appreciate how some questions will be handled by the respondents during the interview. It also served as a platform for assessing whether or not other pertinent issues had been overlooked. Finally, the facilitator was able to estimate the time that the interviews would take.

At the beginning of the pilot group session, the purpose of the pilot study was shared with the participants and all members present (including the scribes and facilitator) were introduced. The pilot study was run in accordance with focus group principles (Onwuegbuzie et al: 2009) and the facilitator presented the designed study questions that were short, simple and unambiguous to ensure better results from the pilot (Perry, 2004). Six (6) protective workshop members participated and were interviewed as a measure of the study's feasibility. The pilot was facilitated and the research instrument was used to determine further areas for probing, especially where members showed some uncertainty with their responses.

The results of the pilot study produced minor changes to the research questions to accommodate. Most members indicated (during the pilot study) that most workshops had not started with implementation of the programme due to a myriad of challenges. As a result, an additional question '*What programme would you change to foster improvement in service delivery in protective workshops*?' was added to the focus group questions to solicit solutions to the questions that might have led to the delays.

3.5. Data collection

The focus group discussions were used as a primary source of data. The interview is a central research method in the social sciences as it enables the interviewer to enquire about people's attitudes, beliefs and values (Gasa, 1999). The aim of the study, as explained to the members, was to evaluate the Psychosocial support Programmes by determining what participants learned from the programme, what challenges they encountered in implementing the programme and their thoughts on how the programme could be better introduced in the protective workshops. The use of the gathered data was also explained to the participants.

Thematic analysis was used to draw emerging themes from the research information offered by participants. Information from the interviews was captured on flip charts, recorded by two scribes, reflections on the interaction in the groups, the non-verbal cues and other actions that helped the facilitator to describe the mood of the group during the interviews.

The interview lasted for 90 minutes. The time allocated permitted the participants to provide the information they wished to give without feeling intimidated. Also the allocated time allowed the scribes to summarise all discussion points and capture what the research participants related in their own words. The two scribes served as backup for each other especially when one scribe had missed the information provided by participants. The rapport between the facilitator and the participants became quite persuasive especially where the participants insisted that their inputs and their direct quotations get recorded.

The group records reflected characteristics of openness and honesty towards each other (facilitator and the group participants). A general assessment was conducted by the facilitator at the end of both sessions, aimed at considering whether there was any ambivalence, doubts or un-answered questions amongst the participants and checking the participants' tone about the focus group process. No discontent was reported.

3.6. The Interview Guide

Patton (1990) describes the interview guide as a list of different questions or issues that are explored in the interview process. This list is prepared with the aim of ensuring that the same information is obtained by the facilitator from a number of people by covering the same material. The interview guide also enables the free flow of information between the facilitator and the research participants. The interview guide was prepared and shared with the participants before the actual interviews started, to guide the participants on what was to happen during the focus group interviews. It is legitimate for participants to provide inputs to the guide before the final endorsement by all participants. The guide was endorsed by all participants as it allowed for a uniformed set of guidelines to be used throughout the session.

3.7. Research Design and the Rationale for using Focus Group approach

Using focus groups was the overall strategic choice made to answer the research problem in the best possible way, within the given constraints (Ghauri, Gronhaug and Kristianslund: 2002). As a qualitative research, a focus group was used as a group

interview technique that relied on interaction within the group ((Morgan, 1997). The uses of qualitative research techniques, which are widely used in the field of social sciences, were considered as they cover the compilation, analysis and interpretation of data that is difficult to reduce to numbers (Morgan, 1997). This technique permitted studying the psychosocial support programme context using qualitative research, which proved difficult with quantitative techniques.

In this study, the group interaction was explicitly used to produce data, and the strength of the focus group relied on the facilitator's focus in the ability to produce concentrated amounts of data on the topic of interest (Morgan, 1997). During the data collection phase, anonymity and confidentiality was again guaranteed.

As stated by Khan & Manderson, (1992), in most cases, focus groups are used primarily for convenience as they allow more individuals to be reached at once, and they utilize a small size and specialized facilities for the interviews. They have a status of being "quick and easy" and rely on the interaction of the group to produce data. However, the influence that the focus groups can have on each participant's experiences and opinions may influence the nature of the data the group produces (Khan et al, 1992). They do have the tendency towards conformity, in which some participants withhold things that they might say in private, and a tendency towards opposition and divergence in which some participants express more extreme views in groups than in private (Morgan, 1997). Also the ethical concerns, budget issues, and time constraints are obvious factors that affect the ability to plan for focus groups. Since the focus group discussions are controlled by the facilitator, it is never clear how natural the interactions are. This could mean that focus groups are in some sense unnatural social settings, with some uncertainty about the validity of what the participants say (Morgan, 1997).

3.8. Sampling

In selecting participants for a focus group project, it is often more useful to think in terms of minimizing sample bias rather than achieving generalizability (Morgan, 1997). Focus groups are frequently conducted with a purposively selected sample in which the participants are recruited from a limited number of sources. The bias of

interpreting data from a limited sample as representing a full spectrum of experiences and opinions becomes a problem if ignored (Morgan, 1997). Control of the group composition to match the chosen categories of participants remains important in focus groups. The group composition ensures that conversation is free flowing among participants within the group and facilitates analysis that examines differences in perspectives between the groups (Morgan, 1997) On the other hand, the group composition also ensures that each participant in the group has something to say about the topic and feels comfortable saying it to each other (Gasa, 1999). A sampling number consisting of fourteen (14) members was selected based on the number of respondents, following the invitation letters sent out to all 27 protective workshop forum members.

3.9. Conclusion

The Chapter described the methodology of the study, including the participants, instrument, interview guide, data collections, the pilot study, research design and sampling.

CHAPTER 4: RESEARCH FINDINGS

4.1. Introduction

The focus groups were held to evaluate the psychosocial support programme developed in 2007. In 2008 workshops programme personnel were trained to implement the programme. The evaluation was to determine its effectiveness, relevance and the extent of comprehension by the programme personnel.

The discussions in this Chapter are based on the responses provided by the staff members who have worked in protective workshops for a considerable period. The responses were obtained in a focus group interview facilitated and attended by protective workshop's staff that was trained on the programme.

The literature review on the subject indicates a wealth of knowledge on the topic focusing on the development, effectiveness and evaluation of psychosocial support programmes for people with mental disabilities, and puts more focus on the service recipients. This study shifts focus and looks at the impact on programme personnel (staff) who are tasked with the responsibility of implementing the programme.

This section captures the main factors that surfaced from the pilot and the focus group interviews conducted with the 14 staff members. They include the following:

- A number of participants (60 -70%) felt that the training on the Psychosocial Interventions Programme did not add any value, and that they were not able to comprehend the essence of the programme and use it in their operations to run the workshops without any support from the workshop managers. It also became evident that the level of comprehension of the programme content differed greatly among the different participants.
- 95% of participants felt that while the training brought in a new and important concept to workshops, only one training session was conducted with the result that many members remained not appreciative of the psychosocial support concept**.**
- 90% of participants felt that the limited support of government on the newly developed programme contributed to its failure and lack of interest and concern

form the protective workshops. More participants felt that there was a need to strengthen environmental support and interventions used in workshops.

- 75-85% of participants supported the need for rigorous capacity building on the programmes that workshops implement, which will help enhance the staff's understanding of the needs of persons with disabilities in workshops.
- 69-75% of participants highlighted the need to strengthen the client's level of environmental supports through more skills and supported work, This will enhance client's capacities in social, learning and interpersonal skills, enhance their skills-training approach, coping mechanism, personal hygiene, and self-care.
- 70-75% participants believed that with work load management and recognition of their work, they would work more effectively.
- Most members felt that an appropriate introduction of a new programme would entail continued support to check compliance and understanding of the programme. An introduction of an M&E system was proposed.
- 30-55% of participants advocated for the introduction of an advocacy programme that would assist in the development of advocacy projects to help popularise the programme and acquire the necessary support for the effective implementation of the programme.
- 80-95% of participants expressed the need to have the programme elevated to attract professionals.
- Most participants raised concerns about the need for improvement of services and have more interventions focused on social skills.
- 65% of participants supported the strengthening of support services in workshops, and especially strengthening teamwork and supervision, to enable workshops to address the service pressure they are subjected to, changes and pressure brought in by new programmes.

4.2. Research Results

The following themes were identified during the analysis of the focus group information captured by the scribes. The following table reflects the frequency of the responses on a particular theme, thereby indicating the most frequently emerging theme.

Major theme	Sub-theme	Number of responses	Definitions
What is your understanding of psychosocial interventions	Employee Support	8	This comment covers the support provided to employees / contract workers in undertaking their work. It also covers implementation of the training and capacity building programme employees receive towards their work.
	Training (of participants with disabilities, and training of staff in workshops)	5	This sub-theme reflects the training provided to all employees on their roles and responsibilities in the workshops
	Recognition	3	This comment refers to lack of recognition of abilities amongst employees to their responsibilities in workshops but mostly towards working and supporting participants with disabilities.
	Capacity building	6	This statement refers to the need for programmes run in most workshops as part of the induction process to help new and also old employees learn new roles, or a newly introduced responsibility.
What part of the programme were you able to implement	Status	2	This refers to the educational and comprehension level of different employees in workshops, including those tasked with the implementation of programmes used in the workshop
	Processes	7	This sub-theme refers to processes that need to be followed in Implementing different programmes and the demands of their complex or simple nature that need to be followed.

Major theme	Sub-theme	Number of responses	Definitions
	Organisational development	5	This refers to development of the workshop as an organisation, whether it is aligned to the development prescripts, or whether it also accommodates new development in its practices, and whether it develops its employees to support these developments.
	Structured and aligned work	1	This refers to whether the work done in the workshop speaks to the overall goal of the workshops which is supposed to be aligned to the overall polices governing the workshops.
	Workshop forum	1	The sub-theme refers to affiliations and the benefits of affiliating
	Therapeutic processes	2	This is about the understanding of different therapies and their benefits. It largely focuses on the level of employees to implement different therapies within workshops
	Visibility of professionals	3	This talks to the need for professionals, their roles within workshops, and the necessity to have them in workshops
	Personal development	7	The sub-theme talks to the need to develop room for individual development and also for the workshops to offer room for individual development without any prejudice.
What has been useful about the programme	Collaboration amongst personnel in different workshops	4	This comment is about the need for collaboration among different workshops especially when looking at the work done in workshops
	Continuous Growth		The sub-theme addresses the support participants allude to having received from other workshops and their contribution to their growth in this programme

Major theme	Sub-theme	Number of responses	Definitions
	Valuable teamwork	3	This covers inputs on the working streams established in workshops to support in-coming incumbents/ employees, and how such streams are adding to their understanding of processes. This is geared towards familiarising them with work they do.
	Training	4	This refers to the comments on different training programmes that workshops use as a support system.
What has not been useful about the programme	Lack of understanding and knowledge of what workshops are doing	4	The sub-theme comments on the lack of understanding and knowledge of what workshops are doing and what they should be doing.
	Over emphasis of production and targets	2	The comment is about the impressions of work done in protective workshops
	Continuous training	3	This comment is on the need for continuous training to ensure a thorough understanding of any programme or project brought to a workshop.
	Understanding of staff needs	3	The comment indicates the need to consider needs of staff members especially those implementing programmes intended for workshop clients
	High expectations from government	2	The comments include how government perceives workshops, (high expectations from government)
	Government support	5	The comment acknowledges the minimal support from government that is not able to support work in workshops
	High content training with minimal understanding	4	This comment highlights the status of the training on psychosocial intervention
	Consideration of the knowledge/ educational level of workshop staff	1	The comments give recognition to the knowledge and educational levels of staff implementing programmes I workshops

Major theme	Sub-theme	Number of responses	Definitions
	Workload	7	This includes the workload of staff required to implement workshop programmes including psychosocial interventions
	Unheard and weaker voices of the clients	1	Included in this comment are the concerns of the voices of the workshop clients on programmes
What about the programme would you change to foster implementation of the programme in protective workshops?	Advocacy and other programmes	2	The comment includes the programmes and projects that could be introduced in workshops centred around psychosocial interventions
	Adequate funding	4	This includes the support needed for the implementation of the psychosocial interventions
	Elevating the programme	2	The comment includes the elevation of the workshop as a comprehensive programme for recognition
	Supported training	5	This includes the need for training before implementation of the psychosocial interventions
	Targeting professionals	2	The comment includes the need for professionals to ensure effective and efficient implementation of the programmes

Table 2: Research Results

Overall theme results

The major themes in descending order based on the number of comments made within each major theme

Major themes	Sub-themes	Number of comments
What is your understanding of psychosocial interventions	Support	8
	Capacity building	6
	Training (of participants with disabilities, and training of staff in workshops)	5
What part of the programme were you able to implement	Processes	7
	Personal development	7
	Organisational development	5
What has been useful about the programme	Collaboration in Workshops	4
	Training	4
What not been useful about the programme	Workload	7
	Government support	5
	High content training with minimal understanding	4
	Lack of knowledge and understanding	4
What about the programme would you change to foster improvement of the programme in protective workshops	Supported training	5
	Adequate funding	4
	Open Communication	4

Table 3: Overall theme results

CHAPTER 5: DATA ANALYSIS

5.1. Introduction

The section presents the themes that emerged from the group interviews and their analysis. This section will focus more on the linkages between the research problem, the data collected, its analysis and the interpretation thereof. The information extracted from the analysed data should answer the questions raised at the beginning of the research. The analysis and interpretation will be done in a way that responds to the questions asked and contributes towards the achievement of the research objectives.

In this study, it remains quite important to ensure that the analysis process identifies main themes that are related to the research questions (Kruger, 1994). Utilizing qualitative data collection approaches, the analysis of the information from the interviews was undertaken in such a way that it illustrates and supports the research findings. The effort at uncovering themes is a creative research process that requires the researcher to make carefully considered judgements about what is really significant and meaningful in the collected data being analysed.

5.2. Analysis

The following provides an analysis of the responses from the focus group interviews to the research questions, namely: (i) the understanding of psychosocial support programme after the training provided; (ii) part of the programme implemented; (iii) part of the programme that was useful, (iv) part of the programme that was not useful; and (v) part of the programme that participants would change to foster improvement in the implementation of the programme in protective workshops. Following are the analysis of the themes that emerged from each question in the interview schedule and that had a significant impact in the study.

i) What is your understanding of psychosocial support programme?

While most members responded that the training enlightened them on the psychosocial programme and the requirements for it to be implemented, the lack of resources and support, especially from management, remained a barrier to realising the programme objectives.

A high percentage of participants felt they could not implement the training provided for a number of reasons. Some staff members felt that the training was pitched at a high level, making it difficult for participants to understand and implement. A high percentage of participants also felt that while there were some similarities between the newly developed Psychosocial support Programme and the usual programmes provided by workshops, there still was a need for additional support and continuous supervision in implementing some of the new strategies in the programme.

Participants were quite certain that the Psychosocial support Programme was quite relevant to the workshop work. However they felt that their workload would not allow them to learn more and implement the programme, considering the pressure they are subjected to by their responsibilities and in responding to the needs of people with disabilities in workshops.

All participants did receive training in the programme. However, most participants felt that, due to the intense nature of the programme, training with no follow-up was not sufficient and adequate to enable them to understand and implement the programme. Participants felt that they needed supplementary and follow-up training, packaged with monitoring and evaluation of the implementation of the programme. Additionally, participants felt that intense supervision and the inclusion of professionals to assist with the complexities of the programme would help to get the programme effectively implemented. This they felt was prompted by the pitched level of the programme.

During the focus group session the participants indicated their understanding of the programme's goal by explaining the role of the programme as an approach to ensuring that the lives of service recipients are improved. They further highlighted the importance of understanding different disabilities, their manifestations and how they

could work with service recipients to contribute towards the achievement of the workshop goals.

Members reported a number of interactions with the service recipients. This involved dealing with people of different disabilities and having to repeat some activities over and over again as a way to pitch the programme at the level of functioning of the service recipients. With no educational and information support, the participants felt quite lost and did not understand the purpose of the interaction without added therapy or intervention.

Within this programme, participants saw their role in implementing the programme as more of educators and supporters, fostering a sense of hope and trust. They indicated the challenges they encountered in playing the role of support to persons with disabilities, as some of them could not understand the different emotions shown. This they attributed more to a lack of supervision and support in the kind of work they do.

Due to the complex nature and standard of the training, most participants felt they gained minimal or no knowledge on the programme and still rely on what they learned to do their work. Following the training on the programme, some participants saw similarities from the programme with what they were doing in workshops. One factor that emerged from the interviews was that some workshops have uninterrupted capacity building programmes focusing on a number of programmes that workshops implement. However, a large number of participants could not remember much of the content of the training that was provided because it was only conducted once with no follow-up. Additionally, the training used a number of new terminologies that most participants referred to as ‘jargon’, not taking into consideration their level of qualifications. Other factors that emerged from the interview were a need for an extensive and frequent training programme, supported by a follow-up regime.

Among the views shared by the participants on this theme, a number of sub-themes emerged. The sub-themes that emerged from the analysed data can be attributed to the response and contribution of the focus group participants as experts in their field

of practice. All the focus group participants appeared to identify with this theme as their primary focus of the work and programmes they implement.

Among the ratings of the responses from the participants, these themes received the most ratings, which indicated that the participants felt strongly about the need to have their programme and work understood and comprehended by relevant people, especially government. Similarly, the ratings could be an indication of their way of expressing the genuine need to add important and significant value and positive impact on the quality of lives of persons with disabilities within protective workshops.

The responses around the theme seem to give an indication that participants recognised the importance of their programmes and wanted to push for broader recognition of the work they do, and their contribution to the sector they serve. Participants identified a need for appropriate skills and expertise to do the work they are doing, which would support them to achieve their goals of supporting the most vulnerable people in protective workshops. What emerged from the analysis of the responses provided for this theme is a broader need for support in the form of skills development and the provision of resources to enable the participants to undertake their responsibilities. Participants further indicated the value of working together and also with different workshops as having had the opportunity to learn a number of skills shared by other fellow partners and /or other protective workshops.

Relevant quotations from the focus group interviews:

'We care more about our employees and persons with disabilities; that is why we have to train our employees. We get support from our neighbouring workshops, because they have been long in the field. The workshop environment is very taxing especially if you are not sure what you should be doing. You follow what others are doing especially when they have been long in the field'.

…..it is not about what you are doing. It is more about what others have been doing and what has and is working'.

ii) What about this programme did you find useful?

The question was intended to explore participants' views about the understanding and the usefulness of the programme on their day to day programme, and the extent to which it enables them to render services with more impact to persons with disabilities. The responses to this question were quite diverse.

Minimal and shortage of staff, and lack of practical support from the managers, seem to have compounded the lack of implementation of the programme. The use of some high level terminologies prompted participants to present the need to involve professionals in conceptualising and implementing the therapeutic strategies of the psychosocial support programme. Most of the participants had matric as their minimal qualification and lacked the skills required for most therapeutic programmes that workshops had to implement. Even for those participants with additional qualifications, the relevance of the qualification with the work that the participant did was of major concern. This was further compounded by the brief training that was conducted, ostracising and disabling the participants.

This question was seen as crucial and central to what the present study was trying to evaluate: the impact of the programme on the participants to enable them to render effective services to people with disabilities in protective workshops. The response specified by most participants reflected a mode of support the participants had to enable them to render effective services with the situation they find themselves in. They cited that an immense sense of support in understanding the clustering of work and programmes in workshops was provided more by the forum structure that was established.

Most inputs gave an indication that participants did not benefit from the training that was provided, resulting in their inability to provide comprehensive services aligned to the psychosocial support programme. While participants shared the feeling that they understood what the training entailed, some of the responses given by the participants seemed to suggest that the lack of organisational development in most workshops contributed to their inability to align the programme content with their responsibilities. Some participants indicated a greater need for their own development around the programme to enable them to adequately understand their functions and the responsibilities they were tasked with.

Participants also suggested that a need to align the focus and objectives of the workshops, policies and programmes that defines both the programme and the development of participants as implementers of the programmes within workshops. They shared feelings that they require adequate support for the implementation of intended programmes of the organisation. One of the participants stated that she felt quite disempowered to render some of the programmes in workshops to say nothing of having to mention the new psychosocial support programme which was introduced by government. To give a clear indication of the unaligned programmes within workshops, some participants labelled the psychosocial intervention programme 'that new programme'.

Relevant quotations from the focus group interviews:

……..Why I say this is because as a lay person I have been involved in this work for the past 6 years and I am doing one thing over and over again. Yes I did attend the training, but it sounded like jargon. So I cannot add any positive outcomes on the programme.

I agree with the previous speaker that the training should be continuous as it added value to what I am doing. I now understand why the focus on training is important.

'…… through perseverance we are able to bring our work closer to the programmes of the department. Working with the department to get to understand the training that was provided on the psychosocial programme, helped us to internalise the programme'.

'I trained my supervisor to understand the new programme that the department introduced as it helped us understand the focus of our work. You know, the training of my supervisors brought more enthusiasm and interest to my staff. I then escalated the process and held a workshop where all managers and supervisors and care givers were given a cv hence to say their understanding of what was being introduced, how we can change our approach, Believe me, this brought so much change on their attitude about their work and most of them now are looking forward to new things daily'

iii) What about the programme did you find not useful?

This was one of the themes that participants' made more contributions to. Based on the responses provided by the participants and the interview extracts below; it became apparent that the majority of participants did not benefit from the training programme that was provided. While they indicated that they found everything contained in the training programme useful in the provision of psychosocial support to persons with disabilities in workshops, they mentioned that the content of the training was pitched at a high level without consideration of the educational level of participants. A further observation made was the lack of recognition and attention given to the voices (pleas) from participants in workshops, as their request for support seems to go unanswered.

One aspect that stood out sharply was the aspect of government expectations (as funders of the programme) from workshops in the provision of services. It became apparent in their inputs that participants felt overloaded with work responsibilities, and that this feeling hampered their chances of implementing what they had learned. Furthermore, whereas the participants confirmed that they found nothing irrelevant or inappropriate in the training programme, they felt that the lack of understanding and knowledge of the objectives and focus of protective workshops by government contributed to the overly intensive training programme that was presented to the participants.

Relevant quotations from the focus group interviews:

'*I wonder how government looks at protective workshops, because most of the facilities that government supports get a lot of support. Workshops are totally neglected and how do they then expect us to raise and improve them'*

'We get few dedicated professionals interested in our work sometimes as volunteers, and sometimes nobody comes. Can't government help workshops to attract professionals or provide funding for workshop to get professionals to come and work with us so as to uplift our standard?'

"Protective workshops are seen dumps, as centres that take care of people with disabilities during the day as parents are at work. People do not know our work. We

must work together for people to know what we are doing'. Most people are not interested in our work because of that we really have to see how we can change workshops'

iv) What about the programme would you change to foster improvement in service delivery in protective workshops?

The question was intended to explore participants' views on what could be done to improve the psychosocial support programme offered in protective workshops. The exploration included the aspect of whether the programme was of value to the workshop or not.

One sub-theme that emerged in the discussions of most themes was the need for supported training and capacity building. This theme was seen as crucial for strengthening the capabilities in workshops and ensuring unity and interdependence within workshops. The need for continuous training was supported in the context of the demanding environment participants claimed to be working under.

Knowing that they made a significant contribution to the lives of persons with disabilities in protective workshops, participants felt that awarding protective workshops the recognition and programmes they deserve would improve their demanding environment. This they saw as a call for professionals to get involved in the workshop environment, linking it with the development of appropriate programmes with adequate resources to implement them.

The participants called for an introduction and inclusion of professionals in the kind of work they do, and for more thorough training in the programme. This could indicate some complex matters that some participants might not understand or might find too complex to comprehend. They felt that they needed more staff or assistance to implement the programme effectively. One important factor they raised was the need for sufficient financial back-up to ensure effective implementation of the programme, especially if the government wanted positive results.

One of the important factors raised by high number of participants was the absence of government in supporting the newly developed programme, contributing to its failure. One way of ensuring a more strengthened environmental support and intervention used in workshops was through the support interventions from government (DSD, 2007:20).Participants felt that the support could be through additional manpower, finances, human and material resources and recognition and support to other programmes within the workshops.

Government support to enable workshops to effect rigorous capacity building programmes on workshop programmes and other capacity building programmes that would bring a better understanding of the social model of disability in understanding of the needs of persons with disabilities, was identified as one of the key actions required by all workshops from government. Most members felt that the introduction of a new programme requires continued support to assess compliance, understanding to ensure effectiveness of that programme.

A number of participants offered solutions, linking their suggestions to the already existing programmes in workshops. The participants saw the need for an advocacy programme that would help raise the voice of the workshops and demand recognition of their services, thereby gaining recognition, acknowledgement and respect. This they attributed as a strategy that could help to draw more support including more volunteers from professionals.

Additionally participants saw the lack of financial resources as a deterring factor with a number of setbacks. They felt that appropriate funding of programmes would enable them to implement programmes at length and efficiently, addressing the identified needs adequately and appropriately, cover a large number of people with disabilities requiring support and supporting and empowering a number of families requiring the service. Continuous and supported training was seen as one aspect that could improve their effectiveness as providers of the programme, especially if the participants saw their work environment as thought-provoking and demanding.

Relevant quotations from the focus group interviews:

…. It sounds as if government does understand that we cannot do work without sufficient salaries and money to fund for all the programmes that it requires workshops to include in the workshops. Most of our workshops are facing crisis with minimal funding they receive to run their facilities.'

' I am not trying to discourage people here, but all that goes into workshops is very costly, and if we do not get sufficient funds to run workshops we won't be able to implement the programmes'

' ….I want to agree with the previous speaker that we are facing more challenges in the workshops where staff talk about better salaries and working conditions'

'*I do not know whether I will be of assistance as I believe this question has been answered already. Most of us proposed more intense training, but I want to also propose that there seems to be less understanding of the work that we do and more support in the form of training is therefore required to ensure that our employees are thoroughly trained and can respond to the needs of disabled people in workshops. Also if we are not sure of programmes that could assist workshops, it is always advisable to do research'.*

5.3. Conclusion

An existing protective workshop forum, with representatives of 27 protective workshops, was identified as a focus area for the study to evaluate the implementation of the Psychosocial support programme and the myriad challenges it came across in the process. Focus was more on the implementers of the programme, which is different from normal evaluation processes that focus on the content of a programme. This was prompted by the fact that the success of any programme is more dependent on its comprehensive implementation, inclusive of development, training, implementation and monitoring. Also, the lack of testing of the validity and impact of the programme, prompted the development and undertaking of this study. The result this study hopes to achieve and impart is the urgent need for

the development of various community oriented psychosocial support intervention programmes that provide meaning and a sense of control and direction to its community members.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1. Introduction

This chapter concludes the study. It summarizes the themes that emerged from the analysis and the findings of the study. The Chapter ends with recommendations for future research.

The Protective workshop forum used as a focus area for the research is a structure developed to foster and promote co-ordination amongst protective workshops participating in the forum. It was developed as a driving force to establish a mechanism to mobilize additional resources, to provide support to workshops to thrive to be independent as much as they can be. Workshops implement a number of programmes, one of which is the Psychosocial Support Programme. It remains a fact that workshops accommodate people with disabilities of a different functioning level, the majority of who require targeted programmes for support and development.

The development of the psychosocial support programme was informed by a need to improve the quality of life of persons with disabilities in protective workshops. This study is aimed at evaluating the effectiveness of the programme and the level of comprehension by the staff members who are tasked with the implementation of the programme.

Invitation letters were written to employees of the 27 protective workshops inviting them to the planned focus group for the 14 and 15 June 2012. All respondents were screened to ensure that they all qualify to participate in the focus group. Participants were selected based on having high involvement in protective workshops. Fourteen employees qualified, which necessitated the establishment of a second focus group considering the actual number of employees who qualified. A second group of six employees with disabilities was established to serve as a pilot group.

A discussion guide was designed and distributed to aid the facilitator during focus group sessions, and the participants to understand the purpose and procedures of

the focus group interviews. All participants were asked the same questions pertaining to the psychosocial programme: to determine the effectiveness of the programme; its relevance; the extent of comprehension by the programme personnel, and whether the programme is implementable.

A focus group approach is being used to elicit reactions from participants about a psychosocial support programme and generate ideas and concepts that will bring noble understanding of the subject under study. The output from this study will be used as preliminary data helpful in putting together more conclusive, quantitative findings involving a larger number of respondents. The results reported here can provide a great deal of rich insight into the relevant aspects of the issues discussed and will be used accordingly.

The information provided demonstrates the ability of a focus group to generate information where independent observation can be drawn. The study findings led to a deeper insight into the understanding of what psychosocial interventions entail and the need for its comprehensive implementation.

6.2. Policy implications

The development of psychosocial support programme came as a response to a number of studies undertaken in protective workshops that identified a need to develop responsive interventions, designed to support persons with disabilities in protective workshops (Meistrie et al, 2001,& Dibetso et al, 2006). As outlined by Barton (1999), psychosocial interventions form part of the community support services for people with developmental disabilities. However, the financial sustainability of the workshops is totally dependent on government subsidies and for its survival and effective implementation of programmes, protective workshops need to part of a comprehensive developmental programme (Deva, 2006). This is because disability remains a cross cutting issue, with more responsibilities remaining with government.

The report concurs with the policy imperatives of South Africa in terms of persons with disabilities, i.e. of facilitating improvement of the quality of life of persons with

disabilities; developing a sense of dignity and respect amongst, and for, persons with disabilities; protecting and further developing their abilities and skills to enable them to participate and access opportunities in different community organisations (DSD, 2007: 4).

One of the inputs from the participant's focused on the need for improvement of services in protective workshops, making them more responsive to the needs of persons with disabilities. In addition, participants advocated for an introduction of more protection services focusing on care, support and social skills (DSD, 2007: 19).

Finding in support of systems change involves elevating the programme to attract professionals' participation in the protective workshop programmes. Workshops participate in an integrated developmental programme which involves participation and interaction with key stakeholders and key partners in the implementation of workshop programmes.

Further findings include the introduction of a responsive funding model that would appropriately address financial imperatives of workshops and provide resources for the implementation of existing and newly introduced programmes.

6.3. Implications for practice

A large number of the findings are focused on the practice implications, and this could be because of the presence of the policy on workshops. Most concerns raised impact on both policy and practice. However, the practice implications are reflected here as a mechanism to ensure policy development and implementation. Concerns raised include the following:

- The need to ensure development of protection programmes and services for persons with developmental disabilities was highlighted as one important factor that will ensure the safety of workshop clients.
- The development of an advocacy programme to effectively communicate and build an understanding of the programmes offered to persons with disabilities, their families and the communities; and to enhance the involvement of the community in the workshops and programmes affecting their members.

Additionally this practice will help popularise the programme and acquire the necessary support for the effective implementation of the programme, and even attract key people and professionals to workshops.

Workshops are day care facilities which make family members important in the implementation of their programmes. (DSD, 2007:27). It remains important that the family members get involved in the implementation of the programme especially so that persons with disabilities interact with their families after their session at the workshops.

6.4. Role of professionals

The study supports the participation of key stakeholders and organisations in improving opportunities for persons with disabilities in protective workshops**.** Workshops are involved in the implementation of a myriad of interventions, including rehabilitation and other therapeutic intervention. Whilst this programme make use of services of both professional and lay people, the presence of professionals remain crucial to ensure intense and rewarding programmes beneficial to persons with disabilities (Deva, 2006). Involvement of professionals in workshops remains essential as a guarantee of well development and credible programmes.

6.5. Conclusion

Findings that emerged from the study indicated that the available comprehensive psychosocial support programme that promotes care and protection among community members who are vulnerable cannot be implemented without a systematic process and a skilled, proficient workforce. Any programme aimed at addressing the dilemmas of society, or aimed at care and protection of the most vulnerable, has to be implemented in a systematic, efficient, methodical manner. Simply put, the needs of the service recipients should take centre stage and the programme should be designed in a way that would respond to their needs in a logical manner (Boyce, 1997:7).

However, it remains imperative that the needs of the providers of a psychosocial support team tasked with the implementation of a programme also be addressed, to enable a mutually rewarding emotional relationship between them and people with disabilities in protective workshops, as well as raise awareness and responsiveness to the various psychosocial issues. This will in turn improve their effectiveness as providers of the programme.

The focus group interviews and the information provided by the participants have contributed to the understanding and evaluation of the work that goes on in protective workshops, the limitations that are as a result of the lack of support and care to the programme implementers and supporters, and the gaps that exist in the implementation of the government programmes. The contributions of the focus group participants have questioned and challenged the methodology of policy development, training and implementation that government imposes on facilities they support.

Some of the pointers that stood out strongly from the focus group analysis that has the capacity of transforming the relations between the two institutions (Department of Social Development and Protective workshops) include the following:

- The method, models and mechanisms employed by government in financially supporting these facilities. The understanding of the content and extent of the developed programme would guide the resourcing of the programme. Also understanding the service recipients, their needs and level of functioning would guide the determination of resourcing the programme.
- Level of capacity for the implementation of any developed programme stand out as one of the important factors to be understood when assessing the capacity of an organisation to implement the psychosocial support programme.
- The development of psychosocial support programme is aligned and anchored on the theoretically developed psychoanalysis programme and therefore requires more insight and understanding before it can be thoroughly and appropriately implemented. Also for one to get satisfactory and positive results

better understanding of the programme to be implemented, its content and expected outcomes play a major component in the implementation.

- Assessment of the effectiveness of the programme is more anchored on the value, recognition and acknowledgement of the capability and willingness of the service recipients. It remains imperative to let the service recipients understand, have insight and do an analysis of the programme themselves or their families, so as to guide the programme implementers

6.6. Recommendations

Research from diverse fields has shown substantial evidence demonstrating the importance of the psychosocial programme for individuals with mental disabilities and or intellectual disabilities, which is part of the developmental disabilities (Becker et al 2012). There seems to be a greater need for a broader and more comprehensive understanding of the importance of psychosocial interventions programmes in addressing the lack experienced by people with developmental disabilities, in terms of responsive programmes and services

Despite the listed limitations on this study, this report presents important findings that could contribute immensely to the development, implementation and monitoring of a number of psychosocial interventions implemented in protective workshops. The recommendations focuses on major findings as articulated in the summary of findings, i.e.

i) Understanding of Psychosocial support Programme following the training

Development of an intensive continuous capacity building programme on psychosocial Interventions Programme for workshop participants (staff, supervisors and managers) pitched at an appropriate level to accommodate all levels of all employees involved in the implementation.

Similarly, to ensure achievement of the goal of the workshops, persons with disabilities require some environmental support through more skilled based support by staff members. It therefore remain essential that staff members are empowered to

understand and support service recipients to enhance their capacities in social situations through a skills-training approach; learning social skills; interpersonal skills; coping skills; personal hygiene; and self-care.

ii) What part of the programme were you able to implement?

A continued support to the programme informed by government policies, and monitoring of the compliance and understanding of the programme should be supported by adequate resources.

iii) What has been useful and not useful about the programme?

Recommendations arising from the findings around this question indicated the need to develop and implement advocacy and awareness raising programmes for the protective workshops to be used in popularising and marketing workshops. The unrecognised work done by workshops comes as a result of unrecognised facilities adding no value to the lives of persons with disabilities. Popularising the workshops will raise the influence and impact of the workshops. Also mobilizing and inclusion of professionals will enhance the development and implementation of psychosocial interventions and other related programmes in protective workshops

iv) What about the programme would you change to foster improvement in the implementation of the programme in protective workshops?

One recommendation is centred on the need for a sustained capacity building programme, to be used for strengthening capacities and unity within workshops. This will help foster the improvements and understanding of the programme resulting in better and improved services.

Government support to enable workshops to effect rigorous capacity building programmes on workshop programmes; and other capacity building programmes that would bring a better understanding of the social model of disability in understanding

of the needs of persons with disabilities, was identified as one of the key actions required from government. Provision of adequate support from government and workshop management will ensure effective monitoring of the implementation of the programme, resulting in identification of the need for interventions at an early stage. Most members felt that the introduction of a new programme requires continued support to assess compliance, understanding and effectiveness of the programme.

This study should be perceived as an example in developing and implementing intervention programmes that address the psychosocial needs of persons with disabilities. A more representative sample of more protective workshops and representative provinces would definitely provide an opportunity to examine and test interventions in-depth. Consideration for a more comprehensive study with a wider sampling population and a wider spectrum of participants involved in the provision of psychosocial interventions to persons with disabilities in various protective workshops is recommended.

One aspect that stands out is research on how to enhance the role of professionals in protective workshops. Further considerations should be given to splitting people providing psychosocial interventions into their respective responsibility levels to get more in depth information and experiences.

Consideration for studies that will enable the identification of best practise models that would add some significance to the psychosocial intervention programme is also recommended. The use of empowerment can explore how both service recipients and providers of the programme can be more active in the programme. (Berker et al: 2012).

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Annexure A: Letter to request to use the Forum members as participants in the research

University of Witwatersrand
Braamfontein
Gauteng

To whom it may concern

Request to conduct two focus groups with members of the protective workshop forum

My name is Manthipi Molamu. I am a Masters student in Public and Management School (P&DM) at the Wits University. I am conducting research as part of the requirement for my Masters programme. My intentions are to evaluate the psychosocial support programme in protective workshops, which was developed and trained by the Department of Social Development in 2007.

This letter serves to request permission from you as the co-ordinators of the …….. Protective workshop forum to conduct a focus group with the forum members, to establish their perceptions on the content and implementation of the psychosocial support programme.

The research is intended to evaluate the effectiveness of the programme, and to determine the staff perceptions on the provision of the programme since its inception. Protective workshops within your forum have been selected as a focus area in this study as they received training on the psychosocial support programme.

My assistant and I plan to conduct interviews on the 13 June 2012. We will communicate the venue for the interviews and will provide copy of the report for the sessions undertaken.

Attached please find an outline of my research to enhance your understanding on the research.

Your support is highly appreciated

_____

Manthipi Molamu
P&DM student

Annexure B: Letter of appreciation to all focus group participants

University of Witwatersrand
Braamfontein
Gauteng

To whom it may concern

Psychosocial Support Programme: Interview Schedule

This letter serves to pass my utmost gratitude for your willingness to participate in the pilot focus group and interviews on the above captioned, conducted on the 12 and 13 July 2012 respectively.

Your openness and responses in this interview will indeed help us understand the imperative elements of the psychosocial support programme, whether the programme has been helpful to staff tasked with the provision of the service, and also to enable us to understand the essential developments to improve delivery of the service.

The focus group report will be developed and you will be furnished with a copy of the report reflecting on the processes followed, questions asked and the outcome of the session.

Once again thank you for your participation in the study.

Sincerely

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M. Molamu
P&DM student

Annexure C: Focus group guide

FOCUS GROUP GUIDE

1. Introduction

It is with great appreciation that I welcome and greet you to this focus group focusing on the psychosocial programme within protective workshops. My name is Manthipi Molamu and I will be your facilitator for today. I am going to provide thorough explanation on why you are here, and what my role as a facilitator is.

2. Purpose

I am interested in exploring the effectiveness and impact of the psychosocial Support programme in protective workshops, its comprehension and level of implementation by staff members since it was introduced and training undertaken in the protective workshops.

Today I am your facilitator, and that involves listening to what you say in response to the questions as written out in this guide. I hope to use the information I gather to strengthen and improve on the existing knowledge on psychosocial interventions for people with developmental disabilities, especially those in protective workshops.

Please be aware that all conversations will be recorded but confidentiality will be maintained as outlined in the invitation letters. No individual names or surnames will be used in the report, and this session report will be forwarded to you so you get to understand and know the outcome and what was recorded. Before we begin, it would be fair for us to set the ground rules that we all have to adhere to, that will help me ensure that everybody is treated fairly and is given equal opportunity to participate and be heard.

3. The ground rules

I would be appreciated if you could set your own ground rules to help me understand how you would like me to run the entire group session for the next 90 minutes. (The following ground rules were set and agreed on)

3.1. Everyone's perspective and opinion on this topic remains essential

3.2. Let us all be respectful of each other's opinions and suggestions. It's important we hear from all participants.

3.3. Feel free to share your opinions openly and honestly, and no opinion is right or wrong.

3.4. Do not be afraid to be frank or say things you're afraid we do not want to hear.

3.5. Speak out loud to help the scribes to correctly record your contributions

3.6. Our main aim is go through all the questions, and by summarising or shortening our opinions/inputs, will allow each one of us an opportunity to say something.

4. Discussion guidelines

4.1. There will be some interruption should the group seem to be stuck on a topic, or the group is not saying much, individuals may be called on directly to answer questions or shed some personal opinions

5. Focus group questions

5.1. What is your understanding of psychosocial interventions following the training?

5.2. What part of the programme were you able to implement?

5.3. What has been useful about the programme?

5.4. What has not been useful about the programme?

5.5. What about the programme would you change to foster improvement in the implementation of the programme in protective workshops