RESIDENTIAL CARE FACILITIES FOR CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES IN THE ETHEKWINI MUNICIPALITY

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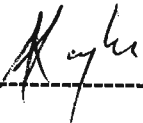
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DECLARATION OF ORIGINALITY

The dissertation is the original work of the author of the study and has not been submitted in any form for any qualification to any other tertiary institution. Where use has been made of work of other authors and sources, it is duly acknowledged in the text and referenced.

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ABSTRACT

The research study explored the responsiveness of children's homes to the admission of children with physical and sensory disabilities. The research study was undertaken in the Ethekwini Municipality. Access to appropriate alternate care is enshrined in the Constitution of the country and the provision of residential care is one option for children who are found in need of care. The objectives of the research study were to identify gaps in the provision of residential services for children with disabilities and to explore what challenges are faced by children's homes in admitting children with physical and sensory disabilities. The theoretical framework that was used to guide the study was ecosytems theory. The ecosystems approach provided an understanding of the impact of barriers to inclusion. It also provided an understanding on the reciprocity that exists between children's homes and other systems.

A qualitative research approach was used. A sample of ten children's homes was selected in the Ethekwini region, using the non-probability sampling technique. Data was collected using in-depth interviews, observation and a perusal of records. In-depth interviews were conducted with the assistance of an interview guide. The data was recorded and analysed according to common themes and trends.

The results of the research study show that children's homes do not have the capacity to respond to the needs of children with disabilities. All the children's homes faced similar challenges, in the form of funding, human resources, building structures and access to resources that hinder the admission of children with physical and sensory disabilities to their facility. One of the major findings was that children with disabilities made up less than one percent of the total population of children in the children's homes. None of the children's home had developed inclusive admission policies for children with physical and sensory disabilities. There was a clear indication that the government would need to strengthen existing residential care facilities to make them more inclusive in nature.

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ACRONYMS

CDG   CARE DEPEDENCY GRANT

CSG   CHILD SUPPORT GRANT

NGO   NON GOVERNMENTAL ORGANIZATION

NPO   NON PROFIT ORGANIZATION

OSDP   OFFICE OF THE STATUS OF DISABLED PERSONS

SAHRC   SOUTH AFRICAN HUMAN RIGHTS COMMISSION

UNCRC   UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

UNICEF   UNITED NATIONS CHILDREN'S FUND

UN   UNITED NATIONS

WHO   WORLD HEALTH ORGANIZATION

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CHAPTER ONE

CONTEXTUAL AND THEORETICAL FRAMEWORK OF THE STUDY

1. INTRODUCTION

Children with disabilities face severe challenges as they are the most vulnerable members of society and are easily susceptible to abuse. The national prevalence of disability in South Africa is between three to four percent of the population (Statistics SA, 2005). Children with disabilities make up a significant proportion of children who are at risk and who may have to enter the child and youth care system in this country. There has been a concerted effort by the United Nations to advocate for a developmental approach to child and youth care (UNICEF, 2007). Governments are encouraged to focus on family preservation and early intervention services to prevent the removal of children. The prevailing ideology is that children should remain within their families and communities. Residential care should only be considered if it is in the best interests of the child and should only be used as a last resort (Meintjes, et al, 2007). South Africa has embraced this global trend of a developmental approach to children in care and family preservation.

Child welfare agencies nationally and internationally have expressed concern about residential care because of its possible negative impact on a child's physical and emotional well being (Meintjes, et al, 2007). The incidence of institutional abuse internationally has also been a great source of concern for child welfare agencies and child activists (Meintjes, et al, 2007). Despite the negativity that surrounds residential care, the need for such services cannot be eradicated totally from any welfare system. Berridge and Brodie (1998) argue that residential care still has a place in the welfare system and often reaches the most vulnerable members of society. Residential care remains 'one of a set of care options for children without parental care' (Meintjes, et al, 2007).

The child and youth care system in any country is a reflection of a State's commitment towards the care and protection of all their children, including children with disabilities. The need for alternative care in South Africa has increased

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dramatically in view of the AIDS pandemic. The Province of KwaZulu–Natal has the highest incidence of HIV/AIDS in the country (Dorrington et al, 2006). Many children are being abandoned and orphaned by the AIDS pandemic. More and more children, including children with disabilities are requiring placement in alternate care.

Traditionally, children with disabilities were placed in specialized institutions, and segregated from able-bodied children (UNICEF, 2007). Research shows that the institutionalisation of children with disabilities further marginalizes and isolates them from their families and community (UNICEF, 2007). Studies conducted in Eastern and Central Europe on segregation of children with disabilities has found that specialized institutions are a breeding ground for further abuse and discrimination (UNICEF, 2007). There is no evidence to suggest that institutionalisation of children with disabilities in segregated settings are in the best interests of the child (UNICEF, 2007).

This study explored the responsiveness of a sample of children's homes in the Ethekweni Municipality to admitting children with physical and sensory disabilities. The study was guided by the concept of inclusion in respect of disabled children. The principle underlining the concept of inclusion is that children with disabilities should be integrated in the mainstream child and youth care system. They must be regarded as functional members of society and should be assisted to realise their full potential in a non-isolative way. The provision of residential care should therefore be inclusive for children with disabilities.

1.1 RATIONALE FOR THE STUDY

The researcher is presently employed as a social worker at a place of safety that is controlled and run by the Provincial Department of Social Development in KwaZulu-Natal. As a residential social worker for the past seven years, she has found that it has become increasingly more difficult to place disabled children in children's homes and in foster care. Children with physical and sensory challenges tend to spend on average more time at the place of safety, than an able-bodied child would spend. The reason for this trend is not absolutely clear. The question that arises is whether

children with disabilities are being discriminated against or whether children's homes do not have the human resources or structural capacity to meet the needs of these children. The present childcare system does not appear to meet the needs of children with disabilities.

In terms of regulation 31 of the Child Care Act (74/1983), a child is to be detained at a place of safety for the shortest possible period. The yardstick presently being used by the Department of Social Development is a maximum period of six months. The Act does not distinguish between able-bodied children and children with disabilities. The prolonged placement of a child in transitional care is not in the child's best interests and is a contravention of the child's rights to family care or suitable alternate care.

1.2 MAIN AIMS OF THE STUDY

This study was confined to a sample of children's homes in the Ethekwini Municipality. A primary aim of the study was to explore whether the children's homes concerned had policies on admission of children with physical and sensory disabilities. A further aim was to investigate the implementation of these policies, where they existed.

1.3 RESEARCH OBJECTIVES

The objectives of the research study were as follows:

- To identify residential care facilities for children with physical and sensory disabilities in the Ethekwini region.
- To track the admission patterns of disabled children over the last five years.
- To identify gaps in the provision of residential care services for children with disabilities.

- To explore what challenges are faced by children's homes in admitting disabled children.
- To provide policy makers with a critical analysis of services available for disabled children in terms of residential care.
- To assist in advocating for the provision of services to disabled children.

1.4 RESEARCH QUESTIONS

The key questions in this study were:

What are children's homes' policies with regards to the admission of children with disabilities?

Do children's homes have the capacity in terms of structure and personnel to admit children with disabilities?

What categories of children with disabilities have been admitted to children's homes in the last five years?

What challenges do children's homes experience with regards to the admission of children with disabilities?

1.5 UNDERLYING ASSUMPTIONS OF THE STUDY

Children's homes are unable to admit children with physical and sensory disabilities due to the following:

- Children's homes have not adapted their physical structures to accommodate children with disabilities.

- Children's homes do not have trained personnel to care for children with disabilities.

- Children's homes do not have access to formal education programmes for children with disabilities; hence the childcare staff is further burdened with the fulltime educational needs of children with disabilities.

1.6 VALUE OF THE STUDY

The findings of this research study are of value in providing firstly, a critical analysis of the residential care facilities available for children with physical and sensory disabilities. Secondly, gaps in services for children with physical and sensory disabilities have been identified. Thirdly, it creates an awareness of what is needed to realize the rights of children with physical and sensory disabilities. Fourthly, it provides an understanding of the challenges children's homes face when admitting children with disabilities. In addition the findings of the research study will build on existing knowledge and research in the field of disability and residential care in South Africa.

1.7 THEORETICAL FRAMEWORK GUIDING THE STUDY

This study was undertaken using an ecosystems perspective. The ecosystems perspective is regarded as a subsystem of systems theory, which suggests that people are constantly interacting with their environment (Llewellyn and Hogan, 2000). Potgieter (1998: 54) describes "a system as a unit of people who are connected through some form of relationship with one another in a particular context, space and time." A systems approach can be defined as a whole made up of interdependent parts, where a change in one part impacts on other parts (Potgieter, 1998). Ecosystems theory "views the person as developing within a complex system of relationships affected by multiple levels of the surrounding environment" (Berk, 2001:25). The ecosystems theory moves away from the linearity of living organisms and focuses on the wholeness, interdependence and complementarity of living organisms (Berk, 2001:25). According to Veeran (1999:12) "A fundamental implication of the ecosystems perspective lies in its ability to add to the

understanding of human development, which is valuable to the policy maker and practitioner".

According to McWhitter, et al (2004), the ecosystems approach has three underlying assumptions. First, it assumes that the individual and his environment exert a mutual influence over each other with continuous interaction. Second, the individual is an active participant in his development. Third, the ecosystems model assumes that there is bi-directionality. This means that when there are changes in one system it almost always influences change in other systems of the individual (McWhirter et al, 2004). According to Llewellyn and Hogan, 2000 the individual's ability to survive and function optimally is dependent on the person's interactions with the environment. These interactions can either be positive or negative. The social environment includes the physical environment in which the individual finds himself. People's communications and interactions with the social environment are referred to as their transactions. The nature of these transactions is dynamic, as there is an exchange, taking place. Central to the ecosystems perspective is the individual's ability to adapt and cope with the social environment (Llewellyn and Hogan, 2000).

Urie Bronfenbrenner (cited in Llewellyn and Hogan, 2000) who is one of the fore runners of the ecosystems approach, proposed a four-system model that interacts with each other. The four systems are the micro-system, meso-system, macro-system and the exo-system. In this study the children's homes make up the micro-system. The school, community, health care, and community support systems represent the meso-system. The policy and legislative framework that regulate children's homes form the macro-system. The exo-system is the interaction between the micro-systems. Together the different systems form the social context (Llewellyn and Hogan, 2000).

According to Ortlepp and Friedman (cited in Khoza, 2007), organizational behaviour can be analysed from a systems perspective. For the purposes of this study the children's homes are micro systems that continuously interact with other systems in that community. Children's homes do not exist in isolation. They are dependent on other systems for their existence. Children's homes are dependent on and interact with community support systems, which include access to health care, education,

and welfare systems. This is regarded as the meso system. The macro system that exerts an influence on the children's homes refers to policy and legislation that defines the context in which children's homes exist and function.

Oliver (cited in Hoffman, 1987:230) stated that "disability is a relationship between the impaired individual and the restrictions imposed upon him by society." Families, schools, community organizations, communities, can be viewed as systems that are interrelated. It is useful to use the ecosystems approach when studying disability, as it provides a wide perspective and understanding of the impact of the disability on the person. The person's ability to evolve, develop and adapt in a changing environment is dependent on that person's transactions or relationships with the different systems (Hoffman, 1987).

1.8 OPERATIONAL DEFINITIONS

For the purposes of this study, the following definitions are specified:

Disability is conceived as the outcome of the interaction between impairments and negative environmental impacts (WHO, 2001).

Children's home refers to a children's home registered by the Department of Social Development, in the Province of Kwazulu-Natal.

A child with disabilities refers to a child under 18 years of age with physical and sensory disabilities.

Physical disability refers to a child with physical impairments that hinder mobility.

Sensory disability refers to a child who has hearing, speech and sight impairments that hinder normal day-to-day functioning.

1.9 STRUCTURE OF THE DISSERTATION

This chapter provides an overview of the study. It focuses on the aims, theoretical framework and the reasons for undertaking the study.

Chapter two contains a review of relevant literature pertinent to the area of study. Some of the aspects that are covered in the literature review are the fundamental rights of children with disabilities, policy and legislation from an intesectoral point of view and the concept of inclusion.

Chapter three describes the research methodology utilized in this study. It provides a detailed account of how the study was undertaken.

Chapter four contains an analysis of the raw data that has been broken down into specific themes and common trends as one would in any qualitative study.

Chapter five provides a discussion of the findings of the study with recommendations and concluding remarks.

CHAPTER TWO

LITERATURE REVIEW

2. INTRODUCTION

In the last two decades there has been huge momentum in removing discriminatory practices towards people with disabilities. Discrimination has often taken the form of environmental and attitudinal barriers that has led to segregation and isolation of people with disabilities (UNICEF, 2007). International treaties have been developed and passed to ensure the creation of inclusive societies that focus on the removal of disabling barriers for people with disabilities. The human rights approach has been the inspiration for the development of international disability policies (UNICEF, 2007). Governments, including South Africa, have begun introducing reforms in the form of legislation and policy to create an inclusive society. However, much of the reform centres on socio-economic factors based on independent living. This includes employment opportunities, access to skills based training and housing for people with disabilities (UNICEF, 2007). Children with disabilities and their needs have not received the same priority.

The vulnerability of children with disabilities is not only determined by levels of impairment, but also by the lack of access to services that they require (Philpott, 2005). Children with disabilities and their families continue to experience discrimination. Their needs are often overlooked or devalued. Discrimination can either be physical barriers in the form of access to transport, buildings, and services or attitudinal barriers (UNICEF, 2007). Environmental or physical barriers however are the most discriminatory. Disability does not exist in isolation, it is a crosscutting issue.

Historically, children with disabilities have been segregated from able-bodied children in residential care settings. This system has failed to meet the needs of children with disabilities and has merely perpetuated discrimination and segregation. There has been a move towards inclusion and mainstreaming of services for children with disabilities. The ecosystems approach reaffirms the notion that the ability of a person

to survive and function optimally is dependent on his/her interactions with the environment. There is an inherent suggestion that if a person is continuously subjected to discrimination and isolation, his/her ability to survive and be productive is hampered.

The following key areas form the basis for discussion in this chapter: firstly the models of disability, secondly, the concept of inclusion and the impact of exclusion, thirdly, the fundamental rights of children with disabilities, fourthly, South African policy and legislation with special reference to children with disabilities, fifthly, the South African social security system, and finally, the current provision of residential care services for children in South Africa.

2.1 MODELS OF DISABILITY

Historically, persons with disabilities did not and presently still do not enjoy the same life opportunities as able-bodied persons. They are further disadvantaged by societal perceptions of disabled people. The way persons with disabilities are perceived dictates the manner in which they are treated. Two approaches to disability have evolved over the years namely the medical model and the social model (Office of the Deputy President, White Paper on the Integrated National Disability Strategy (INDS), 1997).

2.1.1 Medical Model

Disability is an illness that requires treatment and disabled people need to be cared for by able-bodied persons. This philosophy is the cornerstone to the medical model (Office of the Deputy President, INDS 1997). It seeks to label and find causational factors for the disability. There is an understanding within the philosophy of this model that disabled people need fixing either by treatment or therapy (Peters, 2004). Historically, institutions were constructed to institutionalize disabled persons because they were perceived as ill and in need of care. This was regarded as serving the best interests of disabled people. The fact that disability is categorized as a health and welfare issue has impacted widely on society's attitude towards disabled people. This

attitude has inculcated a dependency in disabled people on both private and public sector resources. There is a strong agreement by all sectors that:

> "Dependency on state assistance has disempowered people with disabilities and seriously reduced their capacity and confidence to interact on an equal level with other people in society. Thus the dependency created by the medical model disempowers disabled people and isolates them from mainstream society, preventing them from accessing fundamental social, political and economic rights" (Office of the Deputy President, INDS 1997: 9).

Globally, there is a shift away from the medical model to a more developmental and strengths based model, namely the social model.

2.1.2 Social Model

The model that has replaced the medical model and is regarded as the best practice model is the social model. Central to the social model, is the philosophy that disability is a human rights and developmental issue. The social model recognizes disabled people as being equal to all other citizens (Office of the Deputy President, INDS 1997). Within this model people with disabilities are seen as holders of rights and responsibilities and like able-bodied persons, should be able to enjoy the same rights and privileges. The social model focuses on the impact of the environment on the individual (Peters, 2004). Disabled people are seen as being capable of independently caring for themselves and making their own decisions. Disabled persons are regarded as functional members of society, and are able to make valid inputs in the political, social and economic arenas. Disabled people are seen as social and political beings with a mind of their own. Internationally disabled people, other than the severely mentally retarded persons, are accorded full voting rights (Office of the Deputy President, INDS 1997).

The social model states that the circumstances of disabled people is the result of societal failings rather than the disabled persons themselves. In essence society has failed to protect the rights of disabled people. The disability is not a factor that

determines the circumstances surrounding the disabled person. The social model seeks to eliminate social barriers to inclusion (Barnes and Mercer, 2003).

> "The social model therefore implies that the reconstruction and development of our society involves a recognition of and intention to address the developmental needs of disabled people within a framework of inclusive development. Nation building, where all citizens participate in a single economy, can only take place if people with disabilities are included in the process" (Office of the Deputy President, INDS 1997: 11).

According to the ecosystems approach, a person's ability to function optimally and be a productive member of society is dependent on his or her interactions with the environment (Llewellyn and Hogan, 2000). Enabling environments and positive attitudes all assist in removing social barriers towards total integration. Therefore, the way a society views people with disabilities often shapes their interactions with their environment. The ecosystems approach is in line with the social model.

The social model has been widely accepted by policy makers and disability advocacy organizations in South Africa. Services to children with disabilities will need to reflect the ideologies of the Integrated National Disability Strategy, which strongly supports inclusion and the removal of discriminatory practices. The following section will focus on the concept of inclusion and the impact of exclusion on people with disabilities.

2.2   INCLUSION

In order to understand the concept of inclusion, it is essential to examine how disability is defined in terms of the two models of disability. The Department of Health in South Africa (cited in Phillpot, 2007: 3) defines disability as "the moderate to severe limitation in a person's ability to function or perform daily life activities, as a result of a physical, sensory, communication, intellectual and mental impairment." The definition reflects the essence of the medical model. The presumption in this definition is that the person is unable to live an independent and productive life due to his disability. The social model defines disability as barriers and limitations;

experienced by people with impairments by the way society is organized (Philpott, 2007). From the perspective of the social model, disability is viewed as a problem located in society rather than in an individual (French, 1993). The concept of inclusion is based on the social model.

The term inclusion has many meanings. Inclusion is often confused with or used interchangeably with the concept of integration. Historically, the term integration was used in the 1980's to mean the placement of children with disabilities in mainstream settings without providing for their needs (Swain, et al, 1993). These children were allowed to be there as long as they were able to fit into existing systems. It is now acknowledged that the inclusion of children with disabilities involves the changing of policies, practices and attitudes (Bristol Children and Young People's Services, 05/05/07). Booth and Ainscow, (2000, cited in Bristol Children and Young People's Services) state that inclusion is seen to involve the identification and minimising of barriers to learning and participation and the maximising of resources to support learning and participation.

People with disabilities are excluded by society's attitude towards them. People's ignorance in respect of people with disabilities and the disability itself may lead to marginalization and exclusion of people with disabilities. Although the concept of inclusion is regarded as a solution to the marginalization of people with disabilities, it can lead to exclusion. For example, when inclusion is interpreted to mean treating all children the same. The problem with this is that the needs of the child with disabilities could be overlooked. According to the Disabled Children's Action Group (2004) inclusion does not mean that disabled children should just slot into an unchanging society. This denies both disability and difference. It is about disabled children having their needs met and their rights protected in an adapting society. Most importantly disabled people (both adults and children) should be involved in shaping an inclusive society.

The Disabled Action Group (2004) in their submission on the Children's Bill proposed a "twin track" approach, which includes disability focussed programmes as well as inclusion. The "twin track" approach suggests that integration should embrace diversity. This means that children with disabilities are integrated with able-bodied

children and their unique needs are recognized and catered for simultaneously. By adopting this approach, attitudinal discrimination and environmental barriers are removed and there is also support for disability advocacy programmes. It is therefore essential that every child have equal access to resources. The twin track approach is seen as a way to achieve total inclusion.

Research done on social inclusion of children with disabilities into mainstream programmes show that it is very successful if the agenda is inclusion and not just integration. Deku et al, (2005) conducted one such study in Ghana. They explored the acceptance of visually challenged; hearing challenged and mentally challenged children in a mainstream education programme and found that the able-bodied population easily accepted children with disabilities. The education programme was specially designed to meet the needs of both population groups. The research study successfully proved that it is essential that society be empowered to look at people with disabilities from a different perspective, to make real progress in the realization of rights for people with disabilities. Disability is largely determined by society's attitudes and behaviour. Thus children with disabilities are often excluded by virtue of their special or perceived unique needs and are therefore not included in programmes (Disabled Children's Action Group, 2004).

An inter-sectoral approach is necessary when addressing disability and social inclusion. All sectors need to work together, namely health, welfare, education, and justice in order to create an enabling environment for people with disabilities. In terms of the ecosystems approach, a person's ability to develop and function optimally is dependent on his transactions with the different systems.

Human rights have provided the inspiration for inclusion (UNICEF, 2007). Every child in South Africa enjoys fundamental human rights, which is enshrined in the Constitution of the country. The following section will focus on the fundamental rights of children with disabilities.

2.3   THE FUNDAMENTAL RIGHTS OF CHILDREN WITH DISABILITIES

Disability is not only a social issue; it is also a human rights issue. The development of disability rights has evolved parallel to the development of human rights. Over the last four decades the international community has developed treaties and passed agreements protecting the rights of people with disabilities. Countries have begun aligning their legislative framework to international trends (UNICEF, 2007). This section of the study contains a discussion of both the international and national human rights framework for children with disabilities.

2.3.1   International Disability Rights Framework

Children's rights gained a high degree of momentum when the Convention on the Rights of Child was developed and passed. South Africa is signatory to and has ratified the United Nations Convention on the Rights of the Child (1989) (hereafter the UNCRC). Article 23 of the CRC states that:

> "State parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self- reliance and facilitate the child's active participation in the community."

Article 23 further recognizes the special needs of disabled children, the needs of parents for assistance in order to meet the special needs and rights of children to effective health care services, education, rehabilitation services, preparation for employment and recreation opportunities. The stated aim of the article is that the child achieves the fullest possible social integration and individual development (Children's Resource Handbook, undated). The implication is that if parents are unable to meet the needs of their children, then the State is obliged to meet these needs.

South Africa has also signed and ratified the African Charter on the Rights and Welfare of the Child (1990), which provides similar provisions to that of the UNCRC in respect of disabled children.

Fundamental human rights for people with disabilities has been a long and much won battle for the human rights movement globally. The world was forced to acknowledge the need for the removal of discriminatory practices. In December 1993 the UN adopted the Standard Rules for Equalization of Opportunities for Disabled Persons (hereafter The Standard Rules). The aim of this document was to provide governments with policy guidelines in respect of disabled persons. The Standard Rules apply to both adults and children. South Africa is a member State to the United Nations and therefore a signatory to the Standard Rules for Disabled Persons.

In August 2006 the United Nations adopted the UN Convention on the Rights of People with Disabilities. South Africa is also a signatory to this Convention, which obligates governments to take steps to develop an inclusive society (Worldvision, 2008). The purpose of the Convention is to ensure the full and equal enjoyment of human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity. It is estimated that people with disabilities constitute ten percent of the world population. Between seventy to eighty percent of people with disabilities live in developing countries (Handicap International, 2008). Article 7 of this Convention pays special attention to children with disabilities despite the existence of the UNCRC. According to Article 7 of the UN Convention on the Rights of People with Disabilities:

- ❑ "States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
- ❑ In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
- ❑ States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right."

The purpose of Article 7 is to give effect to the realization of rights for children with disabilities and to ensure the inclusion of people with disabilities in mainstream programmes is a crucial part of successful and sustainable community development. Disability: Human Rights Yes! Action (2007) states that the Convention alone cannot ensure that the human rights of people with disabilities are protected. Disability organizations and community leaders have to launch advocacy programmes to ensure governments meet their obligations to people with disabilities. There is a direct link between civil society's capacity to implement and government's ability to enforce.

2.3.2 The South African Disability Rights Framework

Prior to 1994 South Africa's system of governance was based on apartheid and discrimination. Disability did not receive much attention. Post 1994 South Africa became a democracy and adopted a rights based system of governance (Gathiram, 2007). Disability issues began to receive prominence. More importantly, the rights of people with disabilities are now protected in the country's statutes.

The Constitution of the Republic of South Africa, Act 108 of 1996 (hereafter the Constitution), which is regarded as the most progressive Constitution in the world, recognizes the rights of disabled people. Section 9 of the Bill of Rights in the Constitution guarantees the right to freedom and equality of all citizens. Discrimination especially on the grounds of disability is expressly forbidden. Section 28 of the Bill of Rights affords all children irrespective of disability, additional rights. This includes resources to disabled children to meet their basic rights if parents are unable to do so. In the Grootboom case (*Republic of South Africa and others vs. Grootboom and others, 2000*), the court ruled that the primary obligation to fulfil the socio-economic rights of children lies with the family. This obligation is only transferred to the State when the child is removed from the care of the parents or family. This obligation is extended to include the provision of legal and administrative infrastructure to protect children's rights as contained in Section 28 of the Constitution.

The Promotion of Equality and Prevention of Unfair Discrimination Act (2000) strengthens the equality clause in the Bill of Rights. The Act prohibits unfair discrimination on any grounds. Chapter 5 deals with the aspect of equality and states that the promotion of equality is the responsibility of both the private and public sectors. This means that people with disabilities should enjoy the same life opportunities as able bodied people. According to the South African Human Rights Commission (2002), current legislation regarding disability is inadequate and fragmented. However legislation alone cannot provide the solution to discrimination of people with disabilities. This responsibility also lies with wider society.

The South African Charter of Rights for Disabled Children includes the right to:
- respect, understanding and support.
- public facilities that are accessible to all children.
- assistance to children to realize their full potential.
- a welcoming attitude and open doors in the community.
- protection against anything that discriminates against them or excludes them.

(Children's Resource Handbook, undated)

The rights of children with disabilities are further entrenched in the Children's Act (38/2005). The Children's Act strengthens the rights of children with disabilities which is contained in the Bill of Rights and the UNCRC. Section 6 (Act 38/2005) deals with the protection of children with disabilities from discrimination and the creation of an enabling environment. In terms of section 7 (Act 38/2005), due cognisance must be given to disability when applying the best interests principle. The child's right to participation and information is contained in sections 10 and 13 (Act 38/2005) respectively. In both sections specific attention is given to children with disabilities. Section 11 of the Children's Act (38/2005) focuses on services to children with disabilities within a rights based approach. According to section 11(1)

" (1) In any matter concerning a child with a disability due consideration must be given to
(a) providing the child with parental care, family care or special care as and when appropriate;

(b) making it possible for the child to participate in social, cultural, religious and educational activities, recognising the special needs that the child may have;

(c) providing the child with conditions that ensure dignity, promote self-reliance and facilitate active participation in the community; and

(d) providing the child and the child's care-giver with the necessary support services."

In conclusion, South Africa does not only have a moral obligation towards disabled children but also a Constitutional obligation. The legislation and policies of the country must therefore espouse the tenets of the Constitution of the country.

2.4 LEGISLATIVE AND POLICY FRAMEWORK FOR CHILDREN WITH DISABILITIES

As indicated above, the State being faced with both national and international obligations towards disabled people, developed the Integrated National Disability Strategy (Office of the Deputy President, INDS 1997). The Integrated National Disability Strategy was developed using the Standard Rules (1993) as a guideline (Office of the Deputy President, INDS 1997). South Africa recognizes that disability is not only a health and welfare issue, it also impacts on the different sectors of government. As the name suggests, the Integrated National Disability Strategy is an inter-sectoral document. The vision of the Integrated National Disability Strategy is "a society for all". It encompasses human diversity and human potential in its vision. The aim of the Integrated National Disability Strategy White Paper is to provide an integrated policy framework across all spheres of Government. It includes services to disabled children by the various departments. The Integrated National Disability Strategy White Paper outlines the following key concepts to guide government policy on people with disabilities:

- Disability has generally been viewed in a medical or welfare framework that assumes disabled persons are sick and in need of support and help. Instead, disability should be viewed as a human rights issue.
- Society must be altered so that it responds to the needs of disabled persons.

Disability issues must therefore be integrated into all government departments' development plans and programmes (South African Human Rights Commission, 2002). The Office on the Status of Disabled Persons (OSDP) was established in the Office of the Deputy President in 1997 to coordinate, monitor and facilitate implementation of the Integrated National Disability Strategy. This office has since been moved to the office of the State President, which points to the importance of the OSDP and government's commitment to service delivery to disabled persons.

Services to children in South Africa are offered within a sectoral approach. Each government sector has its own policies, legislation and regulations. Legislation and policies of the different government sectors have to complement each other in order to provide effective service delivery. Jack and Jack (cited in Stepney and Ford, 2000) state that in terms of the ecosystems approach, the cultural, political, legal and religious contexts of society in which children develop is embedded in the macro-system. The interactions between the micro-systems, exo-systems and macro-systems are responsible for the development of that child. The provision of residential care to children with disabilities is dependant on a number of factors. It is therefore essential to look at the different sectors and their approach to services to children with disabilities which impacts on the policies of children's homes when considering the admission of children with disabilities. The following section focuses on the provision of education, health, welfare and social security for children with disabilities.

2.4.1 Education

The importance of including children with disabilities in mainstream schools was strongly affirmed at the UNESCO World Conference on Special Needs Education in Salamanca (UNESCO, 1994). This conference has been very influential in encouraging governments to adopt inclusive policies (Mittler, 2003). Internationally there is a trend towards inclusive education. According to Rule 6 of the UN Standard Rules (1993):

> "States should recognise the principle of equal primary, secondary and tertiary education opportunities for children, youth and adults in integrated settings. They

should ensure that the education of persons with disabilities is an integral part of the education system".

Countries like Uganda, Laos and Lesotho have successfully introduced inclusive education into the schooling system (Mittler, 2003). Conversely, countries like Britain and Japan have a strong tradition of special schools for children with disabilities (Mittler, 2003). However, recognizing the importance of non-discrimination and inclusive education, Britain has begun introducing a series of reforms in their education system to include children with disabilities in mainstream education. Britain continues to hold on to the special education schools for those parents who still choose to send their children there (Mittler, 2003). Only 1-2 per cent of disabled children in developing countries attend any form of school (Mittler, 2003).

The principle of inclusive education is widely accepted by first world countries and child rights advocates. However deaf children may not benefit from inclusion. For a deaf child inclusion may result in exclusion. Sign language is the language of the majority of deaf people in this country. Oral skills training are only successful in a small percentage of the deaf population. Unless educators are trained in dealing with disabled children and in sign language, deaf children may further marginalized by the principle of inclusion (Cockburn, 2003).

The South African White Paper on Special Needs Education (Department of Education, 1997) provides a framework for government's long-term goal to achieve an inclusive education and training system. The aim of this paper is to look at inclusion of children with special needs in the current educational system by expanding, capacitating and training current systems to accept children with special educational needs. The Department of Education White Paper 6 (Department of Education, 2001) proposes that specialized schools for children with disabilities be strengthened rather than abolished. It further implies that a large investment of resources was made in these schools, which could be available to other schools, thereby capacitating these schools to meet the needs of children with disabilities. Inclusive education aims to address the learning needs of all categories of children, especially those that are vulnerable to exclusion. It further proposes that all educational facilities should accept all learners, irrespective of language or

disabilities (McClain and Nhlapo, 2005). Uganda has shown that even a very poor country can bring education to all its children, including those with disabilities (McClain and Nhlapo, 2005).

According to ecosystems theory, systems are inter-related and inter-dependent. The children's homes have a complementary relationship with the education system. They are dependent on the education system for the provision of education for their children. The lack of access to educational programmes for children with physical and sensory disabilities may lead to the children's home not admitting a child with physical and sensory disabilities. Therefore, it is essential that children's homes have access to educational programmes for children with disabilities to meet the developmental needs of the child.

2.4.2 Health Services

The Department for Health does not have specific legislation for people with disabilities. However, three key policy documents direct the provision of health services for people with disabilities that are also relevant to children. The policy documents include the National Rehabilitation Policy, the Assistive Devices Policy and the Policy Guidelines on Free Health Care for Disabled People at Hospital Level (Philpott, 2007). Access to these services is resource based and there are no monitoring tools in place to evaluate accessibility (Leatt, Shung-King and Monson, 2007).

Free medical health care services are only available to children below the age of six years. This results in children over the age of six years not having access to health care services, especially in poverty stricken families. It is a well-known fact that persons with disabilities incur large health care bills. The cost of health care in this country is not affordable to the majority of people in this country. The costs of medical plans are barely affordable to those that do have one (Philpott, 2007). Hence, many children with disabilities do not have access to rehabilitation services necessary to improve their quality of life (Philpott, 2007). Primary health care services are not equipped to detect disabilities, especially in early childhood development. A child who may have auditory impairments is only detected when

she/he is two years old, or when parents begin to take notice of delayed milestones (DEAFSA, undated). If primary health care services are capacitated, disabilities could be detected earlier and rehabilitation could be initiated earlier.

Transportation of children with disabilities to health service centres is problematic to many families, especially for those children that require wheelchairs. The lack of specialized services and trained personnel often hinders the process of rehabilitation and care. The financial barrier to assistive devices and specialized care further isolates children and has a negative impact on their quality of life. Thus, only a small percentage of children have access to health services (Nomdo and Kgamphe, 2004).

It is necessary for children's homes to have access to affordable health care for children with physical and sensory disabilities for two reasons. Firstly, children's homes do not have the financial capacity to access private health care for children in their care and are dependent on the public health care system. Secondly, children's homes are required to provide health care for all the children in their care. Access to health care systems influences the decision to admit a child with physical and sensory disabilities.

2.4.3 Social Security Provisions for Children with Disabilities

Internationally, Article 23 of the UN Convention on the Rights of the Child (1989) requires that all governments that are party to the Convention pay particular attention to the Rights of the disabled child. Particular reference is made to the access of resources and the extension of free services and social security by the State to parents of children with disabilities who are not capacitated financially to meet the needs of the child. Article 26 of the UNCRC refers to the rights of children to social security. Article 27:1 refers to the rights of children to an adequate standard of living necessary for their physical, mental, moral and social development.

Nationally, according to section 27(1)(c) of the South African Constitution everyone has the right to have access to social security and where appropriate social assistance (Clark, 1999). Section 28(1)(c) of the South Africa Constitution states that every child has the right "to basic nutrition, shelter, basic health care and social

services", which the State is obliged to provide. (See *Republic of South Africa and others vs. Grootboom and others, 2000* discussed on page17)

The South African social security system is in the form of cash transfers to recipients. The provision of social grants is a poverty alleviation management tool by government (Leatt, 2007). It is estimated that approximately 14, 3 million children live in poverty in this country (Martin, 2003: 37). Of that, 11,9 million children live in extreme poverty (Meintjies, Leatt and Berry, 2007). Children with disabilities can access the care dependency grant. However there are numerous barriers to accessing this grant, which results in further impoverishment of families with children with disabilities (Nomdo and Kgamphe, 2004).

The provision of social security in South Africa to children is administered by the South African Social Security Agency in terms of the Social Assistance Act (13/2004) and the Child Care Act. The Social Assistance Act came into effect in April 2006 and the regulations are still to be finalized. Therefore the regulations of the Social Assistance Act 59/1992 still apply (Proudlock and Mahery, 2007). There are three types of grants provided for children in the Social Assistance Act (13/2004) and the regulations (9/1992):

   a) Care Dependency Grants
   b) Foster Care Grants
   c) Child Support Grant

The Care Dependency Grant (CDG) is payable to a child between the ages of one to eighteen years who is in-educable and requires complete home care due to physical or mental illness. The family receives the amount of R870 per month for the child. The scope of applicability is confined to the medical assessment of the child. Thereafter the family is subjected to a means test. Provinces apply the regulations differently depending on their interpretation of the regulation (Clark, 2000). The CDG is not accessible to all communities. Administrative delays further compound the accessibility of the CDG (Clark, 2000). In 2006, the take up rate of the CDG was 92 853 nationally, which is eight percent higher than in 2005 (Meintjies, Leatt and Berry, 2007). Significantly KwaZulu-Natal had the highest number of children receiving the

CDG, (24 098). This suggests that this province has a relatively high number of children with disabilities compared to other provinces (Meintjies, Leatt and Berry, 2007). An attendant allowance is awarded to the caregiver only when a person with disabilities requires full-time care and is inclusive for children with disabilities.

Foster care grants are awarded to a foster parent where a child has been legally placed in terms of the Child Care Act. A foster parent of a child with disabilities can also access the CDG. In this instance the foster parent is awarded a combination of the foster care grant and the CDG in the amounts of R540 and R870 per month. According to Clark (2000) this grant has been subject to abuse by many people for financial gain and it is much higher than the Child Support Grant.

The Child Support Grant (CSG) is payable to a child below the age of fourteen, however this is due to be extended to 15 years. This means that a child over the age of fourteen does not have access to social security. The CSG is means tested and is a very low amount of R200 per month. There has been much criticism of the CSG as being ineffective in alleviating poverty. Its accessibility to rural communities still presents a major problem and there are many gaps in delivery (Clark, 2000). The CSG and the CDG cannot be accessed jointly. Social Relief is only offered when the family has no income. This is transient and very limited.

The social security system in this country fails to meet the needs of majority of children with disabilities. Children with mild to moderate disabilities are excluded from the social security system as they are viewed as educable and attend special schools. The CRC is clear in respect of a State's responsibility to assist parents to meet the needs of children in order to protect the child's rights. With the rising costs of health and medical care, parents are unable to afford the cost of assistive devices, which are a necessity for people with disabilities and a basic right for children. A disability grant can only be accessed at the age of 18 years. Due to the inequity of resources between rural and urban areas, many families in rural areas do not have access to the current social security provisions. The current social security system is inadequate and requires upgrading. There exists a huge gap in service delivery to people with disabilities. According to the Report of the Committee of Inquiry into a Comprehensive System of Social Security for South Africa, social security should

promote the dignity of people with disabilities rather than being merely a poverty alleviation strategy (Department of Social Development, March 2002).

2.5.4 Welfare Services

The Constitution grants every child the right to social services. Section 28(1)(c) deals with three specific rights. Firstly the right to social services, secondly, the right to family or parental care and thirdly, the right to appropriate alternate care. Children's constitutional right to social services is primarily directed by the Child Care Act. The new Children's Act (38/2005) has been gazetted but only certain sections are in force. The Children's Amendment Bill (19/2006) is still to be finalized. Therefore the provision of welfare services is still directed by the Child Care Act. The Child Care Act is based on a residual model of social welfare and is inadequate in realizing the Constitutional rights of children (Dutschke, 2007). The legacy of a residual model of welfare service delivery has created a system based on inequality and discrimination. There has been a move towards a developmental model of welfare service delivery (Dutschke, 2007). This is evident in the current reforms that are presently taking place with regards to childcare and protection in the form of the Children's Act (38/2005) and the Children's Amendment Bill (19/2006). This has necessitated the development of policy instruments to facilitate a new paradigm for child and youth care services that moves away from the medical model which focuses on weaknesses, categorising, labelling, helping and curing, towards a developmental and ecological perspective which focuses on reframing problems into strengths, understanding and recognising ecosystems around the child, competency building, and environments that empower.

According to the Integrated National Disability Strategy White Paper (Office of the Deputy President, INDS 1997), social welfare delivery seeks to increase the capacity of people with disabilities to influence their future. Developmental programmes and projects are aimed at achieving physical and emotional changes. Services include a range of strategies designed to facilitate access by people with disabilities and parents of children with disabilities and mechanisms which will enhance their ability to live independently. One of the goals of the White Paper for Social Welfare (Department of Social Development, 1998) is to facilitate the provision of appropriate

developmental social services to all especially those living in poverty, those who are vulnerable and those who have special needs. Disabled children definitely fall within the ambit of those that are vulnerable and those who have special needs. Many of the children entering the child and youth care system are from very poor families that are unable to meet the needs of the child and to care for him/her within the community.

The Integrated Service Delivery Model (Department of Social Development, 2006) that has been developed by the Department of Social Development directs the future of welfare service delivery in this country. It endorses the developmental approach to welfare services. In the Integrated Service Delivery Model (Department of Social Development, 2006) services to people with disabilities emphasizes developmental services that encourage independence. The underlying philosophy of the new system demands that all community and residential child and youth care programmes should be based on the three core principles of family preservation, permanency planning and integrated holistic work (Discussion Document for the Transformation of the SA Child and Youth Care System, May 1998). Recognising the importance of family preservation, it is essential that other approaches in child and youth care are accessible when family preservation is not possible. The child with disabilities should have equal access to residential care programmes, as do able- bodied children.

2.5   THE RESIDENTIAL CARE SYSTEM IN SOUTH AFRICA

There is a dearth of knowledge and research about the phenomenon of residential care in South Africa. This is further compounded by the lack of statistical data on children in residential care. The statistics that are available are often inaccurate and cannot be verified (Meintjes et al, 2007). The current state of residential care in South Africa is complex. Two systems of residential care exist parallel to each other in the form of a formalized residential care sector and an informal residential care sector. The formal sector is made up of facilities registered in terms of the Child Care Act, which include children's homes, places of safety, shelters, school of industries, etc.

The informal sector, are those facilities that are functioning outside the legislation in the form of shelters, small community homes and places of safety (Meintjes, 2006).

South Africa has a clear regulatory framework for residential care. The provision of residential services for children with disabilities are mandatory as contained in both international treaties to which South Africa is a signatory and national legislation, policy and regulations. The provision of residential care in South Africa is guided by the following pieces of policy and legislation:

- The Child Care Act (74/1983)
- The Children's Act (38/2005)
- The Children's Amendment Bill (19/2006)
- The Minimum Standards For Child And Youth Care

(Meintjes et al, 2007).

The Child Care Act presently forms the legal basis for the provision of residential care in South Africa and guides services to vulnerable children. The Child Care Act makes provision for the following forms of residential care:

- Places of Safety – any place established under s28 and includes any place suitable for the reception of a child, into which the owner, occupier or person in charge thereof is willing to receive the child. (Includes both private and public places of safety).
- Shelter – any building or premises maintained or used for the reception, protection and temporary care of more than six children in especially difficult circumstances.
- Children's Homes – any residence or home maintained for the reception, protection, care and bringing up of more than six children apart from their parents, but does not include any School of Industries or Reform School.
- Secure Care – the physical, behavioural and emotional containment of children offering an environment and programme conducive to their care, safety and healthy development. A facility established under s28A of the Child Care Act 74/1983 (Child Care Amendment Act 13/1993).

- Places of Care – any building or premises maintained or used, whether for profit or otherwise, for the reception, protection and temporary or partial care of more than six children apart from their parents excluding educational facilities, registered in terms of s30.
- Reform Schools – a school maintained for the reception, care and training of children sent thereto in terms of the Criminal Procedures Act 55/1977.
- Schools of Industry – a school maintained for the reception, care, education and training of children sent or transferred thereto in terms of the Child Care Act.

The Department of Social Development and to a limited extent the Department of Education are responsible for residential care facilities in the country.

Despite the Child Care Act (74/1983) being amended several times, it still contains inadequate provisioning for all children at risk (SA Country Report, 2001). It is hoped that the new Child Care legislation would be a vast improvement on the current legislation. Residential care facilities are referred to as child and youth care centres in the new legislation. There is a definite move from custodial care to the provision of developmental care at child and youth care centres (Meintjes, et al, 2007). This means that the programmes offered at the children's homes must be child centred and must take into account the needs of the children. Clause 192 of the Children's Amendment Bill 19/2006 proposes a strategy to ensure sufficient provision of child and youth care centres. The Minister of Social Development must include a Departmental strategy that ensures a widespread of child and youth care centres throughout the country that provide a wide range of residential care programmes (Matthias and Zaal, 2007). The residential care facilities will be required to provide services and programmes to children with disabilities.

Section 158 of the Children's Act 38/2005 deals with the placement children at child and youth care centres. Children can only be considered for placement youth care centre if no other option is appropriate (section 150). The child must be placed in a residential care programme best suited for the child. The court has the responsibility of deciding the best residential care programme for the child. Once the order is made, the HOD of the Department of Social Development is obligated to implement

such an order (Matthias and Zaal, 2007). A child with disabilities can be placed at a child and youth care centre or, he can be placed in terms of section 156(1)(g). This section specifies the conditions under which children with physical or mental disabilities and chronic illness may be placed in special needs facilities provided that this placement is in the best interests of the child. A child with special needs can be found in need of care and protection like any other child and be placed at a child and youth care centre in terms of Section 150 (Matthias and Zaal, 2007).

Children's homes in the study, are places of care that are constituted and regulated in terms of sections 30 and 31 of the Child Care Amendment Act 70 / 1989. Admission to children's homes is based on the findings of court in terms of section 14 of the said Act. The order is valid for a period of two years after which the order may be extended or preferably the child is reintegrated within the family. Children's homes should be considered as a positive option in social welfare service delivery, especially when the desired option of family or community care is not possible. Historically institutions were designed mainly for the purposes of custodial care, where children were forgotten and left to drift. The incidence of institutional abuse internationally has been a great source of concern for child welfare agencies and child activists (Meintjes, et al, 2007). There is a need for norms and standards to be put into place to protect children in out of home care or alternate care settings. The United Nations have produced Draft Guidelines for the Appropriate Use and Conditions of Alternative Care for Children (2007). Residential programmes are now required to provide opportunities for development and re-integration. Globally this trend has been re-examined and there has been a paradigm shift towards a more developmental approach. In terms of the developmental approach the emphasis is on early intervention and prevention (Dutschke, 2007). The need for residential care is greatly reduced.

In terms of the Stockholm Declaration (2003), it was widely accepted that residential care has a negative effect on children in the long run. It was therefore accepted and ratified that residential care should be the last option and that existing facilities be assisted to develop a more rights based approach based on non- discrimination and social inclusion. Community care options have been found to be far better than institutional care settings. It is also a more cost effective option (Patel, 2005).

However, the success of community care is highly dependent on community support systems like access to health care and education (Patel, 2005). In reality many South Africans live in poor and under resourced areas which impact on the family's capacity to care for a child with disabilities. Many of these children require placement in residential care settings due to the family's inability to care for a child with disabilities.

There are limited statistics available regarding the programmes being offered to children by residential care facilities. The size of residential care facilities, range from facilities with large bed capacities, to facilities with 10 to 12 beds. In 1997 / 1998 there were 144 registered children's homes and 37 places of safety with a total bed capacity of 12 879 beds (SA Country Report: Child Care Policy, 2001). These statistics clearly indicate that the current residential care programme is unable to meet the escalating need for residential care in this country. Current residential care facilities do not make provision for children with disabilities (SA Country Report: Child Care Policy, 2001).

The following chapter explains the research methodology used to conduct the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3. INTRODUCTION

This chapter focuses on the research design of the study and the methodology that was used to undertake the study. It provides an account of the sampling technique and the steps undertaken in the data collection process including the manner in which that data has been analysed. Consideration is also given to the reliability and validity of the study and its limitations.

3.1 RESEARCH METHODS

Generally three types of research methods are considered when undertaking social research (Babbie and Mouton, 2006). These include the quantitative, qualitative and participatory research methods. The research method that is used is dependent on the phenomenon that is being studied, the aims and objectives of the study and the expectations of the researcher (Babbie and Mouton, 2006). Quantitative research involves the measurement of quantities (Reaves, 1992). In the quantitative research design, the researcher believes that the best way to measure a phenomenon is through quantitative measurement. This involves the assignment of numbers to perceived qualities. A criticism of the quantitative approach is its obsession with the quantification of data (Babbie and Mouton, 2006).

Qualitative approach is defined "as any research that produces results that are not obtained by a statistical procedure. It is research about people's lives, their stories and their behaviour" (Mouton, 2001: 157). "Qualitative research methods emphasize the depth of understanding associated with idiographic concerns. They attempt to tap the deeper meanings of particular human experiences and are intended to generate theoretically richer observations that are not easily reduced to numbers" (Bless & Higson-Smith: 2000:26). According to Babbie and Mouton (2006), qualitative research shares the following features: a detailed engagement with the object of

study, selection of a small sample, a multiple method approach and flexible design. Qualitative research is distinguished from quantitative studies in that the research is conducted in the natural setting, it emphasizes processes instead of outcomes, the actor's perspective is emphasized. Its main aim is understanding events and actions, little importance is placed on generalizations, an inductive approach is used and the researcher is seen as the main instrument in the research process (Babbie and Mouton, 2006).

The researcher found that the qualitative method of research was most suited in researching the phenomenon of residential care for children with physical and sensory disabilities.

3.2 RESEARCH DESIGN

Research design is the plan or structured framework on how the researcher undertakes his/her research. In order to do this, it is important to understand the purpose and aim of any research. There are three common purposes of social research viz. exploration, description and explanation (Babbie and Mouton, 2006).

Reaves (1992) states that, the purpose of exploratory research is to investigate a phenomena or situation that is not familiar. Babbie and Mouton (2006) indicate that this type of research is typical when a researcher examines a new subject. Exploratory studies are usually used to gain insight and understanding of a phenomena or event. One of the criticisms of exploratory research is that it rarely provides definitive answers.

Descriptive research on the other hand answers the question what is the case/ situation. Babbie and Mouton (2006) define descriptive studies as the precise measurement and reporting of the characteristics of the population or phenomenon under study. Descriptive research describes a phenomenon, as it exists. It also generates more data about the phenomenon.

The researcher made use of the descriptive research design to study the phenomenon of residential care for disabled children with particular reference to children with physical and sensory disabilities. Descriptive research does not serve to explain that which is being studied, nor does it make predictions. Its only purpose is to describe the event or situation (Reaves: 1992: 8-9). The descriptive research design was used in this study, as the purpose of this study was to describe events and situations, as they exist.

3.3   SAMPLING TECHNIQUES

The purpose of sampling is to select a set of elements in such a way that it accurately represents the parameters of the total population (Babbie and Mouton, 2006). In social research there are two types of sampling techniques, namely, probability and non – probability sampling.

The principle of probability sampling is that every element of the sampling frame or population has an equal chance of being in the sample (Babbie and Mouton, 2006). It provides an excellent way of ensuring that the sample provides a relatively accurate representation of the population under study. In probability sampling, one is able to estimate the degree of sampling error (Babbie and Mouton, 2006). Non-probability sampling refers to the situation were the probability of including each element of the population in a sample is unknown (Rubin and Babbie, 1997). Non- probability sampling has more practical rather than scientific advantages. It is cheaper and more convenient. Lofland and Lofland cited in Babbie and Mouton (2006:168) state that the "ultimate goal of qualitative research is to the collect the richest possible data". Non-probability sampling allows the researcher to obtain rich data about a particular event or situation through direct contact. There are four types of non-probability sampling techniques. They are purposive or judgemental sampling, snowball sampling, quota sampling and selecting informants (Babbie and Mouton, 2006). In purposive sampling, which is also referred to as judgemental sampling, the researcher makes use of her knowledge of the population and its elements to meet the aims of the research study.

The population of the study was all the registered children's homes in the Ethekwini municipality. The population consists of 23 registered children's homes. A list of the population was obtained from the Department of Social Development, Durban Regional office who is responsible for the registration of the children's homes in this region. Purposive sampling was used to select a sample of 10 registered children's homes. Purposive sampling is when the researcher purposely selects the units that will yield the most comprehensive understanding of the subject of study (Rubin and Babbie, 1997). One of the disadvantages of purposive sampling is that it relies heavily on the judgement of the researcher, rather than on objective criteria (Bless & Higson-Smith, 2000).

The researcher selected the sample using the criteria of geographical location of the children's homes and the population demographics. Six children's homes located in urban areas were chosen, while four were situated in semi-rural and rural areas. A total sample of 10 children's homes was included in this research study.

3.4   DATA COLLECTION

The researcher made use of multiple-methods of data collection. There are two advantages of multiple methods of data collection. One, it can be used to collect key data to meet the aims of the study and two; it enables triangulation to occur (Saunders et al, 2003). "Triangulation refers to the use of different data collection methods within one study in order to ensure that the data are telling you what you think they are telling you" (Saunders, et al, 2003:99). In this study the researcher made use of interviews, observation and the examination of records to obtain data.

3.4.1 Interviews

Interviews are one of the most frequently used methods of data collection in qualitative research. A qualitative interview is generally an interaction between the researcher and the respondent (Rubin and Babbie, 1997). Qualitative interviews distinguish between three types of interviewing techniques, which are informal conversational interviews, the interview guide approach and standardized open-

ended interviews (Rubin and Babbie, 1997). The researcher made use of the interview guide approach to obtain her data (see Annexure 3). In addition to close-ended questions the interview guide also contained a series of open-ended questions. Open-ended questions allow participants to respond in their own words. Burns (2000) supports the use of open-ended questions as more valid responses are obtained. One of the disadvantages of open-ended questions is that it is more difficult to analyse and code (Mark, 1996)

The focus of qualitative research is to study a phenomenon in its natural setting. The main concern is to provide in-depth descriptions and understanding of events or situations. When undertaking any research, a researcher needs to take into consideration what is being studied and how that event/situation will be studied (Babbie and Mouton, 2006). In-depth or unstructured interviews are one of the main methods of data collection that is used in qualitative research. Qualitative inquiry can include the use of interviews that are planned in advance and that are therefore more structured than informal conversational interviews (Rubin and Babbie, 1997).

3.4.2 Observation

In qualitative research two types of observational techniques are commonly used. These include simple observation and participant observation. Simple observation involves the researcher being an outside observer to an event or situation. During the process of observation the researcher is unable to manipulate any variable (Babbie and Mouton, 2006). In participant observation, the researcher is simultaneously a member of the group that is being studied. Participant observation is often regarded as intrusive observation (Babbie and Mouton, 2006).

One of the major advantages of observation is that it can be used anywhere. It is important when undertaking observation that the researcher keeps full and accurate records. In this research study, the researcher undertook simple observation of the physical structure of the children's homes using a checklist (see Annexure 4). The focus of the observation was to gauge whether children's homes are physically accessible to children with physical and sensory disabilities. This included an assessment of the environment in terms of structural barriers.

3.4.3 Records

The researcher examined admission records over a five-year period from 2002 to 2006 to track the admission patterns of disabled children at children's homes. The researcher also perused health records.

3.4.4 Data Collection Process

In this study in-depth interviews were undertaken with the assistance of an interview guide. The researcher interviewed either the manager or the social worker at the children's home. The focus was on the person responsible for admission of children to that children's home. The decision on who was to be interviewed was left to the manager of the children's home. In sixty percent of the sample selected the manager chose to be interviewed.

The researcher made telephonic contact with the managers of each children's home to set up an appointment for the researcher to undertake the research at the children's homes. The manager, or in the absence of the manager, the person acting in the position of manager, provided the researcher with written consent to undertake research at the children's home. The duration of the interview was between sixty to ninety minutes.

Two pilot interviews were undertaken to ensure that the research questions were relevant to the topic. The researcher made changes to the interview guide to accommodate other issues identified that were relevant to the research study. One of the issues identified was able-bodied children's reaction to children with disabilities. The participants were requested to comment on able –bodied children's reaction to inclusion of children with physical and sensory disabilities. The researcher made detailed written recordings of the participants' responses.

Permission was sought from the manager of the children's home to peruse their admission records and to visit the children's living areas. Two children's homes did not allow the researcher to examine their records. They felt that they would be violating the privacy of their children. In these instances the researcher requested

that the participant provides the information from the records without compromising the identities or privacy of the children. Observations were recorded with the use of an observational checklist.

3.5 DATA ANALYSIS

The researcher made use of the content analysis method to analyse the data. This involved grouping the data into significantly fewer categories (Struwig and Stead, 2004). "This process of qualitative analysis generally involves the development of data categories, allocating units of your original data to appropriate categories, recognizing relationships within and between categories of data" (Saunders, et al, 2003: 406).

A template approach was used to code the data into themes and emerging trends. When transcribing the data, the researcher was cautious about allowing her subjectivity to permeate the data. In order to overcome this, the researcher recorded participant's responses verbatim. Each category was analysed and common themes or patterns identified. Participant's actual responses were used to describe situations. The researcher also quantified certain data, which are presented using tables. This allowed the researcher to identify common patterns and to make comparisons. Once the data was collated the researcher was able to identify trends and make interpretations.

3.6 RELIABILITY AND VALIDITY

There are two approaches to understanding objectivity and reliability in qualitative research. These are the Munchhausen objectivity approach and the trustworthiness approach (Babbie and Mouton, 2006).

In the Munchhausen objectivity approach, reliability and validity of the research is enhanced through triangulation, extensive field notes, peer review and allowing participants to speak freely without distorting the information during the recording

process (Babbie and Mouton, 2006). Denzin cited in Babbie and Mouton (2006) defines triangulation as the use of multiple methods that reduces personal bias when using a singe method. Triangulation is regarded as the best way of enhancing reliability and validity in qualitative research (Babbie and Mouton, 2006).

The trustworthiness approach refers to the credibility, transferability, dependability and confirmability of the findings. Trustworthiness is synonymous to objectivity in qualitative research (Babbie and Mouton, 2006). The following procedures can be used to achieve credibility: prolonged engagement, persistent observation, triangulation, referential adequacy, peer debriefing and member checks. Transferability is achieved through the use of thick description and purposive sampling (Babbie and Mouton, 2006).

In this study, the researcher made use of triangulation to enhance the reliability and validity of the study. Multiple methods were used to collect the data, which included in-depth interviews, observation and examining records.

3.7   ETHICAL CONSIDERATIONS

Saunders (2003) defines ethics as a code of behaviour of researchers in undertaking research. He goes on further to state that a code of ethics guides the conduct of any research. A number of ethical issues generally affect the research process, which includes the privacy of participants and the nature of their participation, consent of participants, confidentiality of data and the behaviour and objectivity of the researcher (Saunders, 2003).

The ethical issues that confronted the researcher in this research study are similar to those cited by Saunders (2003). The following ethical considerations were undertaken by the researcher to protect the integrity of the research study. A consent form was devised by the researcher to obtain consent to undertake the research at the children's homes (See Annexure 2). The researcher provided participants with an explanation of the purpose and objectives of the research study. Their participation in the study was undertaken with informed consent, which was obtained in writing from

the participants (See annexure 3). The participants in the research study were the managers or social workers at the children's homes and were therefore in a position to give consent. The identity of the participants and the children's home has been kept confidential. To preserve confidentially each questionnaire was coded. The researcher has not identified any participant or children's home in any part of the research study and the research report. At the completion of the study the responses will be destroyed.

3.8   LIMITATIONS OF THE STUDY

The availability of literature on disabled children in the childcare system in South Africa is very limited. This inhibited the researcher from making comparisons with other studies.

The study did not include children with mental challenges.

The researcher was aware that participants could manipulate their responses, especially if they perceived the study as being disadvantageous towards them. In order to guard against this, participants were not required to provide identifying details. An explanation of the nature and purpose of the research study was given to all participants. The researcher made use of interviews, observations and an examination or admission records to increase the credibility of the research study.

The study is confined to the Ethekwini Municipality in the Province of Kwazulu- Natal. The findings cannot be generalized to other municipalities in South Africa.

In the next chapter the analysis of the data is presented and discussed according to common themes.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

4. INTRODUCTION

A qualitative research study was undertaken with ten registered children's homes, which are located in the Ethekwini Municipality. The researcher interviewed either the residential social worker or manager at the children's home using an interview guide. In addition to interviews, the researcher used an observational checklist and perused admission and health records to obtain data. This chapter focuses on the analysis and discussion of the data obtained, which speaks to the key objectives of the research study.

4.1 PROFILES OF THE CHILDREN'S HOMES

All the children's homes which participated in this research study are registered in terms of the Child Care Act. They are also registered as non-profit organizations (hereafter NPO). Registration as NPOs allows the children's homes to fundraise and access public funding. The children's homes receive both State and donor funding. The funding that is received from the State is in the form of a per capita subsidy.

All of the children's homes have boards of management that are responsible for the formulation of policy and overall functioning of the children's homes. Those children's homes that are owned by a church also have a board of management made up of people from the congregation. The church retains the administrative functioning of the facility. The manager of each children's home is responsible for the day-to-day management of the children's home and is a representative on the board of management.

4.1.1 Children's Home One

This children's home was established by the church, as an orphanage and training school for girls in 1896. In 1910, it not only underwent a name change, but also changed its admission policy from girls to boys only. All the girls were moved to another facility. At this stage it was still under the management of the church. In 1914 the business community began providing financial support to the children's home and a board of management that was made up of community leaders and the business fraternity was elected to oversee the management of the children's home. During the apartheid era, this organization serviced the white community. Transformation to non-racialism was a gradual process. In 2005 the organization amalgamated with their holiday home for girls, and children of both sexes are now accommodated. This children's home is located in Central Durban. Due to its location it has easy access to community resources.

4.1.2 Children's Home Two

Established in 1925 by the Catholic Church as an orphanage for young boys, this children's home is still controlled and managed by the church. Located in one of the suburbs of Durban that historically represents one of South Africa's disadvantaged communities, the children's home continues to function within a Catholic ethos as it is accommodated on the property of the Catholic Church. Many of the staff are also members of the church and live on the grounds. This children's home is registered as a boy's only facility. Over the years it has undergone expansion and renovations to cope with the increasing number of requests for accommodation of young children.

4.1.3 Children's Home Three

This children's home is located in one of the more affluent areas of Durban, which was historically reserved for the white community. The community surrounding the facility is categorized in the middle to upper income bracket. It is well supported in terms of community resources. The children's home was established in 1901 as an orphanage for girls and boys. It also has a sub-facility for children with addiction

problems. A board of management that consists of business people, professionals and community leaders runs the organization.

4.1.4 Children's Home Four

The children's home was established in 1901 by the Methodist church, as an orphanage for children. Despite the church no longer having any control of the children's home, they continue to preserve the Christian ethos. The organization provides services to both children and the aged. However the staffing and leadership of both the children's home and home for the aged are independent. The children's home is located in a suburb that is well resourced and supported by the community.

4.1.5 Children's Home Five

The Catholic Church established this children's home in 1895 as an orphanage for both girls and boys. Although a board of management manages the children's home, it continues to be administered by the Catholic Church. Located in a community that is well resourced, it has continued to expand over the years to increase their intake capacity of children to meet the growing demand for residential care facilities. However, unique to this children's home is an income-generating project that is located on the premises of the children's home.

4.1.6 Children's Home Six

Established in 1821 by a religious organization in response to a dire need for a place of safety for children of this community, this children's home has expanded over the years to include a multi-dimensional programme for both adults and children. Their dedication to child protection is well documented and they continue to accept children who are in need of care and protection. Located in a township in Durban, this facility is well resourced in terms of public facilities in the community. This children's home enjoys a very good relationship with the community and offers various services from their premises to the surrounding community.

4.1.7 Children's Home Seven

This children's home has been in existence for the past fifty-three years. They cater for the girl child between the ages of 6 and 17 years with their programme focussing on the adolescent child. Located in the heart of Durban, this children's home is very well resourced and has easy access to community resources. The children's home is managed by a board of management that is made up of community leaders and professionals in various fields. Funding is a continuous challenge for this children's home. Funding from the State is limited; therefore this children's home is heavily dependent on the business fraternity in that area for financial assistance.

4.1.8 Children's Home Eight

Located on the outskirts of Durban, this children's home is listed on the historical maps as a major tourist destination. This setting resembles a mini village. The children's home is one of various other facilities that were established by the Catholic Church in 1885 on the same property. Its strong religious affiliation is easily recognisable in all aspects of the organization. The children's home is administered and managed by the catholic dioceses in its present form. The children's home receives funding from the State, as well as funding through the church. Subsistence farming and income generating projects assist the children's home to continue functioning. The children's home is situated in an area characterized by poverty and social pathology and is severely under-resourced in terms of public amenities.

4.1.9 Children's Home Nine

For more than a century, this children's home continues to provide children who have been found to be in need of care with a safe environment. It was established in 1895 by the Anglican Church as an orphanage. The children's home had to relocate three times due to the Group Areas Act and moved to its current destination in 1973. The community surrounding the children's home has developed over the years and is well resourced in terms of public amenities. The Anglican Church continues to be the administrative authority, while the board of management is concerned with the welfare and functioning of the children's home.

4.1.10   Children's Home Ten

This organization was established in 1988 and manages various other projects including the children's home. A board of directors, who also oversee the day to day running of the children's home, manages it. It is situated on the outskirts of Durban, in an area that is severely under-developed and under- resourced. The community surrounding the children's home has high levels of poverty and unemployment. Funding is solicited from the State, business and the community. The organization has a very successful income-generating project, which is a good source of income for the organization. The children's home co-exists with other projects of the organization.

The following section provides a description and discussion of the admission profile, criteria and policy of each of the ten children's homes.

4.2   ADMISSION

The Child Care Act forms the legal basis for the admission of children to children's homes in South Africa. The Act does not distinguish between able-bodied children and children with disabilities. It is therefore widely accepted that children's homes are constituted to protect and care for any child that is found to be in need of care irrespective of race or disability. This is further entrenched in the Constitution of the country. In post-apartheid South Africa this has led to public facilities adapting and changing their programmes and services to reflect the current political landscape of the country.   Children's homes began introducing quotas and equity plans to embrace multi-racism and cultural diversity. The same vigour and enthusiasm has not been extended to people with disabilities. According to Sammon (2001) children with disabilities continue to be viewed as diseased which leads to discriminatory practices and social exclusion. The child-centred approach necessitates the provision of resources according to the unique needs of every child. The human rights of children with disabilities are often ignored.

4.2.1 Admission Profile of the Children's Home

Table 4.1 below indicates the capacity of each children's home (total capacity), the age range of the children and their gender distribution. The table distinguishes the type of accommodation provided for children and the staff to child ratios. Another important source of information that the table provides is the current admission numbers of each children's home and their vacancy rates.

TABLE 4.1: The Admission Profile of the Ten Children's Homes

Children's home	Total capacity	Ages	Sex	Set up	Total staff	Staff ratio	Current capacity	Vacancy
1	72	4 – 18 years	Girls & boys	Dormitory	26	1 : 14	72	None
2	85	5 – 18 years	Boys	Cottage	25	1 : 11	66	19
3	74	2 – 17 years	Girls & boys	Cottage	47	1 : 10	70	4
4	65	18mths –18 yrs	Girls & boys	Cottage	30	1 : 12	60	5
5	80	3 – 28 years	Girls & boys	Cottage	54	1 : 7	78	2
6	102	2 – 18 years	Girls & boys	Cottage	20	1 : 7	92	10
7	40	2,6 – 18 years	Girls	Cottage	22	1 : 5	37	3
8	110	2 – 18 years	Girls & boys	Dormitory	25	1 : 10	110	None
9	84	3 – 18 years	Girls & boys	Cottage	30	1 : 14	84	None
10	50	7 -18	Girls & boys	Cottage	12	1 : 10	47	3

As indicated in the table the capacities of each of the children's homes differs considerably from each other. Each children's home determines their capacity in their constitution. They are subjected to inspections from the Department of Social Development and the Ethekwini Municipality on a regular basis for the purposes of

quality assurance. These facilities are required to adhere to the bylaws of the city in terms of health and building regulations.

Significantly, only two children's homes are still using the dormitory system of accommodation. A dormitory system refers to a system where a large group of children is accommodated in one large area. Generally ten to fifteen children are accommodated in a dormitory. Each child is allocated a bed and a locker to store their belongings. This type of accommodation is no longer encouraged in the child and youth care sector as it hinders the child's right to privacy and a sense of belonging. The other eight children's home have adopted the cottage system of accommodation. The cottage system allows children's homes to create mini-households that resemble a family home. According to international literature, this type of accommodation reduces emotional and physical abuse of children (Meintjes et al, 2006).

Seven of the children's homes that participated in the research study reflected vacancies for children in their facilities. Therefore it may be deduced that it would not be too difficult for children's homes to allocate a percentage of their capacity to children with disabilities.

4.2.2 Admission Criteria

All the children's homes specify the age range, total capacity and legal basis for admission of children. Eight of the children's homes did not specifically exclude the admission of children with physical or sensory disabilities in their admission policy. Generally, these children's homes did not have clear policy or guidelines in respect of the admission of children with disabilities. The existing admission policies and guidelines are very general and vague. Two children's home specifically exclude children with disabilities in their admission policy. They indicated that the board of management recognized the limitations of the children's home and therefore made a conscious decision to exclude children with physical and sensory disabilities.

The process of admission of a child to a children's home begins with an application for a vacancy by the case manager. The case manager is responsible for the

management of the case and undertakes all the statutory requirements pertaining to the case. The case manager is a social worker that is employed either in the public sector or NGO sector. Once a child has been found in need of care and designated to a children's home, the case manager would make an application to a children's home for admission of the child. The application for admission is generally done in writing and is accompanied by a detailed report on the child for whom the application is being made. The children's home would then consider the application and inform the case manager of the outcome of the application. The child or his family are not involved in the process at this point.

All the children's homes researched indicated that they have a screening process when they admit a child. This suggests that there is a process of selection of children to be considered for admission into their children's home. In all ten organizations a team that includes the manager of the children's home conducts the screening process. In fifty percent of the children's homes the manager did not have any formal training in the field of child and youth care or social work. This may impact on the decision to admit a child with physical or sensory disabilities as the person may not have the knowledge or skills necessary to make an informed decision during the screening process.

The process of screening at the children's home does not include the case manager making the application for a vacancy. The team that is responsible for admitting a child to the children's home are members of that children's home. The children's home is solely responsible for deciding which child to admit or exclude from their programme. The children's homes in this study did not maintain any records of applications for vacancies that were rejected. The outcome of an application to the children's home is usually conveyed verbally to the case manager. The following statements made by two of the participants reflects this:

"The children's home generally telephones the social worker (case manager) to inform her whether her application is successful or not."

"I would telephone the placement social worker and inform her of the outcome of the application telephonically."

There is no evidence that children's homes are rejecting applications of children with disabilities. It is difficult to track the admission records if there is no paper trail. The screening process is not transparent.

As indicated above, eight children's homes stated that they do accept children with physical disabilities, while two children's homes indicated that they did not. However those children's homes that responded affirmatively to the admission of children with physical and sensory disabilities tended to categorize children with chronic and terminal illness as children with physical disabilities. In this instance children diagnosed with AIDS related illnesses and medical illnesses were categorized as physically disabled. In two instances children with physical disabilities were admitted almost accidentally, as those children were admitted when they were infants and the disability was not detected prior to the admission. The researcher is of the opinion that the admission of children to children's homes is guided by a subjective screening process, which is often dictated by financial resources and the capacity of the organization rather than by the specific needs of the child. Their admission criteria and processes do not reflect the current reforms that are presently taking place in the child and youth care field, which promotes a child-centred approach.

The transformation of the child and youth care system in this country has encouraged developmental childcare practices and perceptions. There has definitely been a move away from custodial care to the adoption of a developmental approach. This suggests that childcare facilities need to adopt an attitude of flexibility and adaptability to the developmental needs of the child. The ecological approach maintains that organizations and environments should be adaptable to allow individuals to function optimally. The admission policy and criteria of the children's homes remain static and rigid.

4.3.3 Tracking of Admission of Children with Disabilities over a Five Year Period

The researcher perused the admission records of eight children's homes participating in the research to track the admission patterns of children with disabilities over the last five years from 2001 to 2006. Two organizations did not give the researcher access to the records in order to protect the privacy of the children admitted. In those instance the researcher requested that the participants provide the necessary statistics that were needed. It must however be noted that all ten organizations participating in this research study did not keep detailed records. The admission data also did not distinguish between able-bodied children and children with disabilities.

The researcher also perused medical registers to verify data from the admission records. Four organizations had recorded admission of children with physical and sensory disabilities over a five-year period. At two of these children's homes participants confused the onset of medical illness with physical disability. In these instances the researcher excluded the data, as it would contaminate the findings. Four participants stated that they did not have any requests for placement of children with disabilities in their programme over the past five years. Two children's homes did not accept children with disabilities. The participants referred to children with chronic organ diseases and blood diseases as children with physical disabilities.

TABLE 4.2: **The Number of Children with Physical and Sensory Disabilities Admitted to the Ten Children's Homes over a Five-Year Period.**

ORGANIZATION	YEARS				
	2002	2003	2004	2005	2006
ONE	0	0	0	0	2
TWO	0	0	0	0	0
THREE	1	0	0	0	3
FOUR	2	0	0	1	2
FIVE	0	0	0	0	0
SIX	1	2	0	0	0
SEVEN	0	0	0	0	0
EIGHT	0	0	0	0	0
NINE	0	2	2	1	1
TEN	0	0	0	0	0

The ten participating children's homes have a combined bed capacity of seven hundred and sixty two. The homes are generally ninety-five percent full at any given period. However the percentage of children with physical and sensory disabilities in their facilities from 2002 to 2005 was below one percent. In 2006, this figure rose slightly above one percent. Fifty percent of the organizations did not have any children with physical and sensory disabilities in their programme from 2002 to 2006. However all the organizations did have children with learning difficulties in their facilities. It can therefore be concluded that these organizations were more receptive to admitting children with learning difficulties who can be integrated with relative ease into the mainstream. The financial implications of caring for children with learning difficulties are relatively low compared to that of children with more severe physical and sensory disabilities.

4.3   MANAGEMENT SUPPORT

All ten children's homes have boards of management in place that regulate the functioning of that organization and provide leadership and strategic direction. Typically a board of management is multi-dimensional and is made up of a range of professionals and community leaders. Their role at the children's homes is to provide strategic direction, monitoring, and more, especially financial management and accountability. The statement below made by one of the participant's sums up the response given with regards to the degree of support the board of management provides in the admission of children with disabilities in their programme.

"The board of management would go the extra mile to ensure the needs of the child are met."

All participants indicated that their boards of management are very supportive and would make available resources to meet the needs of all children. This includes children with special needs. All participants agreed that financial resources are scarce and the children's home will only admit children that will fit into their current programme. Participants of all ten children's homes felt that their management would not have a problem with meeting the high cost for medical care and assistive devices if there is a need. Six participants stated that this has never been tested, as there have been no applications for admission of children with physical or sensory disabilities. Two participants stated that their organization did not admit children with disabilities, which is part of their admission policy.

The researcher is very surprised that the majority of the children's homes did not receive any requests for admission of children with physical or sensory disabilities. In the researcher's experience, applications to children's homes for vacancies for children with special needs are often met with resistance and lack of vacancies. There is no monitoring body in place to review the admission patterns of children's homes. Therefore the information provided by the participants cannot be verified or disputed.

4.4   INCLUSION

Only six participants were knowledgeable about the concept of inclusion and the Constitutional obligations to people with disabilities. The researcher was required to explain the concept to the other four participants to facilitate a response to the question on their views on inclusion of children with physical and sensory disabilities in their facility. While all participants expressed that children with physical and sensory disabilities should be included in children's homes, it was qualified with issues of structural changes and trained personnel as a pre-requisite for this process to occur.   During her interviews, the researcher got the impression that participants felt the need to be politically correct in their responses and not to come across as rejecting children with disabilities.

According to Barnes and Mercer (2003), one of the major barriers to inclusion is organizational in nature.   This is illustrated by the findings of a study undertaken in six schools in Yorkshire, England by Joseph Rowntree in 2003 to assess the impact of inclusive practices. The study entailed the inclusion of children with disabilities during play and lunch breaks. It was found that able-bodied children adapted their play and environment to include children with disabilities. Play that involved a large deal of communication did not prevent children from playing with each other. He therefore concluded that barriers to inclusion are often organizational and physical (Rowntree, 2006).

Eloff, Swart and Engelbrecht (2002) assessed teachers' levels of stress when children with physical disabilities were included in mainstream schools. The findings of the study indicated the there was no significant changes in the teachers stress levels when children with physical disabilities were included in mainstream classes. Both studies support the inclusion of children with disabilities in mainstream schools as a positive option.

4.5   PHYSICAL ACCESSIBILTY

When assessing the physical accessibility of the children's homes, the researcher undertook observational checks of the structural environment. The researcher also assessed the organization's commitment to inclusivity through structural remodelling.

TABLE 4.3: The Number of Children's Homes that have Existing Facilities for Children with Physical and Sensory Disabilities

FACILITIES	NUMBER
Wheelchair ramps	0
Ablution facilities for the physically disabled	0
Braille	0
Recreational facilities	0
Railings	0

None of the ten children's homes had adapted their building structures to accommodate children with physical and sensory disabilities. This is a significant finding. Children's homes are public facilities. The legislative framework of this country dictates that all public entities or buildings should be accessible to all people.

All the participants reported that the structure of their facilities was not accessible to people with physical and sensory disabilities. They expressed that this was a very expensive undertaking and that children's homes did not have the financial resources to undertake such a venture. Six participants indicated that their organization did not plan to remodel to make it accessible to children with disabilities, as there was no need for it. These organizations stated that they did not receive any requests for the admission of children with disabilities. Two respondents stated that their organization would use temporary structures to facilitate mobility, for example makeshift ramps. Two children's homes did not accept children with disabilities and had no plans to change their admission criteria in the near future and therefore did not consider any remodelling of their structures.

4.6   ACCESS TO FORMAL EDUCATIONAL PROGRAMMES

It should be noted that not all children with physical disabilities who are wheelchair bound require special education. These children would only need an accessible school environment. Children's homes are in a position to advocate for schools in their community to make their environment disabled friendly through their influence in school governing bodies and stakeholder forums. The participants at the two children's homes that did not admit children with physical and sensory disabilities indicated that they did not have access to any formal educational programmes for children with disabilities in the community in which they are geographically located. Participants generally referred to placement of children with physical and sensory disabilities in special schools. Mainstream schools were not considered as a placement option for children with physical and sensory disabilities.

The other eight respondents stated that they do have access to formal educational programmes for children with disabilities in their community in the form of special schools that generally provide transportation. In the South African context, special schools refer to those schools that provide educational programmes for children with disabilities. These schools are further categorized according to the types of disabilities, which they cater for. These eight children's homes are urban based where the infrastructure is well developed. The majority of the special schools are concentrated in the urban areas and are easily accessible. However, some participants felt that the fees charged at these schools were too high. This placed a tremendous strain on the financial resources of the children's home. In terms of the regulations set down by the Department of Education, children in residential settings are exempt from payment of school fees. However the onus is on that organization to apply for exemption of fees for any child attending school from their residential facility. The Department of Education has a draft policy on the exemption of fees. The exemption of fees policy applies to all public schools, including special schools. The Department of Education should be called upon to intervene where schools are resistant to accept a child. It is important that children's homes take on an advocacy role on behalf of the children they care for, to protect the best interests of the child.

The ability of children's homes to access resources on the meso-system often will determine whether they will admit a child with physical or sensory disabilities.

4.7 ACCESS TO HEALTH CARE

"The childcare staff are responsible for taking children who are ill to the local hospitals and clinics. We do not have the financial capacity to employ nurses."

The above response by one of the participants, describes the state of health care at the majority of the children's homes. Three organizations employed nurses and nurse aides. The other seven organizations indicated that they did not have the financial resources to employ health care personnel. However, all participants indicated that their organization did have access to health care facilities in their community. These facilities included local primary care clinics and the provincial hospitals. Two respondents stated that the distance travelled to public health care facilities was expensive and time consuming. This finding is similar to the research findings of Leatt, Shung-King and Monson (2007). They conducted a research study on the accessibility of health care services in rural communities. It was found that participants had to travel long distances to access public health care services (Leatt, Shung-King and Monson, 2007). All the organizations currently make use of the public health care system to access health care for their children. According to ecosystems theory, children's homes are dependent on other systems like the health care system. Access to the health care system influences the admission of children with physical and sensory disabilities to their facility.

4.8 PERSONNEL

The personnel at children's homes provide primary care to the children that they admit. It is therefore important that personnel are capacitated to provide quality care to children with physical and sensory disabilities. The researcher focused on three areas during the research. This included training of personnel, the staff–children ratio and the receptiveness of childcare workers to children with disabilities.

4.8.1 Training

The staff that provide primary care to children at the children's homes are all trained in child and youth care. The researcher looked at specialized training areas that are required in caring for children with physical and sensory disabilities as indicated in the table below.

TABLE 4.4: Children's Homes that have Personnel with Specialized Training

CATEGORIES	YES	NO
Sign language		10
Occupational Therapy		10
Special education (learning disability)	1	9
Sport and recreation for the disabled		10
Other (Child and youth care)	10	

The table clearly indicates that nine organizations that participated in the research did not have trained personnel in any of the specialized areas. Of these nine organizations, one children's home indicated that they made use of volunteers in the community that have training in these areas. One organization has personnel trained in special education. This children's home has employed three staff members that are trained to teach children with learning difficulties. These staff members run a special education programme for children in their home and the community.

The frustration of having to continuously appoint and train new staff was expressed by one respondent in the following statement that she made:

"We have spent a large amount of money on training child and youth care workers. We do not get a return on this investment as many of our trained staff are poached by government departments."

Some participants reported that due to the high turnover of staff, their investment in training is lost to the organization. Many of the staff are lured to the public sector where they receive more lucrative packages. Children's homes have to continuously train personnel, which is a very expensive exercise. The organizations therefore tended to focus on training of staff in their core business of child and youth care.

It is common knowledge that child and youth care practitioners in the private sector are poorly remunerated. The private sector does not provide much scope for advancement and a career-path. The public sector offers childcare practitioners more lucrative packages and opportunities for advancement. Unlike social workers, the salaries of child and youth care practitioners are not regulated. The financial resources of the organization dictate the remuneration packages. The State subsidy to these organizations is minimal. In order to retain staff, the State would have to increase their financial support to the children's homes. Donor funding is erratic and inadequate and cannot sustain these organizations.

4.8.2 Staffing

In eight of the children's homes, the childcare workers were accommodated on the premises during their shifts. Staff are on duty either on weekdays or on weekends, which is rotated. In the other two children's homes, they have a night shift and a day shift, which is also rotated. Significantly, these two children's homes still have the dormitory system. Hence at any given point the staff to children ratio ranges from 1:10 to 1:16 at the different organizations. This ratio is dynamic as it constantly changes with the number of children at the children's home. The national norm is 1:10. Children's homes cannot always meet the national norm due to the shortage of staff and financial constraints. Ninety percent of the participants expressed their concern when the staff ratio exceeds 1:10, as they felt that the quality of care to the children is compromised. One participant stated that:

"Children with disabilities require special care. We do not have enough staff and I feel that the child may be neglected."

This resulted in children's homes limiting their intake especially when they are short staffed. A few participants were candid and reported that the children's homes would carefully screen an application for admission and where a child has special needs, they would not accept such a child. They felt that they just do not have the personnel to handle such a child, nor do they have the financial resources to hire more staff.

4.8.3 Staff Views on Caring for Children with Physical and Sensory Disabilities

Five participants felt that their staff are very receptive to children with disabilities and would welcome such children into their programme. Three participants indicated that the staff at their facility would not be receptive to caring for children with physical or sensory disabilities, as one participant aptly explained:

"It is staff that sometimes have a problem caring for children with disabilities."

Some of the reasons offered for staff resistance are that staff feel that they are not empowered to care for children with disabilities. Some staff prefer caring for able-bodied children while others have no experience in caring for children with disabilities. Two participants indicated that they could not assess the views of staff on caring for children with physical and sensory disabilities, as they do not accept children with disabilities into their programme. They also felt that when they employ staff, they are employed to care for abled-bodied children and should not be expected to care for children with disabilities. The researcher is of the opinion that such perceptions lead to discriminatory practices.

In a study funded by UNICEF in India (2003), which focussed on changing attitudes of teachers to children with disabilities, it was found that education plays a major role in changing perceptions, attitudes and discriminatory practices towards children with disabilities. Another study undertaken by Bornman and Alant (2002) found that nurses felt inadequate in dealing with children with severe disabilities as they lacked the knowledge and awareness of childhood disabilities. Both studies supported the notion that training and awareness lead to positive perceptions of disability. The value of awareness and education of disability cannot be over estimated. It is

essential that children's homes engage in educating their staff on disability matters with a view to changing the attitudes of staff.

4.9 ABLE BODIED CHILDREN'S REACTION TO CHILDREN WITH DISABILITIES

"I think children do not care about being different from each other. They are generally naively innocent to colour or disability. Children often role- model adult behaviours.

This was the general response received from the participants with regards to able-bodied children's reactions to the inclusion of children with physical and sensory disabilities in their facilities. However, a few of the participants qualified their responses with the need for adequate awareness and preparation of able-bodied children. As one respondent explained:

"Children need to be adequately prepared in advance for the entry of a child with disabilities."

4.10 CHALLENGES

The challenges as reported by the ten participants can be categorized into three broad categories. These include

        a) Structural challenges

        b) Financial challenges

        c) Human resource challenges.

a) Structural Challenges

Structural barriers included inaccessible buildings for people with disabilities. Two participants felt that the design of their building did not allow for remodelling. One participant strongly felt that the existing building would need to be demolished and a new building constructed in order to accommodate children with disabilities. She made the following statement:

"Our buildings are so old and poorly built. We will have to demolish our buildings to make it more disabled friendly."

The ablution facilities for children in all the organizations were not designed to accommodate children with physical and sensory disabilities. All the participants reported that structural remodelling was costly and that the all ready cash strapped children's homes could not afford the costs incurred for such a project. According to three participants, children were generally accommodated according to the programme resources rather than the child's needs.

b) Financial Challenges

"The funds we receive from the Department are not enough to meet our daily needs. We therefore have to fundraise to pay ourselves a salary"

Most of the participants stated that the new funding policy of children's homes has led to severe cut backs in programme resources. The major source of funding for children's homes is a State subsidy that is administered by the Department of Social Development. The children's homes receive a per capita funding package from the Department of Social Development. This funding differs from province to province and is not uniform (Meintjes et al, 2007). Children with disabilities have special needs, which place a strain on the financial resources of the organization. One participant was very frank in her responses and stated that the child with a disability is excluded during the screening process if the cost of caring for that child will be higher than that of an able-bodied child. Participants were of the opinion that the organizations could not afford to create facilities for children with disabilities in their programme and felt that the State should make funding available to them to include children with disabilities in their programme.

c) Human Resource Challenges

Human resource challenges included the lack of trained staff, poor remuneration packages, high turnover of childcare workers and the staff-child ratio. Eighty percent

of the participants indicated that their organization did not have trained personnel to care for children with disabilities. Particular reference was made to communication skills for children with sensory disabilities. It was further stated that children with disabilities had special needs to which the current training of child and youth care personnel do not respond. According to six of the participants, the organization has previously invested in training of personnel who were then poached by the public sector, who offer more attractive remuneration packages. The organizations are unable to match the packages offered by the public service due to severe financial constraints. The lack of financial resources also hinders the employment of more staff, which results in high staff–child ratios. Four participants expressed the view that childcare staff are not always receptive to children with disabilities. There is a strong likelihood of abuse and neglect occurring if a child is perceived as a burden.

During the interviews, sixty percent of the participants alluded to the HIV/AIDS pandemic as one of their areas of focus. They stated that children's homes felt the need to respond to the HIV/AIDS pandemic and adapt their programme to accommodate infected children. One participant highlighted the fact that organizations are able to access funding more easily for children with HIV/AIDS than for children with disabilities. Many of South Africa's NGOs are experiencing similar challenges. However these are public facilities that should be made accessible to the wider community that they serve without reserve.

The following chapter focuses on the discussion of the main findings of the research and recommendations. In the chapter the researcher critically examines the findings in conjunction with the key questions asked to meet the aim and objectives of the research.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5   INTRODUCTION

A primary aim of the study was to explore what policies children's homes have in relation to admission of disabled children.   In addition to admission policies of children's homes, the study explored their capacity to admit children with physical and sensory disabilities and the challenges that they encounter. The study was confined to children's homes in the Ethekwini Municipality.   Children with physical disabilities refer to those children with orthopaedic impairments.   Children with sensory disabilities refer to those children with impairments of the senses. Disability is experienced in the form of social and environmental barriers that lead to exclusion and discrimination. This research study is timely as it coincides with two, important developments internationally. The first, being the adoption of the UN Convention on People with Disabilities and the second, being the Draft Guidelines by the UN on Child Protection and Children in Alternate Care.

This research study was a qualitative study of ten children's homes in the Ethekwini Municipality, which are registered in terms of the Child Care Act. Ten children's homes were purposively selected to participate in the research. Data was collected by means of in-depth interviews, observation and the perusal of records. The data was analysed according to common themes.

The study provides a description of the state of residential care services for children with physical and sensory disabilities in the Ethekwini Municipality. The ecosystems approach formed the theoretical basis of the research study. This approach to the study of disability allows one to understand social support; social capital and socio-economic factors that impact on the person's ability to function optimally in society (Stepney and Ford, 2000). Children's homes are systems with which children who have been removed from their family come into contact. However the policies that influence access to residential care services is a systemic issue.

This chapter presents the findings of the study with recommendations to improve the services for children with disabilities and conclusions for the way forward.

5.1   CONCLUSIONS OF THE STUDY

5.1.1   Admission Policies of the Children's Homes

Eight children's homes in this study did not have specific admission policies to include or exclude children with physical or sensory disabilities. Two children's homes specifically exclude children with physical and sensory disabilities from their facilities.   The provisions contained in the Child Care Act generally guide the admission of children to these facilities. The Act does not make a distinction between able-bodied children and children with disabilities.

All the children's homes had in place a selection process for the admission of children. The researcher undertook a critical examination of the admission records over a five-year period from 2002 to 2006. Fifty percent of the participants indicated that they did not have any children with physical or sensory disabilities admitted to their children's home over the five-year period. The participants stated that they did not receive any applications for the admission of children with physical and sensory disabilities. It is not known whether the absence of applications was a conscious decision on their part to exclude children with disabilities or was it merely coincidental. The children's homes did not maintain records of rejected applications for vacancies. Parallel research should be undertaken at the various children's courts to track the number of children with physical and sensory disabilities that have been designated to children's homes over the same period to make conclusive findings.

Children with physical and sensory disabilities make up less than one percent of the total population of children in the children's homes that participated in the research study. This is despite the fact that they had vacancies. The findings of the research suggest that children's homes are biased against the admission of disabled children.

5.1.2 The Capacity of Children's Homes to Accept Children With Disabilities

It has emerged from the research findings that children's homes do not have the financial capacity, the infrastructure and the human resources to admit children with physical and sensory disabilities. The children's homes' admission of children with disabilities is clearly guided by their capacity to meet the needs of the child. All the participants stated that their facility did not have the capacity to admit children with physical and sensory disabilities. The capacity of children's homes to admit children with physical and sensory disabilities is strongly linked to the financial capacity of that facility. The majority of the children's homes verbalized a positive approach to admission of children with disabilities.

5.1.3 Access to Educational Programmes for Children with Physical and Sensory Disabilities

Eight children's homes have access to special schools for children with physical and sensory disabilities in their communities. Two children's homes do not have access to such schools in the communities in which they are located. It must be noted that these latter two facilities are located in semi-urban areas that are under resourced. It is these two children's homes, which specifically exclude children with physical and sensory disabilities.

Interestingly, none of the participants considered placing children with physical and sensory disabilities in mainstream schools. According to the ecosystems approach, disability is often experienced in the form of attitudinal and perceptual barriers imposed by society on people with impairments. Hence, education and awareness of disability issues is necessary in the removal of disabling barriers.

5.1.4   Access to health Care

The findings of the research study indicate that all the children's homes access the public health care system. Participants at the two children's home which do not admit children with physical and sensory disabilities reported that they had to take children some distance to the provincial hospital and that this was costly and time consuming.

It can be concluded that the lack of access to health care is one of the factors that influences the decision to exclude children with physical and sensory disabilities. According to the ecosystems theory, systems have both a complementary and an interdependent relationship with each other.

5.1.5 Challenges Experienced by Children's Homes That Hinder Inclusive Practices

The NGO sector is generally responsible for the provision of children's homes in this country. The ten children's homes that participated in this study are NGOs. Their very existence is threatened by numerous challenges that relate directly to funding and resources. The following section presents the research findings pertaining to the challenges confronting children's homes.

5.1.5.1 Funding

The findings of this research study indicate that the funding by the State is inadequate and does not meet the needs of the children they serve. All ten children's homes indicated dissatisfaction with the present funding system. Children's homes receive per capita funding from the State, which is inadequate. Accessing public funding is very difficult, as they have to compete with other NGOs and CBOs.

The needs of children with disabilities may increase the expenses of the children's home with regards to the provision of resources, trained personnel, health care and assistive devices. There is a move by the Department of Social Development to change their funding policy to programmatic funding. However this is still to be implemented (Meintjes et al, 2007). There are both advantages and disadvantages to programmatic funding. The disadvantages could be overcome if programmes for children with disabilities receive increased funding as compared to funding of programmes for able-bodied children. If programmatic funding is to be successful, it must contain elements of flexibility. A uniform amount across the board will not work.

5.1.5.2   Building Structures

One of the major findings of this study is that the structure of buildings in the children's homes provides a barrier to the admission of children with disabilities. The findings of the research indicate that the children's homes are inaccessible to children with physical and sensory disabilities. None of the children's homes have ramps, railings or ablution facilities for children with physical or sensory disabilities. Children's homes are generally established in buildings and properties, which were donated by individuals or organizations. Children's homes do not have the financial resources to up-grade existing buildings to include children with disabilities. They would need to be assisted with additional funding by the State to implement structural changes to accommodate children with physical and sensory disabilities.

5.1.5.3   Personnel

The success of programmes in children's homes is largely determined by the skills and commitment of their childcare personnel. All the children's homes experience challenges with regards to the employment of childcare personnel. Due to the lack of financial resources participants at the children's homes indicated that they are unable to employ sufficient childcare personnel. The salary packages offered to childcare workers are inadequate. Children's homes experience high turnover of childcare personnel who are attracted by higher salary packages in the public sector. The children's homes make use of volunteers to overcome staff shortages. Volunteers are not necessarily trained in child and youth care work. Therefore children are more likely to be subjected to abuse and discrimination.

Another finding of the research study is that key childcare personnel are reluctant to care for children with disabilities. Three children's homes reported that their childcare staff would be resistant to caring for children with disabilities. There is a perception that caring for children with disabilities is more intensive to caring for able-bodied children. The attitudes of childcare personnel are coloured by these perceptions. They therefore tend to advocate for children with disabilities to be placed in exclusive facilities.

5.2 RECOMMENDATIONS

The recommendations that have emerged out of this research study are discussed according to recommendations for practice, recommendations for policy and recommendations for research.

5.2.1 Recommendations for Practice

It is important that children's homes understand their crucial role in the provision of residential care for children with physical and sensory disabilities. Children's homes need to respond to the needs of children with disabilities in a developmental and inclusive way. In order to achieve this, children's homes will need to examine their existing policies, structures and resources. Focus should be placed on:

- actively engaging and building partnerships with disability rights groups to develop an understanding of their obligations towards children with disabilities.

- developing an admission policy that is aligned to current legislative reforms that are presently taking place in the country, which is inclusive of children with disabilities.

- creating a nurturing environment where the needs of children with disabilities are recognized and provided for.

- setting timeframes for the upgrading of existing building structures to make it accessible to children with disabilities. Children's homes have the responsibility to create caring and inclusive environments for all children irrespective of their differences.

- Accessing training on caring for children with disabilities for all staff within the children's home. The management of children's homes have the responsibility to educate and train childcare personnel in caring for children with disabilities. Education and awareness programmes on disability for staff should be included in the staff development programme at each of the children's homes.

5.2.2 Recommendations for Policy

- South Africa is regarded as having one of the most progressive constitutions in the world. We are continuously passing legislation to remove discriminatory practices and create an inclusive society. However the challenge lies in the translation of legislation and policy into practice and implementation. One of the recommendations is that Government create mechanisms that would ensure key legislation is implemented on a micro and meso level. This can take the form of public awareness campaigns, education programmes and funding of state and public entities like children's homes to become more inclusive by strengthening existing facilities to include children with disabilities.

- The provision of residential care services exists on a continuum of care for children from least restrictive to most restrictive. The separation and placement of children away from their families in institutions is considered only as a last option and in keeping with the best interests of the child concerned. In order to prevent children from being separated from their family, it is recommended that services at a micro level will have to be strengthened. This means that preventative and early intervention services must be focussed on strengthening families to care for their children with disabilities.

- The right to social security is a socio-economic right that is entrenched in both international treaties and national legislation and policy (Dutschke, 2007). The current social security system is in the form of monetary assistance made up of the child support grant, the care dependency grant, foster care grant and the attendant allowance. The social security system is inadequate and does little towards eradicating poverty (Meintjes et al, 2006). It is recommended that the provision of social security be multi-layered to include free access to health care, education, respite care, supply of assistive devices and monetary assistance (Meintjes et al, 2006). It is far cheaper to care for a child within the family setting as opposed to residential care. Strengthening family support systems will result in the in a decrease in the need for residential care for children with physical and sensory disabilities. This will allow families to care for their children with disabilities within the family. The burden of care and expenses will be lifted.

- The funding of children's homes by the State will need to be seriously reviewed to take into consideration the various challenges experienced by them. Parity in

salary packages for childcare workers in the public sector and the NGO sector will obviate the skills drain that is experienced by children's homes. Parity can only be achieved if the State assists children's homes by increasing funding to them. Children's homes provide a much needed community resource. The funding policy with regards to children's home should be child-centred. This type of funding will take into account the unique needs of each child and would remove funding barriers to admission of children with disabilities. Another recommendation is that the State should offer children's homes incentives to admit children with physical and sensory disabilities. Children's homes that admit children with physical and sensory disabilities, should receive increased funding.

- The State should extend their public works programmes to community resources like children's homes. One of the projects of the public works programme is the upgrading of all State buildings to make it more accessible to people with disabilities. This includes the provision of ramps, railings and ablution facilities for people with disabilities. The extension of the public works programme to children's homes would ensure that the funding is utilized appropriately.

- Presently the State is not doing enough to protect children with disabilities, which perpetuates the cycle of dependency and poverty to a certain extent. The lives of these children are becoming increasingly difficult with so few opportunities. South Africa does not have any separate legislation for disability. The South African Human Rights Commission (2002) recommends the enactment of a Disability Act to promote and protect the rights of all people with disabilities, which is endorsed by the researcher.

5.2.3 Recommendations for Research

The study was qualitative in nature and undertaken with a small sample of ten children's homes in the Ethekwini Municipality, hence the findings cannot be generalized. However the findings of the research study provide valuable insights in the field of residential care for children with physical and sensory disabilities and may inform other research studies. Recommendations for future research include:

- the replication of the study using a larger sample across the Province of KwaZulu-Natal. The purpose of the research study would allow for comparisons to be made with children's homes located in different municipalities.
- comparative studies with children's homes located in other provinces and their response to children with disabilities.
- a research survey on the number of children with physical and sensory disabilities that have been found in need of care and designated to a children's home.

5.3 CONCLUSION

The findings of the study clearly indicate that children's homes do not readily admit children with disabilities due to the various challenges they experience. Although a willingness to admit children with disabilities was reiterated by the majority of the participating children's homes, they do not have the resources or the capacity to accept children with disabilities. The current funding system is inadequate and disempowers children's homes. The State will have to enter into a partnership with these facilities in order to strengthen their services to make it inclusive. The Constitution of the country creates a responsibility on the State to ensure that childcare protection services are inclusive and developmental.

South Africa has the most progressive human rights legislation in the world, yet people with disabilities, more especially children, are still experiencing discrimination. A large number of people in this country are affected by disability, either directly or indirectly. The Integrated National Disability Strategy White Paper, has gone a long way in directing policy and legislation in respect of disability issues, and therefore needs to be strengthened by legislation in protecting the rights of people with disabilities. Constitutionally all children irrespective of sex, age, class or disability are guaranteed unqualified human rights. It is the responsibility of the State to protect the rights of all children and to provide an advocacy role in respect of children. This commitment needs to be translated into a programme of action for children with disabilities.

This chapter presented the conclusions and recommendations of the study. It is hoped that child protection practitioners, organizations and policy makers use the findings and recommendations to provide resources and programmes for children with disabilities ecosysytemically.

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ANNEXURES

MANAGEMENT CONSENT

The Manager

I am currently enrolled in the Masters Programme on Child Care and Protection at the University of KwaZulu-Natal (Westville campus). In order to meet my academic requirements, I am undertaking a research study on children with disabilities in the child and youth care system.

1. PURPOSE:

This study is confined to a sample of children's homes in the Ethekwini Municipality. The primary aim of the study is to explore whether these children's homes have policies on admission of children with physical and sensory disabilities. A further aim is to investigate the implementation of these policies.

2. AIMS AND OBJECTIVES:

It is envisaged that the study would:

- Identify residential care facilities for children with physical and sensory disabilities in the Ethekwini region.
- Track the admission patterns of disabled children over the last five years.
- Identify gaps in the provision of residential services for children with disabilities.
- Explore what challenges are faced by children's homes in admitting disabled children.

- Provide policy makers with a critical analysis of services available for disabled children in terms of residential care.
- Assist in advocating for the provision of services to disabled children.

3. FOCUS:

The focus of the study is on children with the following categories of disabilities viz.

DISABLED CHILD refers to a child with the following challenges:
Physically challenged refers to children with physical disabilities.
Hearing challenged refers to children with profound hearing impairment.
Visually challenged refers to children with 70 to 100 percent blindness.
Speech challenged refers to children who are unable to communicate verbally.

NB. A child may have more than one disability (eg. speech and hearing impairment).

➤ The mentally challenged child has been excluded from the research study.

4. PARTICIPATION:

Your participation in the research study is essential and highly appreciated. Participants are not required to provide any identifying details of themselves or the organization that they represent on the questionnaire. All responses will be kept highly confidential. The researcher will not at any point in the research study or report, identify any participant or children's home. At the completion of the study the data will be destroyed. The research study will be undertaken under the guidance of the School of Social Work and Community Development at the University of Kwazulu-Natal (Westville campus).

5. **CONSENT:**

I...in the capacity of_____ hereby give consent for Anusha Raghu, to undertake the research study at _____.

Signature....................

Date..............

Company stamp (optional)

INFORMED CONSENT

Dear Participant

I am currently enrolled in the Masters Programme on Child Care and Protection at the University of KwaZulu-Natal (Westville campus). In order to meet my academic requirements, I am undertaking a research study on children with disabilities in the child and youth care system.

1. PURPOSE:

This study is confined to a sample of children's homes in the Ethekwini Municipality. The primary aim of the study is to explore whether these children's homes have policies on admission of children with physical and sensory disabilities. A further aim is to investigate the implementation of these policies.

2. AIMS AND OBJECTIVES:

It is envisaged that the study would:

- Identify residential care facilities for children with physical and sensory disabilities in the Ethekwini region.
- Track the admission patterns of disabled children over the last five years.
- Identify gaps in the provision of residential services for children with disabilities.
- Explore what challenges are faced by children's homes in admitting disabled children.

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5. INFORMED CONSENT:

There will be no payments made for participating in the study. You have a right to withdraw from the study at any stage and for any reason.

I agree to participate in the research study under the conditions mentioned above.

I............................the undersigned understand the contents and conditions of the research and consent to participating.

Signature....................Date

Thank you for your co-operation.

Anusha Raghu (nee Jaimungal)

Telephone: 031- 4658416 (home)
            031- 4685415 (work)
            0847803013 (cell)

Supervisor: Professor C.R. Matthias

Telephone: 031- 2607922

ANNEXURE 3

INTERVIEW GUIDE

SECTION A: ADMISSON POLICY

1. List the criteria for the admission of children to your facility.

2. Who is responsible for the admission of children at your facility?

MANAGER	
SOCIAL WORKER	
BOARD OF MANAGEMENT	
MULTI-DISCIPLINARY TEAM	
OTHER	

3. What is your current admission capacity? _____

4. Does your facility admit children with physical disabilities?

4.1 If yes, describe categories of children with physical disabilities who are admitted?

4.2 If no, explain what steps have been taken to change your admission policy to include children with physical disabilities. If no, explain why not?

5. Is the Board of Management of your facility receptive to the admission of disabled children to your facility?

If yes, what type of support is offered by them to reflect this?

6. What are your views in respect of the inclusion of children with disabilities in the same facility as able-bodied children?

7. Do you presently have any children with physical disabilities admitted at your facility?

7.1 If yes, indicate how many according to the following categories:

CATEGORIES	NO.
PHYSICALLY DISABLED	
HEARING CHALLENGED	
SPEECH CHALLENGED	
VISUALLY CHALLENGED	

SECTION B: PERSONNEL

8. Does the facility have trained staff to care for, and work with, children with disabilities?

CATEGORIES	YES	NO
SIGN LANGUAGE		
OCCUPATIONAL THERAPY		
SPECIAL EDUCATION		
SPORT & RECREATION FOR THE DISABLED		
OTHER		

9. What is your current ratio of child and youth care workers to children?

_____

_____

_____

10. Do you feel that your current staff component is empowered to care for children with disabilities? Explain briefly.

11. List the types of programmes offered to children with disabilities at your facility.

11.1 If no such programmes are offered, explain why?

SECTION C: CHALLENGES

12. In the last five years, how many children with disabilities have been admitted to your facility? (List the number according to the year)

CATEGORIES	2000	2001	2002	2003	2004
PHYSICALLY DISABLED					
HEARING CHALLENGED					
SPEECH CHALLENGED					
VISUALLY CHALLENGED					
OTHER					

12.1 If no children with disabilities were admitted, explain why?

13. Explain some of the challenges you are experiencing, with regards to the admission of children with physical disabilities.

14. In your view, how can these challenges be over-come?

15. How would able-bodied children react to children with physical and sensory disabilities?

ANNEXURE 4

PHYSICAL ACCESSIBILITY (OBSERVATIONAL CHECKLIST)

1. Does the facility have the following: (tick the correct box)

	YES	NO
WHEEL CHAIR RAMPS		
ABLUTION FACILITIES FOR THE PHSYICALLY DISABLED		
BRAILLE		
RECREATIONAL FACILITIES		
RAILINGS		
OTHER		

2. If no to any of the above, what steps have been taken to make the structure of your facility more disabled friendly?

3. What factors have inhibited your facility from accommodating children with disabilities?

4. Does your facility have access to formal education programmes for children with disabilities? Explain.

Thank you for your time and co-operation.